

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/17/2021	Time of Crash 11:42 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 31 KEEFE AVE				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000522		
License # --- St MA DOB/Age ---			Reg # P72725 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012 Veh Make DODGE Veh Config. 6 20		
Operator MANIATIS DIMOSTHENIS			Owner VERIZON SERVICE C			Address 46 BROMFIELD ST			Address BX 612744		
City WATERTOWN State MA Zip 02472			City DALLAS State TX Zip 75261			Insurance Company NATIONAL UNION FIRE INS			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 97 22 22 22 22			Citation # (If Issued)			Most Harmful Event 97 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 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 See Above			97		
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			Address ---		
City --- State --- Zip ---			City --- State --- Zip ---			Insurance Company ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
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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 ---		
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			97		

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

39 Keefe Ave

Unit 1

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

N

**Crash Narrative:**

On Saturday 7/7/2021 at approx 1142hrs, while assigned to N495, I responded to 39 Keefe Ave in Newton for a single car MVA. There I met the operator of MV1 show stated that he accidentally struck a city fire hydrant with his company truck (Verizon). The hydrant itself did not appear damaged. However, it was dislodged from the side walk and no longer secured by its bolts. The Newton water dept was notified and responded.

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	1000 COMM 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

**KEVIN DURICKAS**      NEWTON POLICE DEPART      07/17/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 24:00