

Date of Crash **08/04/2021** Time of Crash **0039** 24HR 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:

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 _____ 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# **21-126-AC**

License # _____ St _____ DOB/Age _____ Reg # **2RJY27** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **DODGE** Veh Config. **1** **21**

Operator **ANDRE, DONALD KEVIN JR** Owner **ANDRE, DONALD KEVIN JR**

Address **17 GAY RD** Address **17 GAY RD**

City **BROOKFIELD** State **MA** Zip **01506-1822** City **BROOKFIELD** State **MA** Zip **01506-1822**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **11** **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 **21** **25** **25** BAC Test Result: **30**

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

Towed from scene? **1** **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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # **SM97857** Reg Type **TRN** Reg State **MA**

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

Operator **Driverless M.V.** Owner **RYDER TRUCK RENTAL LT**

Address _____ Address **329 JEFFERSON RD**

City _____ State _____ Zip _____ City **ROCHESTER** State **NY** Zip **14623-0000**

Insurance Company _____ Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: N S E W Responding to Emergency? _____ 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 **25** **25** BAC Test Result: **30**

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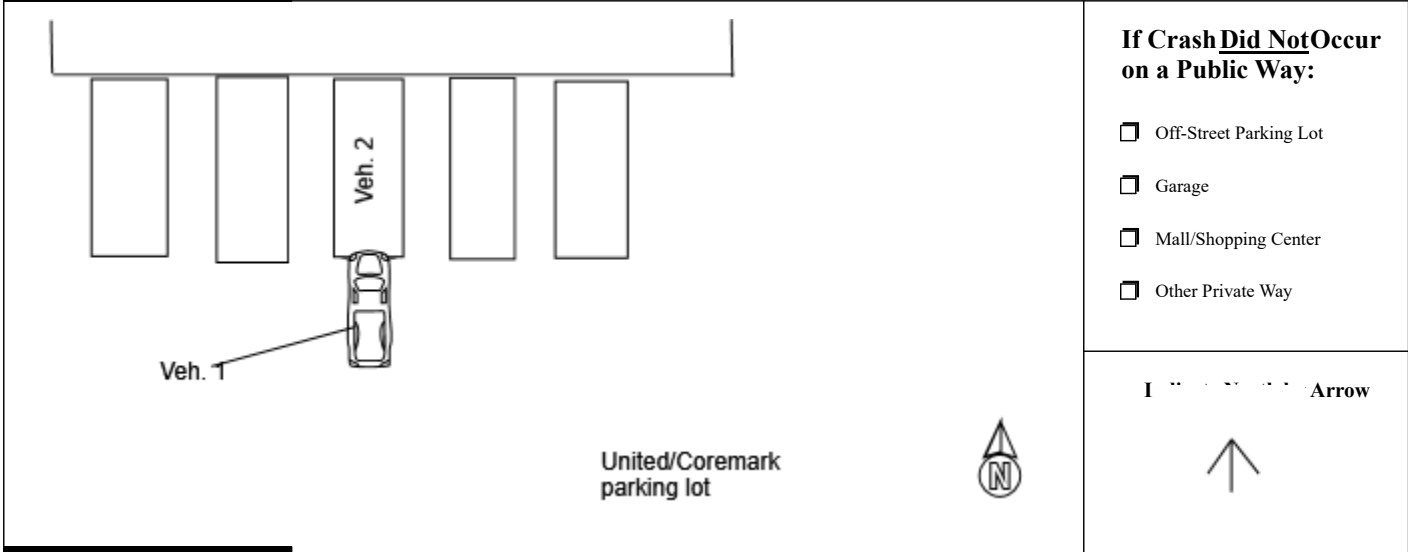
Towed from scene? **33**

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	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was travelling at approximately 20 miles per hour throught the parking lot behind Coremark and United. Operator fell asleep and struck a parked trailer at United.

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

SERGEANT BRIAN COLLINS BC Northbridge Police Department 08/04/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date