

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 10/19/2021	Time of Crash 0711 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>LINWOOD AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>CROSS ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **21-189-AC**

License # _____ St _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator MCNEIL, KEVIN T Address 14 TANGLEWOOD DR City SHREWSBURY State MA Zip 01545 Insurance Company Liberty Mutual Ins Vehicle Travel Direction: N X E 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 # 257VY2 Reg Type PC Reg State MA Veh Year 2012 Veh Make NISSAN Veh Config. 1 21 Owner MCNEIL, KEVIN T Address 14 TANGLEWOOD DR City SHREWSBURY State MA Zip 01545 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 0 27 27 27 Event Sequence 3 23 23 23 23 Test Status: 1 28 Most Harmful Event 3 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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
Operator				1	1	4	0	0	10	1	
LYNNE MCNEIL	14 TANGLEWOOD DR SHREWSBURY, MA 01545			3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **2** **15** Action **2** **16** Location **1** **17** Condition **1** **18** Hit/Run Moped

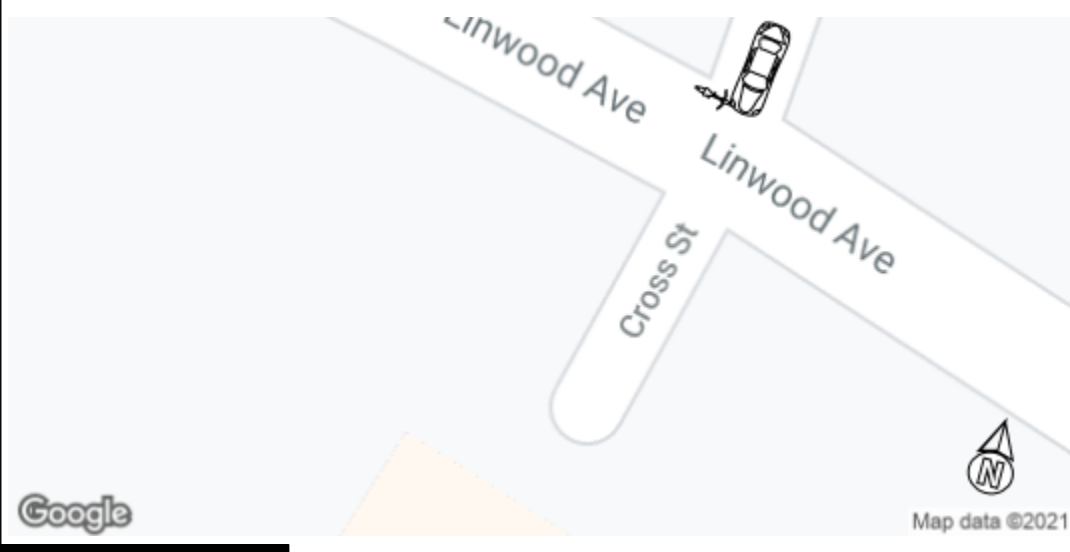
License # unknown St _____ DOB/Age _____ Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL _____ Operator SCHNEIDER, GABRIEL G Address 13 OAK ST City WHITINSVILLE State MA Zip 01588 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 Event Sequence 4 23 23 23 23 Test Status: 1 28 Most Harmful Event 4 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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
Operator/Non-Motorist				1	6				10	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

North Arrow



Crash Narrative:

Vehicle #1 travelling South on Cross St. Bicycle travelling East on the Westbound side of Linwood Ave. Vehicle #1 stopped at the stop sign on Cross St. waiting to turn left onto Linwood Ave. Operator of Vehicle #1 began to creep onto Linwood Ave. looking both ways the operator did not observe the bicyclist. Bicycle began to cross the intersection while vehicle #1 was creeping out. Vehicle #1 bumped the bicycle's tire, the operator of the bicyclist did not fall off the bike. All vehicles drove from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CAFFERKY MATTHEW M	237 CHURCH ST WHITINSVILLE MA 01588-2204		2

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 THOMAS DEJORDY

TJD

Northbridge Police Department

10/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date