

Date of Crash **04/25/2021** Time of Crash **1104** 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:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** **2** **10**
3 **3** **11**
2 **3**
3 **3**

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

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 21-61-AC**

3 **1** **12**
4 **3**
5 **1**
6 **2**

License # _____ St _____ DOB/Age _____ Reg # **34WF86** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2018** Veh Make **GMC** Veh Config. **2** **21**
Operator **ELLIS, DANNY M** Owner **ELLIS, DANNY M**
Last First Middle Last First Middle
Address **180 MENDON RD** Address **180 MENDON RD**
City **N ATTLEBOROUGH** State **MA** Zip **02760-4396** City **N ATTLEBOROUGH** State **MA** Zip **02760-4396**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **2** **27** **1** **27** **27**
Vehicle Travel Direction: **N S E X** 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 **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	XXXX	1	1	1	0	0	9	1	

7 **2**
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**
9 **2**

License # _____ St _____ DOB/Age _____ Reg # **7RK431** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **2** **21**
Operator **HITCHCOCK, PAUL C** Owner **HITCHCOCK, PAUL C**
Last First Middle Last First Middle
Address **20 HIGH ST** Address **20 HIGH ST**
City **WHITINSVILLE** State **MA** Zip **01588-2207** City **WHITINSVILLE** State **MA** Zip **01588-2207**
Insurance Company **PROGRESSIVE DIRECT INSURA** 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: **1** **28**
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Towed from scene? **1** **33**

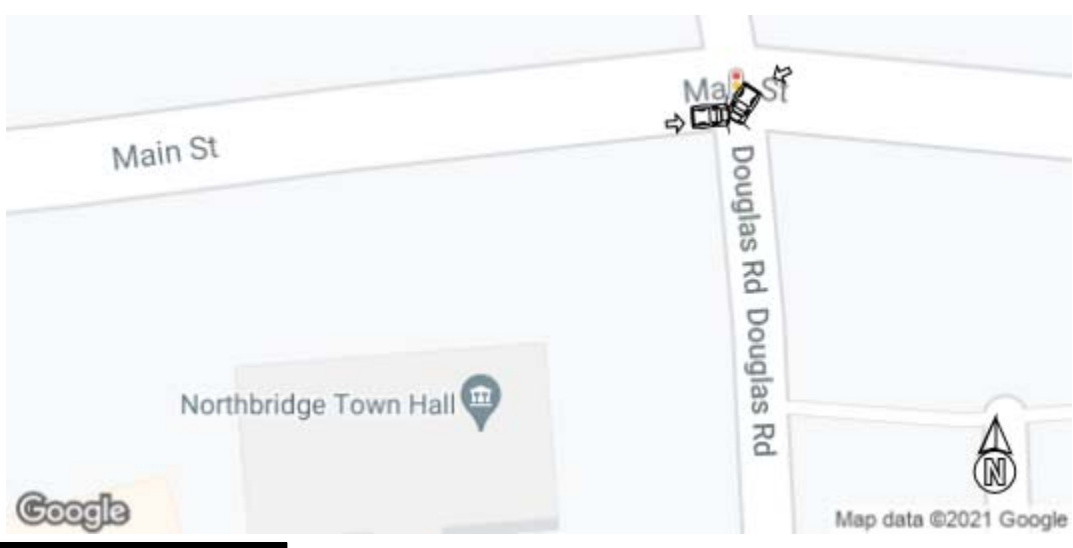
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	1	1	1	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 travelling west on Main Street. Vehicle #2 travelling east on Main Street. Operator of Vehicle #1 attempted to make a left hand turn onto Douglas Road, colliding with Vehicle #2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LYONS DAKOTA LEE	17 BOUFFARD LN UXBRIDGE MA 01569-3204		1
NORDQUIST JACOB W	243 SUTTON ST NORTHBRIDGE MA 01534-1083		

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 KRISTINA M WESTBURY KMW Northbridge Police Department 04/25/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date