

Date of Crash **12/16/2020** Time of Crash **1835** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-181-AC**

License # _____ St _____ DOB/Age _____ Reg # **7LM381** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____ Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Operator **REMILLARD, JAMES L** Owner **WRIGHT, DIANE B**
 Address **36 RUGGLES ST** Address **72 HOMEWARD AVE APT 1**
 City **WESTBORO** State **MA** Zip **01581** City **UXBRIDGE** State **MA** Zip **01569-1725**
 Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **4** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **4** **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 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 **2** #Occupants Non-Motorist A Type **2** **15** Action **2** **16** Location **4** **17** Condition **99** **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **N/A** Reg Type **ZZ** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. _____ **21**
 Operator **HOLLIS, JASON** Owner _____
 Address **14 A ST** Address _____
 City **WHITINSVILLE** State **MA** Zip **01588** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **0** **27** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? _____ Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) **869778AA** Most Harmful Event **1** **24** Type of Test: **1** **29**
 Viol. 1: Ch/Sec/Sub **85** **11B** Viol. 2: Ch/Sec/Sub **85** **11B** Driver Contributing Code **10** **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: **99** **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		See Above	X	X	1	0			8	1	

