

Eastern Tribal Technical Assistance Program at Michigan Tech



Mashpee Wampanoag Tribe of Massachusetts Road Safety Audit

Final Findings Report – May 2016



2016



Tribal Technical
Assistance Program

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1 Introduction

The Eastern Tribal Technical Assistance Program (TTAP) at Michigan Technological University received a request from the Mashpee Wampanoag Tribe near Mashpee, MA (Figure 1) to conduct an Operational Road Safety Audit (RSA) on several locations (Figure 2: Mashpee Wampanoag RSA Location Overview):

1. Entrances/exits to the Mashpee Wampanoag Tribal government office at 483 Great Neck Road South (location referred to as Government Center);
2. The intersection of Sampsons Mill Road at MA State Route 28 (Sampsons Mill/ 28);
3. 213 Sampsons Mill Road at both exits to the Tribe’s Farm (Farm);
4. Intersection of Cotuit Road and MA State Route 130/Main Street (Cotuit/130);
5. State Route 130 between Ashumet Road and Great Neck Road North and MA State Route 130 - Ashumet and Lake Avenue (Museum);
6. Old Barnstable Road from Route 151 to Falmouth Town Line (Old Barnstable).

The objective of this study is to conduct a formal safety audit, or assessment of the roadway segment with an independent team to determine if there are opportunities to reduce crashes or the potential for crashes on the roadway segments. The application of the RSA methodology can be a proactive approach to addressing safety issues.



Figure 1: Map of RSA Area

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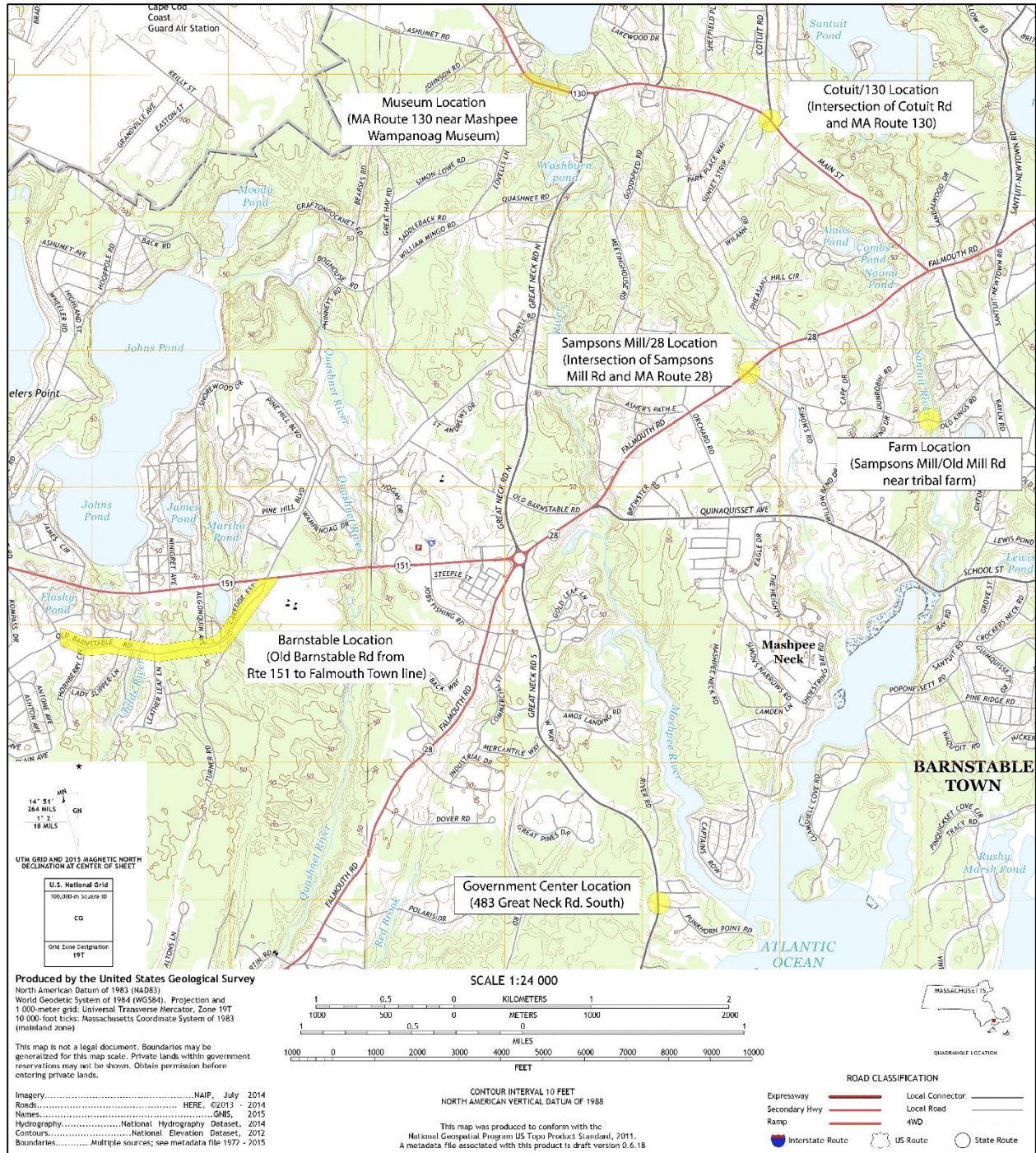


Figure 2: Mashpee Wampanoag RSA Location Overview

The RSA followed the eight step process as shown below in Figure 3: Eight-Step RSA Process.

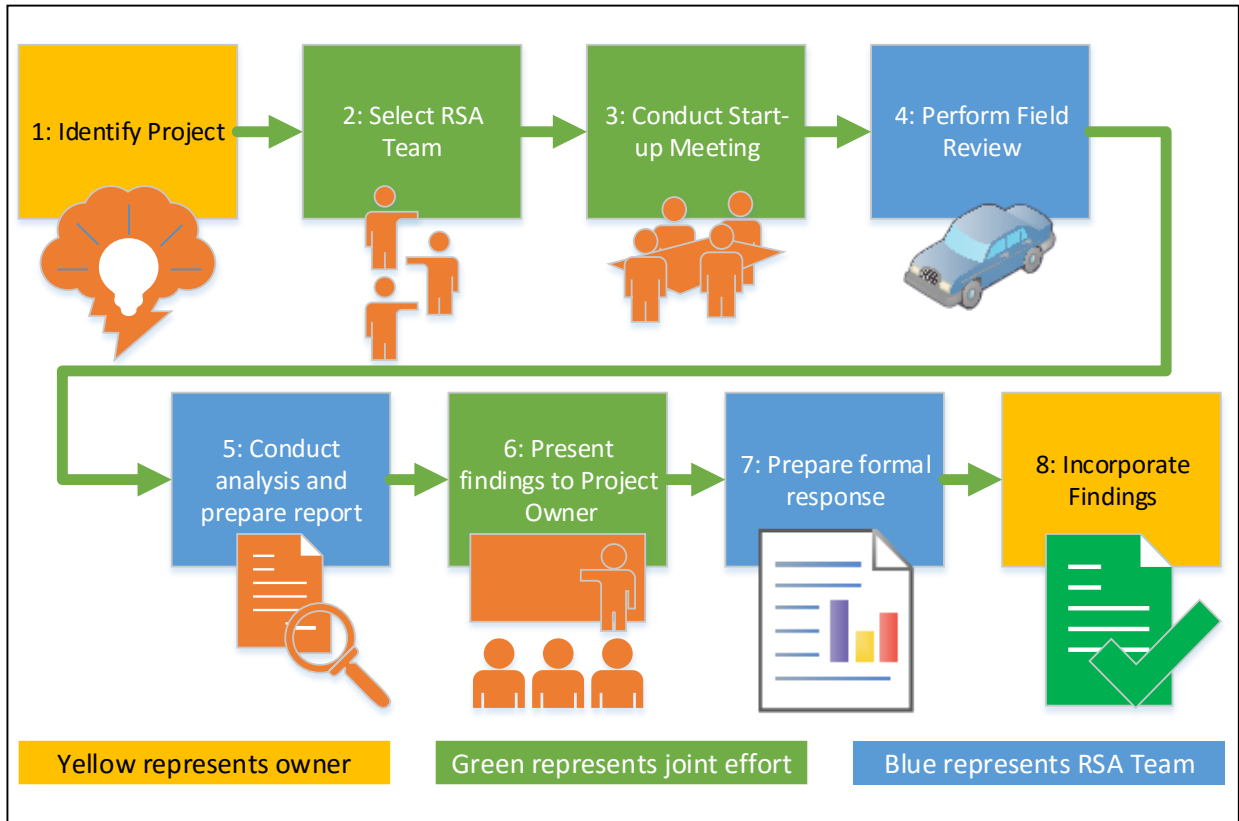


Figure 3: Eight-Step RSA Process

The following sections will report on the methodology used in the study and the data collected during the study process. The findings and countermeasures presented to the owners are captured here.

2 Background

Each location will be described separately, but all share the following common features of the Massachusetts Cape Cod area.

Cape Cod is a rural and suburban area approximately 50 miles southeast of Boston, MA and extending approximately 35 miles eastward into the Atlantic Ocean. This tourist and vacation area has large fluctuations in seasonal populations due to its popularity as a summer destination for visitors from around the world. The area’s greatest natural environment threats are wind, winter weather, and rain, with some potential for localized flooding and forest fires. The significant transient population may be unfamiliar with local road conditions, and might also be unfamiliar with local, state, and even national traffic laws and roadway features.

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The weather is typical for moderate northeastern coastal conditions, with four-season weather conditions and occasional extreme weather conditions related to winter storms and icing, heavy rainfall, and high winds. The area is subject to hurricanes of all strengths, but significant hurricanes occur rarely, and locally significant damage is mitigated by the inland nature of the locations under review. Although significant storm damage is rare, the routes reviewed included designated evacuation and emergency response routes for the entire Cape Cod and Martha's Vineyard area, and even light wind damage to the area's densely wooded landscape can cause significant disruptions for a permanent population of over 200,000 residents, and a transient population that increases seasonally to 500,000 or more.

In addition to serving the greater Cape Cod area, the reviewed locations are all in the Mashpee Wampanoag Tribal Transportation Program (TTP) inventory and represent critical transportation infrastructure for the Tribe and its civilian, government, and commercial activities. Although the locations are in TTP inventory, they are owned by a combination of state, local, and Tribal governments.

Crash and traffic count data are available for the general area, but data specific to the reviewed locations varies in quantity and quality. Traffic count data is regularly recorded using temporary and permanent automatic traffic recorders, which provides important and relatively accurate understandings of traffic type, density, and in some cases, speeds.

Motor vehicle traffic (MVT) crashes occurring at or near the reviewed locations should be recorded using standard Massachusetts statewide crash reporting practices and forms, which provides a good understanding of MVT crash trends. In spite of generally good reporting practices, all data is subject to errors and failure to record. Massachusetts law does not require crash reports when less than \$1000 in damage has occurred. Interviews with local law enforcement indicated that not all crashes might be recorded, even some exceeding the dollar threshold, and that errors in location referencing could be expected due to normal subjective evaluations of crash scenes. Massachusetts Department of Transportation (MassDOT) provides analysis tools to help local and state agencies identify crash locations on georeferenced maps, but because the crash reports are not georeferenced by the reporting officer, and instead interpreted by analysts and automated systems after the fact, some crash location accuracy variations will occur.

The RSA team observed very active law enforcement throughout the assessment, with officers patrolling and performing traffic stops day and night. Local law enforcement also actively participated in the RSA preparation and field assessments and provided ethnographic data to help understand traffic patterns and potential risks at the assessed locations. Tribal and non-Tribal governments actively cooperate in law enforcement duties, in some cases sharing resources between agencies.

The Mashpee Wampanoag Tribe, Cape Cod Commission, and Town of Mashpee have active traffic safety initiatives that engage Tribal, local, state, and federal partners to assess and improve traffic safety for the region. Previous RSAs and other safety processes have led to improvements in area roads. The Cape Cod Commission has a local statute requiring traffic safety improvements when three or more crashes occur for three consecutive years at any location, which far exceeds state and federal standards.

The RSA team noted generally good maintenance and consistent safety measures at the assessed locations and across the region, including good road condition, active law enforcement, effective speed control, and appropriate traffic control measures. The safety deficiencies identified

at the individual locations also appeared regionally, including outdated or poorly maintained signing, lighting, guardrails, marking, and clear zones. Observed traffic density was generally medium to high relative to design capacity. The RSA took place out of tourist season, so some of the noted problems may become particularly acute during peak tourist traffic season. Tourist congestion can also reduce risks related to speeding, but the higher volume of drivers with little local road familiarity, particularly at night, may negate any congestion-induced speed reductions.

While the reviewed locations might not meet a threshold of mandatory traffic safety mitigation according to local and state regulations, each location was selected using data-driven analyses, including ethnographic data that indicates crash occurrences that may exceed reported data and data provided by MassDOT. The locations selected are also economically, socially and culturally important to Tribal residents, and have been identified as high-risk locations relative to other Tribally owned or inventoried roads. Tribal and local law enforcement played a key role in understanding risk potential at the reviewed areas, and the RSA team generally agreed with local citizen and law enforcement evaluations of risk at the reviewed areas.

3 Road Safety Audit

3.1 Road Safety Audit Team

A RSA is a formal safety performance examination of an existing or future road or intersection by an independent audit team. RSAs help promote road safety by identifying safety issues during the planning, design, and implementation stages, promoting awareness of safe design practices, integrating multimodal safety concerns, and considering human factors.

