

Date of Crash **08/02/2021** Time of Crash **1504** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

**1** **1** **3**

**2** **1**

**3**

Route# Direction **MAIN ST** Name of Roadway/Street  
At  
Route# Direction **DOUGLAS RD** Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction **HILL ST** Name of Intersecting Roadway/Street

Route# Direction Address # Name of 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

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **21-123-AC**

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6SKM80** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** **21**  
Operator **BROSNAHAN, KATHY JEAN** Owner **BROSNAHAN, KATHY JEAN**  
Address **175 HARTFORD AVE APT W** Address **175 HARTFORD AVE APT W**  
City **UXBRIDGE** State **MA** Zip **01569-1123** City **UXBRIDGE** State **MA** Zip **01569-1123**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **27** **27**  
Vehicle Travel Direction: **N X 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 **4** **25** **25** BAC Test Result: **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2**

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

**8** **2** **14**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4WBH50** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** **21**  
Operator **ARRIAGA, RAFAEL ARTURO** Owner **ARRIAGA, RAFAEL ARTURO**  
Address **127 BORDER ST** Address **127 BORDER ST**  
City **WHITINSVILLE** State **MA** Zip **01588-1857** City **WHITINSVILLE** State **MA** Zip **01588-1857**  
Insurance Company **THE COMMERCE INSURANCE CO** 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: **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 **1** **25** **25** BAC Test Result: **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>MILFORD HOSPITAL</b>

