PROGRESSIVE

Payment Address
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

7/30/2026 4:32:00 PM
Certified Mail 9489 0090 0027 6568 2016 71 Return Receipt Requested

TOWN OF BRISTOL
OFFICE OF THE TOWN CLERK
10 COURT STREET
BRISTOL, RI 02809

Your Client: JORDAN A CHATWIN
Your Claim Number: 136174-AD-01 (TPA CLM NUMBER)
Our Insured: DWANN R CARDONA
Our Claim Number: 26-774971188
Amount Subject to Reimbursement: $8,565.26
Amount of Insured's Deductible: $700.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 1 DAWN HILL RD, 02809 BRISTOL, RI USA
Date and Time of Loss: 05/19/2026, 07:30 PM ET

Description of Loss: OUR INSURED'S VEHICLE WAS PARKED AT 1 DAWN HILL RD, IN BRISTOL, RI WHEN A TOWN OF BRISTOL FD VEHICLE, WITH PLATE #: 1321 OPERATED BY JORDAN A CHATWIN, FAILED TO MAINTAIN PROPER LOOKOUT AND STRUCK OUR INSURED'S PARKED VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

Please make your draft payable to Progressive Direct Insurance Company as subrogee of "DWANN R CARDONA", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.

Amanda Sanchez

Progressive Subrogation
Progressive Direct Insurance Company
Tel. 877-818-0139
Fax. 888-781-6947
**GovernmentStatus@email.progressive.com**

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Progressive Direct Insurance Company

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

300 North Commons Blvd

Requester's name and address (optional)

6 City, state, and ZIP code

Mayfield Village, OH 44143

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

**or**

**Employer identification number**

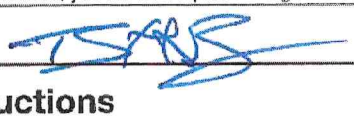
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3 | 4 | – | 1 | 5 | 2 | 4 | 3 | 1 | 9 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** | **Signature of U.S. person**  **Date** 1/14/26

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

## Progressive Direct Insurance Co

Estimate ID
26-774971188-01
Original

Claim Number
26-774971188-01

Owner
DWANN CARDONA

Insured
DWANN CARDONA

Appraiser
SHANNON PACHECO
(401) 406-0429 (Work)
shannon_pacheco@progressive.com

Underwriter
Progressive Direct Insurance Co

### Progressive Direct Insurance Co

Claim Number
26-774971188-01

Adjuster
VANESSA JEANBAPTISTE
(786) 582-6089 (Work)
vanessa_jeanbaptiste@progressive.com

Deductible
$700.00 - Not Waived

Reported Date
05/21/2026

Loss Date
05/19/2026

Inspection Site
NORTHEAST AUTOBODY
775 Hartford Ave **Shannon Pacheco**
Johnston, RI 02919
(401) 437-8444 (Mobile)

### 2021 Kia Forte LXS 4 Door Sedan 2.0L 4 Cyl Gas Injected Auto Trans FWD

Exterior Color
ABP (Aurora Black)

License
RI-1DN631

VIN
3KPF24AD8ME285573

Drivable
Yes

Odometer
49131

Production Date
09/2020

Mitchell Service Code
912099

Options

| | | | | |
|---|---|---|---|---|
| Air Conditioning | Alum/Alloy Wheels | AM-FM Stereo | Anti-Lock Brake Sys. (ABS) | Automatic Headlights |
| Auxiliary Input | Bluetooth Wireless Connectivity | Cloth Seat | Cruise Control | Daytime Running Lights |
| Driver-Front Air Bag | Electric Defogger | Electronic Stability Control | First Row Bucket Seat | Keyless Entry System |
| Left-Curtain Air Bag | MP3 Player | Passenger-Front Air Bag | Power Door Locks | Power Remote Mirror |
| Power Steering | Power Windows | Rear Bench Seat | Rearview Camera | Remote Decklid Or Tailgate Release |
| Second Row Side Airbag With Head Protection | Side Airbags | Steering Wheel Mounted Audio Control | Theft Deterrent Sys. | Tilt Steering Wheel |
| Tire Pressure Monitoring System | Traction Control/Electronic | Trip Computer | | |

## DWANN CARDONA | 2021 Kia Forte LXS

Parts Profile
RI Class B OEM Only
Parts Profile Version

3.0

| | | | LABOR | | | PART | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Line # | | Description | Operation | Type | Total Units | Type | Number | Qty | Total Price | Tax |
| **Front Bumper** | | | | | | | | | | |
| 1 | 200443 | Frt Tow Hook Cover | Blend | Refinish | INC C | Existing | | | | |
| 2 | AUTO | Frt Bumper Cover Assy | Overhaul | Body | 3.4# | Existing | | | | |
| 3 | 201236 | Frt Bumper Cover | Remove / Replace | Body | INC# | New | 86511 M7000 | 1 | $436.27 | Yes |
| 4 | AUTO | Frt Bumper Cover | Refinish Only | Refinish | 2.8 C | | | | | |
| 5 | 201238 | Frt Bumper Adhesive Emblem | Remove / Replace | Body | 0.1 | New | 86318 3R500 | 1 | $51.14 | Yes |
| 6 | 200042 | Frt Lwr Bumper Spoiler | Remove / Replace | Body | INC# | New | 86591 M7000 | 1 | $71.68 | Yes |
| 7 | 200044 | L Frt Bumper Opening Cover | Remove / Replace | Body | INC# | New | 86537 M7000 | 1 | $20.37 | Yes |
| 8 | 200047 | L Frt Otr Bumper Moulding Cover | Remove / Replace | Body | INC# | New | 86595 M7010 | 1 | d$138.04 | Yes |
| 9 | AUTO | Frt Bumper Cover | Remove / Install | Body | INC | | | | | |
| 10 | 201228 | L Frt Bumper Air Duct | Remove / Replace | Body | INC# | New | 86541 M7000 | 1 | $27.90 | Yes |
| 11 | 201229 | R Frt Bumper Bracket | Remove / Replace | Body | 0.2# | New | 86552 M7000 | 1 | $27.72 | Yes |
| 12 | 201230 | L Frt Bumper Bracket | Remove / Replace | Body | 0.2# | New | 86551 M7000 | 1 | $28.10 | Yes |
| 13 | 200052 | R Frt Bumper Cover Retainer | Remove / Replace | Body | INC | New | 86699 2M000 | 1 | $3.82 | Yes |
| 14 | 200055 | L Frt Bumper Cover Retainer | Remove / Replace | Body | INC | New | 86699 2M000 | 1 | $3.82 | Yes |
| 15 | 201234 | Frt Bumper Energy Absorber | Remove / Replace | Body | INC | New | 86520 M7000 | 1 | $89.09 | Yes |
| 16 | 201235 | Frt Bumper Reinforcement Bar | Remove / Replace | Body | INC# | New | 64900 M7000 | 1 | $368.54 | Yes |
| **Grille** | | | | | | | | | | |
| 17 | 200107 | Grille Assy | Remove / Install | Body | INC# | Existing | | | | |
| 18 | 201220 | Grille Garnish | Remove / Install | Body | INCr# | Existing | | | | |
| **Front Lamps** | | | | | | | | | | |
| 19 | 200109 | R Front Combination Lamp | Remove / Install | Body | 0.3# | Existing | | | | |
| 20 | 200110 | L Front Combination Lamp | Remove / Install | Body | INC# | Existing | | | | |
| 21 | 201207 | L Frt Combination Lamp Assembly | Remove / Replace | Body | 0.3# | New | 92101 M7000 | 1 | $848.12 | Yes |
| 22 | AUTO | Headlamps | Check / Adjust | Body | 0.4 | | | | | |
| 23 | 200103 | R Front Signal Lamp | Remove / Install | Body | INC# | Existing | | | | |
| 24 | 201246 | L Frt Signal Lamp Assembly | Remove / Replace | Body | INC# | New | 92303 M7000 | 1 | $243.87 | Yes |
| 25 | 200105 | R Daytime Running Lamp | Remove / Install | Body | INC# | Existing | | | | |
| 26 | 200106 | L Daytime Running Lamp | Remove / Install | Body | INC# | Existing | | | | |
| **Hood** | | | | | | | | | | |

