

Date of Crash 12/07/2020	Time of Crash 0720 24HR	City/Town NORTHBRIDGE	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
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 _____ Landmark _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped **Crash Report ID# 20-173-AC**

License # _____ St _____ DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>FLYE, MARVIN M JR</b> Address <b>21 OVERLOOK ST</b> City <b>WHITINSVILLE</b> State <b>MA</b> Zip <b>01588-1817</b> Insurance Company <b>INTEGON NATIONAL INSURANC</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>662ZT2</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2003</b> Veh Make <b>JEEP/CHRYSLER</b> Veh Config. <b>1</b> 21 Owner <b>FLYE, MARVIN M JR</b> Address <b>21 OVERLOOK ST</b> City <b>WHITINSVILLE</b> State <b>MA</b> Zip <b>01588-1817</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>10</b> 27 27 27 Event Sequence <b>35</b> 23 23 23 23 Test Status: <b>1</b> 28 Most Harmful Event <b>35</b> 24 Type of Test: <b>1</b> 29 Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>1</b> 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 33
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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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

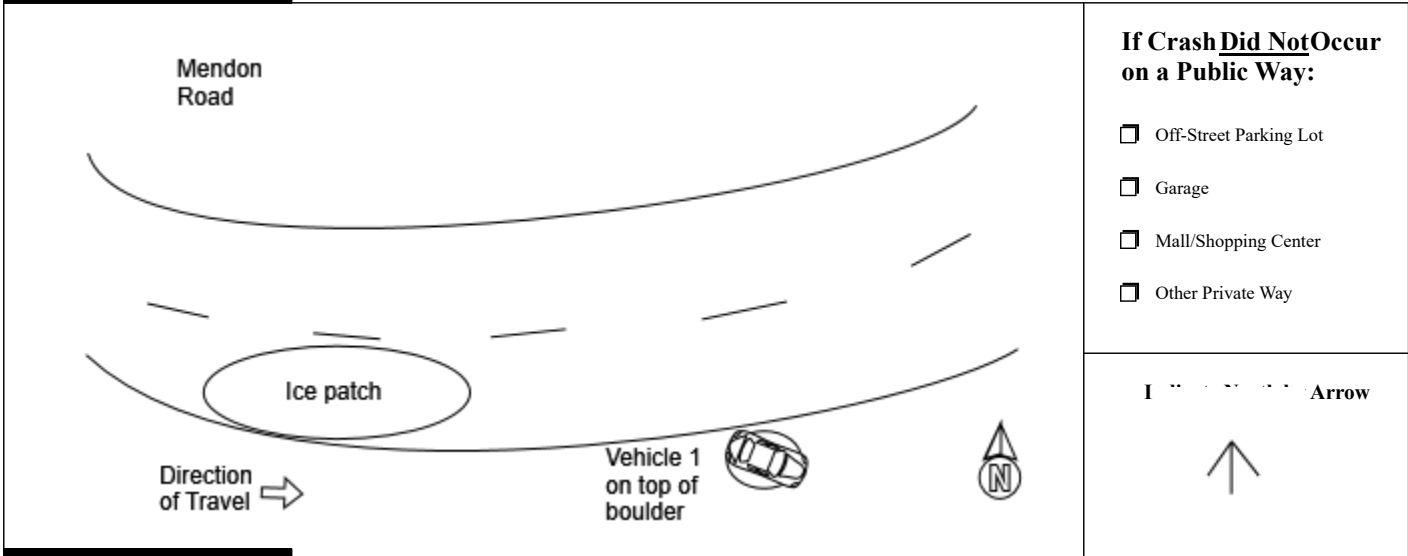
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> 27 27 Event Sequence <b>23</b> 23 23 23 Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25</b> 25 BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>							

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

Vehicle 1 was travelling east on Mendon Road. Vehicle 1 slid on a patch of ice and skid off of the roadway. Vehicle 1 ended up stuck on top of a boulder.

**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

**SERGEANT RYAN M LEVESQUE**

Police Officer Name (Please Print)

Signature

**RML**

ID/Badge #

**Northbridge Police Department**

Department

Precinct/Barracks

**12/07/2020**

Date