

Date of Crash **10/04/2021** Time of Crash **1507** 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:**

1 **1** **2** **3** **11** **12**

SUTTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
PROVIDENCE RD
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____
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 **3** **12**

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 21-174-AC**

1 **2** **12** **13**

License # _____ St _____ DOB/Age _____ Reg # **1009ZZ** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **AUDI** Veh Config. **1** **21**
 Operator **FINNEGAN, ROBERT** Owner **FINNEGAN, ROBERT**
 Address **60 LONDONDERRY WAY** Address **60 LONDONDERRY WAY**
 City **UXBRIDGE** State **MA** Zip **01569-1266** City **UXBRIDGE** State **MA** Zip **01569-1266**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **8** **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 **4** **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

| 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 | _____ | _____ | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 **2** **14**

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** **15**

License # _____ St _____ DOB/Age _____ Reg # **8JC398** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **DODGE** Veh Config. **2** **21**
 Operator **GJELTEMA, MATTHEW W** Owner **GJELTEMA, MATTHEW W**
 Address **14 SUNSET AVE** Address **14 SUNSET AVE**
 City **OXFORD** State **MA** Zip **01540-2406** City **OXFORD** State **MA** Zip **01540-2406**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **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/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 | _____ | _____ | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

