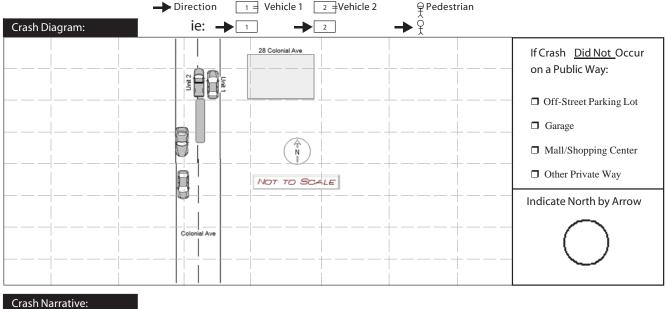
License # — St MA DOB/Age — — Reg # 9WM464 Reg Type PAN Reg State MA Sex M Lic. Class D		Poli	ice Use Only		Commo	onweal	th o	of Mass	ach	use	etts			RM	V Doc	cumen	t Number		
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Source Direction   Name of Roadway/Street   Source Direction   Address \$   Name of Roadway/Street   Precision   Name of Intersecting Roadway/Street   Precision   Name of Roadway/Street   Precis		0407/2017														O	ther:		
Route   Direction   Name of Intersecting Roadway/Street   Rough   Direction   Name of Intersecting Roadway/Street   Allows   Free   N   E   W   of   Mile Marker   Testa Nameber			AT INTE	RSECTION:		< L	OCAT	ΓΙΟΝ	>			NO	T A	T INT	ERS	ECT	ION:	_	
Fort   NS   E   W   of   Mile Marker   OF   Exist Number								NORTH	ı 2	8		COL	ONIAL	AVE					_
For   N   S   E   W   of   Mine Marker   OF   Exist Number	1	Route# Direc	tion	Name o	<u>-</u>			Route# Direction	on A	Addres	s #		]	Name of	Roadw	ay/Stre	eet		_
Routed   Direction   Name of Intersecting Roadway/Street   Foot   N   N   W   of   Routed   Intersecting Roadway/Street   Foot   N   N   W   of   Routed   Intersecting Roadway/Street	_				At			Feet	N S I	<b>E W</b> (	of -			•	or			_	_
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Routed Direction Name of Intersecting Roudways/Street Landmark    Note   Proceeding				Also at Inte	ersection with		-	Feet	N S I	E <b>W</b>	of	Rout		Interse	cting R	loadwa	y/Street	-	<u>_</u>
License # — Si MA DOB/Age — — Reg # 9WM464   Reg Type FAN Reg State MA Sex M Lie Class D N Lie Restrictions   Displace   Plance	2																	4	
All Company   State		Route# Direc	tion	Name of Inters	ecting Roadway/Stre	eet	Landmark									$\dashv$			
Sec. M. Lic. Class   D   S   B   Lic. Restrictions   1   ODL   Endorsment   Endorsment   Endorsment   Endorsment   Endorsment   Endorsment   Lic. Restrictions   Nice   Ni	3	XVehicle1	_1_#Occupants	s Hit/Rur	Moped	Case N	umber		:	190000	00355								
Sec. M. Lic. Class   D   S   B   Lic. Restrictions   1   ODL   Endorsment   Endorsment   Endorsment   Endorsment   Endorsment   Endorsment   Lic. Restrictions   Nice   Ni		License#		St N	IA DOB/Age		Reg#	9WM464				Reg'	<sub>Type</sub> P	AN	R	eg Stat	e MA		
Operator DEVINCENT KEITH E Endorsment  Operator DEVINCENT KEITH E Endorsment  Address 54 MIDLAND RD  City WALTHAM  Insurance Company PROGRESSIVE  Vehicle Travel Direction N S E W  Citation # (If Issued)  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride-Override  Please fill out for operator and all occupants involved  See Above  Age-DOB See Sing November State Stat			18	18	19												20	_	
Address \$4 MDLAND RD  Address \$4 MDLAND RD  Address \$4 MDLAND RD  State MA Zip 02451  City WALTHAM  State MA Zip 02451  City New Responding to Emergency?  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1			 KEITH	Endor E	rsment		(Same as ope	rator)							_	,-	ŀ	
City   WALTHAM	1	Address 54 M	Last IDLAND RD	First	Mid	dle		Las	st						Mie	ddle		_	_1
Insurance Company PROGRESSIVE  Vehicle Travel Direction: N   S   E   W   Responding to Emergency?  Citation # (If Issued).  Violation 1: Ch. Sec. Violation 2: Ch. Sec.  Violation 3: Ch. Sec. Violation 4: Ch. Sec.  Violation 3: Ch. Sec. Violation 4: Ch. Sec.  Violation 3: Ch. Sec. Violation 4: Ch. Sec.  Violation 5: Ch. Sec.  Violation 6: Condition  Please fill out for operator and all occupants involved  Name Class First Middle:  Address  Operator  Please Select Cine of the Following:  Address  Operator  Non-Motorist A Type  Address  Operator  ANNESE  RALPH  City NEWTONVIILE  State MA  Zip 02458  Insurance Company SELF  Vehicle Travel Direction: X   S   E   W   Responding to Emergency?  Citation # (If Issued).  Violation 1: Ch. Sec. Violation 2: Ch. Sec.  Violation 2: Ch. Sec.  Violation 2: Ch. Sec.  Violation 2: Ch. Sec.  Violation 3: Ch. Sec. Violation 2: Ch. Sec.  Violation 4: Ch. Sec.  Violation 4: Ch. Sec.  Violation 5: Ch. Sec.  Violation 5: Ch. Sec.  Violation 6: Condition  In I		1		S	tate MA Zin 024	.51									e.	Zin		_	
