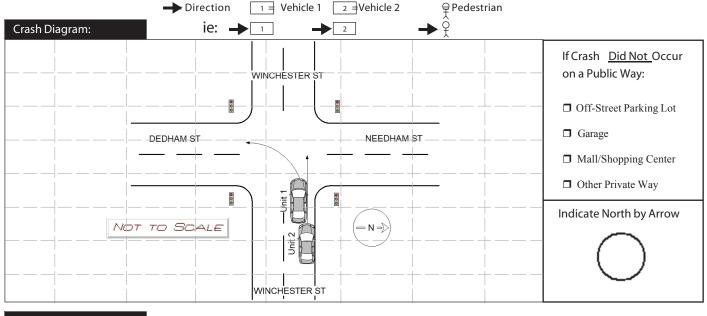
	Police Use Only			of Massac					ument Num		
			Iotor Ve	hicle Cras	h Numb			ed Limit <u>25</u> rude	State Po Local Po	lice Dice Nolice	
	06/22/2021 10:46 NEWTON 24HR		Police	Report	2	0		gitude	MBTA I Other:	Police 🔲	
	AT INTERSECTION	N: <	< LOC.	ATION >		N	OT AT	INTERS	ECTION:		
	EAST DEDHAM ST										
\forall		ne of Roadway/Street		Route# Direction	Address #		Na	me of Roadw	ay/Street		
4		At		D. M							
	Route# Direction WINCHESTER ST Name of Interse	ecting Roadway/Street		Feet N	S E W of	Mi	le Marker	or	Exit Nur	nber	
		Intersection with		Feet N	S E W of						
\neg				Feet N	S E W of	Rou	ite# I	ntersecting R	oadway/Stree	t	
_	Route# Direction Name of Inte	tersecting Roadway/Stree	et	1				Landmarl	ς		
	XVehicle1_2_#Occupants	Run Moped	Case Numb		21,000,00	F2					
_					21000004						
	License # St	t MA DOB/Age		# R54252			Type_CO	N Ro	eg State MA	20	
	Sex_F Lic. Class D Lic. Restrict	ctions I CDL_ Endors	ment	Year 2018		FORD		Veh (Config. 1		
		Middl	Owr	ner DRIVING SCH	OOL CS	First		Mid	ldle		
_	Address 38 BEECHER PL			lress 2 (apt. 301) WIN	TER ST						
	City NEWTON	_State_MA _ Zip_0245	59 City	WALTHAM				_State_MA_	_Zip <u>02451</u>		
	Insurance Company PHILADELPHIA INDE	EM.	Veh	icle Action Prior to C	rash 2	21	Damage	d Area Code:	(Circle Up t	o Three)	
	Vehicle Travel Direction: NSWW I	Responding to Emergen	ncy? N Ever	Event Sequence 1 22 22 22 22 22 4							
4	Citation # (If Issued)		Mos	Most Harmful Event 1 23 10 Undercar 5 11 Totaled						~	
	Violation 1: ChSec Viola	ation 2: ChSec_	Driv	ver Contributing Code	24	24				arca	
	Violation 3: ChSec Viola	ation 4: ChSec_	Und	lerride/Override	25 To	wed Y	8	7	6		
	Please fill out for operator and all occupants involved				26 Seat Saf	27 28 ety Airbag	29 30 Airbag Eject	31 32 Trap Injury Code \$tatus	33 Transp.		
	Name (Last First Middle) Operator	Addr See Ab		Age/DOB S	ex Pos. \$ys	em Status 1	Switch Code 99 0	Code \$tatus 0 10	Code Medica	l Facility	
	RABIDOU, JOHN, DAVID	10 WOODLAND RD		N	1 3 1	4	99 0	0 10	1		
		ASHLAND, MA 01721	1			-	33 0	0 10			
_											
	Please Select One of the Following: Wehicle 2 1 #Occu	ipants Non-Motor	rist A Type	14 Action 15	Location	16 Co	ondition	17	Hit/Run	Moped	
_		FI		F70FF4			DAI	. T			
	License # St FL DOB/Age			Reg # 5ZS551 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HYUNDAI Veh Config. 1						20	
