

Date of Crash **05/15/2021** Time of Crash **1454** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** 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

107 CHURCH ST

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of PLUMMERS LANDING Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-71-AC**

License # St DOB/Age Reg # **1016VY** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **1999** Veh Make **JEEP/CHRYSLER** Veh Config. **1**

Operator **FRIEDLAND, PETER A** Owner **FRIEDLAND, PETER A**

Address **134 MAIN ST APT 301** Address **134 MAIN ST APT 301**

City **UPTON** State **MA** Zip **01568-1626** City **UPTON** State **MA** Zip **01568-1626**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **8**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **4** Test Status: **28**

Citation # (If Issued) Most Harmful Event **4** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2**

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
Operator		See Above	X	X	1	0	4	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **2** Action **2** Location **4** Condition **1** Hit/Run Moped

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

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year Veh Make Veh Config. **21**

Operator **DEMARZO, DAVID MATTHEW** Owner

Address **101 GLEN AVE** Address

City **UPTON** State **MA** Zip **01568-1716** City State Zip

Insurance Company Vehicle Action Prior to Crash **1** Damaged Area Code: **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? Event Sequence **1** Test Status: **28**

Citation # (If Issued) Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

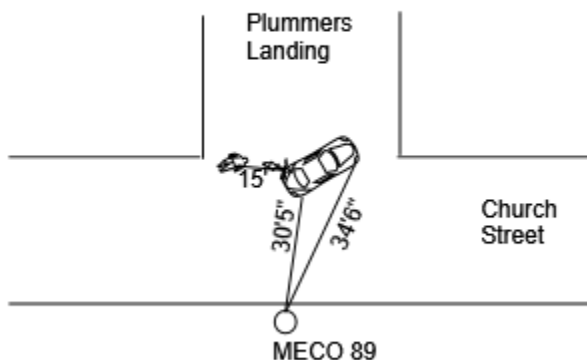
Towed from scene? **33**

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
Operator/Non-Motorist		See Above	X	X	1	6			9	2	U-MASS MEDICAL CENTER

→ = 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 was making a left turn into Plummers Landing when Vehicle #1 and a cyclist collided.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
COSTA REBEKAH	21 FAIRBANKS CT DOUGLAS MA 01516-2438		

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 05/15/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date