Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only			RMV Document Number

Date of Crash	Time of Crash	City/Town
05/19/2021	1004 24HR	NORTHBRIDGE

Number Vehicles: 2
Number Injured: 0
Speed Limit: 25
Latitude: _____
Longitude: _____

- ☐ State Police
- ☒ Local Police
- ☐ MBTA Police
- ☐ Campus Police
- ☐ Other: _____

< LOCATION >

AT INTERSECTION:

1 1

Route# _____ Direction _____ Name of Roadway/Street _____
At

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with

2 1

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

NOT AT INTERSECTION:

2 10

Route# _____ Direction _____ Address # _____ Name of Roadway/Street **LINWOOD AVE**

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

2 11

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

10 Feet ☒N ☐S ☐E ☐W of **TOWN COMMON**
Landmark

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3 ☒ Vehicle 1 — **1** #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID# 21-74-AC**

4 3

License # _____ St _____ DOB/Age _____
Sex **F** Lic. Class **D** [19] [19] Lic. Restrictions [20] CDL _____ Endorsement
Operator **HOLLETT, HELENA M** (Last / First / Middle)
Address **2 BROOK ST**
City **WHITINSVILLE** State **MA** Zip **01588-2302**

Reg # **NE96KX** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** [21]
Owner **HOLLETT, MARK** (Last / First / Middle)
Address **2 BROOK ST**
City **WHITINSVILLE** State **MA** Zip **01588-2302**

1 12

5 1

Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Travel Direction: ☐N ☐S ☐E ☒W
Citation # (If Issued) **T2276259**
Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub **90** **34J**
Viol. 3: Ch/Sec/Sub **90** **9** Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **1** [22]
Event Sequence **1** [23] [23] [23] [23]
Most Harmful Event **1** [24]
Driver Contributing Code **19** [25] [25]
Responding to Emergency? **2**
Driver Distracted by **99** [26]

Damaged Area Code: **1** [27] **2** [27] **8** [27]
Test Status: **1** [28]
Type of Test: [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **2** [33]

1 13

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	✕	✕	1	1	4	0	0	10	1	

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7 1 ☒ Vehicle 2 — **1** #Occupants ☐ Non-Motorist A Type [15] Action [16] Location [17] Condition [18] ☐ Hit/Run ☐ Moped

8 1

License # _____ St _____ DOB/Age _____
Sex **M** Lic. Class **D** [19] [19] Lic. Restrictions [20] CDL _____ Endorsement
Operator **BENOIT, ANDREW JOHN** (Last / First / Middle)
Address **101 NORTH ST**
City **DOUGLAS** State **MA** Zip **01516-2015**

Reg # **7CT182** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **FORD** Veh Config. **1** [21]
Owner **BENOIT, ANDREW JOHN** (Last / First / Middle)
Address **101 NORTH ST**
City **DOUGLAS** State **MA** Zip **01516-2015**

1 14

9 2

Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: ☐N ☐S ☐E ☒W
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **2** [22]
Event Sequence **1** [23] [23] [23] [23]
Most Harmful Event **1** [24]
Driver Contributing Code **1** [25] [25]
Responding to Emergency? **2**
Driver Distracted by **0** [26]

Damaged Area Code: **5** [27] **3** [27] [27]
Test Status: **1** [28]
Type of Test: [29]
BAC Test Result: **1** [30]
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
Operator/Non-Motorist	See Above	✕	✕	1	1	4	0	0	10	1	

Crash Diagram:

= Direction   **1 = Vehicle 1**   **2 = Vehicle 2**   **= Pedestrian**   **= Bicycle**

ie: ➡ 1   ➡ 2   ➡ 👤 Pedestrian   ➡ 🚲

LINWOOD AVE.

N

Indicate North Arrow

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Crash Narrative:

VEHICLE #2 WAS STOPPED IN A LINE OF TRAFFIC AT THE RED LIGHT FACING WEST ON LINWOOD AVE.

VEHICLE #1 WAS TRAVELLING WEST ON LINWOOD AVE. AND REARENDED VEHICLE #2.

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 MATTHEW LEONARD	MWL		Northbridge Police Department	05/19/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks	Date

CDP1 11-24-00