Review Date: February 1-3, 2016

Audit Stage: Operational

Project Owners: Mashpee Wampanoag Tribe, Bureau of Indian Affairs, Town of Mashpee, Massachusetts Department of Transportation

Start up meeting, February 1, 2016; **Site reviews,** February 1-2, 2016; **Preliminary Findings meeting,** February 3, 2016

Team Members:

- Cynthia Schaedig Baystate Roads Program, MA LTAP Coordinator
- Mike Smith Baystate Roads Program, Technical Training Specialist
- Roger Markos BIA Eastern Region Office Highway Engineer
- Zac Basinski Bracken Engineering, Inc. Engineer/Project Manager
- Glenn Cannon Cape Cod Commission Director of Technical Services
- Lev Malakhoff Cape Cod Commission Sr. Transportation Engineer
- John Velat Eastern Tribal Technical Assistance Program Director
- Scott Bershing Eastern Tribal Technical Assistance Program Staff

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- Dale Lighthizer Eastern Tribal Technical Assistance Program Engineer (report review/technical assistance, not present on location)
- Promise Otaluka FHWA MA Division office Safety & Operations Engineer
- Charles “Bobby” Foster Mashpee Wampanoag Tribal Councilman and Safety Commission Liaison
- Robert Dias Mashpee Wampanoag Tribal Councilman and Town of Mashpee DPW Supervisor
- Leslie Jonas Mashpee Wampanoag Tribe Development Strategist
- Jason Steiding Mashpee Wampanoag Tribe Public Works Director
- Chris Helme Mashpee Wampanoag Tribe Transportation Coordinator
- Robert Gregory Massachusetts DOT District 5 Asst. to the District Traffic Engineer
- John Mastera Massachusetts DOT Safety and Operations Engineer
- Lisa Schletzbaum Massachusetts DOT Safety and Operations Engineer
- Catherine Laurent Town of Mashpee DPW Director
- Kevin Frye Town of Mashpee Police and Mashpee Wampanoag Tribe Police

The RSA team members conducted this audit to the best of their professional abilities within the on-site time available and by review of the provided information. While the best efforts have been made to identify significant safety issues, the project owner is reminded that responsibility for the countermeasure selection design, construction, and performance of the roadways remains with the agency with jurisdictional authority.

Because of the shared responsibility for and ownership of the reviewed locations in this RSA, owners participated in some of the field work and evaluations. The team actively sought to overcome any preconceived understanding of safety risks or potential accusations of influence by discussing all findings and arriving at a consensus between owners and impartial team members. The team also included fully independent safety experts from federal, state, and independent agencies.

3.2 Road Safety Audit Materials

The RSA was based on the following data and analyses:

Site Review – a site review was conducted by the RSA team on February 1 and 2 to inspect the geometric, operational, and other conditions along the study segment.

Review of Crash data and Analysis of Crash Trends - Crash report data was obtained from MassDOT and Town of Mashpee staff. Available crash reports and diagrams are attached as Appendix A to this report. Additional ethnographic data was collected through interviews with local residents, law enforcement, and other agency staff before and during the site reviews, and crash report narratives were reviewed.

Identification of Crash Countermeasures - On the basis of the above process, the road safety issues, and potential causes of crashes were identified. Countermeasures or mitigation measures were identified to address safety issues and the causes of crashes.

Project Documents Available for the RSA:

- Crash Data
- Traffic count data
- Photos
- Aerial and topographic maps

The documents noted above were assembled in part before the RSA session, or were supplied at the RSA session.

3.3 Road Safety Audit Team and Process

The road safety audit framework was applied in both the analysis and presentation of findings. The expected frequency and severity of crashes caused by each safety issue have been identified and rated according to categories shown in Table 1: Crash Frequency, and Table 2: Crash Severity. These two risk elements were then combined to obtain a risk assessment on the basis of the matrix shown in Table 3: Crash Risk Frequency. Consequently, each safety issue is assessed on the basis of a ranking between F (highest risk and highest priority) and A (lowest risk and lowest priority). For each safety issue identified, possible countermeasures/mitigations have been suggested.

Table 1: Crash Frequency

Estimated		Expected Crash Frequency (per audit Item)	Frequency Rating
Exposure	Probability		
High	High	10 or more crashes per year	Frequent
Medium	High		
High	Medium	1 to 9 crashes per years	Occasional
Medium	Medium		
Low	High		
High	Low	Less than 1 crash per year, but more than 1 crash every 5 years	Infrequent
Low	Medium		
Medium	Low	Less than 1 crash every 5 years	Rare
High	Low		

Table 2: Crash Severity

Typical Crashes Expected (per audit item)	Expected Crash Severity	Severity Rating
Crashes involving high speeds or heavy vehicles, pedestrians, or bicycles	Probable fatality or incapacitating injury	Extreme
Crashes involving medium to high speed; head-on, crossing, or off-road crashes	Moderate to severe injury	High
Crashes involving medium to low speeds; left-turn and right-turn crashes	Minor to moderate injury	Moderate

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Crashes involving low to medium speeds; rear-end or side-swipe crashes	Property damage only or minor injury	Low
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Table 3: Crash Risk Frequency

Frequency Rating	Severity Rating			
	Low	Moderate	High	Extreme
Frequent	C	D	E	F
Occasional	B	C	D	E
Infrequent	A	B	C	D
Rare	A	A	B	C

Crash Risk Ranking		
A: minimal risk level	B: low risk level	C: moderate risk level
D: significant risk level	E: high risk level	F: extreme risk level

4 Existing Safety Measures

Existing safety measures are detailed below in Table 4: Evaluation of Existing Safety Measures and Warning Devices. These features exist throughout the study areas unless specified in the description.

Table 4: Evaluation of Existing Safety Measures and Warning Devices

Photo	Existing Safety Measure
	<p>Signing</p> <p>There are several regulatory, guide, and warning signs located in the study areas of varying condition. Some are recently installed according to modern standards, while others are adequate, but may require evaluation to ensure compliance with retroreflectivity and installation standards.</p> <p>Breakaway designs are used for most signs.</p>







Photo	Existing Safety Measure
	<p>Lighting</p> <p>Some overhead lighting is installed. Many of the observed lights were not functioning during the night reviews and are noted in the safety issues section.</p>
	<p>Pavement Markings</p> <p>Center, edge, turn guidance, and pedestrian markings vary from excellent to poor. Most markings showed poor retroreflectivity at night. Some embedded reflectors were in place, but few were functional.</p>
	<p>Signals</p> <p>Few signals are installed near the reviewed locations, and none within the scope of this RSA, but nearby signals were generally in good working condition and installed according to modern standards. The observed pedestrian signals had countdown timers and on-demand switching. Most signals had backplates, but they were not retroreflective.</p>

Photo	Existing Safety Measure
	<p>Drainage</p> <p>Drainage at all locations was generally good. Some exceptions are identified in the safety issues section. Most exceptions were near guardrail installations.</p>
	<p>Roadside Features</p> <p>Roadside features were occasionally good, but many of the safety issues listed in this report are related to obstructions in the clear zone and poor access control and sight lines. The RSA team noted generally fair to poor roadside safety measures throughout the region.</p>
	<p>Road Conditions</p> <p>The general condition of all observed roads was good to excellent. No significant safety issues related to surface condition were noted. Occasional minor surface and edge maintenance issues are noted in the safety issues sections.</p>

5 Site Characteristics and Safety Issues

In this section, site-specific characteristics and safety issues are discussed (an area map showing the geographic locations is shown on page 5 in Figure 2: Mashpee Wampanoag RSA Location Overview). Due to the large number of locations with site-specific requirements and varying jurisdiction, characteristics have been presented together with geometric, design, and operational safety issues per location. Geometric issues are those related to the design of the roadway and/or the cross section. The operational safety issues are related to traffic control, access management, and maintenance. In addition to site-specific recommendations, the RSA team identified common problems prevalent at all locations and regionally, which are identified in the summary section.

In this report, suggested countermeasure categories are low-resource (Low), medium-resource (Med), and high-resource (High). The team suggests prioritizing mitigation based on severity and available resources, rather than suggesting specific countermeasures based on near, mid, or long-term plans. The most severe risks should be addressed first whenever possible, regardless of the amount of time required to address those risks, and no countermeasure should be delayed because it is considered a “long-term” solution. Some countermeasures may be resource intensive, but might be completed in a short timeframe due to availability of financial, political, and/or labor resources. Low-resource countermeasures will generally be the lowest-cost, easiest, and fastest to implement, and may most efficiently address safety issues in the near, mid, and long-term, but financial cost is not the only consideration, and the financial cost may not be the most difficult hurdle to overcome. In every case, the owners should attempt to complete low-resource countermeasures as soon as possible, and add the higher resource solutions as practicable.

The expected frequency and expected severity of crashes are listed for each location and were decided based on a consensus of the RSA team with support from crash data. The available crash data did not always corroborate the expected frequency or severity, which may mean that crashes are not occurring, data may not be collected, data may be missing or inaccurate, or a combination of these factors. While crash reports can be used to demonstrate past performance and indicate expected future outcomes, an RSA team can improve on reactive crash mitigation by applying expertise and knowledge to evaluate both proposed and operational facilities, which provides an opportunity for proactive safety improvements.

5.1 Government Center Location

The Government Center is located at 483 Great Neck Road South (Figure 4). The grounds are shared with Indian Health Service offices, Tribally owned public works maintenance facilities, and neighbor the Tribe's powwow grounds. The office complex is busy year round and 7-days per week, with regular visitation peaks during normal business hours and at normal morning and afternoon commute times, and occasional peaks for special occasions. As a community center catering to social and official business, traffic varies and may peak at unusual times, including nighttime and weekends.

Great Neck Road South is a two-lane urban minor arterial (MassDOT designated) exhibiting rural road characteristics with medium to high traffic volumes. The Government Center is located approximately 1.75 miles south of the MA RTE28/MA RTE151/Great Neck Road traffic rotary on the west side of the road. Two relatively new, two-lane/two-way access drives are located at the north and south ends of the facility's parking lot, which is a change from the previous single drive entrance. The drives are approximately 400ft apart and the exiting traffic is controlled with stop signs. The drives cross a non-motorized, multi-use, paved trail. The path is approximately 8ft wide and marked to warn path users of the drive crossing near the access drives, but with no traffic controls for the path users.

Portions of Great Neck Road South, including the section at the Government Center, are in Tribal inventory, but the road and right of way (ROW) are owned and maintained by the Town of Mashpee, a non-tribal Massachusetts municipality governed by state and local laws and ordinances. Tribal government staff, elected officials, and public safety represented the Government Center owners, and Town of Mashpee staff and public safety represented Great Neck Road South owners. Additional MassDOT, BIA, and FHWA Division staff represented statewide and federal interests.

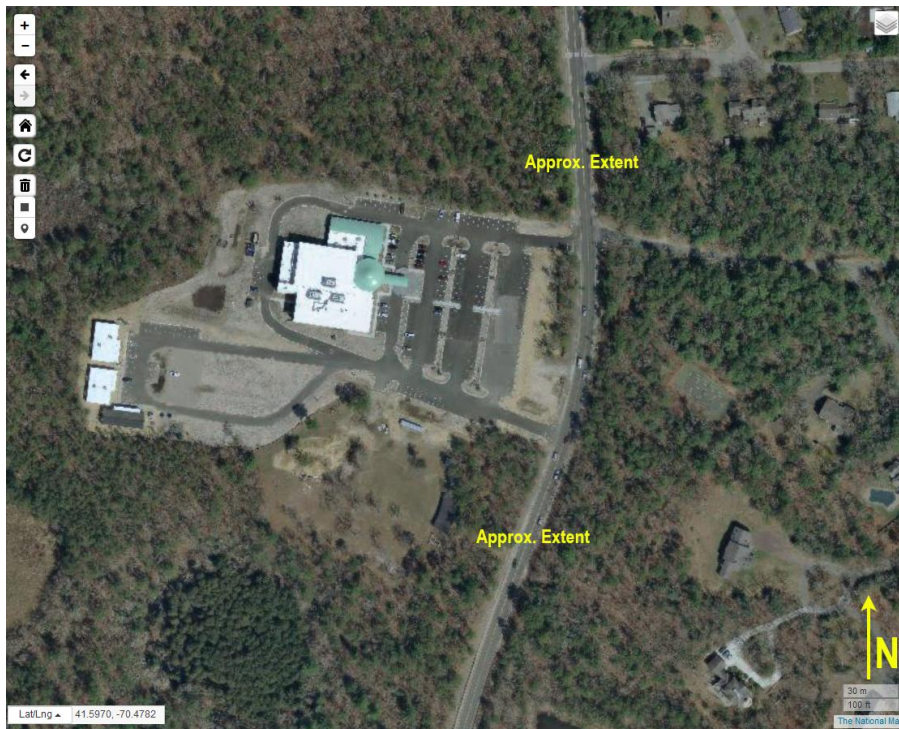







Figure 4: Government Center Location



5.1.1 Government Center Location Safety Issues


Tribal Government Center/North Entrance: Safety Issue 1		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
<p>OBSERVATION: Poor sight distance both directions when trying to pull out onto Great Neck Road South Sight lines much worse when looking south.</p>		
<div style="display: flex; flex-direction: column; align-items: center;">  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking North</div>  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking South</div> </div>		
<p>SUGGESTION:</p> <p>Med: Create sight lines according to design specifications by removing trees and brush.</p>		
<p>Comments: When looking north, there is a horizontal curve in Great Neck Road South. a few hundred yards away from the drive that limits sight distance of approaching traffic. The bigger issue is that when looking south, and attempting to pull out onto Great Neck Road South traveling north, it is nearly impossible to see approaching traffic due to the slight curve in the road and the ample trees and brush. Motorists are forced to creep out to see, in the process blocking the multi-use path, then have to very quickly accelerate if there is an opening.</p>		


