

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **02/01/2021** Time of Crash **0842** 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** **2** **2** **2** **11** **12**

MAIN ST
Route# Direction Name of Roadway/Street
At
PRESCOTT RD
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
PRENTICE RD
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

3 **4** Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-21-AC**

4 **1** License # _____ St _____ DOB/Age _____ Reg # **5PE830** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **B 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1 21**
Operator **NICKERSON, EDWARD P** Owner **NICKERSON, EDWARD P**
Address **11 VECCHIA ST BLD 11 APT 1** Address **11 VECCHIA ST BLD 11 APT 1**
City **WEBSTER** State **MA** Zip **01570-1740** City **WEBSTER** State **MA** Zip **01570-1740**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 7 27 27**
Vehicle Travel Direction: **N S X 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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7 **2** 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 # **AT64354** Reg Type **PAN** Reg State **CT**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
Operator **DAUTRICH, NICOLE MARIE** Owner **DAUTRICH, EVAN**
Address **1016 THOMPSON RD** Address **1016 THOMPSON RD**
City **THOMPSON** State **CT** Zip **06277** City **THOMPSON** State **CT** Zip **06277-1432**
Insurance Company **Covenant Insurance Co.** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
Vehicle Travel Direction: **N S X 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**
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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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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