Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:
05/04/2021	1411 24HR	NORTHBRIDGE	2	0				☐	☒	☐	☐	

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

1 1 — Route# ____ Direction ____ Name of Roadway/Street: CRESCENT ST

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: ARCADE ST

Also at Intersection with

2 2 — Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Route# ____ Direction ____ Address # ____ Name of Roadway/Street ____ 2 10

____ Feet N S E W of — — — • — or ____ Mile Marker Exit Number

____ Feet N S E W of ____ Route# ____ Intersecting Roadway/Street 2 11

____ Feet N S E W of ____ Landmark

3 — **Please Select One of the Following:** ☐ Vehicle 1 1 #Occupants ☒ Hit/Run ☐ Moped **Crash Report ID#** 21-68-AC

License # ____ St ____ DOB/Age ____ Reg # ____ Reg Type ____ Reg State ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL ____ Endorsement Veh Year ____ Veh Make ____ Veh Config. 21 1 12

4 1 — **Operator** unknown (Last First Middle) **Owner** ____ (Last First Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____

Insurance Company ____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

5 2 — Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) ____ Most Harmful Event 24 Type of Test: 29

BAC Test Result: 30

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 2 13

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 Towed from scene? 33

6 1 — 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	X	X	1							

7 3 — **Please Select One of the Following:** ☒ Vehicle 2 0 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # ____ St ____ DOB/Age ____ Reg # 323MA8 Reg Type PC Reg State MA

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL ____ Endorsement Veh Year 2015 Veh Make BUICK Veh Config. 1 21

8 1 — **Operator** Driverless M.V. (Last First Middle) **Owner** DRAKE, DOREEN L (Last First Middle)

Address ____ Address 521 PROVIDENCE RD

City ____ State ____ Zip ____ City LINWOOD State MA Zip 01525-0425 1 14

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) ____ Most Harmful Event 24 Type of Test: 29

9 2 — 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? 33

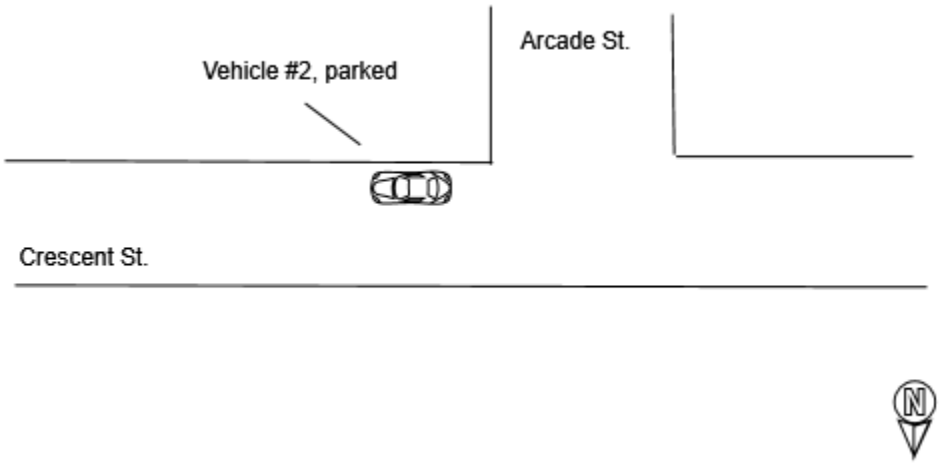
Please fill out for operator/non-motorist and all occupants involved

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	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

I[illegible] Arrow

Crash Narrative:

Owner of vehicle #2 stated that she had parked the vehicle the previous night (05/03/21), at approximately 10:00 p.m. at the corner of Crescent St. and Arcade St. and went inside. Owner of vehicle stated she was leaving to go to work on (05/04/21), at approximately 2:10 p.m. and discovered someone had struck the left rear quarter of her vehicle.

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

DETECTIVE SERGEANT JOHN D OUILLETTE		JDO	Northbridge Police Department		05/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date