

Date of Crash **06/08/2021** Time of Crash **2133** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

PROVIDENCE RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
BENSON RD
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 _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-90-AC**

License # _____ St _____ DOB/Age _____ Reg # **2MEB50** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **KIA** Veh Config. **1** **21**
Operator **ARIAS-HALE, MARIANA L** Owner **AYOTTE, KELLY JEAN**
Address **2223 PROVIDENCE RD** Address **2223 PROVIDENCE RD**
City **NORTHBRIDGE** State **MA** Zip **01534** City **NORTHBRIDGE** State **MA** Zip **01534-1253**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** **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: **1** **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 **18** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **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
Operator	See Above	XXXX	XX	1	1	1	0	0	8	2	MILFORD HOSPITAL

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

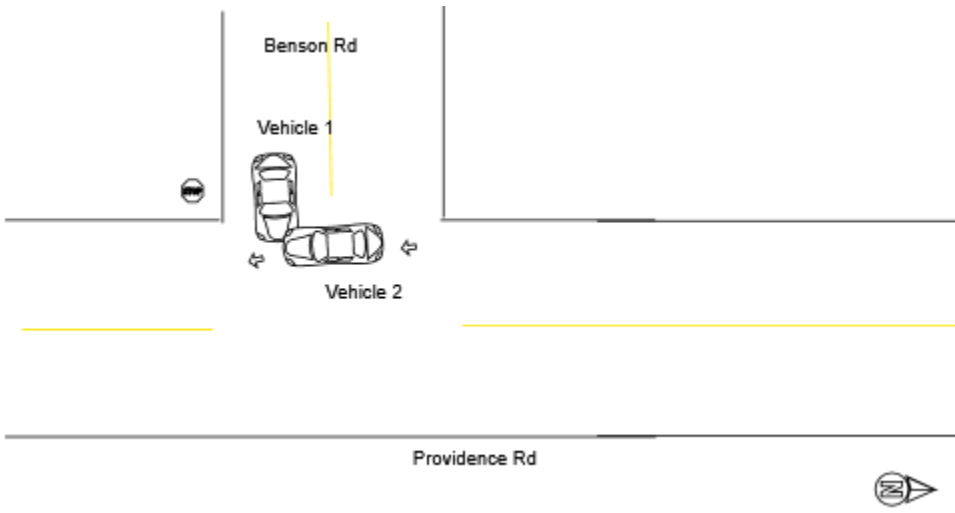
License # _____ St _____ DOB/Age _____ Reg # **2GHG17** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1** **21**
Operator **QUINAMA, QUINCY NORMAND AIAH** Owner **QUINAMA, DEBRA ARLENE**
Address **1 OAK ST** Address **1 OAK ST**
City **WHITINSVILLE** State **MA** Zip **01588-2218** City **WHITINSVILLE** State **MA** Zip **01588-2218**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
Vehicle Travel Direction: **N X 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: **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: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **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	XXXX	XX	1	1	4	0	0	10	1	

→ = 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

I hereby certify this Arrow



Crash Narrative:

Vehicle 1 was attempting to turn left onto Providence Rd from Benson Rd. They inched forward and a car traveling south, Vehicle 2, struck the front end on Vehicle 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

Patrolman **KAITLYN J LAFLASH** **KJL** **Northbridge Police Department** **06/08/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date