Tribal Government Center/North Entrance: Safety Issue 2		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
<p>OBSERVATION: For approaching motorists from the north, no warning or signage to indicate drive. This is compounded by the curve in the road, along with tree and brush hiding the entrance.</p>		
 <p>Looking south (north of north entrance)</p>		
<p>SUGGESTION:</p> <p>Low: Install warning signs of approaching driveway and guide signs announcing the entrance and Tribal facility.</p> <p>Low: Install retroreflective tape or paint on the curb to better define the driveway.</p> <p>Med: Install street light above entrance.</p> <p>Med: Create sight lines according to design specifications by removing trees and brush.</p>		
<p>COMMENTS: When approaching the drive from the North it is difficult to see the drive, causing motorists to slow down quickly and creating potential for a rear end collisions and lane departures. There is a street light on the pole for the street across from the entrance, but no light over the entrance or other visual indicators announcing the entrance. No guide signs announce the presence of a driveway or facility.</p>		


Tribal Government Center/North Entrance: Safety Issue 3		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
OBSERVATION: Lack of Signage, improper use of pavement markings		
		
<p>SUGGESTION:</p> <p>Low: Relocate stop line to proper location, repaint center line with a double yellow line to indicate two-way traffic, install stop sign, install cross-walk sign, install retroreflective tape or paint on the curb to better define the driveway.</p> <p>Low: Consider changing the use of both driveways so the north drive is enter only, south drive is exit only.</p> <p>Low: Install warning signs and marking for motorists and trail users to indicate that the trail crosses the access drive.</p>		
<p>COMMENTS: The stop line is located too far back from the intersection. This is compounded by the fact that there is a multi-use path along the western side of Great Neck Road South and the sight lines are inadequate, but the stop line can be moved forward approximately four feet with no other changes.</p> <p>The center line is a simple single white line, which does not comply with MUTCD guidance.</p> <p>There is currently no stop sign at the roadway.</p> <p>There is no signage to indicate to motorists leaving the Tribal office that there is a crosswalk for the multi-use path crossing the driveway.</p>		

Tribal Government Center/North Entrance: Safety Issue 4		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
OBSERVATION: Future wall/sign location on the southern side of drive could be in line of sight		
 <p style="text-align: center;">Looking North</p>		
SUGGESTION:		
Low: Locate the wall/sign according to sight distance design specifications.		
COMMENTS: A trench dug for a proposed future wall/sign is located on the southern side of the driveway. The wall/sign, as proposed, will block the line of sight for motorists trying to pull out of the driveway, further exacerbating the existing poor sight lines, but helping announce the existence of the access drive and Government Center.		

Tribal Government Center/South Entrance: Safety Issue 5		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
<p>OBSERVATION: Sight distance from southern drive is limited when looking south on Great Neck Road South, and it is very limited when looking north.</p>		
<div style="display: flex; flex-direction: column; align-items: center;">  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking North</div>  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking South</div> </div>		
<p>SUGGESTION:</p> <p>Low: Consider changing the use of both driveways so the north drive is enter only, south drive is exit only.</p> <p>Med: Create sight lines according to design specifications by removing trees and brush.</p>		
<p>Comments: When looking north, trees and a curve in the road severely restrict the sight distance. When looking south, trees and brush restrict the view, but a straighter road is an improvement over the north view. As with the north drive, motorists are forced to creep out further to try and see oncoming traffic, which in turn blocks the multi-use path.</p>		

Tribal Government Center/South Entrance: Safety Issue 6		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
OBSERVATION: Poor visibility, lack of signage, old drive entrance causes driver confusion		
		
<p>SUGGESTION:</p> <p>Low: Remove old driveway curb cut, replant the strip of grass between the multi-use path and the edge of the road to match the surrounding area.</p> <p>Low: Install warning signs of approaching driveway and guide signs announcing the entrance and Tribal facility.</p> <p>Low: install retroreflective tape or paint on the curb to better define the driveway</p> <p>Med: Install street light above entrance.</p> <p>Med: Create sight lines according to design specifications by removing trees and brush.</p>		
<p>COMMENT: When approaching the south drive from the north, the remaining old driveway curb cut and apron causes confusion with the potential of motorists pulling into the removed driveway. Also, there are no signs to indicate a drive. A warning sign is in place when approaching from the south.</p>		

Tribal Government Center/South Entrance: Safety Issue 7		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
OBSERVATION: Lack of Signage, improper use of pavement markings		
		
<p>SUGGESTION:</p> <p>Low: Relocate stop line to proper location, repaint center line with a double yellow line to indicate two-way traffic, install cross-walk sign, install retroreflective tape or paint on the curb to better define the driveway.</p> <p>Low: Consider changing the use of both driveways so the north drive is enter only, south drive is exit only (this change affects first suggestions).</p> <p>Low: Install warning signs and marking for motorists and trail users to indicate that the trail crosses the access drive.</p>		
<p>COMMENTS: The stop line is located too far back from the intersection. This is compounded by the fact that there is a multi-use path along the western side of Great Neck Road South and the sight lines are inadequate, but the stop line can be moved forward approximately four feet with no other changes.</p> <p>The center line is a simple single white line, which does not comply with MUTCD guidance.</p> <p>There is no signage to indicate to motorists leaving the Tribal office that there is a crosswalk for the multi-use path that crosses the driveway.</p>		

Tribal Government Center/South Entrance: Safety Issue 8		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D
OBSERVATION: Future wall/sign location could be in line of sight		
		
SUGGESTION:		
Low: Locate the wall/sign according to design specifications for sight distance.		
COMMENTS: A trench dug for a proposed future wall/sign is located on the northern side of the driveway. The wall/sign, as proposed, will block the line of sight for motorists trying to pull out of the southern driveway, further exacerbating the existing poor sight lines, but helping announce the existence of the access drive and Government Center.		

Tribal Government Center: Safety Issue 9

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High	C to D

OBSERVATION: Non-motorized path markings require maintenance, path signing may confuse motorists, potential hazards near/on path

Utility poles in the recovery and clear zone.





SUGGESTION:

Low: Refresh marking on path to warn path users of drive crossing.

Change path warning sign location and installation height according to MUTCD to better guide path users while avoiding motorist confusion.

Inspect and correct path obstructions.

Install/replace retroreflective markers on utility poles that encroach on the road or path edges.

High: Relocate utility poles further from the road edge according to recommended design standards.

COMMENTS: The RSA team noticed warning signs installed for path users that are installed at a height and location that is similar to roadway signs, making them confusing for both motorists and path users. Although the signs are smaller than standard roadway sign specifications, they are highly retroreflective, even more so than most of the nearby installed road signs. Trail/path sign installation is covered in the MUTCD Section 9B.01 Application and Placement of Signs, but local or state standards may dictate the locally-observed installation practices, and if that is the case, then those practices should be reviewed to better serve the intended users and to avoid confusing roadway users.

The path has been marked in the past, but the condition of crosswalk and path markings vary in quality. Some potential hazards, such as a drainage grate adjacent to the path, were observed on the path near the Government Center.

Although roadside features of Great Neck Road South beyond the Government Center were not in the scope of this RSA, the team observed many utility poles very close to the road edge and the path edge. Some poles had retroreflective demarcation in generally poor condition, or no demarcation was visible.

5.2 Sampsons Mill/28 Location


The Sampsons Mill/28 location is an intersection of a two-lane urban principal arterial (MassDOT designated) signed 50MPH and exhibiting rural road characteristics with medium to high traffic volumes (Route 28, also known as Falmouth Road) and a two-lane local road (MassDOT designated) exhibiting rural road characteristics (Sampsons Mill Road, also known as Old Mill Road) (Figure 4). The intersection is located approximately 1.4 miles northeast of the MA RTE28/MA RTE151/Great Neck Road traffic rotary on the south side of the road. Sampsons Mill Road connects a Tribal commercial/agricultural facility to Route 28. The facility generates some commercial vehicle traffic, occasional light vehicle traffic, and rare school bus traffic. Sampsons Mill Road also connects a non-Tribal residential areas to Route 28.


Portions of Sampsons Mill Road are in Tribal inventory, but the road and right of way (ROW) is owned and maintained by the Town of Mashpee, which is a non-Tribal Massachusetts municipality governed by state and local laws and ordinances. Tribal government staff, elected officials, and public safety represented the Tribal facility owners, and Town of Mashpee staff and public safety represented Sampsons Mill Road owners. Massachusetts Route 28 is a state-owned and maintained arterial. MassDOT staff represented the Route 28 owners. Additional MassDOT and FHWA Division staff represented statewide and federal interests.





Figure 5: Sampsons Mill Road/Route 28 Location

5.2.1 Sampsons Mill/28 Location Safety Issues

Sampsons Mill Road at Route 28: Safety Issue 1		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Frequent	High to extreme	E to F
<p>OBSERVATION: Poor sight distance/difficult intersection angle, incline on Old Sampsons Mill Road adds to poor visibility and difficulty pulling onto Route 28.</p>		
		
<p>SUGGESTION:</p> <p>Low: Additional warning and guide signs for motorists on Route 28, including trucks entering highway signs from both directions, cut back brush/trees on southwest side of intersection to improve sight distance.</p> <p>Med: Install overhead intersection warning beacon. Install overhead intersection lighting.</p> <p>High: Realign intersection to make it closer to 90°, vertically realign Sampsons Mill Road to reduce the incline pulling onto Route 28, vertically realign Route 28 to reduce the slope that is immediately southwest of the intersection to drastically improve sight distance, and cut back slope on the southwest side of the intersection to increase sight distance.</p>		
<p>COMMENTS: This intersection poses a number of difficult challenges. A hill crests on Route 28 just to the southwest of the intersection that creates a compound horizontal/vertical curve, making it difficult to see northbound (NB) Route 28 traffic. In addition, trees and brush, along with the banked shoulder, reduce visibility of the intersection for Route 28 drivers.</p> <p>Sampsons Mill Road meets up with Route 28 at a severe obtuse angle for NB 28 traffic. This, coupled with the incline of Sampsons Mill, makes it extremely difficult to see southbound Route 28 traffic. Numerous skid marks were observed at the Sampsons Mill/Route 28 intersection, indicating that drivers may have difficulty accelerating to enter gaps, and the group witnessed a vehicle pulling out with spinning tires while trying to overcome the hill and merge into traffic.</p> <p>NB Route 28 vehicles tend to enter Sampson Mill Road at a high rate of speed given the alignment of the intersection. SB Route 28 vehicles have an extended slow turning movement.</p>		

Sampsons Mill Road at Route 28: Safety Issue 2		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Frequent	High to extreme	E to F
<p>OBSERVATION: Poor intersection visibility when approaching on Route 28 from the Southwest, compounded by posted and observed speeds</p>		
		
<p>SUGGESTION:</p> <p>Low: Trim landscape to improve sight distance, add/improve warning signs for intersection, add speed advisory signs, add advance street name sign and street name sign at SE intersection corner.</p> <p>Med: Install overhead intersection warning beacon.</p> <p>High: Redesign intersection and approaching segments according to expected approach speeds and to reduce vertical curve and significantly increase the visibility of and from the intersection.</p>		
<p>COMMENTS: As you approach the intersection on Route 28 from the southwest, there is a sign warning of the intersection, but the compound vertical and horizontal curve of the roadway prevents motorists from seeing the actual intersection, and the posted and observed speeds may exceed current design. The suggestions include changes that may negate each other: The safety issues might be addressed with marking, signing, and clear zone maintenance, or geometric changes may negate the need for additional signing or speed control.</p>		

Sampsons Mill Road at Route 28: Safety Issue 3		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Frequent	High to extreme	E to F
<p>OBSERVATION: Lack of warning and guide signs, missing and bent guardrail reflectors in the corridor from the Sampsons Road intersection heading northeast towards the Mashpee Center on the north side of Route 28, guardrail maintenance needed.</p>		
		
<p>SUGGESTION:</p> <p>Low: Install warning and guide signs to indicate the presence of access drives and intersection, install/replace guardrail reflectors, and maintain guardrails by clearing buildup of sand/debris.</p> <p>Med: Install Street lights over the drives.</p>		
<p>COMMENTS: Discussion within the group determined that there are concerns not only with the Sampsons Mill Road intersection itself, but also with the corridor heading northeast along Route 28 between the intersection and the Mashpee Center, which is located on the north side of Route 28 a few hundred yards from the intersection. This corridor is flanked by guardrail on both sides, with no signage warning motorists of the drives for either the Mashpee Center, or the Cape Cod Surgery Center on the south side. Furthermore, the drive for the adjacent outpatient clinic is located in close proximity to the Sampsons Mill intersection, potentially causing conflict.</p> <p>There are no street lights to indicate the presence of the drives. The group also witnessed a vehicle approach the drive for the Mashpee Center at a high rate of speed, then have to quickly slow down to navigate the entrance. In the process, the trailing vehicle had to brake severely, nearly causing a rear-end collision and a chain reaction event with the other trailing vehicles.</p> <p>The guardrail appears to be installed at the correct height; however, there is a buildup of sand/dirt/other road debris that should be cleared out from under the guardrail. This maintenance would ensure that vehicles contact the guardrail at the proper height. During evening observations, the group noted that the guardrail is not well delineated, as the reflectors were either nonfunctional, damaged, or missing.</p>		

Sampsons Mill Road at Route 28: Safety Issue 4		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Frequent	High to extreme	E to F
<p>OBSERVATION: Improper/missing signs on Sampsons Mill Road Stop sign is installed too low, has poor retroreflectivity, and is bent showing signs of being struck most likely by a taller vehicle such as a truck.</p> <p>The approach is missing chevrons for curve, a curve warning sign, and missing Stop Ahead sign on approach.</p> <p>Improper guardrail installation - guardrail is too low, could possibly be extended, should have reflectors.</p> <p>Available crash data indicated possible winter maintenance needs.</p>		
		
<p>SUGGESTION:</p> <p>Low: Replace stop sign and install at proper height. Install chevrons, proper curve warning sign, and stop ahead sign. Install reflectors to delineate guardrail. Improve winter maintenance and maintenance of existing signing, marking, and countermeasures.</p> <p>Correct rail mounting so that posts do not create a snag hazard.</p> <p>Med: Reinstall guardrail to proper height and evaluate length to ensure proper for vehicles entering the intersection at a high rate of speed (dependency on Geometric Issue 1 for this location – a realignment negates this suggestion).</p>		

COMMENTS: As you approach the intersection heading northeast on Sampsons Mill Rd, there is a fairly long straight away just before the sharp curve and intersection, with no warning to motorists of the approaching curve, stop, or intersection. The geometry of the road prevents motorists from seeing the stop sign until they start to navigate the curve.

