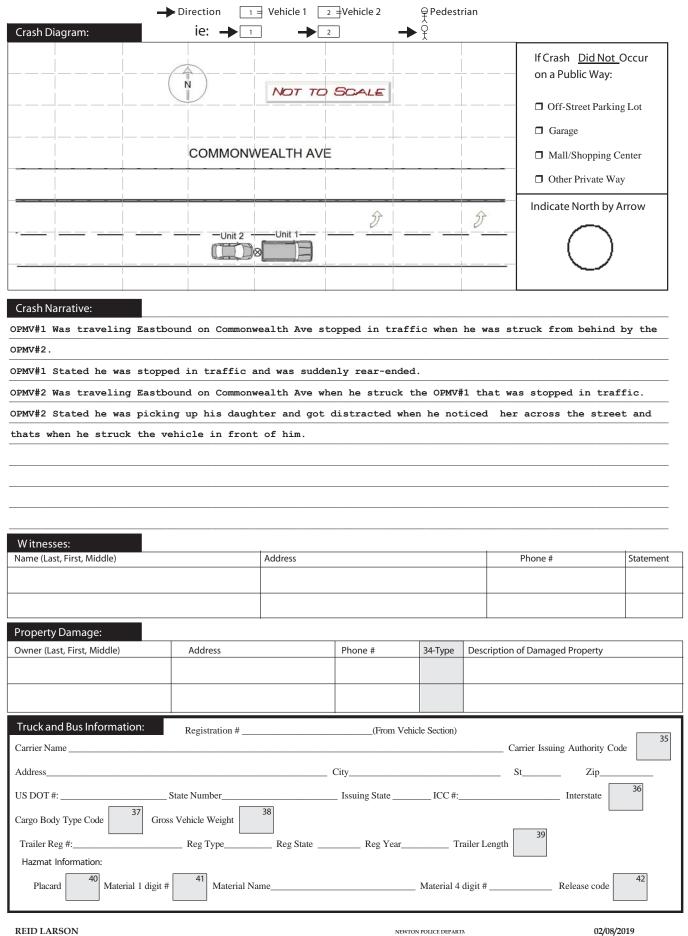
02/08/2019   15:35   NEWTON			ed Limit 25 State Police	_
	olice Report		ed Limit 25 State Police Local Police MBTA Police Other:	2
AT INTERSECTION: <	LOCATION >		INTERSECTION:	<u> </u>
	EAST 2096	6 COMMONW	EALTH AVE	2
Route# Direction Name of Roadway/Street	Route# Direction Add	dress # Na	ame of Roadway/Street	$-\frac{1}{2}$
At	Feet NSEV	<b>W</b> of	• — or	_ 2
Route# Direction Name of Intersecting Roadway/Street		Mile Marker		_
Also at Intersection with	Feet N S E V		Intersecting Roadway/Street	<u> </u>
2 Route# Direction Name of Intersecting Roadway/Street	Feet N S E V		,	2
Traine of Intersecting Trade way, page			Landmark	4
	se Number 190	00000158		1
License# St MA DOB/Age	Reg # <u>384</u> HJ2	Reg Type_PA	N Reg State_MA	1
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL			20	
4 Operator CHIACULAS CLAUDE Endorsment		First		1 12
3 Last First Middle Address 1946 WASHINGTON ST (apt. 36)	Address			<u> </u>
City NEWTON State MA Zip 02465			StateZip	
Insurance Company STATE FARM MUTUAL	_ Vehicle Action Prior to Crash	Damage	ed Area Code: (Circle Up to Three)	)
Vehicle Travel Direction: NSWW Responding to Emergency?_	Event Sequence 1 22 22		3 4	
Citation # (If Issued)	Most Harmful Event 1 23		10 Undercarriag	ge
Violation 1: ChSec Violation 2: ChSec	Driver Contributing Code 1	24 24	11 Totaled	
Violation 3: ChSec Violation 4: ChSec	Underride/Override 25	Towed N 8	7 6	
Please fill out for operator and all occupants involved Name (Last First Middle) Address	Age/DOB Sex Po	26 27 28 29 3 teat Safety Airbag Airbag Ejec Os. System Status Switch Cod	0 31 32 33 tt Trap Injury Transp. e Code \$tatus Code Medical Facility	1
Operator See Above	Age/DOB Sex PO	os. \$ystem Status \$witch Cod 99 4 99 0	e Code \$tatus Code Medical Facility  0 5 1	1
				7
				_
7				_
Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A	Type 14 Action 15 Locat	tion 16 Condition	17 Hit/Run Moped	b
License# St MA DOB/Age	Reg # 5XW798	Reg Type_PA	N Reg State MA	┫
Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL		Make_TOYT	Veh Config. 1	
8 Operator PISTOFIDIS ANASTASIOS Endorsment	Owner (Same as operator)		Ton comig.	
Address 94 PINE ST	Address	First	Middle	
City AUBURNDALE State MA Zip 02466	City		StateZip	
Insurance Company CITIZENS INSURANCE	Vehicle Action Prior to Crash	21 Damage	ed Area Code: (Circle Up to Three)	)
Vehicle Travel Direction: NSWW Responding to Emergency?_	Event Sequence 1 22 22		3 4	
Citation # (If Issued)	Most Harmful Event 1 23		10 Undercarriag 5 11 Totaled	ge
Violation 1: ChSec Violation 2: ChSec	Driver Contributing Code 20	20 24 19 24	5 11 Totaled	
Violation 3: ChSec Violation 4: ChSec	Underride/Override 25	Towed N	7 6	
Please fill out for operator and all occupants involved		26 27 28 29 30 Geat Safety Airbag Airbag Ejec	O 31 32 33 tt Trap Injury Transp.	7
Name (Last First Middle)  Operator/Non-Motorist  See Above	Age/DOB Sex P	Pos. System Status Switch Co	de Code Status Code Medical Facility  0 5 1	
-				-
				1



CDP1 11 ·24·00

Police Officer Name (Please Print)