

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>		
	24HR								Latitude	Local Police	<input type="checkbox"/>		
									Longitude	MBTA Police	<input type="checkbox"/>		
										Other:	<input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10	
At			Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11	
Also at Intersection with			Feet N S E W of				Landmark						
Route# Direction Name of Intersecting Roadway/Street													
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # St DOB/Age			Reg # Reg Type Reg State										
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20										
Endorsment			Owner Last First Middle									12	
Operator Last First Middle			Address										
City State Zip			City State Zip										
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4							
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage							
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6							
Please fill out for operator and all occupants involved			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						13	
Operator See Above			-----			---							
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 99 Condition 17 1			<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State										
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20										
Endorsment			Owner Last First Middle										
Operator DRAGONETTI SCOTT			Address										
Last First Middle			City ALEXANDRIA State VA Zip 22304										
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4							
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Please fill out for operator and all occupants involved			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			-----			---							

Crash Diagram:

ie: → 1 → 2 → Pedestrian

Vehicle 1: Unknown
Vehicle 2: Dragonetti

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

N

Crash Narrative:

On 4/24/2021 at approx 0756 I responded to NWH west parking lot for a report of a past hit and run. Upon arrival i was met by reporting party , Scott Dragonetti who stated he and his wife Jennifer Dragonetti had parked their car on Wednesday 4/21/2021 at approx 1315hrs to go have their baby. Upon returning to the car today Scott found front left damage to his car consistent with somebody backing out of the space next to him. The car had minor creasing and white paint transfer on the front left with damage to the lens covers. NWH security stated to Scott they would check for security footage and relay advise if they found anything. Scott was contacted by NWH security on 4/25/2021 that they had footage of the hit and run. I contacted NWH upon my return to work on 4/27/2021 and left a message with NWH Security to forward the footage to my work email.

(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

JO A GOURDEAU

Newton Police Department

04/24/2021

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

CDP1 11 24:00

Crash Narrative:

Traffic Bureau update (Officer Gaudet): On Friday, April 30, 2021 I responded to Newton Wellesley Hospital to try and retrieve the surveillance footage they have capturing the crash. Security Staff there stated there was a miscommunication and they actually do not have any footage of the crash. At this time, there is no information on the vehicle that left the scene.

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

JO A GOURDEAU			NEWTON POLICE DEPT#3		04/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					