| | | | LABOR | | | PART | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Line # | | Description | Operation | Type | Total Units | Type | Number | Qty | Total Price | Tax |
| 27 | 200010 | Hood Panel | Remove / Replace | Body | 1.3 | New | 66400 M6000 | 1 | $1,593.00 | Yes |
| 28 | AUTO | Hood Outside | Refinish Only | Refinish | 2.6 C | | | | | |
| 29 | AUTO | Add For Hood Underside | Refinish Only | Refinish | 1.3 C | | | | | |
| 30 | 200011 | R Hood Hinge | Remove / Replace | Body | 0.2# | New | 66920 M7000 | 1 | $41.92 | Yes |
| 31 | AUTO | R Hinge | Refinish Only | Refinish | 0.5 C | | | | | |
| 32 | AUTO | Hood Assy | Remove / Install | Body | INC | | | | | |
| 33 | 200012 | L Hood Hinge | Remove / Replace | Body | 0.2# | New | 66910 M7000 | 1 | $41.82 | Yes |
| 34 | AUTO | L Hinge | Refinish Only | Refinish | 0.5 C | | | | | |
| 35 | 200013 | Hood Insulator | Remove / Install | Body | INCr | Existing | | | | |
| 36 | 201626 | Hood Latch | Remove / Replace | Body | INC# | New | 81130 M7000 | 1 | $115.38 | Yes |
| Cooling | | | | | | | | | | |
| 37 | 200360 | Radiator | Remove / Install | Body | INC# | Existing | | | | |
| 38 | AUTO | Vacuum-Fill & Bleed Cooling System | Remove / Replace | Body | 0.6 | | | | | |
| A/C / Heater / Ventilation | | | | | | | | | | |
| 39 | 200334 | A/C Condenser -M | Remove / Install | Mechanical | 0.8# | Existing | | | | |
| 40 | AUTO | Evacuate & Recharge A/C - M | Remove / Replace | Mechanical | 1.4 | | | | | |
| 41 | 200336 | A/C Refrigerant Recovery - M | Remove / Replace | Mechanical | 0.3 | | | | | |
| Front Fender | | | | | | | | | | |
| 42 | 200002 | R Fender Outside | Blend | Refinish | 0.8 C | Existing | | | | |
| 43 | 200649 | L Fender Outside | Blend | Refinish | 0.8 C | Existing | | | | |
| 44 | 200966 | R Fender Liner | Remove / Install | Body | 0.4r | Existing | | | | |
| 45 | 200967 | L Fender Liner | Remove / Install | Body | 0.4r | Existing | | | | |
| 46 | 201013 | R Fender Liner Retainer (2 @ $3.39) | Remove / Replace | Body | 0.0 | New | 86848 22000 | 2 | $6.78 | Yes |
| 47 | 201014 | L Fender Liner Retainer (2 @ $3.39) | Remove / Replace | Body | 0.0 | New | 86848 22000 | 2 | $6.78 | Yes |
| Front Inner Structure | | | | | | | | | | |
| 48 | 200416 | Frt Body Radiator Support (Com/Steel) | Remove / Replace | Body | 4.5# | New | 64101 M7000 | 1 | $770.89 | Yes |
| Engine / Body Under Covers | | | | | | | | | | |
| 49 | 200599 | Engine Under Cover | Remove / Install | Body | 0.4r | Existing | | | | |
| Air Cleaner | | | | | | | | | | |
| 50 | 200242 | Air Cleaner Extension | Remove / Replace | Body | 0.0 | New | 28212 M6100 | 1 | $9.05 | Yes |
| Cowl & Dash | | | | | | | | | | |
| 51 | 200315 | Cowl Top Panel | Remove / Install | Body | 0.5# | Existing | | | | |

| | | | LABOR | | | PART | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Line # | | Description | Operation | Type | Total Units | Type | Number | Qty | Total Price | Tax |
| **Additional Costs & Materials** | | | | | | | | | | |
| 52 | AUTO | Paint/Materials | Additional Cost | | | | | | $1,197.28* | Yes |
| **Additional Operations** | | | | | | | | | | |
| 53 | AUTO | Clear Coat | Additional Operation | Refinish | 2.5 | | | | $0.00 | |
| 54 | 933005 | Restore Corrosion Protection | Additional Operation | Body | 0.2* | | | | $15.00* | |
| **Special / Manual Entry** | | | | | | | | | | |
| 55 | 900500 | pre scan | Remove / Replace | Body* | 0.0* | New | | 1 | $125.00* | Yes |
| 56 | 900510 | Line Markup 25.0% | | | | | | | $31.25 | |
| 57 | 900500 | post scan | Remove / Replace | Body* | 0.0* | New | | 1 | $125.00* | Yes |
| 58 | 900510 | Line Markup 25.0% | | | | | | | $31.25 | |
| 59 | 900500 | HAZARDOUS WASTE DISPOSAL | Additional Labor | Refinish* | 0.3* | Existing | | 1 | | |
| 60 | 900500 | FLEX ADDITIVE | Refinish Only | Refinish* | 0.0* | Sublet | Sublet | 1 | $12.00* | |
| 61 | 900500 | COVER CAR FOR OVERSPRAY | Remove / Replace | Refinish* | 0.2* | Sublet | Sublet | 1 | $6.00* | |
| 62 | 900500 | CAR COVER FOR PRIMER | Remove / Replace | Body* | 0.0* | New | | 1 | $3.00* | Yes |
| 63 | 900500 | DISCONNECT BATTERY | Additional Labor | Mechanical* | 0.2* | Existing | | 0 | | |
| 64 | 900500 | RESET ELECTRONICS | Additional Labor | Mechanical* | 0.2* | Existing | | 0 | | |
| 65 | 900500 | mask jambs/ openings | Remove / Replace | Body* | 0.6* | New | | 1 | $0.00* | |
| 66 | 900500 | ROPE MASKING | Additional Labor | Body* | 0.3* | Existing | | 0 | | |
| 67 | 900501 | windshield | | | | | | | | |

* Judgment Item
T Included in Two Tone Calculation
# Labor Note Applies
d Discontinued by Manufacturer
C Included in Clear Coat Calculation
A Included in Clear Coat and Two Tone Calculation
r CEG R&R Time Used for this Labor Operation
[ ] Verify the part number and price before ordering

## Estimate Totals

| Labor | Units | Rate | Sublet | Add'l Amount | Totals |
|---|---|---|---|---|---|
| Body Labor | 14.5 | $53.00 | | $15.00 | $783.50 |
| Refinish Labor | 12.3 | $53.00 | | | $651.90 |
| Mechanical Labor | 2.9 | $70.00 | | | $203.00 |
| **Total Labor** | 29.7 | | | | $1,638.40 |

| | |
|---|---|
| Taxable | $0.00 |
| Tax 0.0000% | $0.00 |
| Non-Taxable | $1,638.40 |
| Pre-Tax Discount 0.00% | $0.00 |
| **Labor Total** | $1,638.40 |

| Parts | Amount | |
|---|---|---|
| Taxable Parts | $5,197.10 | $5,197.10 |

## Estimate Totals

| | | | |
|---|---|---|---|
| | | Parts Adjustments | $62.50 |
| | | Tax 7.0000% | $368.17 |
| | | Non-Taxable | $18.00 |
| | | Pre-Tax Discount 0.00% | $0.00 |
| | | **Parts Total** | $5,645.77 |
| Costs | Amount | | |
| Paint Materials | $1,197.28 | | $1,197.28 |
| Shop Materials | $0.00 | | $0.00 |
| Other Additional Costs | $0.00 | | $0.00 |
| | | Taxable | $1,197.28 |
| | | Tax 7.0000% | $83.81 |
| | | Non-Taxable | $0.00 |
| | | Pre-Tax Discount 0.00% | $0.00 |
| | | **Costs Total** | $1,281.09 |
| Gross Totals | Amount | | |
| Gross Total | $8,565.26 | | $8,565.26 |
| | | Taxable | $6,456.88 |
| | | Tax | $451.98 |
| | | Non-Taxable | $1,656.40 |
| | | Pre-Tax Discount 0.00% | $0.00 |
| | | **Gross Total** | $8,565.26 |
| Adjustments | Amount | | |
| Deductible | -$700.00 | | -$700.00 |
| **Total Customer Responsibility** | | | -$700.00 |
| | | **Net Estimate Total** | $7,865.26 |

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER CHOICE.

PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR-VEHICLE; AND AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.

Gen.Laws 1956, § 27-10.2-2 (a) Whenever an insurance company, in adjusting a claim for motor vehicle physical damage, intends to specify the use of aftermarket parts, it shall notify the vehicle owner in writing. Any auto body repair shop conducting business in the state of Rhode Island shall not use non-original equipment manufactured (OEM) parts, also referred to as aftermarket parts, in the repair of any person's automobile, without that person giving the repairer his or her express written consent. (b) No insurance company may require the use of aftermarket parts when negotiating repairs with any repairer unless the repairer has written consent from the vehicle owner to install aftermarket parts. The provisions of this section shall apply only to automobiles that are less than forty-eight (48) months beyond the date of manufacture. (c) No insurance company may refuse the use of OEM parts when negotiating repairs with any repairer for automobiles that are greater than forty-eight (48) months and less than seventy-two (72) months from the date of manufacture, provided the repairer has written consent from the vehicle owner to install OEM parts.(d) For any automobile that is less than forty-eight (48) months beyond the date of manufacture, the insurer and the auto body repair shop must provide a written notice to the vehicle owner that: (i) He or she may require the insurer to pay for and the auto

body shop to install "original equipment manufacturer parts" or "OEM parts" in the repair of a motor vehicle; or (ii) He or she may require the insurer to pay for and the auto body shop to install "non-original equipment manufacturer parts" (non-"OEM parts") in the repair of a motor vehicle. To comply with this provision, written notice may be provided on the appraisal written on behalf of the insurer and the estimate prepared by the auto body repair shop.

