

Date of Crash **12/28/2020** Time of Crash **1124** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street **2** 10  
**2** 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street  
**3** 3 Route# Direction Name of Intersecting 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 **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-193-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8LE121** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **CHEVROLET** Veh Config. **1** **21**  
**4** 1 Operator **HEYLIGER-MARRERO, CARLOS M** Owner **HEYLIGER, DAISY M**  
 Address **23 OVERLOOK ST** Address **23 OVERLOOK ST**  
 City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588-1817**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **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** **20** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **4** **26** Susp. Alcohol: **31** Susp. Drug: **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>	

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

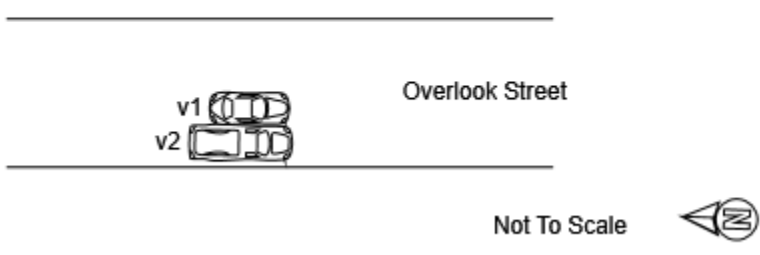
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **742VN9** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config. **1** **21**  
**8** 2 Operator **Driverless M.V.** Owner **CANNISTRARO, JOSEPH S**  
 Address \_\_\_\_\_ Address **75 WHITE POND RD**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **HUDSON** State **MA** Zip **01749-3263**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **7** **27** **8** **27** **0** **27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** 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 **1** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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>99</b>	<b>5</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

#### Insert a North Arrow



### Crash Narrative:

Vehicle #1 sideswiped 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 LEVON DERKOSROFIAN**      **LD**      **Northbridge Police Department**      **12/28/2020**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date