

Date of Crash **04/10/2021** Time of Crash **0111** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

1752 PROVIDENCE RD

138 Feet S E W of RIVERDALE ST

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-54-AC**

License # St DOB/Age Reg # **9153YF** Reg Type **PC** Reg State **ME**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1 21**

Operator **COON, CAITLIN N** Owner **EAN HOLDINGS LLC**

Address **292 PROVIDENCE RD APT 4** Address **14002 EAST 21ST ST APT E 15**

City **SOUTH GRAFTON** State **MA** Zip **01560-1378** City **TULSA** State **OK** Zip **74134**

Insurance Company Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **40 23 23 43 23 23** Test Status: **2 28**

Citation # (If Issued) **964489AA** Most Harmful Event **43 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **97 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90 24I** Viol. 4: Ch/Sec/Sub Driver Distracted by **99 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
Operator				1	99	3	0	0	8	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 # St DOB/Age Reg # Reg Type Reg State

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

