

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 11/07/2021 Time of Crash 14:52 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

EAST 67 WEBSTER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 1 Occupants Hit/Run Moped Case Number 210000910

License # --- St MA DOB/Age --- Reg # 82TL55 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Operator MARTIN DONNA Owner (Same as operator) Address 313 GROVE ST (apt. BLG#14) City WEST ROXBURY State MA Zip 02132

Insurance Company LM GENERAL Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 99, 0, 0, 10, 1

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St MA DOB/Age --- Reg # 2CVX57 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment DEBORAH Veh Year 2021 Veh Make JEEP Veh Config. 1 20 Operator GENSER LAUREN Owner (Same as operator) Address 195 OLD FARM ROAD City NEWTON State MA Zip 02459

Insurance Company PRIVILEGE UNDERWRITERS Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 10 22 22 22 22 2 Most Harmful Event 10 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---, 0, 4, 4, 0, 0, 10, 1

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Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 3 Occupants Hit/Run Moped Case Number 210000910

License # --- St MA DOB/Age --- Reg # 1DHC69 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator NAVAS GARCIA MARVIN MAGDALENO Owner (Same as operator)

Address 21 CAVALRY ST (apt. 1) Address City WALTHAM State MA Zip 02453

Insurance Company GOVERNMENT EMPLOYEES Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 51 22 22 22 22 2

Citation # (If Issued) Most Harmful Event 51 23 Driver Contributing Code 1 24 24

Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___ Underride/Override 25 Towed N

Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___

Table with 13 columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 4, 0, 0, 10, 1.

Please Select One of the Following: Vehicle # Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St DOB/Age --- Reg # --- Reg Type --- Reg State --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator --- Owner ---

Address --- Address City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)

Insurance Company --- Event Sequence 22 22 22 22 2

Vehicle Travel Direction: N S E W Responding to Emergency? Most Harmful Event 23

Citation # (If Issued) Driver Contributing Code 24 24

Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___ Underride/Override 25 Towed

Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___

Table with 13 columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---.

