

Date of Crash **01/07/2021** Time of Crash **1842** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **3** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **583** Direction \_\_\_\_\_ Address # **SCHOOL ST** Name of 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# **21-4-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3PN527** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **SUBARU** Veh Config. **1**

Operator **LOISELLE, RICHARD J** Owner **SINA INC**

Address **37 BURDON ST** Address **147 MILFORD ST**

City **WHITINSVILLE** State **MA** Zip **01588-1621** City **UPTON** State **MA** Zip **01568-1312**

Insurance Company **TRAVELERS CASUALTY INSURA** Vehicle Action Prior to Crash **6** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **42 23 1 23 24 23 23** Test Status: **1 28**

Citation # (If Issued) **885511AA** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub **90 13A** Driver Contributing Code **9 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? **1 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>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>2</b>	U-MASS MEDICAL CENTER

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 # **8TJ614** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **HYUNDAI** Veh Config. **1**

Operator **BEAUREGARD, JENNIFER RITA MARIE** Owner **BEAUREGARD, JENNIFER RITA MARIE**

Address **193 NORTH MAIN ST APT FL 2** Address **193 NORTH MAIN ST APT FL 2**

City **WEBSTER** State **MA** Zip **01570-2242** City **WEBSTER** State **MA** Zip **01570-2242**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 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**

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Towed from scene? **1 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>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	UMASS MEMORIAL HOSPITAL
<b>RYAN BEAUREGARD</b>	<b>193 N MAIN ST WEBSTER, MA 01570</b>				<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	UMASS MEMORIAL HOSPITAL

