

Date of Crash 10/15/2020 Time of Crash 1636 24HR City/Town NORTHBRIDGE **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 MOON HILL RD  
Route# Direction Name of Roadway/Street  
At  
MENDON RD  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

2 10  
2 11  
2 1

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped Crash Report ID# 20-141-AC

3 99 License # St DOB/Age Reg # 286VP9 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator TURGEON, DONALD P Owner TURGEON, DONALD P  
Address 87 DEER TRACK CT Address 87 DEER TRACK CT  
City NORTHBRIDGE State MA Zip 01534-1096 City NORTHBRIDGE State MA Zip 01534-1096  
Insurance Company QUINCY MUTUAL FIRE INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27  
Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 1 30  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 2 32  
Towed from scene? 2 33

4 1  
5  
6 1

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			1	1	4	0	0	10	1	

7 3 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 1 License # St DOB/Age Reg # 211RC6 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator RICHARD, ROBERT R JR Owner RICHARD, ROBERT R JR  
Address 925 HILL ST Address 925 HILL ST  
City WHITINSVILLE State MA Zip 01588-1022 City WHITINSVILLE State MA Zip 01588-1022  
Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27  
Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 1 33

9 2

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			1	1	4	0	0	10	1	

