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|-----------------------------|-------------------------------|--------------------------|--|----------------------|---------------------|--|---|
| Date of Crash 06/18/2020 | Time of Crash 1352 24HR | City/Town NORTHBRIDGE | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 1 | Speed Limit _____ Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|--------------------------|--|----------------------|---------------------|--|---|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# <u>218</u> Direction _____ Address # <u>CHURCH ST</u> Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ |
| | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ |

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **20-86-AC**

| | |
|---|---|
| License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Reg # <u>24A940</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1 21</u> |
| Operator <u>LAWSON, KEVIN W</u> Last First Middle | Owner <u>LAWSON, KEVIN W</u> Last First Middle |
| Address <u>70 HILL ST</u> | Address <u>70 HILL ST</u> |
| City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-1009</u> | City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-1009</u> |
| Insurance Company <u>THE COMMERCE INSURANCE CO</u> | Vehicle Action Prior to Crash <u>6 22</u> Damaged Area Code: <u>8 27 27 27</u> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1 24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>99 25 25</u> BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> |
| | Driver Distracted by <u>99 26</u> Towed from scene? <u>1 33</u> |

| 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 | M | 1 | 1 | 4 | 0 | 0 | 8 | 1 | |
| | | | | | | | | | | | |
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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 <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Reg # <u>3KZW41</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>VOLVO</u> Veh Config. <u>1 21</u> |
| Operator <u>BIBEAU, TRINITY MARIE</u> Last First Middle | Owner <u>BIBEAU, TRINITY MARIE</u> Last First Middle |
| Address <u>6 GLEN AVE</u> | Address <u>6 GLEN AVE</u> |
| City <u>UPTON</u> State <u>MA</u> Zip <u>01568-1714</u> | City <u>UPTON</u> State <u>MA</u> Zip <u>01568-1714</u> |
| Insurance Company <u>THE COMMERCE INSURANCE CO</u> | Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>1 27 27 27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1 24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>1 25 25</u> BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> |
| | Driver Distracted by <u>0 26</u> Towed from scene? <u>33</u> |

| 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 | M | 1 | 1 | 3 | 0 | 0 | 10 | 1 | |
| JACOB OLIVEIRA | 24B HOPKINTON RD UPTON, MA 01568-1014 | 04/22/1997 | M | 3 | 1 | 3 | 0 | 1 | 10 | 1 | |
| | | | | | | | | | | | |

