

Date of Crash **01/07/2022** Time of Crash **0832** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

2 **1** Feet **N S E W** of • or Mile Marker Exit Number

3 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet **N S E W** of Route# Intersecting Roadway/Street

4 Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-6-AC**

4 License # St DOB/Age Reg # **121KF7** Reg Type **PC** Reg State **MA** Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1** **21**

1 Operator **BEAN, JOSEPH G** Owner **BEAN, JOSEPH G**

1 Address **174 WOLFE HILL RD** Address **174 WOLFE HILL RD**

5 City **NORTHBRIDGE** State **MA** Zip **01534-1331** City **NORTHBRIDGE** State **MA** Zip **01534-1331**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction: **N S X 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 **97** **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 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
Operator	See Above	 	 	1	99	4	0	0	10	1	

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

8 License # St DOB/Age Reg # **SRF580** Reg Type **CO** Reg State **MA** Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement Veh Year **2002** Veh Make Veh Config. **97** **21**

2 Operator **BURKE, TIMOTHY JOSEPH** Owner **DJ SALMON LAWN AND LANDSCAPE INC**

2 Address **10 CASSIE LN** Address **672 MILLVILLE RD**

4 City **UXBRIDGE** State **MA** Zip **01569-3114** City **UXBRIDGE** State **MA** Zip **01569-1903**

Insurance Company **TRAVELERS CASUALTY INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **97** **27** **27** **27**

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

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Towed from scene? **2** **33**

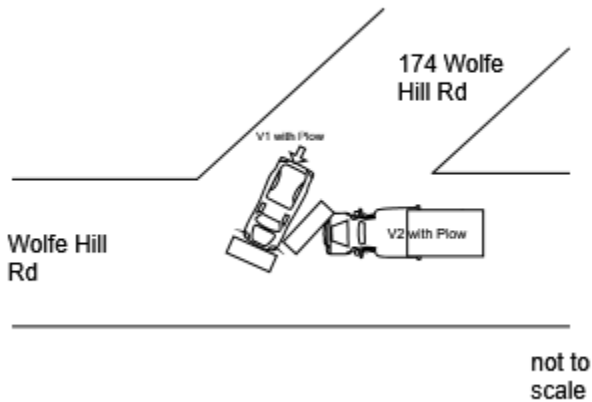
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	 	 	1	1	4	0	0	10	1	

→ = 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

Indicate Direction of Arrow



Crash Narrative:

Vehicle #1 was plowing his driveway and had pushed snow across the street and while backing up Vehicle #2 which was plowing the road struck Vehicle #1 with its plow.

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 01/07/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date