

Date of Crash **06/04/2021** Time of Crash **0712** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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  
 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# **21-85-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **FW5545** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **HONDA** Veh Config. **1** **21**  
 Operator **ANDREWS, CHRISTOPHER MURRAY** Owner **ANDREWS, FRED ALBERT**  
 Address **583 MENDON RD** Address **583 MENDON RD**  
 City **SUTTON** State **MA** Zip **01590-2343** City **SUTTON** State **MA** Zip **01590-2332**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction: **N S E 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 **99** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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>X</del> | <del>X</del> | <b>1</b>         | <b>99</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **7JH185** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2001** Veh Make **BUICK** Veh Config. **1** **21**  
 Operator **SHENIAN, JONATHAN S** Owner **SHENIAN, JONATHAN S**  
 Address **121 FRANKLIN ST** Address **121 FRANKLIN ST**  
 City **E DOUGLAS** State **MA** Zip **01516-2334** City **E DOUGLAS** State **MA** Zip **01516-2334**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **5** **27** **4** **27** **6** **27**  
 Vehicle Travel Direction: **N S E 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 **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 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>X</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>         |  |
|  |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |
|  |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |

