

Date of Crash **03/08/2020** Time of Crash **1246** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# _____ Direction _____ 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 **13** #Occupants Hit/Run Moped **Crash Report ID# 20-51-AC**

12 **1** **13**

License # _____ St _____ DOB/Age _____ Reg # **5PL172** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **STGEORGE, WILLIAM M** Owner **STGEORGE, WILLIAM M**
Address **159 N MAIN ST** Address **159 N MAIN ST**
City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**
Vehicle Travel Direction: **N S X 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**
Towed from scene? **1** **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	1	99	0	0	8	2	MILFORD HOSPITAL
ANDREW HAZARD	159 N MAIN ST WHITINSVILLE, MA 01588			3	1	99	0	0	10	1		
WILLIAM STGEORGE	159 N MAIN ST WHITINSVILLE, MA 01588			6	4	99	0	0	10	1		

7 **3** Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

14 **1** **14**

License # _____ St _____ DOB/Age _____ Reg # **14HX93** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **BURKE, JAMES T** Owner **BURKE, JAMES T**
Address **25 BROOK ST** Address **25 BROOK ST**
City **WHITINSVILLE** State **MA** Zip **01588-1928** City **WHITINSVILLE** State **MA** Zip **01588-1928**
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **4** **27** **5** **27** **27**
Vehicle Travel Direction: **N S X 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**
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	99	0	0	10	1	

