

Date of Crash **08/18/2020** Time of Crash **1725** 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# **20-114-AC**

1 **12** License # _____ St _____ DOB/Age _____ Reg # **6ZM834** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** **21**
 Operator **WHITTIER, JANICE SALO** Owner **WHITTIER, JANICE SALO**
 Address **86 DOUGLAS RD** Address **86 DOUGLAS RD**
 City **W SUTTON** State **MA** Zip **01590-1132** City **W SUTTON** State **MA** Zip **01590-1132**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N S 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: **1** **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? **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	_____	_____	1	1	4	0	0	10	1	

7 **3** 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 # **44PL04** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **ELLIS, WAYNE SCOTT** Owner **ELLIS, LURANA M**
 Address **66 FAIRLAWN ST** Address **66 FAIRLAWN ST**
 City **WHITINSVILLE** State **MA** Zip **01588-1306** City **WHITINSVILLE** State **MA** Zip **01588-1306**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **S 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 **1** **25** **25** BAC Test Result: **1** **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? **2** **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	_____	_____	1	1	4	0	0	10	1	

