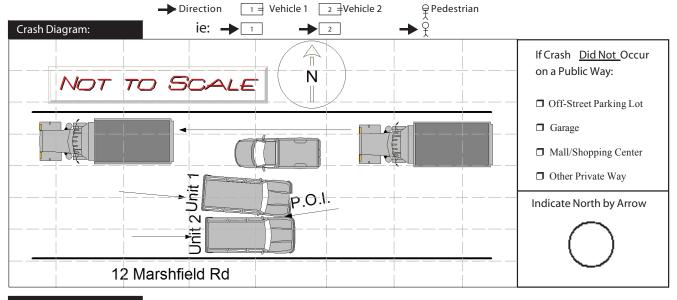
	Poli	ice Use Only		Commonwo	ealth o	of Mass	achu	setts			RM	V Doc	umen	t Number	
	Date of Crash 06/21/2022	Time of Crash 08:05	NEWTON	171010		iicle Cra Report	sh	Number Vehicles 2		red La	eed Lim titude _ ngitude		St Lo M O	tate Police ocal Police IBTA Police ther:	XI O
			RSECTION:	<	LOCA		>				INT		ECT	ION:	
						EAST	12		MAR	SHFIEI	D RD				
1 <b>1</b>	Route# Direc	Route# Direction Name of Roadway/Street  At					Route# Direction Address # Name of Roadway/Street								
						Feet NSEW of or Exit Number									
	Route# Direc	etion 1		Feet NSEW of Route# Intersecting Roadway/Street											
1						Feet	N S E V	<b>V</b> of	Rou	te#	Intersec	ting Ro	oadwa	y/Street	4
	Route# Direc		Landmark												
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Ca	se Number		220	000551							
	License#	18	StM	A DOB/Age	Reg#	769YR1			Reg	Type_P	AN	Re	g Stat		
	Sex_F_ Lic.	Class D	Lic. Restriction	CDL	Veh Y	ear_2015	Veh	Make_H	ONDA			_Veh C	Config	20	
1	Operator EN	Last	SUZANNE	C Middle	Owner	(Same as ope	rator)		First			Mid	dle		1
	Address 77 HI			M4		ess									
	City NEEDHA			ate MA Zip 02494					1					le Up to Three	,
5	1		TH ROCK ASSU		_	le Action Prior to	o Crash 22 22	22			geu Area	Code.	4	е ор ю тше	5)
		Direction: N		ponding to Emergency? N		Sequence 2	23					$\overline{A}$		10 Undercarria	nge
	`	ssued)		2.6		Harmful Event	2	24	24	1 -	9		- 1	11 Totaled	
1	]			2: ChSec		Contributing C	ode 1:	Towe	ı N	8	7	<u> </u>	6		
1	Violation 3: ChSec Violation 4: ChSec U  Please fill out for operator and all occupants involved					ride/Override		26 27 eat Safety		29 Eje	30 31 ect Trap	32 Injury	33 Fransp.		+
	Name (Last Fir			Address See Above		Age/DOB	Sex Po	s. \$ystem	Status 8	witch Co	ue coue	status	Code	Medical Facility	2
	Operator			See Above				1	4	99 0	0	10	1		$\dashv$
															$\dashv$
7															
1	Please Select C of the Followi		e2 <u>1</u> #Occupan	ts Non-Motorist A	Туре	Action Action	Locat	ion	16 Co	ndition	17		Hit/Ru	ın Mope	ed
	License#		St	DOB/Age	Reg#	M5181A			Reg	Type_M	VN	Re	g State	e MA	
	Sex Lic. Class 18 18 Lic. Restrictions DDL				Veh Y	Veh Year 2019 Veh Make TOYOTA Veh Config. 20									
1	Operator	Last	First	Endorsment		Owner ENTERPRISE FM TRI  Last First Middle									
	Address	_ Addre	Address 600 CORPORATE PK DR												
	City	_ City_	City ST LOUIS State MO Zip 63105												
	Insurance Company SELF INSURED Vo					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							e)		
	Vehicle Travel	Direction: N	S X W Re	sponding to Emergency?N						10 I In donocomic					
	Citation # (If I	ssued)	Most 1	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								ige			
	Violatio	n 1: ChS	ecViolatio	on 2: ChSec	Driver	Contributing C	ode 25	24	24	<b>9</b>	7	$\mathcal{L}$	6		
				on 4: ChSec	Under	ride/Override		Towed	<u>N</u>		KO   21	32	33		_
	Pl Name (Last Fi		r operator and al	occupants involved Address		Age/DOB		26 27 Safety System	Airbag A n Status	29 Lirbag Eje Switch C	30 31 Trap ode Code		Transp. Code	Medical Facili	ty
	Operator/	Non-Motorist	400	See Above			-								
	RITCEY, KIM	BERLY		CENTRAL ST ALTHAM, MA 02453			F 1	1	4	99 0	0	10	1		



