

Date of Crash **11/12/2020** Time of Crash **0744** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police Latitude _____ MBTA Police Longitude _____ Campus Police Other: _____

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **44** Direction _____ Address # _____ Name of Roadway/Street **NORTH MAIN ST**

_____ 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 **11** #Occupants Hit/Run Moped Crash Report ID# **20-157-AC**

4 License # _____ St _____ DOB/Age _____ Reg # **85C940** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2002** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**

Operator **ROBINSON, SONYA L** Owner **ROBINSON, ROBERT CLEMENT JR**

Address **40 N MAIN ST** Address **40 N MAIN ST**

City **WHITINSVILLE** State **MA** Zip **01588-1833** City **WHITINSVILLE** State **MA** Zip **01588-1833**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N S E 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 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	_____	_____	1	1	4	0	0	10	1	

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

8 License # _____ St _____ DOB/Age _____ Reg # **2ET547** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1** **21**

Operator **GREENAN, NATALIE ANNE** Owner **GREENAN, NATALIE ANNE**

Address **34 BROOK ST** Address **34 BROOK ST**

City **WHITINSVILLE** State **MA** Zip **01588-1927** City **WHITINSVILLE** State **MA** Zip **01588-1927**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**

Vehicle Travel Direction: **N S E 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

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/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	

