

Date of Crash **10/26/2020** Time of Crash **0620** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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 \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **20-145-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **T75806** Reg Type **CO** Reg State **MA**

Sex **F** Lic. Class **B** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **AUSTIN** Veh Config. **13** **21**

Operator **GONYA, RACHEL FAY** Owner **LITTLE RIVER RECYCLING INC**

Address **45 CORBIN RD** Address **BX 607**

City **DUDLEY** State **MA** Zip **01571-6240** City **WEBSTER** State **MA** Zip **01570-0607**

Insurance Company **EMPLOYERS MUTUAL CASUALTY** Vehicle Action Prior to Crash **97** **22** Damaged Area Code: **2** **27** **27** **27**

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

Citation # (If Issued) **T2032162** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **6** **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
<b>Operator</b>				<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JOHN BOURGOIN</b>	<b>4 CARTER ST DANIELSON, CT 06239</b>			<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **V70578** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **GMC** Veh Config. **1** **21**

Operator **MAHONEY, ALEX JOSEPH** Owner **KAC INSULATORS INC**

Address **73 THURSTON AVE** Address **204 W HARTFORD AVE**

City **WHITINSVILLE** State **MA** Zip **01588-2107** City **UXBRIDGE** State **MA** Zip **01569-1174**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **3** **27** **27**

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

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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
<b>Operator/Non-Motorist</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