	Sex_F Lic. Class 99 Lic. Restrict	ctions 9 CDL_ Endors	ment	Year 2009		HYUNL	'AI	Veh	Config. 1		
	Operator VALENCIA DIANA Last First Middle			Owner (Same as operator) Last First Middle							
	Address 2420 HILLARY CREST (apt. 101)			Address							
						CityStateZip Vahiala Action Prior to Crash					
	City WESLEY CHAPEL	State FL Zip 3354	City				_				
			Veh	icle Action Prior to C	rash 1	21	Č		` .	o Three)	
	City WESLEY CHAPEL	State FL Zip 3354 Responding to Emerger	Veh		rash 1 22 22		Damage	d Area Code:	4		
	City WESLEY CHAPEL Insurance Company UNINSURED		Veh	icle Action Prior to C	rash 1 22 22 23	22	Č		4	lercarriage	
	City WESLEY CHAPEL Insurance Company UNINSURED Vehicle Travel Direction: N X E W	Responding to Emerger	Veh	nt Sequence 1 22	rash 1 22 22 23 24 19 24	22	2	3	4 10 Und 5 11 Tot	lercarriage	
	City WESLEY CHAPEL Insurance Company UNINSURED Vehicle Travel Direction: N X E W Citation # (If Issued) T2080853	Responding to Emerger clation 2: Ch 90/23/ASec_	Veh ncy? N Eve Mos Driv	icle Action Prior to C ant Sequence $\begin{bmatrix} 1 & 22 \end{bmatrix}$ st Harmful Event $\begin{bmatrix} 1 & 1 \end{bmatrix}$	22 22 22 23 24 24 25 24	22	2	3 9 7	4 10 Uno	lercarriage	
	City WESLEY CHAPEL Insurance Company UNINSURED Vehicle Travel Direction: N X E W Citation # (If Issued) T2080853 Violation 1: Ch 90/34J Sec Viol Violation 3: Ch 90/9/B Sec Viol Please fill out for operator and	Responding to Emerger clation 2: Ch 90/23/A Sec_clation 4: Ch 19/75 Sec_d all occupants involv	Veh ncy? N Eve Mos Driv Und	icle Action Prior to C Int Sequence 1 22 Int Harmful Event 1 Iver Contributing Code Iderride/Override	22 22 22 23 23 25 19 24 25 Tow Seat Safe	22 24 24 27 28 27 Airbag	2 Q Airbag Eject	31 32 Trap Injury	4 10 Uno 5 11 Tot 6	dercarriage aled	
	City WESLEY CHAPEL Insurance Company UNINSURED Vehicle Travel Direction: N X E W Citation # (If Issued) T2080853 Violation 1: Ch 90/94J Sec Violation 3: Ch 90/9/B Sec Violation 4: Ch 90/9/B Sec Violation 5: Ch 90/9/B Sec Violation 6: Ch 90/9/B Sec Violation 6: Ch 90/9/B Sec Violation 7: Ch 90/9/B Sec Violation 6: Ch 90/9/B Sec Violation 7: Ch 90/9/B Sec Violation 9:	Responding to Emerger slation 2: Ch 90/23/A Sec_slation 4: Ch 19/75 Sec_	Veh ncy? N Eve Mos Driv Und red	icle Action Prior to C Int Sequence 1 22 Int Harmful Event 1 Iver Contributing Code Iderride/Override	22 22 22 23 23 25 19 24 25 Tow Seat Safe	22 24 24 27 28 27 Airbag	2 Q Airbag Eject	3 9 7	4 10 Uno 5 11 Tot 6	lercarriage	



