	Poli	ice Use Only		Commonwea	olth o	of Mass	ach	usett	S		RM	V Docu	ment Number		
	Date of Crash 06/02/2022	Time of Crash 18:41 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Numbe Vehicle 2		red Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	XI Se 🔲	
		AT INTER	LOCAT						TERSECTION:						
							SOUTH 48 NORTH GATE PK								
1 1	Route# Direc	tion		Route# Direction Address # Name of Roadway/Street							//Street				
1	At					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet X S E W of RANGELEY RD Route# Intersecting Roadway/Street									
2 1	Doubt# Disasting Name Classes D. 1. (6)					Feet NSEW of									
3	Route# Direction Name of Intersecting Roadway/Street										Laı	ndmark			
3	XVehicle1	#Occupants	Number	umber 22000502											
	License# St MA DOB/Age					Reg # 962NC5 Reg Type PAN Reg State MA									
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2013 Veh Make HYUNDAI Veh Config. 1									
4	Operator GIALTOURIDIS ANDREA Endorsment Last First Middle					Owner GIALTOURIDIS GEORGE Last First Middle									
1	Address 20 SKYLINE DR					SS 28 WARWIC			rırst			Middl		_	
	City WESTWOOD State MA Zip 02090					IEWTON					State	MA	Zip_02465		
	Insurance Company COMMERCE					e Action Prior to	o Crash	1	21	Damag	ed Area	Code: (Circle Up to Th	nree)	
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 2	22 2	2 22	22	2	3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	2	3		0	9	$\langle \rangle$	10 Underca 5 11 Totaled	ırriage	
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing C	ode	10 24	24)		
⁶ 1	Violation	3: ChSec	Underr	ride/Override	25	Tow	ed_N		7		6				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat Safet Pos. Syste	7 28 y Airbag m Status	29 3 Airbag Eje Switch Coo	0 31 ct Trap le Code	32 Injury Tr Status C	33 ransp. dode Medical Fac	eility	
	Operator			See Above				0	4	99 0	0	10 1			
7 9	Please Select C	IX Vehicle	e2 1_#Occupant	s Non-Motorist A Ty	ne 1	4 Action	15 Loc	eation	16 Co	ondition	17	Ппн	it/Run	ned	
	or the Following:														
	License # St MA DOB/Age 18 18 19 19					Reg # 9MM617 Reg Type PAN Reg State						State MA	_		
	Sex M Lic. Class D Lic. Restrictions 1 CDL Fadorsment					Veh Year 2011 Veh Make DODGE Veh Config. 1									
8 99	Operator WEISS JONATHAN Last First Middle					Owner (Same as operator) Last First Middle									
	Address 48 NORTH GATE PK					Address									
	City NEWTON State MA Zip 02465					CityStateZip									
	Insurance Company ESURANCE					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (22 22 22 22 23 3 4									
	Vehicle Travel Direction: NXEW Responding to Emergency? N					Event Sequence 1 135 10 Undercarriage									
	Citation # (If I	/			Most Harmful Event 35 9 9 11 Totaled										
		n 1: ChS	Driver Contributing Code 1												
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe			0 31] 32	33		
	Name (Last Fi	rst Middle)	operator and an	Address		Age/DOB	Sex	26 Seat Safet Pos. Syst	y Airbag em Status	29 Switch Co	0 31 ct Trap de Code	Injury I'r	ransp. Code Medical Fa	cility	
	Operator/	Non-Motorist		See Above							_	10 1	L		

