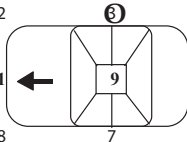
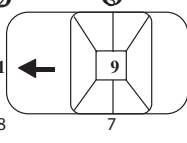


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/21/2021	Time of Crash 11:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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:							
EAST NAHANTON ST												
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____									
SOUTH WINCHESTER ST			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000036					
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>1LWE47</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>					
Sex <u>M</u> Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2019</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>1</u> <u>20</u>					
Operator <u>MARMANIDIS LAZAROS</u> <u>N</u>			Owner <u>(Same as operator)</u>									
Address <u>5 GREENLODGE ST (apt. 1)</u>			Address _____									
City <u>DEDHAM</u> State <u>MA</u> Zip <u>02026</u>			City _____ State _____ Zip _____									
Insurance Company <u>ARBELLA INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1		10 Undercarriage 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		1		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		25		6					
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator			See Above		-----		---		1		4	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>924YL8</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2013</u>		Veh Make <u>MAZDA</u>		Veh Config. <u>2</u> <u>20</u>					
Operator <u>MULLANEY COURTNEY</u> <u>M</u>			Owner <u>LIN NINA HSINMEI</u>									
Address <u>14 PARKINSON ST</u>			Address <u>204 ASPINWALL AVENUE</u>									
City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02492</u>			City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02446</u>									
Insurance Company <u>PROGRESSIVE</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2							
Citation # (If Issued) <u>T0116679</u>			Most Harmful Event <u>1</u> <u>23</u>		1		10 Undercarriage 5 11 Totaled					
Violation 1: Ch <u>89/4A</u> Sec _____ Violation 2: Ch <u>90/24/C</u> Sec _____			Driver Contributing Code <u>10</u> <u>24</u> <u>8</u> <u>24</u>		10		8					
Violation 3: Ch <u>90/25/T</u> Sec _____ Violation 4: Ch <u>90/24/C</u> Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>		25		6					
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator/Non-Motorist			See Above		-----		---		1		4	

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/21/2021	Time of Crash 11:02 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000036		
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed			10 Undercarriage 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec											
Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator			See Above								
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 # 924YL8 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2013 Veh Make MAZDA Veh Config. 2 20		
Operator MULLANEY COURTNEY M			Owner Last First Middle			Address			Address		
City NEEDHAM State MA Zip 02492			City State Zip			Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 10 24 8 24		
Citation # (If Issued) T0116679			Underride/Override 25 Towed Y			10 Undercarriage 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec											
Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist			See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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 of Motor Vehicle # 1 stated he was stopped at the red light in the left turn only lane Southbound on Winchester Street. Party stated a red Mazda 5 was taking a left turn onto Winchester street from Nahanton Street and drove on the wrong side of the road in the right turn only lane next to him and struck the rear panel on the passengers side causing minor damage.

Operator of Motor Vehicle #1 stated that he attempted to stop Motor Vehicle #2 however the vehicle did not stop.. Operator of Motor Vehicle #1 stated he made a U-Turn and started following Motor Vehicle # 2 and called the Newton Police.

Operator of Motor Vehicle # 2 stated that she did not realize that she hit Vehicle # 1 and was unaware that she drove on the wrong side of the road. Operator of Motor Vehicle # 2 was subsequently arrested for

(Continued on next page)

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

ZOI H LAZARAKIS **NEWTON POLICE DEPART** **01/21/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

