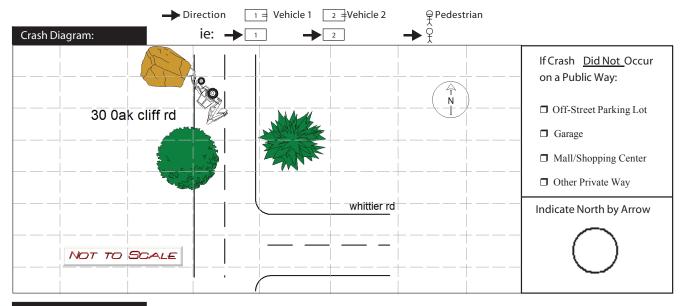
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RMV	/ Docur	ment Number			
	Date of Crash 04/23/2022	Time of Crash 07:20 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	ash	Numbe Vehicle 1		d Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D		
			SECTION:		LOCA		>		NO	T AT	INTI	ERSE	CTION:	$\Box$ $-$		
	NOR	TH OAK C	LIFF RD											2		
1 1	Route# Direc	tion		oadway/Street		Route# Directi	on A	ddress #		Na	me of R	Roadway	/Street	$ 2^1$		
	WES	т whitt	TER RD	Feet NSEW of • or								77.1.3	_  -			
	Route# Direc	etion N	Name of Intersecting Also at Interse	Mile Marker Exit Number  Feet NSEW of												
2	1	Route# Intersecting Roadway/Stree								dway/Street	$ 3^1$					
<sup>2</sup> <b>1</b>	Route# Direc	tion	Feet N S E W of													
3	Route# Direction Name of Intersecting Roadway/Street    X Vehicle 1					•										
			St	Case	Number			22000336						4		
	License#	18 1	DOB/Age	Reg # Reg Type_CON         Reg State_MA           Veh Year_2020         Veh Make_TAKEUCHI         Veh Config.         97         20												
4	Sex Lic.		Lic. Restrictions UNKNOWN	CDL Endorsment								Veh Co	onfig. 97	$ 3^1$		
<sup>4</sup>	Operator <u>UN</u>		First	Middle	Owner         FEENEY BROS         EXCAVATION           Last         First         Middle           Address         103 CLAYTON ST											
	1			Zip					State MA Zip 02122							
	Insurance Com		State	Zip	Damaged Area Code: (Circle Un to Three)											
5	1		S E W Respon	nding to Emergency? N	Event Sequence 35 22 22 22 22 3 4											
	]	ssued)	2 2 ,	Most Harmful Event 25 23												
	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C		99 24	24		/ <del>'</del>		11 Totaled			
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Underride/Override 25 Towed N 8 7 6													
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33   Seat Safety Airbag Airbag Eject Trap Injury Transp.   Age/DOB   Sex   Pos. \$ystem Status \$\frac{1}{3}\text{Code} \text{ Code} \text{ Medical Facility}								ity 97		
	Operator	or made)		See Above				99	4 4		0	99 1		,		
<sup>7</sup> <b>3</b>	Please Select C of the Followi	Vehicle	e# Occupants	X Non-Motorist A Typ	pe 97	Action 97	15 Loc	cation 5	16 Con	dition	17 1	Ні	it/Run Mor	ped		
	License#		Reg #									_				
	Sex_F_ Lic.	Class 18 18	Veh Year Veh Make Veh Config.													
<sup>8</sup> <b>2</b>	Operator SAN	Last	MARILYN First	Endorsment	OwnerLast First Middle											
	Address 30 O	AK CLIFF RD	Address									-				
	City NEWTO	N	City State Zip									-				
	Insurance Com	ipany	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									ree)				
	Vehicle Travel	Event	Event Sequence 22 22 22 22 3 4 10 Undercarriage								riage					
	`	·						Most Harmful Event 5 11 Totaled								
		n 1: ChSe	Driver Contributing Code 8 7 6													
			operator and all o	4: ChSec ccupants involved	Under	ride/Override		Towe	d	29   30	31 Trap	32	33			
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syste	Airbag Air m Status S	bag Eject	t Trap le Code	Status C	ansp. Code Medical Fac	ility		
	Operator/	Non-Motorist		See Above						-	-	10 1				
							1 1									

