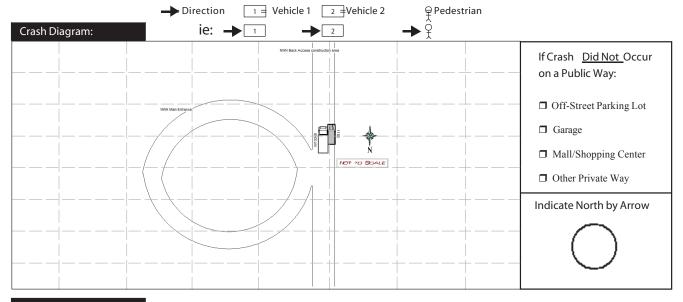
	Poli	ice Use Only		Commonweal	lth o	f Massa	ach	uset	ts		RM	V Docui	ment Number	
	Date of Crash 05/24/2022	Time of Crash 13:24 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Num Vehic 2		ured La	eed Lim titude _ ongitude		State Police Local Police MBTA Police Other:	XI e 🔲
			RSECTION:		OCAT		>		N	OT A	ΓINT	ERSE	CTION:	
						SOUTH	20	)14	WA	SHINGT	ON ST			
1 <b>1</b>	Route# Direc	tion	Name of R	oadway/Street	F	Route# Direction	on A	.ddress #	#	N	Vame of I	Roadway	/Street	
					-	Feet [	N S E	W of		ile Marke		or	Exit Number	_
	Route# Direc	etion 1	Name of Intersecting  Also at Intersec	·	— [ <u>-</u>	Feet [	N S E	Wof						
2 <b>1</b>						Feet 1	N S E	W of	Ro	ute#	Intersec	cting Roa	idway/Street	4
	Route# Direc	tion	Name of Intersecti	ng Roadway/Street							La	ndmark		
3	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		2	2200044	1					
	License#		St MA	DOB/Age	Reg#_	W13340			Re	g Type C	ON	Reg	State_MA	
	Sex_M_ Lic.	Class D 18 1	Lic. Restrictions	1 19 CDL		ar_2022	Ve	eh Make	FORD			_Veh Co	20	
4	Operator AQ		MOHAMMED	Endorsment		STONEHAM	ī	OF	Fir	st		Middle	e	_ 7
1	Address 87 FA	AIRMONT ST			Address 185 MAIN ST								_	
	City MALDE		State	MA Zip 02148	City STONEHAM State MA Zip 02180								_	
5	1	pany EMPIRE I			Vehicle	Action Prior to		1		_	ged Area	Code: (	Circle Up to Th	iree)
3		Direction: N	X E W Respon	nding to Emergency? N		Sequence 2	2		2 22	<b>6</b>	$\bigcap$		10 Underca	rriage
	Citation # (If I	·		: ChSec		larmful Event	2	24	24	1 -	9		5 11 Totaled	
<sup>6</sup> <b>97</b>	1			: Ch Sec		Contributing Co		1 T	owed N	8	7		6	
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex		stem Status	Switch Co	ode Code 0	Status C	ode Medical Fac	ility 2
	_													
<sup>7</sup> <b>9</b>	Please Select C of the Followi		e2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	4 Action 1	5 Loc	cation	16	Condition	17	□н	it/Run Mo	ped
	License#		St	DOB/Age	Reg # 1	eg # 1106			Re	Reg Type COR			Reg State_MA	
	Sex_ Lic. Class				_	Veh Year 2011 Veh Make LAND ROVER Veh Confi						20		
8 <b>4</b>	Operator Endorsment  Last First Middle				Owner CAMERATO FRED  Last First Middle							_		
_	Address					Address 342 RIVER ST								_
	CityStateZip				City NEWTON State MA Zip 02465							_		
	Insurance Company SAFETY					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								iree)
	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 222 22 22 22 3 4 10 Undercarriage								rriage	
	Citation # (If I	/			Most Harmful Event 2 5 11 Totaled						inage			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1								
			ec Violation		Underri	ide/Override		To	wed N 27 28 fety Airbag	29 Airbag Ej	30 31 Trap	32	33	
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex		fety Airbag ystem Statu	Airbag Ej	ode Code	Injury  I'r	ansp. Code Medical Fa	cility
	Operator/	Non-Motorist		See Above								++		
												++		



## Crash Narrative:

On 524/2022 at approx 1324Hrs while assigned to 497 I responded to the west entrance of Newton Wellesley
Hospital for a report of a two car crash. Upon arrival I observed a gray Land Rover Ma Reg 1106 and a white
delivery truck Ma reg W13340 connected at the entrance to the rear of NWH, an area that is under
construction. I spoke with the owner of the Land Rover, Frederick Camerato who stated he had parked his car
in order to pick someone at the hospital up, while it was parked it was struck and dragged by a delivery
truck, Ma Reg W13340 being operated by Mohammed Aquas. Aquas stated he was heading to make a delivery to the
hospital and the Land Rover was parked in an illegal spot. Construction at the hospital created poor
conditions, in addition to multiple vehicles stopped or parked in the fire lane. There were multiple
construction trucks parked on access road and on the curb.

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	Ź		Carrier Issu	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT#:	State Number		Issuing State	ICC#:			Interstate	36
37		38	_			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

JO A GOURDEAU		NEWTON POLICE DEPARTM	05/24/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date