

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/09/2019	Time of Crash 10:31 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 28 COLONIAL AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000355	
License # _____ St MA DOB/Age _____			Reg # 9WM464 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make NISS Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make NISS Veh Config. 2			Operator DEVINCENT KEITH E			Owner (Same as operator)	
Address 54 MIDLAND RD			City WALTHAM State MA Zip 02451			Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 11 21	
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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			10 Undercarriage 11 Totaled	
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 # M95256 Reg Type MVN Reg State MA			Veh Year 2015 Veh Make FORD Veh Config. 2				
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make FORD Veh Config. 2			Operator ANNESE RALPH			Owner CITY OF NEWTON	
Address 90 CRAFTS STREET			City NEWTONVILLE State MA Zip 02458			Insurance Company SELF			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? _____			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 97 24 24	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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/Non-Motorist See Above			10 Undercarriage 11 Totaled	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

28 Colonial Ave

Colonial Ave

Unit 2

Unit 1

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:**

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	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

[illegible]

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

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		04/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 -24-00					