

Date of Crash **08/03/2021** Time of Crash **1246** 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:
 Latitude _____ Longitude _____

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

1 **1** **2** **11**
 Route# Direction **NORTH MAIN ST** Name of Roadway/Street
 At
 Route# Direction **C ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-124-AC**

1 **12** License # _____ St _____ DOB/Age _____ Reg # **83R680** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1 21**
 Operator **RODAS, ESDRAS LISANDRO** Owner **RODAS, ZACHARY L**
 Address **187 HILL ST** Address **11 DOUGLAS PIKE**
 City **WHITINSVILLE** State **MA** Zip **01588-1010** City **UXBRIDGE** State **MA** Zip **01569-2113**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** 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 **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 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	1	4	0	0	10	1	

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 **1** License # _____ St _____ DOB/Age _____ Reg # **2PXM25** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **HYUNDAI** Veh Config. **1 21**
 Operator **ROXBOROUGH, DELON DAVION** Owner **ROXBOROUGH, DELON DAVION**
 Address **45 GRAND ST APT 132** Address **45 GRAND ST APT 132**
 City **WORCESTER** State **MA** Zip **01610-1669** City **WORCESTER** State **MA** Zip **01610-1669**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** 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 **1 25 25** BAC Test Result: **30**
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 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	XXXXXX	XXXX	1	1	4	0	1	10	1	