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

Part Type Terms and Abbreviations
NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.
A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.
A/M: This refers to a new, non-original equipment manufacturer replacement part.
Recycled: This refers to a used OEM part.
Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.
OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.
Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date:_____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Disclaimer: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Cycle Time Information**

| | |
|---|---|
| **Due In** | 7/1/2026 |
| **Estimated Completion Date** | 7/23/2026 |
| **Arrived At Shop** | 7/1/2026 |

**Estimate Event Log**

| | |
|---|---|
| **Job Created** | 6/30/2026 08:08 AM |
| **Estimate Started** | 7/1/2026 11:10 AM |
| **Estimate Printed** | 7/1/2026 02:24 PM |
| **Estimate Committed** | 7/1/2026 02:24 PM |
| **Estimate Version** | 0 |
| **Estimate Retrieval ID** | 10012436663 |

# Refinish Materials Calculation Report

## Vehicle/Job Info

| Description | Vehicle | License | VIN |
|---|---|---|---|
| | 2021 Kia Forte | 1DN631 | 3KPF24AD8ME285573 |

## Paint Codes

| Two Tone Paint Code | Paint Code 1 | Paint Code 2 |
|---|---|---|
| | ABP (Aurora Black) | |

| Paint Type | Method | Method |
|---|---|---|
| Waterborne | Color & Clear | |

## Refinishing Materials

| Materials | Units | $/Per | Cost |
|---|---|---|---|
| 1. Paint Code 1 Time Less Overlap | 7.70 | | $752.77 |
| 2. Paint Code 2 Time Less Overlap | 0.00 | | $0.00 |
| 3. Blend 1 Time | 2.00 | | $116.48 |
| 4. Blend 2 Time | 0.00 | | $0.00 |
| 5. Buffing/Polishing | 0.00 | $12.24 | $0.00 |
| 6. Additional Refinishing Materials | | | $0.00 |
| **Refinishing Materials Subtotal** | | | **$869.25** |

## Bodywork Materials

| Materials | Units | $/Per | Cost |
|---|---|---|---|
| 1. Metal Materials | 0.00 | $10.76 | $0.00 |
| 2. Fiberglass Materials | 0.00 | $15.94 | $0.00 |
| 3. Plastic "Flex" Materials | 0.00 | $27.58 | $0.00 |
| 4. Additional Bodywork Materials | | | $0.00 |
| **Bodywork Materials Subtotal** | | | **$0.00** |

## Adjustments

| Adjustments | Markup/Discount | Cost |
|---|---|---|
| Markup/Discount | 25.00% | $217.31 |

## Grand Total

**$1,086.56**

# Claims Payment Detail ( 2026774971188 )

## Payment: 6027794663 Issued

Created by Shannon Pacheco (A166706) on 07/01/202

**Pay To The Order Of**

NORTHEAST AUTOBODY

**Mailing Address**

775 HARTFORD AVE
JOHNSTON RI 02919 USA

**Total Amount**

$7,865.26

| Invoice | Disbursement | Draft | Cleared |
|---|---|---|---|
| 164384179 | 241376457 | 6027794663 | 07/21/202 |

**In Payment Of**

Progressive Invoice Number: 164384179

### Reviewed Info

| | |
|---|---|
| **Issuing Rep** | Shannon Pacheco (A166706) |
| **Issue Date** | 07/01/2026 |
| **Last Updated Rep** | Shannon Pacheco (A166706) |
| **Approved By** | - |
| **Review Date** | - |
| **Reviewed By** | - |

### Bank Info

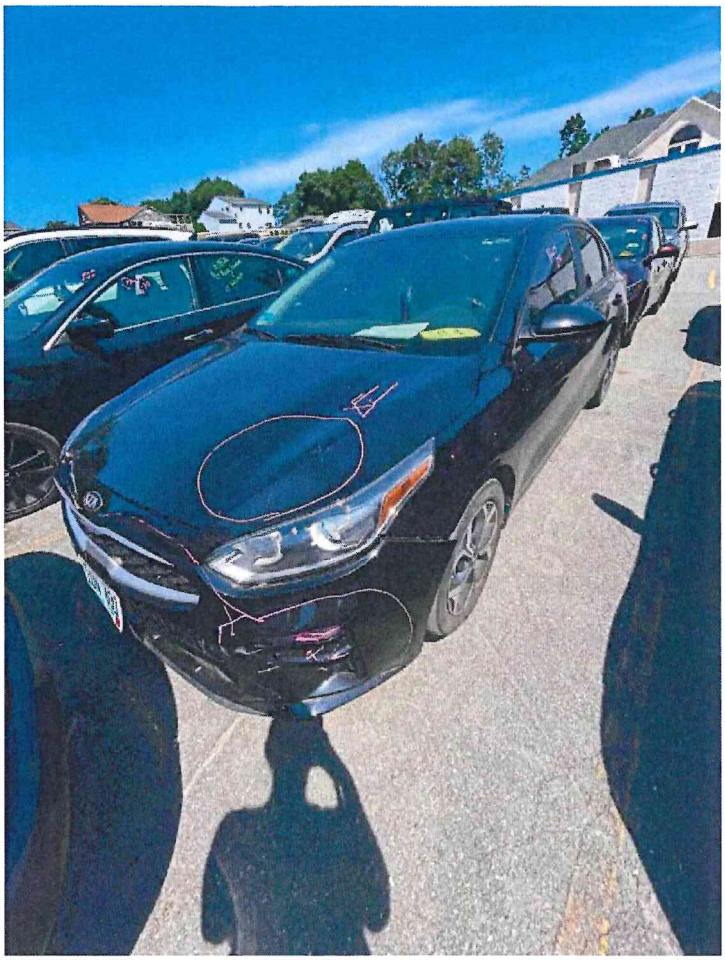
| | |
|---|---|
| **Type** | Loss |
| **Stop Reason** | - |
| **Stop Date** | - |
| **Bank Code** | 1CD |

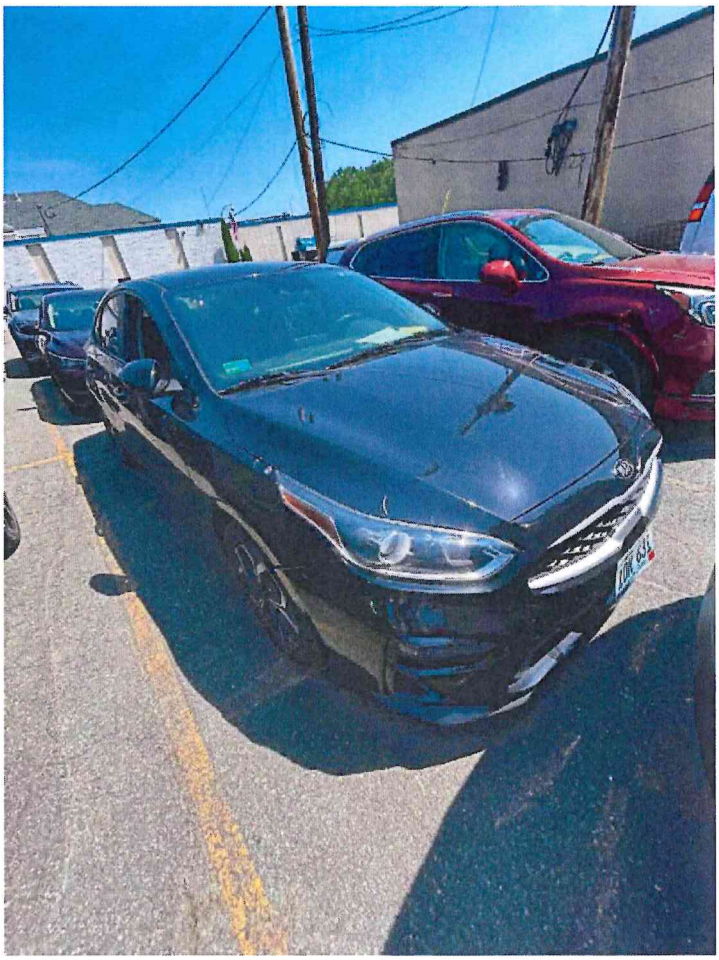
### Feature Details: COLL

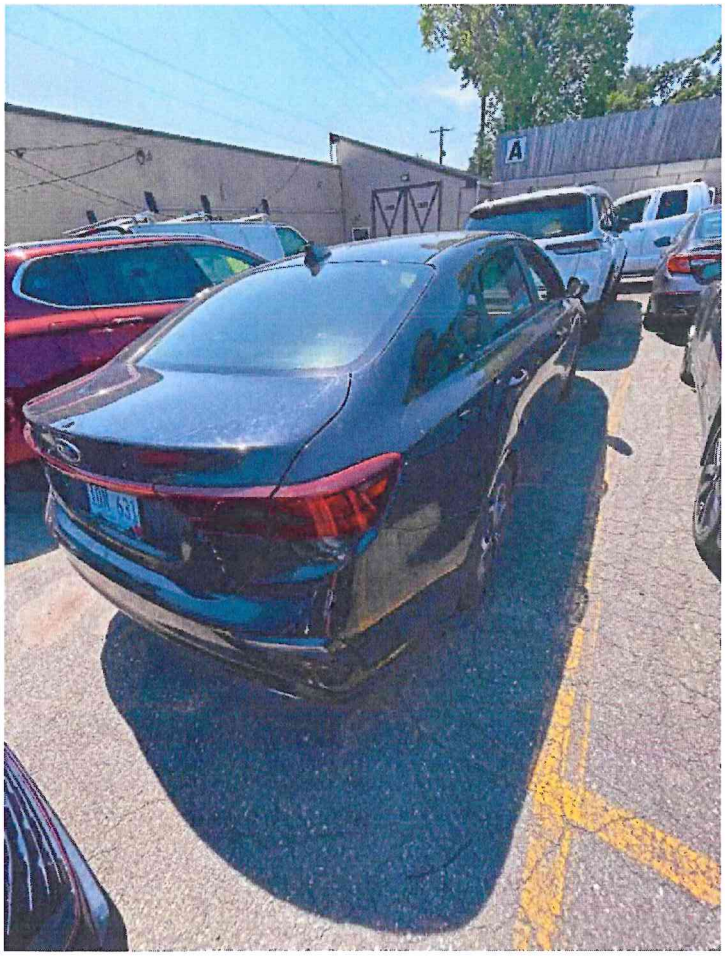
| | |
|---|---|
| **Party Name** | CARDONA, DWANN R |
| **Property Description** | 21 KIA FORTE |
| **Payment Type** | FINAL PAYMENT |

**Amount Paid**
**$7,865.26**

| Deductible Taken | Property Damage | Rental |
|---|---|---|
| $700.00 | $0.00 | $0.00 |



