

Date of Crash **09/03/2021** Time of Crash **1631** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **11**

**1** **1** **4**

**2** **1**

Route# Direction **MAIN ST** Name of Roadway/Street  
At  
Route# Direction **PRESCOTT RD** Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number  
Feet **N S E W** of \_\_\_\_\_  
Route# Intersecting Roadway/Street  
Feet **N S E W** of \_\_\_\_\_  
Landmark

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-148-AC**

**1** **12** **1** **13**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1FDY56** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **HONDA** Veh Config. **1** **21**  
Operator **PROSSER, STEFANIA E** Owner **PROSSER, STEFANIA E**  
Address **252 SPRING ST** Address **252 SPRING ST**  
City **NAUGATUCK** State **CT** Zip **06770** City **NAUGATUCK** State **CT** Zip **06770**  
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **9** **22** Damaged Area Code: **0** **27** **27** **27**  
Vehicle Travel Direction: **N S X 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 **9** **25** **10** **25** BAC Test Result: **1** **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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** **2** **14**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5RS983** Reg Type **PC** Reg State **MA**  
Sex **U** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **SUBARU** Veh Config. **1** **21**  
Operator **VOWLES, MARIA P** Owner **VOWLES, MARIA P**  
Address **73 THERESA CIR** Address **73 THERESA CIR**  
City **WHITINSVILLE** State **MA** Zip **01588-1732** City **WHITINSVILLE** State **MA** Zip **01588-1732**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **8** **27** **27**  
Vehicle Travel Direction: **N S X 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>STEPHEN WALKER</b>	<b>96 SLATER ST WEBSTER, MA 01570-2367</b>			<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>1</b>	

