

Date of Crash 10/12/2020 Time of Crash 1219 24HR City/Town NORTHBRIDGE Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 20-137-AC

License # St DOB/Age Reg # 29063 Reg Type APN Reg State RI
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator MOITOSO, JOSEPH Owner MOITOSO, JOSEPH
Address 38 ASHBURNE ST Address 38 ASHBURNE ST
City PAWTUCKET State RI Zip 02861 City PAWTUCKET State RI Zip 02861
Insurance Company Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 97 23 23 23 23 Test Status: 1 28
Citation # (If Issued) Most Harmful Event 97 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	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 # 7PN193 Reg Type PC Reg State MA
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator HANNA, DANIELLE R Owner CARDIN, TRACY ANN
Address 195 HARTNESS RD Address 195 HARTNESS RD
City SUTTON State MA Zip 01590-3827 City SUTTON State MA Zip 01590-3827
Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 97 23 23 23 23 Test Status: 1 28
Citation # (If Issued) Most Harmful Event 97 24 Type of Test: 29
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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	1	1	4	0	0	10	1	

