

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/22/2021		Time of Crash 14:49 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><div>NORTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>JEFFERSON 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>				<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>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000975							
License # --- St CZ DOB/Age ---				Reg # 2EDP45 Reg Type PAN Reg State MA									
Sex F Lic. Class C 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2004 Veh Make HONDA Veh Config. 1 20									
Operator SCHAYE REBECCA				Owner SCHAYE ANLEE									
Address 2007 12TH AVE				Address 93 OXFORD RD									
City OAKLAND State CA Zip 94606				City NEWTON State MA Zip 02459									
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				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 Y				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 See Above				1 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # S92744 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make INTERNATIONAL Veh Config. 8 20									
Operator ROLLINS JACOB J				Owner PATRIOT EQUIPMEN									
Address 7 KEENE LN				Address 16 INDUSTRIAL WAY									
City BRIDGEWATER State MA Zip 02333				City HANOVER State MA Zip 02339									
Insurance Company FEDERATED MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				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				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				1 4 99 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

PEARL ST

JEFFERSON ST

CENTRE ST

Unit 2

Unit 1

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:

On November 22nd, 2021 at approximately 14:49 hours while working N491 I responded to the intersection of Centre St @ Jefferson St for a MV crash.

On my arrival I located one of the two involved vehicles. The other vehicle had moved further down the road into a parking lot due the vehicle being a large dump truck with a trailer attached.

Vehicle #1 with heavy drivers side damage was a 2004 blue Honda civic, Ma reg.2EDP45, operated by a Rebecca Schaye. She stated she was going N/B on Centre St by Jefferson St when vehicle #2 which was a large Truck struck her vehicle. The Truck was on her left side travelling same direction.

Vehicle #2 was a 2016 International 4000 dump Ma commercial plate S92744, operated by a Jacob Rollins. He stated he was travelling N/B on Centre St lane closest to the yellow lane in the middle of road when he heard

(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 # S92744 (From Vehicle Section)

Carrier Name PATRIOT EQUIPMENT CORP Carrier Issuing Authority Code 35

Address 16 INDUSTRIAL WAY City HANOVER St Zip 02339

US DOT #: State Number Issuing State MASSA ICC #: Interstate 2 36

Cargo Body Type Code 8 37 Gross Vehicle Weight 2 38

Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42

THOMAS J MCCARTHY NEWTON POLICE DEPT 11/23/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

