

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/14/2021	Time of Crash 16:17 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
<b>SOUTH ADAMS ST</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____			
<b>WEST JONES CT</b>										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number <u>2100000180</u>	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>EV957L</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2018</u> Veh Make <u>TESLA</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2018</u> Veh Make <u>TESLA</u> Veh Config. <u>1</u> <u>20</u>			Owner (Same as operator)				
Operator <u>ZHANG</u> <u>XIN</u>			Address _____			City _____ State _____ Zip _____				
Address <u>72 GODDARD ST</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>				
Insurance Company <u>GEICO</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>				
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				
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			-----			-----	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>JBE2636</u> Reg Type <u>PAN</u> Reg State <u>NY</u>			Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>20</u>			Owner <u>HERTZ VEHICLES</u>				
Operator <u>GIANNETTI</u> <u>MICHAEL</u> <u>JOHN</u>			Address _____			City <u>PT NEWARK</u> State <u>NJ</u> Zip <u>07114</u>				
Address <u>225 GEORGETOWNE DRIVE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
City <u>BOSTON</u> State <u>MA</u> Zip <u>02136</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>				
Insurance Company <u>ACE AMERICAN</u>			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>				
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Citation # (If Issued) <u>933958AA</u>			Violation 1: Ch <u>90/24/C</u> Sec _____ Violation 2: Ch _____ Sec _____				
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			-----			-----	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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 Sunday, March 14th 2021, at approximately 4:15pm, I, Officer Brooks, responded to the front desk of the police station for a report of a past hit and run. I spoke with the operator of MV1(MA EV957L), who stated she was rear ended on Adams street, in the area of Jones Court, at approximately 3:15pm. MV2(NY JBE2636) fled the scene after the accident.

MV1 sustained damage to the passenger side rear end. MV2 was a rental from Hertz, and attempts to contact them to identify the renter were not successful. There were no injuries reported.

On Monday, March 15, 2021, I contacted Hertz rental company via e-mail in an attempt to identify the party operating the rental vehicle that left the scene of this crash. Hertz Corporate Security and Safety

(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:**

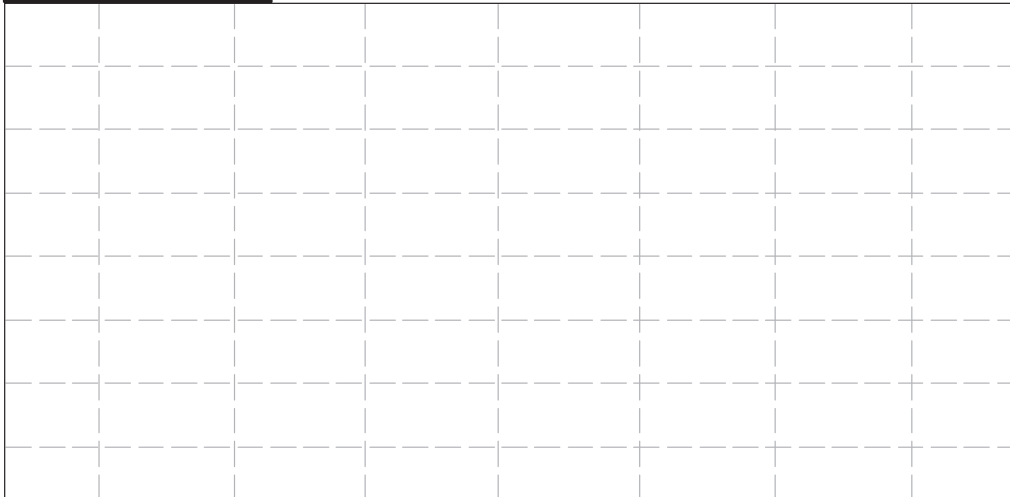
Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	03/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

→ Direction ☐ 1 Vehicle 1 ☐ 2 Vehicle 2  Pedestrian

ie: → ☐ 1 → ☐ 2 → 

#### Crash Diagram:



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:

Manager Mr. Robert Irwin was able to provide me with contact information for Mr. Michael Giannetti (S38856696). Mr. Giannetti's rental agreement lists him as being the rentee of the involved 2019 Chevrolet Cruze (NY: JBE2636).

