

Date of Crash **07/16/2021** Time of Crash **1150** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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 Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ 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# **21-113-AC**

License # _____ St _____ DOB/Age _____ Reg # **P37878** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **1** CDL _____ Veh Year **2014** Veh Make **DODGE** Veh Config. **2**

Operator **LOW, MICHAEL R** Owner **LOW, MICHAEL R**

Address **6 LACKEY DAM RD** Address **6 LACKEY DAM RD**

City **SUTTON** State **MA** Zip **01590-2714** City **SUTTON** State **MA** Zip **01590-2714**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **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**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **25** BAC Test Result: **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 **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **5KF434** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **MAZDA** Veh Config. **1**

Operator **DAHL, ALEX JOHN** Owner **DAHL, ALEX JOHN**

Address **190 SOUTH TESSIER ST** Address **190 SOUTH TESSIER ST**

City **NORTHBRIDGE** State **MA** Zip **01534-1106** City **NORTHBRIDGE** State **MA** Zip **01534-1106**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **27** **8** **27** **27**

Vehicle Travel Direction: **N S 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**

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: **2** **31** Susp. Drug: **2** **32**

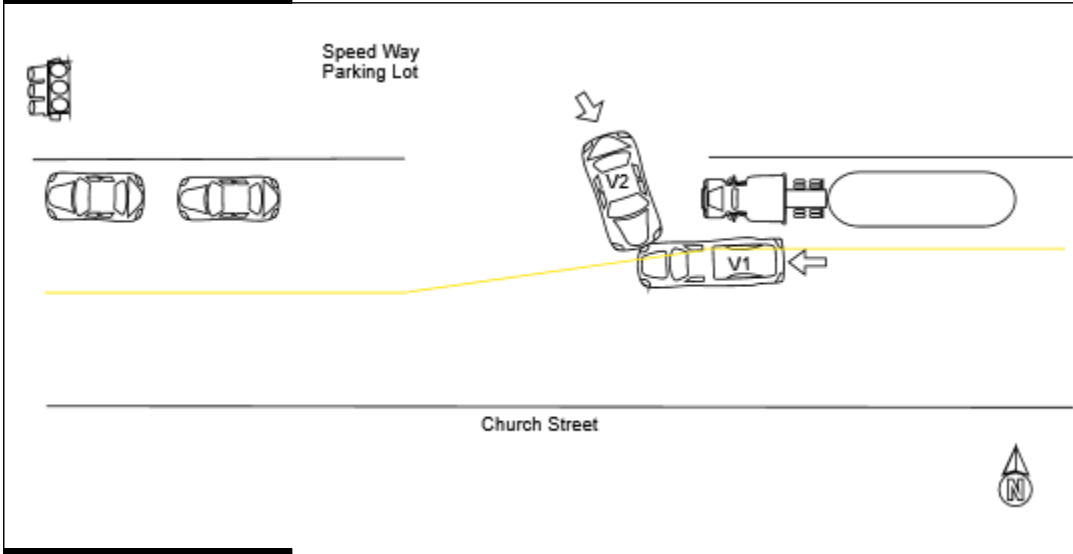
Towed from scene? **2** **33**

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	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

Impact Arrow



Crash Narrative:

Vehicle 2 was pulling out of the Speedway parking lot after being waived on by a stopped tractor trailer truck. As vehicle 2 was pulling out, vehicle 1 drove around the tractor trailer truck over the solid yellow line and was struck by vehicle 2.

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 SEAN F MCDEVITT SFM Northbridge Police Department 07/16/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date