

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/20/2022		Time of Crash 08:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
EAST NAHANTON ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
EAST DEDHAM ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
				Route# Intersecting Roadway/Street								2	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000427							
License # --- St MA DOB/Age ---				Reg # 1MCW18 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL A				Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20									
Operator HYPOLITE GUERLINE				Owner TOYOTA FINANCIAL								12	
Address 86 PINE GROVE DR				Address BOX 105386									
City BROCKTON State MA Zip 02301				City ATLANTA State GA Zip 30348									
Insurance Company ARBELLA INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # R6324 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2013 Veh Make HONDA Veh Config. 2 20									
Operator FISHER SUSAN JOY				Owner (Same as operator)									
Address 110 MCCARTHY RD				Address									
City NEWTON State MA Zip 02459				City State Zip									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	



