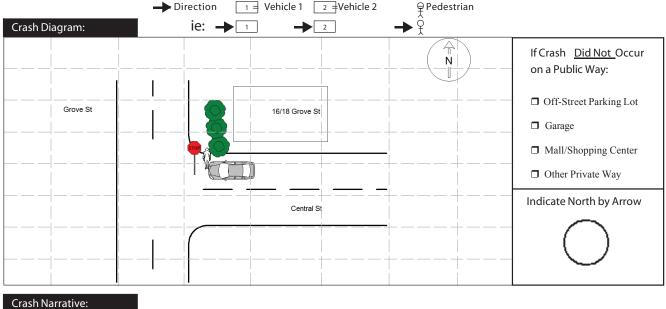
| | Poli | ice Use Only | | Commonwea | lth o | of Mass | ach | usetts | 5 | | RMV | Docume | ent Number | |
|--------------------------------------|---|--------------------------------|----------------------|-------------------------------|---|---|---------------------------|---------------------------------|----------------------------|----------|--------------------------|---------------------------|---|---------------|
| | Date of Crash 03/12/2021 | Time of Crash 15:53 24HR | NEWTON | 1410101 | | icle Cra Report | sh | Number Vehicles | | Latit | d Limit ude gitude | 25 | State Police Local Police MBTA Police Other: | NA NA |
| | | | RSECTION: | | LOCAT | | > | | NO | ГАТ | INTE | RSEC' | TION: | |
| | | CENTR | AL ST | | | | | | | | | | | 2 |
| $egin{bmatrix} 1 \\ 1 \end{bmatrix}$ | Route# Direc | tion | | oadway/Street | | Route# Direction | on A | ddress # | | Nar | ne of Ro | oadway/S | treet | $ 2^{10}$ |
| | At GROVE ST | | | | Feet NSEW of or | | | | | | | _ 4 | | |
| | Route# Direc | etion N | Name of Intersecting | | | Fact 5 | N S E | Twc | Mile I | Marker | | | Exit Number | - |
| | | | Also at Interse | ction with | - | | | | Route | - I | ntersecti | ing Roadv | way/Street | 6 |
| ² 1 | Route# Direc | tion | Name of Intersecti | ng Roadway/Street | - | Feet | N S E | w of | | | T | dmark | | $ \frac{6}{}$ |
| 3 | W Validate | 1 #0 | DII:t/Dan | D.Wanad | | | | | | | Lanc | amark | | 7 |
| 99 | Venicie | #Occupants | _ | Moped Case N | Number | | 2 | 10000017 | 7 | | | | | 4 |
| | License# | 18 1 | St MA | DOB/Age | | 1XSE76 | | | | pe_PAN | 1 | Reg St | tate MA | - |
| | Sex_M_ Lic. | | Lic. Restrictions | 1 CDL Endorsment DANIEL | | ear_2020 | | | IONDA | | | Veh Conf | fig. 1 | |
| ⁴ 2 | Operator COI Address 109 C | | DIEGO | Middle | | HONDA LEA | | Ut | First | | | Middle | | - 1 |
| | Address 107 City NEWTO: | | G | MA 7: 02466 | Address 600 KELLYWAY City HOLYOKE State MA Zip 01040 | | | | | | | | - | |
| | Insurance Com | | State | 2MA Zip 02466 | | e Action Prior to | o Crash | | 21 I | | | | rcle Up to Thre | ee) |
| 5 | 1 | Direction: N | S E W Respon | nding to Emergency? N | | | 22 99 2 | | 22 2 | | 3 | | • | |
| 1 | Citation # (If I | | z z X | iding to Emergency: | | Harmful Event | 3 23 | | | | \\ | 4) | 10 Undercarr | iage |
| | ` | 1: Ch Sec | violation 2 | : ChSec | | Contributing C | | 99 24 | 24 | ← | 9 |) ! | 5 11 Totaled | |
| ⁶ 1 | Violation | 3: ChSec | Violation 4 | : ChSec | Underr | ide/Override | 25 | Tow | ed N 8 | | 7 | <u> </u> | 5 | |
| | Please fill out for operator and all occupants involved | | | | | 26 27 28 29 30 31 32 33 35 35 36 36 36 36 36 | | | | | | fy 3 | | |
| | Operator | st Middle) | | Address See Above | | Age/DOB | | 1 | 4 99 | | Code 3 | 10 1 | Medicai Facili | <u>,y</u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | _ |
| ⁷ 3 | Please Select C of the Followi | Vehicle | e# Occupants | X Non-Motorist A Typ | e 1 | 4 Action 2 | 15 Loc | eation 4 | 16 Conc | ition g | 17 | Hit/ | Run Mop | ed |
| | License# St DOB/Age | | | | Reg # Reg Type Reg State | | | | | | | 7 | | |
| | Sex_F Lic. Class 18 18 Lic. Restrictions 19 CDL | | | | Veh YearVeh MakeVeh Config. | | | | | | | | | |
| ⁸ 1 | Operator COFFIN RACHEL Endorsment | | | Owner Last First Middle | | | | | | | - | | | |
| 1 | | | | | | | Last First Middle Address | | | | | | | - |
| | City CONCORD State MA Zip 01742 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? | | | | | CityStateZip | | | | | | | - | |
| | | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 | | | | | | | e) | |
| | | | | | | | | | | | | | ingo | |
| Citation # (If Issued) | | | | | Most Harmful Event 23 10 Undercarriage 5 11 Totaled | | | | | | | age | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 7 6 | | | | | | | | |
| | | | ec Violation | | Underr | ride/Override | | Towe | d | 9 30 | 31 | 32 3 | 3 | \dashv |
| | Name (Last Fi | irst Middle) | operator and all o | ccupants involved Address | | Age/DOB | Sex | 26 Seat Safety Pos. Syste | Airbag Airb m Status Sw | ag Eject | 31 Trap Ir Code | njury Trans Status Cod | sp. | ity |
| | Operator/ | Non-Motorist | | See Above | | | | | | | ! | 9 1 | | \dashv |
| | | | | | | | | | | | | | | \dashv |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



