

Date of Crash **07/23/2021** Time of Crash **1325** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

3 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **10** Route# **100** Direction _____ Address # **VALLEY PKWY** Name of Roadway/Street _____

3 **11** _____ 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# **21-118-AC**

4 **1** License # _____ St _____ DOB/Age _____ Reg # **AW716B** Reg Type **APN** Reg State **NJ**

Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2014** Veh Make **FREIGHTLINER** Veh Config. **10 21**

Operator **GLAZOWSKI, KRYSZTOF** Owner **JK SAFETY GROUP LLC**

Address **6404 CHELSEA COVE N** Address **28 CEDAR GROVE PL**

City **HOPEWELL JUNCTION** State **NY** Zip **12533** City **OLD BRIDGE** State **NJ** Zip **08857**

Insurance Company **THIRD COAST INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **99 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **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 **97 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2 33**

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	99	99	0	0	10	1	

7 **99** Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **99** License # _____ St _____ DOB/Age _____ Reg # **9ES718** Reg Type **PAN** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **FLEET, JAMES F**

Address _____ Address **38 FREEDOMS WAY**

City _____ State _____ Zip _____ City **NORTHBRIDGE** State **MA** Zip **01534-1157**

Insurance Company **METROPOLITAN PROPERTY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 8 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**

Please fill out for operator/non-motorist and all occupants involved

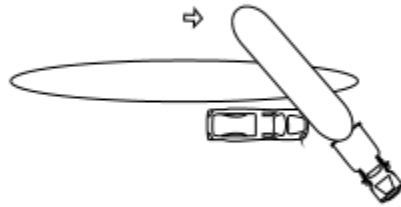
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	0	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

WalMart parking lot



Row #9

If Crash Did Not Occur on a Public Way:

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

↓ Arrow

Crash Narrative:

Tractor trailer entered the WalMart parking lot. Operator of tractor trailer attempted to access the travel lane of Row #9, driving over a median and catching the front bumper and left front quarter of a parked pickup truck. Operator continued down row, exited WalMart using the truck route and was followed to Route 146 South.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
THOMPSON NATHANIEL I	94 W HARTFORD AVE UXBRIDGE MA 01569		1
DUNNE DALE W	1423 QUAKER ST NORTHBRIDGE MA 01534		

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 KRISTINA M WESTBURY KMW Northbridge Police Department 07/23/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date