

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/03/2019	Time of Crash 22:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			WEST 27 PARSONS ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001246	
License # St DOB/Age			Reg # 4KZR90			Reg Type PAN			Reg State MA	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year 2019			Veh Make CHEVORLET			Veh Config. 1 20	
Operator Last First Middle			Owner RIZZA MARC P			Address 18 BEVERLEY ST				
City State Zip			City NEWTON			State MA Zip 02451				
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----							
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 # 747MJ4			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL			Veh Year 2001			Veh Make DODGE			Veh Config. 1 20	
Operator TIMMINS JEFFREY M			Owner HODGES DONALD M			Address 24 WAMPUM AVE				
Address 28 PARSONS ST			City WALTHAM			State MA Zip 02453				
City W NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 97 21			Damaged Area Code: (Circle Up to Three)				
Insurance Company COMMERCE INSURANCE			Event Sequence 1 22 22 22 22			10 Undercarriage				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 1 23			5 11 Totaled				
Citation # (If Issued)			Driver Contributing Code 18 24 5 24							
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed N							
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/Non-Motorist See Above			-----			1 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 2
P.O.I.
Unit 1
27 Parsons St

NOT TO SCALE

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 Wednesday, 12/4/2019, at approximately 2045 hours, Ofc Helms and I responded to a past hit and run at 27 Parsons St.

Upon arrival, I spoke with the owner of MV 1 (Marc Rizza) who stated that he noticed damage to the left rear of his vehicle today when he came back from vacation to pick up his car. MV 1 was parked in the driveway of 27 Parsons St, (the brother in law of the vehicle owner). He further stated that he believed a plow may have struck his car when it was plowing the driveway after or during the last snow storm. Yellow streaks were visibly seen on the left rear bumper consistent with the damage. The owner of MV 1 further stated that he believed the house across the street, 28 Parsons St is the person that usually plows the driveway.

(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

♀ Pedestrian

I advised both parties with an accident report number. No tows required or reported injuries by either party.

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CDP1 11 -24:00