

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/12/2022		Time of Crash 09:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				WEST 197 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000302						1	
License # --- St MA DOB/Age ---				Reg # MF4480 Reg Type MVN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make EMON Veh Config. 13 20								3	
Operator FRANK JOSEPH Last First Middle				Owner CITY OF NEWTON FIRE DEPT Last First Middle								1	
Address 6 WILDEWOOD TREE				Address 1164 CENTRE ST								13	
City FRAMINGHAM State MA Zip 01701				City NEWTON State MA Zip 02465								30	
Insurance Company SELF				Vehicle Action Prior to Crash 97 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? Y				Event Sequence 11 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 11 23 1 9 10 Undercarriage									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 5 11 Totaled									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N 6									
Please fill out for operator and all occupants involved												13	
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												30	
Operator See Above													
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 _____				Veh Year Veh Make Veh Config. 20									
Operator _____ Last First Middle				Owner _____ Last First Middle									
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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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:

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 Tuesday April 12th 2022 at approximately 0915 hours I responded to the area of 197 California Street for a city of Newton fire truck that struck a fire hydrant while responding to an emergency. At the time of the accident the weather was cloudy and the road surface was dry. California Street is owned and maintained by the city of Newton.

Upon arrival I spoke with the operator of Newton Fire Engine 1 identified as Joseph Frank. Joseph stated that while attempting to park the fire engine he struck the fire hydrant, causing the fire hydrant to be knocked over and inoperable. Minor damage to the front drivers side of the fire engine was photographed and submitted to the IT Bureau as well as the damaged fire hydrant. No injuries were reported. City of Newton was notified of the damaged hydrant.

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