

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 06/18/2022 Time of Crash 12:58 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

WEST ELIOT AVE Route# Direction Name of Roadway/Street At NORTH WALTHAM ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

Vehicle 1 Occupants Hit/Run Moped Case Number 22000541

License # --- St MA DOB/Age --- Reg # 383JS6 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Operator CAMMARATA SARAH Owner CAMMARATA PATRICK Address 58 VALENTINE PK Address 58 VALENTINE PARK City NEWTON State MA Zip 02465 City NEWTON State MA Zip 02465 Insurance Company SAFETY Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 99 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y

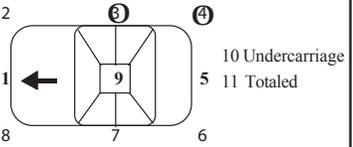


Table with columns: Name (Last First Middle), Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 99, 4, 99, 0, 0, 10, 1, NONE

Please Select One of the Following: X Vehicle 2 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St MA DOB/Age --- Reg # 3TLK34 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2006 Veh Make ACURA Veh Config. 1 20 Operator AGGARWAL RIYA Owner (Same as operator) Address 350 WALTHAM ST Address City NEWTON State MA Zip 02465 City State Zip Insurance Company AMERICAN FAMILY CONNECT PROPERTY Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 1 22 99 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 6 24 99 24 Underride/Override 25 Towed N

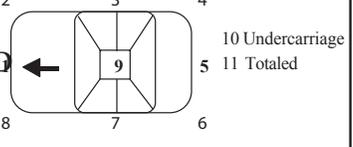
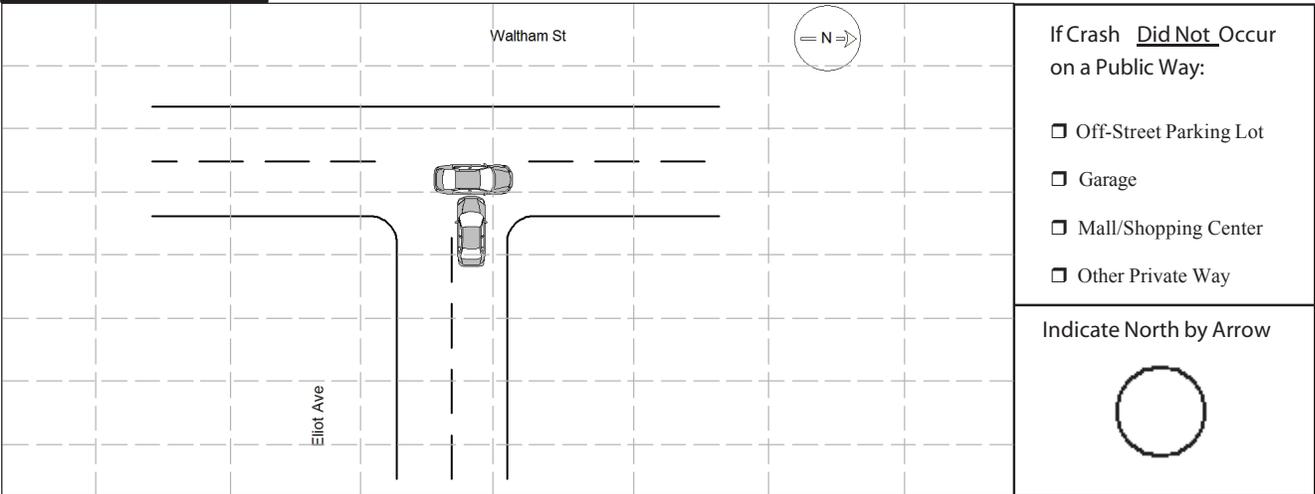


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→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Operator #1 was driving northbound on Waltham St when her vehicle was struck by vehicle #2, which was taking a left onto Waltham St from Eliot Ave. Operator #2 stated she did not see vehicle #1 when she was attempting to take the turn.

There were no reported injuries. Vehicle #1 had to be towed by Tody's due to substantial right side damage. Vehicle #2 had front end damage but was operable.

Witnesses:

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 Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KELEIGH N DONAHUE

NEWTON POLICE DEPARTM

06/18/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date