

Date of Crash **07/28/2020** Time of Crash **1334** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **PROVIDENCE RD**
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
2 **CHURCH ST**
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Landmark _____

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 20-107-AC**

1 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
3 Operator **unknown** Last _____ First _____ Middle _____ Owner _____ Last _____ First _____ Middle _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **5 22** Damaged Area Code: **99 27 27 27**
5 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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 **9 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 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	XXXXXX	XXXX	1							

7 Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 License # _____ St _____ DOB/Age _____ Reg # **VT22181** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1 21**
99 Operator **TEIXEIRA, ANDERSON RETTORI** Last _____ First _____ Middle _____ Owner **TEIXEIRA, ANDERSON RETTORI** Last _____ First _____ Middle _____
Address **400 UNION ST** Address **400 UNION ST**
City **LEOMINSTER** State **MA** Zip **01453-4140** City **LEOMINSTER** State **MA** Zip **01453-4140**
Insurance Company **UNIVERSAL UNDERWRITERS IN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
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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	XXXX	1	1	4	0	0	10	1	

