

Date of Crash **12/25/2021** Time of Crash **0813** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **2** **1** **1**

SUTTON ST
Route# Direction Name of Roadway/Street
At
HILL ST
Route# Direction 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 **5**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **21-241-AC**

4 **3** **5** **1** **6** **4**

License # _____ St _____ DOB/Age _____ Reg # **3MPJ11** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** **21**
Operator **FLAIHAN, SARNEL** Owner **FLAIHAN, SARNEL**
Address **10 WINFIELD ST APT APT 1** Address **10 WINFIELD ST APT APT 1**
City **WORCESTER** State **MA** Zip **01610** City **WORCESTER** State **MA** Zip **01610**
Insurance Company **GIECO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **21** **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **21** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXX	1	99	4	0	0	99	2	UMASS MEMORIAL HOSPITAL

7 **2**

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

8 **1** **9** **2**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
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. 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

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	XXXX	1							