The guardrail on Sampsons Mill Road as you approach the intersection appears to be in place to protect a generator and associated gas line/meter that is located on the outside of the curve. The guardrail is installed too low and is missing any sort of delineation. Given the high rate of speed that motorists tend to enter Sampsons Mill Road from Route 28, and the fact that there is a depression closer to Route 28, it is worth considering extending the guardrail towards the intersection.

5.3 Farm Location



The Sampsons Mill Farm location is Tribal commercial/agricultural facility located on the south side of a two-lane local road (MassDOT designated) exhibiting rural road characteristics (Sampsons Mill Road, also known as Old Mill Road). The Farm is located approximately 0.8 miles east of the MA RTE28/Sampsons Mill Road intersection on the south side of the road (Figure 5). Sampsons Mill Road connects the Tribal commercial/agricultural facility to Route 28. The facility generates some commercial vehicle traffic, occasional light vehicle traffic, and rare school bus traffic. Sampsons Mill Road also connects non-Tribal residential areas to Route 28. The Farm location has two, single-lane, two-way uncontrolled access drives approximately 150ft apart.

Portions of Sampsons Mill Road are in Tribal inventory, but the road and right of way (ROW) is owned and maintained by the Town of Mashpee, which is a non-tribal Massachusetts municipality governed by state and local laws and ordinances. Tribal government staff, elected officials, and public safety represented the Tribal facility owners, and Town of Mashpee staff and public safety represented Sampsons Mill Road owners. Additional MassDOT and FHWA Division staff represented statewide and federal interests.



Figure 6: Sampsons Mill Road Farm Location

5.3.1 Farm Location Safety Issues

Sampsons Mill Road/Farm: Safety Issue 1		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Rare	Low to moderate	A to B
<p>OBSERVATION: Extremely poor sight lines looking northwest from both driveways, poor sightlines when looking southeast.</p>		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Looking East</p> </div> <div style="text-align: center;">  <p>Looking West</p> </div> </div>		
<p>SUGGESTION:</p> <p>Low: Trim trees and brush along the southwest side of the road.</p> <p>Low: Use the western drive as entrance only, and the eastern drive as exit only, as looking to the west from the eastern drive provides a slightly longer reaction time.</p> <p>Med: Cut back the bank along the south side of the road at the east entrance to see around the curve and down the hill.</p> <p>Med: Cut back bank on the inside of the curve on the north side of the road to the west of the western drive to drastically increase sight distance to see around the curve and up the hill.</p>		

Med: Widen eastern drive to account for the truck and potential bus traffic.

Comments:

When exiting from this drive, which is the primary drive for this facility, it is nearly impossible to see up the hill and around the curve as you look towards the northwest. When looking to the southeast, trees and brush, combined with a slope and a curve limit the sight distance. The narrow, winding, hilly nature of Sampsons Mill Road in this section keeps traffic speeds at a minimum, and the fact that the "Farm" isn't heavily used helps prevent more potential for crashes. However, it was mentioned that the Tribe eventually plans to open a shellfish farm at this location, and there is a potential for busses/youth groups to be visiting in the future. The eastern drive is a narrow and constricted by a gate.

Tribal agency staff indicated that major utility work may take place in the near future on the Sampsons Mill Road ROW, which may reduce the resources required to cut back the steep encroaching banks and/or allow for curve realignment to increase sight distances.

Although no pedestrian or bicyclist traffic was observed on Sampsons Mill Road during the study, this traffic can be expected due to the residential nature of the area. Any realignments or other significant design changes should accommodate non-motorized users.

Sampsons Mill Road/Farm: Safety Issue 2

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Rare	Low to moderate	A to B

OBSERVATION: Improper signage, missing signs, signs located in very close proximity to travel lane, poor to no retroreflectivity.



SUGGESTION:

Low: Remove School Bus Stop Ahead sign, or reinstall so it's not leaning into the travel lane, replace all signs with updated versions with proper retroreflective sheeting, install additional chevrons for curve, install curve warning sign, install hidden drive ahead sign, install bridge weight limit sign in the proper location.

Repaint both centerline and edge lines with retroreflective paint, and verify design specifications for volume to create shoulders, if lane width permits.

Repair street light.

COMMENTS: There are currently school bus stop signs on either side of the driveways, but interviews with local staff indicated that buses no longer stop at this location. There are signs leaning very close to the travel lane. There is only one bent chevron sign indicating the curve, though there are reflector posts on the curve. While driving through during the evening, the team noted that none of the signs, nor the reflector poles, are retroreflective. There is a street light located over the western drive, but the light is not functional. None of the remaining pavement markings are retroreflective, and there are no pavement edge markings.

Sampsons Mill Road/Farm: General Safety Observations

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Infrequent	Low	B

OBSERVATION: Improper guardrail installation, improper guardrail end treatments, pine straw/debris along edge of pavement, general lack of clear zone including banks, trees, utility poles, signage, etc. Non-functional street light over western drive.



SUGGESTION:

Low: Sweep pine straw and debris off roadway. Repair the street light over the west drive. Remove trees and other obstructions within the clear zone.

Repaint both centerline and edge lines with retroreflective paint, and verify design specifications for volume to create shoulders and consistent lane width at bridge, if lane width permits.

Med: Replace guardrail at proper height and use appropriate end treatments. Cut back banks.

High: Widen and realign the bridge and approach.

COMMENTS: Although this road is very low volume, it shows lack of maintenance that can unnecessarily increase the risk and severity of crashes. The guardrails here, like nearly every guardrail in the region, do not meet current specifications.

5.4 Cotuit/130 Location



The Cotuit/130 location is an intersection of a two-lane urban principal arterial (MassDOT designated) exhibiting rural road characteristics with medium to high traffic volumes (MA RTE130) and a two-lane urban minor arterial (MassDOT designated) exhibiting rural road characteristics (Cotuit Rd) (Figure 6). The intersection is located approximately 1.0 miles northwest of the MA RTE28/Cotuit Road intersection on the north side of the road. Cotuit Road and Route 130 connect Tribal and non-Tribal residential areas to Route 28, US6, and the town of Mashpee.

Portions of Cotuit Road are in Tribal inventory, but the road and ROW are owned and maintained by the Town of Mashpee, which is a non-tribal Massachusetts municipality governed by state and local laws and ordinances. Route 130 is a state-owned arterial. Tribal government staff, elected officials, and public safety represented the Tribal interests, the Town of Mashpee staff and public safety represented Cotuit Road owners, and MassDOT staff and FHWA Division staff represented statewide and federal owners.



Figure 7: Cotuit/130 Location

5.4.1 Cotuit/130 Location Safety Issues

Route 130 at Cotuit Road: Safety Issue 1		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	Low to moderate	B or C
<p>OBSERVATION: Island in intersection has numerous issues: evidence of being repeatedly struck, lack of signage, lack of delineation/demarcation, missing/improper traffic control, driver confusion, inoperable street light, and fixed objects in clear zone.</p> <p>When approaching the intersection southbound on Cotuit, issues include inadequate warning signs, stop sign at intersection is not visible until very close to intersection, and a visual trap for southbound drivers who may see the northbound lane as the normal travel lane.</p>		
 <p>Looking south from Cotuit toward intersection</p> 		



Looking south from Cotuit toward intersection

SUGGESTION:

Low: Add a Keep Right sign on northern end of island to direct southbound traffic on Cotuit to right of island, add new pavement marking to delineate island and define southbound lane, add additional crosshatch striping to further define southbound lane and reduce to single lane. Paint island curbs with retroreflective paint.

Add an additional stop sign on northwest side of island and replace stop ahead signs before the curve immediately preceding the intersection (nighttime observation showed very poor retroreflectivity). Use a stop ahead sign with curving arrow pictograph.

Add curve and intersection warning signs ahead of curve immediately preceding intersection and add breakaway chevrons or reflective poles in centerline preceding island, leaving a gap for adjacent driveway traffic.

Add Do Not Enter signs to prevent Route 130 traffic from turning onto Cotuit in SB lane.

Add additional retroreflective panels to utility pole and install an attenuating crash barrier around utility pole.

Improve winter maintenance and/or drainage to prevent icing.

Improve sign and marking maintenance to quickly repair them after being damaged in the frequent crashes.

Mark sign posts with retroreflective tape to increase sign visibility, especially from skewed approaches.

High: Move utilities and remove pole, remove island, and realign intersection.

COMMENTS: Southbound drivers face a visual trap on approach to the intersection from Cotuit. The road appears to continue straight with a skewed intersection, but the southbound lane has been realigned to the right with little warning and no warning of the island itself.

The island shows evidence of being struck from multiple directions and numerous times. Traffic approaching from southbound Cotuit appears to impact the island most often. The utility pole has scarring on all sides. There are numerous tire marks in the dirt on the island, evidence of a previously installed sign that was stuck and knocked over. Two flexible reflector poles are installed on the island, and they show signs of being struck.

While the group was observing the intersection, we saw numerous vehicles enter the intersection from southbound Cotuit and create two lanes of traffic – one for turning left onto 130, and one for turning right. There isn't enough room for this and the alignment of the intersection is such that in doing so they are blocking one another's view. The group also witnessed southbound traffic on Route 130 attempt to turn left onto Cotuit, using the wrong (Cotuit southbound) side of the island.

When visited at night, the team observed that the street light on the pole in the island isn't operating and the visual trap of the northbound Cotuit lane appearing as the normal travel lane to southbound drivers significantly increases. There is no retroreflectivity in any of the remaining pavement markings, and there is minimal retroreflectivity on the flexible poles on the island, on the remnants of reflectors attached to the utility pole, and the stop sign. The island and pole are also poorly delineated for drivers approaching from northbound on Route 130.

Good pedestrian facilities exist on the south side of Route 130, but none exist on the north side or on the observed section of Cotuit. Although no pedestrian or bicyclist traffic was observed on Cotuit during the study, this traffic can be expected due to the residential nature of the area. Any realignments or other significant design changes should accommodate non-motorized users.

Given the angle that Cotuit meets with Route 130, drivers tend to navigate the corner at a high rate of speed.

Route 130 at Cotuit Road: Safety Issue 2

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	Low to moderate	B or C

OBSERVATION: When approaching the intersection from the north on Route 130, inadequate warning or signage, driver confusion on where to turn onto Cotuit.

When approaching the intersection from the south on Route 130, inadequate warning or signage, driver confusion on where to turn onto Cotuit vs. Shields Rd, which is located almost adjacent to the southeast of Cotuit Road



SUGGESTION:

Low: Install intersection warning sign and add Do Not Enter signs to prevent Route 130 traffic from turning onto Cotuit in southbound lane.

Install intersection warning sign, along with a descriptive panel – as an example “Shields Road on Right 200 ft., Cotuit Road on Right 300 ft” and/or add advance guidance sign.

COMMENTS: When approaching the intersection from the north on Route 130, there is inadequate warning or signage to alert motorists of the approaching intersection, or of the odd nature of the intersection. There is driver confusion on where to turn onto Cotuit, as we witnessed drivers attempting to turn into the southbound lane. There is a slight curve on Route 130 that partially blocks the view of the intersection for drivers as they approach it, causing them to brake quickly to either turn or avoid traffic pulling onto Route 130 from Cotuit.

When approaching the intersection from the south on Route 130, there is inadequate warning or signage to alert motorists of the approaching intersections, or of the fact that there are two roads within 100 ft.

5.5 Museum Location

The Museum location is a Tribally owned cultural and recreational facility on Route 130 approximately 0.25 miles west of the intersection Route 130 and Great Neck Road North and the town of Mashpee (Figure 7). Route 130 is a two-lane urban principal arterial (MassDOT designated) exhibiting rural road characteristics with medium to high traffic volumes. The museum is on the south side of Route 130 with one single-lane access drive. A stream crosses Route 130 at the museum property. The stream connects a lake to a fish breeding area and is a tourist and subsistence fishing area which attracts adults and children year round, with peaks at seasonally and culturally significant times. An elevated walkway connects a crosswalk to the museum property on the south side of the road. Museum traffic peaks during tourist season with occasional school bus traffic. Route 130 connects Tribal and non-Tribal residential areas to Route 28, US6, and the town of Mashpee.

Route 130 is a state-owned arterial. Tribal government staff, elected officials, and public safety represented the Tribal facility owners, the Town of Mashpee staff and public safety represented Great Neck Road North owners, and MassDOT staff and FHWA Division staff represented state and federal owners.





Figure 8: Museum Location

5.5.1 Museum Location Safety Issues

This particular stretch of Route 130 was part of a previous Road Safety Audit conducted by the Cape Cod Commission and the University of Massachusetts Traffic Safety Research Program in 2007. As such, in general, many regionally prevalent items have been identified and/or addressed. This previous report can provide additional guidance and may include

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recommendations that have not yet been implemented, or that may require maintenance. The recommendations here will focus more on the Tribally owned facilities between the intersection of Great Neck Road North at the eastern end, and Ashumet Road on the western end.

Route 130 Near Museum: Safety Issue 1		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High to Extreme	D to E
<p>OBSERVATION: Difficult to pull out of the Mashpee Indian Museum due to drive incline and limited sight distance in both directions. The location attracts very high pedestrian densities during holidays and culturally significant events.</p>		
<div style="display: flex; flex-direction: column; align-items: center;">  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking West</div>  <div style="border: 1px solid black; padding: 2px; margin: 5px;">Looking East</div> </div>		
<p>SUGGESTION:</p> <p>Low: Install driveway warning signs in both directions, use temporary interactive flashing speed signs during peak visitation seasons, provide on-location law enforcement traffic and pedestrian direction during peak visitation days/times, and install additional speed limit sign for the eastern lane on Route 130 prior to the Museum.</p>		

Install a barrier under the boardwalk to prevent children and animals from entering Route 130 from under the boardwalk.

