

Date of Crash **05/04/2021** Time of Crash **1354** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

MENDON RD
Route# Direction Name of Roadway/Street
At
QUAKER 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 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-67-AC**

4 **1** **7** **12** **7** **21** **13**

License # _____ St _____ DOB/Age _____ Reg # **T66153** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **ISUZU** Veh Config. **6** **21**
Operator **STANLEY, THOMAS CHRISTOPHER** Owner **PENSKE LEASING AND RENTAL COMPANY**
Address **40 TREMONT ST APT 2 R** Address **2675 MORGANTOWN RD**
City **TAUNTON** State **MA** Zip **02780-3092** City **READING** State **PA** Zip **19607-0000**
Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **8** **27** **27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **22** **23** **23** **1** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **22** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **21** **25** **7** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1** **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	0	4	0	2	9	2	U-MASS MEDICAL CENTER

7 **4** Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **2** **14** **1** **14**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
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Towed from scene? **33**

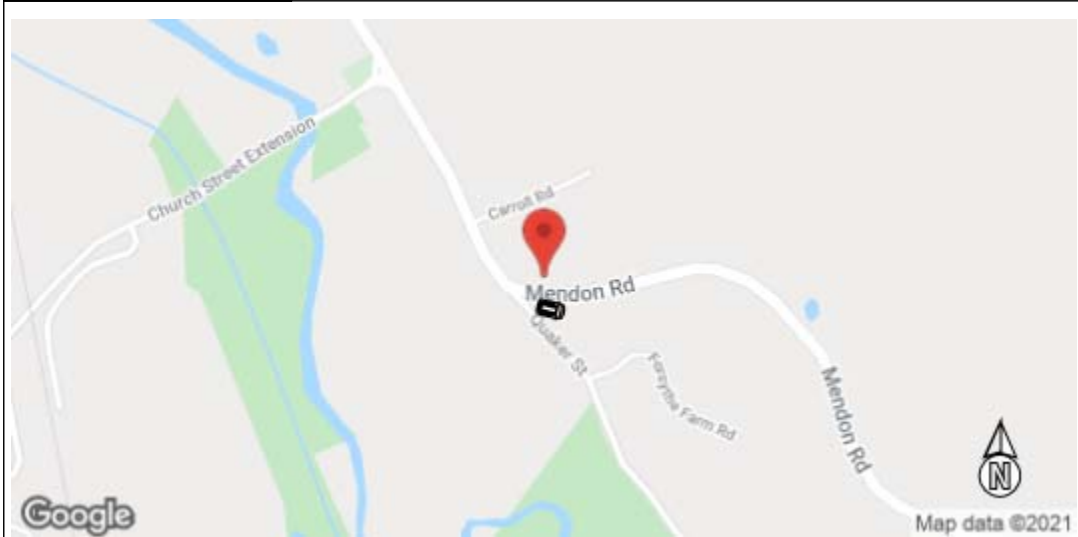
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	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

↑ Arrow



Crash Narrative:

Vehicle #1 went off of the roadway, struck a utility pole and then rested in a ditch like area.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	RT 140 HOPEDALE MA		4	UTILITY POLE MECO 216

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 05/04/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date