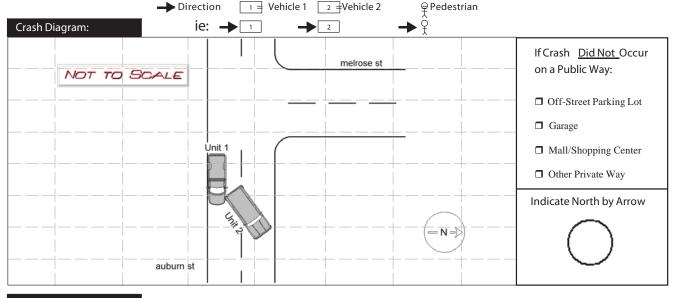
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	5		RM	V Docu	ıment	t Number	
	Date of Crash 10/17/2020	Time of Crash 15:04	City/Tow NEWTON	Motor	Veh	icle Cra	sh	Number			peed Lim		Sta	ate Police ocal Police BTA Police	NA NA
	10/17/2020	24HR				Report		2	0	1~	ongitude		Ot	ther:	
		AT INTER	SECTION:	< I	LOCAT	ΓΙΟN	>		N	OT A	T INT	ERSE	CTI	ON:	2
	WES	T AUBUR	N ST												
1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #			Name of I	Roadwa	y/Stre	et	2 10
	At SOUTH MELROSE ST			t	Feet NSEW of • or						. –				
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number							_			
	Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street						y/Street	·			
2 1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of							3		
3						Landmark								\dashv	
	X Vehicle 1	#Occupants	Hit/Run	Moped Case N	Number		20	00000598	3						
	License#		St	DOB/Age	Reg#	2YN328			Reg	Type_I	PAN	Re	g State		_
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Year 2015 Veh Make TOYOTA Veh Config. 20										
4	Operator	Last	First	Endorsment	Owner SCHOFIELD TIMOTHY Last First Middle							- 1			
1		Operator Last First Middle Address			Address 75 CENTRAL ST Middle										
	CityStateZip			eZip	City AUBURNDALE State MA Zip 02466						02466				
	Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								e)		
5	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency? N	Event	Sequence 2	22 22	22	22	2	3		4		
	Citation # (If I	ssued)			Most F	Harmful Event	2 23			14	_ \	$\langle $	- 1	10 Undercarria	age
	Violation	1: ChSec	Violation 2	2: ChSec	Driver	Contributing Co	ode 1	24	24					11 Totaled	
⁶ 1	Violation	3: ChSec	Violation 4	4: ChSec	Underr	ride/Override	25	Towe	ed Y	0	7		6		
			ntor and all occup			A /DOD	S 5	26 27 Seat Safety	28 Airbag	29 Airbag E	30 31 ject Trap	32 Injury I	33 Transp.	Madical Facility	v 2
	Name (Last First Middle) Address Operator See Above				Age Bob Sex 103. Bystein Status Switch Code Code Status Code				Code	Medical Facility	<u> </u>				
															_
7															
3	Please Select C of the Followi	I A Venicle	2 2 # Occupants	Non-Motorist A Type	e 1	4 Action 1	Loca	ntion	16 C	ondition	17	□ [†]	Hit/Ru	n Mope	ed
			St_CT	DOD/A	Reg # 1HBB14 Reg Type PAN R					D-	g MA		-		
	18 18 19				_						20				
8	1	Departor COOMBES Lic. Restrictions 1 CDL Endorsment COOMBES				Veh Year 2016 Veh Make NISSAN Veh Config. 2 Owner COFFEY JENNA									
⁸ 2	Address 530 M	Last	First	Middle		72 (apt. 1) OF	RANGE		Firs	t		Midd	ile		-
			C4-4	- CT 7:- 06475							Ct-t-	MA	7: (02453	
	City OLD SAYBROOK State CT Zip 06475				City WALTHAM State MA Zip 02453							e)			
	Insurance Company GEICO					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three) Prior t Seguence 22 22 22 22 2 3 4							-/		
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 1 1 10 Under 5 11 Totale									10 Undercarria	age				
									11 Totaled						
			Underride/Override Towed Y							\dashv					
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Safety Pos. Syste	Airbag m Status	Airbag E Switch	30 Trap Code Code	Injury II	Code	Medical Facili	ity
	Operator/	Non-Motorist	72.0	See Above RANGE ST. (apt 1)				1	4	4 (0	10	1	NONE	_
	COFFEY, JENN	NA	I	LTHAM, MA 02453			F 3	1	4	4 0	0	10	1	NONE	
															\dashv



