

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 06/28/2021	Time of Crash 1547 24HR	City/Town NORTHBRIDGE	Number Vehicles 2	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>NORTH MAIN ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>CRESCENT ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">_____ Landmark _____</p>
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-101-AC
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<p>License # _____ St _____ DOB/Age _____</p> <p>Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator MATRA, NADEAN PRINCES DE ALENCAR SIL</p> <p style="text-align: center;">Last First Middle</p> <p>Address 136 LEXINGTON ST</p> <p>City EAST BOSTON State MA Zip 02128-1641</p> <p>Insurance Company SAFECO INSURANCE COMPANY</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 321LM1 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make HONDA Veh Config. 1 <u>21</u></p> <p>Owner SILVA, ELISANGELA D</p> <p style="text-align: center;">Last First Middle</p> <p>Address 136 LEXINGTON ST</p> <p>City BOSTON State MA Zip 02128-1641</p> <p>Vehicle Action Prior to Crash 1 <u>22</u></p> <p>Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event 1 <u>24</u></p> <p>Driver Contributing Code 99 <u>25</u> <u>25</u></p> <p>Driver Distracted by 99 <u>26</u></p> <p>Damaged Area Code: 4 <u>27</u> <u>27</u> <u>27</u></p> <p>Test Status: 1 <u>28</u></p> <p>Type of Test: 1 <u>29</u></p> <p>BAC Test Result: 1 <u>30</u></p> <p>Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u></p> <p>Towed from scene? 1 <u>33</u></p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	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	_____	_____	1	1	2	0	0	9	2	U-MASS MEDICAL CENTER

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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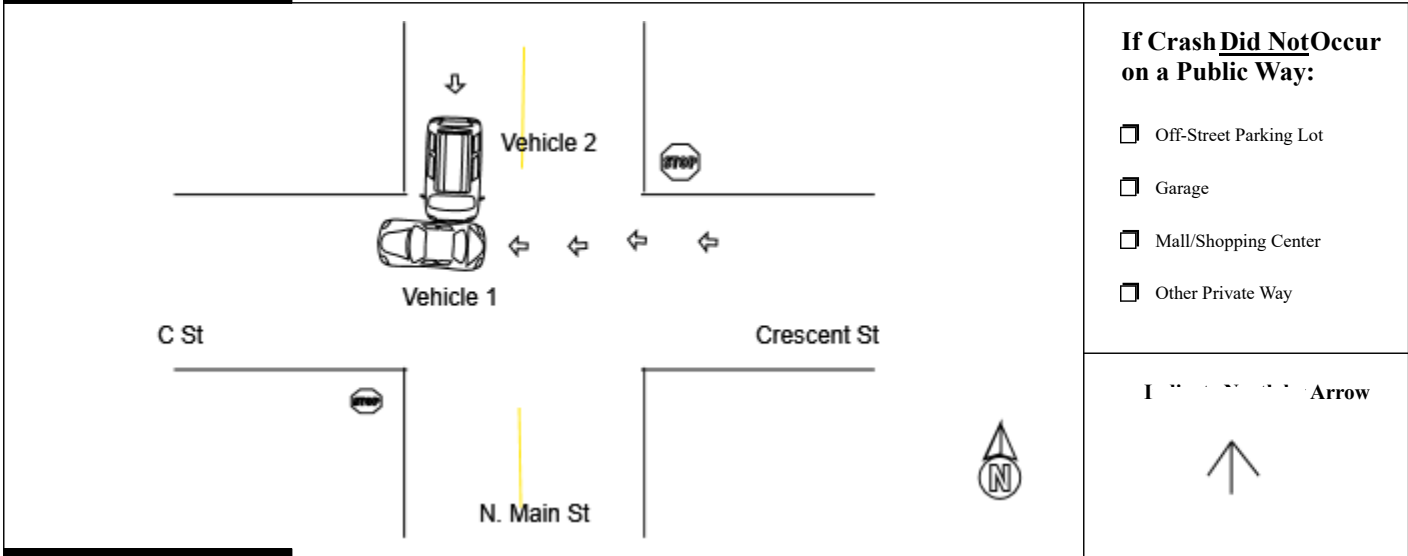
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator POOLE, JASON M</p> <p style="text-align: center;">Last First Middle</p> <p>Address 32 HARINGA AVE</p> <p>City WHITINSVILLE State MA Zip 01588-2308</p> <p>Insurance Company PLYMOUTH ROCK ASSURANCE C</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # T82278 Reg Type CO Reg State MA</p> <p>Veh Year 2006 Veh Make DODGE Veh Config. 2 <u>21</u></p> <p>Owner POOLE, JASON M</p> <p style="text-align: center;">Last First Middle</p> <p>Address 32 HARINGA AVE</p> <p>City WHITINSVILLE State MA Zip 01588-2308</p> <p>Vehicle Action Prior to Crash 1 <u>22</u></p> <p>Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event 1 <u>24</u></p> <p>Driver Contributing Code 1 <u>25</u> <u>25</u></p> <p>Driver Distracted by 0 <u>26</u></p> <p>Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u></p> <p>Test Status: 1 <u>28</u></p> <p>Type of Test: 1 <u>29</u></p> <p>BAC Test Result: 1 <u>30</u></p> <p>Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u></p> <p>Towed from scene? 1 <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	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	_____	_____	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was attempting to cross N. Main St. from Crescent to C St, when it was struck by Vehicle 2 traveling south on N. Main St.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SANSONE DAVID SCOTT	578 CARPENTER RD WHITINSVILLE MA 01588-1344		

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** **06/28/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date