

Date of Crash **12/20/2021** Time of Crash **1535** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

HILL ST
Route# Direction Name of Roadway/Street
At
BENSON RD
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 **11** #Occupants Hit/Run Moped
Crash Report ID# **21-235-AC**

License # _____ St _____ DOB/Age _____ Reg # **887ZM7** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2011** Veh Make **KIA** Veh Config. **1** **21**
Operator **BALLOU, DEBORAH R** Owner **BALLOU, WILLIAM E**
Address **95 CONSERVATION DR** Address **95 CONSERVATION DR**
City **WHITINSVILLE** State **MA** Zip **01588-1861** City **WHITINSVILLE** State **MA** Zip **01588-1861**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ 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: **31** Susp. Drug: **32**
Towed from scene? **2** **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	1	4	0	0	10	1	

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 # **T29839** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**
Operator **KOZLOWSKI, MICHAEL H** Owner **FAWCETT ENERGY PARTNERS INC**
Address **6 PAPAGNI CIR** Address **82 MAIN ST**
City **WORCESTER** State **MA** Zip **01604-0000** City **KINGSTON** State **MA** Zip **02364-2298**
Insurance Company **IMPERIUM INSURANCE COMPAN** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
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Towed from scene? **2** **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	1	4	0	0	10	1	

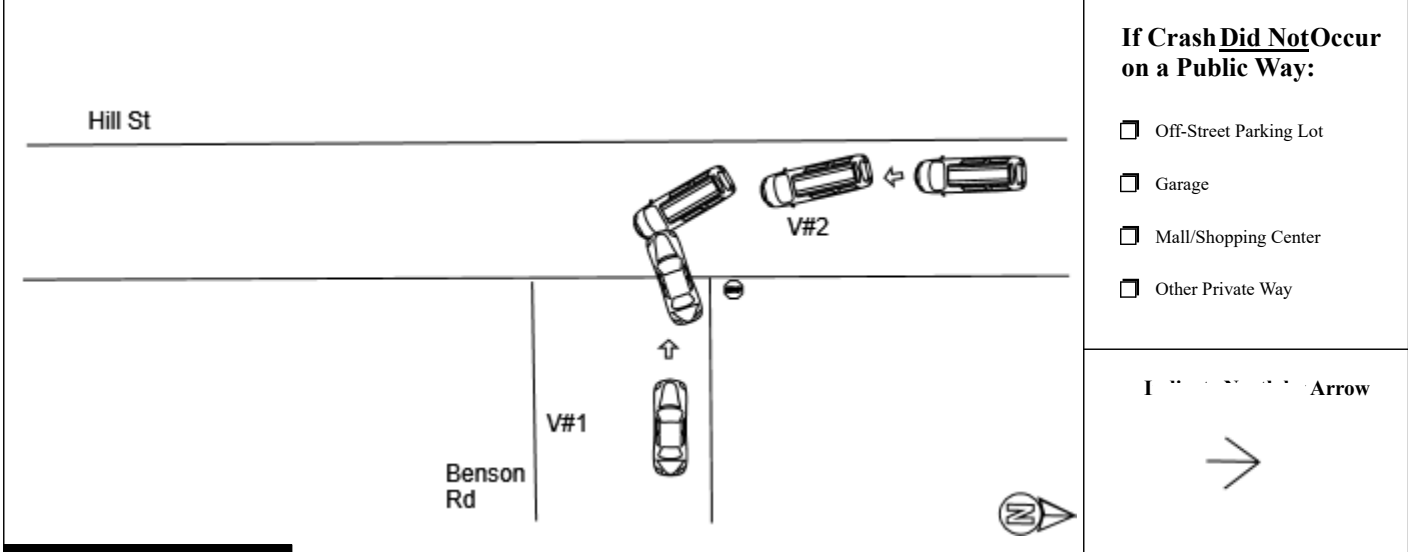
Crash Diagram:



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 #1 was stopped on Benson Rd. at Hill St. Vehicle #2 was on Hill St. taking a left hand turn onto Benson Rd. Vehicle #1 pulled out onto Hill St. as Vehicle #2 was turning and struck the front drivers side of V#2.

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 BRIAN R PATRINELLI **BRP** **Northbridge Police Department** **12/20/2021**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date