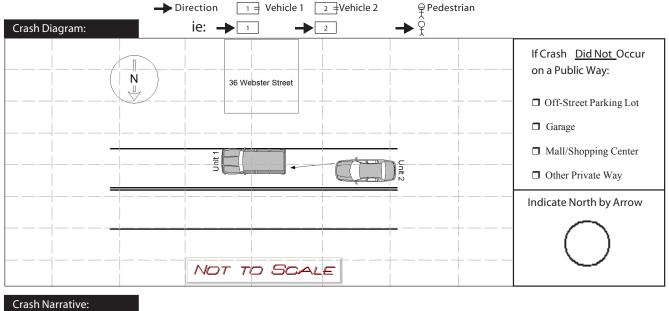
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N E W of Mile Marker Feet N E W of Route# Intersecting Roadway/Street		Poli	ice Use Only		Commonwea	lth o	f Massa	achus	setts			RMY	V Docur	ment Number	
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Rouse Direction Name of Intersecting Readway/Stored Feet N S E W of							Feet [N S E W	of -	Mile	• Marker	· —	or	Exit Number	-
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License # St. DOB/Age Reg # 4F5741 Reg Type PAN Reg State MA Veh Config. 1 20	3	Route# Direc	tion	Name of Intersec	cting Roadway/Street	Landmark									4
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Sex_Lic. Class Lic. Restrictions CDL Veh Year 2011 Veh Make HYUNDAI Veh Config 1		License#	10			Reg#_	1FS741			_Reg T	ype_PA	N	Reg		_
Owner KOOLMAN KELCEY Address 95 (pp.1.) BRIDGE STREET City S59 City S59 State MA Zip 02458 Insurance Company IM GENERAL Vehicle Travel Direction: NS XW Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 23 3 Citation of (I Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Please fill out for operator and all occupants involved Name: (Last First Middle) Sec Above Please fill out for operator and all occupants involved Sec Above Non-Motorist A Type Address See Above Please fill out for operator and all occupants involved Sec Above Non-Motorist A Type Address See Above Agencia See Type PAN Reg State MA City Walfartown State See Type PAN Reg State MA Address See BLIMONT ST (apt. 2) Address See BLIMONT ST (apt. 2) Address See BLIMONT ST (apt. 2) Address See Violation 2: Ch Sec Underride Override Vehicle Action Prior to Crash In Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash In Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash In Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash In Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREMOST INS COMPANY Vehicle Action Prior to Crash Insurance Company FOREM		Sex Lic.			s CDL						I		_Veh Co		
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Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above 1 Please Select One of the Following: Operator See Above Name (Last First Middle) Operator See Above Non-Motorist A Type 14 Action 15 Location 16 Condition 17		`	/		2: Ch Sec		L		24	24	+	9	<u> </u>	11 Totaled	
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Vehicle Travel Direction: N S N W Responding to Emergency? N Event Sequence 2 22 23 10 Undercarriage Citation # (If Issued)						venicle Action Phot to Clash 1								ree)	
Violation 1: ChSec Violation 2: ChSec Underride/Override							Event Sequence 2 2 2 2 2 10 Undercarriage								riage
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Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Age/DOB Sex Age/DOB Age/DOB Sex Age/DOB Age/		l		Driver Contributing Code 99											
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						Onderr	iuc/Override [2			29 30 bag Fian	31 Tran	32 Injury IT-	33	
Operator/Non-violotist See Above 99 4 99 0 99 10 1 14/A		Name (Last Fi	rst Middle)	1	Address				s. System	Status Sv	vitch Coc	de Code	Status C	Code Medical Fac	ility
		Operator/	TNOII-IVIOIOTISI		Sec Auove				99	4 9	9 0	99	10 1	iya	



Vehicle 1 was legally parked facing east on the eastbound side of Webster Street. The owner of vehicle 1 states she heard a loud crash and thought someone may have struck her vehicles mirror. The owner of vehicle 1 went outside and saw substantial damage to the rear and left side of her vehicle and a left rear flat tire. Approx 10 min passed between hearing the crashing sound and calling the police. Based on the direction of debris it was determined motor vehicle 2 most likely continued east on Webster. I checked the surrounding area with negative results. Vehicle 2 would have damage to the front and right side. No

identifiable debris from vehicle 2 was left at the scene. Vehicle 1 was pulled into the driveway at this										
address to await a tire change.										
UPDATE:										
(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)				Phone #	:	Statement				
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property				
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35			
Carrier Name					Carrier Issu	ing Authority Code	;			
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	Tr	railer Length 39					
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42							42			

ALLAN L CICCONE, III			NEWTON POLICE DEPARTA		04/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 🗆	→ [2	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					Garage	
		į į	į	į	☐ Mall/Shopping C	enter
	- — — — — —	+		+	Other Private Wa	
					Indicate North by A	Arrow
					()	
		 		+		
Crash Narrative:						
On Monday 4/19/2021 at app:	rox 1330hrs, w	hile assigned	to N493, the	owner and	d operator of MV2, Ian Sot	oloff,
came into the Newton Police	e station to re	eport that he	was involved	in the ac	ccident at 36 Webster St o	n
Saturday 4/17/2021.						
Sotoloff states that he did	d not remain a	t the scene o	of the accident	because	he suffers from anxiety.	He said
he was coming from work in	Natick.					
MV2 and operator information	on has been up	dated.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						-
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				71		
			1			
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority Cod	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
37	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:	5 7					
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4 d	ligit # Release code	42
ALLAN I CICCONF III				N POLICE DEPARTA	04/18/2	2021

CDP1 11 ·24·00

Police Officer Name (Please Print)