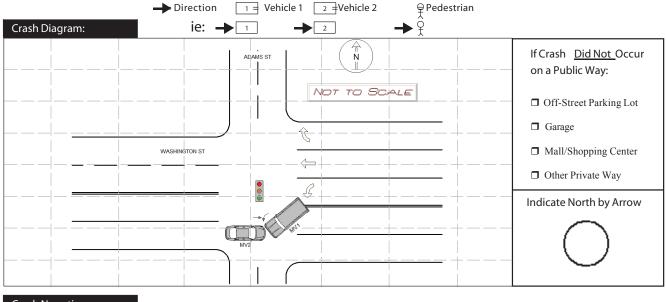
	Poli	ice Use Only		Commonw	ealth	of Mass	sach	use	etts			RMV	V Doci	ument	t Number	
	Date of Crash 11/19/2021	Time of Crash 19:19	City/1	Town Moto	or Vel	nicle Cr	ash		mber hicles	Numb		ed Limi		St	ate Police ocal Police BTA Police	N X
	11/19/2021	24HR				Report		2		0		gitude_		Ot Ot	ther:	
		AT INTER	RSECTION	<	LOCA	TION	>			NO	T AT	INT	ERSI	ECTI	ION:	
	NOR	TH ADAM	S ST													-
4	Route# Direc	tion	Name	of Roadway/Street		Route# Direc	tion A	ddres	s #		Na	me of F	Roadwa	ay/Stre	et	$ 2^1$
	At EAST WASHINGTON ST					Feet NSEW of or										
	Route# Direc		Mile Marker Exit Number									_				
			Feet NSEW of Route# Intersecting Roadway/Street									.				
2 1	Route# Direc		Feet N S E W of									6				
3	Route# Direc	tion		Landmark										\dashv		
	XVehicle1	_1_#Occupants	Hit/Ru	n Moped C	ase Number	r	:	210000	00958							
	License#		St _		Reg#	5RP185				_Reg T	ype_PA	N	Re	eg State		
	Sex_M Lic.	Class D 18 1	Lic. Restricti		Veh Y	Year 2015	V	eh Ma	ke_SU	ВА			Veh C	Config.	2 20	
4	Operator JOH	INSON	SCOTT	Endorsment	Owne	er (Same as op	erator)			Fire			Mide			· 1
3	Address 182 E		rırst	Middle									Mide	uic		
	City NEWTO	N		State MA Zip 02458		Address City StateZip										
	Insurance Com	npany GOV EMP	LOYEES INS	CO	Vehic	ele Action Prior	to Crash	ı	4 21		Damage	ed Area	Code:	(Circl	e Up to Thre	e)
5 1	Vehicle Travel	Direction: N	S E X Re	sponding to Emergency? N	Event	Event Sequence 1 22 22 22 22 23 4										
1	Citation # (If I	ssued)			Most	Harmful Event	1 2	.3				9			10 Undercarri 11 Totaled	age
	Violation	1: ChSec	c Violatio	on 2: ChSec	Drive	r Contributing	Code	4 2	24	24		VÍ			11 Totaled	
⁶ 1	Violation	3: ChSec	c Violatio	on 4: ChSec	Unde	rride/Override	2	.5	Towed	N 6)	7		6		
		fill out for opera		Age/DOB Sex Pos. System Status Switch Code Code Status [Code Medical Facility								, 1				
	Name (Last First Middle) Operator See Above					Age/DOB Sex Pos. System Status Switch Code Code Status Code						NONE	y -			
7																
2	Please Select C of the Followi	IX Vehicle	2 <u>2</u> #Occupa	nts Non-Motorist A	Туре	14 Action	15 Lo	cation		Con	dition	17		Hit/Ru	n Mope	ed
	License#		St ¹	MA DOB/Age	Reg#	Reg # 1CVX99 Reg Type PAN Reg Stat						eg State	MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions B CDL					Veh Year 2009 Veh Make VOLK Veh Config. 1										
⁸ 2	Operator GIANNAKAKIS SOTIRIOS Endorsment				Owne	Owner (Same as operator)										
2	Address 13 MOLLOY ST					Last First Middle Address										
	City EAST W.		City State Zip													
	Insurance Com	_{прапу} ТНЕ СОМ		State MA Zip 02472 O		ele Action Prior	to Crasl		1 21		Damage	ed Area	Code:		e Up to Thre	e)
	Vehicle Travel		Event Sequence 1 22 22 22 22 2 3 4													
	Citation # (If I		Most Harmful Event 1 23								age					
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 5 11									11 Totaled						
		n 3: Ch Se	_	Underride/Override 25 Towed Y 6												
	Pl				26 Seat	27 Safety	28 Airbag Ai	29 30 bag Ejec) 31 Trap	32 Injury	33 Fransp.		\dashv			
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos.	System	Status S	vitch Co	de Code	Status	Code 1	Medical Facili	ty
		CIS, PATRICIA		3 MOLLOY ST			F	3		4 9		0	\vdash	1	NONE	\dashv
	JIMINAKAK	IO, I AIRICIA	E	AST WATERTOWN, MA 0)2472		F	3	77	- y	, 0	0	10	1	TOTAL	\dashv



Crash Narrative:

JOHNSON, Scott, the operator of MV1 (MA Reg 5RP185), stated he was traveling Westbound on Washington

St. in the left turn lane at the intersection of Adams St. He stated he had a green light and proceeded to
take the left and didn't see MV2 approaching Eastbound on Washington St. As a result, JOHNSON struck MV2
head on. He stated he was uninjured.

GIANNAKAKIS, Sortorios, the operator of MV2 (MA Reg 1CVX99), stated he was traveling Eastbound on

Washington St. crossing through the Adams St. intersection when he was struck by MV1 who turned in front of
their vehicle without yielding, causing the collision. GIANNAKAKIS and his passenger (GIANNAKAKIS,

Patricia) stated they were uninjured.

MV2 sustained moderate damage to the front bumper/front left tire, and was towed from the scene by Tody's.

(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	aged Property					
Truck and Bus Information:	Registration #		(From Vehi	cle Section)						
Carrier Name					Carrier Iss	suing Authority Co	35 de			
Address			City		St	Zip				
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gro	sss Vehicle Weight	38			39					
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tı	railer Length					
Hazmat Information:										
Placard 40 Material I digit # 41 Material Name_				Release code	42					

	→ Direction 1	Vehicle 1 2	=Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🛚	2	□ →	·Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					— ☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
					Other Private Way	
					Indicate North by A	irrow
				+		
	_					
Crash Narrative:						
MV1 sustained minor damage	e to the front h	bumper and wa	s able to be d	riven from	m the scene.	
Witnesses:					DI "	ls
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:	Registration #		(From Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Coc	35 le
Address			City		St Zip	
US DOT #:						36
37	oss Vehicle Weight	38				
Trailer Reg #:		Rag State	Reg Veer	Troil	er Length	
Hazmat Information:	Keg Type	reg state	reg rear	1 rall	or congui	
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 die	git # Release code	42
iviateriai i digit	Iviatorial IV			Tracerial 4 dig	S Release code	
KAYLA PATRICIA DONAHUE			NEWTO	N POLICE DEPARTM	11/19/2	021

CDP1 11 ·24·00

Police Officer Name (Please Print)