

Date of Crash **04/03/2021** Time of Crash **1739** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **152** Direction **SCHOOL ST** Address # **2** Name of Roadway/Street **10**
 At _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street **10**
 Also at Intersection with _____ Feet **N S E W** of _____ Route# **PLANTATION ST** Intersecting Roadway/Street
 Route# _____ Direction _____ Name of 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# **21-52-AC**

License # _____ St _____ DOB/Age _____ Reg # **9XD122** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2009** Veh Make **FORD** Veh Config. **1** **21**
 Operator **DUARTE, LEANDRO LUIS** Owner **DUARTE, LEANDRO LUIS**
 Address **16 CLAUDETTE DR APT 12** Address **16 CLAUDETTE DR APT 12**
 City **MILFORD** State **MA** Zip **01757** City **MILFORD** State **MA** Zip **01757**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **4** **27** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **6** **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	
Operator		See Above	X	X	1	99	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

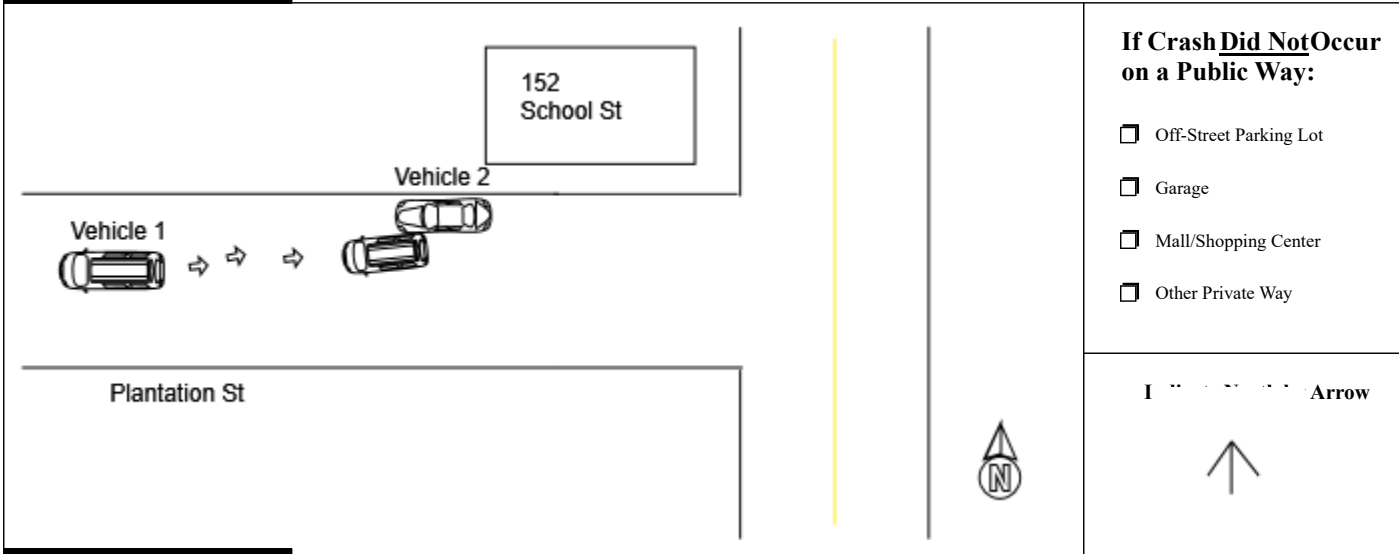
License # _____ St _____ DOB/Age _____ Reg # **822XJ8** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **Driverless M.V.** Owner **WOJCECHOWICZ, MARY A**
 Address _____ Address **152 SCHOOL ST**
 City _____ State _____ Zip _____ City **NORTHBRIDGE** State **MA** Zip **01534**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **7** **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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 _____ **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by _____ **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator/Non-Motorist		See Above	X	X	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 was attempting to back up. Vehicle 1 was backing up with the passenger side door open, obstructing the drivers view. Vehicle 1 back into vehicle 2, which was parked on Plantation St. in front of 152 School St.

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 **04/03/2021** Date