

Date of Crash **04/28/2021** Time of Crash **1129** 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# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_ 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 **11** #Occupants  Hit/Run  Moped Crash Report ID# **21-63-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **87HM82** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **VOLKSWAGEN** Veh Config. **1** **21**

Operator **PAPPAS, BRIDGET C** Owner **PAPPAS, BRIDGET C**

Address **45 KATHY TRL** Address **45 KATHY TRL**

City **UXBRIDGE** State **MA** Zip **01569-3167** City **UXBRIDGE** State **MA** Zip **01569-3167**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **7** **22** Damaged Area Code: **8** **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) **985423AA** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9** **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? **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 |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |

Please Select One of the Following:  Vehicle **22** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **D63981** Reg Type **TRN** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make \_\_\_\_\_ Veh Config. **8** **21**

Operator **HENDRIKS, JACOB R** Owner **ZIFCAK, JOHN A**

Address **249 MAIN ST** Address **16 DEPOT RD**

City **DOUGLAS** State **MA** Zip **01516-2170** City **E DOUGLAS** State **MA** Zip **01516-0000**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **97** **27** **27**

Vehicle Travel Direction: **N S E X** 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 |  | 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 |
|--|--|---|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  | See Above   | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
| <b>JOHN ZIFCAK</b>   |  | <b>16 DEPOT RD</b><br><b>E DOUGLAS, MA 01516-0000</b> |              | <b>3</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|  |  |   |              |              |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → 🚲



NOT TO SCALE



**If Crash Did Not Occur on a Public Way:**

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

Insert Arrow



**Crash Narrative:**

Vehicle #1 crossed over the center line and struck the trailer tire, rim and fender.

**Witnesses:**

| Name (Last,First,Middle) | Address                                    | Phone # | Statement |
|--------------------------|--|---------|-----------|
| OBANNON LAURA J          | 1109 MARSTON RD WHITINSVILLE MA 01588-1076 |         |           |
|                          |  |         |           |

**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      LD      Northbridge Police Department      04/28/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date