Install a sign for pedestrians to instruct them to cross at the crosswalk on the east end of the boardwalk.

Mark pedestrian walkway ends with retroreflective markers on end posts and along horizontal rail. Verify that walkway end treatments meet requirements for objects in clear zone and correct if necessary.

Install solar powered lighting on boardwalk leading to crosswalk.

Med: Level driveway apron to reduce incline at Route 130.

High: Move driveway to rear of building to meet up with Lovells Ln. to the west.

COMMENTS: Interviews with local residents indicated that there is considerable use of the Museum parking lot during the annual herring run and other culturally important events.

There is a severe incline on the Museum driveway, making it difficult to pull out, especially in heavy traffic or with reduced traction due to rain or snow. The sight lines are limited to the west due to the incline of the driveway, and the horizontal and vertical curve of Route 130. The sight lines to the east from the museum are limited by the wooden boardwalk structure, particularly when occupied with groups of pedestrians. The boardwalk was constructed as a safety measure for the considerable pedestrian traffic during the herring run, but local residents indicated that children and pets climb under the boardwalk and onto Route 130 as a shortcut from the parking lot.

The speed limit for the westbound travel lane on Route 130 changes to 40 mph immediately before the museum, while the speed limit on the eastbound lane reduces to 35 mph after the Ashumet intersection ¼ mile to the west, before museum is visible and before the curve and downhill slope toward the Museum. An additional speed limit sign or interactive speed sign near the Lovells Ln. intersection immediately before the Museum may help remind drivers to slow down. During high use times of the Museum of the herring run, a portable blinking speed limit sign might also calm traffic.

The RSA team determined that the Town of Mashpee owns the property directly to the west of the Museum. It might be worth considering purchasing or gaining access to that property to allow for relocating the Museum driveway off of Route 130 and onto Lovells Ln. The sight lines at the Lovells Ln. intersection are much better, and it doesn't have the severe incline.

Route 130 Near Museum: Safety Issue 2

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High to Extreme	D to E

OBSERVATION: A crosswalk with seasonally high use is poorly delineated and partially obscured to drivers heading westbound.



Looking West



SUGGESTION:

Low: Repaint crosswalk with retroreflective paint.

Install high-visibility crosswalk warning signs in both directions, possibly with LED border flashers. Install advanced crosswalk warning signs in both directions.

Install solar powered lighting on boardwalk leading to crosswalk.

Mark pedestrian walkway ends with retroreflective markers on end posts and along horizontal rail. Verify that walkway end treatments meet requirements for objects in clear zone and correct if necessary.

Med: Improve overhead lighting at crosswalk, install interactive crosswalk warning beacon, remove trees and brush and cut back slope on northern side of Route 130 to improve sight distance.

COMMENTS: It was noted that there is a considerable amount of pedestrian traffic that uses the crosswalk during the herring run, but it is well used all summer long by Tribal members walking to and from the beach at Mashpee Pond, located to the north. Efforts have already been made to improve this crosswalk, including the installation of crosswalk warning signs. The visibility is good to the west, but to the east it is somewhat limited by the vertical and horizontal curve of Route 130.

Sight lines are also limited for the nearby Mashpee Community Garden. Cutting back the slope and removing trees and brush would greatly improve the sight distance to the east, as well as improve the sight distance and reaction times for motorists approaching both the driveway for the Garden and the crosswalk from the east. The installation of an overhead street light would illuminate the crosswalk during low-light. There is currently an overhead street light, but it is approximately 30-40 feet to the west. The installation of an interactive crosswalk control would help during high traffic.

Route 130 Near General: Safety Issues 3

EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Occasional	High to Extreme	D to E

OBSERVATION: Install and Improve signage, ensure signs with wooden posts are breakaway, clear under guardrail on north side of Route 130, reduce signage near Great Neck Road North to reduce clutter, remove unnecessary guard rail near Great Neck Road North intersection.



Additional Chevron Earlier in Curve



Missing Chevron – Struck in Crash and Never Replaced



Vandalism



Sign Clutter



Outdated End Treatment on Unnecessary Guardrail

SUGGESTION:

Low: Replace or repair signs not meeting federal retroreflective guidelines or that have graffiti, install missing curve ahead warning sign before curve west of the Mashpee Museum, install additional chevron at beginning of curve, replace missing chevron in middle of curve, remove

redundant No Parking and Right Lane Must Turn Right signs to reduce sign clutter at Great Neck Road North intersection, modify or replace sign posts to meet breakaway standards, clean under guardrail on north side of Route 130, remove unnecessary guardrail on south side of Route 130 near the Great Neck Road North intersection.

COMMENTS: Even though this road segment was part of a previous road safety audit, and safety measures were taken as a result, there are still a number of safety concerns that can be easily addressed. In general, as this segment was travelled at night, it was noted that the vast majority of signs have little to no retroreflectivity. Any sign not meeting the federal guidelines should be replaced. For the west bound lane, there is a guardrail installed along the northern edge of the roadway. Although it is rusted, it appears to be functional. There is, however, a berm of sand and dirt built up below it, reducing the effective height. This debris should be removed to ensure vehicles strike the guardrail at the proper height. Continuing west, it was noted that there isn't an advance Curve Ahead warning sign to warn of the upcoming curve to the west of the Mashpee Museum. Also, although there are chevrons installed on the curve, there should be an additional chevron installed at the beginning of the curve. Additionally, it was noted that there is a missing chevron about mid-way around the curve, apparently having been struck by a vehicle but not repaired. When traveling east, as you near the Great Neck Road North intersection, there is a Stop Ahead sign that has some paint on it. This sign should be replaced as painting typically damages the surface of the sheeting enough to permanently affect the retroreflectivity. There is an older Mashpee welcome sign that has stout 6x6 wooden supports. The sign isn't designed as a breakaway sign. The base of each post should be modified or the posts replaced per MUTCD specs to convert it to breakaway. There is an old guardrail with outdated end treatment situated a considerable distance away from the edge of the roadway. Perhaps this is a remnant of a prior roadway design or alignment, but at this point it isn't needed and should be removed. Near the intersection of Great Neck Road North, there are a number of signs, which could potentially create sign clutter. It was noted that there are duplicate No Parking and Right Turn Must Turn right signs that can be removed to help eliminate the clutter.

Additional maintenance items exist at and near the Great Neck Road North intersection, but that location is out of scope. The team did note complicated interaction of traffic at a coffee/donut shop near the intersection, with resulting damage to lane markers in the right of way.

5.6 Old Barnstable Location


Old Barnstable Road is a two-lane urban collector (MassDOT designated) exhibiting rural road characteristics with medium to high traffic volumes. The reviewed section connects MA Route 151 with County Road at the Mashpee/Falmouth town line. The Mashpee High School is located near the signalized 151/Old Barnstable intersection. The 151/Old Barnstable intersection and Old Barnstable road near the high school access drives have been recently reconstructed with turn lanes and modern geometry to accommodate school traffic. The road is a designated MA bike route and frequently used by bicyclists and pedestrians, including school-aged children walking or biking to and from school and social functions. Mashpee High School offers 100% busing for regular school hours, but many residences are within walking and biking distance, and students may be choosing to walk or bike to school in order to attend sports and social functions outside the academic schedule, or for other reasons.

Old Barnstable is a town-owned connector serving Tribal and non-Tribal residences, and provides access to Tribal subsistence hunting areas. Tribal government staff, elected officials, and public safety represented the Tribal interests, the Town of Mashpee staff and public safety represented Old Barnstable Road owners, and MassDOT staff and FHWA Division staff represented state and federal owners.



Figure 9: Old Barnstable Location

5.6.1 Old Barnstable Road Location Safety Issues

Old Barnstable Road: Safety Issues		
EXPECTED FREQUENCY	EXPECTED SEVERITY	RISK RATING
Frequent	High - Extreme	E - F
<p>OBSERVATION: Old Barnstable road is a very narrow, winding road with steep, close banks at many locations, steep and frequent rises and drops, trees and utility poles within inches of the road edge, very narrow or no shoulders, low guardrails, outdated guardrail end treatments, little or no recovery zones, poor sight distances, high traffic volumes, presence of pedestrians and bicyclists in the travel lane with few escape opportunities, little or no signing, poorly maintained marking, significant edge drop-offs, and little or no lighting. A memorial for a recent pedestrian fatality was observed.</p>		
		

Old Barnstable Road: Safety Issues



Old Barnstable Road: Safety Issues

SUGGESTION:

Low: Conduct a systemic analysis of entire section to identify known traffic safety risks, and/or conduct a comprehensive evaluation of entire section to provide consistent safety features, including the Low, Medium, and High recommendations listed here.

Install appropriate signing and marking to delineate curves, obstructions, intersections, and access drives.

Assess appropriateness of using this road as a designated bicycle route until significant safety improvements have been completed.

Med: Install overhead lighting at intersections, access drives, and difficult curves.

Remove fixed objects from recovery zone, particularly at curves.

Cut back vegetation at intersections, access drives, and curves to increase sight distances.

Repair, replace and/or install guardrails according to standard practices.

Assess lane width, and if possible, narrow the lanes and increase shoulder width using existing road surface.

Install rumble stripes to reduce lane departures.

High: Widen road to include shoulders appropriate for volume and non-motorized users.

Widen, level, and clear recovery and clear zone.

Realign vertical and horizontal curves to improve sight distance.

Provide demarcated and/or dedicated non-motorized path.

COMMENTS: The team felt that Old Barnstable Road was such a high risk that most team members remained in the observation vehicles safely parked on side roads. Although this road does limit speed due to psychological and physical constraints of the narrow road, the risk of failing to navigate the many curves is generally very severe due to large trees, utility poles, and steep banks along the entire route and very close to the road's edge.

There are no pedestrian facilities, but interviews with local residents indicated that many pedestrians do attempt to walk on this road due to the proximity to residential areas within walking distance of the school. The road is also a designated bicycle route, but the travel lanes are minimal width, there are no shoulders, and there are very few escape opportunities for pedestrians or bicyclists. The densely wooded area is also home to medium sized game, which can unexpectedly cross the road, causing drivers to veer and lose control.

The adjacent section of Old Barnstable within Falmouth Town limits has been recently improved with many of the suggested countermeasures indicated here. This provides the Mashpee section owners with excellent project reference resources and cost estimates as well as actual project experience to help speed any improvement project.

6 Road User Characteristics

Several types of road users were observed in the course of the field review and are listed below:

Passenger cars - Predominate vehicle type of vehicles observed were passenger cars and pick-up trucks.

Trucks - Few commercial trucks were observed, but the arterials can expect significant commercial activity at specific times of the day. Route 130 has some heavy truck traffic due to a gravel pit located north of the Town of Mashpee.

Pedestrians – The team observed many pedestrians in the study areas, and many more can be expected during peak tourist season. A non-motorized, paved trail runs along Great Neck Road South.

Bicycles - We observed bicycles near the Government Center location, and the Old Barnstable location is a designated bicycle route. A non-motorized, paved trail runs along Great Neck Road South, but bicycle traffic was observed traveling in the road lane and not on that path.

Off road vehicles (ORV) – No ORVs were observed, but some can be expected crossing lower volume roads, and some golf carts may also cross or travel on short sections of some lower volume roads.

7 Crash and Traffic Count Data

Crash data is an important indicator of contributing factors to MVT crashes, however, its nature serves a forensic purpose to identify factors contributing to past events. An RSA is proactive in nature and can be conducted in the complete absence of police-recorded data. Crash data can also be derived using ethnographic methods such as interviews, observations of behavior, on-site and photographic/video visual ethnography, textual interpretation of public safety/emergency response-recorded and journalistic reports, and other ethnographic sources. The team reviewed available police-recorded crash data from the six reviewed locations and interpreted ethnographic data during the site evaluation phase. The team made initial recommendations based on on-site observations and ethnographic data, and corroborated initial recommendations using police-recorded data where available.

The Cotuit/130 location had the highest number of police-recorded crashes and provides a basis for understanding common contributing factors. Police-recorded data from other locations is limited and provides little basis for establishing patterns, but individual crashes were consistent with observed deficiencies. The available police-recorded data did not alter recommendations or understanding of the locations relative to observed conditions.

For the Sampsons/28 location, one police-recorded crash verified the recommendation for proper guardrail installation identified in Safety Issue 4, and added the recommendation for improved winter maintenance.

The Cotuit/130 police-recorded data strongly supports the on-site observations and added the recommendation for improved winter maintenance and drainage improvements.

Data used for authoring this report is included in Appendix A.

7.1 Data Collection Recommendations

The team recommends additional training for local and Tribal law enforcement to help improve the already good data collection practices. MassDOT should investigate best practices and equipment for adding georeferencing to the existing crash reporting system. Easier access to sanitized crash reports can help local agencies better understand crashes occurring in their jurisdictions.

The scope of this RSA did not permit a systemic analysis of the Mashpee Wampanoag inventory, and therefore, the team did not seek data which can contribute to such an analysis. The team recommends using traffic count and road design data to generate a systemic analysis of all roads in the Mashpee Wampanoag inventory, which would require a cooperative effort with MassDOT, Town of Mashpee, and other neighboring/joint jurisdictions. The best candidate for a systemic review is Old Barnstable Road, which is adjacent to a recently improved section, providing a potential for a thorough and effective comparative data analysis. This type of analysis is recommended in the results section for that location.

