

Date of Crash **05/01/2021** Time of Crash **1404** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **11**

**1** **1** **4**

**2** **1**

**3**

Route# Direction **SUTTON ST** Name of Roadway/Street  
At  
Route# Direction **PROVIDENCE RD** 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

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-66-AC**

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

**4** **4**

**5** **1**

**6** **1**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6XP634** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**  
Operator **AWAD, SHENOUDA LABIB** Owner **AWAD, SHENOUDA LABIB**  
Address **75 CHURCH AVE APT 305** Address **75 CHURCH AVE APT 305**  
City **NORTHBRIDGE** State **MA** Zip **01534-1422** City **NORTHBRIDGE** State **MA** Zip **01534-1422**  
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **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) \_\_\_\_\_ 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: **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 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **8**

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

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

**9** **2**

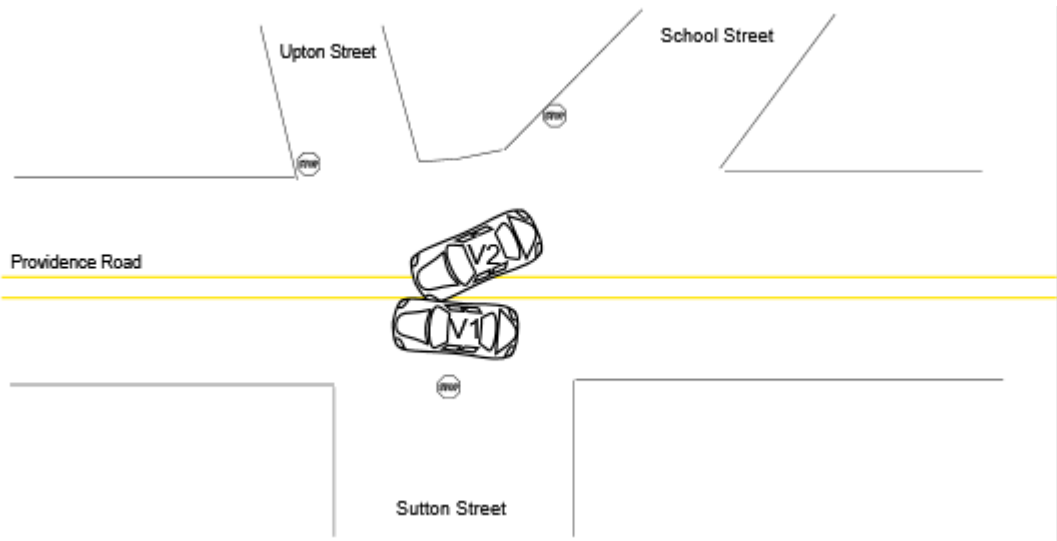
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **V84982** Reg Type **CO** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions \_\_\_\_\_ CDL \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1** **21**  
Operator **CADARETTE, JAMES CARL JR** Owner **TIME WARNER CABLE NORTHEAST LLC**  
Address **562 CHURCH ST** Address **7800 CRESCENT EXECUTIVE DR**  
City **WHITINSVILLE** State **MA** Zip **01588-1428** City **CHARLOTTE** State **NC** Zip **28217-0000**  
Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **27** **27**  
Vehicle Travel Direction:  **N S E**  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 **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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</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  
ie: → 1 → 2 → ○ → ○

**Crash Diagram:**



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

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

Insert Arrow

**Crash Narrative:**

The passenger side of vehicle #1 collided with the front drivers side of vehicle #2 as vehicle #1 attempted to pass vehicle #2 on their left side. Vehicle #1 then left the scene for a short period of time before returning.

**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 JORDAN P TREDEAU      JPT      Northbridge Police Department      05/01/2021  
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date