	Poli	ice Use Only		Com	monwe	alth o	f Mass	sach	uset	ts_		RM	V Docu		Number	
Г	Date of Crash	Time of Crash	City/7	Γown	Motor	r Vehi	icle Cr	ash	Numb		ber Spered Lat	ed Limi		Sta	ate Police cal Police BTA Police	
		24HR			Po		Report			,		ngitude_		Otl	her:	
L	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION									
l																
F	Route# Direc	ction	Name	of Roadway/Str	reet	F	Route# Direc	tion A	ddress #		N	ame of I	Roadwa	y/Stree	et	_
1				Feet NSEW of or												
Route# Direction Name of Intersecting Roadway/Street							Mile Marker Exit Number									
Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street										
-	Route# Direction Name of Intersecting Roadway/Street					Feet [N   S   E   W] of										
					Landmark											
Ľ	Vehicle	#Occupants	Hit/Ru	n Mo	oped											
L	License#	18 18	St_	DOB/Ag	ge	_ Reg#_				Reg	Туре		Re	g State	20	_
S	Sex Lic.			ons	CDL Endorsment	_ Veh Ye	ar	V	eh Make				Veh C	Config.		
	Operator	Last	First			Owner		ast		First			Midd	dle		_
	Address						Owner Last First Middle Address									
	CityStateZip						City State Zip									
I	nsurance Com	npany														
1	Vehicle Travel	l Direction: N	S E W Re	sponding to E	mergency?	Event S	Sequence		22 22	22		3		4	1011-1	
	`	Issued)				Most H	armful Event		24	24	1 👉	9			10 Undercari 11 Totaled	nage
┨		1: ChSec_				Driver	Contributing		5	24	8	<u>/                                    </u>	$\sum$	) 6		
L	Violation 3: ChSecViolation 4: ChSec						Underride/Override Towed									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	Seat Safe Pos. Sys	ety Airbag em Status	rirbag Eje witch Coo	et Trap le Code	32 Injury Status	ransp.	Medical Facil	ity
	Operator			S	See Above			-				_		$\rightarrow$		
	Please Select C of the Followi	I Vehicle	# Occupa	ants Non	-Motorist A T	ype 97	Action 97	15 Lo	eation 5	16 Co	ndition	17	□ <sup>†</sup>	Hit/Rur	п Мор	oed
L	License#	10 11	St		Age	_ Reg#_	Reg #									_ ]
S	Sex Lic.	Class 18 18	Lic. Restricti		CDL Endorsment	_ Veh Ye	ar	V	eh Make				Veh C	Config.	20	
		TY OF NEWTON	First		Middle	Owner		ast		First			Midd	dle		_
A	Address 1000 COMMONWEALTH AVE						Address									
	City NEWTON State MA Zip 02459						City State Zip									
I	Insurance Company						Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)	
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	Name (Last Fi		operator and a		Address		Age/DOB	Sex	26 Seat Safe Pos. Sy	ety Airbag	29 Eje Switch Co	0 31 ct Trap de Code		Transp.	Medical Faci	ility
	Operator/	/Non-Motorist		S	See Above			-					10	1		
														+		



## Crash Narrative:

ON 4-23-22 AT APPROX. 0720HRS. WHILE WORKING N492 I TOOK A REPORT FOR PAST VEHICLE ACCIDENT. UPON ARRIVAL AT 30 OAK CLIFF RD. I SPOKE TO THE COMPLAINANT ( MARK MANNION ). COMP. STATES SOMETIME DURING THE NIGHT SOMEONE OPERATED THE FEENEY BROS. MINI-EXCAVATOR THAT WAS PARKED ACROSS FROM 36 OAK CLIFF RD. COMP. STATES THERE WAS A KEY IN THE EXCAVATOR THAT THE SUSPECT TOOK WITH THEM. SUSPECT USED THE DIGGING ARM OF THE EXCAVATOR TO SCRAPE BARK OF A TREE ACROSS FROM 36 OAK CLIFF RD. THEN DROVE THE EXCAVATOR ACROSS THE STREET TO 30 OAK CLIFF RD. TO DO DAMAGE TO ANOTHER TREE. BOTH TREES ARE OWNED BY THE CITY OF NEWTON ( PLEASE SEE REPORT # 22014304 ). SUSPECT BACKED THE EXCAVATOR INTO A BRICK WALL AT 30 OAK CLIFF DOING DAMAGE TO THE WALL. RESIDENT AT 30 OAK CLIFF WAS NOT HOME. DISPATCH GOT THE RESIDENTS PHONE NUMBER THROUGH THE CENSUS AND LEFT A VOICE MAIL ABOUT THE DAMAGE. I TOOK PICTURES OF ALL THE DAMAGE AND PLACED THEM IN THE I.T. BOX. COMP.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	A	ddress				Phone #		Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
SANTIESTEBAN, MARILYN,	30 OAK CLIFF RD NEWTON,MASSAC	CHUSETTS 02		97	BRICE	K WALL		
, CITY OF NEWTON,	1000 COMMONWEA NEWTON,MASSAC			3	TREES	S		
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	35 le
Address		(	City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
	s Vehicle Weight					39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Name			Material 4	digit#_		Release code	42

•	Direction	1 = Vehi	icle 1	2 = Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1	<b>→</b>	2	→ ♀			
							If Crash <u>Did Not</u> O on a Public Way:	Occur
							☐ Off-Street Parking	Lot
							☐ Garage	, 201
		_		+	+		☐ Mall/Shopping Co	antar
		_					☐ Other Private Way	
		 _			+			
				į			Indicate North by A	rrow
		_	+	+				
Crash Narrative:								
STATES SUSPECT WAS SOMEON					ECAUSE THER	E ARE SEVI	ERAL STEPS INVOLV	ED TO
GET IT OPERATIONAL. CLEAR	ED WITHOUT FUR	THER IN	ICIDENT.	•				
W itnesses: Name (Last, First, Middle)		Addre	ess				Phone #	Statement
rame (2033) i iisų mautė)		7.00.0						Statement
Dua mariti Dania na								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	of Damaged Property	
					71		<u> </u>	
Total and Development's								
Truck and Bus Information:  Carrier Name	Registration # _				Vehicle Section)	Car	rrier Issuing Authority Cod	35
Address								
US DOT #:								36
27	ross Vehicle Weight	38		issuing state _	ICC#		Interstate	
5 3 31		D.o.	a Stata	Dag Van	т Тъ	oilar Lanath	39	
Trailer Reg #: Hazmat Information:		Ke	g State	кед чеа	ı 1r	aner Length		
Placard 40 Material 1 digi	t # 41 Material	Name			Material 4	digit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)