Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
11/23/2021	1532 24HR	NORTHBRIDGE	1	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1

Route# Direction Name of Intersecting Roadway/Street

2 10

Route# Direction 236 Address # HERITAGE DR Name of Roadway/Street

Feet N S E W of — — — • — Mile Marker or Exit Number

1 11

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 3 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-217-AC

4 1

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 97 20 CDL Endorsement

Operator GOODING, JACK (Last First Middle)

Address 10 BLUEBERRY DR

City MENDON State MA Zip 01756

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2

5

Citation # (If Issued) 205487AB

Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 24E

Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub 90 17

6 1

Reg # 1ZLK19 Reg Type PC Reg State MA

Veh Year 2011 Veh Make JEEP/CHRYSLER Veh Config. 1 21

3 12

Owner TRUMM, CRAIG MICHAEL (Last First Middle)

Address 69 WHITEHALL WAY

City BELLINGHAM State MA Zip 02019-1874

Vehicle Action Prior to Crash 1 22

Event Sequence 20 23 35 23 23 23 23

Most Harmful Event 35 24

Driver Contributing Code 10 25 9 25

Driver Distracted by 99 26

Damaged Area Code: 1 27 8 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

30 13

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	
NATHAN GERMAIN	230 HERITAGE DR WHITINSVILLE, MA 01588			3	1	4	0	0	10	1	
SARAH TRUMM	69 WHITEHALL WAY BELLINGHAM, MA 02019			6	1	4	0	0	10	1	

7 1

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

8 2

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator (Last First Middle)

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

9 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 # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

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Please fill out for operator/non-motorist and all occupants involved

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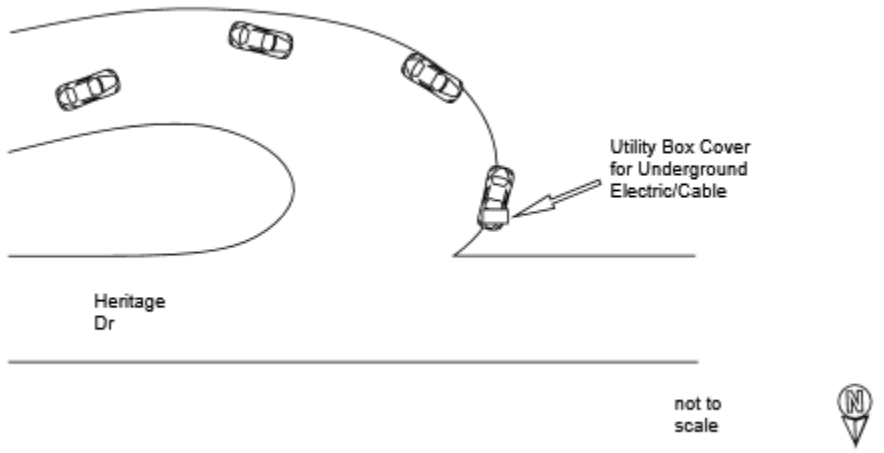
Operator/Non-Motorist	See Above			1							

= 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:

Vehicle #1 was travelling at a high rate of speed on Heritage Dr and lost control causing the vehicle to leave approx. 150'of skid marks before striking the curbing and then crashing into an underground utility box cover.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	245 S MAIN ST HOPEDALE MA 01747		4	UNDERGROUND UTIL BOX COVER/WIRES
HERITAGE PARK ESTATES	200 HERITAGE DR WHITINSVILLE MA 015		97	CURBING, MULCH

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		11/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

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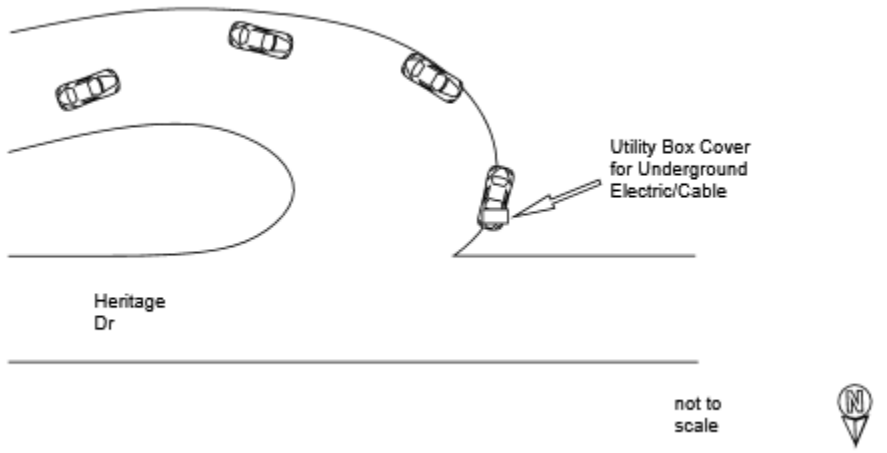

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CDP1 11-24-00