Crash Narrative:

On 06/22/21 at approximately 10:46 I responded to a 2 vehicle crash at the intersection of Winchester St. and Dedham St.. Upon arrival I spoke with the operator of veh #1 Giulia Puppin who has her learners Permit and was driving under the CS Driving School LLC and Instructor John David Rabidou , who was in the front seat next to her. Puppin explained that she was driving South down Winchester St. when she put her left directional on to take a left onto Dedham St.. Puppin said the traffic light turned yellow so she stopped the vehicle before the intersection and thats when veh #2 struck her from behind. Rabidou's account of the accident was the same as Puppin's.

I spoke with the operator/owner of veh #2, Diana Gabriela Valencia who stated she was driving South down
Winchester St. when veh #1 stopped suddenly in front of her at the intersection of Dedham St.. She attempted

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Address			Phone	#	Statement	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:			`				. 35
			`		Carrier Iss	suing Authority Co	
Carrier Name							
Carrier Name	State Number		City		St	Zip	
Carrier Name Address US DOT #:	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 Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36						
Carrier Name Address US DOT #:	State Numbers S Vehicle Weight	38	City Issuing State	ICC#:_	St	ZipInterstate	de
Carrier Name	State Numbers S Vehicle Weight	38	City Issuing State	ICC#:_	St	ZipInterstate	de

ZACHARY S RAYMOND NEWTON POLICE DEPARTS 06/22/2021

_	→ Direction 1 :	Vehicle 1	₂ =Vehicle 2	⊋ Pedesti	rian		
Crash Diagram:	ie: → 1			<u>↓</u> ?			
Clasii Diagiaiii.						If Crash <u>Did N</u> on a Public Wa	
						☐ Off-Street Par	king Lot
						☐ Garage	
	- 					☐ Mall/Shoppin	g Center
						Other Private	
	_					Indicate North b	
	 	 	+)
Crash Narrative:							
to swerve right to avoid t	the vehicle but	she didn't h	ave time and	struck th	e passe	enger side rear b	mper.
As I was in my cruiser pre	eparing the exch	ange informa	tion, Valenc	ia came to	my wir	ndow and informed	me that
her vehicle was unregister	red. A R.M.V. qu	ery confirme	ed that Massa	chusetts 1	icense	plate attached to	the front
and rear of the vehicle sh	ne was operating	, a black 20	009 Hyundai A	ccent , wa	s activ	ve on a Grey 2013	Volkswagon
Jetta owned by her boyfrie							
Accent from Vigeant's Auto	Sales, INC of	Lowell with	a purchase d	ate of 10/	17/20.	Valencia stated s	she never
drove the vehicle before t	coday and was in	the registr	ation proces	s through	the mai	il to the R.M.V	
Valencia was handed Mass.	Criminal citati	ons #'s T208	08053 and T2	0808054 fo	or:		
Ch 90/ Sec 23-Attaching wr	cong M.V. plates	on a public	way				
(Continued o	on next page)						
Witnesses:		Address				Dhone #	Ctatamant
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descripti	ion of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name			(11011)			Carrier Issuing Authority	Code 35
Address			City			StZip_	
US DOT#:							36
27	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tr	ailer Lengt	39 th	
Hazmat Information:				_			
Placard 40 Material 1 digit	# 41 Material Na	ime		Material 4	digit #	Release cod	e 42
ZACHARY S RAYMOND			NEV	VTON POLICE DEPART	b	06/	22/2021

		1 ■ Vehicle 1	2 =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: -> [If Crash <u>Did No</u> on a Public Way: Off-Street Park Garage Mall/Shopping Other Private W	ing Lot Center
Crash Narrative:						
Ch 90/ Sec 34J- Operating Ch 90/ Sec 9- Unregistered			on a public wa	ay		
N.C.O. 19/75- Failure to						
Both front and rear licens			re confiscated	from the v	ehicle and placed into ou	ır
Property and Evidence unti	il the matter	is resolved	in court. All	roads ment	ioned/traveled upon in th	is report
are public way in the City	y Of Newton as	they are s	erviced and mai	intained by	this city. Incident repo	rt
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 C	ode 35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight Reg Type	38 Reg State	Pag Van	т. Т.	ailer Length	
Hazmat Information:			Keg i cai	I II	anci Lengtii	

ZACHARY S RAYMOND NEWTON POLICE DEPARTS 06/22/2021