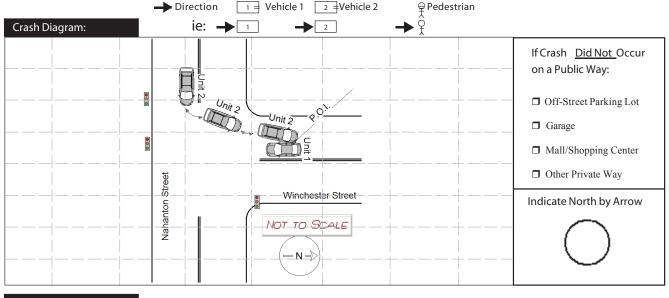
	Poli	ice Use Only		Commonwo	ealth	of Mas	sach	iuse	etts			RM	V Doc	ument	t Number	
	Date of Crash 01/21/2021	Time of Crash	City/T	Moto Moto	or Vel	nicle Cr	ash		mber	Numbe		ed Limi		St	ate Police ocal Police BTA Police	□ Xi
	01/21/2021	24HR	NEWTON	P		Report		2		0	1200	gitude_		Ot Ot	ther:	
		AT INTER	RSECTION:	<	LOCA	TION	>			NO	T AT	INT	ERSI	ECTI	ION:	
	EAST	Γ NAHA!	NTON ST													
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street		Route# Direc	ction	Address	s #		Na	me of I	Roadwa	ay/Stre	et	_ 2 1
	SOUTH WINCHESTER ST					Feet NSEW of or										
	Route# Direc	etion N		ng Roadway/Street		Fort	NG	r lw	c	Mile N	1arker			E	kit Number	_
			Also at Inte	rsection with			N S			Route#		Intersec	ting R	oadway	y/Street	-   1
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										5
3			<u> </u>	<del>1 1</del>		Landmark										$\dashv$
	X Vehicle 1	#Occupants	X Hit/Run	☐ Moped Ca	se Number	:		210000	00036							
	License#		St M		Reg#	1LWE47				Reg Ty	pe_PA	N	Re	g State		_
	Sex_M Lic.	Class B A A	Lic. Restrictio	ns B 19 CDL	Veh Y	ear_2019	\	/eh Ma	ke_TO	YOTA			Veh (	Config.	20	
<sup>4</sup> 3		RMANIDIS		ns CDL Endorsment N	Owne	(Same as o	perator)			First			Mid	dle		- 1 <sup>1</sup>
_3		EENLODGE ST				ess										- 📙
	City DEDHA	M	S	tate MA Zip 02026	City_							State		_Zip_		-
	Insurance Com	pany ARBELLA	INSURANCE		Vehic	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										ee)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency? N	Event	Sequence 1		22	22	22 2		<u> </u>		<b>(4)</b>		
	Citation # (If I	ssued)			Most	Harmful Event	1	23		1	<b>+</b>	9	$\left( \cdot \right)$		10 Undercarri 11 Totaled	iage
6	Violation	1: ChSec	Violatio	n 2: ChSec	Drive	r Contributing		1	4	24 8		VŢ	$\sum$	)		
<sup>6</sup> 1				n 4: ChSec	Unde	rride/Override		_	Towed	<u>N</u>						
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	Seat Pos.	27 Safety A System	28 2 irbag Airb Status Swit	9 30 ag Eject ch Code	) 31 t Trap c Code	32 Injury Status	33 Fransp. Code	Medical Facili	ty 1
	Operator			See Above			-		1 4	1 99	0	0	10	1		
7	Please Select C	)ne 🕶		15		14	15		1	6		17				
3	of the Followi	I A Venicle	2 <u>1</u> # Occupar	Non-Motorist A	Туре	Action	Lo	ocation		Cond	ition		X	Hit/Ru	n Mop	ed
	License#		St_M		Reg#	Reg # <u>924YL8</u> Reg Type <u>P</u>									_ ]	
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictio		Veh Y	Year 2013	V	/eh Ma	ke_MA	ZDA			Veh (	Config.	20	
8 1	Operator MU	Last	COURTNEY	Endorsment M		er LIN	Last		INA	First		Н	SINM			_
	Address 14 PA	Addre	Address 204 ASPINWALL AVENUE								-					
	City NEEDHA	City BROOKLINE State MA Zip 02446							02446	-						
	Insurance Com	Vehic	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									ee)				
	Vehicle Travel	Event	Sequence 1	22	22	22	22 0		<u> </u>		4	1077 1	.			
	Citation # (If I	Most	Most Harmful Event 1 23 10 Undercarriage  Driver Contributing Code 10 24 8 24 1 5 11 Totaled								iage					
	Violatio	Drive														
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	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 2 irbag Airb Status Sw	9 30 ag Eject	1 31 Trap de Code	32 Injury Status	Transp. Code	Medical Facil	lity
	Operator/	Non-Motorist		See Above			-		1 4	4 99	0	0	10	1		

