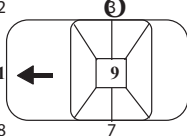
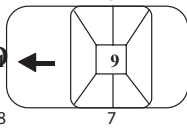


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/18/2022		Time of Crash 12:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>WEST ELIOT AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WALTHAM ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> 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 Last First Middle				Owner CAMMARATA PATRICK Last First Middle									
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									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator				See Above		-----		---		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> 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 Last First Middle				Owner (Same as operator) Last First Middle									
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									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 6 24 99 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator/Non-Motorist				See Above		-----		---		NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Waltham St

Eliot Ave

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊙ N ⇒

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