

Date of Crash **09/10/2021** Time of Crash **1315** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped Crash Report ID# **21-154-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **IU428** Reg Type **PAN** Reg State **RI**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1** **21**

Operator **DESHAWN ROMAN, KARIANNA DAWN** Owner **DESHAWN ROMAN, KARIANNA DAWN**

Address **454 BUCK HILL RD** Address **454 BUCK HILL RD**

City **PASCOAG** State **RI** Zip **02859** City **PASCOAG** State **RI** Zip **02859**

Insurance Company **HIROAD** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **27** **8** **27** **27**

Vehicle Travel Direction:  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? **1** **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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1FPL54** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **B** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**

Operator **OUWINGA, NANCY JANE** Owner **OUWINGA, BENJAMIN JOHN**

Address **276 PURGATORY RD** Address **15 LOYALIST DR**

City **WHITINSVILLE** State **MA** Zip **01588-1616** City **UXBRIDGE** State **MA** Zip **01569-1683**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **3** **27** **27**

Vehicle Travel Direction:  N  S  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**

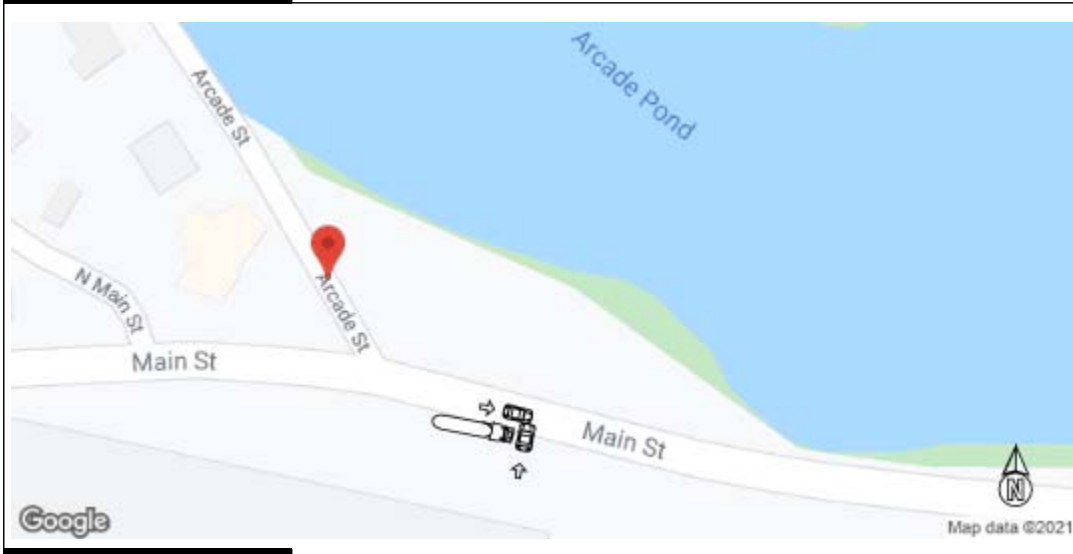
Towed from scene? **3** **33**

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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>

→ = 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

↑ Arrow



**Crash Narrative:**

Vehicle #1 attempting to enter Main Street. Vehicle #2 travelling east on Main Street. Operator of Vehicle #1 advises that a tractor trailer was parked alongside the eastbound travel lane and as she attempted to enter the travel lane, collided with Vehicle #2.

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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

**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 KRISTINA M WESTBURY**      **KMW**      **Northbridge Police Department**      **09/10/2021**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date