## Crash Narrative:

On 06/21/22 at 08:05 hours, I responded to 12 Marshfield Road for a City of Newton Dept. of Public Works vehicle involved in a crash with another vehicle. Marshfield Road is a public way maintained and owned by the City of Newton. At the time of the crash, the weather was sunny and clear and the road conditions were dry. Also, there was road construction going on as a company was grinding the roadways in the area for the City of Newton. Two detail officers were on scene and Ofc. Conary called in the accident to Newton Police Dispatch.

On arrival, I spoke to the operator of M/V# 1 identified as Suzanne Ennis (MA D/L # S80758886) who was driving a 2015 Honda CRV color red bearing MA reg.# 769YR1. Ms. Ennis stated that due to the road construction and it being blocked at Walter Street and Jackson Street everyone was being funneled down (EB

(Continued on next page)

(Continued of	n next page;								
Witnesses:									
Name (Last, First, Middle)		Address		Phone #	Phone #				
Property Damage:									
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			34-Type	Description of Damag	ged Property			
Truck and Bus Information: Registration # (From Vehicle Section)									
Carrier Name					Carrier Issu	ing Authority Cod	e 35		
Address		City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36		
Cargo Body Type Code Gross Vehicle Weight 38  Gross Vehicle Weight 39									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		Material 4 di	git #	Release code	42		

	→ Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽Pedestria	n	
Crash Diagram:	ie: → 🗆	<b>→</b>	2 →	<b>₽</b> ĝ		
		   <u> </u>	<u> </u> 		If Crash <u>Did N</u> on a Public Wa	
					—	rking Lot
					Garage	
			j	ĺ	☐ Mall/Shoppin	ng Center
		+			Other Private	Way
			+-	+	Indicate North	oy Arrow
			<del>-</del> -	<u>+</u>		)
Crash Narrative:						
) on Marshfield Rd by th						
apparatus parked along M						
attempted to pass a park						
up truck suddenly starte						
contact with the driver' the front passenger side	<del>_</del>		rea or M/V # 2.	. I obser	ved a minor black scur	mark to
M/V # 2 is a 2019 Toyota			Official rog	# M51913	It is owned by Enter	oriso FM
Trust and being leased b					<del>_</del>	
12 Marshfield Road with	<del>-</del>			<del>-</del>		
	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 Veh	icle Section)		
Carrier Name	Registration #		(From Veh	icle Section)	Carrier Issuing Authority	Code 35
Carrier Name			(From Veh			Code
			City			Code
AddressUS DOT #:			City		St Zip_	Code
AddressUS DOT #:Cargo Body Type Code37	State Number	38	City Issuing State	ICC#:	St Interstate	Code
AddressUS DOT #:	State Number	38	City Issuing State	ICC#:	St Interstate	Code
AddressUS DOT #:	State NumberGross Vehicle Weight	38 Reg State	City Issuing State Reg Year	ICC#: Trai	St Interstate	36 36 42

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

_	Direction 1 :	Vehicle 1 2	_ <del>+</del> Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	2	_	₽Ŷ		
					If Crash <u>Did Not</u> Con a Public Way:	Occur
					Off Street Bordsing	Lat
	į	į			☐ Off-Street Parking	Lot
					Garage	
					☐ Mall/Shopping Ce	enter
	i				☐ Other Private Way	,
					Indicate North by A	rrow
	- — — — —   - — — — — — -		+-		\ \ / .	
Crash Narrative:						
Kimberly Ritcey who works	for the enginee	ring departm	ent for the N	Newton Dept.	of Public Works. Ritcey	7
reported no injuries. I o	bserved minor s	crape marks	to the driver	's side fron	t quarter panel area.	
Photos taken of the scene	and submitted t	o the I.T. B	ureau.			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #		(Erom Va	chicle Section)		
Carrier Name			•	· · · · · · · · ·	Carrier Issuing Authority Code	35
Address						
US DOT #:						36
27	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer 1	Length 39	
Hazmat Information:	5 Jr					
Placard 40 Material 1 digit i	41 Material Na	ıme		Material 4 digit	# Release code	42
Tanger,		· ·				
IEDEMV I WILLOW		25227		TON BOLICE PER A	06/04/00	122
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00