

Date of Crash **02/13/2021** Time of Crash **1439** 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:**

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

3 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **1** Route# **1190** Direction _____ Address # **PROVIDENCE RD** Name of Roadway/Street _____

3 **1** _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

3 **1** _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

3 **1** _____ Feet **N S E W** of **MCDONALDS** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-33-AC**

License # _____ St _____ DOB/Age _____ Reg # **1HML25** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** **21**

Operator **BOISVERT, GRACE BLANCHE** Owner **BOISVERT, CYNTHIA E**

Address **45 PINECREST RD** Address **45 PINECREST RD**

City **UXBRIDGE** State **MA** Zip **01569-1227** City **UXBRIDGE** State **MA** Zip **01569-1227**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **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 **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? **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	XXXXXX	X	1	1	4	0	0	10	1	

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 # **783AE6** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **NISSAN** Veh Config. **1** **21**

Operator **WALKER, MARK J** Owner **WALKER, MARK J**

Address **109 NORTHGATE RD** Address **109 NORTHGATE RD**

City **NORTHBOROUGH** State **MA** Zip **01532-2262** City **NORTHBOROUGH** State **MA** Zip **01532-2262**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **7** **27** **27**

Vehicle Travel Direction: **X S 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 **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? **2** **33**

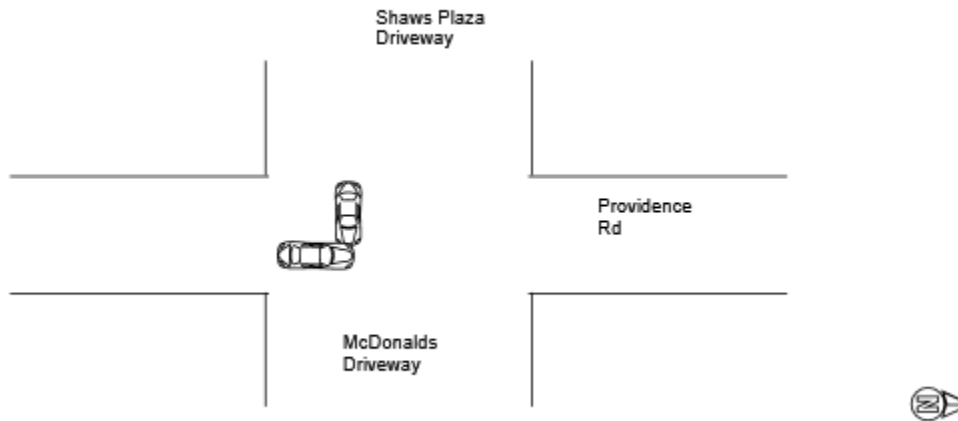
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	X	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 struck Vehicle #2 while crossing over Providence Rd from the Shaws lot.

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

Police Officer Name (Please Print)

Signature

LD

ID/Badge #

Northbridge Police Department

Department

Precinct/Barracks

02/13/2021

Date