

Date of Crash **05/29/2021** Time of Crash **1316** 24HR City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **3** **11**

**CHURCH ST**  
Route# Direction Name of Roadway/Street  
At  
**JOHNSTON AVE**  
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 **11** #Occupants  Hit/Run  Moped Crash Report ID# **21-81-AC**

**12** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1DCS17** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** **21**  
Operator **GUERIN, DANIELLE T** Owner **GUERIN, GEORGE**  
Address **17 HIGHLAND PARK APT 2** Address **21 BROOK ST**  
City **UXBRIDGE** State **MA** Zip **01569-3244** City **WHITINSVILLE** State **MA** Zip **01588-2301**  
Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **7** **27** **27** **27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **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**

**2** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**3** Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

**14** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **285SN5** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**  
Operator **MORALES, GUILLERMO OSVALDO** Owner **MORALES, LINDA L**  
Address **51 OAKHURST RD** Address **51 OAKHURST RD**  
City **HOPKINTON** State **MA** Zip **01748-2721** City **HOPKINTON** State **MA** Zip **01748-2721**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **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**  
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Towed from scene? **2** **33**

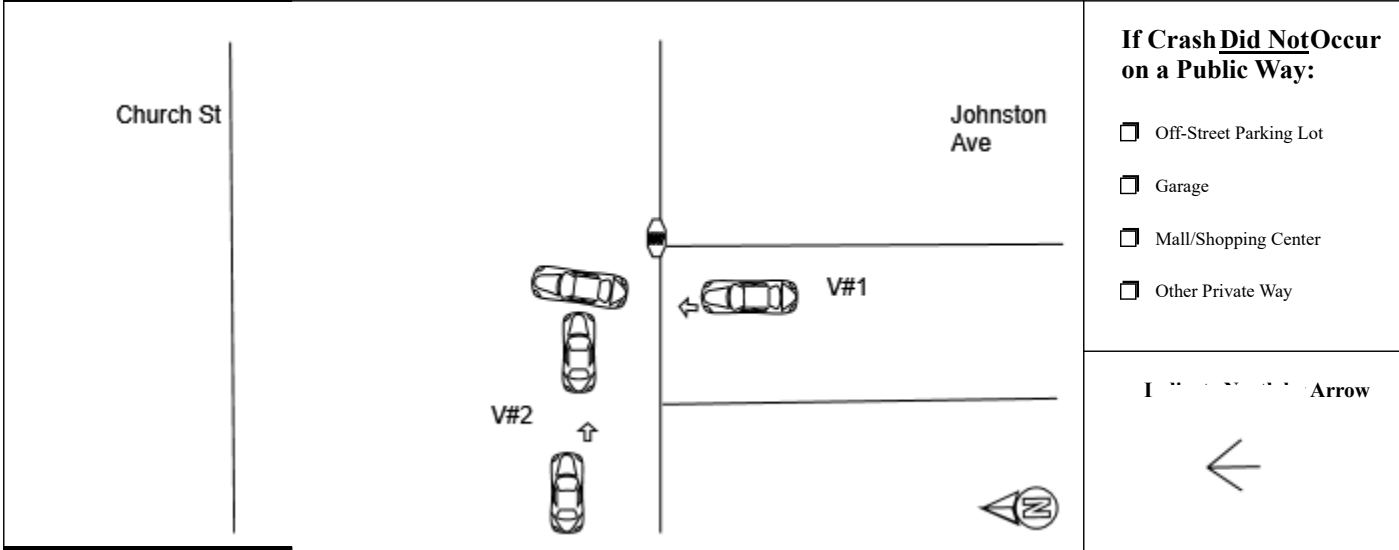
**2** Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ⚓ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ⚓



### Crash Narrative:

Vehicle #1 was stopped at the stop sign on Johnston Ave. waiting to pull out onto Church St. V32 was travelling east on Church St. V#1 pulled out onto Church St. in front of V#2. The front end of V#2 struck the rear drivers side of V#1.

### 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**          **BRP**          **Northbridge Police Department**          **05/29/2021**  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date