

Date of Crash **09/10/2021** Time of Crash **1324** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

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

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

Route# **49** Direction _____ Address # **CHURCH ST** 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 _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-155-AC**

License # _____ St _____ DOB/Age _____ Reg # **T46681** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **2** **21**
 Operator **BEDROSIAN, RICHARD P** Owner **BEDROSIAN, RICHARD P**
 Address **5 SUNSET DR** Address **5 SUNSET DR**
 City **WHITINSVILLE** State **MA** Zip **01588-1042** City **WHITINSVILLE** State **MA** Zip **01588-1042**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **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 **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**
 Towed from scene? **33**

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

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 # **589FA6** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **SUBARU** Veh Config. **1** **21**
 Operator **MARMEN, PATRICK THOMAS** Owner **MARMEN, JONATHAN T**
 Address **12 GROVE HEIGHTS DR** Address **12 GROVE HEIGHTS DR**
 City **WORCESTER** State **MA** Zip **01605-3146** City **WORCESTER** State **MA** Zip **01605-3146**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **5** **27** **4** **27** **6** **27**
 Vehicle Travel Direction: **N S** **W** Responding to Emergency? **2** Event Sequence **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 **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**
 Towed from scene? **33**

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	1	4	0	0	10	1

