

Date of Crash **12/22/2020** Time of Crash **1127** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **15** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 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 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-185-AC**

License # St DOB/Age Reg # **91KC56** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL Endorsement Veh Year **2002** Veh Make **ACURA** Veh Config. **1** **21**
Operator **SCOTT, LON D** Owner **SCOTT, LON D**
Address **4B COUNTRY CLUB LN** Address **4B COUNTRY CLUB LN**
City **MILFORD** State **MA** Zip **01757-2258** City **MILFORD** State **MA** Zip **01757-2258**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **27** **27** **27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **3** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) Most Harmful Event **3** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **13** **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**

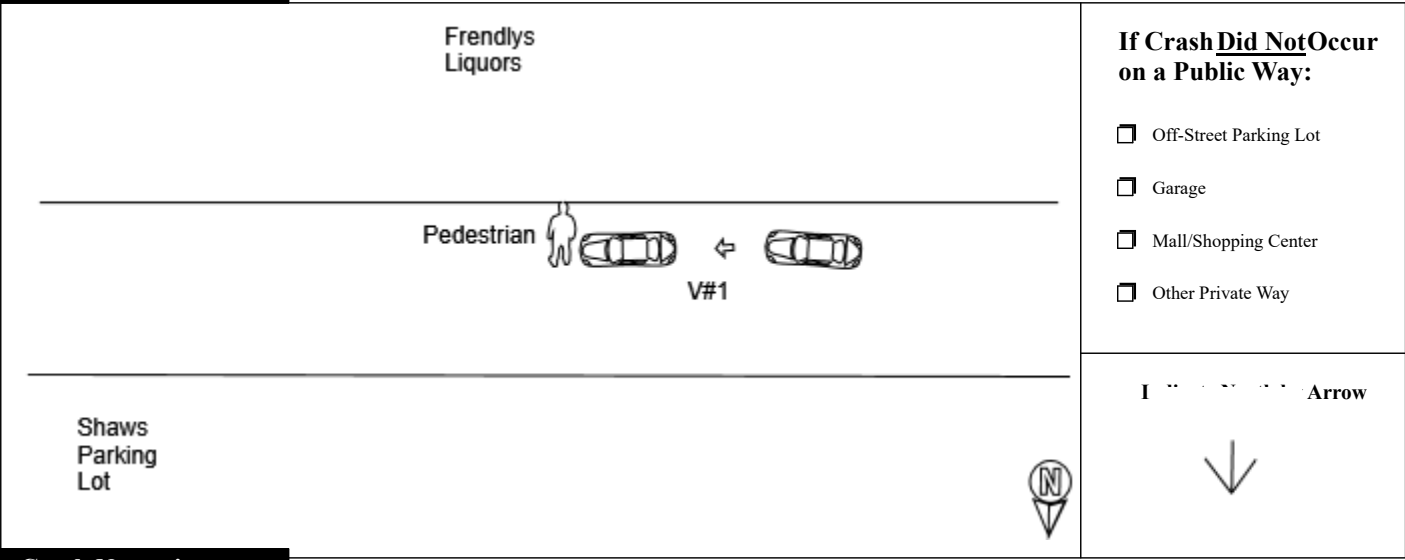
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		 	 	1	1	4	0	0	10	1	
Name (Last First Middle)		Address									
<u> </u>		<u> </u>									

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 Reg # Reg Type Reg State
Sex Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement Veh Year Veh Make Veh Config. **21**
Operator Owner
Address Address
City State Zip City State Zip
Insurance Company Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
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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
Operator/Non-Motorist		 	 	1							
Name (Last First Middle)		Address									
<u> </u>		<u> </u>									

Crash Diagram:



Crash Narrative:

Vehicle #1 was travelling through the Shaws Supermarket parking lot by the entrance to the storefronts. A pedestrian who was attempting to cross the roadway was struck by a shopping cart that was struck by V#1.

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

12/22/2020

Date