

Date of Crash **09/27/2021** Time of Crash **1416** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

FLETCHER ST
Route# Direction Name of Roadway/Street
At
DOUGLAS RD
Route# Direction 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 **11** #Occupants Hit/Run Moped Crash Report ID# **21-170-AC**

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

License # _____ St _____ DOB/Age _____ Reg # **UNREGISTERED** Reg Type **MCN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2020** Veh Make _____ Veh Config. **3** **21**
Operator **DAWE, ZACKARY J** Owner **DAWE, ZACKERY**
Last First Middle Last First Middle
Address **2 OAK ST** Address **2 OAK ST**
City **WHITINSVILLE** State **MA** Zip **01588** City **WHITINSVILLE** State **MA** Zip **01588**
Insurance Company _____ Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **11** **27** **27** **27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) **148286AB** Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub **90** **9** Driver Contributing Code **11** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub **90** **34J** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator	See Above	XXXXXX	XXXX	1	5	4	0	0	9	2	MILFORD HOSPITAL

7 **4** 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** **14** **1** **14**

License # _____ St _____ DOB/Age _____ Reg # **6JXY80** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions _____ CDL _____ Veh Year **2014** Veh Make **LINCOLN** Veh Config. **1** **21**
Operator **GREENE, GEORGE T** Owner **GREENE, GEORGE T**
Last First Middle Last First Middle
Address **9 RAILROAD AVE** Address **9 RAILROAD AVE**
City **DOUGLAS** State **MA** Zip **01516-0000** City **DOUGLAS** State **MA** Zip **01516-0000**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **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 **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

