

Date of Crash **09/14/2021** Time of Crash **1727** 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:
 Latitude _____ Longitude _____

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# **624** 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 **1** #Occupants Hit/Run Moped Crash Report ID# **21-158-AC**

License # _____ St _____ DOB/Age _____ Reg # **2T2976** Reg Type **MCN** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **HARLEY-DAVIDSON** Veh Config. **3**
 Operator **PADRO, MICHAEL** Owner **PADRO, MICHAEL**
 Address **8 BOWEN CT** Address **8 BOWEN CT**
 City **DOUGLAS** State **MA** Zip **01516-0000** City **DOUGLAS** State **MA** Zip **01516-0000**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **3**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** BAC Test Result: **1**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **2**

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	5	5	1	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 # **2GEJ74** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D M** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1**
 Operator **DELGADO, MYKAYLA M** Owner **DELGADO, MYKAYLA M**
 Address **65 MAIN ST** Address **65 MAIN ST**
 City **DOUGLAS** State **MA** Zip **01516-2407** City **DOUGLAS** State **MA** Zip **01516-2407**
 Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **0**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **1**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **2**

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	

