

Date of Crash **09/13/2021** Time of Crash **1908** 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 5** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
**2 1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_  
**3** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

**2** **10** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **HASTINGS DR**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
**5 11** \_\_\_\_\_ 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# **21-157-AC**

**4 1** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1DN786** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **HARDY, KIANA ANN** Owner **JACQUES, STEPHEN E**  
 Address **118 TIPPERARY DR** Address **118 TIPPERARY DR**  
 City **WHITINSVILLE** State **MA** Zip **01588-2040** City **WHITINSVILLE** State **MA** Zip **01588-2040**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**  
**5** Vehicle Travel Direction: **N X 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 **18 25 9 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? **1 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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7 1** Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

**8 1** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2RKW46** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **LACLAIR, ALICIA J** Owner **LACLAIR, ALICIA J**  
 Address **88 HASTINGS DR** Address **88 HASTINGS DR**  
 City **WHITINSVILLE** State **MA** Zip **01588-2044** City **WHITINSVILLE** State **MA** Zip **01588-2044**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**  
**9 2** Vehicle Travel Direction: **X 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? **1 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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