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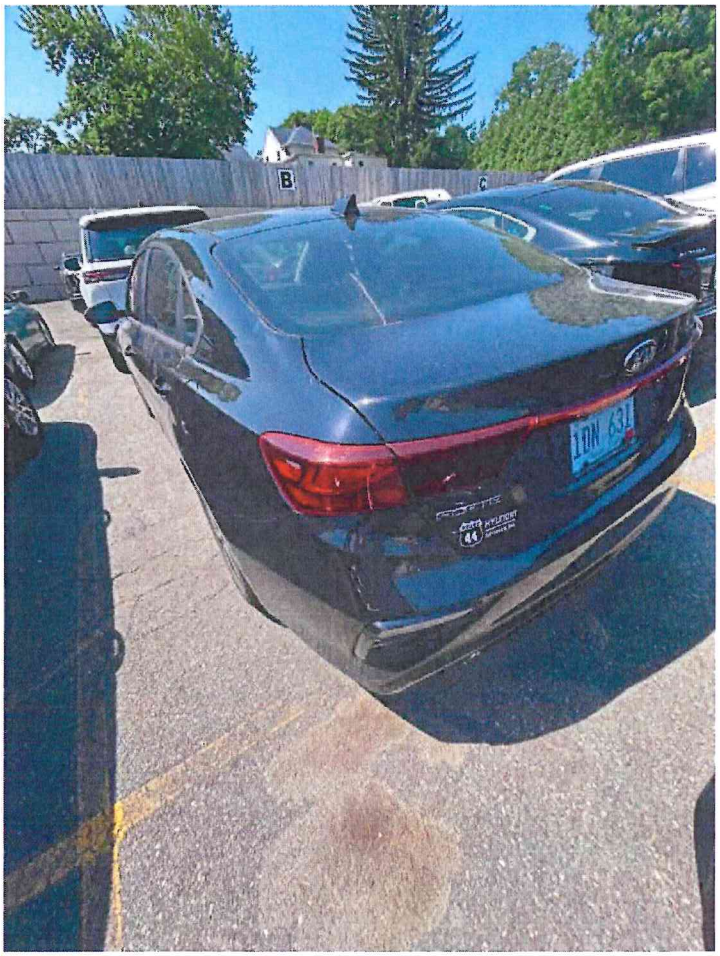
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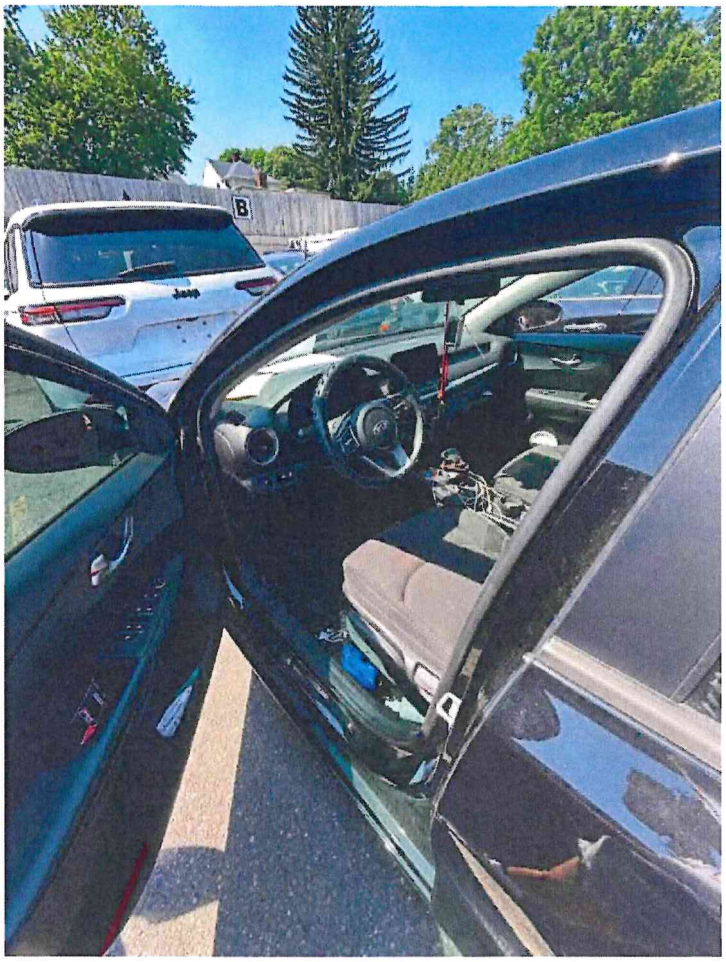
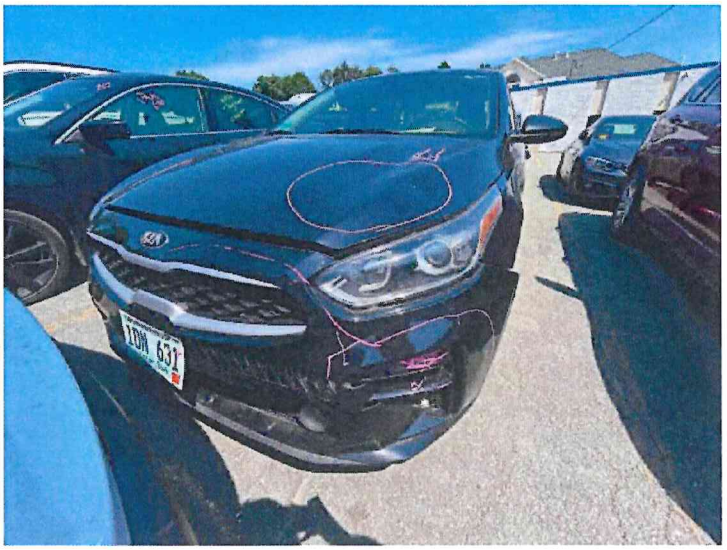
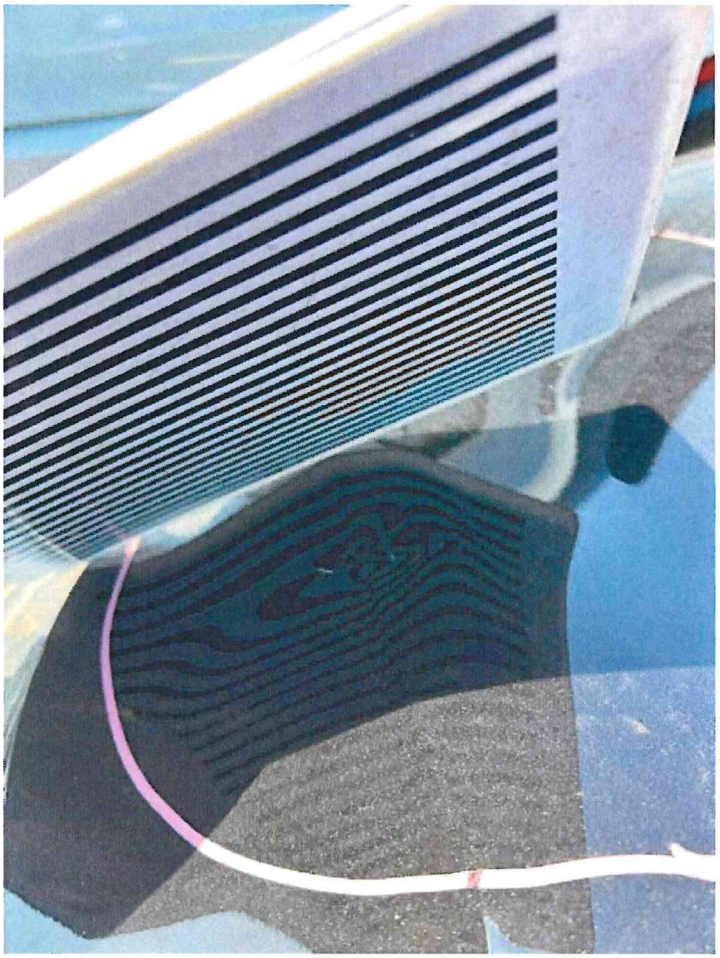
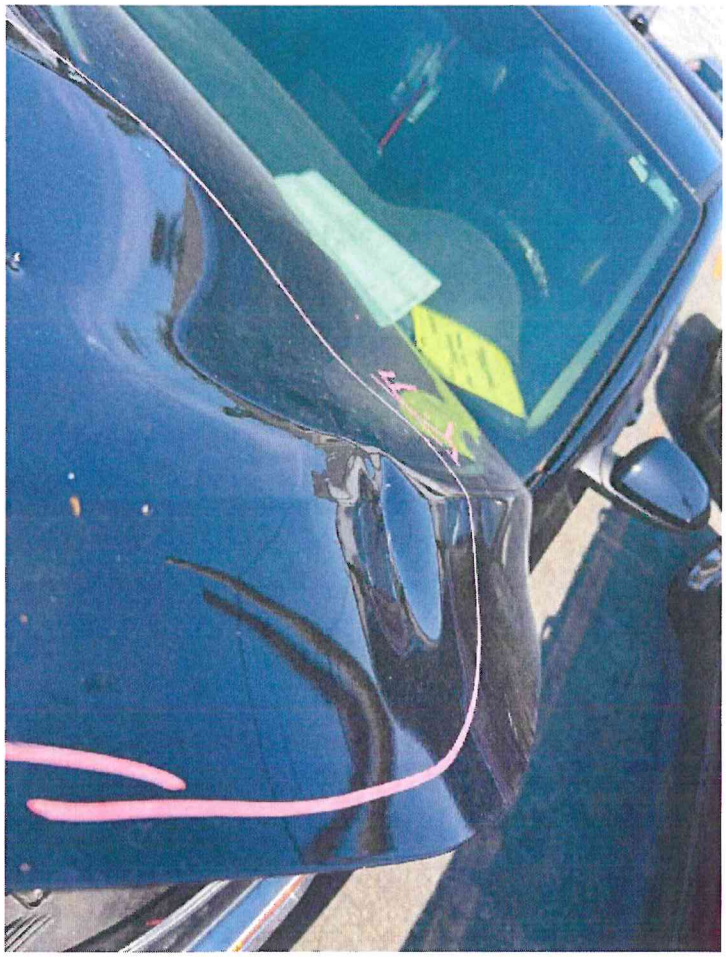
C

