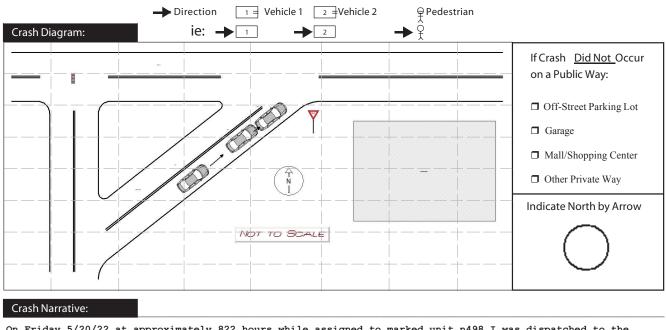
	Poli	ice Use Only		Commonwea	lth (	of Mass	achı	usett	S		RM	V Docu	ment Number	
	Date of Crash 05/20/2022	Time of Crash 08:22	City/To NEWTON	MIOTOI		icle Cra	ısh	Number Vehicle	es Inju	red La	peed Limitatitude _		State Police Local Police MBTA Police	XI E
		24HR				Report		2	0		ongitude_		Other:	
		ALINIER	RSECTION:	< ]	LOCA'	HON	>		IN	OI A	I INII	LKSE	CTION:	2
	EAST	NAHA!	NTON ST											
$1^{1}$	Route# Direc	tion		Roadway/Street		Route# Directi	on A	ddress #		1	Name of I	Roadway	//Street	2
	EAST DEDHAM ST					Feet NSEW of or Exit Num							E SAL 1	_
	Route# Direc	etion N	Name of Intersecting			Faat	N S E	w of	MI	ie Marke	er		Exit Number	_
			Also at Inter	section with					Rot	ite#	Intersec	ting Roa	adway/Street	- <u> </u>
2 <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Street	—I	Feet	N S E	W of						2
3			T_								La	ndmark		_
	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		2	2000427						
	License#		St_M		Reg#	1MCW18			Reg	Type_P	AN	Reg	State MA	
	Sex_F Lic.	Class D 18 1	Lic. Restriction		Veh Y	ear_2019	Ve	h Make_	гоүот	A		_Veh Co	onfig. 2 20	
4_	Operator HYI	PPOLITE	GUERLINE	Endorsment	Owner	TOYOTA FII	NANCI	Al	First					$ 1^1$
3	Address 86 PI	NE GROVE DR	First	Middle		BOX 105386			First			Middl	e	_
	City BROCKT	TON	St	nte_MA Zip_02301	City ATLANTA State GA Zip 30348									_
	Insurance Com	pany ARBELLA	INSURANCE			e Action Prior t	o Crash	2	21	Dama	ged Area	Code: (	Circle Up to Thi	ree)
5	Vehicle Travel	Direction: N	S X W Rest	onding to Emergency? N	Event	Sequence 1	22 2		22	2	3		4	
1	Citation # (If I					^ ∟ Harmful Event	1 23	3					10 Undercar	rriage
	Violation	1: Ch Sec	c Violation	2: ChSec	Driver	Contributing C		1 24	24	1	9		11 Totaled	
<sup>6</sup> <b>1</b>	1			4: Ch Sec		ride/Override	25	Tov	ved N	8	7		6	
	Please	fill out for opera	ator and all occu	pants involved	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.  Say Death Say 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.  Madical Equility							1		
	Name (Last Fir	st Middle)	<u> </u>	Address See Above		Age/DOB		Pos. \$yste	m Status	Switch Co	ouc couc	\$tatus C	ode Medical Facil	lity 1
	Орегию			See Hoove				- 1	-	4 0	0	10	L	
<b>4</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	is Non-Motorist A Typ	pe 1	Action Action	Loc	ation	16 Co	ondition	17	Пн	it/Run Mop	ped
	License#		St_M		Reg#	Reg # R6324					Reg Type PAN Reg Si			
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Y	Veh Year 2013 Veh Make HC								
<sup>8</sup> <b>1</b>	Operator FISHER SUSAN JOY				Owner (Same as operator)							_		
1	Address 110 MCCARTHY RD					Last First Middle Address								
	City NEWTO	CityStateZip												
	Insurance Com	Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)				
Insurance Company COMMERCE INSURANCE  Vehicle Travel Direction: N S W W Responding to Emergency? N						Event Sequence 1 22 22 22 22 3 4								
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	Pl	ease fill out for		occupants involved				26 2 Seat Safe		29 Airbag Ej	30 31 ect Trap	32 Injury Tr	33 ransp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	em Status	Switch C	Code Code	Status	Code Medical Fac	ility
	Орегатог	1 TOII-IVIOLOI ISL		SEE AUUVE				1	4	4 0	U	10 1	L	
								+		+				



On Friday 5/20/22 at approximately 822 hours while assigned to marked unit n498 I was dispatched to the parking lot of 755 Dedham Street for a report of a Minor motor vehicle crash.

Upon arrival I spoke with the operator, HYPPOLITE Guerline, of MV#1 (1MCW18) who states she was traveling eastbound on Nahanton Street and approaching the yield sign to turn onto Dedham Street when she was struck in the rear by MV#2.

Operator, FISHER Susan, of MV#2 (R6324), states she was behind MV#1 and thought the vehicle had pulled away from the intersection. FISHER states she looked to her left and saw it was clear to proceed, not realizing MV#1 had not yet cleared the intersection, striking MV#1 in the rear.

There was no damage to either motor vehicle, however HYPPOLITE was complaining of head and neck pain. Medic

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone :	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	iption of Dama	aged Property	
				•				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Truck and Bus Information:			(From Vehi	cle Section)		Carrier Issu	uing Authority Cod	35 de
Carrier Name								de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number					St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numbersss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #:  Cargo Body Type Code37 Gro	State Numbersss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de

•	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	<b>→</b> Ŷ		
Crash Diagram:	ie: ->			→ Ŷ	If Crash D on a Public Off-Stree Garage Mall/Sho	et Parking Lot
4 arrived on scene and ev	aluated HYPPOLI	ITE. She sig	ned a patien	it refusal	with Medic 4 and eve	ryone cleared
from the scene.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•			'	·
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	ertv
				71	, , , ,	•
Truck and Bus Information:						
				Vehicle Section)		35
Carrier Name					Carrier Issuing Auth	ority Code
Address			City		St	Zip
US DOT#:	State Number		Issuing State	ICC #:	Inters	state 36
37		38	_ 5 _			
Cargo Body Type Code G	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:						
Placard 40 Material 1 digi	t # Material 1	Name		Material 4 o	ligit# Release	e code 42
l ug.						
ALAN JR RICHARD SOLOMAN.			NE	WTON POLICE DEPARTM		05/20/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)