

Date of Crash **06/10/2020** Time of Crash **1308** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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# _____ Direction _____ Name of Roadway/Street _____ Address # _____ Name of Roadway/Street _____

Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____

Feet **N S E W** of _____

PROVIDENCE RD

NEAR HENRY STREET

Landmark _____

2 10

3 11

2

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-84-AC**

4

2

License # _____ St **MA** DOB/Age _____ Reg # **8NRP10** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____

Veh Year **2013** Veh Make **HONDA** Veh Config. **1** **21**

Operator **LAPLANTE, MISTY LEE** Owner **LAPLANTE, MISTY LEE**

Address **409 HIGHLAND ST** Address **409 HIGHLAND ST**

City **NORTHBRIDGE** State **MA** Zip **01534-1301** City **NORTHBRIDGE** State **MA** Zip **01534-1301**

Insurance Company **GOVERNMENT EMPLOYEE INS** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **4** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **4** **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**

3 12

4 13

5

1

6

1

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	4	0	0	10	1	

7

3

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8

2

9

2

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

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____

Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **STUART, JAMES M** Owner _____

Address **262 UNION ST** Address _____

City **WHITINSVILLE** State **MA** Zip **01588-1968** City _____ State _____ Zip _____

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

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Towed from scene? **2** **33**

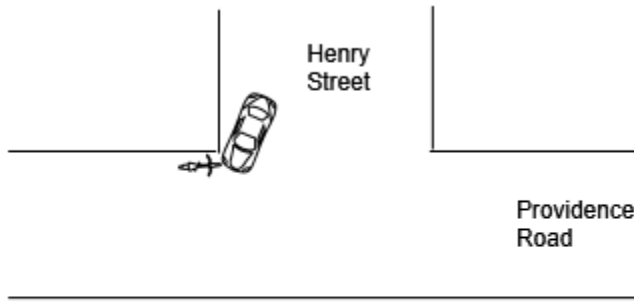
1 14

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	10	5	3	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

Direction of Arrow



Crash Narrative:

Vehicle #1 was making a right turn onto Providence Road and struck a full size tricycle being pedalled by James Stuart.

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 LEVON DERKOSROFIAN

LD

Northbridge Police Department

06/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date