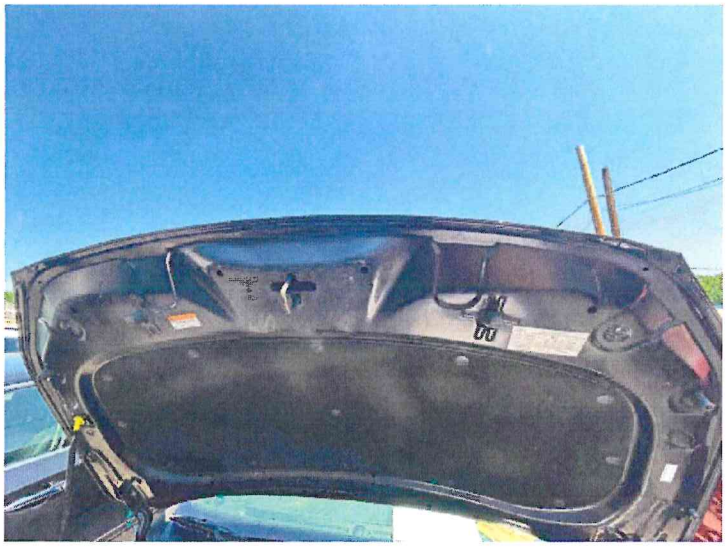


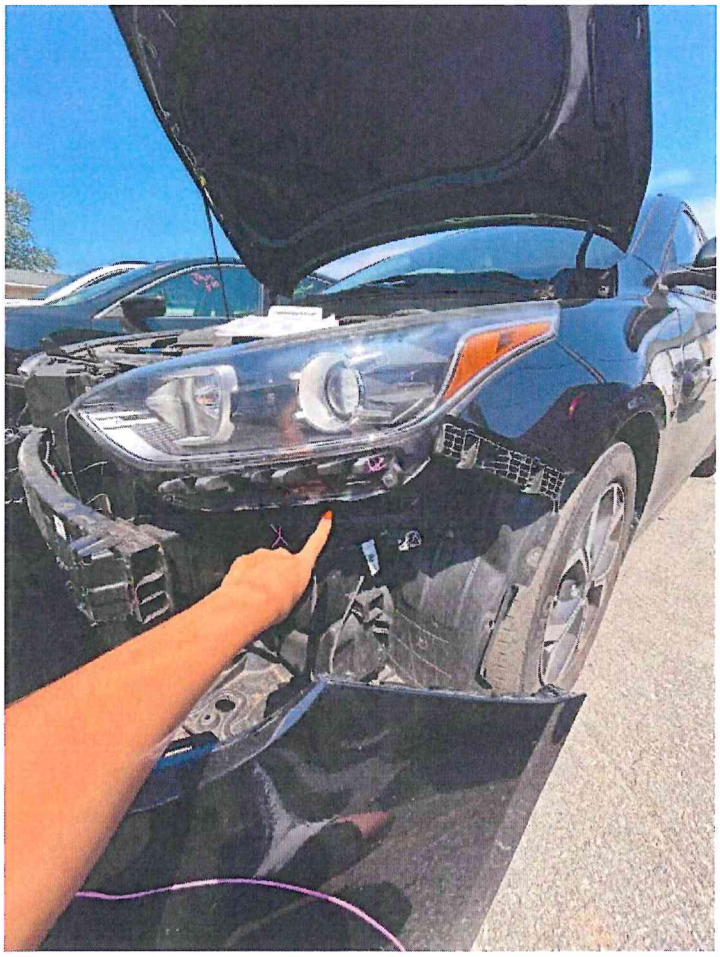


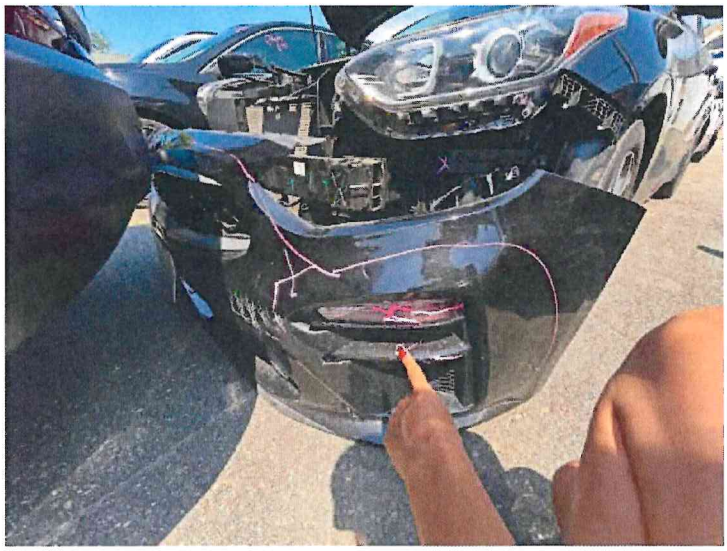
6/8/20
LT Rear Bumper
&
LT Taillight











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PAGE COUNT: 10

CLIENT: 107040
DIVISION: FLORIDAG000C
ADJUSTER: A227037
CLAIM: 26-774971188

TRANSACTION #: 4184712661
DATE: 05/21/2026

DATE OF LOSS: 05/19/2026 TIME OF LOSS:
STREET:
CITY: BRISTOL
COUNTY: BRISTOL
STATE: RI

INVESTIGATING AGENCY: BRISTOL PD
REPORT NUMBER: 2026-012181
REPORT TYPE: AUTOACCIDENT
PARTY1: CARDONA
PARTY2:
PARTY3:

CAR: MAKE: YEAR:
TAG:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT

| Reporting Agency Name | Report Number | Crash Date | Crash Time | Walk In Report | Parking Lot |
|---|---|---|---|---|---|
| **Bristol** | **2026-012181** | **05/19/2026** | **19:47** | ☐ | ☑ |

| City or Town Name | Street or Highway | On Ramp / Off Ramp | Exit # | # of Lanes | Posted Speed Limit |
|---|---|---|---|---|---|
| **Bristol** | **1 Dawn Hill Rd** | ☐ On Ramp ☐ Off Ramp | | | ☑ N/A ☐ Unk |

| Nearest Intersection Street | Direction From Nearest Intersection to Crash Site | Distance From Nearest Inter. | Lattitude | Longitude |
|---|---|---|---|---|
| | ☐ At Inter. ☐ North ☐ South ☐ East ☐ West | ☐ Feet ☐ Miles | **41.67991** | **-71.27706** |

| Unit ID | Driver's Last Name | First Name | M.I. | DOB |
|---|---|---|---|---|
| **1** | **CHATWIN** | **JORDAN** | **A** | |

| Address | City | State | Zip | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|---|---|
| **242 POLIN RD** | **FULTONVILLE** | **NY** | **12072** | | | |

| Driver's License # | CDL | Lic. State |
|---|---|---|
| **894526207** | ☐ | **NY** |

| M/V Violation | M/V Violation | M/V Violation | M/V Violation |
|---|---|---|---|
| | | | |

| Driver/Owner Same | Owner's Last Name | First Name | M.I. |
|---|---|---|---|
| ☐ | **TOWN** | **OF BRISTOL FIRE DEPARTMENT** | |

| Address | City | State | Zip | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|---|---|
| **4 ANNAWAMSCUTT DR** | **BRISTOL** | **RI** | **02809** | | | |

| Insurance Company Name | No Ins. | Insurance Policy Number |
|---|---|---|
| **THE TRUST** | ☐ | **N/A** |

Hit And Run: ☐ Yes, M/V & Driver Left Scene ☐ Yes, Driver Left Scene ☑ No ☐ Unk

| Registration# | Not Reg. | State | Yr Reg. | VIN |
|---|---|---|---|---|
| **1321** | ☐ | **RI** | | **1FVACWFF6RHUV7859** |

| Veh Yr. | Make | Model | Color | Plate Type |
|---|---|---|---|---|
| **2024** | **OTHER** | **UNKNOWN** | **RED** | **DC** |

Vehicle Travel Direction: ☐ Northbound ☐ Southbound ☐ Eastbound ☐ Westbound ☐ Not on Roadway ☐ Unk

| Vehicle Towed? | Towing Company Name | Haz Mat Placard? |
|---|---|---|
| ☐ Yes ☑ No | | ☐ Yes ☑ No |

| Unit ID | Driver's Last Name | First Name | M.I. | DOB |
|---|---|---|---|---|
| **2** | | | | |

| Address | City | State | Zip | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|---|---|
| | | | | | | |

| Driver's License # | CDL | Lic. State |
|---|---|---|
| | ☐ | |

| M/V Violation | M/V Violation | M/V Violation | M/V Violation |
|---|---|---|---|
| | | | |

| Driver/Owner Same | Owner's Last Name | First Name | M.I. |
|---|---|---|---|
| ☐ | **CARDONA** | **DWANN** | **R** |

| Address | City | State | Zip | Home Phone | Cell Phone | Work Phone |
|---|---|---|---|---|---|---|
| **147 HAROLD ST** | **PROVIDENCE** | **RI** | **02908** | | | |

| Insurance Company Name | No Ins. | Insurance Policy Number |
|---|---|---|
| **PROGRESSIVE CASUALTY INS** | ☐ | **860019763** |

