

Date of Crash 07/23/2021

Time of Crash 1325 24HR

City/Town WHITINSVILLE

Motor Vehicle Crash Police Report

Number Vehicles 1

Number Injured 0

Speed Limit 30

State Police Local Police MBTA Police Campus Police Other

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 Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Route# Intersecting Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 21-119-AC

License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement

Reg # UNKNOWN Reg Type CO Reg State MA Veh Year Veh Make Veh Config

Operator unknown

Owner AMAZON

Address

Address 8 INDUSTRIAL RD

City State Zip

City MILFORD State MA Zip

Insurance Company

Vehicle Action Prior to Crash 7 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency?

Event Sequence 35 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 35 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 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 33

Table with columns: 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

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config

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

Table with columns: 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

