Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
09/05/2021	0125 24HR	NORTHBRIDGE	1	1	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

1 5 — Route# ____ Direction ____ Name of Roadway/Street ____
At
Route# ____ Direction ____ Name of Intersecting Roadway/Street ____
Also at Intersection with
2 1 — Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

10 2 — Route# ____ Direction ____ Address # 266 Name of Roadway/Street SUTTON ST
____ Feet N S E W of — — — • — or ____ Mile Marker / Exit Number
11 1 — ____ 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 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-149-AC

4 1 — License # ____ St ____ DOB/Age ____
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement ____
Operator MELO, JOSE A (Last First Middle)
Address 2 MEADOWVIEW LN
City MILFORD State MA Zip 01757-2109
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2
5 — Citation # (If Issued) ____
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____
Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # 873RX5 Reg Type PC Reg State MA
Veh Year 2000 Veh Make TOYOTA Veh Config. 1 21
Owner MELO, JOSE A (Last First Middle)
Address 2 MEADOWVIEW LN
City MILFORD State MA Zip 01757-2109
Vehicle Action Prior to Crash 1 22
Event Sequence 31 23 35 23 22 23 23
Most Harmful Event 22 24
Driver Contributing Code 21 25 25
Driver Distracted by 0 26
Damaged Area Code: 1 27 10 27 2 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

12 5 — 13 22

6 1 — 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			1	0	4	0	0	8	2	U-MASS MEDICAL CENTER

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 ____
Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____
Operator ____ (Last First Middle)
Address ____
City ____ State ____ Zip ____
Insurance Company ____
Vehicle Travel Direction: N S E W Responding to Emergency? ____
9 2 — Citation # (If Issued) ____
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____
Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. 21
Owner ____ (Last First Middle)
Address ____
City ____ State ____ Zip ____
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

14 1

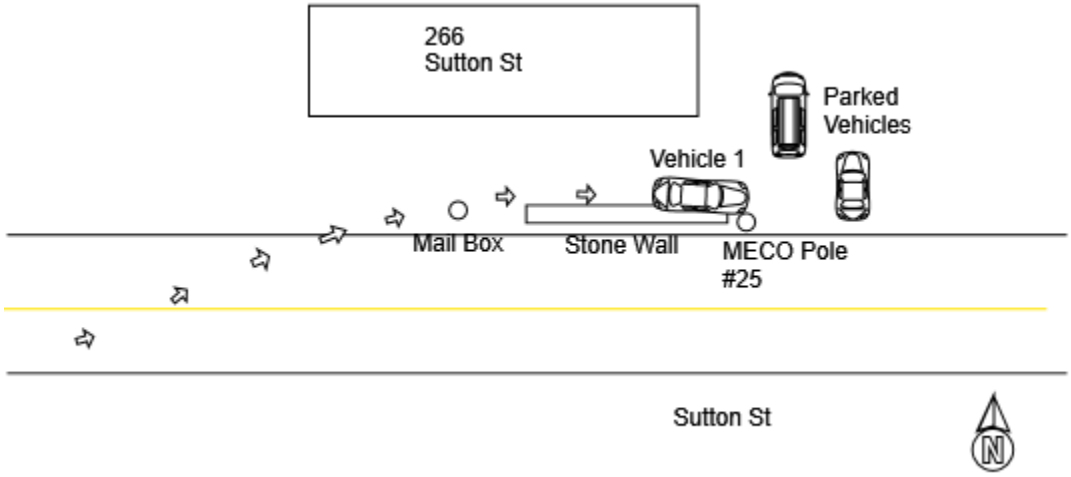
Please fill out for operator/non-motorist and all occupants involved

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			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 1 was traveling West on Sutton St, when the operator fell asleep and drifted off the road striking a mail box, stone wall, and 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
CUNHA ANA M	266 SUTTON ST NORTHBRIDGE MA 01534-		97	2005 TOYOTA SIENNA
LOANDO BRANDON J	266 SUTTON ST NORTHBRIDGE MA 01534-		97	2010 BMW 528I

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

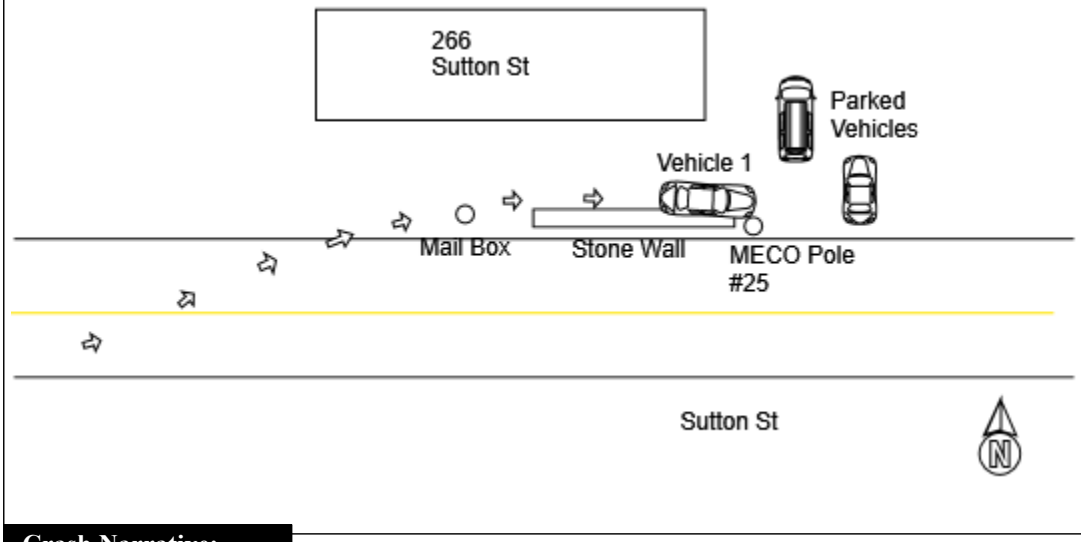
Patrolman KAITLYN J LAFLASH	KJL	Northbridge Police Department	09/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

= Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: 1 2



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- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

Indicate North by Arrow

Crash Narrative:

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Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LOANDO JOSEPH JR.	266 SUTTON ST NORTHBRIDGE MA 01534		97	STONE WALL

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 KAITLYN J LAFLASH	KJL	Northbridge Police Department	09/05/2021
Police Officer Name (Please Print) / Signature	ID/Badge #	Department / Precinct/Barracks	Date

CDP1 11-24-00