

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/23/2019		Time of Crash 09:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:							
<div><div>SOUTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>RTE 9 RAMP</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 1900001080					
License # --- St MA DOB/Age ---				Reg # 2HBL81 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make MERZ Veh Config. 1 20									
Operator VANIDERSTINE LAUREN Last First Middle				Owner (Same as operator) Last First Middle									
Address 6 U ST				Address									
City HULL State MA Zip 02045				City State Zip									
Insurance Company HANOVER				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23				<div><div>10 Undercarriage</div><div>5 11 Totaled</div></div>					
Citation # (If Issued)				Driver Contributing Code 1 24 24									
Violation 1: Ch Sec Violation 2: Ch Sec				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		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 4 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # 419MD3 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2008 Veh Make LEXUS Veh Config. 2 20									
Operator KOLMAN PAMELA Last First Middle				Owner (Same as operator) Last First Middle									
Address 90 RUANE RD				Address									
City NEWTON State MA Zip 02465				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23				<div><div>10 Undercarriage</div><div>5 11 Totaled</div></div>					
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Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed Y									
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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 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Rte 9 W/B Ramp Unit 1 Unit 2 Chestnut 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:

Pamela Kolman (vehicle #2) was stopped at the stop sign on Chestnut St at the Rte 9 off Ramp. Pamela states that she went to go through the intersection and vehicle #1 struck her vehicle. Pamela stated that she pulled over out of the intersection and vehicle #1 kept going. Pamela did not get the plate of vehicle #1. No injuries no tows.

Update: at approx 1145 hrs Lauren Vaniderstine came to NHQ to report a hit and run accident. Lauren state that she was involved in this accident and states that vehicle #2 continued through the intersection on Chestnut St. Lauren got out of her vehicle and saw she had damage to the right rear of her car. Lauren did not see vehicle #2 pulled over up the road. Lauren went to her doctors appointment and then came to file a report. I gave Lauren vehicle #2 info. I went by driver #2 house and gave her Laurens info. Both parties

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 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

STEPHEN T COTTENS

NEWTON POLICE DEPART

10/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

[illegible]

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

STEPHEN T COTTENS			NEWTON POLICE DEPARTM		10/23/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					