

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|---|------------------------|---|--|--|--|
| Date of Crash 10/17/2020 | | Time of Crash 15:04 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | |
| <div>WEST AUBURN ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH MELROSE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> | | | | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div> | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2000000598 | | | | | |
| License # _____ St _____ DOB/Age _____ | | | | Reg # 2YN328 Reg Type PAN Reg State MA | | | | Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | | | |
| Veh Year 2015 Veh Make TOYOTA Veh Config. 2 | | | | Operator _____ | | | | Owner SCHOFIELD TIMOTHY | | | | | |
| Address _____ | | | | Address 75 CENTRAL ST | | | | City AUBURNDALE State MA Zip 02466 | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 11 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | | Event Sequence 2 22 22 22 22 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 2 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | Underride/Override 25 Towed Y | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Please fill out for operator and all occupants involved | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | Operator See Above | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants | | | | <input type="checkbox"/> Non-Motorist A Type 14 | | Action 15 | | Location 16 | | Condition 17 | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | |
| License # --- St CT DOB/Age --- | | | | Reg # 1HBB14 Reg Type PAN Reg State MA | | | | Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | | |
| Veh Year 2016 Veh Make NISSAN Veh Config. 2 | | | | Operator COOMBES COLIN | | | | Owner COFFEY JENNA | | | | | |
| Address 530 MAIN ST. | | | | Address 72 (apt. 1) ORANGE ST. | | | | City WALTHAM State MA Zip 02453 | | | | | |
| Insurance Company GEICO | | | | Vehicle Action Prior to Crash 10 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | | Event Sequence 2 22 22 22 22 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 2 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 19 24 24 | | | | Underride/Override 25 Towed Y | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Please fill out for operator and all occupants involved | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | Operator/Non-Motorist See Above | | | | | | | | | |
| COFFEY, JENNA | | | | 72 ORANGE ST. (apt 1) WALTHAM, MA 02453 | | | | 1 4 4 0 0 10 1 NONE | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

♀ Pedestrian

THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:

Property Damage:

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

| | | | |
|----------------------|----|----------------------|----|
| Cargo Body Type Code | 37 | Gross Vehicle Weight | 38 |
|----------------------|----|----------------------|----|

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

Hazmat Information:

| | | | | | | | |
|---------|----|--------------------|----|--------------------|-------------------------|--------------|----|
| Placard | 40 | Material 1 digit # | 41 | Material Name_____ | Material 4 digit #_____ | Release code | 42 |
|---------|----|--------------------|----|--------------------|-------------------------|--------------|----|

10/17/2020

Date _____