

Date of Crash **03/28/2020** Time of Crash **1558** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **71** Direction _____ Address # **PRAIRIE ST** 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# **20-61-AC**

License # _____ St _____ DOB/Age _____ Reg # **V68738** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2015** Veh Make **FORD** Veh Config. **2 21**
 Operator **NUGENT, BENJAMIN C** Owner **BROUILLARD AND SONS LLC**
 Address **19 GROVE ST** Address **37 PRAIRIE ST**
 City **WHITINSVILLE** State **MA** Zip **01588-2205** City **NORTHBRIDGE** State **MA** Zip **01534-1370**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **20 23 30 23 26 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **26 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **17 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **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
Operator	See Above	XXXX	XX	1	0	1	0	0	9	2	U-MASS MEDICAL CENTER

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

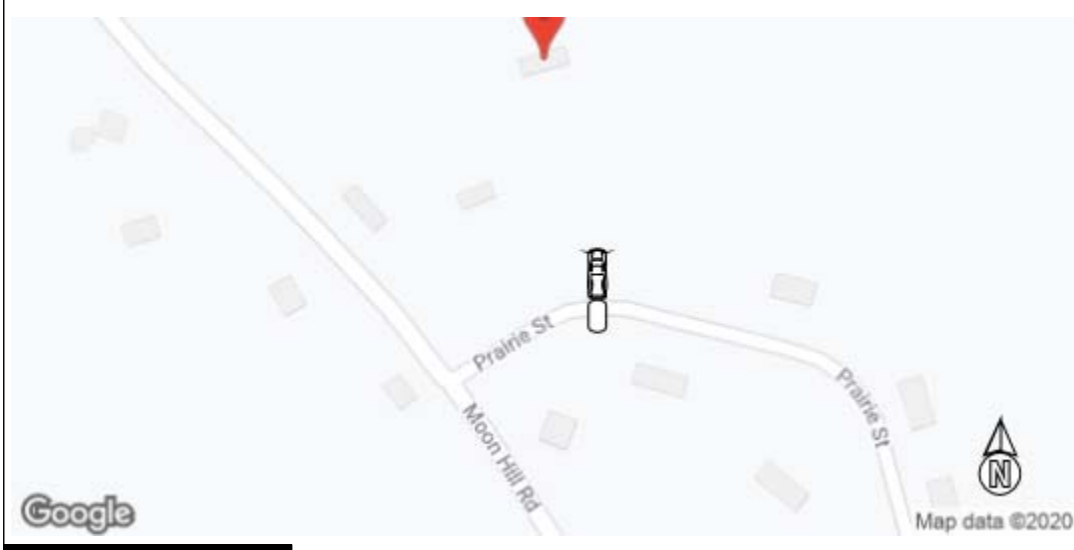
License # _____ St _____ DOB/Age _____ Reg # **235842B** Reg Type **TRN** Reg State **ME**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **EAGLE** Veh Config. **8 21**
 Operator **Driverless M.V.** Owner **BROUILLARD, KEITH M**
 Address _____ Address **37 PRAIRIE ST**
 City _____ State _____ Zip _____ City **NORTHBRIDGE** State **MA** Zip **01534-1370**
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **99 27 27 27**
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 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
Operator/Non-Motorist	See Above	XXXX	XX	1	10	5	3	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

↑ Arrow



Crash Narrative:

Vehicle #1 left east bound lane crossed over west bound lane with trailer attached and went over curbing, fence and down into a ditch/driveway.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BRAGA PEDRO	71 PRAIRIE ST NORTHRIDGE MA 01534		97	PAVED DRIVEWAY
TOWN OF NORTHRIDGE	7 MAIN ST WHITINSVILLE MA 01588		3	WOOD FENCING

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 ID Northbridge Police Department 03/28/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date