

Date of Crash **09/20/2021** Time of Crash **0703** 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:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **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# **21-166-AC**

12 License # _____ St _____ DOB/Age _____ Reg # **2RBD77** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Endorsement _____ Veh Year **2006** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**
2 Operator **BEJARANO, JESSE J** Owner **BEJARANO, JESSE J**
Last First Middle Last First Middle
Address **3 BENEFIT TER APT 1** Address **3 BENEFIT TER APT 1**
City **WORCESTER** State **MA** Zip **01610-1509** City **WORCESTER** State **MA** Zip **01610-1509**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: **N S X 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 **13** **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	_____	_____	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

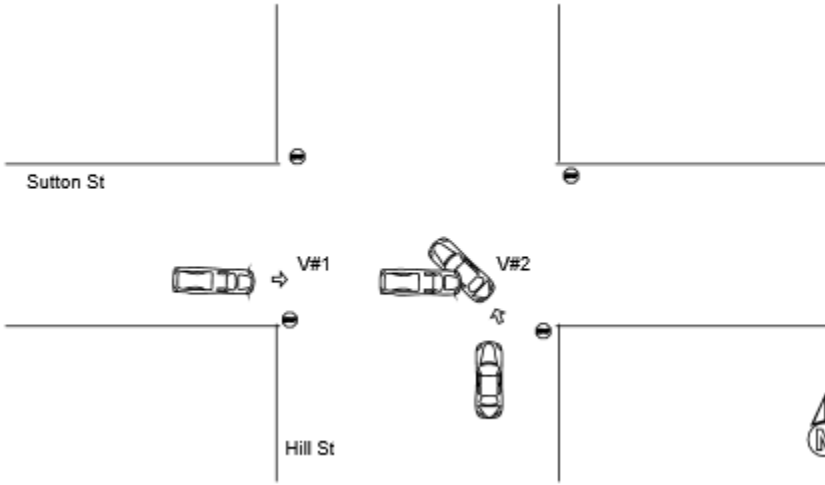
14 License # _____ St _____ DOB/Age _____ Reg # **2MLF65** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **KIA** Veh Config. **1** **21**
2 Operator **LEBLANC, LINDSAY JANE** Owner **LEBLANC, LINDSAY JANE**
Last First Middle Last First Middle
Address **61 DUDLEY AVE** Address **61 DUDLEY AVE**
City **WHITINSVILLE** State **MA** Zip **01588-1505** City **WHITINSVILLE** State **MA** Zip **01588-1505**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **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**
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/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	1	1	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian  = Bicycle
 ie: → 1 → 2 →  → 

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

If ... Arrow



Crash Narrative:

Vehicle #2 was stopped on Hill St. at the intersection of Hill St. and Sutton St. Vehicle #1 was travelling east on Sutton St. and failed to stop at the stop sign due to solar glare. The front of V#1 struck the 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 09/20/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date