

Date of Crash **09/02/2020** Time of Crash **1500** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

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

1 **1** **2** **3** **11**

HILL ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SUTTON ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ 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 _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 20-121-AC**

4 **2** **1** **12** **1** **13**

License # _____ St _____ DOB/Age _____ Reg # **1KFD36** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1** **21**
Operator **OPPONG BOADU, KELVIN** Owner **OPPONG, KWADWO**
Address **9 TOWER ST APT APT1** Address **9 TOWER ST**
City **WORCESTER** State **MA** Zip **01606-0000** City **WORCESTER** State **MA** Zip **01606-3526**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **N S 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: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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 **2** 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** **9** **2** **14** **1**

License # _____ St _____ DOB/Age _____ Reg # **BV1409** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions _____ CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** **21**
Operator **HOELL, JACQUELINE E** Owner **HOELL, JACQUELINE E**
Address **69 COTTAGE ST** Address **69 COTTAGE ST**
City **WHITINSVILLE** State **MA** Zip **01588-1454** City **WHITINSVILLE** State **MA** Zip **01588-1454**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **7** **27** **27** **27**
Vehicle Travel Direction: **N X 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: **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**

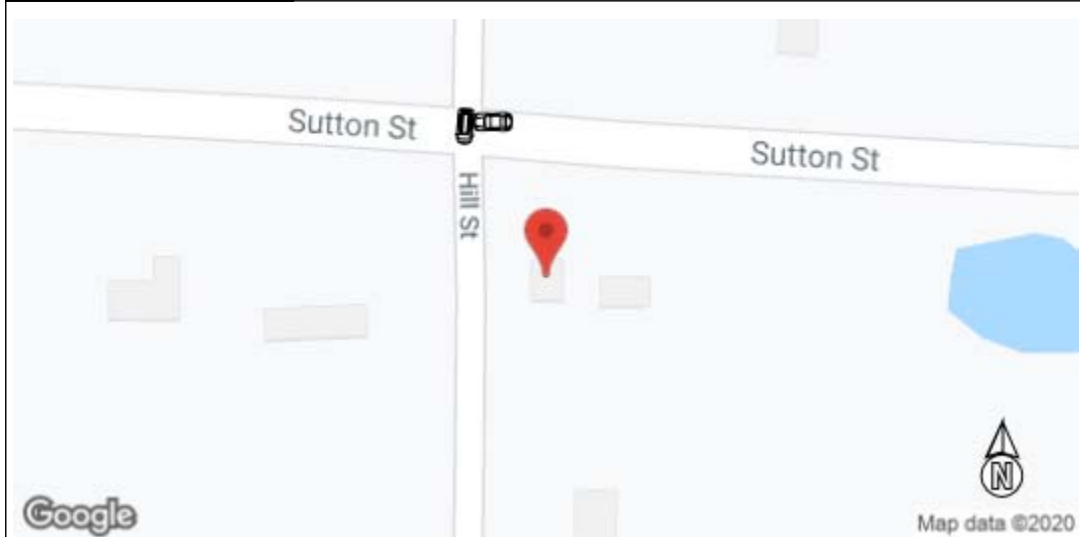
Please fill out for operator/non-motorist and all occupants involved

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	1	4	0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Person] = Pedestrian [Bicycle] = Bicycle

Crash Diagram:

ie: → [1] → [2] → [Person] → [Bicycle]



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

Vehicle #1 travelling West on Sutton St. Vehicle #2 travelling South on Hill St. When it was vehicle #2's turn, the operator entered the intersection from a complete stop. Vehicle #1 struck vehicle #2 in the drivers side front and back doors.

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 THOMAS DEJORDY **TJD** **Northbridge Police Department** **09/02/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date