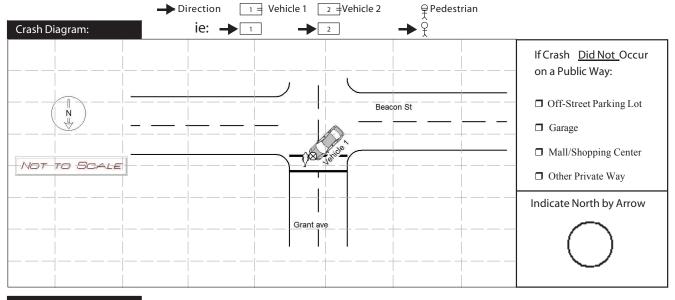
	Poli	ice Use Only		Commonwe	ealth o	of Mas	sach	uset	ts		RM	V Doci	ument	t Number	
	Date of Crash 12/09/2021	17:54	NEWTON	MIULU		icle Cr Report		Numl Vehic		ired La	eed Lim titude _ ongitude		St Lo M	ate Police ocal Police BTA Police ther:	Xi
		AT INTER	RSECTION:	<	LOCA	_	>	1		OT A					$\dashv$
	EAST	г веасо	ON ST												2
1 <b>4</b>	Route# Direc			Roadway/Street		Route# Direc	tion A	Address #	<u> </u>	N	Name of 1	Roadwa	ıy/Stre	et	$ 2^1$
	At GRANT AVE					Feet NSEW of or									
	Route# Direc	etion N	Name of Intersecting	g Roadway/Street					Mi	le Marke	r		Ez	kit Number	_
			Also at Inter	section with			N S I	_	Ro	ute#	Interse	cting Ro	oadway	y/Street	. 1
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Interse	cting Roadway/Street		Feet	N S I	E W of							_ 1
3	1		I	<del></del>							La	ndmark			┪
	Wehicle1	2_#Occupants	X Hit/Run	☐ Moped Cas	se Number			21000010	033						_
	License#	18 1	St M	OOB/Age	_ Reg#	5SV474			Reg	Type_P	AN	Re	g State	e MA 20	.
		Class D	Lic. Restriction		_ Veh Y	ear 2016	V	eh Make	HOND	Α		_Veh C	Config.	. 1	
<sup>4</sup> <sub>3</sub>	Operator GIA	Last	OS GEORGIA First	Middle	_ Owner	(Same as o	perator)		Firs	t		Mide	dle		- <b>1</b>
		COMMONWEAL				SS									
	City NEWTO			ate MA Zip 02459					21						
5	1		CE INSURANCI		_	e Action Prior	22	1 4		Damag	geu Area		(Circi	e Up to Thre	e)
1				oonding to Emergency? N		Sequence 3		23				$\overline{A}$		10 Undercarri	age
		ssued) T1445617		2: ChSec		Harmful Event	3	19 24	24	1	9		5	11 Totaled	
<sup>6</sup> 1				4: Ch Sec		Contributing ride/Override		05	owed N	8	7		6		
			ator and all occu		Onder	Tide/Override				29 Airbag Ej	30 31 ect Trap	32 Injury	33 Fransp.		1
	Name (Last Fir			Address See Above		Age/DOB	Sex		stem Status	Switch Co	ode Code	Status	Code 1	Medical Facilit	y 3
	KI ARKIS KVRA 214 COMMONWEALTH AVE				i .		F	6 1		4 0			1		
			NI	WTON, MA 02459					-				-		
7				_			15		10						
3	Please Select C of the Followi	\/ahicle	e# Occupan	ts Non-Motorist A T	Type 1	Action 2	15 Lo	cation	1 16 C	ondition	17 1		Hit/Ru	n Mop	ed
	License#		St	DOB/Age	Reg # Reg Type Reg State								_		
	Sex_F Lic.	Class 18 1	8 Lic. Restriction	19 CDL	Veh Year         Veh Make         Veh Config.										
<sup>8</sup> <b>2</b>	Operator DIA	MOND	JENNIFER First	Endorsment	OwnerLast First Middle										
	Address 168 H	IOBART RD	1 1131	wildle	Last First Middle Address										
	City_NEWTON State_MA Zip_02467  Insurance Company  Vehicle Travel Direction: N S E W Responding to Emergency?					City State Zip									
						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
														000	
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							age			
	Violation 1: ChSec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Driver Contributing Code 24 24 7 6									
						Underride/Override Towed							_		
	Name (Last Fi	irst Middle)	operator and all	Address		Age/DOB	Sex	26 Seat Sat Pos. Sy	fety Airbag stem Status	Airbag Ej	30 31 Frap Code Code	Injury 1	Fransp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Above			-					9	1	FALLON	
		· ·													



## Crash Narrative:

On December 9, 2021, at approximately 1754hrs, while operating cruiser N495, I, Officer Dragone responded to the intersection of Beacon St and Grant Ave for a report of a motor vehicle accident involving a pedestrian.

