

Date of Crash 10/11/2021	Time of Crash 1332 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street SUTTON ST		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ 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# **21-181-AC**

License # _____ St _____ DOB/Age _____	Reg # 8RN884 Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year 2018 Veh Make HONDA Veh Config. 1 <u>21</u>
Operator SEBASTIAO AFFONSO, ANA Last First Middle	Owner SEBASTIAO AFFONSO, ANA Last First Middle
Address 22 RHODES ST APT 1C	Address 22 RHODES ST APT 1C
City MILLBURY State MA Zip 01527-2511	City MILLBURY State MA Zip 01527-2511
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 4 <u>22</u> Damaged Area Code: 6 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 1 <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 4 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
	Driver Distracted by 0 <u>26</u> Towed from scene? 2 <u>33</u>

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	_____	_____	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 # 1NHP52 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year 2022 Veh Make MITSUBISHI Veh Config. 1 <u>21</u>
Operator GRAY, KEVIN LEE Last First Middle	Owner GRAY, KEVIN LEE Last First Middle
Address 7 MAIN ST APT S	Address 7 MAIN ST APT S
City UXBRIDGE State MA Zip 01569-1800	City UXBRIDGE State MA Zip 01569-1800
Insurance Company PROGRESSIVE CASUALTY INSU	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 8 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 1 <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 3 <u>31</u> Susp. Drug: 3 <u>32</u>
	Driver Distracted by 0 <u>26</u> Towed from scene? 2 <u>33</u>

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	_____	_____	1	1	4	0	0	10	1	

