

Date of Crash **12/20/2021** Time of Crash **0729** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11** **3**

GOLDTHWAITE RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
GLEN DR
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____
Address # _____ Name of Roadway/Street _____
Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
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** #Occupants Hit/Run Moped **Crash Report ID# 21-234-AC**

1 **12** **1** **13**

License # _____ St _____ DOB/Age _____ Reg # **W54643** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **MACK** Veh Config. **10 21**
 Operator **HURLEY, JOHN M** Owner **HURLEY LANDCLEARING LLC**
 Address **698 NW MAIN ST** Address **268 POND ST**
 City **DOUGLAS** State **MA** Zip **01516** City **UXBRIDGE** State **MA** Zip **01569-2020**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **18 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 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	

7 **3** Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** **14** **1**

License # _____ St _____ DOB/Age _____ Reg # **717VN9** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make _____ Veh Config. **2 21**
 Operator **PALDINO, PAUL R** Owner **PALDINO, RACHAEL K**
 Address **693 MARSTON RD** Address **608 CHURCH ST**
 City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588-1430**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **2 27 3 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **5 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 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	99	4	0	0	10	1	

Date of Crash **12/20/2021** Time of Crash **0729** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

GOLDTHWAITE RD
Route# Direction Name of Roadway/Street
At
GLEN DR
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 **30** #Occupants Hit/Run Moped Crash Report ID# **21-234-AC**

License # _____ St _____ DOB/Age _____ Reg # **2636802** Reg Type **TRN** Reg State **ME**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **Driverless M.V.** Owner **JD RAYMOND TRANSPORT**
Address _____ Address **PO BOX 28**
City _____ State _____ Zip _____ City **DOVER-FOXCROFT** State **ME** Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **18 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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						

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
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		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						

