

Date of Crash **08/13/2021** Time of Crash **1604** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 Route# _____ Direction _____ Name of Roadway/Street _____

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

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

4 Route# _____ Direction _____ Name of Roadway/Street _____

4 Route# _____ Direction _____ Name of Roadway/Street _____

2 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-132-AC**

License # _____ St _____ DOB/Age _____ Reg # **1VWY54** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **1999** Veh Make **CHEVROLET** Veh Config. **8** **21**

Operator **BURDICK, LESTER R JR** Owner **BURDICK, LESTER R JR**

Address **13 PROSPECT ST** Address **13 PROSPECT ST**

City **WHITINSVILLE** State **MA** Zip **01588-1456** City **WHITINSVILLE** State **MA** Zip **01588-1456**

Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) **100624AB** Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub **90** **9** Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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 # **689LP7** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions _____ Veh Year **2021** Veh Make **KIA** Veh Config. **1** **21**

Operator **DELGADO, GAIL MARIE** Owner **DELGADO, GAIL MARIE**

Address **71 ASHLAND ST APT 2** Address **71 ASHLAND ST APT 2**

City **TAUNTON** State **MA** Zip **02780-2676** City **TAUNTON** State **MA** Zip **02780-2676**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

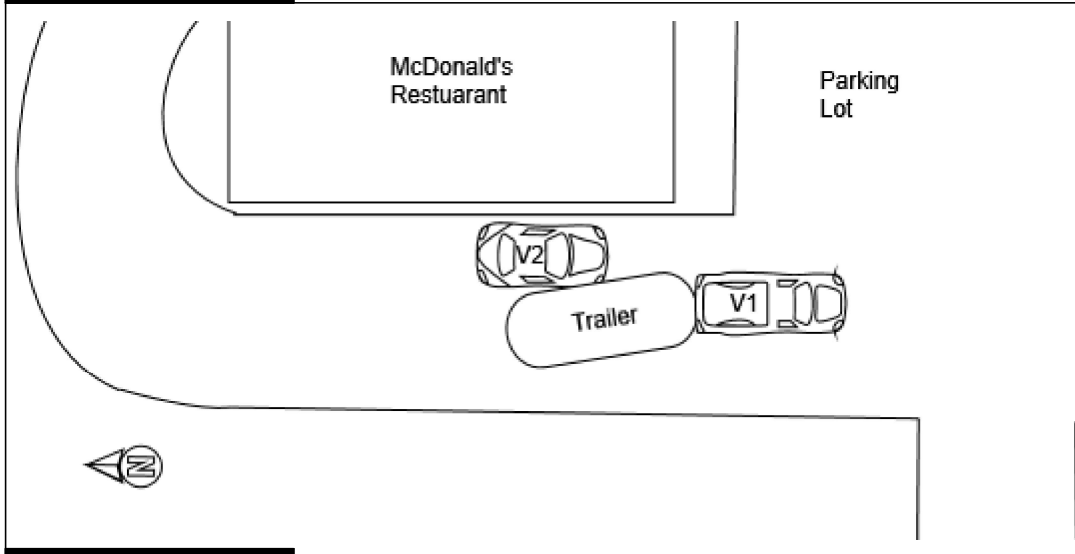
Towed from scene? **2** **33**

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	XXXXXX	XXXX	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

Indicate North by Arrow



Crash Narrative:

Vehicle #2 was stopped waiting in drive thru lane. Vehicle #1 with trailer in tow drifted to left hand side in preparation of turning onto Route 122. Vehicle #1's trailer struck the passenger side front quarter panel of Vehicle #2.

Witnesses:

Table with columns: Name (Last,First,Middle), Address, Phone #, Statement

Property Damage:

Table with columns: Owner (Last,First,Middle), Address, Phone #, 41-Type, Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name, Address, City, St, Zip, US DOT #, State Number, Issuing State, MC/MX/ICC #, Interstate, Cargo Body Type Code, GVWR/GCWR, Trailer Reg #, Reg Type, Reg State, Reg Year, Trailer Length, Bus Use

Hazmat Information:

Placard, Material 1 digit #, Material Name, Material 4 digit #, Release code

Patrolman TYLER M MITCHELL Northbridge Police Department 08/13/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date