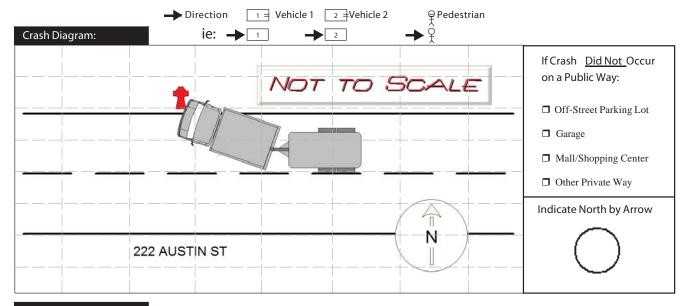
Date of Crash 11:33
AT INTERSECTION:    AT INTERSECTION:   Case Number   Case
Route# Direction Name of Roadway/Street  At  Feet NSEW of
At    Feet   N   S   E   W   of   Mile Marker   Exit Number
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Feet NSEW of  Route# Intersecting Roadway/Street  Landmark  License# St_DOB/Age Reg# Reg Type PAN Reg State MA  Sex_Lic. Class D 18 18 Lic. Restrictions 1 CDL Veh Year UNK Veh Make UNKNOWN Veh Config. 13
Also at Intersection with  Feet NSEW of  Route# Direction Name of Intersecting Roadway/Street    Feet NSEW of   Route#   Intersecting Roadway/Street
Case Number
X Vehicle 1 #Occupants
License #
Sex Lic. Class D 18 18 Lic. Restrictions T 19 CDL Veh Year UNK Veh Make UNKNOWN Veh Config. T 13 20
4 Operator UNKNOWN UNKNOWN Owner (Same as operator)
Operator UNKNOWN UNKNOWN Owner Sirst Middle Address 123 UNKNOWN ST  Address 4  Address 4  Operator UNKNOWN UNKNOWN Owner Sirst Middle Last First Middle Address
City NEWTON State MA Zip 02465 City State Zip
Insurance Company UNKNOWN Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three
Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 35 22 22 22 22 3 4
Citation # (If Issued) Most Harmful Event 35 23 10 Undercarria,  Violetican I. Ch. See Wieletian 2: Ch. See Discourse Control of the Control
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 1
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator See Above
Please Select One of the Following: Vehicle#Occupants
License # St DOB/Age Reg # Reg Type Reg State 20
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config
8 Operator Owner Last First Middle Last First Middle
Address Address  City StateZip City StateZip
City State Zip City State Zip Uehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 3 4
Citation # (If Issued) 10 Undercarria, 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24
Violation 3: ChSec Violation 4: ChSec Underride/Override         Underride/Override         8         7         6
Name (Last First Middle)  Address  Age/DOB  Seat Safety Airbag Airbag Eject Irap Injury Iransp.  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status Code Medical Facility
Operator/Non-Motorist See Above



## Crash Narrative:

ON 10-1-21 AT APPROX. 1133HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 222 AUSTIN ST. I NOTICED A RED FIRE HYDRANT ACROSS THE STREET WAS DISLODGED ROM ITS BASE AND LAYING SIDEWAYS ON THE GROUND. I SPOKE TO A WITNESS WHO LIVES ACROSS THE STREET AT 222 AUSTIN ST. ( DALLAS PERKINS ).

WITNESS STATES HE HAD HEARD THE CRASH AND SAW FROM HIS WINDOW A LARGE BOX TRUCK WITH A TRAILER ATTACHMENT THAT CONTAINED SEVERAL LANDSCAPING EQUIPMENT PIECES DRIVE AWAY FROM THE SCENE. WHEN HE NOTICED THE FIRE HYDRANT WAS KNOCKED OVER HE CALLED THE POLICE. WITNESS STATES FROM HIS VANTAGE POINT HE WAS UNABLE TO GET A PLATE OR OTHER IDENTIFIABLE MARKINGS. NEWTON PUBLIC WORKS WAS NOTIFIED TO REPLACE THE HYDRANT. N525 ( OFF GAUDET ) ARRIVED AND TOOK PICTURES OF THE SCENE AND THE DAMAGE. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:			i
Name (Last, First, Middle)	Address	Phone #	Statement
PERKINS, DALLAS,	222 AUSTIN ST NEWTON,MA 02465		Y
	NEW TON, MA 02403		

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 1000 COMMONWEALTH AVE. CITY OF NEWTON, CITY OF NEWTON, MASSACHUSETTS 0, 617-796-1000 4 FIRE HYDRANT

Truck and Bus Information: Registration #	(From Vehicle Section)	25
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		39
Trailer Reg #: Reg Type Reg State _	Reg Year Trailer Leng	
Hazmat Information:		
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit #	Release code 42

THOMAS P WALSH		NEWTON POLICE DEPARTM		10/01/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date