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Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Non-Motorist A Type  Address  AgeDOB  Sex Non-Motorist A Type  Address		,			n 2: Ch Sec			l		1 2	24	24	1 -		4	5	11 Totaled		
Please fill out for operator and all occupants involved Name (Last First Middle) Address  AgeDDB Sex Pos. System Nature Name, Pos. System Nature Name, Reg. First Middle)  Please Select One of the Following:    Vehicle 2	1							١		)E	 Towed	N	8	(	)	6			
Operator  See Above  10 1  Please Select One of the Following:  Non-Motorist A Type  14 Action  15 Location  16 Condition  17  Hit/Run  Moped  License # St MA DOB/Age Reg # M95256  Reg Type MVN Reg State MA  Sex M Lic. Class   18								lde, o verride	Τ				29	30 31	32	33 Transp		-	
1 Please Select One of the Following:    Depart			st Middle)							Pos.	System 3	Status S	witch C	ode Code		Code	Medical Facil	ity	_2
of the Following: Wehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped  License # St MA DOB/Age Reg # M95256 Reg Type MVN Reg State MA  License # St MA DOB/Age Reg # M95256 Reg Type MVN Reg State MA  Veh Year 2015 Veh Make FORD Veh Config. 2  Operator ANNESE RALPH Owner CITY OF NEWTON  Last First Middle Address 90 CRAFTS STREET  City NEWTONVILLE State MA Zip 02458 City NEWTON  Insurance Company SELF  Vehicle Action Prior to Crash 1  Vehicle Action Prior to Crash 1  Vehicle Travel Direction: SE W Responding to Emergency? Event Sequence 2  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 97 24 24 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos System Stutus Switch Code Code Status Code Medical Facility Address Code (Citral Prints Prior Prio		Орегшог													10	1			
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Sex_M_ Lic. Class A		License#						Reg # M95256 Reg Type MVN Reg State M							e_MA	_ ]			
Operator ANNESE RALPH  Address 90 CRAFTS STREET  City NEWTONVILLE  Insurance Company SELF  Vehicle Travel Direction:  Vehicle Travel Direction:  Violation 1: Ch_Sec_Violation 2: Ch_Sec_  Violation 3: Ch_Sec_Violation 4: Ch_Sec_  Violation 4: Ch_Sec_Violation 4: Ch_Sec_  Violation 5: Ch_Sec_Violation 4: Ch_Sec_  Vehicle Action Prior to Crash  Insurance Company SELF  Vehicle Travel Direction:  Vehicle Travel Direction:  Violation 1: Ch_Sec_Violation 2: Ch_Sec_  Violation 2: Ch_Sec_  Violation 4: Ch_Sec_  Violation 4: Ch_Sec_  Violation 4: Ch_Sec_  Violation 5: Ch_Sec_  Violation 4: Ch_Sec_  Violation 5: Ch_Sec_  Violation 4: Ch_Sec_  Violation 5: Ch_Sec_  Violation 6: Code Nedical Facility  Vehicle Action Prior to Crash  Insurance Company Self  Vehicle Action Prior to Cras		Sex_M Lic. Class A Lic. Restrictions 1 CDL					Veh Year 2015 Veh Make FORD Veh Config. 2												
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Insurance Company SELF  Vehicle Action Prior to Crash  Vehicle	_	Address 90 CI	RAFTS STREET	Γ			Addres	110 CRAFTS	ST									_	
Vehicle Travel Direction: Vehicle Travel Dir								_ City NEWTON State MA Zip 02458									02458	_	
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Citation # (If Issued)		Vehicle Travel	ency?	22 22 22 3 4															
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility		Citation # (If I		Most Harmful Event 2 5 11 Totaled 5 11 Totaled									riage						
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Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violatio	n 3: ChS	Sec Violati	on 4: ChSec	:	Underr	ride/Override	2	<sup>25</sup> T	owed_	N	8	7		6			
				r operator and a							27 Safety	28 Airbag A	29 irbag E	30 31 ject Trap	32 Injury	Transp.			
								Age/DOB	Sex	Pos.	System	Status S	witch (	Code Code	Status		Medical Faci	ility	
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													+					$\neg$	