8 Economic Analysis

Economic analyses are undertaken to evaluate the cost effectiveness of various safety treatments. While a calculation was not made using crash modification factors and cost-benefit analyses, the general observation can be made that the suggested improvements directly affect the local community and tourists visiting the area. Any crashes that might occur are likely to directly impact the local economic and emotional condition of the local community, and the cost of most recommended improvements is relatively low. Therefore, all the recommended low-resource improvements would have an immediate payback if even one serious injury or death was avoided through the suggested safety improvements.

Tools such as the Highway Safety Manual are available to help conduct a thorough economic analysis of each recommended countermeasure, but these tools often require significant data analyses using data which may not exist at the reviewed locations. These analyses can also be time consuming and costly. While these types of analyses may be necessary for the recommended high resource safety improvements, a simple cost-benefit analysis for the low and medium resource recommendations, and even some of the high resource recommendations, makes these improvements relatively easy to justify from an economic perspective.

Assuming an average cost of a 36x36 inch warning sign, including installation is \$150 (2007 dollars)¹, and the societal and personal cost of a serious injury crash is \$1.0mln², preventing just one serious injury crash can justify the installation of over 6,500 signs. The justification for

¹ "Maintaining Traffic Sign Retroreflectivity: Impacts on State and Local Agencies - FHWA-HRT-07-042," accessed March 20, 2016, <https://www.fhwa.dot.gov/publications/research/safety/07042/chapter2.cfm>.

² Lawrence Blincoe et al., "The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)," 2015, <http://trid.trb.org/view.aspx?id=1311862>.

preventing a fatal crash is even more compelling, with the societal and personal costs calculated at \$1.4mln per fatality³. Most, if not all of the recommended low and medium recommendations in this report can be economically justified by preventing one serious injury crash.

A secondary economic impact might be gained through increased confidence and convenience of the use of pedestrian facilities in the community. Providing local residents with safe and convenient means to walk or bike between their homes and work places improves the health and emotional well-being of the community.

8.1 Expected Crash Modification Factors

Crash modification factors (CMF) can tell what level of crash reductions we can expect for a given treatment. While the team did not undertake an evaluation of every recommended treatment, the facility owners should consider CMFs when prioritizing resource allocation. The CMF indicates a relative level of improved safety for known types of treatments used in similar situations. The treatments generally apply to specific crash situations, for example adding overhead lighting to reduce night time crashes.

A CMF of less than 1.0 means there is a crash reduction, and therefore, the smaller the number, the greater the expected reduction in crashes. For example, if a road curve has five run off the road crashes, and we apply new fluorescent curve signing, we would expect the number of crashes after the treatment to average $5 \times 0.82 = 4.1$ crashes.

Some of the CMFs are shown as functions, so we need to know certain conditions to determine the CMF value. The CMFs shown here match up with the suggested treatments, but a more thorough analysis could be done as part of an HSM or economic analysis to select the most appropriate CMF. This can be a time consuming process to apply the most appropriate CMF, and is beyond the scope of this RSA, but it is an important step, particularly when considering resource-intensive improvements.

Each of these CMFs are associated with certain features or devices. Each device or feature is selected relative to the known or expected types of crashes. They can apply to total crashes/all crashes, injury crashes only, or property damage only (PDO) crashes.

Table 5: Crash Modification Factors for Rural Locations⁴

Lane width and safety increase lane width 11' to 12'	0.95
Flatten vertical curve	0.49
Flatten horizontal curves	0.33
Increase pavement marking retroreflectivity	0.852
Install edgelines	0.921

³ Ibid.

⁴ Although all the roads reviewed for this RSA are designated urban by the Massachusetts DOT, they all exhibited rural design and traffic characteristics. The CMFs listed here are provided by the FHWA CMF Clearinghouse (<http://safety.fhwa.dot.gov/tools/crf/resources/>) for rural roads and intended as examples of CMFs for the recommended treatments. MassDOT may have CMFs calibrated for these locations and should be used if available.

Install intersection lighting	0.881
Increase retroreflectivity	0.924
Install double stop signs	0.45
Improve guardrail	0.49
Increase triangle sight distance	0.45
	PDO 0.89
Increase distance to roadside features from 3.3' to 16.7'	0.78
Install crash cushion at fixed object	0.31
Widen narrow pavement (increase lane width/shoulder)	0.685
Increase lane width 11' to 12'	0.95
Advance static warning signs	0.7
	PDO 0.92
Advance street name signs	0.984
Install chevrons	0.960
Upgrade curve signs to fluorescent curve signs	0.82
Change intersection skew angle	$CMF = e^{0.0040(\text{proposedSkewAngle} - \text{existingSkewAngle})}$
Modify roadside hazard rating	$CMF = \frac{e^{(-0.6869 + 0.0668 \times \text{RoadsideHazardRating})}}{e^{(-0.4865)}}$
Change lateral offset of utility poles	$CMF = e^{-0.0905(O_a - O_b)}$ Where O_a = after offset; O_b = before offset

9 Summary

This RSA was undertaken to determine potential safety issues at six locations requested by the Mashpee Wampanoag Tribe. Although the locations may not show crash numbers sufficiently high to mandate mitigation by local and state agencies, they have been identified as relatively high-risk areas within the Tribal inventory. The lower crash numbers reported may not reflect the reality of relative risk at the assessed locations. Research has shown that crashes may be under reported in tribal jurisdictions due to a combination of factors⁵, and other research shows significantly

⁵ Polly Quick and Linda Bailey, "Improving Motor Vehicle Crash Reporting on Nine South Dakota Indian Reservations" (Pierre, SD: South Dakota Department of Transportation, May 21, 2007), http://www.sddot.com/business/research/projects/docs/SD2005-14.Final_Report.pdf.

higher injury and fatality rates among American Indians⁶, which makes each crash more likely to be severe, even when the relative number of crashes is lower. Therefore, local, state and federal agencies should evaluate tribal inventory not only in relation to neighboring conditions, but also as independent networks, as has been undertaken for this RSA. Furthermore, non-tribal agencies can benefit from cooperation with tribal governments by accessing funding and technical resources otherwise unavailable for safety improvements on roads that fall within joint jurisdiction.

All the locations show good and consistent traffic safety measures with isolated deficiencies, except for Old Barnstable Road, which should be improved along the entire study area to reduce the potential for serious crashes. Specific deficiencies on Old Barnstable Road included very narrow or no shoulders, low guardrails, outdated guardrail end treatments, little or no recovery zones, poor sight distances, high traffic volumes, presence of pedestrians and bicyclists in the travel lane with few escape opportunities, little or no signing, poorly maintained marking, and little or no lighting. A pedestrian fatality occurred on Old Barnstable Road, with contributing factors related to the noted deficiencies. Another location that the team was particularly concerned with was the Sampsons Mill Road/Route 28 intersection. Although the reported crash history does not reveal a particularly high frequency or severity of crashes, the observed conditions led most of the team to be very concerned about the potential for high-speed, right angle crashes.

This RSA team includes members with experience in many states, so some recommendations may be non-standard or unapproved practices in the state of Massachusetts. Although these practices may not be currently approved, state, local, and tribal agencies should consider them as potentially significant improvements to local practices. Team members also included experts from the national Local and Tribal Technical Assistance Programs (LTAP and TTAP), who can provide additional information and training related to the best practices identified in this report and help advocate for local adoption.

The improvements recommended in this report provide both traffic safety and quality of life improvements for all community members and should be considered to be more than road projects: The improvements will improve community health and economic security for tribal and non-tribal neighbors.

This study represents the hard work of a number of members of the community who contributed their time because of their concern about traffic safety in their community. The willingness of tribal, local, state, and federal participants to collaborate and share information will lead to significantly improved safety if the suggestions in this report are implemented.

⁶ Tierney Murphy et al., "Unintentional Injury Mortality Among American Indians and Alaska Natives in the United States, 1990–2009," *American Journal of Public Health* 104, no. Suppl 3 (June 2014): S470–80, doi:10.2105/AJPH.2013.301854.

10 Appendix A, Available Crash Data



From: 01/01/2011 Thru: 01/29/2016

Jurisdictions: MSH
Location: ALL
Street: MSH > GREAT NECK RD SOUTH (Odd # 483-483 Even # - Blanks Excluded)
Intersecting Street:
Zones: ALL

Accidents By Street Name

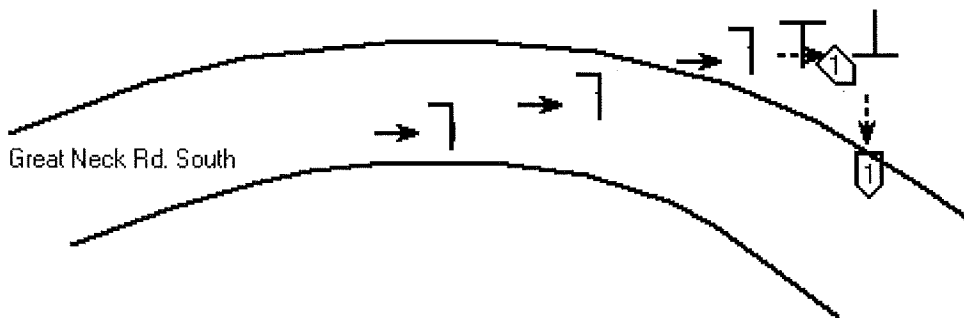
<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
GREAT NECK RD SOUTH	0	0	0	0	0	1	0	0	0	0	0	0	1
TOTALS	0	0	0	0	0	1	0	0	0	0	0	0	1

11-139-AC

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

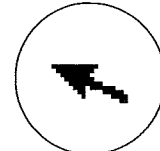
Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

V1 was traveling south on Great Neck South. Operator of V1 said that he fell asleep and V1 went across the center lines, off of the roadway to its left and struck two trees. After striking the second tree, V1 rolled over onto its side. Operator of V1 had minor injuries and was transported to hospital. Operator of V1 at fault.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MOUSSEAU RICHARD	32 PINWOOD DR STRATHAM NH 03885	603-686-6236	2

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

Sergeant John Dimitres

DIMITRE Mashpee Police Department

06/17/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



From: 01/01/2011 Thru: 01/29/2016

Jurisdictions: MSH

Location: ALL

Street: MSH > OLD BARNSTABLE RD (Odd # 501-9999 Even # 500-10000 Blanks

Excluded)

Intersecting Street:

Zones: ALL

Accidents By Street Name

<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
OLD BARNSTABLE RD	1	5	0	2	4	2	4	3	5	5	4	1	36
RT 151	0	3	3	2	2	3	3	5	3	1	1	3	29
TOTALS	1	8	3	4	6	5	7	8	8	6	5	4	65