Hit And Run: ☐ Yes, M/V & Driver Left Scene ☐ Yes, Driver Left Scene ☑ No ☐ Unk

| Registration# | Not Reg. | State | Yr Reg. | VIN |
|---|---|---|---|---|
| **1DN631** | ☐ | **RI** | | **3KPF24AD8ME285573** |

| Veh Yr. | Make | Model | Color | Plate Type |
|---|---|---|---|---|
| **2021** | **KIA** | **FORTE** | **BLK** | **PC** |

Vehicle Travel Direction: ☐ Northbound ☐ Southbound ☐ Eastbound ☐ Westbound ☑ Not on Roadway ☐ Unk

| Vehicle Towed? | Towing Company Name | Haz Mat Placard? |
|---|---|---|
| ☐ Yes ☑ No | | ☐ Yes ☑ No |

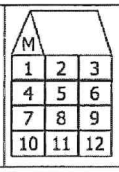
## Person Type

1 Driver, 2 Passenger, 3 Pedestrian, 4 Bicyclist, 5 Other Cyclist, 6 Witness, 7 Other Ped. (Wheelchair, Person in Building, Skater, Ped Conveyance, etc.), 8 Occupant of Motor Veh. not in Transport (Parked, etc.), 9 Occupant of Non-Motor Veh Transportation Device, 10 Unknown Type of Non-Motorist, 11 Unknown

**Unit ID:** 1 Unit 1, 2 Unit 2, 3 (etc.), or N/A

**Sex:** M Male, F Female, U Unk.

**Seat Position:** 13 Other Row (Bus), 14 Unk. Row, 15 Other Seat, 16 Unk. Seat




**Other Location:** 17 N/A, 18 Sleeper, 19 Other Enclosed Area, 20 Other Unenclosed Area, 21 Towed Unit, 22 Unknown

**Air Bag Deployed:** 1 N/A, 2 No, 3 Front, 4 Side, 5 Other, 6 Comb, 7 Unk.

**Ejected:** 1 No, 2 Partially, 3 Totally, 4 N/A, 5 Unk.

**Protection System:** 1 N/A, 2 None Used, 3 Shoulder & Lap, 4 Shoulder Only, 5 Lap Only, 6 Type Unknown, 7 Child - Forw. Facing, 8 Child - Rear Facing, 9 Booster Seat, 10 Child - Unk, 11 Helmet Used, 12 Other, 13 Unk.

**Injury:** 1 Complains of Pain, 2 Non-Incapacitating, 3 Incapacitating, 4 Fatal, 5 No Injury, 6 Unknown

| Name: Occupants - Witnesses - Pedestrians - Bicyclists | Person Type | Unit ID | Sex | DOB | Seat Pos. | Air Bag Deployed | Ejected | Prot. System | Injury | Trans by Rescue |
|---|---|---|---|---|---|---|---|---|---|---|
| **CHATWIN, JORDAN A** | 1 | 1 | F | | 1 | 2 | 1 | 3 | 5 | ☐ Y ☑ N |
| **MACHADO, DEREK M** | 2 | 1 | M | | 9 | 2 | 1 | 13 | 5 | ☐ Y ☑ N |
| **KEITH, ELANA M** | 2 | 1 | F | | 7 | 2 | 1 | 13 | 5 | ☐ Y ☑ N |

**Non-Vehicle Property Damage** ☐ State Property ☐ City/Town Property ☐ Private Property

| Owner | Address |
|---|---|
| | |

| Home Phone | Cell Phone | Work Phone | Damage Description |
|---|---|---|---|
| | | | |

| Reporting Officer Name | Reporting Officer Badge Number | Report Date |
|---|---|---|
| **KELLY, MICHAEL** | **24** | **05/19/2026** |

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
# CODING GUIDE

**6** — **Type of Roadway**
1 Two-Way, Not Divided (No Median or Barrier)
2 Two-Way, Not Divided with Continuous Left Turn Lane
3 Two-Way, Divided, Uprotected (painted >4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way, Trafficway
6 Unknown

**1** — **Road Surface Condition (Prevailing)**
1 Dry
2 Wet
3 Snow
4 Slush
5 Ice/Frost
6 Water (Standing, Moving)
7 Sand
8 Mud, Dirt, Gravel
9 Oil
10 Other
11 Unknown

**1** — **Light Condition (Prevailing)**
1 Daylight
2 Dawn
3 Dusk
4 Dark - Lighted
5 Dark - Not Lighted
6 Dark - Unknown Lighting
7 Other
8 Unknown

**1** — **Weather Condition (Prevailing)**
1 Clear
2 Cloudy
3 Fog, Smog, Smoke
4 Rain
5 Sleet, Hail (Freezing Rain or Drizzle)
6 Snow
7 Blowing Snow
8 Severe Crosswinds

**12** — **Manner of Impact**
1 Not a collision between two Motor Vehicles in Transport
2 Rear End (Front-to-Rear)
3 Head-On (Front-to-Front)
4 Angle (Front-to-Side) Same Direction
5 Angle (Front-to-Side) Opposite Direction
6 Angle (Front-to-Side) Right Angle (Includes Broadside)
7 Angle Direction Not Specified
8 Sideswipe, Same Direction
9 Sideswipe, Opposite Direction
10 Rear-to-Side
11 Rear-to-Rear
12 Other
13 Unknown

**School Bus Related Crash?**
**(Directly Involved Indicates Contact was made)**
☐ Yes, Directly Involved ☑ No
☐ Yes, Indirectly Involved

**Traffic Controls** — **1**
1 No Controls
2 Person
3 Traffic Control Signal
4 Flashing Traffic Control Sig.
5 School Zone Signs
6 Stop Signs
7 Yield Signs
8 Warning Signs
9 Railway Crossing Device
10 Pavement Markings
11 Other
12 Unknown

**Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?**
☐ Yes ☑ No ☐ N/A

**Construction Zone Crash?**
**(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)**
☐ Yes ☑ No

**Construction Workers Present?**
☐ Yes ☑ No

**Contributing Circumstances Environment** — **1**
1st: **1**
2nd:
3rd:
1 None
2 Weather Conditions
3 Physical Obstructions
4 Glare
5 Animal(s) in Roadway
6 Other
7 Unknown

**Contributing Circumstances Road** — **1**
1st: **1**
2nd:
3rd:
1 None
2 Road Surface (Wet, Icy, Snow, Slush, etc.)
3 Debris
4 Rut, Holes, Bumps
5 Work Zones (Construction/Maintenance/Utility)
6 Worn, Travel-Polished Surface
7 Obstruction in Roadway
8 Traffic Control Device Inoperative, Missing, or Obscured
9 Shoulders (None, Low, Soft, High)
10 Non-Highway Work
11 Other
12 Unknown

---

**21** — **Unit Types** — **1**

| Vehicle #1 | Vehicle #2 |
|---|---|
| 1 Passenger Car | 17 Tow Truck |
| 2 (Sport) Utility Vehicle | 18 Pedestrian |
| 3 Passenger Van | 19 Bicyclist |
| 4 Cargo Van (10K lbs[4,536 kg] or less) | 20 Witness |
| 5 Pickup | 21 Other |
| 6 Motor Home | |
| 7 School Bus | |
| 8 Transit Bus | |
| 9 Motor Coach | |
| 10 Other Bus | |
| 11 Motorcycle | |
| 12 Moped | |
| 13 Low Speed Vehicle | |
| 14 Other Light Trucks (10K lbs [4,536 kg] or less) | |
| 15 Tractor Trailer or Combination (More than 10K lbs [4,5,36kg]) | |
| 16 Medium/Heavy Trucks (More than 10K lbs [4,5,36 kg]) | |

**Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?**
Vehicle #1: ☐ Yes ☐ No
Vehicle #2: ☐ Yes ☑ No

**Was this Vehicle in Tow?**
Vehicle #1: ☐ Yes ☑ No
Vehicle #2: ☐ Yes ☑ No

**7** — **Special Function Vehicle** — **1**

| Vehicle #1 | Vehicle #2 |
|---|---|
| 1 No Special Function | 1 No Special Function |
| 2 Taxi | 2 Taxi |
| 3 Vehicle Used as School Bus | 3 Vehicle Used as School Bus |
| 4 Vehicle Used as Other Bus | 4 Vehicle Used as Other Bus |
| 5 Military | 5 Military |
| 6 Police | 6 Police |
| 7 Ambulance | 7 Ambulance |
| 8 Fire Truck | 8 Fire Truck |
| 9 Unknown | 9 Unknown |

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
# CODING GUIDE

**Vehicle #1** ☑ Yes ☐ No ☐ Unk. — **Police, Ambulance or Fire Truck Responding to a Call?** — **Vehicle #2** ☐ Yes ☐ No ☐ Unk.

