

Date of Crash **01/12/2021** Time of Crash **1626** 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# **1190** Direction **PROVIDENCE RD** Address # **1190** Name of Roadway/Street **PROVIDENCE RD**  
 Route# **445** Direction **CHURCH ST** Route# **445** Name of Roadway/Street **CHURCH ST**

Please Select One of the Following:  Vehicle **13** #Occupants  Hit/Run  Moped Crash Report ID# **21-7-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1459PJ** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **GMC** Veh Config. **1**  
 Operator **POIRIER, JOSEPH KEITH** Owner **POIRIER, KERRY ANN**  
 Address **18 FISKE AVE** Address **18 FISKE AVE**  
 City **UPTON** State **MA** Zip **01568-1546** City **UPTON** State **MA** Zip **01568-1546**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6** Damaged Area Code: **2** **27** **4** **27** **27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) **883855AA** Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **720CMR 906B** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>RYAN POIRIER</b>	<b>18 FISKE AVE UPTON, MA 01568</b>			<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>KENLEY POIRIER</b>	<b>18 FISKE AVE UPTON, MA 01568</b>			<b>4</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 **22** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **58GS60** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1**  
 Operator **CARROLL, STEPHANIE T** Owner **CARROLL, STEPHANIE T**  
 Address **1774 PROVIDENCE RD** Address **1774 PROVIDENCE RD**  
 City **NORTHBRIDGE** State **MA** Zip **01534-2205** City **NORTHBRIDGE** State **MA** Zip **01534-2205**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **27** **27**  
 Vehicle Travel Direction: **X 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? **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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>PATRICK CARROLL</b>	<b>1774 PROVIDENCE RD NORTHBRIDGE, MA 01534</b>			<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