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

| (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 # | | | 35 |
| | Registration # | | | Carrier Issuing Authority Code 35 |
| Carrier Name | | | | Carrier Issuing Authority Code St Zip |
| Carrier NameAddress | | City | | Carrier Issuing Authority Code St Zip |
| Carrier NameAddressUS DOT #: | | City | | Carrier Issuing Authority Code St Zip Interstate 36 |
| Carrier NameAddressUS DOT #: | State Number38 | City Issuing State | ICC#:_ | Carrier Issuing Authority Code St Zip Interstate 36 |
| Carrier Name | State Number ross Vehicle Weight 38 | City Issuing State | ICC#:_ | Carrier Issuing Authority Code St Zip Interstate 36 |
| Carrier Name | State Number ross Vehicle Weight Reg State | City Issuing State Reg Year | ICC #:_ Tr | Carrier Issuing Authority Code St Zip Interstate 36 |

| - | Direction 1 = | Vehicle 1 | vehicle 2 | ₽ Pedestrian | |
|------------------------------------|-------------------|---------------------------------------|----------------|----------------------|---|
| Crash Diagram: | ie: → 1 | → [2 | 2 → | ₽ ĝ | |
| | | | | | If Crash <u>Did Not</u> Occur on a Public Way: |
| | | | | | ☐ Off-Street Parking Lot |
| | | | | | ☐ Garage |
| | | | | | ☐ Mall/Shopping Center |
| | | | | | Other Private Way |
| | | + | | | Indicate North by Arrow |
| _ | _ | | | | |
| | | | | | |
| Crash Narrative: | | | | | |
| the street, and did not se | e the vehicle un | til contact | was made. She | does recall that | at the vehicle was |
| traveling at a slow rate | of speed when she | e was struc | k. Coffin's a | tire consisted | of dark colored shorts, a |
| navy t-shirt, and white sn | eakers. | | | | |
| I observed a light red are | a on Coffin's ou | ter left th | igh consistent | with the height | t of vehicle #1's front |
| bumper. She was tended to | by the medics and | d declined | transport, rep | peatedly saying | that she just wanted to get |
| back to school (Lasell) an | d do her homewor | k. Due to C | offin's uncoop | perativeness and | multiple requests to |
| leave the scene, pictures | of her minor inj | ury were no | t taken. | | |
| There was no visible damag | e to vehicle #1. | Traffic re | sponded, howev | ver Coffin wished | d to leave prior to |
| arrival. | | | | | |
| | | | | | |
| Witnesses: | | A -l -l | | | Discuss II |
| Name (Last, First, Middle) | | Address | | | Phone # Statement |
| | | | | | |
| | | | | | |
| Property Damage: | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type Description | n of Damaged Property |
| | | | | | |
| | | | | | |
| Truck and Bus Information: | Registration # | | (From Veh | icle Section) | |
| Carrier Name | | | (170111 7 611 | , | Carrier Issuing Authority Code 35 |
| Address | | | City | | St Zip |
| US DOT #: | State Number | | Issuing State | ICC#: | Interstate 36 |
| Cargo Body Type Code Grow | ss Vehicle Weight | 38 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trailer Length | 39 |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # | Material Nam | e | | _ Material 4 digit # | Release code 42 |
| KELEIGH N DONAHUE | | · · · · · · · · · · · · · · · · · · · | NEWT | ON POLICE DEPARTN | 03/12/2021 |
| Police Officer Name (Please Print) | Signature | | | | ecinct/Barracks Date |