	Police Use Only	Comi	nonwealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Injurad	Speed Limit	Lo	ate Police acal Police BTA Police mpus Police	1
	12/28/2020 0722 NOR	THBRIDGE	Police 1	Report		1	Latitude Longitude	Ca	BTA Police mpus Police her:	
	AT INTERSECT	ION:	< LOCA	TION >	I	NOT AT	INTER:	SECTIO	N:	1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	193 Address #	MAIN	I ST Name of	Roadway/Stre	eet	-
¹ 1	- House Brooker	At			Tradress #		Traine of			-
				Feet N S	SEW of -	— — – Mile Ma	•	or	xit Number	
	Route# Direction Na	Also at Intersection w		Feet N S	S E W of					1 11
		11150 W 111015001011 W			S E W of	Route#	Interse	ecting Roadwa	ay/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street		-		La	ndmark		-
	Please Select One V Vakiela 1 1	#Occupants Hit/	Run Moped	Cuash Panas	t ID# 20-	_10'				1
3	of the Following:	HIT/								_
	License # St	DOB/Age	Reg #	2FJ777		_ Reg Type	PC	Reg Stat	te MA	12
	Sex M Lic. Class D 19 Lic. 1	Restrictions 20 C	DL Veh Y	Year 2011	Veh Make <u>CF</u>	IEVRO	LET	_ Veh Confi	g. 1	<u> </u>
4	Operator KAZARIAN, GAR	RY JOHN	Own	er KAZARIAN Last	, GARY	JOH1 First	1	Middle		
⁴ 1	Address 20 WILLOW ST			ess 20 WILL	OW ST	1 1130		Wildle		
	City WHITINSVILLE Stat	e MA Zip 01588	8-2332 City	WHITINSVI	LLE	Sta	ite MA Z	ip <u>0158</u>	8-2332	
	Insurance Company ARBELLA M	UTUAL INSU	JRANCE Vehic	ele Action Prior to Cras	h 1 2	D 22	amaged Area	Code: 2 27		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 35 23	23 23	23	est Status:	1 28		
⁵ 2	Citation # (If Issued)		Most	Harmful Event 3!	5 24	-	ype of Test:	99 ²⁹	<u>'</u>	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	11 25	25	AC Test Resulusp. Alcohol:	1	p. Drug: 2 32	30 ¹³
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from sce	22		
⁶ 1		rator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	<u></u>	7
	Name (Last First Middle)		Address	DOB/Age Se:	Pos. System	Status Code	Code Status	Code 1	Medical Facility ORD HOSPITAL	-
	Operator	5	ee Above		1 99	1 0	0 9	2		4
]
7	Please Select One Vehicle 2	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condit	18	Hit/Rt	ın Moped	1
⁷ 1	of the Following:		1,70	Treated I		Contan			Sixopeu	4
	19 19	DOB/Age	Reg #	<u> </u>		_ Reg Type	e	Reg Stat	21	
	Sex Lic. Class Lic. 1	Restrictions C	DL Veh Y ndorsement	/ear	Veh Make			_ Veh Config	g.	
⁸ 1	Operator	First	Middle Own	erLast		First		Middle		
	Address			ess						14
	City Stat	e Zip	City_				amaged Area		7 27 27	1
	Insurance Company		Vehic	ele Action Prior to Cras	h		est Status:	28		
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	t Sequence 23		23	ype of Test:	29	,	
⁹ 2	Citation # (If Issued)			Harmful Event	24		AC Test Resu	lt: 30	_	
_	Viol. 1: Ch/Sec/Sub	er Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32								
	Viol. 3: Ch/Sec/Sub	er Distracted by	26		owed from sce		<u>'</u>	_		
	Please fill out for operator/no	on-motorist and all occupa	ants involved Address	DOB/Age Se:		36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	s t	ee Above	\rightarrow	1					
										1
					+ + +					-
						+				-
	1	1		1		I	1 1	1 1		1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Y = Pedestri	ian O	D = Bicycle		
Crash Diagram:	ie: 👈 🔟	2	□ →	S	→ Ø	B		
Northbridge Fire Station	Main St Vehicle 1				Δ	If Crash Did Not on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	:	
Fire Station					$\overline{\mathbb{M}}$	1,		
					_			
Crash Narrative:								
Vehicle 1 was trave	ling cost "	nin dt -d-	on it at		o b	· · · · · · · · · · · · · · · · · · ·		
venicie i was crave	ing east on M	lain St, Wil	en it struck	. a III	e nyar	alic.		
Witnesses:								
Name (Last,First,Middle)		Address	Adduses			Phone # Statement		
Name (Last,First,Wildie)		Address		1 11011	none # Stateme			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property		
WHITINSVILLE WATTER COMPA	WATER ST WHIT	TINSVILLE MA		4	FIRE	HYDRANT		
Truck and Bus Informatio	n• n · · · · ·		l .					
Truck and Dus Informatio	Registration #		(From Vehic				42	
Carrier Name						Bus Use		
Address			City			St Zip		
US DOT #:	State Number		Issuing State	MC/MX	ЛСС#-			
43	44		45					
Interstate Cargo Bod	y Type Code	GVWR/GCWR						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	46		
Hazmat Information:					-			
47	48						49	
Placard Material 1 digi	t # Material Nar	ne]	Material 4 dig	gıt #	Release code		
								

Patrolman KAITLYN J LAFLASH Police Officer Name (Please Print)

KJL

Northbridge Police Department

12/28/2020

Signature

ID/Badge#

Department Precinct/Barracks Date