

Date of Crash **12/11/2021** Time of Crash **2324** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **3** Speed Limit **30** 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# **299** Direction \_\_\_\_\_ Address # **SWIFT 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 **13** #Occupants  Hit/Run  Moped Crash Report ID# **21-231-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6DZ832** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **CERUTI, ANDREW JOSEPH** Owner **CERUTI, RICHARD D**  
 Address **49 ROSE AVE** Address **49 ROSE AVE**  
 City **NORTHBRIDGE** State **MA** Zip **01534-2108** City **NORTHBRIDGE** State **MA** Zip **01534-2108**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **11** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22** **23** **21** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) **225074AB** Most Harmful Event **35** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **17B/C** Driver Contributing Code **10** **25** **7** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub **89** **4B** Viol. 4: Ch/Sec/Sub **90** **17** Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>MILFORD HOSPITAL</b>
<b>ANTHONY FAIR</b>	<b>69 HOMEWARD AVE UXBRIDGE, MA 01569-1713</b>				<b>3</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>U-MASS MEDICAL CENTER</b>
<b>ZEB ZACHARY FEENEY</b>	<b>209 POND ST UXBRIDGE, MA 01569-2055</b>				<b>6</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>U-MASS MEDICAL CENTER</b>

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 \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** **23** **23** **23** Test Status: **28**  
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 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						

