

Date of Crash **09/19/2021** Time of Crash **1806** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** 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# **17** Direction _____ Address # **PINE 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# **21-165-AC**

License # _____ St _____ DOB/Age _____ Reg # **JKH6172** Reg Type **PC** Reg State **NY**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2003** Veh Make **INFINITY** Veh Config. **1** **21**

Operator **RIZZO, RICARDO D** Owner **RIZZO, RICARDO D**

Address **17 PINE ST** Address **17 PINE ST**

City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588**

Insurance Company **STATE FARM MUT AUTO CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **2** **27** **27**

Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **2** **23** **2** **23** **23** **23** **23** Test Status: **3** **28**

Citation # (If Issued) **139950AB** Most Harmful Event **2** **24** Type of Test: **2** **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **14** **25** **25** BAC Test Result: **5** **30**

Viol. 3: Ch/Sec/Sub **90** **9** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **6** **26** Susp. Alcohol: **1** **31** Susp. Drug: **2** **32**

Towed from scene? **3** **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 **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **2SD433** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **Driverless M.V.** Owner **BRADY-LUCIA, BONNIE J**

Address _____ Address **446 BOSTON RD**

City _____ State _____ Zip _____ City **SUTTON** State **MA** Zip **01590-1822**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **6** **27** **27** **27**

Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **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		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	0	4	0	0	10	1

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_____ 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 **30** #Occupants Hit/Run Moped Crash Report ID# **21-165-AC**

License # _____ St _____ DOB/Age _____ Reg # **3WK512** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **MAZDA** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **JOHNSON, STEPHEN**

Address _____ Address **26 DAVIS RD**

City _____ State _____ Zip _____ City **STOW** State **MA** Zip **01775**

Insurance Company _____ Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 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 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	XXXXXX	XXXX	1	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **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	XXXXXX	XXXX	1							