

Date of Crash **12/02/2020** Time of Crash **0756** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

NORTH MAIN ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
CRESCENT 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# **20-167-AC**

License # _____ St _____ DOB/Age _____ Reg # **482ZY3** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**
 Operator **KONOWITZ, REBEKAH J** Owner **KONOWITZ, REBEKAH J**
 Address **296 LINCOLN ST** Address **296 LINCOLN ST**
 City **BLACKSTONE** State **MA** Zip **01504-1206** City **BLACKSTONE** State **MA** Zip **01504-1206**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Damaged Area Code: **8** **27** **1** **27** **27**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Test Status: **28**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** Type of Test: **29**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** BAC Test Result: **30**
 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	4	0	0	10	1

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 # **9FW263** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **JEEP/CHRYSLER** Veh Config. **1**
 Operator **KING, DANIEL P** Owner **KING, DANIEL P**
 Address **42 MURPHYS WAY** Address **42 MURPHYS WAY**
 City **UXBRIDGE** State **MA** Zip **01569-2916** City **UXBRIDGE** State **MA** Zip **01569-2916**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Damaged Area Code: **4** **27** **5** **27** **27**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Test Status: **28**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** Type of Test: **29**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** BAC Test Result: **30**
 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	1	4	0	0	10	1