## Motor Vehicle Position

**1** (Vehicle #1) — (Vehicle #2) **2**

1 Motor Vehicle on Roadway | 2 Motor Vehicle parked | 3 Working Vehicle/Equipment

## Extent of Damage

**1** (Vehicle #1) — (Vehicle #2) **3**

1 No Damage Observed | 2 Minor Damage (<= $1,000) | 3 Functional Damage (> $1,000) | 4 Disabling Damage (> $1,000)

## Most Harmful Event

**13** (Vehicle #1) — (Vehicle #2) **40**

**Non-Collision:**

1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equip. Loss or Shift
6 Fell/Jumped from Motor Veh.
7 Thrown or Falling Object
8 Other Non-Collision

**Collision with Person, Motor Veh., or Non-Fixed Object:**

9 Pedestrian
10 Pedalcycle
11 Railway Vehicle (Train, Engine)
12 Animal
13 Motor Vehicle in Transport
14 Work Zone/Maintenance Equipment
15 Other Non-Fixed Object

**Collision with Fixed Object:**

16 Impact Attenuator/Crash Cushion
17 Bridge Overhead Structure
18 Bridge Pier or Support
19 Bridge Rail
20 Culvert
21 Curb
22 Ditch
23 Embankment
24 Guardrail Face
25 Guardrail End
26 Jersey/Concrete Traffic Barrier
27 Other Traffic Barrier
28 Tree (Standing)
29 Landscaping
30 Utility Pole (Elec/Tele)/Light Support
31 Highway Lighting/Light Standard
32 Traffic Sign/Support
33 Traffic Signal/Support
34 Traffic Control Box
35 Variable Message Board/Arrow Board
36 Other Post, Pole, or Support
37 Fence
38 Mailbox
39 Other Fixed Object (Wall, Building, Tunnel, etc.)
40 Unknown - Most Harmful Event

## Vehicle Action Prior

**2** (Vehicle #1) — (Vehicle #2) **12**

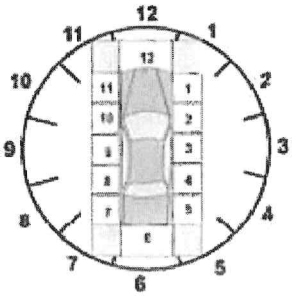
1 Movements Essentially Straight Ahead
2 Backing
3 Changing Lanes
4 Overtaking/Passing
5 Turning Right
6 Turning Left
7 Making U-Turn
8 Leaving Traffic Lane
9 Entering Traffic Lane
10 Slowing
11 Negotiating a Curve
12 Parked
13 Stopped in Traffic
14 Other
15 Unknown

**6** Vehicle #1

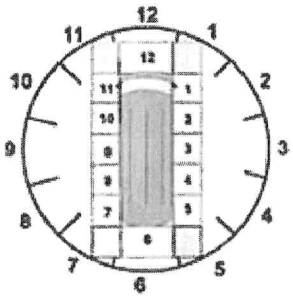
**Initial Impact Area**
Clock Diagram
or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown

**Most Damaged Area**

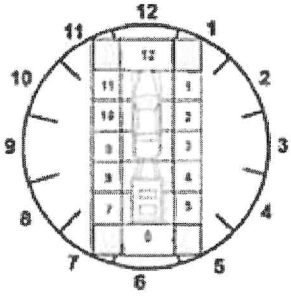
**6** Vehicle #1



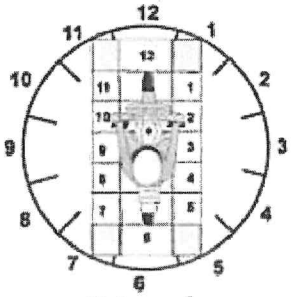
Passenger Car



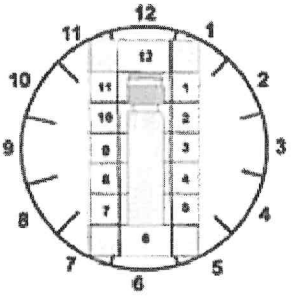
Bus



Passenger Car W/Trailer



Motorcycle



Tractor Trailer

**12** Vehicle #2

**Initial Impact Area**
Clock Diagram
or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown

**Most Damaged Area**

**12** Vehicle #2

10 Pages via SFTP Thu, 21 May 2026 18:26:27 GMT

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
# CODING GUIDE

## Sequence of Events

**1st Vehicle #1:** 13 — **1st Vehicle #2:** 40

**2nd:** — **2nd:** —

**3rd:** — **3rd:** —

**4th:** — **4th:** —

**Non-Collision:**

1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift
6 Fell/Jumped from Motor Veh.
7 Thrown or Falling Object
8 Other Non-Collision

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14 Work Zone/Maintenance Equipment
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18 Bridge Pier or Support
19 Bridge Rail
20 Culvert
21 Curb
22 Ditch
23 Embankment
24 Guardrail Face
25 Guardrail End
26 Jersey/Concrete Traffic Barrier
27 Other Traffic Barrier
28 Tree (Standing)
29 Landscaping
30 Utility Pole (Elec/Tele)/Light Support
31 Highway Lighting/Light Standard
32 Traffic Sign/Support
33 Traffic Signal/Support
34 Traffic Control Box
35 Variable Message Board/Arrow Board
36 Other Post, Pole, or Support
37 Fence
38 Mailbox
39 Other Fixed Object (Wall, Building, Tunnel, etc.)

40 Unknown - Sequence of Events

## Driver Distracted

**Driver Vehicle #1:** 6 — **Driver Vehicle #2:** —

1 Not Distracted
2 Electronic Communications Devices (Cell Phone, Pager, etc.)
3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)
4 Other Inside the Vehicle
5 Other Outside the Vehicle
6 Unknown

## Physical Condition of Driver

**Driver Vehicle #1:** 1 — **Driver Vehicle #2:** —

1 Apparently Normal
2 Emotional (Depressed, Angry, Disturbed, etc.)
3 Ill (Sick)
4 Fell Asleep, Fainted, Fatigued, etc.
5 Under the influence of medications/drugs/alcohol
6 Unknown

## Non-Motorist Safety Equipment

**1st:** — **1st:** —

**2nd:** — **2nd:** —

1 None
2 Helmet
3 Protective Pads Used (Elbows, Knees, Shins, etc.)
4 Reflective Clothing (Jacket, Backpack, etc.)
5 Lighting
6 Other
7 N/A
8 Unknown

## Alchohol and/or Drug Testing

### Chemical Test

| Driver Vehicle #1 | | Driver Vehicle #2 | | |
|---|---|---|---|---|
| Alcohol | Drug | Alcohol | Drug | |
| ☑ | ☑ | ☐ | ☐ | None Given |
| ☐ | ☐ | ☐ | ☐ | Test Refused |
| | ☐ | | ☐ | Unknown if Tested |
| ☐ | ☐ | ☐ | ☐ | Blood |
| ☐ | ☐ | ☐ | ☐ | Urine |
| ☐ | ☐ | ☐ | ☐ | Serum |
| ☐ | ☐ | ☐ | ☐ | Other |
| ☐ | | ☐ | | Breath |

### Alcohol Test Result

| Driver Vehicle #1 | Driver Vehicle #2 | |
|---|---|---|
| | | BAC |
| ☐ | ☐ | Pending |
| ☐ | ☐ | Unknown |

### Drug Test Result

| Driver Vehicle #1 | Driver Vehicle #2 | |
|---|---|---|
| ☐ | ☐ | Positive |
| ☐ | ☐ | Negative |
| ☐ | ☐ | Awaiting Test Result |

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
# CODING GUIDE

**Type of Roadway**
1 Two-Way, Not Divided (No Median or Barrier)
2 Two-Way, Not Divided with Continuous Left Turn Lane
3 Two-Way, Divided, Uprotected (painted >4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way, Trafficway
6 Unknown

**Road Surface Condition (Prevailing)**
1 Dry
2 Wet
3 Snow
4 Slush
5 Ice/Frost
6 Water (Standing, Moving)
7 Sand
8 Mud, Dirt, Gravel
9 Oil
10 Other
11 Unknown

**Light Condition (Prevailing)**
1 Daylight
2 Dawn
3 Dusk
4 Dark - Lighted
5 Dark - Not Lighted
6 Dark - Unknown Lighting
7 Other
8 Unknown

**Weather Condition (Prevailing)**
1 Clear
2 Cloudy
3 Fog, Smog, Smoke
4 Rain
5 Sleet, Hail (Freezing Rain or Drizzle)
6 Snow
7 Blowing Snow
8 Severe Crosswinds

**Manner of Impact**
1 Not a collision between two Motor Vehicles in Transport
2 Rear End (Front-to-Rear)
3 Head-On (Front-to-Front)
4 Angle (Front-to-Side) Same Direction
5 Angle (Front-to-Side) Opposite Direction
6 Angle (Front-to-Side) Right Angle (Includes Broadside)
7 Angle Direction Not Specified
8 Sideswipe, Same Direction
9 Sideswipe, Opposite Direction
10 Rear-to-Side
11 Rear-to-Rear
12 Other
13 Unknown

**School Bus Related Crash?**
**(Directly Involved Indicates Contact was made)**
☐ Yes, Directly Involved ☐ No
☐ Yes, Indirectly Involved

**Traffic Controls**
1 No Controls
2 Person
3 Traffic Control Signal
4 Flashing Traffic Control Sig.
5 School Zone Signs
6 Stop Signs
7 Yield Signs
8 Warning Signs
9 Railway Crossing Device
10 Pavement Markings
11 Other
12 Unknown

**Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?**
☐ Yes ☐ No ☐ N/A

**Construction Zone Crash?**
**(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)**
☐ Yes ☐ No

**Construction Workers Present?**
☐ Yes ☐ No

**Contributing Circumstances Environment**
1 None
2 Weather Conditions
3 Physical Obstructions
4 Glare
5 Animal(s) in Roadway
6 Other
7 Unknown
1st
2nd
3rd

**Contributing Circumstances Road**
1 None
2 Road Surface (Wet, Icy, Snow, Slush, etc.)
3 Debris
4 Rut, Holes, Bumps
5 Work Zones (Construction/Maintenance/Utility)
6 Worn, Travel-Polished Surface
7 Obstruction in Roadway
8 Traffic Control Device Inoperative, Missing, or Obscured
9 Shoulders (None, Low, Soft, High)
10 Non-Highway Work
11 Other
12 Unknown
1st
2nd
3rd

