

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/21/2022		Time of Crash 08:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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	
Route# Direction Name of Roadway/Street At				EAST 12 MARSHFIELD RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	4
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000551							
License # --- St MA DOB/Age ---				Reg # 769YR1 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement				Veh Year 2015 Veh Make HONDA Veh Config. 2 20									
Operator ENNIS SUZANNE C Last First Middle				Owner (Same as operator) Last First Middle									12
Address 77 HIGH ST				Address									
City NEEDHAM State MA Zip 02494				City State Zip									
Insurance Company PLYMOUTH ROCK ASSURANCE CORP				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 2 23 3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued)				Most Harmful Event 2 23 1 9 8 7 6									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	2
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													
Operator See Above													
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 DOB/Age ---				Reg # M5181A Reg Type MVN Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement				Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20									
Operator _____ Last First Middle				Owner ENTERPRISE FM TRI Last First Middle									
Address _____				Address 600 CORPORATE PK DR									
City _____ State Zip				City ST LOUIS State MO Zip 63105									
Insurance Company SELF INSURED				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 2 23 3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued)				Most Harmful Event 1 23 1 9 8 7 6									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 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 Medical Facility													
Operator/Non-Motorist See Above													
RITCEY, KIMBERLY 101 CENTRAL ST WALTHAM, MA 02453													

→ 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:

Kimberly Ritcey who works for the engineering department for the Newton Dept. of Public Works. Ritcey reported no injuries. I observed minor scrape marks to the driver's side front quarter panel area. Photos taken of the scene and submitted to the I.T. Bureau.

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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

06/21/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date