

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 10/21/2020	Time of Crash 1543 24HR	City/Town NORTHBRIDGE	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

<b>MAIN ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>BORDER ST</b> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **Crash Report ID# 20-143-AC**

License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>PELOQUIN, AUSTIN MICHAEL</u> Address <u>409 HIGHLAND ST</u> City <u>NORTHBRIDGE</u> State <u>MA</u> Zip <u>01534-0000</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>11CW40</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PELOQUIN, AUSTIN MICHAEL</u> Address <u>409 HIGHLAND ST</u> City <u>NORTHBRIDGE</u> State <u>MA</u> Zip <u>01534-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	1	1	4	0	0	10	1	

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

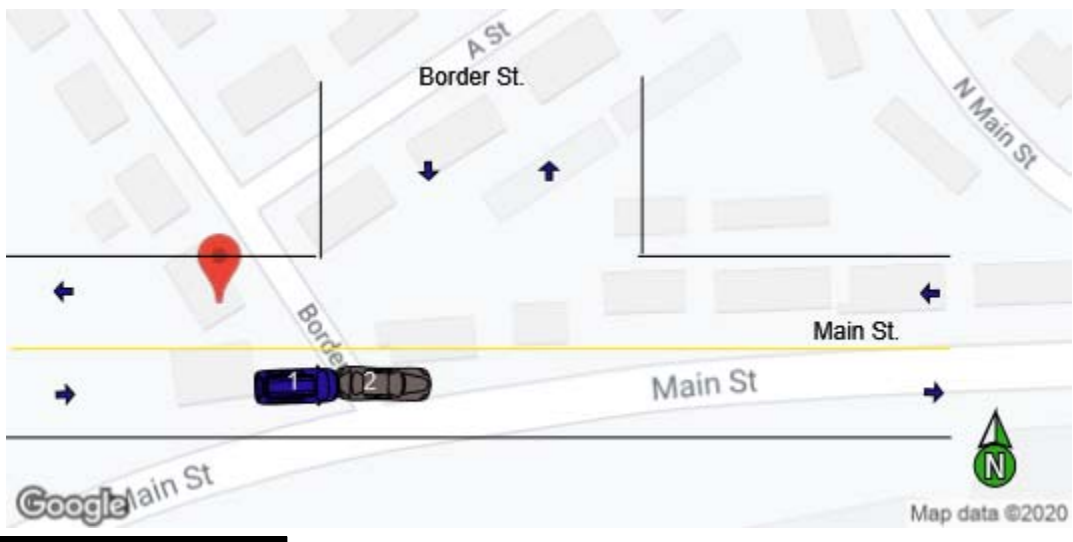
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>KURAS, JENNIFER E</u> Address <u>82 CRESCENT ST</u> City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-1841</u> Insurance Company <u>CITIZENS INSURANCE COMPAN</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>JF7284</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KURAS, JENNIFER E</u> Address <u>82 CRESCENT ST</u> City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-1841</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	1	1	4	0	0	10	1	
<b>NATHAN KURAS</b>	82 CRESCENT ST WHITINSVILLE, MA 01588			4	1	4	0	0	10	1	
<b>JOSHUA KURAS</b>	82 CRESCENT ST WHITINSVILLE, MA 01588			6	1	4	0	0	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

I ... Arrow



**Crash Narrative:**

Both vehicle #1 and #2 were travelling East on Main St. Vehicle #2 put left directional on and slowed to turn left on to Border St. Vehicle #2 had to stop on Main St. to wait for traffic. While vehicle #2 was stopped vehicle #1 rearended vehicle #2. Due to impact vehicle #2 spun around and came to rest facing West in the Westbound lane.

**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 THOMAS DEJORDY      TJD      Northbridge Police Department      10/21/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date