

Date of Crash **04/16/2021** Time of Crash **1403** 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** **2** **3** **11**

MAIN ST
Route# Direction Name of Roadway/Street
At
NORTH MAIN ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction 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 **3**

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped
Crash Report ID# **21-56-AC**

1 **12** **1** **13**

License # _____ St _____ DOB/Age _____ Reg # **9AE552** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1** **21**
Operator **ZALEWSKI, DEREK J** Owner **MCQUISTON, KELLY B**
Last First Middle Last First Middle
Address **18 STREET APT D** Address **18 ST APT D**
City **WHITINSVILLE** State **MA** Zip **01588-1810** City **WHITINSVILLE** State **MA** Zip **01588-1810**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) **T2276258** Most Harmful Event **1** **24** Type of Test: **1** **29**
Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub **90** **14** Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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	_____	_____	1	1	4	0	0	10	1	

7 **1**

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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

License # _____ St _____ DOB/Age _____ Reg # **718VR8** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions _____ CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1** **21**
Operator **DEFREITAS, CARLOS ALEXANDRE** Owner **MARIN-DEFREITAS, LEYDY C**
Last First Middle Last First Middle
Address **3 WEST ST APT D** Address **3 WEST ST**
City **WHITINSVILLE** State **MA** Zip **01588-2222** City **WHITINSVILLE** State **MA** Zip **01588-2222**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**
Vehicle Travel Direction: **N S 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: **1** **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **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

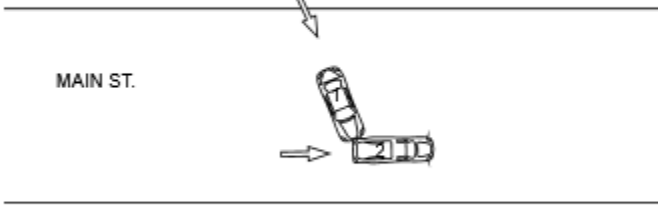
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺

UNIFIED PARKING LOT



MAIN ST.

YATCO GAS STATION

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
 Garage
 Mall/Shopping Center
 Other Private Way

If Incident Occurred on a Public Way Arrow



Crash Narrative:

VEHICLE #1 PULLED OUT OF THE UNIFIED PARKING TRAVELLING NORTH HEADED TO THE YATCO GAS STATION. VEHICLE #1 STRUCK VEHICLE #2 WHICH WAS TRAVELLING WEST ON MAIN ST.

Witnesses:

Table with 4 columns: Name (Last,First,Middle), Address, Phone #, Statement

Property Damage:

Table with 5 columns: 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 MATTHEW LEONARD MWL Northbridge Police Department 04/16/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date