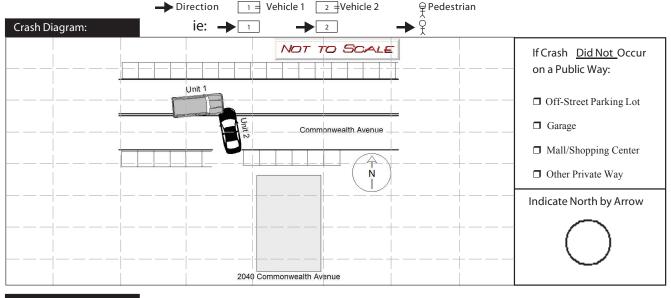
	Poli	ice Use Only		Commonwea	ılth o	f Massa	achu	isetts	6		RM	V Docu	ıment Nu	ımber	
	Date of Crash 05/25/2022	Time of Crash 08:41 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		red La	eed Lim titude _ ngitude		State Local MBTA Other	Police Police X Police X A Police	
			RSECTION:		LOCAT	_	>		N	OT A	INT	ERSE	CTIO	V:	2
			EAST 2140 COMMONWEALTH AVENUE												
1 1	Route# Direc	tion		Roadway/Street	F	Route# Direction	on Ad	dress #		N	lame of l	Roadway	y/Street		2
						Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									1
2 1			Route# Intersecting Roadway/Street Feet N S E W of									3			
3	Route# Direc	tion	Landmark									┰			
1	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		22	2000446							
	License#		St MA		Reg # _1	INPG25			Reg	Type_P	AN	Reg	g State M]
		Sex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment					Veh Year 2019 Veh Make HONDA Veh Config. 20								
4 1	Operator JAL	Last	POUYA First	Middle	Owner (Same as operator) Last First Middle										1
	Address 93 W		G.	te MA Zip 02465	Address										
		pany COMMER		Zip_02403	City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to								_		
5	1	Direction: N	onding to Emergency? N	Event Sequence 1 22 22 22 22 22 22 4											
	Citation # (If I			0 ,		Iarmful Event	23			_			10 U 5 11 T	Indercarriag	e
	Violation	1: ChSe	c Violation	2: ChSec	Driver	Contributing Co			24		Ź	<u>\</u>		otaled	
1	Violation 3: ChSecViolation 4: ChSec					Underride/Override								┸	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 Seat Safety Pos. System	Airbag Status	29 Airbag Eje Switch Co	30 31 Frap de Code	32 Injury T Status C		lical Facility	1
	Operator			See Above				1	1	99 0	0	10	1 N/	'A	-
															-
															_
7									15		12				
1	Please Select C of the Followi	I X Vehicle	e2 1_#Occupant	s Non-Motorist A Typ	pe 14	Action	Loca	ntion	16 C	ondition	17	Пн	lit/Run	Moped	ı
	License#St MA DOB/Age					Reg # 7XB298 Reg Type PAN Reg State M						A	1		
	Sex_F Lic. Class D 18 18 Lic. Restrictions D 19 CDL					Veh Year 2018 Veh Make HYUNDAI Veh Config. 1									
8 2		Operator BRIANNA CATALDO Last First Middle					Owner Game as operator) Last First Middle								
	Address 2140 COMMONWEALTH AVENUE					Address									
	City NEWTON State MA Zip 02466 Insurance Company SAFETY					City State Zip Vehicle Action Prior to Crash 6 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E Responding to Emergency? N Responding to Emergency N					Event Sequence 1 22 22 22 22 22 23 4									
	Citation # (If Issued) N/A					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								э	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4 24 24									
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 7 6									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag m Status	29 Airbag Eje Switch C	30 31 ect Trap ode Code		ransp. Code Me	dical Facility	
	Operator/	Non-Motorist		See Above				2	4	99 0	0	10	1 N/A		
															1



Crash Narrative:

On Wednesday, May 25, 2022, while assigned to unit N493, I responded to the area of 2140 Commonwealth Avenue, Newton for a motor vehicle crash. The weather at the time of the crash was clear and sunny. The road surface was dry. Commonwealth Avenue is a public way maintained by the City of Newton.

The operator of MV1, Mr. Pouya Jalili (S24275452), stated he was operating his 2019 Honda CR-V

(MA: 1NPG25) on Commonwealth Avenue (E) near Melrose Street. Mr. Lalili stated as he was coming

around a bend in the road, a vehicle in front of him has entered his travel lane from their driveway and was

attempting to cross Commonwealth Avenue. Mr. Lalili stated he beeped his horn and swerved to the left to try

and avoid the collision. MV1's from driver side crashed into the from driver side of MV2. MV1 had damage

to it's front end and was removed from the roadway by Tody's towing. Mr. Lalili reported no injuries.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	‡	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			35
Truck and Bus Information:			`	,	Carrier Issu	uing Authority Coo	35 de
			`				
Carrier Name			City		St	Zip	
Carrier Name			City		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip	de
Carrier Name	State Numbers Vehicle WeightReg Type	Reg State	City Issuing State Reg Year	ICC#: Tra	St	Zip Interstate	de

MICHAEL R GAUDET NEWTON POLICE DEPARTN 05/25/2022
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	→ Direction	1 =	Vehicle 1	2 :	Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1	→	2	_	₽			
								If Crash <u>Did Not</u> on a Public Way:	:_Occur
	i	_		_				☐ Off-Street Park	ing Lot
								☐ Garage	
	į				į			☐ Mall/Shopping	Center
		_ -						☐ Other Private W	'ay
		_ -		-				Indicate North by	Arrow
								\bigcirc	
Crash Narrative:	2 Ma Prianna	Cot	21do /8′	24025		l abo was		g to gross	
The operator of MV	·						-		
Cataldo stated while exi	ting her drive	way,	she sto	pped	before ente	ring to r	oadway to	allow traffic t	o clear
to her right and left.	Ms. Cataldo st	ated	she loc	ked	to her left	for some	time and	did not observe	any
vehicles traveling towar	ds her. Ms. Ca	tald	o stated	d she	proceeded t	co enter C	ommonweal	th Avenue and ma	ke her
left turn to travel West	bound. Ms. Ca	tald	o stated	d she	then heard	a beep an	d MV1 was	in the Westbour	d lane,
crashing into the front	of her vehicle	. м	s. Catal	ldo s	tated she	lid not se	e the veh	icle until it wa	s too
late. I observed damage	to the front	end	of MV1	Ms	. Cataldo re	ported no	injuries	•	
Witnesses:							1	DI "	
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address				Phone #	34-Type	Description (of Damaged Property	
Truck and Bus Information:	Registration #				(From Ve	chicle Section)			
Carrier Name							Ca	rrier Issuing Authority C	ode 35
Address				0	ity		S	t Zip	
US DOT #:	State Number				Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	3	38						
Trailer Reg #:	Reg Type		Reg State	e	Reg Year_	Tra	ailer Length	39	
Hazmat Information: Placard 40 Material 1 dig	rit # 41 Materi	al Nan	ne			Material 4	digit #	Release code	42
MICHAEL R GAUDET									/2022

ID/Badge #

Department

Precinct/Barracks

Date

Signature

CDP1 11 ·24·00

Police Officer Name (Please Print)