

Date of Crash **03/15/2021** Time of Crash **1714** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police 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# _____ Direction _____ Name of Roadway/Street **CHURCH ST** 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 **1** #Occupants Hit/Run Moped Crash Report ID# **21-45-AC**

License # **S40172278** St **MA** DOB/Age **07/08/1999** Reg # **6DY139** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1**

Operator **TOWNSEND, MICHAEL FRANCIS** Owner **TOWNSEND, MICHAEL D**

Address **17 CROWNRI DGE RD** Address **17 CROWNRI DGE RD**

City **WESTBOROUGH** State **MA** Zip **01581-3203** City **WESTBOROUGH** State **MA** Zip **01581-3203**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N S 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 **13** **25** **25** BAC Test Result: **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? **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	XXXXXX	XXXX	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 # **S40769742** St **MA** DOB/Age **01/15/1989** Reg # **6ZW955** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**

Operator **ATTALLA, GEORGE N** Owner **ATTALLA, GEORGE N**

Address **139 SOUTH ST APT L2** Address **139 SOUTH ST APT L2**

City **SOUTHBRIDGE** State **MA** Zip **01550-4032** City **SOUTHBRIDGE** State **MA** Zip **01550-4032**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **1** **27** **5** **27** **27**

Vehicle Travel Direction: **N S 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: **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**

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

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

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

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

Route# _____ Direction _____ Name of Roadway/Street _____ 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 **3** #Occupants Hit/Run Moped Crash Report ID# **21-45-AC**

License # **S75496823** St **MA** DOB/Age **12/24/1991** Reg # **1EPM60** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **ARNOLD, SARAH E** Owner **GOSS, DAVID T**

Address **282 SPRING ST** Address **17 C ST**

City **E BRIDGEWATER** State **MA** Zip **02333-1801** City **WHITINSVILLE** State **MA** Zip **01588**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **2 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: **1 28**

Citation # (If Issued) **934128AA** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 23** 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: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 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				1	1	4	0	0	9	1	
DAVID GOSS	17 C ST WHITINSVILLE, MA 01588	10/08/1991	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #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
Operator/Non-Motorist				1							