

Date of Crash **02/11/2021** Time of Crash **1750** 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# \_\_\_\_\_ 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# **1119** Direction **PROVIDENCE RD** 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-31-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **897BC5** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **HONDA** Veh Config. **1** **21**  
 Operator **PRATT, ADAM MICHAEL** Owner **PRATT, ROGER L III**  
 Address **23 ROCKMEADOW ROAD EXT** Address **23 ROCKMEADOW ROAD EXT**  
 City **UXBRIDGE** State **MA** Zip **01569-1412** City **UXBRIDGE** State **MA** Zip **01569-1412**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **0** **27** **27**  
 Vehicle Travel Direction: **N** **X** **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 **4** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **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>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

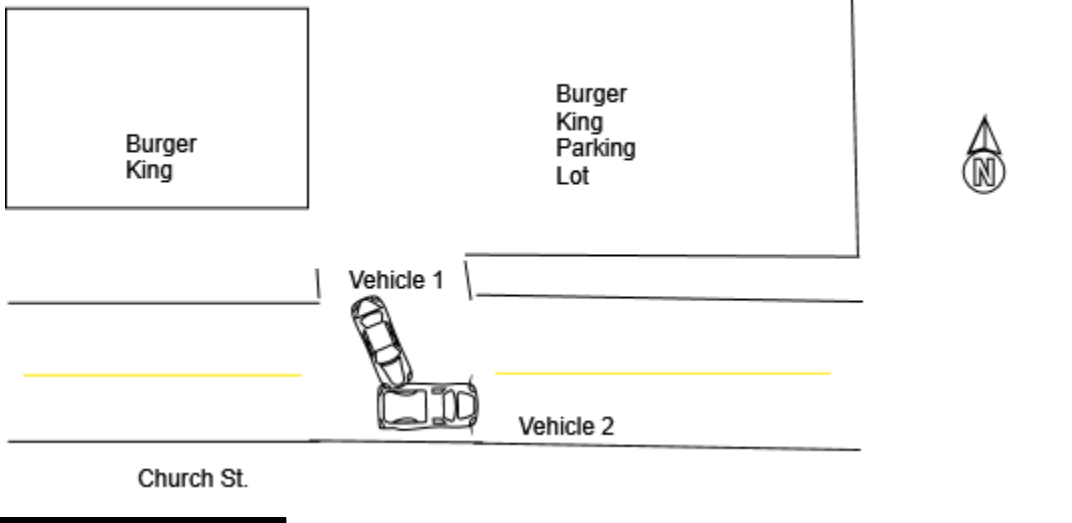
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8TZ381** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2004** Veh Make **DODGE** Veh Config. **2** **21**  
 Operator **FURNO, JOHN DAVID** Owner **FURNO, ADAM**  
 Address **53 SE MAIN ST** Address **53 S EAST MAIN ST**  
 City **DOUGLAS** State **MA** Zip **01516-2449** City **DOUGLAS** State **MA** Zip **01516**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **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) \_\_\_\_\_ 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 **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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 pulling out of the Burger King parking lot when it struck 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 **KAITLYN J LAFLASH** Signature **KJL** ID/Badge # **Northbridge Police Department** Department **02/11/2021** Date  
 Police Officer Name (Please Print) Precinct/Barracks