

Date of Crash **05/16/2021** Time of Crash **1101** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ 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 **11** #Occupants  Hit/Run  Moped Crash Report ID# **21-72-AC**

License # **D28153828511732** St **NJ** DOB/Age **11/19/1973** Reg # **V57JTK** Reg Type **PC** Reg State **NJ**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **HONDA** Veh Config. **1 21**  
 Operator **DESRAVINES, JACQUES** Owner **DESRAVINES, JACQUES**  
 Address **78 PARK AVE E** Address **78 PARK AVE E**  
 City **ORANGE** State **NJ** Zip **07017** City **ORANGE** State **NJ** Zip **07017**  
 Insurance Company **Geico Insurance** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **0 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **97 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 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>XXXXXX</del>	<del>XXXX</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 **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

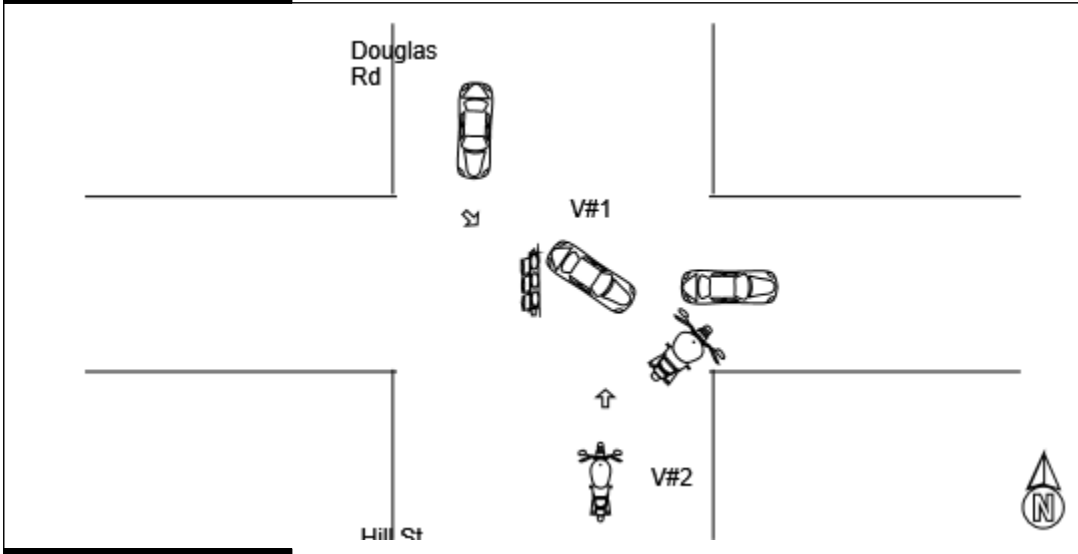
License # **S28372207** St **MA** DOB/Age **06/08/2002** Reg # **2K8325** Reg Type **MC** Reg State **MA**  
 Sex **M** Lic. Class **M 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Veh Year **1985** Veh Make **HONDA** Veh Config. **3 21**  
 Operator **PAJALA, JOSEPH** Owner **PAJALA, DAWN M**  
 Address **125 SHERYL DR** Address **125 SHERYL DR**  
 City **WHITINSVILLE** State **MA** Zip **01588-1223** City **WHITINSVILLE** State **MA** Zip **01588-1223**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction:  **N E W** Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **97 24** Type of Test: **29**  
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 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

➔ = 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           Arrow



### Crash Narrative:

Vehicle #1 was turning from Douglas Rd. on Main St. Vehicle #2 (Motorcycle) was travelling straight through the intersection (Memorial Square). V#1 turned in front of V#2 causing the motorcycle operator to lay the motorcycle down on the ground. The two vehicles never collided with each other during this incident.

### 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

SERGEANT BRIAN R PATRINELLI

Police Officer Name (Please Print)

Signature

BRP

ID/Badge #

Northbridge Police Department

Department

Precinct/Barracks

05/16/2021

Date