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**1** **CARDONA, DWANN R**

**Unit Types**

1 Passenger Car
2 (Sport) Utility Vehicle
3 Passenger Van
4 Cargo Van (10K lbs[4,536 kg] or less)
5 Pickup
6 Motor Home
7 School Bus
8 Transit Bus
9 Motor Coach
10 Other Bus
11 Motorcycle
12 Moped
13 Low Speed Vehicle
14 Other Light Trucks (10K lbs [4,536 kg] or less)
15 Tractor Trailer or Combination (More than 10K lbs [4,5,36kg])
16 Medium/Heavy Trucks (More than 10K lbs [4,5,36 kg])
17 Tow Truck
18 Pedestrian
19 Bicyclist
20 Witness
21 Other

**Vehicle #** ☐ Yes ☐ No — **Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?** — **Vehicle #** ☐ Yes ☐ No

**Vehicle #** ☐ Yes ☐ No — **Was this Vehicle in Tow?** — **Vehicle #** ☐ Yes ☐ No

**Vehicle #** — **Special Function Vehicle** — **Vehicle #**

1 No Special Function
2 Taxi
3 Vehicle Used as School Bus
4 Vehicle Used as Other Bus
5 Military
6 Police
7 Ambulance
8 Fire Truck
9 Unknown

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
# CODING GUIDE

1st / 2nd / 3rd / 4th — **Vehicle #** — **Sequence of Events** — **Vehicle #** (1st / 2nd / 3rd / 4th)

**Non-Collision:**
1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift
6 Fell/Jumped from Motor Veh.
7 Thrown or Falling Object
8 Other Non-Collision

**Collision with Person, Motor Veh., or Non-Fixed Object:**
9 Pedestrian
10 Pedalcycle
11 Railway Vehicle (Train, Engine)
12 Animal
13 Motor Vehicle in Transport
14 Work Zone/Maintenance Equipment
15 Other Non-Fixed Object

**Collision with Fixed Object:**
16 Impact Attenuator/Crash Cushion
17 Bridge Overhead Structure
18 Bridge Pier or Support
19 Bridge Rail
20 Culvert
21 Curb
22 Ditch
23 Embankment
24 Guardrail Face
25 Guardrail End
26 Jersey/Concrete Traffic Barrier
27 Other Traffic Barrier
28 Tree (Standing)
29 Landscaping
30 Utility Pole (Elec/Tele)/Light Support
31 Highway Lighting/Light Standard
32 Traffic Sign/Support
33 Traffic Signal/Support
34 Traffic Control Box
35 Variable Message Board/Arrow Board
36 Other Post, Pole, or Support
37 Fence
38 Mailbox
39 Other Fixed Object (Wall, Building, Tunnel, etc.)

40 Unknown - Sequence of Events

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**Driver Vehicle #** — **Driver Distracted** — **Driver Vehicle #**

1 Not Distracted
2 Electronic Communications Devices (Cell Phone, Pager, etc.)
3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)
4 Other Inside the Vehicle
5 Other Outside the Vehicle
6 Unknown

**Driver Vehicle #** — **Physical Condition of Driver** — **Driver Vehicle #**

1 Apparently Normal
2 Emotional (Depressed, Angry, Disturbed, etc.)
3 Ill (Sick)
4 Fell Asleep, Fainted, Fatigued, etc.
5 Under the influence of medications/drugs/alcohol
6 Unknown

1st / 2nd — **CARDONA, DWANN R** — **Non-Motorist Safety Equipment** — 1st / 2nd

1 None
2 Helmet
3 Protective Pads Used (Elbows, Knees, Shins, etc.)
4 Reflective Clothing (Jacket, Backpack, etc.)
5 Lighting
6 Other
7 N/A
8 Unknown

**Alchohol and/or Drug Testing**

Driver Vehicle # — **Chemical Test** — Driver Vehicle #

| Alcohol | Drug | | Alcohol | Drug |
|---|---|---|---|---|
| ☐ | ☐ | None Given | ☐ | ☐ |
| ☐ | ☐ | Test Refused | ☐ | ☐ |
| | ☐ | Unknown if Tested | | ☐ |
| ☐ | ☐ | Blood | ☐ | ☐ |
| ☐ | ☐ | Urine | ☐ | ☐ |
| ☐ | ☐ | Serum | ☐ | ☐ |
| ☐ | ☐ | Other | ☐ | ☐ |
| ☐ | | Breath | ☐ | |

Driver Vehicle # — **Alcohol Test Result** — Driver Vehicle #

BAC
☐ Pending ☐
☐ Unknown ☐

Driver Vehicle # — **Drug Test Result** — Driver Vehicle #

☐ Positive ☐
☐ Negative ☐
☐ Awaiting Test Result ☐

10 Pages via SFTP Thu, 21 May 2026 18:26:27 GMT

Veh#1(Chatwin) was backing (east) in the parking lot of Dawn Hill Nursing Home parking lot, located at 1 Dawn Hill Rd. Veh# 2(Cardona) was parked attended (facing west) in the parking lot of Dawn Hill Nursing home. At this time Veh#1's rear end collided with the front end of Veh#2.

Veh#1 sustained no visible damage. Veh#2 sustained front end damage.

The occupant of Veh#1 complained of neck pain and was evaluated then transported to Newport Hospital via Bristol Rescue.

No other injuries reported.

Report Number
**2026-012181**

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT
## Additional Persons Supplemental

**Person Type**

1 Driver
2 Passenger
3 Pedestrian
4 Bicyclist
5 Other Cyclist
6 Witness
7 Other Ped. (Wheelchair, Person in Building, Skater, Ped Conveyance, etc.)
8 Occupant of Motor Veh. not in Transport (Parked, etc.)
9 Occupant of Non-Motor Veh Transportation Device
10 Unknown Type of Non-Motorist
11 Unknown

**Unit ID**: 1 Unit 1, 2 Unit 2, 3 (etc.), or N/A

**Sex**: M Male, F Female, U Unk.

**Seat Position**

| | | |
|---|---|---|
| M | | |
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |

13 Other Row (Bus)
14 Unk. Row
15 Other Seat
16 Unk. Seat

**Other Location**: 17 N/a, 18 Sleeper, 19 Other Enclosed Area, 20 Other Unenclosed Area, 21 Towed Unit, 22 Unknown

**Air Bag Deployed**: 1 N/A, 2 No, 3 Front, 4 Side, 5 Other, 6 Comb, 7 Unk.

**Ejected**: 1 No, 2 Partially, 3 Totally, 4 N/A, 5 Unk.

**Protection System**: 1 N/A, 2 None Used, 3 Shoulder & Lap, 4 Shoulder Only, 5 Lap Only, 6 Type Unknown, 7 Child - Forw. Facing, 8 Child - Rear Facing, 9 Booster Seat, 10 Child - Unk, 11 Helmet Used, 12 Other, 13 Unk.

**Injury**: 1 Complains of Pain, 2 Non-Incapacitating, 3 Incapacitating, 4 Fatal, 5 No Injury, 6 Unknown

| Name: Occupants - Witnesses - Pedestrians - Bicylists | Person Type | Unit ID | Sex | DOB | Seat Pos. | Air Bag Deployed | Ejected | Prot. System | Injury | Trans by Rescue |
|---|---|---|---|---|---|---|---|---|---|---|
| **CARDONA, DWANN R** | **8** | **2** | **F** | | **1** | **2** | **1** | **13** | **1** | ☑ Y ☐ N |
| | | | | | | | | | | ☐ Y ☐ N |
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| | | | | | | | | | | ☐ Y ☐ N |

Non-Vehicle Property Damage ☐ State Property ☐ City/Town Property ☐ Private Property

Owner | Address

Home Phone | Cell Phone | Work Phone | Damage Description

Non-Vehicle Property Damage ☐ State Property ☐ City/Town Property ☐ Private Property

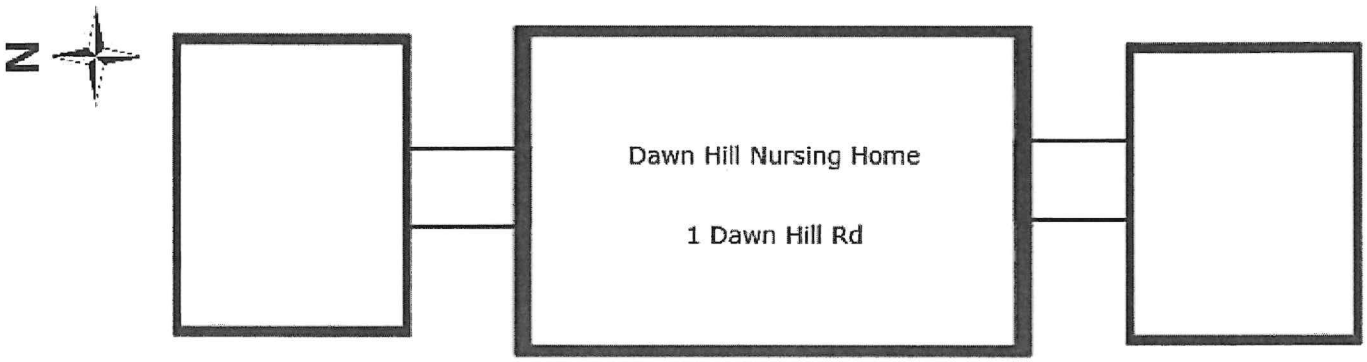
Owner | Address

Home Phone | Cell Phone | Work Phone | Damage Description

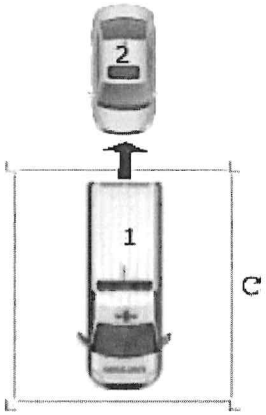
Non-Vehicle Property Damage ☐ State Property ☐ City/Town Property ☐ Private Property

Owner | Address

Home Phone | Cell Phone | Work Phone | Damage Description




Main Entrance




Parking Lot