

Date of Crash **10/09/2021** Time of Crash **1910** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ 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# **648** 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 **14** #Occupants Hit/Run Moped Crash Report ID# **21-177-AC**

License # _____ St _____ DOB/Age _____ Reg # **8FD544** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **DODGE** Veh Config. **1** **21**

Operator **CHONG, JANIRA** Owner **CHONG, JANIRA**

Address **123 FLETCHER ST** Address **123 FLETCHER ST**

City **WHITINSVILLE** State **MA** Zip **01588-2377** City **WHITINSVILLE** State **MA** Zip **01588-2377**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N S X 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: **1** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **6** **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
Operator	See Above	_____	_____	1	1	1	0	0	10	1	
ANDREA CHONG	123 FLETCHER ST WHITINSVILLE, MA 01588			3	1	1	0	0	10	1	
AYVA JOHNSON	76 N MAIN ST WHITINSVILLE, MA 01588			4	1	1	0	0	10	1	
JULIANNA COSTA	97 ROOSEVELT DR NORTHBRIDGE, MA 01534			6	1	1	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **1BRW42** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____ Veh Year **2006** Veh Make **JEEP/CHRYSLER** Veh Config. **1** **21**

Operator **FLOOD, BRITTANY MAY** Owner **FLOOD, BRITTANY MAY**

Address **428 PUTNAM HILL RD** Address **428 PUTNAM HILL RD**

City **SUTTON** State **MA** Zip **01590-1650** City **SUTTON** State **MA** Zip **01590-1650**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N S X 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: **1** **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
Operator/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	2	MILFORD HOSPITAL
JAZIAH FLAGG	428 PUTNAM HILL RD SUTTON, MA 01590			6	4	4	0	0	10	2	MILFORD HOSPITAL

