

Date of Crash **01/23/2021** Time of Crash **2132** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **2** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

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

**LINWOOD AVE**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**HARINGA AVE**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped **Crash Report ID# 21-14-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1SBE97** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **DODGE** Veh Config. **1** **21**  
Operator **CHRISTIAN, RYAN T** Owner **CHRISTIAN, MELISSA**  
Address **42 OXFORD AVE** Address **42 OXFORD AVE APT 1L**  
City **DUDLEY** State **MA** Zip **01571-3272** City **DUDLEY** State **MA** Zip **01571-3272**  
Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **11** **27** **27** **27**  
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **2** **28**  
Citation # (If Issued) **893788AA** Most Harmful Event **22** **24** Type of Test: **2** **29**  
Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **23** Driver Contributing Code **10** **25** **25** BAC Test Result: **1** **30**  
Viol. 3: Ch/Sec/Sub **90** **24** Viol. 4: Ch/Sec/Sub **89** **4A** Driver Distracted by **0** **26** Susp. Alcohol: **1** **31** Susp. Drug: **99** **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 |
|---|--|-------------------|----------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |  |                   |          | <b>1</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>8</b>         | <b>1</b>        |                  |
| <b>EMILY KEONIG</b>                                     | <b>1151 JUNCTION RD<br/>BERLIN, VT 05602</b> | <b>06/17/1990</b> | <b>F</b> | <b>3</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>8</b>         | <b>1</b>        |                  |

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 # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
Operator \_\_\_\_\_ Owner \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**  
Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** **23** **23** **23** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **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 |
|--|--|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  |         |     | <b>1</b>     |                  |                  |               |              |                  |                 |                  |