Crash Narrative:

ON 10-17-20 AT APPROX. 1504HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 351 AUBURN ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES HE WAS IN THE CONVENIENCE STORE AT 351 AUBURN ST. WHEN HE WAS TOLD VEHICLE #2 HAD JUST HIT HIS VEHICLE WHILE IT WAS PARKED ACROSS THE STREET FROM 351 AUBURN ST. OWNER STATES VEHICLE #2 WAS BACKING OUT OF THE PARKING STALL AT 351 AUBURN ST. HIT HIS VEHICLE AND DROVE AWAY. OWNER WHISTLED TO VEHICLE #2 AND HE RETURNED TO THE SCENE. DRIVER OF VEHICLE #2 STATED HE WAS BACKING OUT OF THE PARKING STALL IN FRONT OF 351 AUBURN ST. HE INTENDED TO TRAVEL W-BOUND ON AUBURN ST. HE STATES A VEHICLE TRAVELING WEST ON AUBURN HAD STOPPED ABRUPTLY WHILE HE WAS BACKING AND HE WAS UNABLE TO MANEUVER HIS VEHICLE TO TRAVEL WEST SO HE CHOSE INSTEAD TO TRAVEL EAST. WHILE BACKING, HIS VEHICLES REAR RIGHT BUMPER HAD HIT VEHICLE #1 FRONT LEFT SIDE QTR. PANEL CAUSING DAMAGE. DRIVER OF VEHICLE #2 STATES HE

Witnesses:
Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 34-Type Description of Damaged Property

Description of Damaged Property

Truck and Bus Information: Registration #	35
Carrier Name	Carrier Issuing Authority Code
Address	City St Zip
US DOT #: State Number	Issuing State ICC #: Interstate 36
Cargo Body Type Code Gross Vehicle Weight 38	39
Trailer Reg #: Reg Type Reg State _	
Hazmat Information:	
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit # Release code 42

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

-	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
					If Crash <u>Dia</u> on a Public	d Not_Occur Way:
					☐ Off-Street	Parking Lot
					☐ Garage	
	- — — — — —				☐ Mall/Shop	oning Center
	_				Other Priv	
	 				Indicate Nor	
Crash Narrative:						
NEVER FELT THE CRASH AND T	HE VEHICLE SENS	SORS NEVER SO	OUNDED. VEHIC	LE #1 HAD I	LEFT FT. QTR. PANEL D	AMAGE.
VEHICLE #2 HAD RIGHT REAR	BUMPER DAMAGE.	ALL PARTIES	REPORTED NO	INJURIES. A	ALL PARTIES ADVISED T	O CONTACT
THEIR INSURANCE COMPANIES.	CLEARED WITHOU	JT FURTHER IN	NCIDENT.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:					'	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	erty
Truck and Bus Information:	D 1			71:1 (2 -2:)		
Carrier Name	Registration #		(From \		Carrier Issuing Autho	rity Code
			City		_	Cip
US DOT #:						36
37		38	Issuing State	ICC #:	Interst	ate
	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information: 40	41					42
Placard Material 1 digit #	# Material Na	ame		Material 4 d	ligit # Release	code
THOMAS P WALSH				EWTON POLICE DEPARTM		10/17/2020
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date