

Date of Crash 11/29/2021	Time of Crash 1127 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit <u>40</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>800</u> Direction _____ Address # <u>PROVIDENCE RD</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **21-222-AC**

License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>969KF3</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BACON, ALLAN E</u> Last First Middle Address <u>2210 PROVIDENCE RD APT A</u> City <u>NORTHBRIDGE</u> State <u>MA</u> Zip <u>01534</u>	Owner <u>BACON, SARAH ROSE</u> Last First Middle Address <u>2210 PROVIDENCE RD APT A</u> City <u>NORTHBRIDGE</u> State <u>MA</u> Zip <u>01534-1255</u>
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>209976AB</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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	_____	_____	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

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

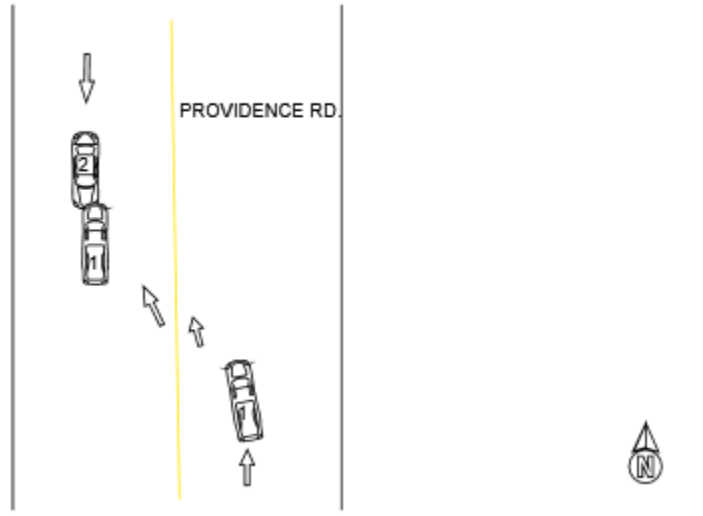
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>8KSB20</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>LYNCH, MARY MORAN</u> Last First Middle Address <u>18 PINECREST RD</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1227</u>	Owner <u>LYNCH, MARY MORAN</u> Last First Middle Address <u>18 PINECREST RD</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1227</u>
Insurance Company <u>FARMERS PROPERTY & CASUAL</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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	_____	_____	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

→ = 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

I ... Arrow



Crash Narrative:

VEHICLE #2 WAS TRAVELLING SOUTH ON PROVIDENCE RD. VEHICLE #1 WAS TRAVELLING NORTH ON PROVIDENCE RD. CROSSED COMPLETELY INTO THE SOUTH BOUND LANE AND STRUCK VEHICLE #2 HEAD ON.

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 **MWL** **Northbridge Police Department** **11/29/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date