

Date of Crash **06/05/2020** Time of Crash **1634** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **1190** Direction \_\_\_\_\_ Address # **PROVIDENCE RD** 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 **12** #Occupants  Hit/Run  Moped **Crash Report ID# 20-81-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **645PY1** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **CHRYSLER** Veh Config. **1** **21**

Operator **THERRIEN, JANET E** Owner **THERRIEN, JANET E**

Address **2430 PROVIDENCE RD** Address **2430 PROVIDENCE RD**

City **NORTHBRIDGE** State **MA** Zip **01534-2013** City **NORTHBRIDGE** State **MA** Zip **01534-2013**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **99** **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	
<b>JAEDEN MORALES</b>	<b>2430 PROVIDENCE RD WHITINSVILLE, MA 01588</b>			<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</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 # **1CGS38** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **GRONDIN, TRINITY ROSE** Owner **GRONDIN, TRINITY ROSE**

Address **30 HIGH ST APT 30** Address **30 HIGH ST APT 30**

City **WHITINSVILLE** State **MA** Zip **01588-2207** City **WHITINSVILLE** State **MA** Zip **01588-2207**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **99** **29**

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Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

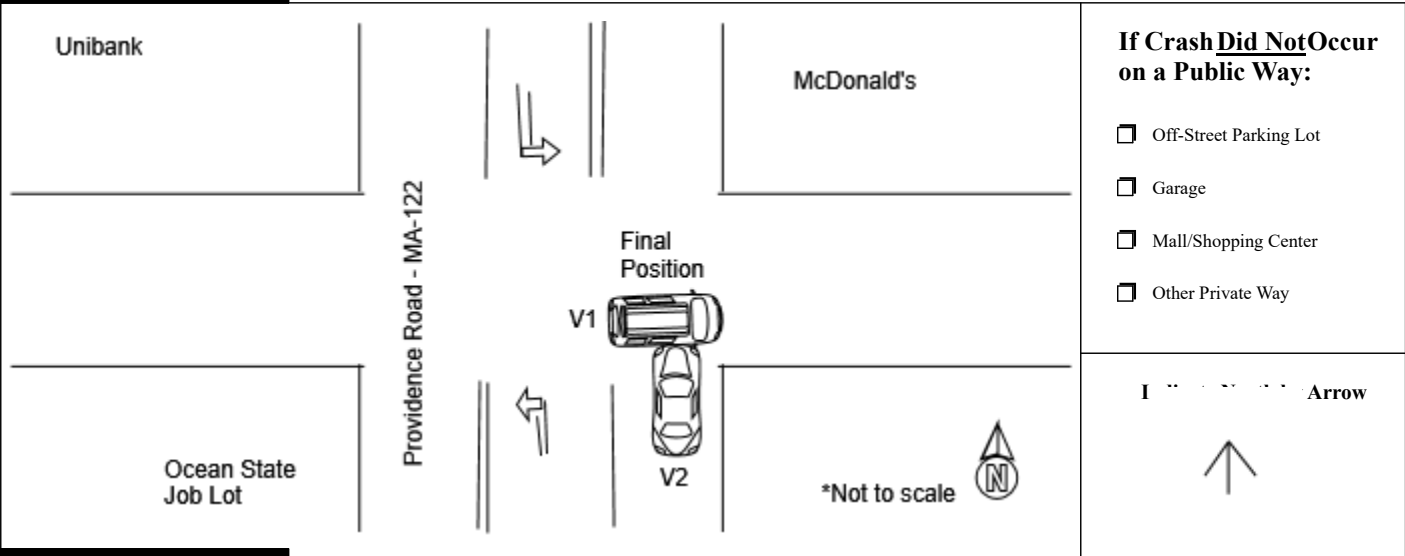
Towed from scene? **3** **33**

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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>99</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

Indicate Direction of Arrow



**Crash Narrative:**

Vehicle One exited the Ocean State job Lot plaza going to McDonald's. Vehicle Two was travelling north on Providence Road. Vehicle Two struck Vehicle One on its Passenger's side.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
HAMILTON NICOLE J	422 OLIVIA DR NORTHBRIDGE MA 01534		1
RUSSIN KATYANA M	2 VETERANS PKWY UXBRIDGE MA 01569-1832		1

**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 RANDY LLOYD**

Police Officer Name (Please Print)

Signature

**RL**

ID/Badge #

**Northbridge Police Department**

Department

Precinct/Barracks

**06/05/2020**

Date