

Date of Crash **08/04/2021** Time of Crash **1318** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 10

2 11

2 1

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-128-AC**

3

License # _____ St _____ DOB/Age _____ Reg # **1DZ146** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1** **21**
 Operator **ZAGAME, CAROL ANN** Owner **ZAGAME, CAROL ANN**
 Address **85 ERIC DR** Address **85 ERIC DR**
 City **UXBRIDGE** State **MA** Zip **01569** City **UXBRIDGE** State **MA** Zip **01569**
 Insurance Company **COMMERCE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: N 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 **19** **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? **1** **33**

1 12

4 1

5 1

6 1

Please fill out for operator and all occupants involved		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	X	X	1	1	4	0	0	10	1	

7 1

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

License # _____ St _____ DOB/Age _____ Reg # **ANKG34** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **1934** Veh Make **FORD** Veh Config. **1** **21**
 Operator **GATTOZZI, KEITH M** Owner **GATTOZZI, KEITH M**
 Address **19 COURT ST** Address **19 COURT ST**
 City **MILFORD** State **MA** Zip **01757** City **MILFORD** State **MA** Zip **01757**
 Insurance Company **PHILIDELPHIA INDEMNITY** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: N 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**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** **33**

1 14

9 2

Please fill out for operator/non-motorist and all occupants involved		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	X	X	1	0	4	0	0	8	2	MILFORD HOSPITAL

