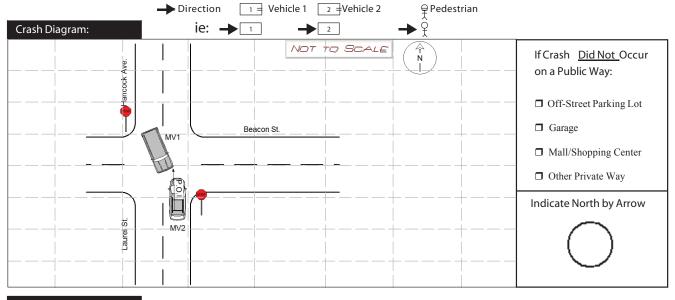
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	uset	ts		F	RMV Do	cumei	nt Number	
	Date of Crash 06/15/2022	16:52	NEWTON	MIOTOI		icle Cra Report	sh	Num Vehic 2		ured		Limit <u>25</u> e ıde	I	State Police Local Police MBTA Police Other:	XI D
		AT INTER	RSECTION:		LOCA		>					TER:			$\neg$
	EAST	г веасо	ON ST												2
1 1	Route# Direc			Roadway/Street		Route# Direction	on A	ddress #	#		Name	of Road	way/Str	reet	$ 2^1$
	NOR	TH LAURE		At		Feet	N S E	W of			_ • _	or _			_   _
	Route# Direc	ction N	Name of Intersectin	<u> </u>		Feet []	NICE			lile Mar	ker		I	Exit Number	_
	SOUT	гн НАМСО	Also at Inter	section with				_	Re	oute#	Inte	ersecting	Roadwa	ay/Street	6
2 <b>1</b>	Route# Direc			eting Roadway/Street		Feet	N S E	w of				Landma	ark		$ \begin{vmatrix} 6 \end{vmatrix}$
3	X Vehicle 1	2_#Occupants	X Hit/Run	Moped Case								Landin	II K		7
	Venicie	#Occupants	_	Case	Number			200053							4
	License#	18 1		19		1ABX43			Re					20	-
[4	Sex_F Lic.		Lic. Restriction	CDL Endorsment		ear 2015						Ve	n Confi	g. <b>2</b>	
<sup>4</sup> 2	Address 28B J	Last UNE ST	First	Middle		(Same as ope			Fir			N	Middle		- <b>1</b>
	City ROSLIN		Çte	te MA Zip 02131		SS						State	7in		.
	Insurance Com		512	Zip		e Action Prior to			21					ele Up to Thre	
5		Direction: N	S W W Resp	onding to Emergency? N				2 22	2 22	2		3	4		
1		ssued)		3 3 1		Harmful Event	1 2.	3				9	) -	10 Undercarri	age
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C	Г	1 24	24		_		٦	11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	2:	5 To	owed_N	<b>®</b>		7	6		
	Please 1		ator and all occu	pants involved  Address		Age/DOB	Sex	26 Seat Sa Pos. \$v:	27 28 fety Airbaş stem Status	29 Airbag Switch	30 Eject Ti Code C	31 32 rap Injur	2 33 V Transp Code	Medical Facilit	1 1
	Operator			See Above		Agc/DOB		1		99	0 (		2	NEWTON WELLES	·—
	ABBULLAHI,	SUMAYA		JUNE ST SLINDALE, MA 02131			F	3 1	4	99	0 (	10	1		
				•											
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action	15 Loc	cation	16	Conditio	on	17	Hit/R	un Mop	ed
	License#		St	DOB/Age	Reg#				Re	д Туре	PAN		Reg Sta	te XX	7
	Sex Lic.	Class 99 18 1		19	Veh Ye		Ve	h Make	UNKN				n Confi	20	-
8 <b>1</b>	Operator UN	KNOWN	UNKNOWN	Endorsment	Owner	(Same as ope	rator)								_
1	Address 00	Last	First	Middle	Last         First         Middle           Address							.			
	City		Sta	teZip_00000								_			
	Insurance Com	npany_UNKNOW	VN		Vehicle	e Action Prior to	o Crash	1	21	Dan	naged A	Area Coo	le: (Circ	cle Up to Thre	:e)
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled						age				
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24									
			ec Violatio		Underride/Override 25 Towed N 7 6										
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex		27 28 fety Airbaş ystem Statı	29 Airbag s Switch	30 Eject Tr Code 0	31 32 rap Injur Code Stat	y I ransp	).	ity
		Non-Motorist		See Above				9	9 99	99	0 (		1		
										+					$\dashv$



