

Date of Crash **05/06/2020** Time of Crash **1204** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-71-AC**

License # _____ St _____ DOB/Age _____ Reg # **RC3X4F** Reg Type **PAN** Reg State **MO**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2002** Veh Make **HONDA** Veh Config. **1 21**
 Operator **unknown** Owner **LALIBERTE, RYAN JAMES**
 Address _____ Address **56 HAZEL ST APT 5**
 City _____ State _____ Zip _____ City **WOONSOCKET** State **RI** Zip **02895**
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S 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 **10 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **99 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 | | | | | | |

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

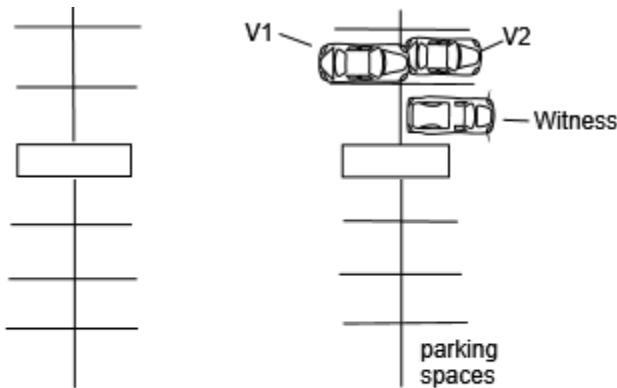
License # _____ St _____ DOB/Age _____ Reg # **1TB854** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **CHRISTOPHERSON, WILLIAM J**
 Address _____ Address **560 HIGHLAND ST**
 City _____ State _____ Zip _____ City **NORTHBRIDGE** State **MA** Zip **01534-1113**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **5 27 4 27 6 27**
 Vehicle Travel Direction: **N S E W** 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 **1 25 25** BAC Test Result: **1 30**
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 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 | 0 | 4 | 0 | 0 | 10 | 1 |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Walmart (#100 Valley Parkway)

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 rear ended vehicle #2 (parked).

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|------------------------------------|--------------|-----------|
| HELDENBERGH SCOTT R | 64 IRONSTONE ST MILLVILLE MA 01529 | 774-462-1191 | |
| | | | |

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 TYLER M MITCHELL

TM

Northbridge Police Department

05/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date