Diagram of Accident: 11-37-AC

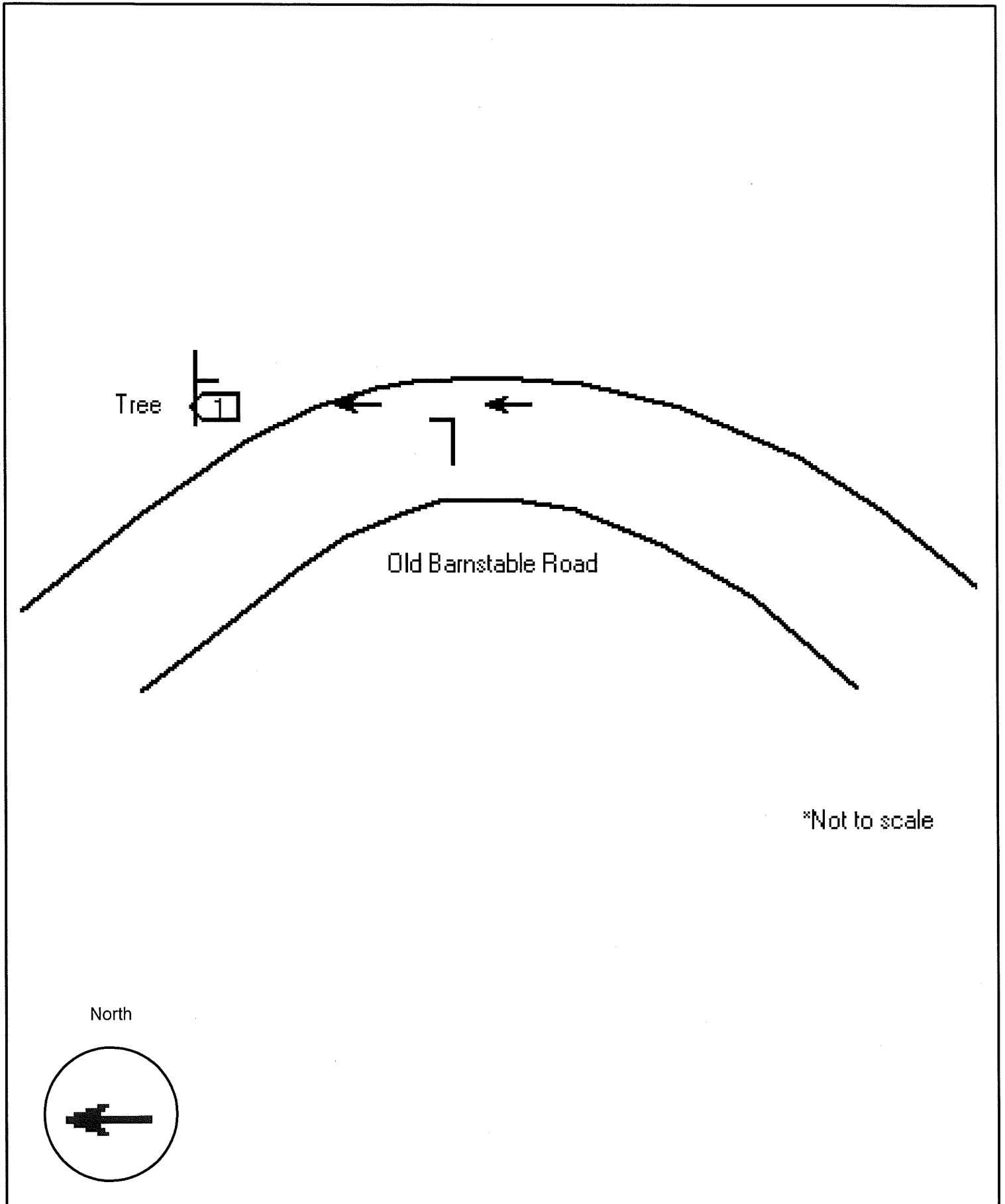


Diagram of Accident: 11-37-AC

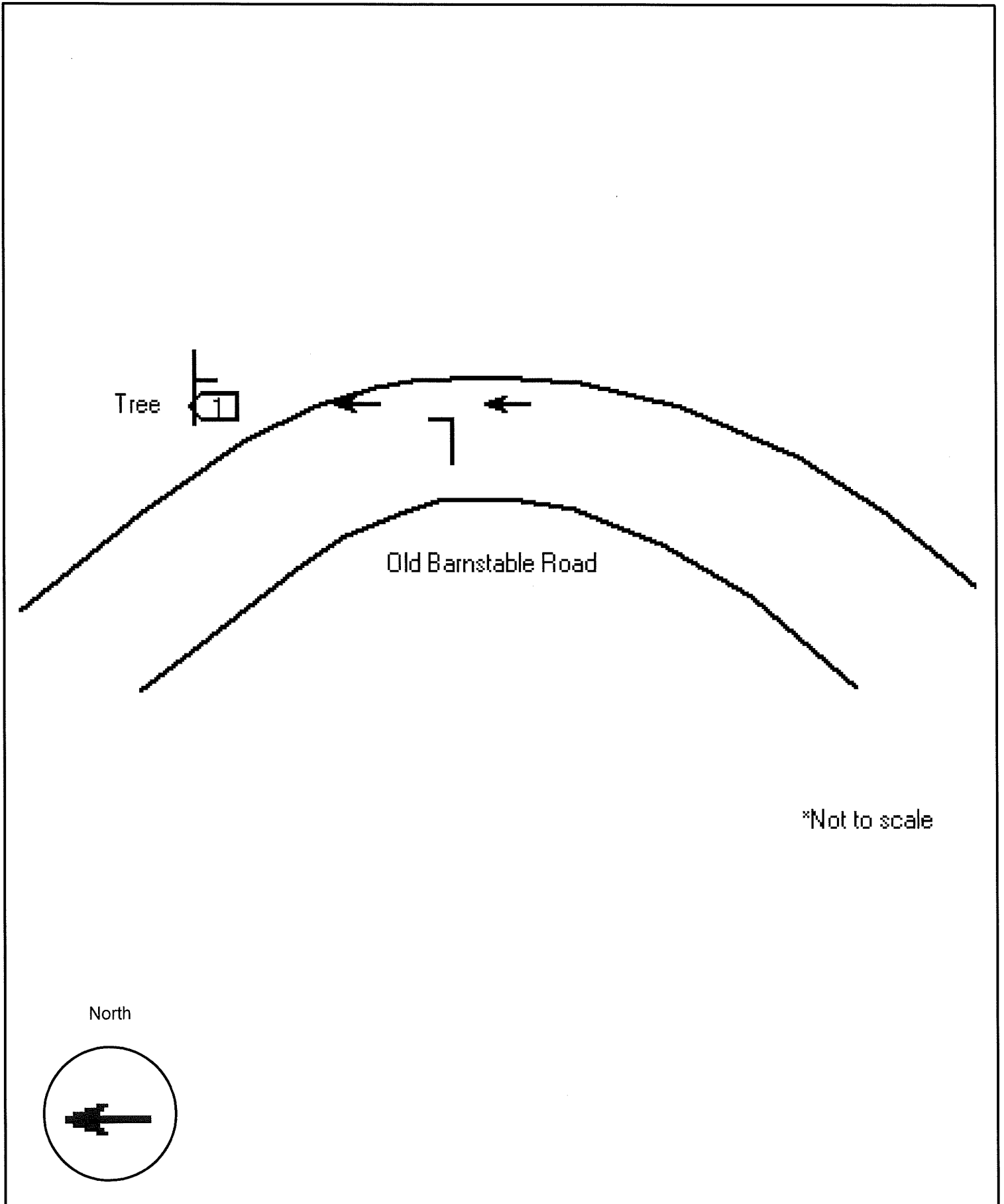


Diagram of Accident: 11-49-AC

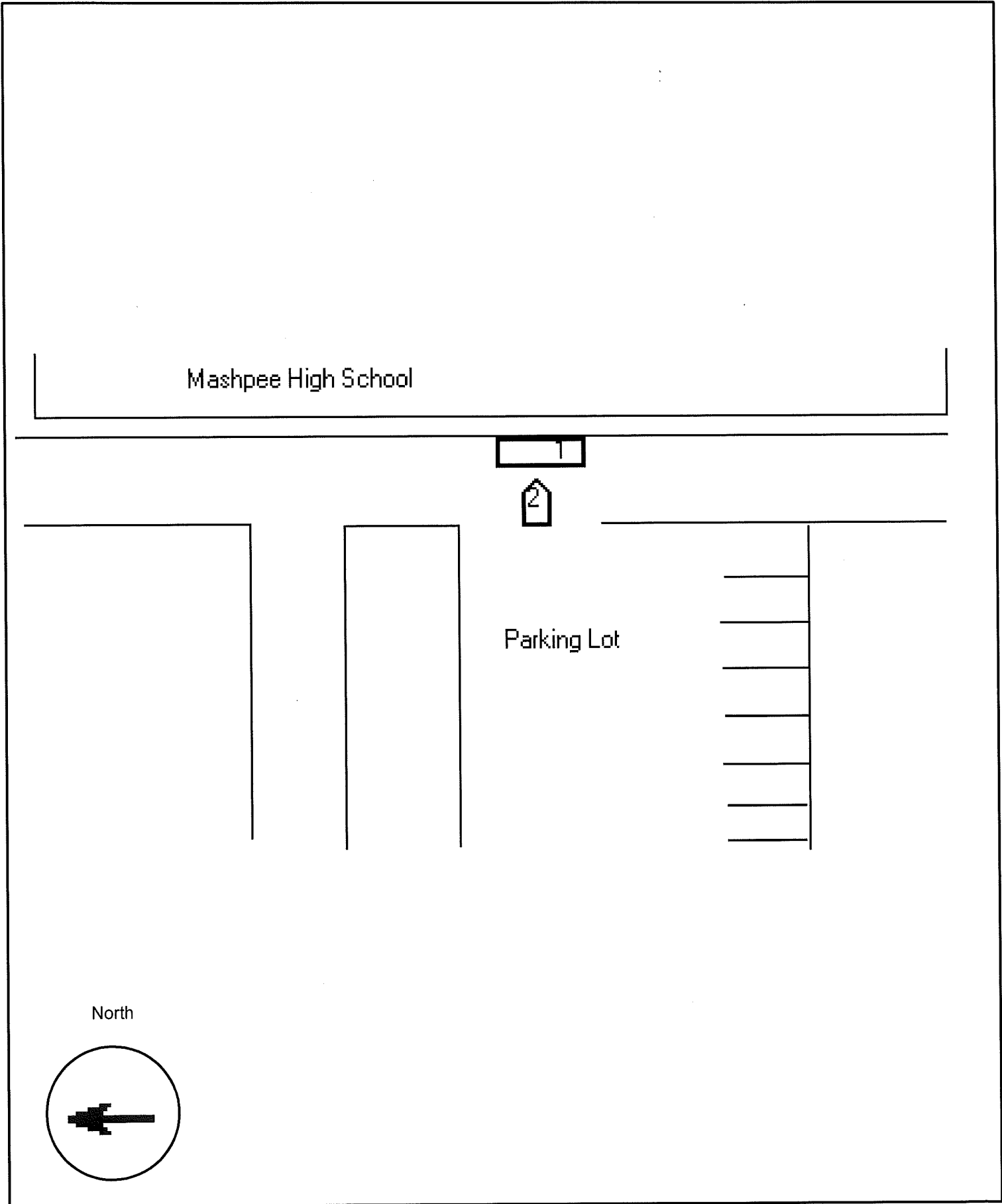


Diagram of Accident: 11-58-AC

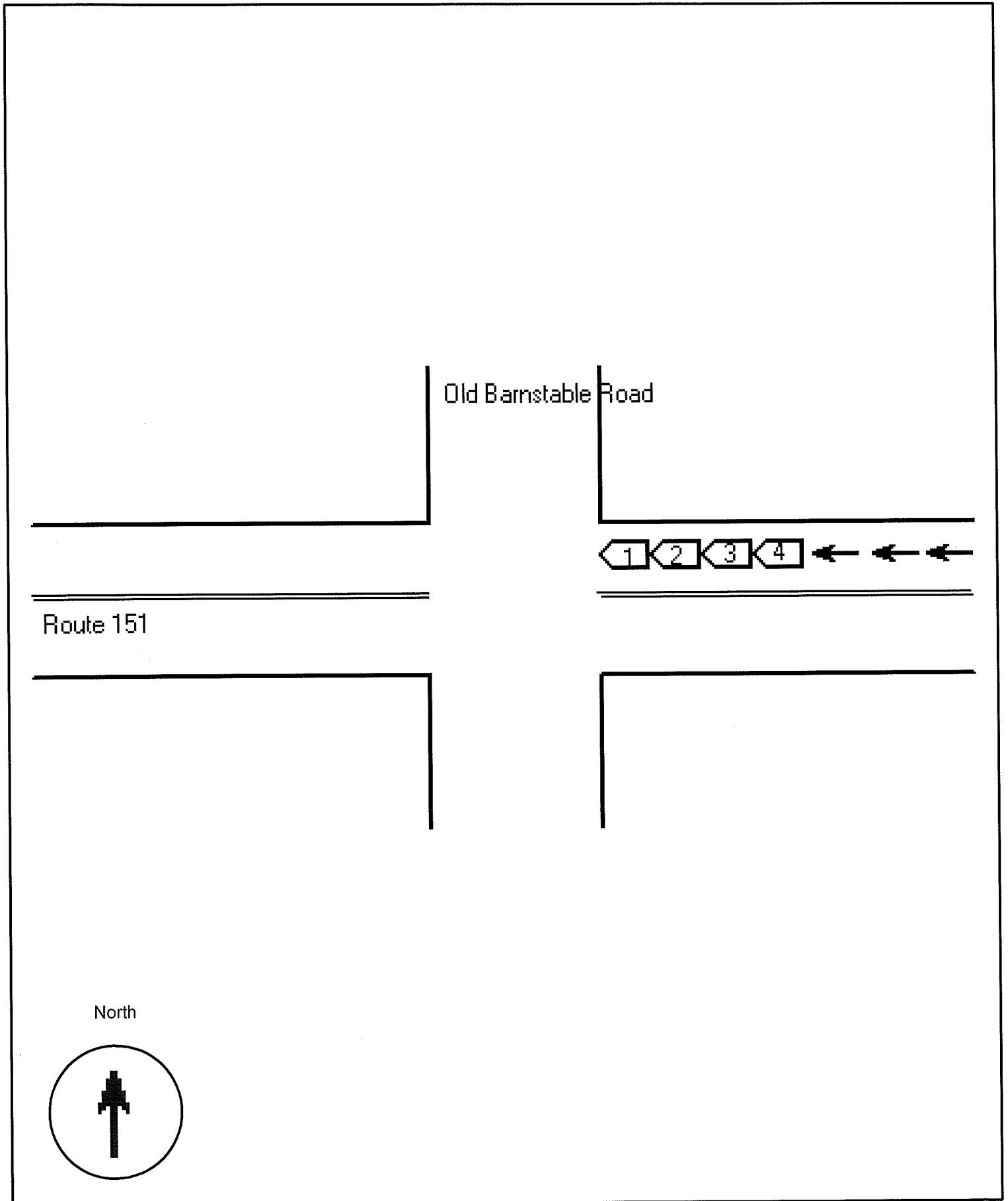


Diagram of Accident: 11-59-AC

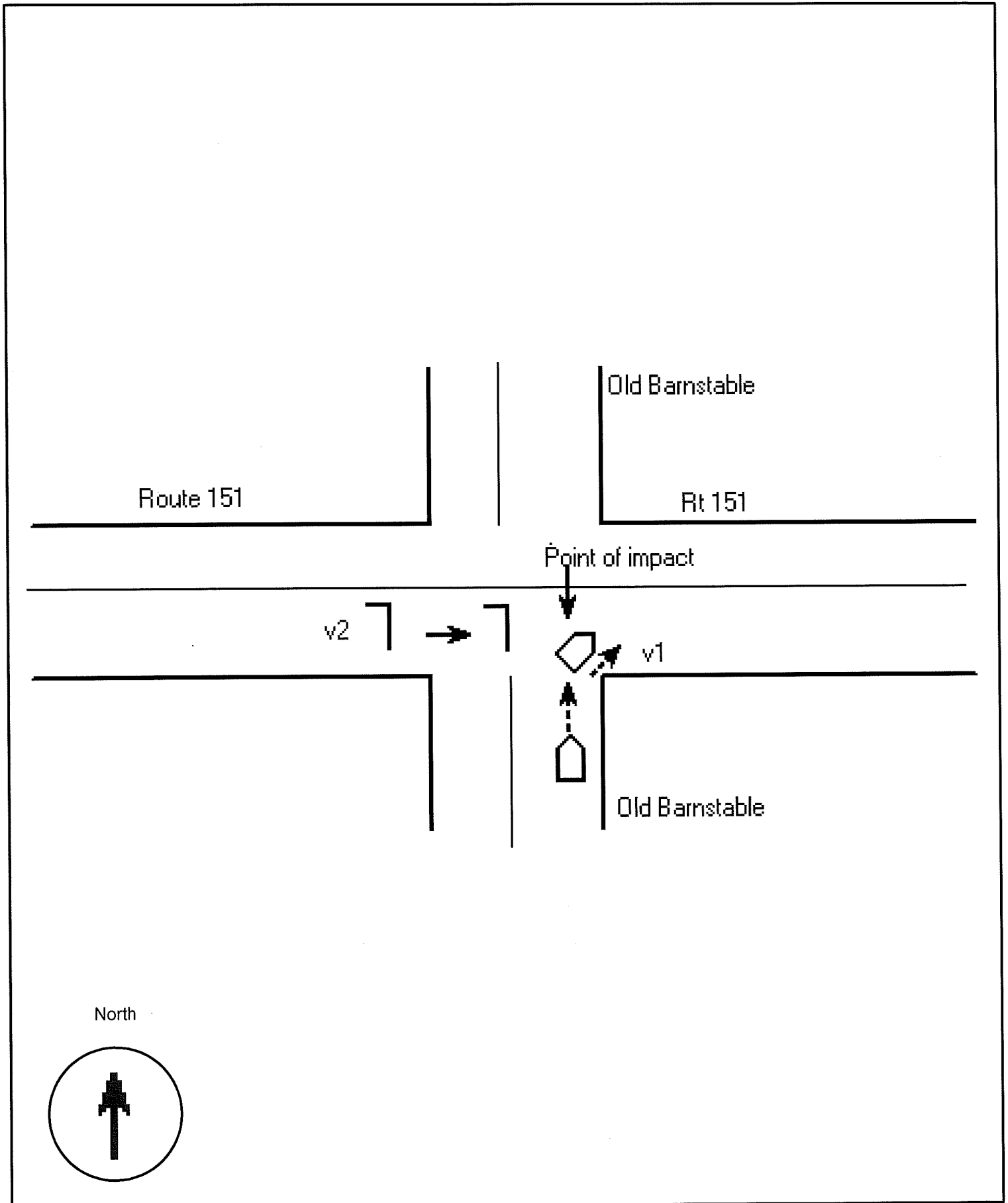
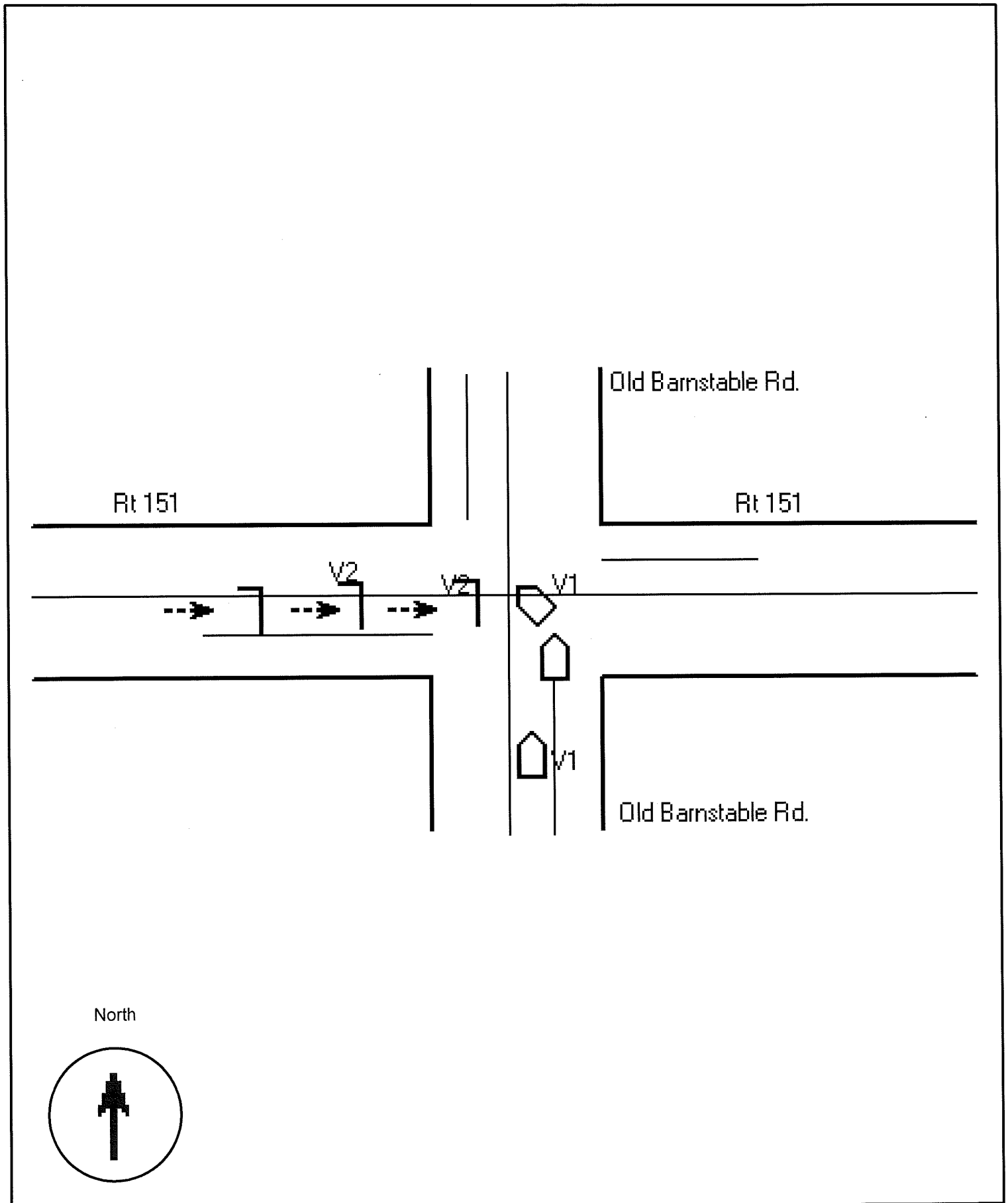


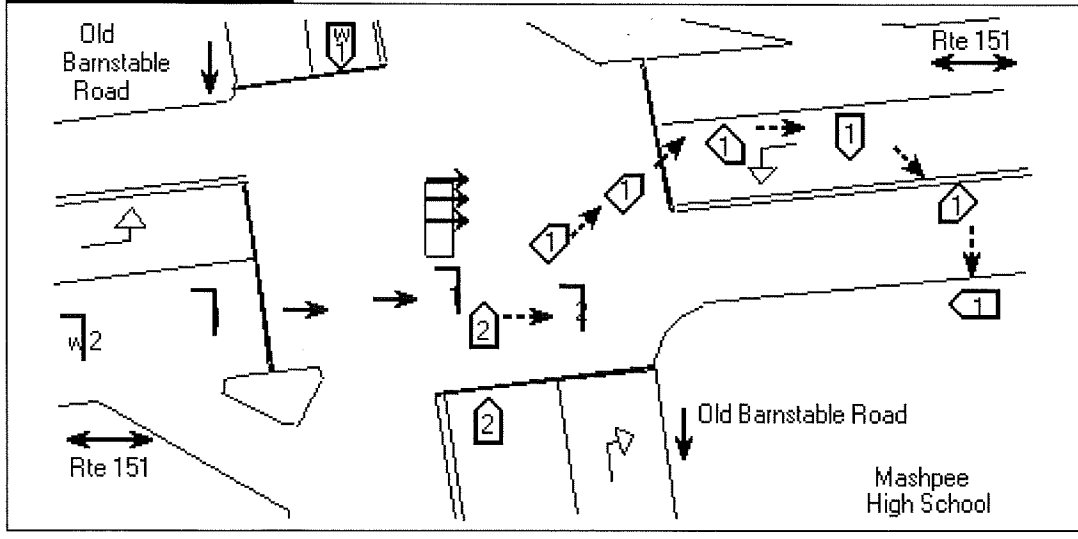
Diagram of Accident: 11-60-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian

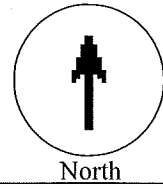
Crash Diagram:

ie: → 1 → 2 → ♂



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Veh1 was heading east on Rte 151. Veh2 was heading north on Old Barnstable Road. Veh1's traffic lane signal was lit green. Veh2's traffic signal light over his lane was not working properly (Red light out). The second signal light facing his (Veh2) direction was working properly (See image). Veh2 operator stated that he noticed the traffic light was out, so he pulled forward into the intersection. Veh2 pulled in front of Veh1, that was crossing the intersection. Vehicles collided sending Veh2 into a yaw into the oncoming traffic lane and then back across her lane onto the shoulder facing westbound. Veh2 operator is at fault for failure to yield right of way. See images of MVC scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NEGRON RICHARD	72 RT 130 Apt. #4 MASHPEE MA 02649-4920	508-539-4287	
