

Date of Crash **11/06/2020** Time of Crash **0656** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street

1833 HILL ST
290 Feet N E W of WASHINGTON ST

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-155-AC**

License # _____ St _____ DOB/Age _____ Reg # **378ZE9** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **PONTIAC** Veh Config. **1 21**
 Operator **LEMON, MATTHEW THOMAS** Owner **LEMON, MATTHEW THOMAS**
 Address **97 JONES RD** Address **97 JONES RD**
 City **HOPEDALE** State **MA** Zip **01747-1143** City **HOPEDALE** State **MA** Zip **01747-1143**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **42 23 1 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **841447AA** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub **90 13A** Driver Contributing Code **20 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5 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	0	1	0	0	8	2	U-MASS MEDICAL CENTER

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

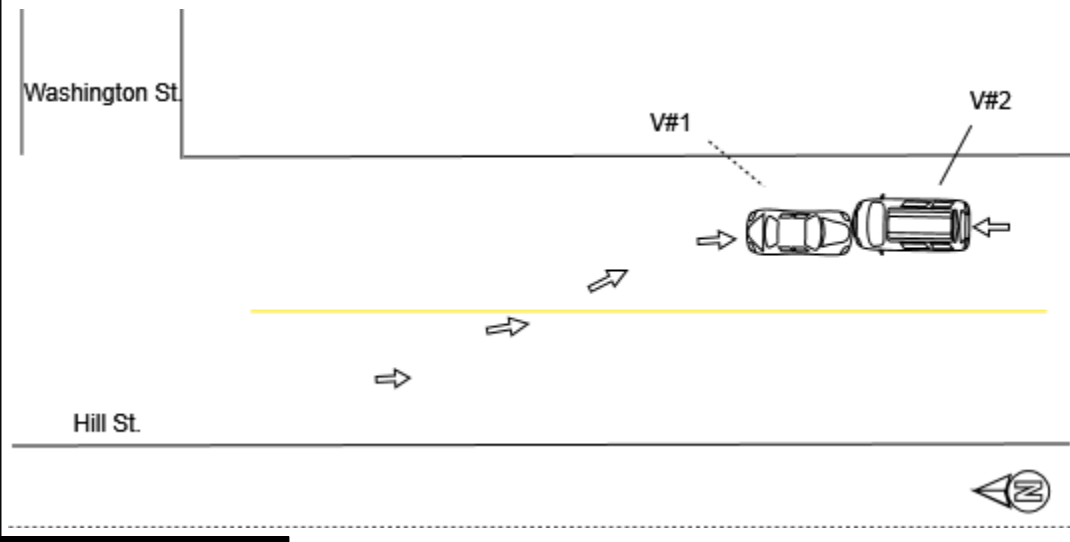
License # _____ St _____ DOB/Age _____ Reg # **S84315** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D M 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **97 21**
 Operator **MOORE, TYLER A** Owner **PRECISION HEATING AND COOLING INC**
 Address **14 OAKMONT ST** Address **5 COLLETTE ST**
 City **WEBSTER** State **MA** Zip **01570** City **SOUTH GRAFTON** State **MA** Zip **01560-1101**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **841020AA** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 20** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **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/non-motorist 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/Non-Motorist		See Above	X	X	1	1	1	0	0	10	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

Intersecting Arrow



Crash Narrative:

V#1 crossed the centerline and struck V#2 head-on. No evidence of braking from V#1 prior to colliding with V#2. Op of V#1 stated that he may have been distracted by changing the radio station. OP of V#1 transported to UMass for injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DELANEY COURTNEY L	42 HIGH ST WHITINSVILLE MA 01588		1

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

SERGEANT RICHARD GORMAN **RDG** **Northbridge Police Department** **11/06/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date