Pol Date of Crash	Time of Crash	n City/Town	Commonwea Motor			_		Vumber	RM Speed Lim		ent Number State Police		
01/21/2021	11:02	NEWTON	1410101			l V	ehicles	Injured	Latitude _		Local Police MBTA Police		
	AT INTE	RSECTION:		LOCAT	eport	> 2			Longitude AT INT		Other:		
	ATTIVIE	RSECTION.	\ 1	LOCAII				NOT I	<b>XI IIVI</b>	EKSEC	TION.		
		N 6D	1/544		Division Division	A 11			N 61	2 1 /6	744		
Koute# Direc	Route#         Direction         Name of Roadway/Street           At         At					Route# Direction Address # Name of Roadway/Street							
					Feet N S E W of or Exit Number								
Route# Dire	ction	Name of Intersecting  Also at Intersec			Feet [	N S E W	of						
		Route# Intersecting Roadway/Street  Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street					Landmark								
Vehicle	#Occupants	s Hit/Run	Moped Case	Number		21000	000036						
T: "								D T		D 0			
License#	18		DOB/Age								20		
	Class		CDL Endorsment		r						ing.		
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					Action Prior to	-	21				ircle Up to Three		
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Violation	n 1: ChSe	ec Violation 2	ChSec	Driver C	Contributing Co	ode	24	24			3 11 Totaled		
Violation	n 3: ChSe	ec Violation 4	ChSec	Underric	le/Override	25	Towed_	8	Ź		6		
Please Name (Last Fit		rator and all occupa	nts involved  Address		Age/DOB	Sex Pos.	27 Safety Air System Sta	28 29 bag Airbag	30 31 Eject Trap Code Code	32 Tran Status Cod	33 lsp. Medical Facility		
Operator			See Above				-						
Please Select ( of the Followi	IX Vehicl	le2 1_#Occupants	Non-Motorist A Typ	ne 14	Action 1	5 Location	16	Condition	n 17	X Hit/	/Run Mope		
License#		St_MA	DOB/Age	Reg#_92	24YL8		1	Reg Type	PAN	Reg S	state_MA		
Sex_F Lic.	Class D 18	Lic. Restrictions	B CDL	Veh Yea	r_2013	Veh M	ake_MAZ	ZDA		_Veh Con	fig. 20		
Operator MU	JLLANEY Last	COURTNEY	Endorsment M	Owner _	Las			First		Middle			
Address 14 PA	ARKINSON ST	,		Address									
City NEEDHAM State MA Zip 02492  Insurance Company PROGRESSIVE					StateZip								
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Vehicle Travel Direction: XSEW Responding to Emergency? N  Citation # (If Issued) T0116679				Event Sequence 1 22 22 22 22 22 22 22 20 0 4  Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
												1	
		Sec Violation		Underric	le/Override		Towed	<u>Y</u>	30   31		33		
Name (Last F	irst Middle)	r operator and all o	Address		Age/DOB	Sex Pos.	Safety Air System S	28 29 bag Airbag tatus Switch	30 31 Eject Trap Code Code	Injury Tran	isp.		
Operator	/Non-Motorist		See Above										



## 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)

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)	Address		Phone	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Iss	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

<del>-</del>	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestria:	n	
Crash Diagram:	ie: → 1	<b>→</b> [	2	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					—	ng Lot
					☐ Garage	
					☐ Mall/Shopping 0	Center
					Other Private W	
	 - — — — — —	 	 			
					Indicate North by	Arrow
Crash Narrative:						
Operating Under the Influ	ence with numer	rous other m	otor vehicle	infractions.	. See report # 21003316	
Motor Vehicle # 1 and 2 su	stained minor o	damage. Mot	or Vehicle #	2 was towed	by Todys's Towing at t	he
location of Commonwealth A	venue and Avono	dale Road.	(See repot	# 21002695)		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Truck and Bus Information:	P					
Carrier Name	Registration #		(From	Vehicle Section)	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:						36
37	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ır Traile	er Length 39	
Hazmat Information:		5 _				
Placard 40 Material 1 digit #	# 41 Material Na	ame		Material 4 dig	git# Release code	42
ZOI H LAZARAKIS Police Officer Name (Please Print)	Signature			NEWTON POLICE DEPARTM  Department	Precinct/Barracks Da	
. once officer rame (ricase rimit)	Signatule		I Dauge T	- oparament	i icemica Dariacko Da	

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