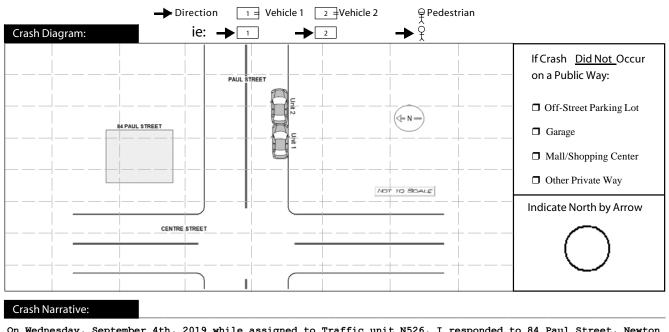
1 Last First Middle Last First Middle Address 110 CRAFTS STREET  Address 110 CRAFTS ST  City NEWTON State MA Zip 02458 City NEWTON  Insurance Company CITY OF NEWTON  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		Poli	ice Use Only		Commonwea	lth (	of Mass	ach	use	etts			RM	V Doc	cumen	nt Number	
AT INTERSECTION:   COCATION   NOT AT INTERSECTION:   2			10:25	NEWTON	MIOTOI			sh	Vel		Inju	red La	titude _		$=$ $\begin{bmatrix} L \\ N \end{bmatrix}$	ocal Police IBTA Police	N N
Asart   St.   PAULST   Name of Roadway-Street   About Direction   Name of Roadway-Street   About Direction   Name of Intersecting Roadway-Street   Feet   NS   E   W of   Milk Marker   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Extl Number   Feet   NS   E   W of   Milk Marker   Feet   NS   MAN   Veh Config   D   Milk Marker   Feet   NS   E   W of   Milk Marker   Feet   NS   E   W				l .										ECT	ION:	$\neg$ $\vdash$	
Router   Direction														2			
Foot   Nisk   We	1	Route# Direc	tion	Name of	Roadway/Street								ame of	Roadw	ay/Stre	eet	
Route# Direction				Feet	N S I	<b>E W</b> c	of –			•	or						
Peet   N   S   W   A   Document		Route# Direc	ction N	Name of Intersecting	ag Roadway/Street												_
Rouse   Direction   Name of Interacting Roadway/Street   Landmurk													-  _				
Signature   Sign	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$			Name of Internal	Constant											2	
License #		Route# Direc	tion	Name of Interse	cting Roadway/Street	Landmark										$\dashv$	
Sex M   Lic. Class   D   18   18   Lic. Restrictions   1   19   CDL   Veh Year 2018   Veh Make NISSAN   Veh Config.   1   20		XVehicle1	2_#Occupants	Hit/Run	Moped Case	Number			190000	00909							
Sex_M_  Lic. Class   D   Lic. Restrictions   CDL   Veh Year 2018   Veh Make NISSAN   Veh Config.   1		License#				Reg#	M99257				_Reg	Type_M	VN	R	eg Stat		_
Address 10 CRAFTS STREET		Sex_M Lic.	$_{\text{Class}}$ D $^{18}$ 1		ns 1 CDL	Veh Y	ear_2018	v	eh Ma	ke_NI	SSAN	ſ		_Veh	Config	g. <b>20</b>	
Address 110 CRAFTS STREET  Address 110 CRAFTS ST  City NEWTON  State MA Zip 02458  Vehicle Action Prior to Crash  Insurance Company CITY OF NEWTON  Vehicle Travel Direction: N S NW  Responding to Emergency N  Citation # (if Issued)  Vehicle Action Prior to Crash  Insurance Company CITY OF NEWTON  North Harmful Event  Vehicle Action Prior to Crash  Vehicle Action	4	Operator DA	GHLIAN	JOHN		Owne	r CITY OF	et	N	EWTC	ON First			Mi	ddla		- 1
Insurance Company CITY OF NEWTON   Vehicle Travel Direction: N   S   W   Responding to Emergency? N   Event Sequence   2   22   23   24   24   24   24   25   10 Undervarriage	1	Address 110 C	RAFTS STREET	Γ	Middle	Addre	ess 110 CRAFTS	ST			First			WII			
Vehicle Travel Direction: NSXW Responding to Emergency? Notation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Note Harmful Event 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 4 10 Undercarriage 5 11 Totaled  Please fill out for operator and all occupants involved Notation 1: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 1: Ch Sec Notation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 3: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 3: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 3: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 3: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Notation 5: Ch Sec Notation 5: Ch Sec Notation 5: Ch Sec Notation 6: Ch		City NEWTO	N	St	ate_MA Zip 02458										-		
Citation # (If Issued)		Insurance Com	pany CITY OF N	NEWTON		Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										ee)	
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Violation 1: Ch		Citation # (If I	ssued)			Most	Harmful Event	2	23	•	_ (	(I) <b>(</b>	9	$ \cdot $	5		iage
Please fill out for operator and all occupants involved   Address   AgeDOB   Sex	-	Violation	1: ChSec	C Violation	2: ChSec	Drive	Contributing C	L	1	4				<u>\</u>			
Operator  See Above  DEVOY, JAMES  THOURASTS ST NEWTON, MA 02458  Non-Motorist A Type  Action  The Following:	61	Violation	3: ChSec	c Violation	4: ChSec	Under	ride/Override	2	Towed N								
Operator				ator and all occu			Age/DOB	Sex		27 Safety A	28 Airbag Status \$	29 Eje	31 ct Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili	1 2
Please Select One of the Following:  Vehicle 2 1_#Occupants  Non-Motorist A Type			,										0				
1 of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped  License # — St MA DOB/Age — Reg # 8SP372 Reg Type PAN Reg State MA  Sex F Lic. Class D		DEVOY, JAM	ES	M 3 99 4 4 0 0 10 1					1								
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1 of the Following: X Vehicle 2 1 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped  License # — St MA DOB/Age — Reg # 8SP372 Reg Type PAN Reg State MA  Sex F Lic. Class D																	
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Operator SINGER NAOMI  Address 34 PALFREY ST  City WATERTOWN  State MA Zip 02472  Insurance Company NGM INSURANCE COMPANY  Vehicle Travel Direction: NS XW Responding to Emergency? Notation 4: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Owner (Same as operator)  Out 1 21  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash 11 21  Damaged Area Code: (Circle Up to Three)  Out 1 22 22 22 22 22 22 22 22 22 22 22 22 2		18 18 19					20								20	-	
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Citation # (If Issued)				22 22 22 2													
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Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  One of the control of the		Pl	ease fill out for		occupants involved				26 Seat	27 Safety	28 Airbag A	29 3 Airbag Eje	30 31 ct Trap	Injury	Transp.		
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		operator/	1.10001100		20012010						-	- 0		10	-		
											+						



