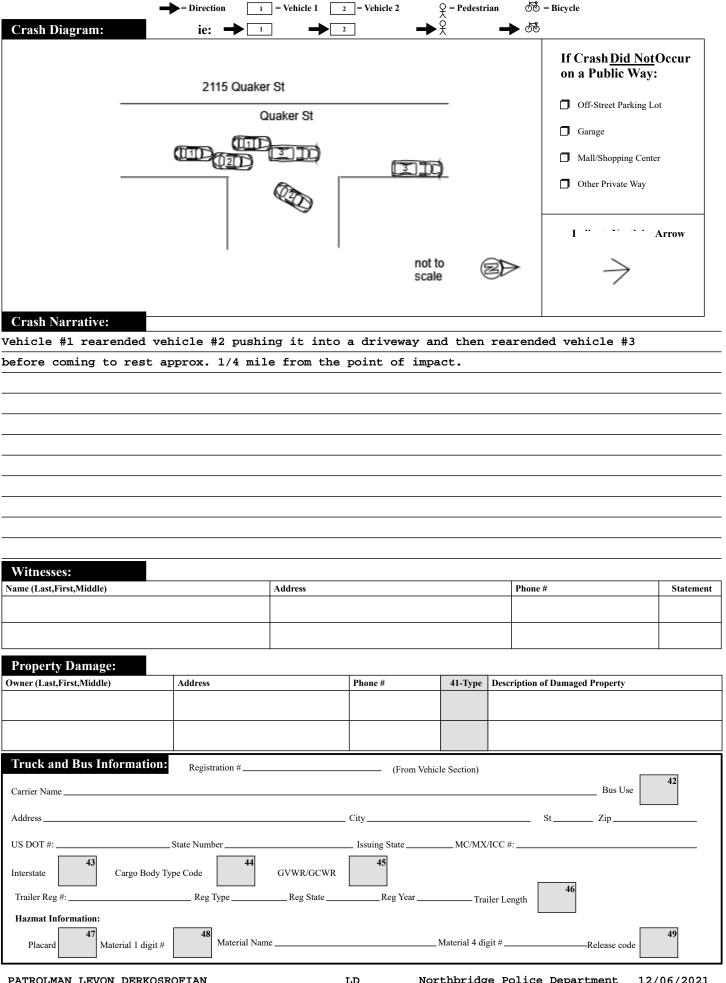
	Police Use Only	Comi	monwealth of Massachusetts					RMV Document Number				ıber		
	Date of Crash Time of Crash 12/06/2021 0737 NOR	City/Town	Motor Vel	nicle Cras	$h = \begin{bmatrix} N \\ V \end{bmatrix}$		Number Injured		Limit	35	State Po Local Po MBTA F	olice 🔯		
	12/06/2021 0737 NOR	THBRIDGE	Police	Report	3	1		Latitue Longi			Campus Other:	Police		
	AT INTERSECT	ION:	< LOC	ATION >		N	OT A	ΓΙΝΊ	ΓER	SEC'	TION:]	
							_						2	10
	Route# Direction	Name of Roadway/St	treet	Route# Direction		15 ress #	QUAK	CER Na	ST ame of	Roadw	ay/Street		-	_
1		At		[-1 - 1 - 1	1								
	Route# Direction Na	ame of Intersecting Roady	way/Straat	Feet N	SEW	of —	Mile Ma			or _	Exit N	ımber		11
	Koute# Direction 188	Also at Intersection w		Feet N	SEW	of							2	
				Feet N	SEW		oute#		Interse	ecting F	Roadway/St	reet		
² 2	Route# Direction Na	ame of Intersecting Roads	way/Street			_			La	ndmark	ζ.			
2	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Rep	ort ID#	21-	22	8-	AC	1				
³ 3											. W	7	-	
	License # St	DOB/Age		# 6APR70								21	1	12
			Endorsement	Year 2004							Config.	L		_
⁴ 1	Operator LAVERDIERE, I	First	Middle	ner LAVERDI	st		First			Mi	ddle			
	Address 16 STOREY LN			ress 16 STO										
	City UXBRIDGE Sta			UXBRIDGE		22					L569-	27 27		
	Insurance Company THE COMME			icle Action Prior to Ci		<u></u>		amaged est Stat		Code:	28			
5	Vehicle Travel Direction: S E W	Responding to Emer	gency? 2 Eve	nt Sequence 1 23	<u> </u>	23 23	1	ype of T			29			
	Citation # (If Issued)		Mos	t Harmful Event	1 24	1	В	AC Tes		lt:	30			12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code		25	25 Si	usp. Ale	cohol:	31	Susp. Dri	ug: 32	1	13
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 ²⁶		Te	owed fr	rom sce	ene?	1 33			
2	Please fill out for ope Name (Last First Middle)	rator and all occupants in	volved Address	DOB/Age	Sex Pos.		6 37 bag Eject itus Code		39 Injury Status	40 Transp. Code	Medica	al Facility		
	Operator	S	See Above		$\sqrt{1}$	1 4	О	0	10	1			1	
													1	
													-	
													-	
													_	
⁷ 1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action	Location		7 Condi	tion	18	l u	Hit/Run	Moped		
	License #St	DOB/Age	Reg				Reg Type	· PC		R.	ea State M		1	
	Sex M Lic. Class D Lic.		1DZV78 Reg Type PC Reg State MA ear 2006 Veh Make JEEP/CHRYSLER Veh Config. 1											
	Operator MUSCATELL, DO	Endorsement	Owner MUSCATELL, DANNY											
2	Address 84 WEST ST	First	Middle	ress 84 WEST	st	DAMIN	First			Mi	ddle			
	City DOUGLAS Sta	ta MA 7 in 0151		DOUGLAS	<u>. D.</u>		Ste	ıte MZ	A 7	/in 01	L516		1	14
	Insurance Company STANDARD		•	icle Action Prior to Ci	roch	2 22				Code:		27 27	È	
	Vehicle Travel Direction: X S E W	Responding to Emer		nt Sequence 23		23 23	<u> </u>	est Stat			28			
	Citation # (If Issued)			et Harmful Event	1 24			ype of T	Test:		29			
⁹ 2	l · · · · · ·				<u> </u>	25	25	AC Tes			30	22		
	Viol. 1. Chibee Sub			Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 1 33										
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved			or Distracted by	34		6 37	38	39	40 a	1		1	
	Name (Last First Middle)	on motorist and an occup	Address	DOB/Age	Seat Pos.	Safety Air	bag Eject tus Code	Trap	Injury Status	Transp. Code		al Facility		
	Operator/Non-Motoris	st S	See Above		\times 1	1 4	0	0	8	2	MILFORD H	OSPITAL		
													1	
													1	



