

Date of Crash **10/26/2020** Time of Crash **1723** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **1141** Direction **PROVIDENCE RD** Address # **1141** Name of Roadway/Street **PROVIDENCE RD**  
 At \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street **CHURCH ST**  
 Also at Intersection with \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **20-147-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5PC362** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **MAZDA** Veh Config. **1** **21**  
 Operator **FOBERT, THOMAS ANDERS** Owner **FOBERT, MARK ALFRED**  
 Address **17 CHIPPER DR** Address **17 CHIPPER DR**  
 City **SOUTH GRAFTON** State **MA** Zip **01560-1232** City **SOUTH GRAFTON** State **MA** Zip **01560-1232**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **8** **27** **2** **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) **834760** Most Harmful Event **2** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **720CMR 906** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** **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		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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JESSICA CHRISTIE</b>	<b>1 WACHUSETT DR SUTTON, MA 01590</b>			<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

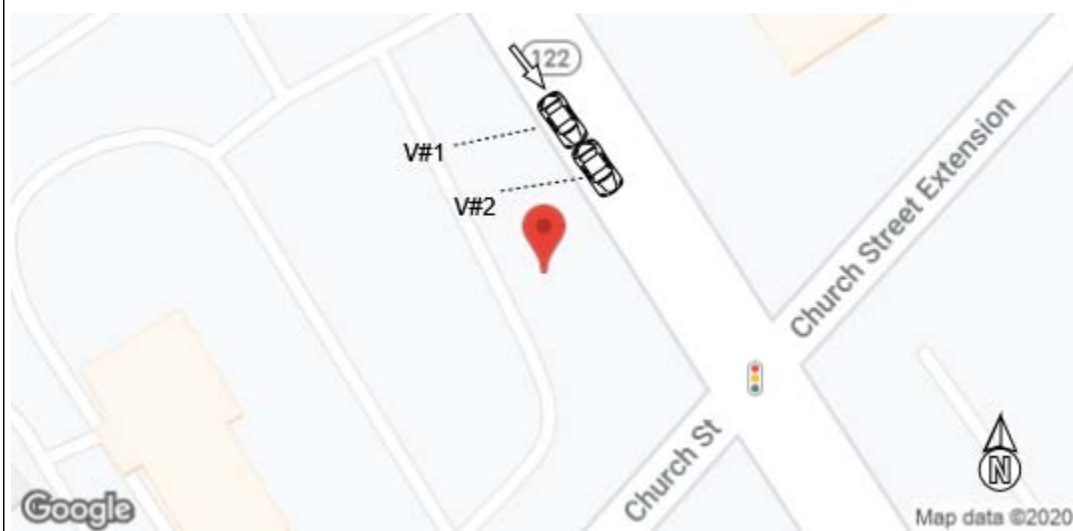
Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8YJ564** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **GMC** Veh Config. **97** **21**  
 Operator **LAFLAMME, JEFFREY OMER** Owner **ENTERPRISE FM TRUST**  
 Address **335 DOUGLAS ST** Address **600 CORPORATE PK DR**  
 City **UXBRIDGE** State **MA** Zip **01569-1112** City **ST LOUIS** State **MO** Zip **63105-0000**  
 Insurance Company **SENTRY SELECT INSURANCE C** Vehicle Action Prior to Crash **2** **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: **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		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>				<b>1</b>	<b>1</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  
 ie: → [1]    → [2]    → ○    → 🚲

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Intersecting Arrow



**Crash Narrative:**

V#2 was stopped at a red light on Providence Road headed south at Church Street. V#1 struck the rear of V#2 causing moderate damage to V#1 and minor damage to V#2. Operator of V#1 stated he had been stopped and the clutch slipped causing the vehicle to lurch forward.

**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** Signature **RDG** ID/Badge # **Northbridge Police Department** Department **10/26/2020** Date