Operator of vehicle one, Keith DeVincent stated that on 04/09/2019 at approximately 10:00 hours he parked his vehicle (MA reg 9WM464 2015 Nissan) facing north on Colonial Ave across from number 28.

DeVincent stated that he observed a white city of Newton pick up truck towing a trailer hit his vehicle's driver side mirror with the truck's passenger side mirror. DeVincent stated that the truck that struck his vehicle did not stop. Vehicle one driver's side mirror had minor damage.

I was able to track down the city Parks and Recreation truck. Operator of vehicle two Ralph Annese stated that he was driving a city of Newton Parks and Recreation truck ( MA reg MVN M 95256 ) north on Colonial Ave on 04/09/2009 at approximately 10:00 hours . Annese stated that he did not realize that his vehicle struck DeVincent's vehicle . Vehicle two had no damage. I took photos of both vehicles and forwarded

(Continued on	next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Damag	ged Property	
Truck and Bus Information:  Carrier Name			(From Vehi			_ Carrier Issui	ing Authority Cod	e 35
Address			_ City			_ St	Zip	
US DOT #: S	tate Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	ailer Leng	gth		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

MICHAEL A MCSWEENEY 04/09/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	rian		
Crash Diagram:	ie: →□	1 -	2 -	<b>₽</b>			
	ie: ->					If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by Al	; Lot enter
Crash Narrative:							
the disk to the NPD's IT	bureau.						
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 Ve	hicle Section)			
Carrier Name					C	urrier Issuing Authority Code	35
Address			City		S	tZip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
					Γ	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length		
Hazmat Information:					_		
Placard 40 Material 1 digi	it # 41 Material M	Name		Material 4	digit #	Release code	42
					-		
MICHAEL A MCSWEENEY			NEW	TON POLICE DEPART?	۸	04/09/20	)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)