PATROLMAN LEVON DERKOSROFIAN

Police Officer Name (Please Print)

Northbridge Police Department

12/06/2021

Signature

ID/Badge#

Department

Precinct/Barracks

Date

	Police Use Only	Comr	Commonwealth of Massachusetts RMV Document N							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Numl		Speed Limit	35 State Police Local Police		
	12/06/2021 0737 NOR	THBRIDGE	Police 1	Report	3	1	Latitude	MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTERSE	ECTION:		
									2	10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	211! Address		XER ST Name of Ro	adway/Street		_
¹ 1		At								
		CI	(0)	Feet N	S E W of	Mile Ma	— • — o	Exit Number	- _	11
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N	S E W of	,			2	11
				_	S E W of	Route#	Intersecti	ng Roadway/Street		
² 2	Route# Direction Na	me of Intersecting Roadw	/ay/Street				Landr	 nark	_	
	Please Select One Vehicle 32	#Occupants Hit/	Run Moped	Crash Ren	ort ID# 2	1-22	8- ₂ C			
³ 3	of the Following:									
	License # St	20	_	3EGX14				21		12
	Sex M Lic. Class D Lic. 1	Restrictions C.	ndorsement	Year 2015					╵┞	
4 .	Operator OLIVEIRA MEDE	First MAYO		er OLIVEIR Last		EIROS , First	MAYCON	Middle	_	
⁴ 1	Address 86 UNION ST			ess 86 UNIC					-	
	City WHITINSVILLE State		8 City 2	WHITINSV		22	ate MA Zip		_	
	Insurance Company FOREMOST	INS	Vehic	ele Action Prior to Cra			Damaged Area Coo Cest Status:	de: 6 27 27 2		
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23		5 25	Type of Test:	29		
	Citation # (If Issued)		Most	Harmful Event 1		В	BAC Test Result:	30		12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 S	Susp. Alcohol:	31 Susp. Drug: 3	1	13
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Т	owed from scene	? 2 33		_
2	Please fill out for oper	rator and all occupants inv	volved Address	DOB/Age S	Seat Sa	35 36 37 afety Airbag Eject stem Status Code	t Trap Injury Tra	40 ansp. ode Medical Facility		
	Operator	Se	ee Above		1 1		0 10 1	-		
	BRENDA OLIVERIA MEDEIROS	267 UNION ST WHITINSVILLE, MA	. 01588		3 1	4 0	0 10 1	+		
			. 42500					_		
									_	
									_	
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 1	6 Location	17 Condi	ition 18	Hit/Run Mope	ed	
	License # St	DOB/Age	Reg #	<u> </u>		Reg Typ	e	Reg State		
	Sex Lic. Class 19 19 Lic. 1			Year	Veh Make			Veh Config. 21		
	Operator		ndorsement Own	er					_	
⁸ 2	Last Address	First	Middle Addr	Last		First		Middle	_	
	City Stat	e Zip	City_			St	ate Zip _		_ 1	14
	Insurance Company		Vehic	ele Action Prior to Cra	ash	22	Damaged Area Co	de: 27 27 2	:7	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23	23 23	3 23 T	est Status:	28		
٥	Citation # (If Issued)		Most	Harmful Event	24		ype of Test:	29		
⁹ 2	Viol. 1: Ch/Sec/Sub		Drive	r Contributing Code	25	25	BAC Test Result:	30 31 Susp. Drug: 33	52	
Viol. 3: Ch/Sec/Sub Viol. Viol.			.		26			Towed from scene? 33		
	Please fill out for operator/no			· L		35 36 37 afety Airbag Eject		40 ansp.	\dashv	
	Name (Last First Middle)		Address	DOB/Age S	Sex Pos. Sy	stem Status Code		ode Medical Facility	\dashv	
	Operator/Non-Motoris	S. S.	ee Above		1				_	