

Date of Crash **06/26/2020** Time of Crash **0007** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MAIN ST
Route# Direction Name of Roadway/Street
At
LAKE ST
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 **11** #Occupants Hit/Run Moped Crash Report ID# **20-91-AC**

License # _____ St _____ DOB/Age _____ Reg # **2GT265** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **WOLFGANG, MICHAEL JOSEPH** Owner **GORHAM, VIRGINIA A**
Address **26 PLAIN ST** Address **26 PLAIN ST**
City **UPTON** State **MA** Zip **01568-1343** City **UPTON** State **MA** Zip **01568-1343**
Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **1** **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) **T2276261** Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **90** **240** Viol. 2: Ch/Sec/Sub **90** **24A** Driver Contributing Code **10** **25** **9** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub **89** **4A** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** **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	99	4	99	0	7	1	

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

License # _____ St _____ DOB/Age _____ Reg # **79V870** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **BRONZO, MARK A** Owner **BRONZO, SHANNON M**
Address **64 LAKE ST** Address **64 LAKE ST**
City **WHITINSVILLE** State **MA** Zip **01588-1831** City **WHITINSVILLE** State **MA** Zip **01588-0000**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **1** **27** **10** **27**
Vehicle Travel Direction: **N S E X** 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/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	99	3	0	0	8	2	UMASS MEMORIAL HOSPITAL

