

|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|--|--------------------------------|---------------------|---|--|--|--------------------------------|----------------------|---------------------|---|--|--|
| Police Use Only  |                                |                     | Commonwealth of Massachusetts   |  |  |                                | RMV Document Number  |                     |   |  |  |
| Date of Crash<br>12/09/2021  | Time of Crash<br>17:54<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report  |  |  |                                | Number Vehicles<br>1 | Number Injured<br>1 | Speed Limit 25<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >  |  |  |                                | NOT AT INTERSECTION: |                     |   |  |  |
| EAST BEACON ST<br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____<br>GRANT AVE<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |                                |                     | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____<br>Feet [N][S][E][W] of _____<br>Landmark _____   |  |  |                                |                      |                     |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants   |                                |                     | <input checked="" type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped |                      |                     | Case Number 2100001033                              |  |  |
| License # _____ St MA DOB/Age _____<br>Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____<br>Operator GIANNAKOPOULOS GEORGIA<br>Address 214 COMMONWEALTH AVE<br>City NEWTON State MA Zip 02459<br>Insurance Company COMMERCE INSURANCE<br>Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N<br>Citation # (If Issued) T1445617<br>Violation 1: Ch 90/244 Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     | Reg # 5SV474 Reg Type PAN Reg State MA<br>Veh Year 2016 Veh Make HONDA Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23<br>Driver Contributing Code 19 24 24 Underride/Override 25 Towed N<br>10 Undercarriage<br>5 11 Totaled |  |  |                                |                      |                     |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                     | 3   |  |  |                                |                      |                     |   |  |  |
| 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  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
| Operator See Above   |                                |                     |   |  |  |                                |                      |                     |   |  |  |
| KLARKIS, KYRA 214 COMMONWEALTH AVE<br>NEWTON, MA 02459   |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 2 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
| License # _____ St _____ DOB/Age _____<br>Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator DIAMOND JENNIFER<br>Address 168 HOBART RD<br>City NEWTON State MA Zip 02467<br>Insurance Company _____<br>Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                            |                                |                     | Reg # _____ Reg Type _____ Reg State _____<br>Veh Year _____ Veh Make _____ Veh Config. 20<br>Owner _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 22 22 22 22 2 Most Harmful Event 23<br>Driver Contributing Code 24 24 Underride/Override 25 Towed _____<br>10 Undercarriage<br>5 11 Totaled                |  |  |                                |                      |                     |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                     | 9 1 FALLON  |  |  |                                |                      |                     |   |  |  |
| 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  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
| Operator/Non-Motorist See Above  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |
|  |                                |                     |   |  |  |                                |                      |                     |   |  |  |





→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### 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:

and she hit Ms. Diamond who was in the crosswalk. She stated that she got out of the car to check on Ms. Diamond, who implied she was ok. Ms. Giannakopoulos stated she then went back into her vehicle to drive home and call the police.

Ms. Diamond signed a patient refusal with Fallon EMS and was picked up by her parents.

Georgia Giannakopoulos was issued in hand Massachusetts Uniform Citation# T1445617- Massachusetts General Law- Ch. 90 S. 24- Leaving the scene of a collision after personal injury. See incident report# 21051043

#### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

ROBERT DRAGONE

NEWTON POLICE DEPART

12/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date