

Date of Crash **10/21/2021** Time of Crash **1447** 24HR City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** 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# **1799** Direction _____ Address # **PROVIDENCE RD** 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 **11** #Occupants Hit/Run Moped Crash Report ID# **21-193-AC**

License # _____ St _____ DOB/Age _____ Reg # **31JP91** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Endorsement _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **VINCENT, KENNETH C** Owner **VINCENT, KENNETH C**
 Address **12 SOUTH MAIN ST APT APT S** Address **12 SOUTH MAIN ST APT APT S**
 City **MILLBURY** State **MA** Zip **01527-3197** City **MILLBURY** State **MA** Zip **01527-3197**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 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	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **F66888** Reg Type **TRN** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2021** Veh Make **FORD** Veh Config. **97 21**
 Operator **Driverless M.V.** Owner **ROBINSON, DANIEL P**
 Address _____ Address **72 KERRY LN**
 City _____ State _____ Zip _____ City **WHITINSVILLE** State **MA** Zip **01588-1367**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**
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 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	X	1	0	4	0	0	10	1	