On Wednesday, September 4th, 2019 while assigned to Traffic unit N526, I responded to 84 Paul Street, Newton for a report of a motor vehicle crash involving a City of Newton DPW vehicle. The weather at the time of the accident was clear and sunny. The road surface was dry. Paul Street is a public way maintained by the City of Newton.

I met with the operator of MV1, Newton Associate Engineer John Daghlian. Daghlian stated he was operating
Newton DPW Nissan Leaf (MA M99257) attempting to parallel park on Paul Street in an open space.

Daghlian stated as he pulled forward into the space his front end made contact with the bumper of MV2 which was parked info of MV1 unoccupied. Both vehicles sustained very minor damage. No injuries were reported by the occupants of MV1.

the occupants of MVI.										
(Continued of	n next page)									
Witnesses:										
Name (Last, First, Middle)		Address			Phone	#	Statement			
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			25			
Carrier Name					Carrier Iss	uing Authority Coo	de 35			
Address			City		St	Zip				
US DOT #: Issuing State ICC #: Interstate 36										
G P I T G I 37		38								
Cargo Body Type Code Gros	ss Vehicle Weight				39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length					
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42										

-	Direction	1 =	Vehicle 1	2 =Vehicle	2	Pedestr	ian		
Crash Diagram:	ie: →	1	→	2	→	<b>₽</b>			
								If Crash <u>Did</u> on a Public V	
				_				☐ Off-Street	Parking Lot
								☐ Garage	i unung 200
		_ -		_ +	_ +			☐ Mall/Shop	ning Center
		_			-+-			Other Priva	
				_	_				
								Indicate Nort	h by Arrow
				_					)
		- -		_	-+-			$+$ $\sim$	ノ
Crash Narrative:									
I spoke with the owner of dentist appointment when								ed she was insi	ide her
Pictures of both vehicles							•		
						••			
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Dura manufat Danmara sa									
Property Damage: Owner (Last, First, Middle)	Address			Phone #		34-Type	Descriptio	n of Damaged Prope	rty
						,,	•	<u> </u>	•
Truck and Ducknformation.									
Truck and Bus Information:  Carrier Name	Registration #			(	From Veh	icle Section)		Carrier Issuing Author	rity Code
Address				City				_	ip
US DOT #:									36
37	ross Vehicle Weight		38	13341115		icc "		mersu	
Trailer Reg #:	_		Pag State	n Da	g Vaar	T <sub>r</sub> .	ilar I anath	39	
Hazmat Information:	Reg Type		Keg siali	Re	g icai	113	mei Lengin		
Placard 40 Material 1 digit	# 41 Materia	al Nar	ne			_ Material 4 o	ligit#	Release of	code 42
ANDREA M FERGUSON					NEWTO	ON POLICE DEPART!			09/04/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)