|  | Poli   | ce Use Only                           |                | Comn                             | nonweal                | lth o                     | of Mass   | achi  | use                | tts                       |                                    |             | RMV                | V Doc                  | umen                  | t Number                                  |        |    |
|--|--|---------------------------------------|----------------|----------------------------------|------------------------|---------------------------|---|---|--------------------|---------------------------|------------------------------------|-------------|--------------------|------------------------|-----------------------|---|--------|----|
|  | Date of Crash<br>07/02/2021  | Time of Crash                         | City<br>NEWTON | /Town                            | Motor                  | Vehi                      | icle Cra  | sh  |                    |                           | Numbe<br>Injured                   |             | d Limi             |                        | - Si                  | tate Police<br>ocal Police<br>IBTA Police | N<br>X |    |
|  | 07/02/2021   | 22:18<br>24HR                         | NEWTON         |                                  | Pol                    | ice I                     | Report  |   | 2                  |                           | 0                                  |             | gitude_            |                        | O                     | IBTA Police<br>other:                     |        |    |
|  |  | AT INTER                              | OCAT           |                                  | NOT AT INTERSECTION:   |                           |   |   |                    | ION:                      |                                    | 9           |                    |                        |                       |   |        |    |
|  | NOR  | TH CENTR                              | E ST           |                                  |                        |                           |   |   |                    |                           |                                    |             |                    |                        |                       |   | 2      |    |
| $\frac{1}{4}$                          | Route# Direction Name of Roadway/Street  |                                       |                |                                  |                        | F                         |   | Name of Roadway/Street                                |                    |                           |                                    |             |                    | 10                     |                       |   |        |    |
|  | At  EAST FRANKLIN ST   |                                       |                |                                  |                        | Feet NSEW of or           |   |   |                    |                           |                                    |             |                    |                        |                       |   | _   _  |    |
|  | Route# Direction Name of Intersecting Roadway/Street                                     |                                       |                |                                  |                        | Mile Marker Exit Number   |   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  | Also at Intersection with  |                                       |                |                                  |                        |                           | Feet N S E W of Route# Intersecting Roadway/Street  |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| $\begin{bmatrix} 2 \\ 3 \end{bmatrix}$ | Route# Direction Name of Intersecting Roadway/Street                                     |                                       |                |                                  |                        |                           | Feet N S E W of   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| 3                                      | Route# Direct  | tion                                  | Name of Inte   | ersecting Roadway/               | Street                 |                           |   |   |                    |                           |                                    |             |                    | Landmark               |                       |   |        |    |
| 3                                      | XVehicle1  | 1_#Occupants                          | Hit/R          | un Mop                           | ed Case N              | lumber                    |   | 2   | 10000              | 0487                      |                                    |             |                    |                        |                       |   | 1      |    |
|  | License#   |                                       | St             | MA DOB/Age                       |                        | Reg#3                     | 3KY577  |   |                    |                           | Reg Tv                             | oe PAN      | N                  | Re                     | eg Stat               | e MA                                      |        |    |
|  | Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL                                      |                                       |                |                                  |                        |                           | Reg # 3KY577         Reg Type PAN         Reg State MA           Veh Year 2018         Veh Make HONDA         Veh Config. 1 |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| 4                                      | Endorsment JESSICA   |                                       |                |                                  |                        |                           | Owner (Same as operator)  |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| 1                                      | Address 221 FARM ST  |                                       |                |                                  |                        | Last First Middle Address |   |   |                    |                           |                                    |             |                    |                        |                       |   |        | 12 |
|  | City MILLIS State MA Zip 02054   |                                       |                |                                  |                        |                           | CityState Zip   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  | Insurance Company GEICO INSURANCE  |                                       |                |                                  |                        |                           | Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| 5                                      |  |                                       |                | Responding to Eme                | rgency? N              | Event S                   | Sequence 1  | 22 2  |                    |                           | 22 2                               |             | 3                  |                        | 4                     |   |        |    |
| 1                                      |  | ssued)                                | 1              | , ,                              |                        |                           | Iarmful Event   | 1 23  | 3                  |                           |                                    |             | M                  |                        |                       | 10 Undercarr                              | iage   |    |
|  | `  | · · · · · · · · · · · · · · · · · · · |                | tion 2: Ch S                     | ec                     |                           | Contributing C  |   | 1 2                | 4                         | 24                                 | <b>—</b>    | 9                  | $\langle  $            | ) 5                   | 11 Totaled                                |        |    |
