

Police Use Only			Commonwealth of Massachusetts							RMV Document Number					
Date of Crash 01/18/2019	Time of Crash 09:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report							Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			<	LOCATION				>	NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street At			EAST 1830 BEACON ST							Route# Direction Address # Name of Roadway/Street					
										Feet [N][S][E][W] of Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										Feet [N][S][E][W] of Route# Intersecting Roadway/Street					
										Feet [N][S][E][W] of Landmark					
Route# Direction Name of Intersecting Roadway/Street															
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000063						
License # ___ St MA DOB/Age --- CDL Reg # 3NM859 Reg Type PAN Reg State MA															
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 Veh Year 2016 Veh Make KIA Veh Config. 2 20															
Operator DORRANCE THOMAS Owner (Same as operator)															
Address 107 CENTRAL ST Address															
City ACTON State MA Zip 01720 City State Zip															
Insurance Company CITIZENS Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? Event Sequence 1 22 22 22 22 ②															
Citation # (If Issued) Most Harmful Event 1 23 ① ← 9 10 Undercarriage 5 11 Totalled															
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y ⑥															
Violation 3: Ch Sec Violation 4: Ch Sec															
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility															
Operator See Above ----- - - - - 1 1 4 0 0 4 1															
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # ___ St MA DOB/Age --- CDL Reg # 5550 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 Veh Year 2013 Veh Make BMW Veh Config. 2 20															
Operator DEVLIN MARISSA Owner WAYLAND AUTO SA															
Address 18 WESTWAY RD Address 18 WESTWAY RD															
City WAYLAND State MA Zip 01778 City WAYLAND State MA Zip 01778															
Insurance Company UTICA Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? Event Sequence 1 22 22 22 22 2															
Citation # (If Issued) Most Harmful Event 1 23 ① ← 9 10 Undercarriage 5 11 Totalled															
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y ⑧															
Violation 3: Ch Sec Violation 4: Ch Sec															
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility															
Operator/Non-Motorist See Above ----- - - - - 1 4 4 0 0 5 1															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

1830 BEACON ST

5550

3NM859

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

ON 1/18/2019 AT APPROX 0929HRS WHILE ASSIGNED TO 497 I RESPONDED TO THE AREA OF 1830 BEACON ST FOR A REPORT OF A TWO CAR COLLISION WITHOUT INJURY. UPON ARRIVAL I OBSERVED BOTH VEHICLES IN THE ROADWAY WITH UNDER RIDE , FLUIDS ALL OVER ROADWAY AND AIRBAG DEPLOYMENT IN THE REAR VEHICLE. BOTH OPERATORS WERE STANDING ON THE SIDEWALK. I SPOKE WITH THE OPERATOR OF MA DEALER REG 5550 MARISSA DEVLIN WHO STATED SHE HAD STOPPED FOR A PEDESTRIAN IN THE CROSSWALK WHEN SHE WAS STRUCK FROM BEHIND. I THAN SPOKE WITH THE OPERATOR OF MA PASSENGER REG 3NM859, THOMAS DORRANCE WHO STATED ' IT APPEARS I'M AT FAULT' DORRANCE STATED HE HAD NOT NOTICED DEVLIN SLOWING AND STOPPING AND RAN INTO THE BACK OF HER. DEVLIN WAS ALSO COMPLAINING OF PAIN FROM THE STEERING WHEEL AND AIRBAG, CATALDO RESPONDED. NFD AND TODYS TOW ARRIVED ON SCENE .NFD USED THE JAWS TO SEPARATE THE TWO VEHICLES TODYS WAS ABLE TO TOW BOTH VEHICLES. DORRANCE SIGNED A PATIENT REFUSAL WITH CATALDO. NFD SPREAD

(Continued on next page)

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 Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

SPEEDY DRY AND CLEARED THE ROADWAY.

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 Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42