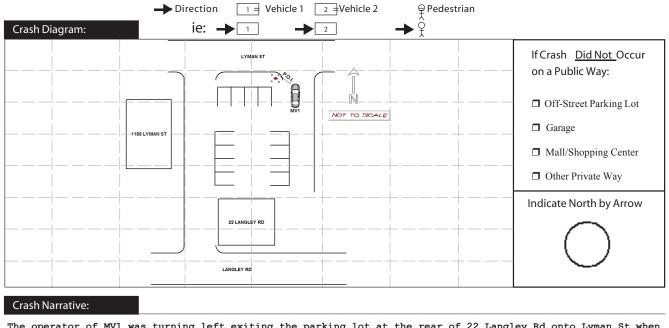
Date of Crash 06/04/2022   Time of Crash 06/04/2
AT INTERSECTION:    NORTH   22   LANGLEY RD
Route# Direction Name of Roadway/Street  At  Feet NSEW of Mile Marker Exit Number  Feet NSEW of Route# Direction Roadway/Street  Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  Wehicle 1 1 #Occupants
At  Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Landmark    Feet   N   S   E   W   of
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Feet NSEW of  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of  Route# Intersecting Roadway/Street  Landmark  License # — St MA DOB/Age — Reg # SGF2 Reg Type PAV Reg State MA
Also at Intersection with  Route# Direction  Name of Intersecting Roadway/Street    St MA DOB/Age   Reg # SGF2   Reg Type PAV   Reg State MA
Route# Direction Name of Intersecting Roadway/Street    S   W   of
Landmark    Vehicle 1 _ 1 _ #Occupants
License # St MA DOB/Age Reg # SGF2 Reg Type PAV Reg State MA
Sex_F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2020 Veh Make ACURA Veh Config. 1
Operator FIDEL STEPHANIE G Endorsment Address 44 GRAFTON ST  Address 600 KELLY WAY
Address 4 GKM 1017 Address 600 KEET WAT  City NEWTON State MA Zip 02459 City HOLYOKE State MA Zip 01040
Insurance Company ARBELLA  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 23 22 97 22 22 22 3 4
Citation # (If Issued) 10 Undercarri
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 24 24 24 24 24 24 24 24 24 24 24
1 Violation 3: CnSec Violation 4: CnSec Underride/Override Towed N
Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Address  Age/DOB  Address  Age/DOB  Ag
Operator See Above1 4 99 0 10 1
Please Select One Purpose To Provide the Provide To Pro
9 Please Select One of the Following: Vehicle#Occupants
License # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.
Operator Owner Last First Middle Last First Middle
Address Address City StateZip City StateZip
Insurance Company  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Thre
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 3 4
Citation # (If Issued) 10 Undercarri 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24 24 7 6
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed
Name (Last First Middle)  Address  Age/DOB  Seat Safety Airbag Eject Trap Injury Transp.  Seat Safety Airbag Eject Trap Injury Transp.  Sex System Status Switch Code Code Status Code Medical Facil
Operator/Non-Motorist See Above



The operator of MV1 was turning left exiting the parking lot at the rear of 22 Langley Rd onto Lyman St when
she struck a fire hydrant and two concrete column's protecting the hydrant. MV1 sustained minor damage to the
front drivers side fender and drivers door. Two concrete column's were knocked over as well as the hydrant
being dislodged. The operator of MV1 was uninjured. MV1 was able to drive away from the scene. Photos of the
damage to the vehicle as well as the hydrant and concrete column's were submitted to the IT Bureau. DPW was
notified to replace the hydrant and concrete column's.

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., , 3 FIRE HYDRANT CITY OF NEWTON... 3 CONCRETE COLUMN

CITT OF NEWTON,,	3 сонски	ETE COECUITY
Truck and Bus Information: Registration #	(From Vehicle Section)	35
Carrier Name		Carrier Issuing Authority Code
Address	City	St Zip
US DOT #: State Number	Issuing State ICC #:	Interstate 36
Cargo Body Type Code 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

 KEVIN JOYCE
 NEWTON POLICE DEPARTS
 06/04/2022

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

	Direction	1 ≠ Vehicle 1	2 =Vehicle 2	₽Pedes	trian	
Crash Diagram:	ie: →	1	2	→Ŷ		
Crash Diagram:	ie: -			→ Ŷ   	or	Crash Did Not Occur n a Public Way:  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way  dicate North by Arrow
						$\overline{}$
C 1 N .:	1			-		
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)		Address			Phone	e # Statemen
					ļ.	
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property
CITY OF NEWTON				2	CONCRETE COLL	MNI
CITY OF NEWTON, ,	,			3	CONCRETE COLU	IVIIN
Truck and Bus Information:	Registration #		(Fre	om Vehicle Section)		
Carrier Name	-					ssuing Authority Code
Address			City		St	Zip
US DOT#:	State Number		Issuina Sta	te ICC#-		Interstate 36
27		38	15501118 518	ICC#.	•	incistate
Cargo Body Type Code 37	Gross Vehicle Weight	36				
Tanilan Dan #	n	D. C.		· · · · · · · · · · · · · · · · · · ·	39	,
Trailer Reg #:	Reg Type	Reg State	e Reg	y ear T	railer Length	
Hazmat Information:						
Placard 40 Material 1 di	git # 41 Materia	al Name		Matarial A	4 digit #	Release code 42
riacard Iviaicital I di	511 IT IVIALEII	u1 1 NatitiC		iviaterial 4	τ uigit π	_ ixcicase code
KEVIN JOYCE				NEWTON POLICE DEPAR	?TA	06/04/2022
		4	ID/P 1 "			
Police Officer Name (Please Print)	Signa	ture	ID/Badge #	Department	Precinct/Bar	rracks Date

CDP1 11 ·24·00