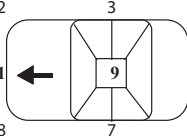
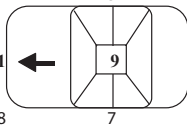


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 02/26/2021	Time of Crash 07:42 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ 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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>29</div> <div>EAST 42 PARSONS ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of • or Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>						<div>110</div>																																																																			
<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Case Number 210000154</div>																																																																												
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div> <div>Operator LALLI FRANK</div> <div>Address 106 BUCKINGHAM DR</div> <div>City SWANSEA State MA Zip 02777</div> <div>Insurance Company COMMERCE</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch Sec Violation 2: Ch Sec</div> <div>Violation 3: Ch Sec Violation 4: Ch Sec</div>			<div>312</div> <div>Reg # 2539A Reg Type APN Reg State MA</div> <div>Veh Year 2017 Veh Make FORD Veh Config. 13 20</div> <div>Owner NOONAN WASTE SE</div> <div>Address 415 WEST ST</div> <div>City W BRIDGEWATER State MA Zip 02379</div> <div>Vehicle Action Prior to Crash 10 21</div> <div>Event Sequence 10 22 22 22 22 2</div> <div>Most Harmful Event 10 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>						<div>1310</div>																																																																			
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Unit 1

42 parsons st

← N →

**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 2-26-21 AT APPROX. 0742HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 42 PARSONS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS BACKING ONTO THE RESIDENCE AT 42 PARSONS ST. TO EMPTY THE PORTA-POTTY AT THIS SITE. DRIVER STATES WHILE BACKING HE THOUGHT HE WAS CLEAR THE FIRE HYDRANT. BUT DIDN'T REALIZE HE WASN'T UNTIL HE HIT THE HYDRANT KNOCKING IT OVER. I TOOK 4 PICTURES OF THE HYDRANT AND PLACED THEM IN I.T. BOX. VEHICLE #1 HAD MINOR REAR LEFT DAMAGE. DRIVER REPORTED NO INJURY AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CITY OF NEWTON NOTIFIED TO GET THE HYDRANT. CLEARED WITHOUT FURTHER INCIDENT. CITY DPW NOTIFIED OF DAMAGE.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	FIRE HYDRANT

**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 DEPARTM

02/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date