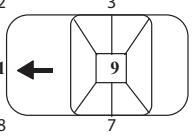
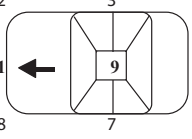


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/23/2022		Time of Crash 07:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
NORTH OAK CLIFF RD										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
WEST WHITTIER RD				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000336							
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type CON Reg State MA									
Sex _____ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make TAKEUCHI Veh Config. 97 20									
Operator UNKNOWN UNKNOWN				Owner FEENEY BROS EXCAVATION								12	
Address _____				Address 103 CLAYTON ST									
City _____ State _____ Zip _____				City DORCHESTER State MA Zip 02122									
Insurance Company GEICO				Vehicle Action Prior to Crash 99 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 35 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 35 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
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												97	
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 97 14 Action 97 15 Location 5 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator SANTIESTEBAN MARILYN				Owner _____									
Address 30 OAK CLIFF RD				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
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Commonwealth of Massachusetts

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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

30 Oak cliff rd

whittier rd

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:

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)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SANTIESTEBAN, MARILYN,	30 OAK CLIFF RD NEWTON, MASSACHUSETTS 02		97	BRICK WALL
, CITY OF NEWTON,	1000 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS 02		3	TREES

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

THOMAS P WALSH

NEWTON POLICE DEPART

04/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

