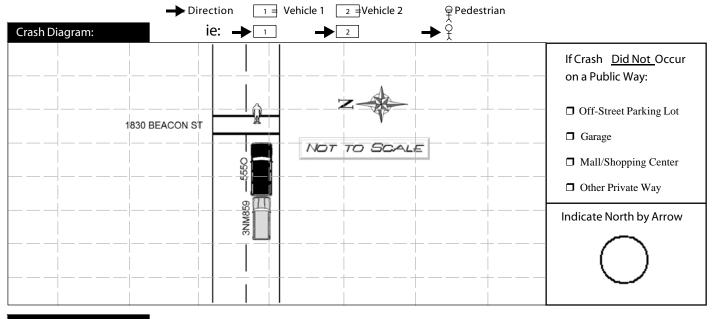
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## **Crash Narrative:**

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 or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Carrier Name						_ Carrier Issui	ing Authority Coc	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				20		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Leng	gth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 🔟	<b>→</b> [	2	₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:	Occur
		 				☐ Off-Street Parkin	g Lot
						☐ Garage	
			į į	į		☐ Mall/Shopping C	enter
			<del> </del>			☐ Other Private Wa	y
		 				Indicate North by A	ırrow
	 	 	 <del> </del>				
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:	_		(From V		_		35
Carrier Name						arrier Issuing Authority Coc	
Address_			·			St Zip	36
US DOT #:		38	Issuing State	ICC #:_		Interstate	
	Gross Vehicle Weight	Des Con	n. 37	<b></b>	ilan I d	39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State _	Reg Year_	Tra	uier Length		
Placard 40 Material 1 di	igit # 41 Material N	ame		Material 4 c	ligit #	Release code	42
JO A GOURDEAU			N/C	VTON POLICE DEPARTM		01/18/2	