

Date of Crash 12/03/2020	Time of Crash 0732 24HR	City/Town NORTHBRIDGE	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<b>PROVIDENCE RD</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>LINWOOD AVE</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# 20-169-AC**

License # _____ St _____ DOB/Age _____ Sex <b>M</b> Lic. Class <b>B</b> 19 19 Lic. Restrictions <b>M</b> 20 CDL <b>S</b> Endorsement Operator <b>LORD, WILLIAM JOSEPH JR</b> Address <b>1 OVERLOOK ST</b> City <b>WHITINSVILLE</b> State <b>MA</b> Zip <b>01588-1817</b> Insurance Company <b>GRAPHIC ARTS MUTUAL INSUR</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>SB40103</b> Reg Type <b>SB</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make _____ Veh Config. <b>4</b> 21 Owner <b>VENDETTI MOTORS INC</b> Address <b>411 W. CENTRAL ST</b> City <b>FRANKLIN</b> State <b>MA</b> Zip <b>02038-0000</b> Vehicle Action Prior to Crash <b>4</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 Damaged Area Code: <b>1</b> 27 27 27 Test Status: <b>1</b> 28 Type of Test: <b>1</b> 29 BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

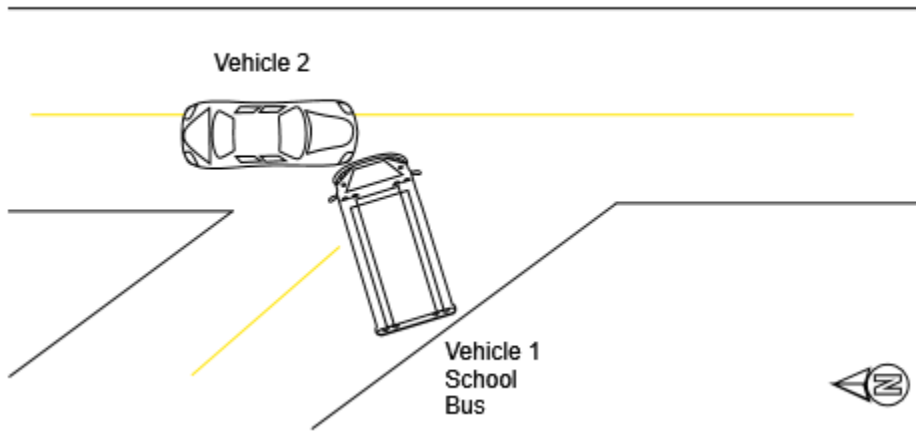
Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement Operator <b>WEEKS, CHRISTOPHER W</b> Address <b>763 WAVERLY ST APT 112</b> City <b>FRAMINGHAM</b> State <b>MA</b> Zip <b>01702-0000</b> Insurance Company <b>ARBELLA MUTUAL INSURANCE</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>145B20</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21 Owner <b>WEEKS, CHRISTOPHER W</b> Address <b>763 WAVERLY ST APT 112</b> City <b>FRAMINGHAM</b> State <b>MA</b> Zip <b>01702-0000</b> Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 Damaged Area Code: <b>1</b> 27 27 27 Test Status: <b>1</b> 28 Type of Test: <b>1</b> 29 BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**

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

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

**Indicate Direction of Arrow**



**Crash Narrative:**

School bus turning left onto Providence Road from Linwood Avenue. While turning, vehicle attempted to avoid the bus but collided with the front end.

**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 RYAN M LEVESQUE RML Northbridge Police Department 12/03/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date