

Date of Crash **06/06/2021** Time of Crash **1134** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **20** 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# **100** Direction _____ Address # **VALLEY PKWY** 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# **21-87-AC**

License # _____ St _____ DOB/Age _____ Reg # **2066B** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2003** Veh Make **FORD** Veh Config. **13 21**

Operator **KING, WILLIAM J** Owner **KING, WILLIAM J**

Address **66 W ELM ST** Address **66 W ELM ST**

City **W TOWNSEND** State **MA** Zip **01474** City **W TOWNSEND** State **MA** Zip **01474**

Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **10 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	
Operator		See Above	X	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **1PY551** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **SELOVE, WILLIAM JOSEPH**

Address _____ Address **62 SAMUEL DR**

City _____ State _____ Zip _____ City **WHITINSVILLE** State **MA** Zip **01588-3305**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **11 23 23 23 23** Test Status: **28**



Citation # (If Issued) _____ Most Harmful Event **11 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/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
Operator/Non-Motorist		See Above	X	X	1						

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

Crash Diagram:

ie: → 1 → 2 →  → 



WAL MART PARKING LOT

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

If ... Arrow



Crash Narrative:

VEHICLE #2 WAS PARKED IN A PARKING SPACE IN WAL MART PARKING LOT. VEHICLE #1 WAS TURNING THROUGH A PARKING SPOT AND STRUCK A SHOPPING CART WHICH STRUCK VEHICLE #2 AND BECAME WEDGED BETWEEN THE TWO VEHICLES.

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 06/06/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date