

Date of Crash 12/06/2021	Time of Crash 0737 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 1	Speed Limit <u>35</u> 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:

1 1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>2115</u> Direction <u>QUAKER ST</u> Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ _____ Mile Marker _____ Exit Number _____	2 10	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____		2 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ _____ Landmark _____		

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-228-AC**

License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>LAVERDIERE, BENJAMIN ELI</u> Address <u>16 STOREY LN</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-3147</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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>6APR70</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAVERDIERE, ELI D</u> Address <u>16 STOREY LN</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-3147</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>	1 12
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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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MUSCATELL, DOMINIC</u> Address <u>84 WEST ST</u> City <u>DOUGLAS</u> State <u>MA</u> Zip <u>01516</u> Insurance Company <u>STANDARD FIRE INS</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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>1DZV78</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>JEEP/CHRYSLER</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MUSCATELL, DANNY</u> Address <u>84 WEST ST</u> City <u>DOUGLAS</u> State <u>MA</u> Zip <u>01516</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>6</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>	1 14
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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
Operator/Non-Motorist	See Above	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>MILFORD HOSPITAL</u>

Date of Crash **12/06/2021** Time of Crash **0737** 24HR City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

2 **2** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **10** Route# _____ Direction _____ Address # **2115** Name of Roadway/Street **QUAKER ST**

2 **11** _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

2 **11** _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

2 **11** _____ Feet **N S E W** of _____ Landmark _____

3 **3** Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped Crash Report ID# **21-228-AC**

4 **1** License # _____ St _____ DOB/Age _____ Reg # **3EGX14** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **OLIVEIRA MEDEIROS, MAYCON** Owner **OLIVEIRA MEDEIROS, MAYCON**

Address **86 UNION ST** Address **86 UNION ST**

City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588**

Insurance Company **FOREMOST INS** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **6** **27** **27** **27**

5 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** **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**

6 **2** 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
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
BRENDA OLIVERIA MEDEIROS	267 UNION ST WHITINSVILLE, MA 01588			3	1	4	0	0	10	1	

7 **1** Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **2** License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

9 **2** Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							