

Date of Crash **08/04/2021** Time of Crash **0901** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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 \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-127-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8YN748** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **1998** Veh Make **VOLVO** Veh Config. **1 21**

Operator **CLEARY, ANDREW J** Owner **CLEARY, WENDELL B**

Address **1046 QUAKER ST** Address **1046 QUAKER ST**

City **NORTHBRIDGE** State **MA** Zip **01534-1307** City **NORTHBRIDGE** State **MA** Zip **01534-1307**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22 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? **1 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 |  |
|---------------------------------------------------------|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|--|
| <b>Operator</b>                                         |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |  |
|                                                         |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |
|                                                         |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **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? **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 |
|----------------------------------------------------------------------|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>                                         |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         |                  |               |              |                  |                 |                  |
|                                                                      |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|                                                                      |  |           |              |              |                  |                  |               |              |                  |                 |                  |

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

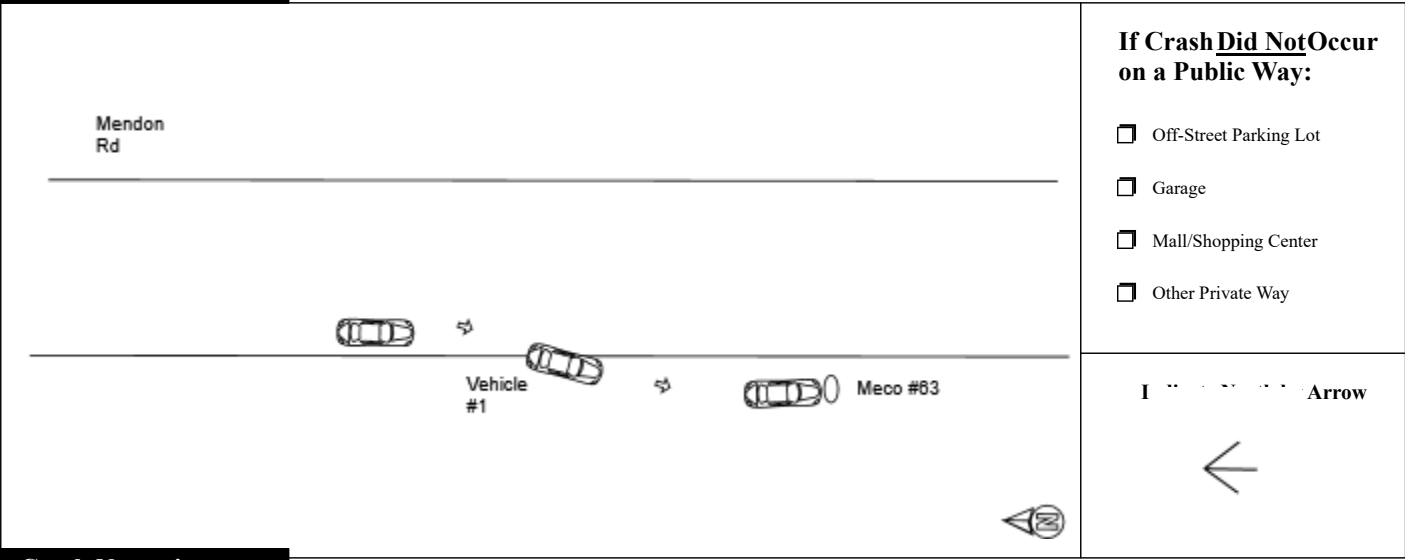
**Crash Diagram:**

ie: → 1 → 2 → ○ → ☹

**If Crash Did Not Occur on a Public Way:**

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

Indicate Direction of Arrow



**Crash Narrative:**

Vehicle #1 was travelling south on Mendon Rd. when the vehicle veered to the right of the roadway and struck a utility pole.

**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 R PATRINELLI      BRP      Northbridge Police Department      08/04/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date