

Date of Crash **08/06/2021** Time of Crash **1113** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** 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 _____

2 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **10** Route# **108** Direction _____ Address # **108** Name of Roadway/Street **THERESA CIR**

_____ 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 _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-130-AC**

4 **1** License # _____ DOB/Age _____ Reg # **2712210** Reg Type **APN** Reg State **IN**

Sex **M** Lic. Class **99 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2018** Veh Make **INTERNATIONAL** Veh Config. **8 21**

Operator **BOWLES, ELIJAH ANTHONY** Owner **BOWLES, JONATHAN**

Address **122 CALDWELL DR** Address **3587 NW 14 CT**

City **HAMPTON** State **GA** Zip **30228** City **LAUDERDALE** State **FL** Zip **33311**

Insurance Company **Ace American Insurance** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **97 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **97 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? **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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7 **1** Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** 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**

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Towed from scene? **33**

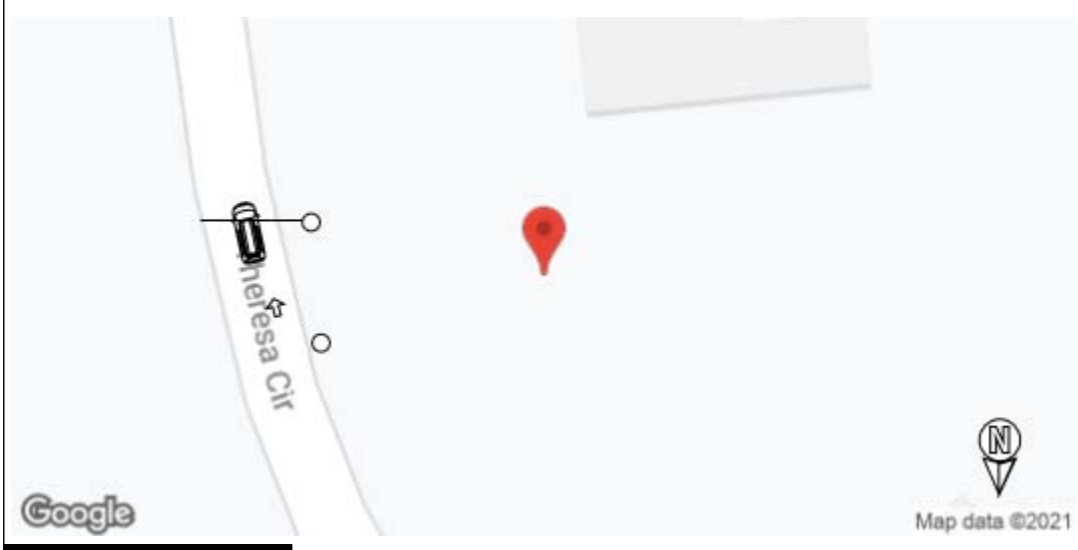
Please fill out for operator/non-motorist and all occupants involved

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 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

↓ Arrow



Crash Narrative:

Vehicle travelling south on Theresa Circle. Operator of truck struck low hanging Charter cable wires, pulling them down along with electrical lines as well as causing the top of the truck to be pried back.

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 KRISTINA M WESTBURY KMW Northbridge Police Department 08/06/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date