

Date of Crash **12/08/2020** Time of Crash **1538** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

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  
 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

2 10

3 11

2 2

3 3

Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped Crash Report ID# **20-176-AC**

4 1

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **23DF88** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **FORD** Veh Config. **1 21**  
 Operator **PINCINS, PATRICE M** Owner **PINCINS, PATRICE M**  
 Address **1385 PROVIDENCE RD** Address **1385 PROVIDENCE RD**  
 City **WHITINSVILLE** State **MA** Zip **01588-1539** City **WHITINSVILLE** State **MA** Zip **01588-1539**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 0 27 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **4 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

1 12

6 1

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>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

1 13

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

8 1

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **V40169** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D M 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config. **6 21**  
 Operator **SCHOTANUS, PETER M** Owner **KOOPMAN LUMBER CO INC**  
 Address **652 HILL ST** Address **665 CHURCH ST**  
 City **WHITINSVILLE** State **MA** Zip **01588-1021** City **WHITINSVILLE** State **MA** Zip **01588-2116**  
 Insurance Company **COMMERCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

1 14

9 2

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>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

