

Date of Crash 08/17/2021

Time of Crash 0015 24HR

City/Town NORTHBRIDGE

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:

MAIN ST

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

LAKE ST

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

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# 21-136-AC

License # St DOB/Age

Reg # UNKNOWN Reg Type MC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Veh Year 1996 Veh Make HONDA Veh Config. 3 21

Operator KELLEY, JAZZ R

Owner KELLEY, JAZZ R

Address 43 BORDER ST

Address 43 BORDER ST

City NORTHBRIDGE State MA Zip 01534

City NORTHBRIDGE State MA Zip 01534

Insurance Company UNKNOWN

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Event Sequence 99 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 99 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 99 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

Please fill out for operator and all occupants involved

Table with columns: Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 0, 5, 3, 0, 99, 1.

Please Select One of the Following:

Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # St DOB/Age

Reg # Reg Type Reg State

Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year Veh Make Veh Config. 21

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

Please fill out for operator/non-motorist and all occupants involved

Table with columns: Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

