

Date of Crash **09/01/2021** Time of Crash **1604** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

1 **PROVIDENCE RD**
Route# Direction Name of Roadway/Street
At
2 **SUTTON ST**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
3 Route# Direction Name of Intersecting Roadway/Street
Feet **N S E W** of _____ of _____ or _____
Mile Marker Exit Number
Feet **N S E W** of _____ of _____
Route# Intersecting Roadway/Street
Feet **N S E W** of _____ of _____
Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **21-145-AC**

License # _____ St _____ DOB/Age _____ Reg # **5960AI** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** **21**
Operator **WATSON, ANITA E** Owner **WATSON, ANITA E**
Address **68 MYRTLE AVE APT 2** Address **68 MYRTLE AVE APT 2**
City **WEBSTER** State **MA** Zip **01570-2962** City **WEBSTER** State **MA** Zip **01570-2962**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **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	XXXXXX	XXXX	1	1	4	0	0	10	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 # **72NR88** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions _____ CDL _____ Veh Year **2016** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**
Operator **JOHNSON, LEONARD HAROLD III** Owner **JOHNSON, LEONARD HAROLD III**
Address **16 DOLAN RD** Address **16 DOLAN RD**
City **MILLBURY** State **MA** Zip **01527-1346** City **MILLBURY** State **MA** Zip **01527-1346**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **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	XXXXXX	XXXX	1	1	4	0	0	10	1	
BRENDA GASCO	16 DOLAN RD MILLBURY, MA 01527			3	1	4	0	0	10	1	

