

Date of Crash 11/29/2020	Time of Crash 1818 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>1190</u> Direction _____ Address # <u>PROVIDENCE RD</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **20-165-AC**

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>443F50</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>LAFRANCE, NICOLE E</u> Last First Middle Address <u>519 HAZEL ST</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1164</u>	Owner <u>LAFRANCE, NICOLE E</u> Last First Middle Address <u>519 HAZEL ST</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1164</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>3</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>0</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>4EB929</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>KEEFE, ADRIANA ROSE</u> Last First Middle Address <u>804 ALDRICH ST</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-2143</u>	Owner <u>KEEFE, TIMOTHY J</u> Last First Middle Address <u>804 ALDRICH ST</u> City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-2143</u>
Insurance Company <u>PREFERRED MUTUAL INSURANC</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

