

Date of Crash **05/25/2021** Time of Crash **1718** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **3** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

1 **1** **2** **11**

MAIN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
HILL ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting 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 Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 21-77-AC**

1 **12** **1** **21** **13**

License # _____ St _____ DOB/Age _____ Reg # **3HS765** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **KIA** Veh Config. **1** **21**
Operator **BIGNESS, KERI LYN** Owner **BIGNESS, KERI LYN**
Address **192 MASON RD** Address **192 MASON RD**
City **WHITINSVILLE** State **MA** Zip **01588-1389** City **WHITINSVILLE** State **MA** Zip **01588-1389**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **7** **27** **27**
Vehicle Travel Direction: N S 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 **99** **25** **25** BAC Test Result: **1** **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

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	_____	_____	1	1	4	0	0	8	2	MILFORD HOSPITAL
EVA BIGNESS	192 MASON RD WHITINSVILLE, MA 01588	_____	_____	3	1	4	0	0	8	1	

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** **14** **1** **14**

License # _____ St _____ DOB/Age _____ Reg # **9LB491** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2000** Veh Make **HONDA** Veh Config. **1** **21**
Operator **WILLIAMS, EVELYN T** Owner **WILLIAMS, JARED NATHANIEL**
Address **85 SYLVAN RD** Address **85 SYLVAN RD**
City **UXBRIDGE** State **MA** Zip **01569-1138** City **UXBRIDGE** State **MA** Zip **01569-1138**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **27**
Vehicle Travel Direction: N 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 **99** **25** **25** BAC Test Result: **1** **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**

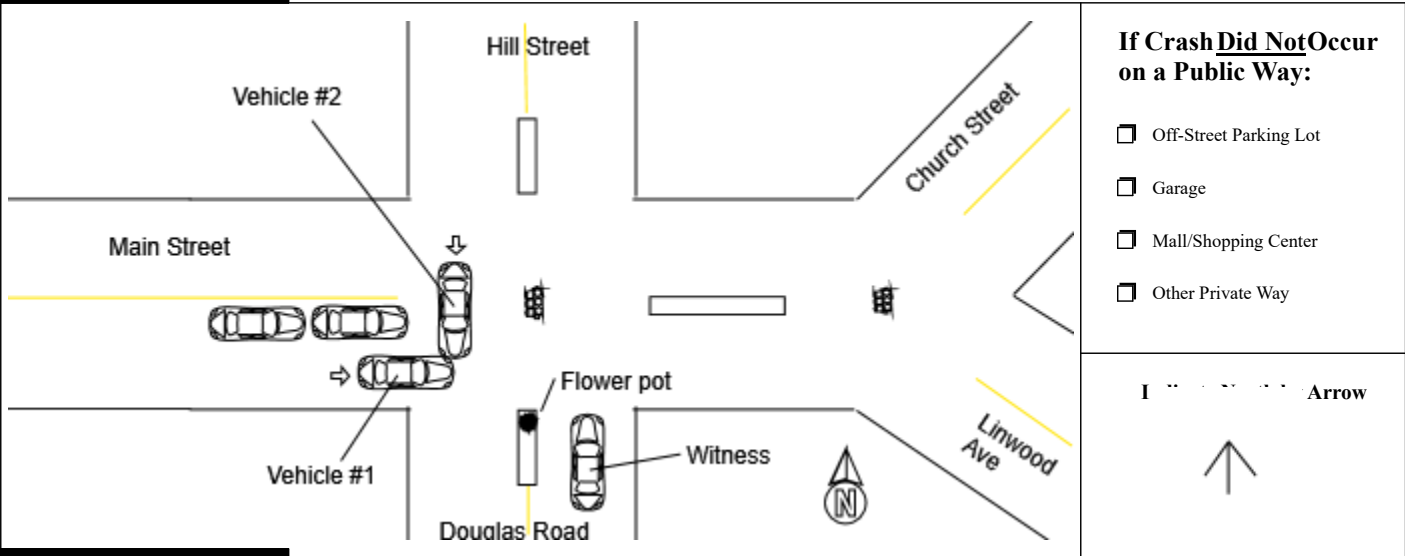
Please fill out for operator/non-motorist and all occupants involved

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	_____	_____	1	1	1	0	0	8	1	

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ [1] ➔ [2] ➔ ○ ➔ 🚲



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate Direction with Arrow



Crash Narrative:

Vehicle #1 was traveling east on Main Street and entered the Memorial Square intersection colliding with Vehicle #2 which was traveling south on Hill Street.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAUPHINAIS CHRISTOPHER	12 BEECHWOOD DR SUTTON MA 01590		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF NORTHBRIDGE	7 MAIN ST WHITINSVILLE MA 01588	508-234-2095		MEMORIAL SQUARE FLOWER POT

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman TYLER M MITCHELL TM Northbridge Police Department 05/25/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date