

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/01/2021	Time of Crash 11:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 222 AUSTIN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000777			
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type PAN Reg State MA							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year UNK Veh Make UNKNOWN Veh Config. <input type="checkbox"/> 13 <input type="checkbox"/> 20							
Operator UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator) Last First Middle							
Address 123 UNKNOWN ST			Address _____							
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company UNKNOWN			Vehicle Action Prior to Crash <input type="checkbox"/> 99 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 23		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y							
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			-----		99 99 99 0 0 99 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		10 Undercarriage					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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			-----		-----					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

222 AUSTIN ST

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

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:

Name (Last, First, Middle)	Address	Phone #	Statement
PERKINS , DALLAS,	222 AUSTIN ST NEWTON,MA 02465	----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, CITY OF NEWTON	1000 COMMONWEALTH AVE. NEWTON,MASSACHUSETTS 0	617-796-1000	4	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 10/01/2021

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

CDP1 11 -24:00