

Commonwealth of Massachusetts

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|--------------------------------------------------------------|--------------------------------|------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|
| Police Use Only | | Commonwealth of Massachusetts | | RMV Document Number | |
| Date of Crash 09/04/2019 | Time of Crash 10:25 24HR | City/Town NEWTON | | Motor Vehicle Crash Police Report | |
| Number Vehicles 2 | | Number Injured 0 | | Speed Limit 25 Latitude Longitude | |
| State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | < LOCATION > | | NOT AT INTERSECTION: | |
| Route# Direction Name of Roadway/Street | | At | | EAST 84 PAUL ST | |
| Route# Direction Name of Intersecting Roadway/Street | | Also at Intersection with | | Route# Direction Address # Name of Roadway/Street | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of Mile Marker Exit Number | |
| | | | | Feet N S E W of Route# Intersecting Roadway/Street | |
| | | | | Feet N S E W of Landmark | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | |
| Case Number | | 190000909 | | | |
| License # --- St MA DOB/Age --- | | Reg # M99257 Reg Type MVN Reg State MA | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | Veh Year 2018 Veh Make NISSAN Veh Config. 1 20 | | | |
| Operator DAGHLIAN JOHN | | Owner CITY OF NEWTON | | | |
| Address 110 CRAFTS STREET | | Address 110 CRAFTS ST | | | |
| City NEWTON State MA Zip 02458 | | City NEWTON State MA Zip 02458 | | | |
| Insurance Company CITY OF NEWTON | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | Event Sequence 2 22 22 22 22 | | 10 Undercarriage | |
| Citation # (If Issued) | | Most Harmful Event 2 23 | | 11 Totaled | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Driver Contributing Code 1 24 24 | | | |
| 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 | |
| Operator See Above | | 1 4 4 0 0 10 1 | | Medical Facility | |
| DEVOY, JAMES 110 CRAFTS ST NEWTON, MA 02458 | | M 3 99 4 4 0 0 10 1 | | | |
| | | | | | |
| | | | | | |
| 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 # 8SP372 Reg Type PAN Reg State MA | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | Veh Year 2019 Veh Make BMX Veh Config. 1 20 | | | |
| Operator SINGER NAOMI | | Owner (Same as operator) | | | |
| Address 34 PALFREY ST | | Address | | | |
| City WATERTOWN State MA Zip 02472 | | City State Zip | | | |
| Insurance Company NGM INSURANCE COMPANY | | Vehicle Action Prior to Crash 11 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | Event Sequence 1 22 22 22 22 | | 10 Undercarriage | |
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| Operator/Non-Motorist See Above | | 0 4 4 0 0 10 1 | | Medical Facility | |
| | | | | | |
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| | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 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 Daghlilian. Daghlilian stated he was operating Newton DPW Nissan Leaf (MA M99257) attempting to parallel park on Paul Street in an open space.

Daghlilian 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.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

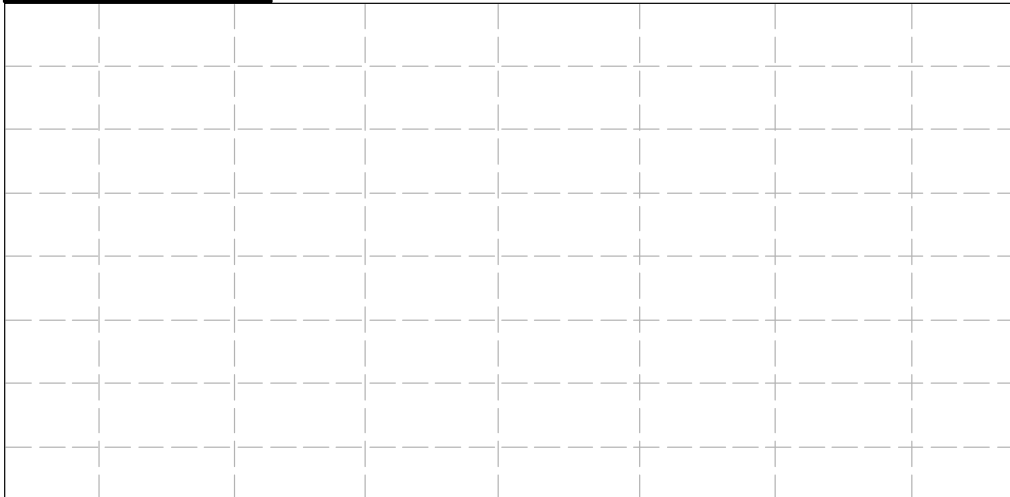
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

I spoke with the owner of MV2, Naomi Singer (2019 BMW 330XI, MA: 8SP372). She stated she was inside her dentist appointment when the accident occurred and was notified by Daghljan.

Pictures of both vehicles were taken and submitted to the IT Bureau.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
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Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
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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 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ANDREA M FERGUSON

NEWTON POLICE DEPART

09/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date