I spoke with Mr. Giannetti via telephone. Mr. Giannetti acknowledged being involved in the crash with MV1 (MA: EV957L). Mr. Giannetti stated he was traveling down Adams Street when MV1 backed out of a driveway in front of him. Mr. Giannetti stated he attempted to drive around MV1, but was unsuccessful. Mr. Giannetti stated MV1 backed into his front passenger fender area. Mr. Giannetti stated as a result of the crash his vehicle sustained a flat tire to the front passenger side. Mr. Giannetti stated he left the area and then circled back around for the other vehicle but could not find it. Mr. Giannetti stated because of

(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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

03/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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:

the flat tire he continued to a nearby gas station to try and get the flat tire repaired. Mr. Giannetti stated he could not get the flat fixed at this time and arranged for alternate transportation.

Mr. Giannetti stated he contacted Hertz today to make them aware of the damage. Mr Giannetti stated Hertz notified him that Newton PD had called and made an inquiry about his vehicle being involved in a crash.

Mr. Giannetti stated he was going to contact Newton PD at some point today to let them know about the crash.

I spoke with the operator of MV1, Ms. Xin Zhang. Ms. Zhang stated the operator of MV2 rear ended her on Adams Street and refused to pull over and exchange information. Ms. Zhang stated she followed MV2 from Adams Street to West Newton Square and lost sight of MV2 near the Newton Police HQ (1321 Washington

(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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

03/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

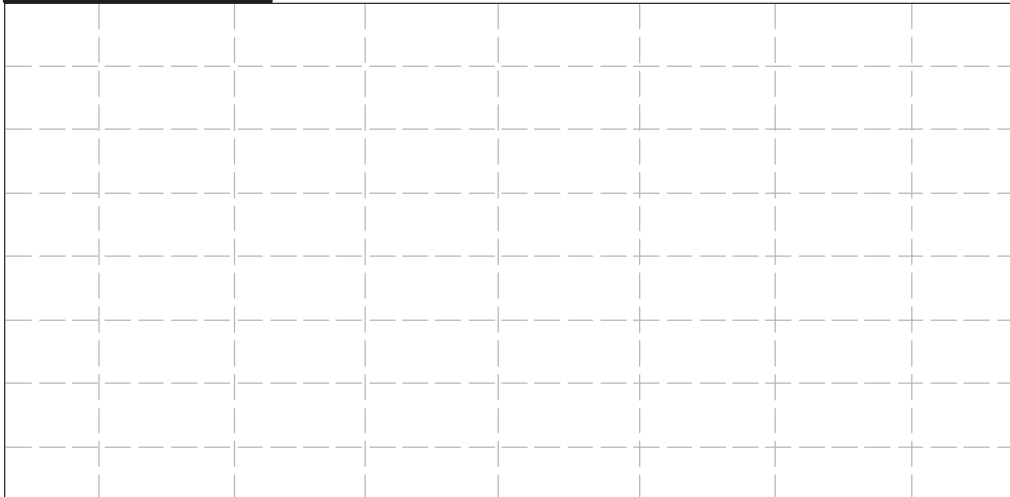
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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:

Street). Ms. Zhang stated she was able to take a picture of the vehicle's license plate while she followed it. Ms. Zhang stated her vehicle sustained moderate damage as a result of the crash.

After speaking with all involved parties, Mr. Giannetti will be cited and mailed Massachusetts Uniform Citation 933958AA for Chapter 90, Section 24 (C) (Leaving the Scene of Property Damage, MV).

Adams Street is a public way maintained by the City of Newton. Mr. Giannetti's information has been added to this report to reflect him as the operator of MV2.

#### 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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

03/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date