

Date of Crash **10/28/2020** Time of Crash **1808** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MAIN ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
ARCADE ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped
 Crash Report ID# **20-148-AC**

License # _____ St _____ DOB/Age _____ Reg # **7CN612** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **DOHERTY, DARIENCE MAY** Owner **DOHERTY, MELISSA LEE**
 Address **169 DOUGLAS ST** Address **169 DOUGLAS ST**
 City **UXBRIDGE** State **MA** Zip **01569-1169** City **UXBRIDGE** State **MA** Zip **01569-1169**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **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 **5** **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				1	1	4	0	0	10	1	
MACKENZIE TOUGAS	238 RUMONOSKI DR NORTHBRIDGE, MA 01534			99	1	4	0	0	10	1	
MAKAYLA LEHTOLA	7 VETERANS PKWY UXBRIDGE, MA 01569			99	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 # **583AZ1** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2011** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **GRENIER, GLORIA JEAN** Owner **GRENIER, GLORIA JEAN**
 Address **1945 HILL ST** Address **1945 HILL ST**
 City **NORTHBRIDGE** State **MA** Zip **01534-1025** City **NORTHBRIDGE** State **MA** Zip **01534-1025**
 Insurance Company **NGM INSURANCE COMPANY** Vehicle Action Prior to Crash **4** **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		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				1	1	4	0	0	10	1	

