

Date of Crash **11/08/2021** Time of Crash **1334** 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:

1 **1** **2** **11**

1 **2** **1**

1 **11**

2 **1**

Route# Direction **MAIN ST** Name of Roadway/Street
 At
 Route# Direction **PRESCOTT RD** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-208-AC**

4 **1** **12** **1** **13**

License # St DOB/Age Reg # **420123** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
 Operator **NOWLAN, PATRICK WILLIAM** Owner **NOWLAN, STEVEN E**
 Address **114 BLACKSTONE ST** Address **436 SUTTON ST**
 City **BLACKSTONE** State **MA** Zip **01504-1620** City **NORTHBRIDGE** State **MA** Zip **01534-1006**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**
 Vehicle Travel Direction: **N S E X** 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: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **13 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99 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	X	1	1	4	0	0	10	1	

7 **1** Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** **14** **1** **14**

License # St DOB/Age Reg # **69942** Reg Type **CO** Reg State **RI**
 Sex **M** Lic. Class **99 19 19** Lic. Restrictions **1 20** CDL Endorsement
 Operator **RIVAS, MANUEL** Owner **RIVAS, MANUEL**
 Address **90 COTTAGE ST** Address **90 COTTAGE ST**
 City **CRANSTON** State **RI** Zip **02910** City **CRANSTON** State **RI** Zip **02910**
 Insurance Company Vehicle Action Prior to Crash **2 22** Damaged Area Code: **10 27 5 27 27**
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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	X	1	1	4	0	0	10	1	

