

Date of Crash **03/18/2021** Time of Crash **1247** 24HR City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **2** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

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

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 **3** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

3 **3** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **1** Route# **1** Direction _____ Address # _____ Name of Roadway/Street **MAIN ST**

3 **3** Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

3 **3** Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

3 **3** Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **21-47-AC**

License # **S16774625** St **MA** DOB/Age **02/11/1936** Reg # **5KF787** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **20** CDL _____ Endorsement _____

Operator **MONTEROTTI, ALBERT J** Owner **MONTEROTTI, ALBERT J**

Address **125 OAK ST** Address **125 OAK ST**

City **UXBRIDGE** State **MA** Zip **01569-1225** City **UXBRIDGE** State **MA** Zip **01569-1225**

Insurance Company **NGM INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 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? **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				1	1	4	0	0	7	1	
EVELYN MONTEROTTI	125 OAK ST UXBRIDGE, MA 01569	10/22/1935	F	3	1	4	0	0	7	1	

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **645WXJ** Reg Type **PAN** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____

Operator **Driverless M.V.** Owner **LITTIZIO, PAUL**

Address _____ Address **81 GLENWOOD RD**

City _____ State _____ Zip _____ City **RUTLAND** State **MA** Zip **01543-1615**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 7 27 27**

Vehicle Travel Direction: **N S E 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 **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? **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				1							

