

Date of Crash **07/05/2020** Time of Crash **0612** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **99** **2** **10**
1 **11**
2 **1**
3 **1**

MENDON RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
QUAKER ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-99-AC**

4 **1** **3** **12**
5 **24** **13**
6 **1**

License # _____ St _____ DOB/Age _____ Reg # **1HXZ16** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Veh Year **2014** Veh Make **INFINITY** Veh Config. **1** **21**
Operator **unknown** Owner **TOMLINSON, LAMAR MILTON**
Last First Middle Last First Middle
Address _____ Address **2 VERNON STREET PL APT 2**
City _____ State _____ Zip _____ City **WORCESTER** State **MA** Zip **01607-1027**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **24** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **24** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **99** **31** Susp. Drug: **99** **32** **24** **13**
Towed from scene? **1** **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							

7 **4** **15** **16** **17** **18** Hit/Run Moped

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type _____ Action _____ Location _____ Condition _____

8 **1** **14**
9 **2**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Veh Year _____ Veh Make _____ Veh Config. _____ **21**
Operator _____ Owner _____
Last First Middle Last First Middle
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

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Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

