

Date of Crash **11/27/2021** Time of Crash **0916** 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:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ 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 **1** #Occupants Hit/Run Moped Crash Report ID# **21-220-AC**

License # _____ St _____ DOB/Age _____ Reg # **8TP764** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** **21**

Operator **TSOMBAKOS, CARA L** Owner **TSOMBAKOS, MARK ROBERT**

Address **39 CHRISTOPHER DR** Address **39 CHRISTOPHER DR**

City **GRAFTON** State **MA** Zip **01519-1069** City **GRAFTON** State **MA** Zip **01519**

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

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **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 **19** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **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
Operator		See Above	X	X	1	1	3	0	0	10	1

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

License # _____ St _____ DOB/Age _____ Reg # **D63250** Reg Type **TRN** Reg State **MA**

Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2016** Veh Make _____ Veh Config. **8** **21**

Operator **Driverless M.V.** Owner **KWASEK, JOHN**

Address _____ Address **210 SPRAGUE ST**

City _____ State _____ Zip _____ City **NORTHBRIDGE** State **MA** Zip **01534-1030**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **6** **27** **27** **27**

Vehicle Travel Direction: **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 **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		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	X	X	1	99	99	99	99	99	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

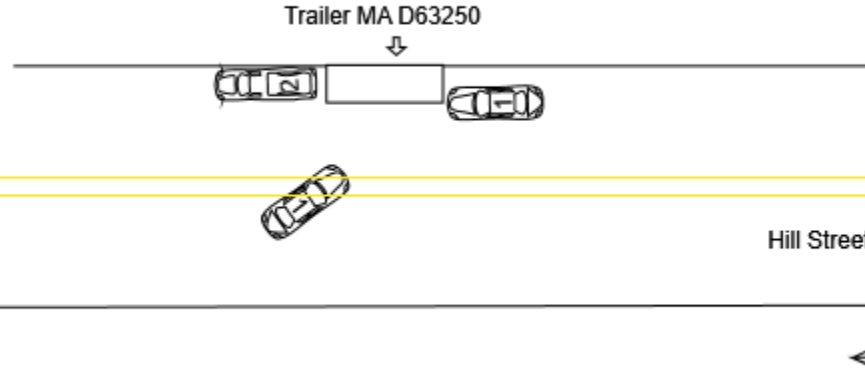
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

If Arrow Points to Arrow



Crash Narrative:

Vehicle #1 was travelling north on Hill St. when the operator admitted to being distracted by changing the radio station and struck a parked trailer on the side of the northbound lane. The trailer was pushed into the truck towing it causing slight damage to it as well. Vehicle #1 spun and came to rest across both lanes of travel.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

DETECTIVE JEFFREY WHITE **JW** **Northbridge Police Department** **11/27/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date