## Crash Narrative:

On Wednesday, June 15, 2022, at approximately 1652hrs, I Officer Fay responded to 47 Hancock Ave. for a report of a hit and run. Upon arrival I met with the operator and passenger of MV1 who stated they were stopped on Hancock Ave at the intersection of Beacon St., Laurel St. and Hancock Ave. It should be noted that Hancock Ave. and Laurel St. end when connecting to Beacon St. MV1 was proceeding to turn left on to Beacon St. when MV2 ran the stop sign on Laurel St crossing Beacon St. onto Hancock Ave and struck the left front end of MV1. MV2 did not stop and continued to drive North on Hancock Ave. MV1 was able to turn around to try and follow the vehicle, but had to pull over in front of 47 Hancock Ave., due to heavy damage on the driver side front end of the vehicle.

The operator of MV1 stated she was having back pain and would like to be evaluated by paramedics. Fallon

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:		•						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	iption of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Truck and Bus Information:  Carrier Name			(From Vehic	cle Section)		Carrier Issu	uing Authority Co	
			(From Vehic					de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name  Address US DOT #:  37	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #:  Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:_ Tr	railer Le	St	Zip Interstate	de

JEREMY FAY			NEWTON POLICE DEPARTM		06/15/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1 :	Vehicle 1 2	=Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	→	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
i i	i			į	☐ Mall/Shopping Center
					☐ Other Private Way
	- —   — — —  -			+	Indicate North by Arrow
					$+$ $\bigcirc$ $+$
Crash Narrative:					
Paramedics arrived on scen			of MV1 and pro	ceeded to trans	sport her to Newton
Wellesley Hospital for fu					
Prior to the operator bein		<del>_</del>			
<del>_</del>			<del>_</del>		but stated the driver side
front end of the vehicle w		ined damage.	They also sta	ted that they w	ere unable to get a look
at the operator of the oth		.d	-hi-1ihi	for hor fother	and a managed too. The
Upon clearing, the passeng operator and passenger wer					
After clearing I searched			<del>_</del>	<del>_</del>	
<del>_</del>	n next page)	,,			
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descripti	on of Damaged Property
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	35
Carrier Name					Carrier Issuing Authority Code
Address			City		
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengt	h 39
Hazmat Information:	41				
Placard Material 1 digit #	# Material Na	ame		Material 4 digit #	Release code 42
IEDEMV EAV				VIDOVICE DE-	04 H F /0000
Police Officer Name (Please Print)	Signature			N POLICE DEPARTN  artment P	recinct/Barracks Date

	Direction 1	delicle 1 ☐ 2	y ≠Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: 🕕 🛚	<b>→</b> [2	<u> </u>	<b>&gt;</b> ĝ		
					If Crash <u>Did Not</u> Con a Public Way:	
					☐ Garage	
						.
					☐ Mall/Shopping Ce	
					☐ Other Private Way	<u> </u>
					Indicate North by A	rrow
	—— ————  	<del> </del> <del> </del>	<del> </del> - <del> </del> -	<u>+</u> -		
Crash Narrative:		-				
cameras that would of cap	tured the incide	ent, yielding	negative res	sults.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
				7,		
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		35
Carrier Name					Carrier Issuing Authority Code	e
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:	41					42
Placard 40 Material 1 digi	t # Material Na	ame		Material 4 digit	# Release code	42
JEREMY FAY			BITTAL	TON POLICE DEPARTM	06/15/20	122
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00