

Date of Crash **12/17/2020** Time of Crash **0948** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 **4** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

2 **10** Route# **10** Direction _____ Address # **HIGH ST** Name of Roadway/Street _____

2 **11** _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

2 **12** _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

2 **13** _____ Feet **N S E W** of _____ Landmark _____

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-183-AC**

4 **1** License # _____ St _____ DOB/Age _____ Reg # **L82082** Reg Type **CON** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2010** Veh Make **FORD** Veh Config. **1 21**

Operator **MERCADANTE, MARC** Owner **DANTE BUILDERS**

Address **420 MAIN ST** Address **420 MAIN**

City **OXFORD** State **MA** Zip **01540** City **OXFORD** State **MA** Zip **01540**

Insurance Company **SAFETY** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**

5 **1** Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

6 **3** Towed from scene? **2 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 **9** Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **2** License # _____ St _____ DOB/Age _____ Reg # **2KLS15** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2020** Veh Make **VOLKSWAGEN** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **HENDRIKS, ZACHARY TYLER**

Address _____ Address **10 HIGH ST**

City _____ State _____ Zip _____ City **WHITINSVILLE** State **MA** Zip **01588-2207**

Insurance Company **PLYMOUTH ROCK** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 27 27**

9 **2** Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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Towed from scene? **2 33**

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	0	4	0	0	10	1	

