

Date of Crash **12/26/2020** Time of Crash **1314** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# **1221** Direction _____ Address # **PROVIDENCE RD** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-188-AC**

License # _____ St _____ DOB/Age _____ Reg # **6804EG** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **1 21**
 Operator **JOHNSON, RICHARD W** Owner **JOHNSON, RICHARD W**
 Address **13 HARRIS CIR** Address **13 HARRIS CIR**
 City **UXBRIDGE** State **MA** Zip **01569-1281** City **UXBRIDGE** State **MA** Zip **01569-1281**
 Insurance Company **progressive direct ins** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 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? **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		See Above	X	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **8791PB** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **DOYLE, CRYSTAL ANN**
 Address _____ Address **11 JOHNSTON AVE**
 City _____ State _____ Zip _____ City **WHITINSVILLE** State **MA** Zip **01588-1905**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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 **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 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						

→ = 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

North Arrow

Crash Narrative:

VEHICLE #1 WAS BACKING OUT OF A PARKING SPOT IN FRONT OF THE UNITED POSTAL CENTER AND STRUCK VEHICLE #2 WHICH WAS PARKED.

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** **12/26/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date