

Date of Crash **03/06/2020** Time of Crash **1632** 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:

**1** **1** **2** **3** **2** **11** **3**

**CHURCH ST**  
Route# Direction Name of Roadway/Street  
At  
**LELAND RD**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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

**3** Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped **20-49-AC** Crash Report ID#

**4** **1** **12** **1** **13**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1TRC21** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **I 20** CDL \_\_\_\_\_ Veh Year **1997** Veh Make **TOYOTA** Veh Config. **1 21**  
Operator **FRAPPIER, MATTHEW COLE** Owner **FRAPPIER, MATTHEW COLE**  
Address **175 EAST ST** Address **175 EAST ST**  
City **WHITINSVILLE** State **MA** Zip **01588-1922** City **WHITINSVILLE** State **MA** Zip **01588-1922**  
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 27 27**  
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **19 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **3** Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

**8** **1** **14** **2**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **149F** Reg Type **LF** Reg State **MA**  
Sex **M** Lic. Class **B 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **FORD** Veh Config. **1 21**  
Operator **LLOYD, RANDY A** Owner **TOWN OF NORTHBRIDGE**  
Address **1 HOPE ST** Address **1 HOPE ST**  
City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588**  
Insurance Company **ARGONAUT INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**  
Vehicle Travel Direction: **N S E X** Responding to Emergency? **1** Event Sequence **42 23 1 23 23 23** Test Status: **1 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: **2 31** Susp. Drug: **2 32**  
Towed from scene? **2 33**

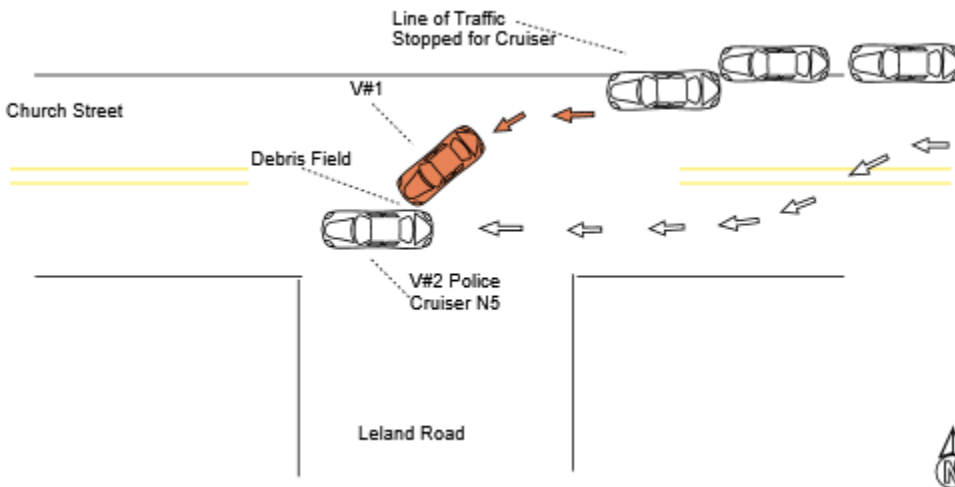
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

➡ = 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:**

Officer Lloyd (Vehicle #2) was responding to an emergency call with lights flashing. Officer Lloyd was approaching a line of traffic heading west. Officer Lloyd activated his airhorn prior entering the eastbound lane of Church Street to maneuver around traffic. As he approached the intersection with Leland Road, Vehicle #1 began turning left onto Leland, striking the passenger side rear of the police cruiser. Operator of V#2 stated that he did not see the cruisers emergency lights or hear the airhorn sounding.

**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 RICHARD GORMAN**    **RDG**    **Northbridge Police Department**    **03/06/2020**  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date