	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RM	V Docur	ment Number				
	Date of Crash 04/02/2022	Time of Crash 17:37	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	Xi D			
		AT INTER	SECTION:		LOCA'		>	3					CTION:				
	FACT								110		22.12.		011011	2			
1 1	Route# EAST			Roadway/Street		Route# Direction	on Ado	dress #		Na	ame of I	Roadway	/Street	$ 2^1$			
1	At NORTH CENTRE ST					Feet NSEW of or											
	Route# Direc			ng Roadway/Street				Mile	file Marker Exit Number								
			Feet N S E W of Route# Intersecting Roadway/Street														
2 1	Route# Direc	tion	Feet NSEW of														
3			Name of Interse	Landmark													
	X Vehicle 1	1_#Occupants	Hit/Run	☐ Moped Case	Number		220	000265						_			
	License#	18 1	St M	A DOB/Age	Reg#	Reg # 747AL8 Reg Type PAN Reg State MA											
	Sex_F_ Lic.	Class D 10 1	Lic. Restriction	Veh Year 2008 Veh Make HONDA Veh Config. 20													
⁴ 2		Operator ZAFERIOU Last First Endorsment Address 70 GLEZEN LN					Owner ZAFERIOU PAUL Last First Middle										
							Address 70 GLEZEN LN										
	City WAYLAI			ate MA Zip 01778		City WAYLAND State MA Zip 0177								_			
5	Insurance Company VERMONT MUTUAL					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three Damaged Area Code) 22 23 4											
1		Direction: N	S X W Resp	oonding to Emergency? N		Sequence 1	23	22			\bigcap	$\overline{\mathcal{A}}$	10 Undercari	riage			
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·		2: ChSec		Harmful Event	1	24	24	←	9		11 Totaled				
⁶ 1	1			4: Ch Sec		Contributing Contr	ode 1		a N	3	7		้อ				
			ator and all occu	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.									1				
	Name (Last Fir	st Middle)	<u> </u>	Address See Above		Age/DOB	Sex Po	os. System	Status Sv	ritch Cod	e Code	Status Co	ode Medical Facil	ity 1			
	- F								7	9 0		10 1					
											+						
7														_			
6	l	Please Select One of the Following: X Vehicle 2 1_# Occupants Non-Motorist A			pe 1	Action 1	Loca	tion	Cor	dition	17	Hi	t/Run Mop	oed			
	License#	License # St MA DOB/Age				# SHD				ype PA	N	Reg	_				
	Sex_F Lic.	Veh Year 2019 Veh Make JEEP Veh Confi								20	_						
8 4	Operator DRI	Operator DRISCOLL SARAH Last First Middle Middle					Owner (Same as operator) Last First Middle										
1	Address 4 NE	WHILL PL	Addre	SS			11150			Wildie		_					
	City BOSTON	N	CityStateZip														
	Insurance Com	Vehicl	e Action Prior to		2		Ü		Code: (Circle Up to Thr	ree)						
	Vehicle Travel	Direction: N	Event Sequence 1 22 1 22 22 22 22 22 22 22 22 22 22 22														
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		n 1: ChSe															
			ec Violatic		Under	ride/Override		Towed	1_N_) 31] 32	33				
	Name (Last Fi	rst Middle)	operator and all	occupants involved Address		Age/DOB	Sex I	Pos. Syster	28 Airbag Ai n Status S	rbag Ejec	0 31 Trap de Code	Injury Tra	ansp. Code Medical Faci	ility			
	Operator/	Non-Motorist		See Above			-	1	4 9	9 0	0	10 1					
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Poli Date of Crash	Time of Crash		Commonwea Motor			-	Number			RMV ed Limit		State Police		
04/02/2022	17:37	NEWTON	MIOTOI		icle Cra Poport	sn	Vehicles	Injured	Latit	ude		State Police Local Police MBTA Police	: X	
	24HR	RSECTION:		LOCAT	Report	>	3	0 NOT		gitude_		Other:		
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Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									
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Route# Direc	ction 1	Name of Intersecting I Also at Intersec		-	Feet N	N S E	W of							
1					Feet N	N S E	W of	Route#	I	ntersect	ting Road	lway/Street	_	
Route# Direction Name of Intersecting Roadway/Street					Landmark									
X Vehicle 3	_1_#Occupants	☐ Hit/Run	Moped Case N	Number		22	000265							
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License#	18 1	18	DOB/Age	Reg# 8			F(Reg Ty	pe_TAI			State MA	_	
Sex_M_ Lic.		Lic. Restrictions	CDLEndorsment		ar 2016 GOMES DE A						Veh Cor	nfig. 2		
Address 4806	PALMER AVE	PIT RONALDO First	Middle		343 (apt. 1) M			First			Middle		_	
	Address 4806 PALMER AVE City BALTIMORE State MD Zip 21215									State	MA 7	_{Lip} 02135	_	
Insurance Company COMMERCE					Action Prior to	Crash	2					Circle Up to Th	ree)	
┪	Direction: N		ding to Emergency? N			22 22	22	<u> </u>		3		4		
Citation # (If I		[M] Respon	g			23					$\langle \rangle$	10 Undercar	rriage	
`	·	c Violation 2:	ChSec		Contributing Co		24	24 (1)	←	9		5 11 Totaled		
1		c Violation 4:	Underride/Override 25 Towed N 6											
		ator and all occupa					26 27 Seat Safety	28 29 Airbag Airba	9 30 Ig Eject	31 Trap	32 Injury Trai	33 nsp.		
Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex F	os. \$ystem	Status Swite	n Code 0	Code :	\$tatus Coo 10 1	de Medical Faci	lity	
				1.		=		16		17			_	
Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	e 14	Action	5 Loca	ition	Cond:	ition	17	Hit	/Run Mo	ped	
License# St DOB/Age				Reg#_	Reg # Reg Type Reg State									
Sex Lic. Class 18 18 18 19 CDL				Veh Ye	Yeh YearVeh MakeVeh Config.									
Operator	Leat	First	Endorsment	Owner	Last			First			Middle		_	
Address	Last	Flist	Middle		S			riist			Wildle		_	
City State Zip					City State Zip									
Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?	Event S	Sequence 2	22 22		22 2		3		4		
Citation # (If I	ssued)			Most H	armful Event	23		1	+	9	$ \cdot $	10 Undercar 5 11 Totaled	riage	
Violatio	n 1: ChS	ec Violation 2	2: ChSec	Driver	Contributing Co		24	24		Z	\sum			
Violation	n 3: ChS	ec Violation 4	:: ChSec	Underri	de/Override	25	Towed			7		6		
Pl Name (Last Fi		operator and all oc	ecupants involved		Age/DOB		26 27 Seat Safety Pos. Systen	28 29 Airbag Airba Status Swi	g Eject tch Code	31 Trap 1 e Code	Injury Trai	33 nsp. ode Medical Fac	cility	
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