

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/07/2022		Time of Crash 11:10 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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 949 CHESTNUT ST		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000495			4
License # --- St MA DOB/Age ---				Reg # V65212		Reg Type CON		Reg State MA		20			12
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017		Veh Make DODGE		Veh Config. 2					
Operator ODIERNO CHRISTOPHER J				Owner DL PETERS TRUST		Last First Middle		Address 940 RIDGEBROOK RD					
Address 98 CAUSEWAY ST				City HUDSON		State MA Zip 01749		City SPARKS		State MD Zip 21152			
Insurance Company TRAVELERS INDEMNITY				Vehicle Action Prior to Crash 11 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 3 4		10 Undercarriage		5 11 Totaled			
Citation # (If Issued) _____				Most Harmful Event 1 23		1 24 24		8 9 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		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								13	
Operator				See Above		-----		---		1 4 4 0 0 10 1		2	
7				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 # 78N210		Reg Type PAN		Reg State MA		20			
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011		Veh Make GMC		Veh Config. 2					
Operator ROONEY THOMAS JAMES				Owner (Same as operator)		Last First Middle		Address _____					
Address 19 JASSET ST				City NEWTON		State MA Zip 02458		City _____		State _____ Zip _____			
Insurance Company PROGRESSIVE				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 2 22 22 22 22		2 3 4		10 Undercarriage		5 11 Totaled			
Citation # (If Issued) _____				Most Harmful Event 2 23		19 24 24		8 9 7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		Underride/Override 25 Towed N							
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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								13	
Operator/Non-Motorist				See Above		-----		---		99 4 4 0 0 10 1		2	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

949 Chestnut St 947 Chestnut St

V65212 78N210 78N210

→ N →

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 Tuesday 6/7/22 at approximately 1110 hours while assigned to marked unit n498 I was dispatched to the area of 949 Chestnut Street for a past Hit & Run motor vehicle crash.

Upon arrival I spoke with operator, ODIERNO Christopher, of motor vehicle #1 (V65212) who states he was parked in his National Grid company vehicle on the side of the road in front of 949 Chestnut Street. This area of Chestnut Street is narrow, so ODIERNO parked his vehicle in such a way that his vehicle was straddling the sidewalk as to not obstruct traffic. ODIERNO states his mirrors were folded in until he sat in the drivers seat of the vehicle and unfolded his drivers side mirror. He states moments after unfolding the mirror his mirror was struck by motor vehicle #2 breaking the mirror.

Upon my arrival the operator of motor vehicle #2 had already left the scene, but did leave his information

(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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPT 06/07/2022

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

CDP1 11 -24:00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

with ODIERNO. The operator of motor vehicle #2 is identified as, ROONEY Thomas. His vehicle is mass reg 78N210 a 2011 Blue GMC Sierra pick up truck. Unknown if there was any damage to the GMC Sierra.

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placa

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPARTMENT

06/07/2022

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____