

Date of Crash **10/30/2021** Time of Crash **1312** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** Route# **1** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

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

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

**2** Route# **1161** Direction \_\_\_\_\_ Address # **PROVIDENCE RD** 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 \_\_\_\_\_ **JOBLOT PARKING LOT** Landmark \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 21-200-AC**

**4** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2NHS64** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** **21**

**2** Operator **JONES, KELCIE ROSE** Owner **JONES, KELCIE ROSE**

Address **164 CHURCH ST APT B** Address \_\_\_\_\_

City **WHITINSVILLE** State **MA** Zip **01588-1448** City **WHITINSVILLE** State **MA** Zip **01588-1448**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **3** **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? **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **1** **15** Action **2** **16** Location **3** **17** Condition **1** **18**  Hit/Run  Moped

**8** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

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

**2** Operator **GALLIGAN, PAULA B** Owner \_\_\_\_\_

Address **17 NATURE VIEW DR** Address \_\_\_\_\_

City **UXBRIDGE** State **MA** Zip **01569-1558** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** **23** **23** **23** Test Status: **28**

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Towed from scene? **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>10</b>				<b>10</b>	<b>2</b>	<b>MILFORD HOSPITAL</b>

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ☺

Joblot store front

parking  
lot



not to  
scale



**If Crash Did Not Occur  
on a Public Way:**

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

1 - Arrow



**Crash Narrative:**

Vehicle #1 was making a left turn in front of Joblot and struck a pedestrian.

**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 LEVON DERKOSROFIAN

LD

Northbridge Police Department

10/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date