

Date of Crash **02/01/2021** Time of Crash **1407** 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** **2** **11**

CHURCH ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
HIGHLAND ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____
Address # _____ 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 _____

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 21-22-AC**

4 **2** **12** **1**

License # _____ St _____ DOB/Age _____ Reg # **393JP7** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** **21**
Operator **LAFERRIERE, JANINE M** Owner **LAFERRIERE, STEPHEN GEORGE**
Address **17 HIGH ST** Address **17 HIGH ST**
City **UXBRIDGE** State **MA** Zip **01569** City **UXBRIDGE** State **MA** Zip **01569-1818**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **6** **27** **8** **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 **4** **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? **1** **33**

6 **3**

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	XXXXXX	XXXX	1	1	2	0	0	10	1	

7 **2** Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** **14** **1**

License # _____ St _____ DOB/Age _____ Reg # **6860WC** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **CHEVROLET** Veh Config. **1** **21**
Operator **SULLIVAN, THOMAS MICHAEL** Owner **SULLIVAN, THOMAS MICHAEL**
Address **205A MAIN ST** Address **205A MAIN ST**
City **WHITINSVILLE** State **MA** Zip **01588-2230** City **WHITINSVILLE** State **MA** Zip **01588-2230**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**
Vehicle Travel Direction: **N S E X** 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? **1** **33**

9 **2**

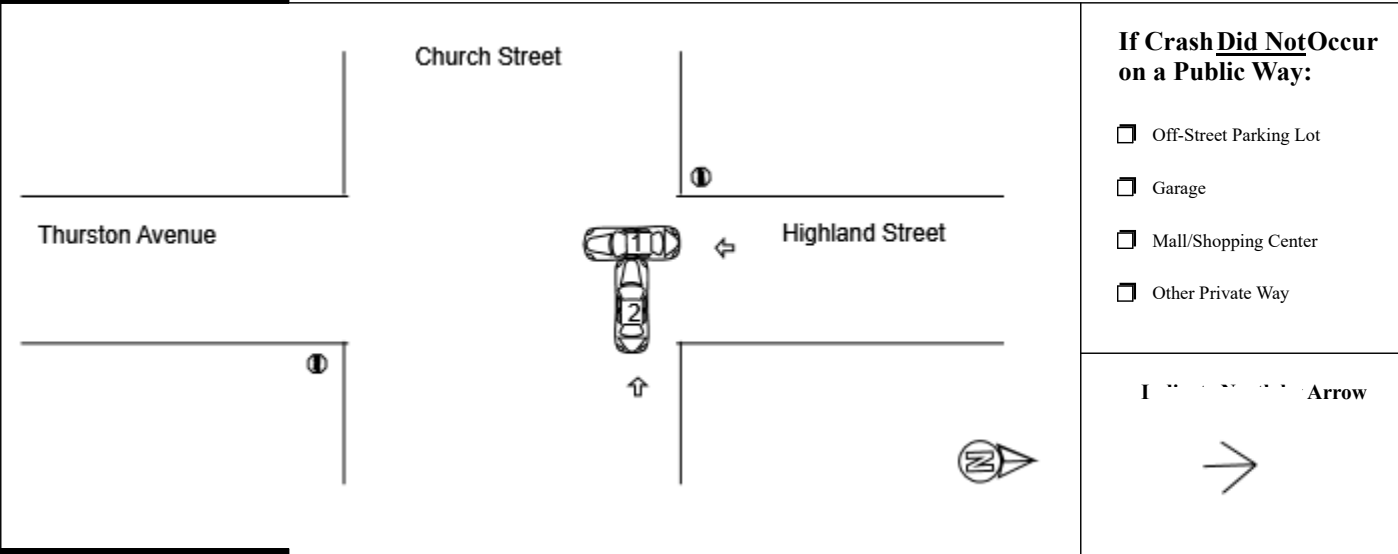
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	1	1	0	0	10	1	
BRANDON SULLIVAN	205A MAIN ST WHITINSVILLE, MA 01588			3	1	1	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



Crash Narrative:

Vehicle #1 travelling south on Highland Street. Vehicle #2 travelling west on Church Street. Operator of Vehicle #1 attempted to make a left hand turn onto Church Street, colliding with Vehicle #2.

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 KRISTINA M WESTBURY **KMW** **Northbridge Police Department** **02/01/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date