

Date of Crash 01/06/2022, Time of Crash 1755, City/Town NORTHBRIDGE, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 1, Speed Limit 30, State Police, Local Police, MBTA Police, Campus Police, Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SCHOOL ST, PROVIDENCE RD, Route#, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Route#, Direction, Name of Intersecting Roadway/Street, Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants, [] Hit/Run, [] Moped, Crash Report ID# 22-5-AC

License #, Sex M, Lic. Class D, Operator CALABRO, MARION, Address 68 SUSANNE DR, City NORTHBRIDGE, State MA, Zip 01534, Insurance Company THE STANDARD FIRE INS, Vehicle Travel Direction: [N][S][E][W], Responding to Emergency? 2, Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Viol. 3: Ch/Sec/Sub, Viol. 4: Ch/Sec/Sub, Reg # 1WNA43, Reg Type PC, Reg State MA, Veh Year 2017, Veh Make KIA, Veh Config. 1, Owner CALABRO, SUSAN TARA, Address 1309 HILL ST, City WHITINSVILLE, State MA, Zip 01588, Vehicle Action Prior to Crash 6, Damaged Area Code: 8, 27, 1, 27, 27, Event Sequence 1, 23, 23, 23, 23, Test Status: 1, 28, 29, Type of Test: 1, 30, BAC Test Result: 1, 30, Susp. Alcohol: 2, 31, Susp. Drug: 1, 32, Driver Contributing Code 1, 25, 25, Driver Distracted by 0, 26, Towed from scene? 1, 33.

Table with 11 columns: 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. Operator row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

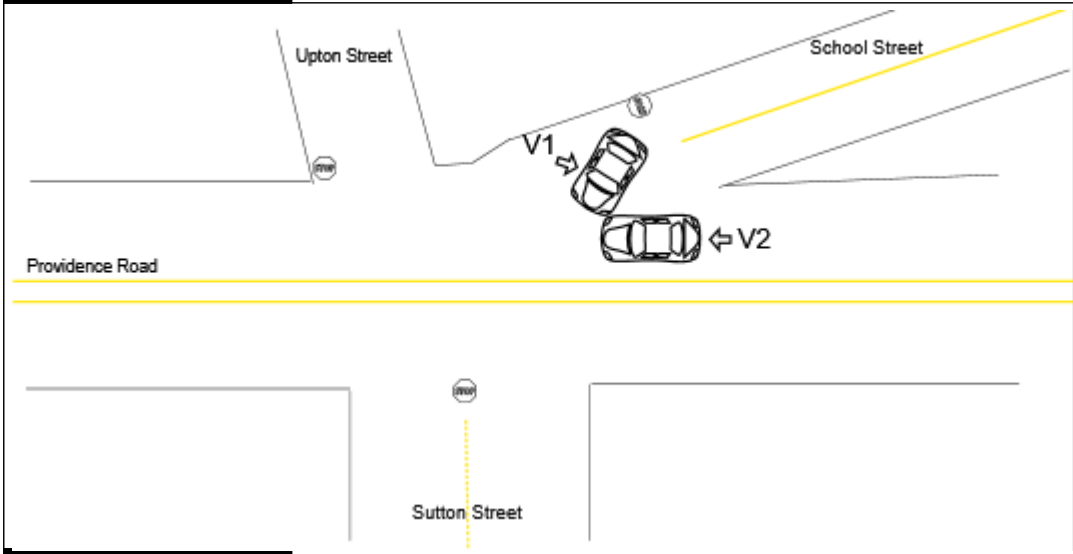
License #, Sex M, Lic. Class D, Operator GUERAD, DAVID ARMANDO, Address 39 SAMPSON ST, City GRAFTON, State MA, Zip 01519, Insurance Company THE STANDARD FIRE INS, Vehicle Travel Direction: [X][S][E][W], Responding to Emergency? 2, Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Viol. 3: Ch/Sec/Sub, Viol. 4: Ch/Sec/Sub, Reg # 5RZ820, Reg Type PC, Reg State MA, Veh Year 2009, Veh Make TOYOTA, Veh Config. 1, Owner GUERAD, DAVID ARMANDO, Address 39 SAMPSON ST, City GRAFTON, State MA, Zip 01519, Vehicle Action Prior to Crash 1, Damaged Area Code: 2, 27, 27, 27, Event Sequence 1, 23, 23, 23, 23, Test Status: 1, 28, 29, Type of Test: 1, 30, BAC Test Result: 1, 30, Susp. Alcohol: 2, 31, Susp. Drug: 2, 32, Driver Contributing Code 1, 25, 25, Driver Distracted by 0, 26, Towed from scene? 2, 33.

Table with 11 columns: 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. Operator/Non-Motorist row: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1. MICHELLE GUERAD row: MICHELLE GUERAD, 39 SAMPSON ST, GRAFTON, MA 01519, 3, 1, 4, 0, 0, 8, 2, UMASS MEMORIAL HOSPITAL.

→ = 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 Street Name Arrow

Crash Narrative:

Vehicle # 1 collided with vehicle #2 as it turned from School Street onto Providence Road.

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 JORDAN P TREDEAU JPT Northbridge Police Department 01/06/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date