

Date of Crash **10/18/2021** Time of Crash **1028** 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
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 _____

2 10
PLUMMERS CORNER
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
_____ Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
Route# _____ Intersecting Roadway/Street _____
_____ Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped
Crash Report ID# **21-188-AC**

License # _____ St _____ DOB/Age _____ Reg # **6CW795** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **NISSAN** Veh Config. **1** **21**
Operator **BRAGDON, ANNE MARIE** Owner **BRAGDON, SAMANTHA LEIGH**
Address **44 OVERLOOK ST** Address **2253 PROVIDENCE RD**
City **WHITINSVILLE** State **MA** Zip **01588-1818** City **NORTHBRIDGE** State **MA** Zip **01534-1253**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **N 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: **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 **0** **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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **1HLE78** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1** **21**
Operator **RODRIGUEZ, GISELLE** Owner **DOMINA, SHANE A**
Address **35 SHATTUCK ST APT 1** Address **32 FERNBROOK RD**
City **WORCESTER** State **MA** Zip **01605-3655** City **NORTHBOROUGH** State **MA** Zip **01532-1819**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
Vehicle Travel Direction: **N S 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? **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	9	2	U-MASS MEDICAL CENTER

