

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 09/08/2021	Time of Crash 1824 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 15 Lat. _____ Lon. _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1

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

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

2

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

Route# _____ Direction _____ Address # **2222** Name of Roadway/Street **PROVIDENCE RD**

_____ 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 **11** #Occupants
 Hit/Run
 Moped

21-152-AC

License # _____ St _____ DOB/Age _____
 Sex **M** Lic. Class **18 18** Lic. Restrictions **19** CDL _____
 Operator **HEBB, WILLIAM J**
 Address **2246 PROVIDENCE RD APT FL 1**
 City **NORTHBRIDGE** State **MA** Zip **01534**
 Insurance Company **AMICA PROPERTY & CASUALTY**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

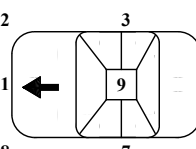
Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ / _____ / _____
 Viol. 2: Ch/Sec/Sub _____ / _____ / _____
 Viol. 3: Ch/Sec/Sub _____ / _____ / _____
 Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Reg # **69H280** Reg Type **PC** Reg State **MA**
 Veh Year **2004** Veh Make **JEEP/CHRYSLER** Veh Config. **1**

Owner **HEBB, ZACKERY JOSEPH**
 Address **5 DEPOT ST**
 City **UPTON** State **MA** Zip **01568-1600**

Vehicle Action Prior to Crash **10**
 Event Sequence **97 22 22 22 22**
 Most Harmful Event **97**
 Driver Contributing Code **10**
 Underride/Override **99** Towed **2**

Damaged Area Code: (Circle Up to Three)

 0 None
 10 Undercarriage
 11 Toted
 97 Other
 99 Unknown

Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	4	99	0	0	5	1	

7

Please Select One of the Following:
 Vehicle **20** #Occupants
 Non-Motorist A Type **14** Action **15** Location **16** Condition **17**
 Hit/Run
 Moped

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **18 18** Lic. Restrictions **19** CDL _____
 Operator **Driverless M.V.**
 Address _____
 City _____ State _____ Zip _____
 Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Citation # (If Issued) _____

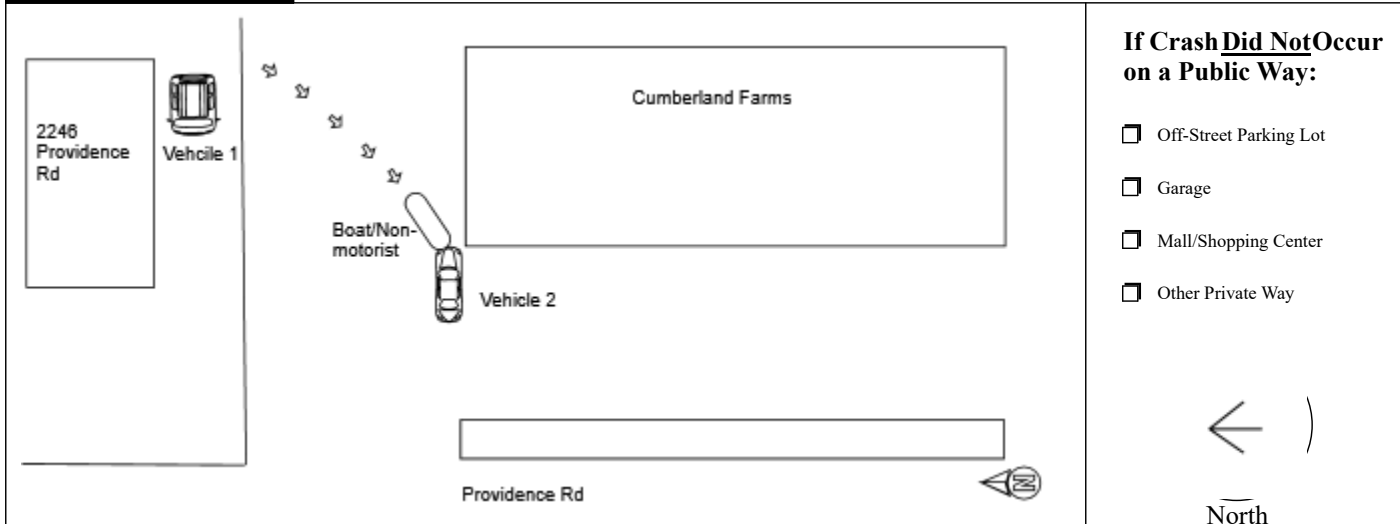
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
 Viol. 2: Ch/Sec/Sub _____ / _____ / _____
 Viol. 3: Ch/Sec/Sub _____ / _____ / _____
 Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

Vehicle 1 was moving a motor boat on a trailer from the driveway to the rear of the property. In the process of backing up a car pulled in front of vehicle 1 causing him to slam on the brakes. When the operator hit the brakes the trailer jumped off of the hitch and the boat rolled into the Cumberland Farms parking lot and struck a parked car. The trailer was not properly secured to the hitch and the hitch wheel was still attached to the trailer.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

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

Patrolman **KAITLYN J LAFLASH** **KJL** **Northbridge Police Department** **09/13/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date