Beacon St and Grant ave are both public ways in the city of Newton.

I spoke to a female party, later identified as Jennifer Diamond, who stated she was hit by a vehicle. Ms.

Diamond was visibly shaken up but stated she was not injured. She stated that she was walking Eastbound in the crosswalk on Beacon St crossing the intersection of Grant Ave when she was lightly hit on the right side of her body by a motor vehicle, which caused her to fall to the ground. She stated the vehicle was taking a left onto Grant Ave from Beacon St. She stated the operator, later idenified as, Georgia Giannakopoulos got out of the vehicle to check on her. Ms. Diamond took a photo of the license plate (MA Registration 5SV474

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
GREENBERG , ANDREW, S	110 RACH NEWTON	IEL RD I,MA 02459		N					
Property Damage:	·								
Owner (Last, First, Middle)	Address	Phone #	34-Type D	escription of Damaged Property					
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code									
Address		City		St Zip					
US DOT #:	State Number	Issuing State	ICC #:	Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	Material Name		Material 4 dig	it # Release code	42				

	Direction 1 =	Vehicle 1 2	=Vehicle 2	₽Pedestria	an		
Crash Diagram:	ie: → 1	2	→	<b>₽</b> Ŷ			
		 				h <u>Did Not</u> O ublic Way:	ccur
					off-	-Street Parking	Lot
						age	
					☐ Mal	ll/Shopping Cer	nter
				+	Oth	er Private Way	
				+	Indicate	e North by Ar	row
		<del> </del>		<u>+</u>		$\bigcirc$	
Crash Narrative:							
). Ms. Diamond states t							
A witness, Andrew Green							
Ms. Diamond causing her	<del>_</del>				<del>_</del>		the
stated he saw the one	<del></del>						- build
up she became frantic a				Diamond	and when trairio	Started C	O DULLU
I then responded to the	<del>_</del>					dent	- Ме
Giannakopoulos stated s							
had to take a test. She							
	ed on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:						1	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	d Property	
Truck and Bus Information:	registration "		(From Vehic	icle Section)			35
Carrier Name					Carrier Issuing	g Authority Code	
Address		(	City		St	Zip	
US DOT#:			_ Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra <sup>;</sup>	iler Length 39		
Hazmat Information:							
Placard 40 Material 1 c	digit # 41 Material Nar	me		Material 4 di	.igit# R	Release code	42

ROBERT DRAGONE

Police Officer Name (Please Print)

Signature

ID/Badge # Department

Precinct/Barracks

Date

CDP1 11 · 24·00

→	Direction 1	Vehicle 1	Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	<b>→</b> 2	□ →	· Ŷ		
					l l	<u>Did Not</u> Occur Dlic Way:
						reet Parking Lot
					Garag	e
	i		į	į	☐ Mall/	Shopping Center
	- —   — — —					Private Way
					Indicate	North by Arrow
					(	
Crash Narrative:  and she hit Ms. Diamond who Diamond, who implied she w						
and call the police.						
Ms. Diamond signed a patie	nt refusal with	n Fallon EMS	and was picked	up by he	er parents.	
Georgia Giannakopoulos was	issued in hand	d Massachuset	ts Uniform Cit	ation# T1	1445617- Massachus	etts General
Law- Ch. 90 S. 24- Leaving	the scene of a	a collision a	fter personal	injury. S	See incident repor	t# 21051043
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	roperty
Owner (Last, 111st, Middle)	Address		THORE #	эт турс	Description of Damagea 1	ТОРЕНУ
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name	registration "		(From vein	,	Carrier Issuing A	authority Code 35
Address			City		St	Zip
US DOT #:						terstate 36
37	ss Vehicle Weight	38		100		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	Material N	ame		Material 4 d	ligit #Rel	ease code 42
ROBERT DRAGONE				N POLICE DEPARTA		12/09/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)