

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 03/12/2021		Time of Crash 15:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 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:						9				
CENTRAL ST												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number												
GROVE ST																
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11				
Also at Intersection with				Route# Intersecting Roadway/Street								6				
Route# Direction Name of Intersecting Roadway/Street				Landmark												
99				<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000177						
License # --- St MA DOB/Age ---				Reg # 1XSE76 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2020 Veh Make HONDA Veh Config. 1 20												
Operator COLINDRES DIEGO DANIEL				Owner HONDA LEASE TRU!									12			
Address 109 CENTRAL ST				Address 600 KELLY WAY												
City NEWTON State MA Zip 02466				City HOLYOKE State MA Zip 01040												
Insurance Company GEICO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 3 22 99 22 22 22				2 3 4								
Citation # (If Issued)				Most Harmful Event 3 23				1 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6								
Please fill out for operator and all occupants involved													13			
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility																
Operator See Above				-----												
7 3				Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type 1 14		Action 2 15		Location 4 16		Condition 99 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---				Reg # _____ Reg Type _____ Reg State _____												
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Year _____ Veh Make _____ Veh Config. 20												
Operator COFFIN RACHEL				Owner _____												
Address 18 ISAAC DAVIS RD				Address _____												
City CONCORD State MA Zip 01742				City _____ State _____ Zip _____												
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4								
Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6								
Please fill out for operator and all occupants involved																
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility																
Operator/Non-Motorist See Above				-----				9 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Grove St

16/18 Grove St

Central St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator Diego Colindres states he was stopped at the stop sign located on Central St westbound at Grove St. As he proceeded through the sign to drive onto Grove St, a female jogger ran out into the street from the sidewalk in front of 16 Grove. Colindres reports he did not see the jogger until his front bumper made contact with the jogger's leg, which in turn knocked her to the ground. The jogger then got up, said she was ok, and tried to continue on her way. Colindres asked her to stay on scene and wait for emergency personnel, to which she obliged. It should be noted that there are bushes located in front of 16 Grove St which substantially hinder the view of the sidewalk for vehicles approaching Grove from Central.

Jogger Rachel Coffin confirmed that she was crossing Central St heading southbound on Grove St when she was hit by vehicle #1. Coffin was not sure if she stopped prior to crossing

(Continued on next page)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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 Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KELEIGH N DONAHUE

NEWTON POLICE DEPT

03/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