| <sup>6</sup> 2                         | Violation 3: Ch Sec Violation 4: Ch Sec  |                                       |                |                                  |                        |                           | Underride/Override 25 Towed N 8 7 6   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  | Please fill out for operator and all occupants involved                                  |                                       |                |                                  |                        |                           |   | T   |                    |                           | 28 29<br>irbag Airba               | 30<br>Eject | 31<br>Trap         | 32<br>Injury           | 33<br>Transp.         |   |        | 13 |
|  | Name (Last First Middle) Operator  |                                       |                |                                  | Address Age/I ee Above |                           |   | Sex Pos. System                                       |                    |                           | Status Switch Code Code  4 99 0 0  |             |                    | e Status Code Medical  |                       | Medical Facili                            | ty 1   | _  |
|  |  |                                       |                |                                  |                        |                           |   |   |                    | 1 1                       |                                    |             |                    | 10                     | 1                     |   |        |    |
|  |  |                                       |                |                                  |                        |                           |   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  |  |                                       |                |                                  |                        |                           |   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  |  |                                       |                |                                  |                        |                           |   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| <b>3</b>                               | Please Select One of the Following: Vehicle 2 # Occupants                                |                                       |                |                                  | lotorist A Type        | 14                        | 14 Action 15 Location 16 Condition 17 Hit/Run   |   |                    |                           |                                    |             | ın Mop             | ed                     |                       |   |        |    |
|  | License# St MA DOB/Age   |                                       |                |                                  |                        | Reg#_1                    | 1EHG82  |   | Reg Type_PAN       |                           |                                    |             | Reg State MA       |                        |                       |   |        |    |
|  | Sex_F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL                                     |                                       |                |                                  |                        |                           | Veh Year 2004 Veh Make CHEVROLET Veh Config. 1  |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
| <sup>8</sup> <b>2</b>                  | Operator ORREGO JULIZA Endorsment  Last First Middle                                     |                                       |                |                                  |                        |                           | VALENCIA-   | st  |                    |                           | First                              |             | PA                 | ABLO                   | idle                  |   | -      |    |
|  | Address 168 LEYDEN ST  |                                       |                |                                  |                        |                           | 55 (apt. 2) TI  | IORNT   | ON S               | ST                        |                                    |             |                    |                        |                       |   | -      |    |
|  | City EAST BOSTON State MA Zip 02128  |                                       |                |                                  |                        | City_R                    | EVERE   |   |                    |                           |                                    |             | _State             | MA                     | _Zip                  | 02151                                     | -      |    |
|  | Insurance Company FOREMOST INSURANCE COMPANY   |                                       |                |                                  |                        | Vehicle                   | Action Prior to   | o Crash   |                    | 1 21                      | D                                  | amage       | d Area             | Code                   | (Circ                 | le Up to Thre                             | ee)    |    |
|  | Vehicle Travel Direction: X S E W Responding to Emergency? N                             |                                       |                |                                  |                        | Event S                   | Sequence 1  | 22 2  | 2                  | 22                        | $\Theta$                           |             | 3                  | $\overline{}$          | 4                     |   |        |    |
|  | Citation # (If Is  | Citation # (If Issued) T1447642       |                |                                  |                        |                           |   | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  | Violation 1: Ch_90/10/Asec Violation 2: Chsec  |                                       |                |                                  |                        |                           | Driver Contributing Code 5 24 19 24   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  | 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   | 26<br>Seat<br>Pos. | 27<br>Safety Ai<br>System | 28 29<br>irbag Airba<br>Status Swi | g Eject     | 31<br>Trap<br>Code | 32<br>Injury<br>Status | 33<br>Transp.<br>Code | Medical Faci                              | lity   |    |
|  |  | Non-Motorist                          |                | See                              | Above                  |                           | Age/DOB   |   |                    | 1 4                       |                                    | 0           | 0                  | 10                     | 1                     | curcui i atti                             | ,      |    |
|  | VALENCIA-C   | ARDENAS, JUA                          | AN, PABLO      | 55 THORNTON S'<br>REVERE, MA 021 |                        |                           |   | M   | 3                  | 1 4                       | 99                                 | 0           | 0                  | 10                     | 1                     |   |        |    |
|  |  |                                       |                | , 021                            |                        |                           |   |   |                    |                           |                                    |             |                    |                        |                       |   |        |    |
|  |  |                                       |                |                                  |                        |                           |   |   |                    |                           |                                    | +           |                    |                        |                       |   |        |    |

