

Date of Crash **08/08/2020** Time of Crash **0030** 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 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 **1** #Occupants Hit/Run Moped Crash Report ID# **20-111-AC**

License # _____ St _____ DOB/Age _____ Reg # **12C310** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **C** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **CADILLAC** Veh Config. **1**
 Operator **ROBERTSON, BENJAMIN D** Owner **ROBERTSON, BENJAMIN D**
 Address **122 MENDON ST APT 122** Address **122 MENDON ST APT 122**
 City **UXBRIDGE** State **MA** Zip **01569-1541** City **UXBRIDGE** State **MA** Zip **01569-1541**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **0**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** Test Status: **3**
 Citation # (If Issued) **T2032330** Most Harmful Event **1** Type of Test: **2**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **10** BAC Test Result: **5**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **1** Susp. Drug: **32**
 Towed from scene? **1**

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	99	4	0	0	10	1

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

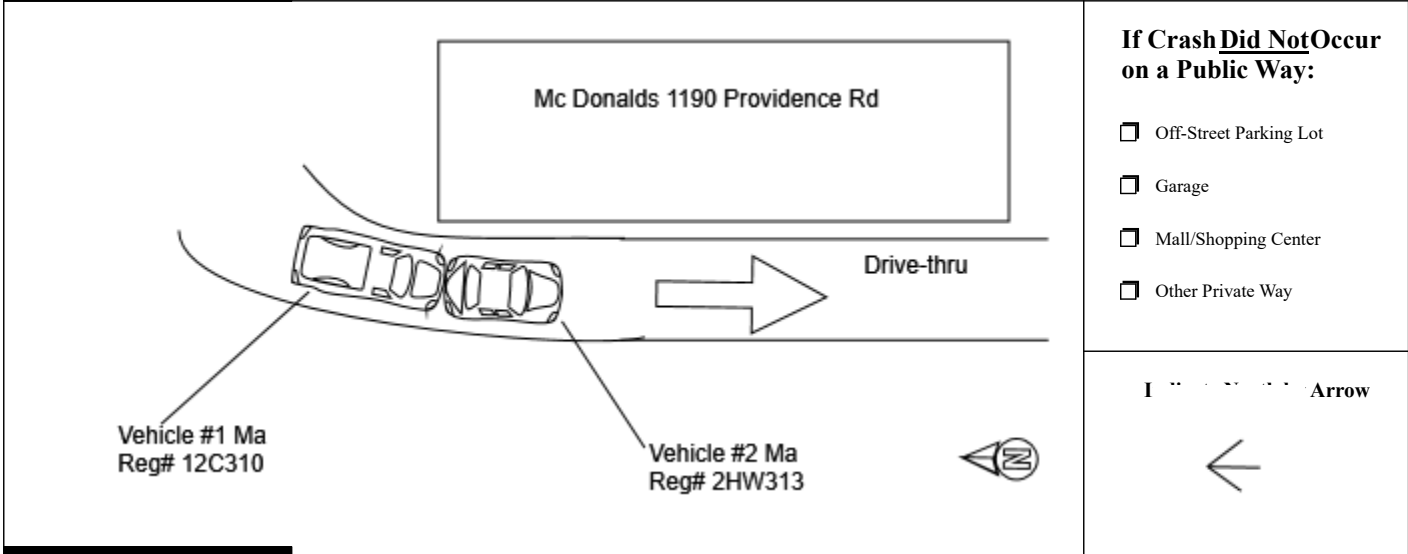
License # _____ St _____ DOB/Age _____ Reg # **2HW313** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1**
 Operator **DAWSON, KATHERINE WHITE** Owner **DAWSON, JULIE A**
 Address **27 WILLIAMS ST** Address **27 WILLIAMS ST**
 City **UPTON** State **MA** Zip **01568** City **UPTON** State **MA** Zip **01568-1724**
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** Damaged Area Code: **0**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2**

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	1	4	0	0	10	1
TYLER CHESTERS	5 RESTHAVEN RD MENDON, MA 01756			3	1	4	0	0	10	1	
AIDEN HAYES	20 WARREN ST UPTON, MA 01568			4	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



Crash Narrative:

Vehicle #1 rear ended Vehicle #2 in the McDonalds Drive-thru. Occupants of Vehicle #2, Katherine Dawson (Driver), Ava Siegel (rear seat middle), Sarianna Theall (rear seat right), Tyler Chesters (front passenger seat), and Aidan Hayes (rear seat left).

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 RYAN J FALVEY **RJF** **Northbridge Police Department** **08/08/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date