

Date of Crash **06/17/2020** Time of Crash **1634** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** 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 _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 10
Route# _____ Direction _____ Address # **222** Name of Roadway/Street **NORTH MAIN ST**
Feet **N S E W** of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-85-AC**

4 1 License # _____ St **MA** DOB/Age _____ Reg # **717SR6** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
Operator **WALLEN, DAVID S** Owner **WALLEN, DAVID S**
Address **86 HERITAGE DR** Address **86 HERITAGE DR**
City **WHITINSVILLE** State **MA** Zip **01588-2366** City **WHITINSVILLE** State **MA** Zip **01588-2366**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **8** **27** **10** **27**
Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **35** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) **T2276230** Most Harmful Event **1** **24** Type of Test: **1** **29**
Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **99** **31** Susp. Drug: **99** **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	1	4	0	0	10	1	

7 1 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 **MA** DOB/Age _____ Reg # **3761TB** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
Operator **BOULANGER, ERICA LYNN** Owner **BOULANGER, MICHAEL P**
Address **11 PATTON ST** Address **11 PATTON ST**
City **OXFORD** State **MA** Zip **01540-2733** City **OXFORD** State **MA** Zip **01540-2733**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**
Vehicle Travel Direction: **X** **S** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **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? **1** **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	1	3	0	0	8	1	

