

Date of Crash **10/17/2021** Time of Crash **0053** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

PROVIDENCE RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
DUDLEY AVE
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **21-186-AC**

License # _____ St _____ DOB/Age _____ Reg # **53NY59** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____
Operator **BALANCA, ANGELA MARIE** Owner **BALANCA, ANGELA MARIE**
Address **350 PROVIDENCE RD** Address **350 PROVIDENCE RD**
City **S GRAFTON** State **MA** Zip **01560-1313** City **S GRAFTON** State **MA** Zip **01560-1313**
Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 2 27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **2 28**
Citation # (If Issued) **164725AB** Most Harmful Event **22 24** Type of Test: **2 29**
Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **10 25 9 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	1	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

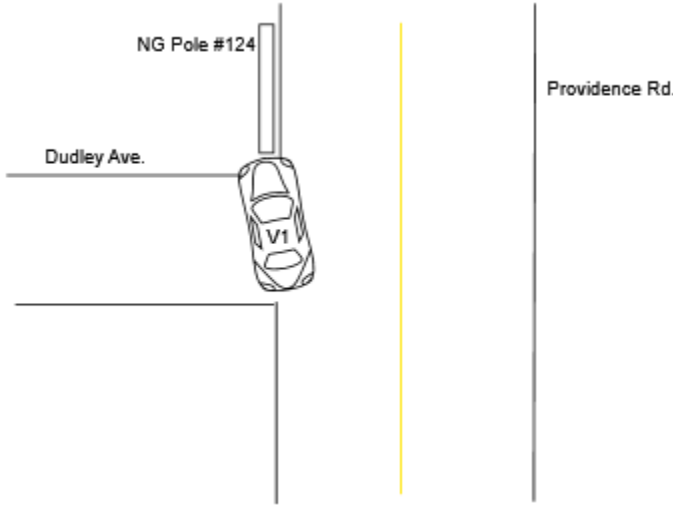
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 🧑 = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ [1] ➔ [2] ➔ 🧑 ➔ 🚲



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Insert Incident Arrow



Crash Narrative:

V1 was traveling north on Providence Road when it crossed over the solid double yellow line and struck a utility pole.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrolman SEAN F MCDEVITT SFM Northbridge Police Department 10/17/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date