

Date of Crash **11/05/2021** Time of Crash **1406** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **2** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SUTTON ST
Route# Direction Name of Roadway/Street
At
BARTLETT ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **21-206-AC**

License # _____ St _____ DOB/Age _____ Reg # **1V8722** Reg Type **MC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2001** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** **21**
Operator **MELLOR, LAURA E** Owner **MELLOR, LAURA E**
Address **98 CANTERBURY ST APT 2** Address **98 CANTERBURY ST APT 2**
City **WORCESTER** State **MA** Zip **01603-3250** City **WORCESTER** State **MA** Zip **01603-3250**
Insurance Company **GEICO INDEMNITY COMPANY** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **3** **27** **27** **27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **97** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **97** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		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	X	X	1	5	5	1	0	8	2	MILFORD HOSPITAL
AMBER JOSEPHSON		98 CANTERBERRY ST WORCESTER, MA 01603			4	5	5	1	0	8	2	MILFORD HOSPITAL

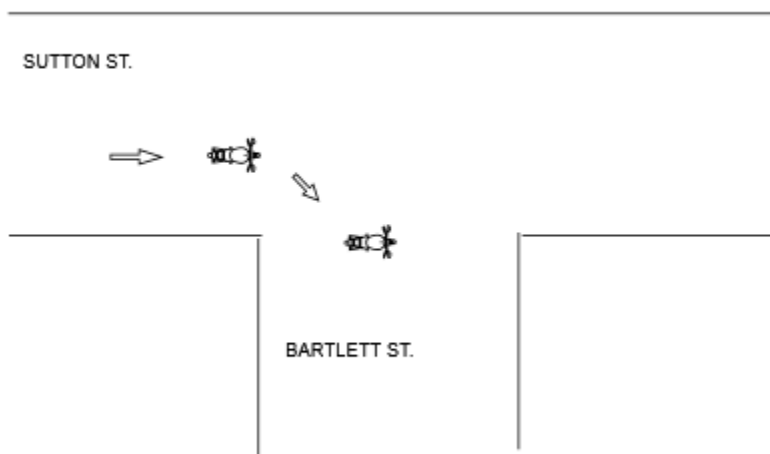
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
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Operator/Non-Motorist		See Above	X	X	1						

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → [1] → [2] → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Arrow



Crash Narrative:

VEHICLE #1 WAS TRAVELLING EAST ON SUTTON ST. AND SLOWED TO MAKE A RIGHT ONTO BARTLETT ST.
 OPERATOR LOST CONTROL AND THE MOTORCYCLE FELL OVER AS SHE WAS MAKING THE TURN.

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 MATTHEW LEONARD

Police Officer Name (Please Print)

Signature

MWL

ID/Badge #

Northbridge Police Department

Department

Precinct/Barracks

11/05/2021

Date