

Date of Crash **06/06/2020** Time of Crash **1512** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 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 **12** #Occupants  Hit/Run  Moped Crash Report ID# **20-82-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **25TV20** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** **21**  
 Operator **PROSSER, DAWN M** Owner **PROSSER, DAVID B**  
 Address **18 WOODLAND ST** Address **18 WOODLAND ST**  
 City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588-1914**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **9** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **21** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **21** **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
<b>Operator</b>				<b>1</b>	<b>1</b>	<b>99</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>1</b>	
<b>MIA PROSSER</b>	<b>18 WOODLAND ST WHITINSVILLE, MA 01588</b>			<b>3</b>	<b>1</b>	<b>99</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>1</b>	

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 # \_\_\_\_\_ 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**  
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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
<b>Operator/Non-Motorist</b>				<b>1</b>							

