

Date of Crash **12/13/2020** Time of Crash **1858** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

CHURCH ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
JOHNSTON AVE
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 20-179-AC**

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 **unknown** Last _____ First _____ Middle _____ Owner _____ Last _____ First _____ Middle _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **7 22** Damaged Area Code: **99 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? _____ 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 **10 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

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
Operator		See Above	X	X	1	99	99	99	99	99	

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

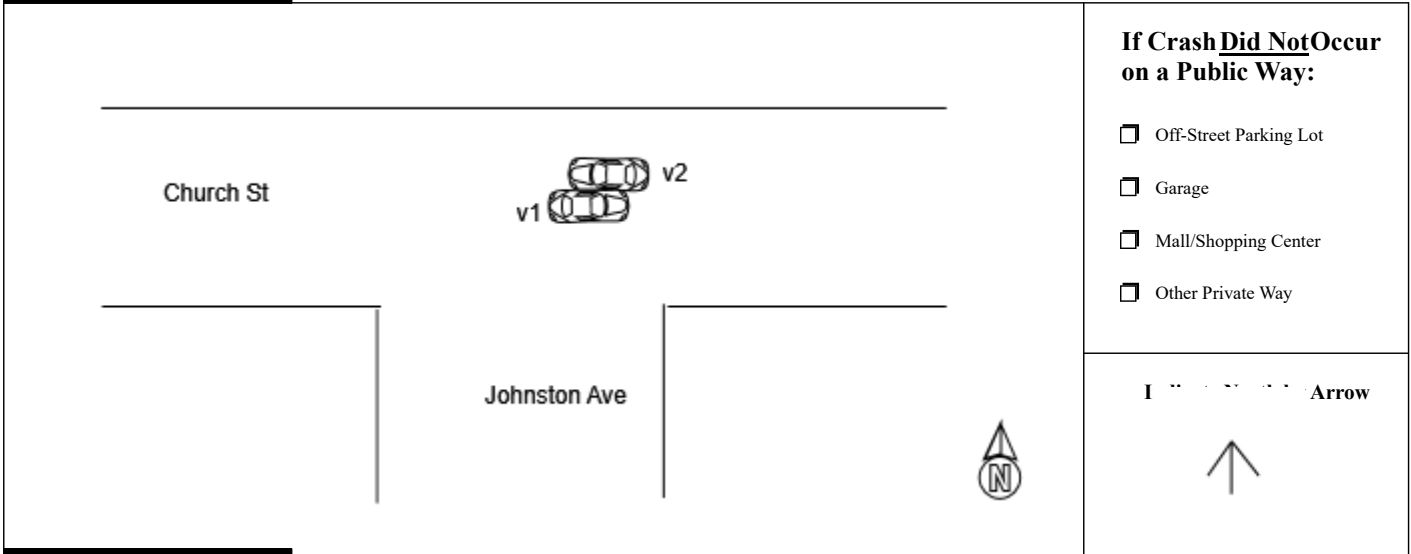
License # _____ St _____ DOB/Age _____ Reg # **OX934** Reg Type **PC** Reg State **RI**
Sex **U** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **INFINITY** Veh Config. **1 21**
Operator **SUTHERLAND, LAURA MICHELLE** Last _____ First _____ Middle _____ Owner **SUTHERLAND, LAURA MICHELLE** Last _____ First _____ Middle _____
Address **515 E SCHOOL ST APT 5** Address **515 E SCHOOL ST APT 5**
City **WOONSOCKET** State **RI** Zip **02895** City **WOONSOCKET** State **RI** Zip **02895**
Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
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Towed from scene? **2 33**

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
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	10	1
JADZIA ROSA	515 SCHOOL ST WOODSOCKET, RI 02895				6	4	4	0	0	10	1

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☹



Crash Narrative:

Vehicle #1 entered vehicle #2 lane of travel, struck vehicle #2 and left the scene headin east.

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** **12/13/2020**

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