

Date of Crash **10/21/2021** Time of Crash **1132** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **185** Direction **CHURCH ST** Address # **185** Name of Roadway/Street **CHURCH ST**

Route# **1** Direction **N S E W** of **185** Address # **185** Name of Roadway/Street **CHURCH ST**

Route# **1** Direction **N S E W** of **185** Address # **185** Name of Roadway/Street **CHURCH ST**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-192-AC**

License # **256FN7** St **MA** DOB/Age **21** Reg # **256FN7** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL **21** Veh Year **2005** Veh Make **NISSAN** Veh Config. **1**

Operator **SCANNELL, JENNIFER MARY** Owner **SCANNELL, JENNIFER MARY**

Address **442 RUMONOSKI DR** Address **442 RUMONOSKI DR**

City **NORTHBRIDGE** State **MA** Zip **01534-1336** City **NORTHBRIDGE** State **MA** Zip **01534-1336**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **35** Test Status: **28**

Citation # (If Issued) **35** Most Harmful Event **24** Type of Test: **29**

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

Viol. 2: Ch/Sec/Sub **0** Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub **0** Towed from scene? **2**

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 # **99** St **MA** DOB/Age **21** Reg # **99** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL **21** Veh Year **2005** Veh Make **NISSAN** Veh Config. **1**

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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							

