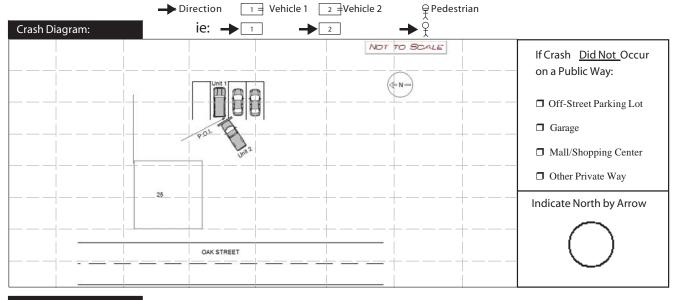
	Poli	ice Use Only		Common	wealth	of Massa	achu	usett	S		RM	V Docur	nent Number	
	Date of Crash 03/04/2019	Time of Crash 11:00	City/To	Mo Mo		hicle Cra	sh	Number			eed Limi		State Police Local Police MBTA Police	X
ļ		24HR				Report		2	0		ngitude		Other:	
		AT INTER	RSECTION:	<	LOC	ATION :	>		N(	OT A	ΓΙΝΤΙ	ERSE	CTION:	
						WEST	25		OAK	ST				- }
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														4
	License #	18 1	St St	DOB/Age		# 1AWY61							20	-
	Sex_F_ Lic.		Lic. Restriction	CDL Endorsmer	nt	Year_2015		h Make_	NISSAN			_ Veh Co	nfig. 2	
ı	Operator DR	Last	JULIANA First	Middle	0	ner (Same as oper	ator)		First			Middle		_
	Address 1982	COMMONWEA	ALTH AVE (apt. A	L)	Add	ress								_
	City BOSTON	N	Sta	te_MA Zip_02135_	City	City State Zip								
	Insurance Com	npany_USAA			Vehi	icle Action Prior to	Crash	11	21	Damag	ged Area	Code: (0	Circle Up to Th	ree)
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	Citation # (If I	ssued)			Mos	t Harmful Event	2 23	3		14	9	$\langle     \rangle$	10 Undercar 11 Totaled	rriage
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-	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6							
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33   Seat Safety Airbag Age/DOB								
	Name (Last Fir Operator	st Middle)		See Above		Age/DOB		0		4 3	de Code	status Co		ility
1	Please Select C	IX Vehicle	e2 <u>0</u> #Occupant	s Non-Motorist	A Type	14 Action 1	5 Loc	ation	16 Co	ndition	17	□ Hi	t/Run Mo	ped
	of the Followi	ng: —												4
	License # St DOB/Age					Reg # 7WKZ10 Reg Type PAN Reg State					State MA 20	-		
	Sex Lic. Class Lic. Restrictions CDL Endorsment					Veh Year 2002 Veh Make CHEVROLET Veh Config. 2								
	Operator					Owner PADILLAGONZALES CAESAR  Last First Middle								
						Address 1 (apt. 2) BARNES STREET								-
	City State Zip					City WALTHAM State MA Zip 02453							-	
	Insurance Company ARABELLA					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							ree)	
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	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB		Pos. Sys	tem Status	Switch C	ode Code		Code Medical Fac	cility
	Орегиюн			500 / 100 / 0	-				+	+				$\dashv$
									+	_				-



## Crash Narrative:

On 03/12/2019, while assigned to WN, I, Officer Conary, met with DRAGAT, who wanted to report a motor vehicle accident have occurred on 03/04/2019. MV1 was parked behind 25 Oak Street in a parking stall. MV2 with a plow attached hit MV1 right rear bumper while plowing the snow. Witness, RAYMOND, asked the plow driver if they wanted MV1 moved before the accident and they said no. RAYMOND saw MV2 hit MV1.

DRAGAT did not get the information from the operator or passenger of MV2. Operator of MV2 told her to contact the owner of the MV2, who was the operator's boss. DRAGAT said that she notified her insurance and the owner PADILLAGONZALES. DRAGAT said PADILLAGONZALES failed to give more information regarding the incident and DRAGAT's insurance advised her to file a police report. DRAGAT said that her insurance and PADILLAGONZALES's insurance have been in contact with one another.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone #	<u> </u>	Statement
SAVIGNANO , RAYMOND,	25 OAK STREI NEWTON,MA				N		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)	Carrier Issu	ing Authority Code	35
Address			City		St	Zip	
US DOT#:		_ Issuing State	ICC #:_		Interstate	36	
	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	me		Material 4	digit #	Release code	42	

Crash Diagram:	-	Direction 1:	∃ Vehicle 1 2	±Vehicle 2	₽Pedestria	an		
If Crash Did Not Occur on a Public Way:	Crash Diagram:	ie: → 1	2	_	₽Ŷ			
Tatlement to report.  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: Carrier Name  Carrier Name  Carrier Name  Carrier Name  State Number  Issuing State  ISSUing State  ISSUing State  ISSUing State  ICC #: Interstate  Trule Reg #y  Trule Reg #y  Trule Reg #y  Reg Type  Reg State  Reg Year  Trailer Length  Material 1 digit # 41 Material Name  Material 4 digit # Release code  Address  Material 5 digit # All Material Name  Material 4 digit # Release code  Address  Material 5 digit # All Material Name  Material 4 digit # Release code  Address  Material 5 digit # Material Name  Material 4 digit # Release code  Address  Material 4 digit # Release code  Address  Material 5 digit # Material Name  Material 6 digit # Material Name  Material 9 digit # Material Name	Crash Diagram:	ie: -> 1			→ Ç	on a	Public Way:  F-Street Parking Lot  arage  all/Shopping Center  ther Private Way	
Tatlement to report.  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: Carrier Name  Carrier Name  Carrier Name  Carrier Name  State Number  Issuing State  ISSUing State  ISSUing State  ISSUing State  ICC #: Interstate  Trule Reg #y  Trule Reg #y  Trule Reg #y  Reg Type  Reg State  Reg Year  Trailer Length  Material 1 digit # 41 Material Name  Material 4 digit # Release code  Address  Material 5 digit # All Material Name  Material 4 digit # Release code  Address  Material 5 digit # All Material Name  Material 4 digit # Release code  Address  Material 5 digit # Material Name  Material 4 digit # Release code  Address  Material 4 digit # Release code  Address  Material 5 digit # Material Name  Material 6 digit # Material Name  Material 9 digit # Material Name	C 1 N .:					'		
### Truck and Bus Information:   Carrier Name   Address   Phone #   Statement								
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: Carrier Name Carrier Name Carrier Rusing Authority Code Address  City St. Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Carrier Rusing State ICC #: Interstate 36  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Trailer Reg #: Reg Type Reg State Reg Year Reg State Release code 42  KRISTINA CONARY  KRISTINA CONARY  Namouveruse Expans (03/12/2019)	I attempted to call PADIL	LAGONZALES with	negative res	ults. DRAGAT	is going t	o update her in	surance. No	
Name (Last, First, Middle) Address Phone # Statement Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name Carrier Name Carrier Name City St Zip US DOT #: State Number Issuing State Cargo Body Type Code  Trailer Reg #: Hazmat Information: Placard Address Reg Type Reg State Reg St	further incident to repor	t.						
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