

Date of Crash **09/03/2021** Time of Crash **0936** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**
 Route# Direction **CHURCH ST** Name of Roadway/Street
 At
 Route# Direction **QUAKER ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Feet **N S E W** of _____ of _____ or _____
 Mile Marker Exit Number
 Feet **N S E W** of _____ of _____
 Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-147-AC**

12 License # _____ St _____ DOB/Age _____ Reg # **P25390** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **B 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **2 21**
 Operator **SWENSON, KENNETH J** Owner **PYNE SAND AND STONE CO INC**
 Address **95 HAYDEN ROWE ST** Address **1 LACKEY DAM RD**
 City **HOPKINTON** State **MA** Zip **01748-2507** City **DOUGLAS** State **MA** Zip **01516-2069**
 Insurance Company **ACADIA INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** 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 **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 **3** Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

14 License # _____ St _____ DOB/Age _____ Reg # **1XXG60** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2009** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **KURAS, EVELYN P** Owner **KURAS, EVELYN P**
 Address **1282 QUAKER ST** Address **1282 QUAKER ST**
 City **NORTHBRIDGE** State **MA** Zip **01534-1324** City **NORTHBRIDGE** State **MA** Zip **01534-1324**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **6 27 3 27 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** 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 **1 25 25** BAC Test Result: **30**
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 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 [Ped] = Pedestrian [Bike] = Bicycle

ie: → [1] → [2] → [Ped] → [Bike]

Crash Diagram:

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Incident Arrow

Crash Narrative:

Vehicle #2 was turning left from Quaker St onto Church St. Ext. Vehicle #1 was stopped on Church St. Ext. and pulled out onto Quaker St. as V#2 was turning. The front end of V#1 struck the rear drivers side of V#2.

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 09/03/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date