SANTANGELO RICHARD J	460 CONCORD AVE BELMONT MA 02478	617-484-1212	

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

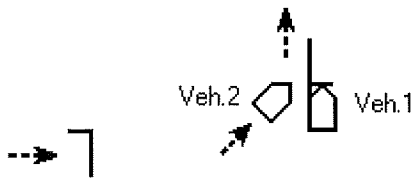
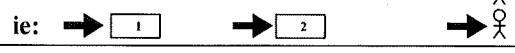
Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Master Officer Kevin M Frye **FRYE** Mashpee Police Department 04/21/2011
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian

Crash Diagram:

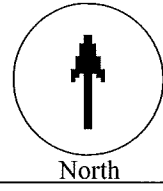
Mashpee High School 500 Old Barnstable Rd.



Side Parking lot (Football/Tennis Court)

If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Veh. 1 (MF8457) Veh. 2 (MF6598)

I (Hettinger) was dispatched to MFD, 20 Frank Hicks Dr., for a past MVA No PI.. The accident happened in the parking lot of Mashpee High School during the Annual Student Mock Crash. Operator of Veh. 2 (E-351) stated as he pulled up to the crash site he clipped the mirror on Veh. 1 (E-361) which was parked. I (Hettinger) observed damage to the drivers side mirror on veh. 1 and damage to the passenger side pull bar on veh. 2... Photographs were taken by Sgt Ensko.

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

Officer Lisa M Hettinger **HETTING Mashpee Police Department** **04/26/2011**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 11-162-AC

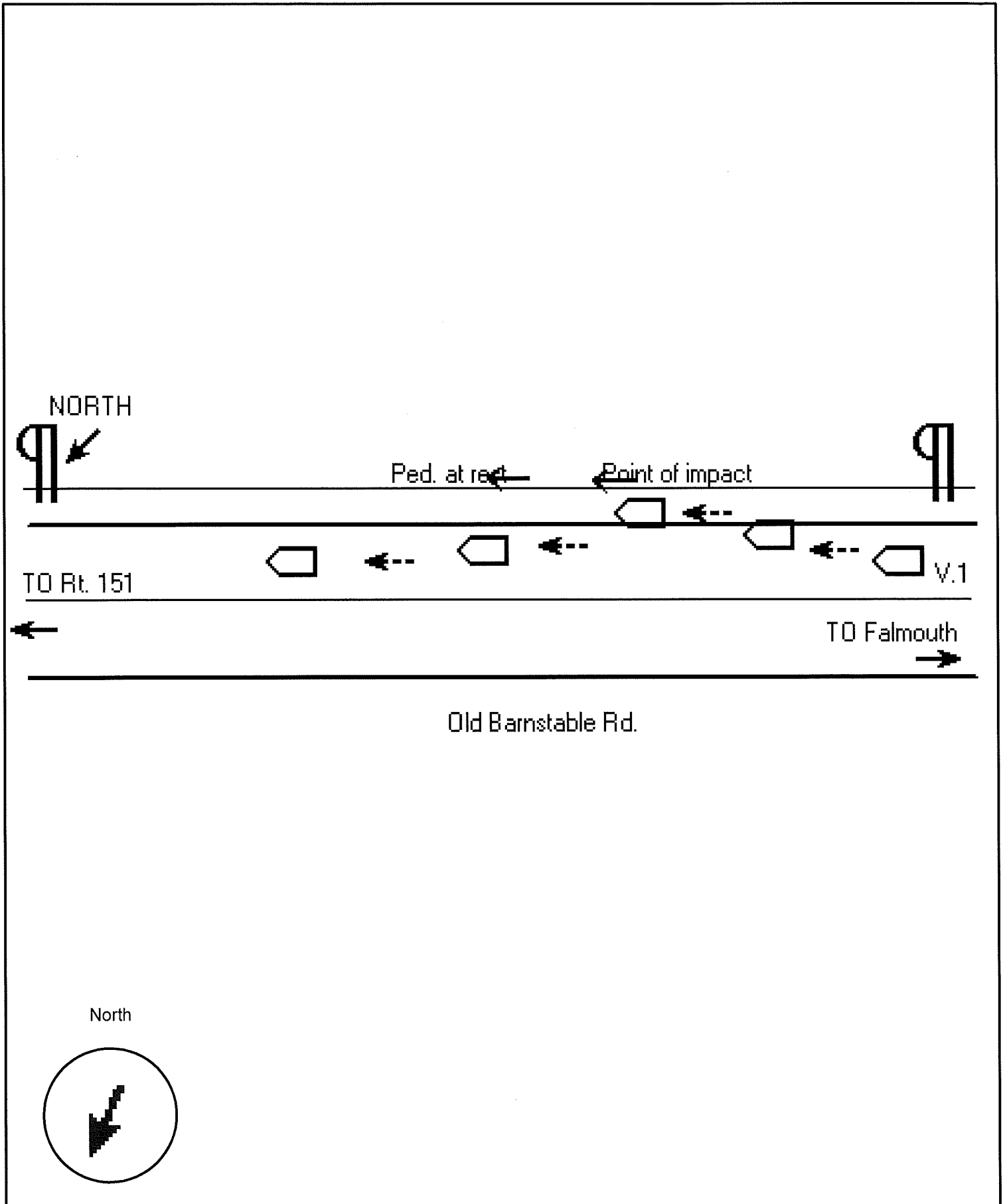


Diagram of Accident: 11-172-AC

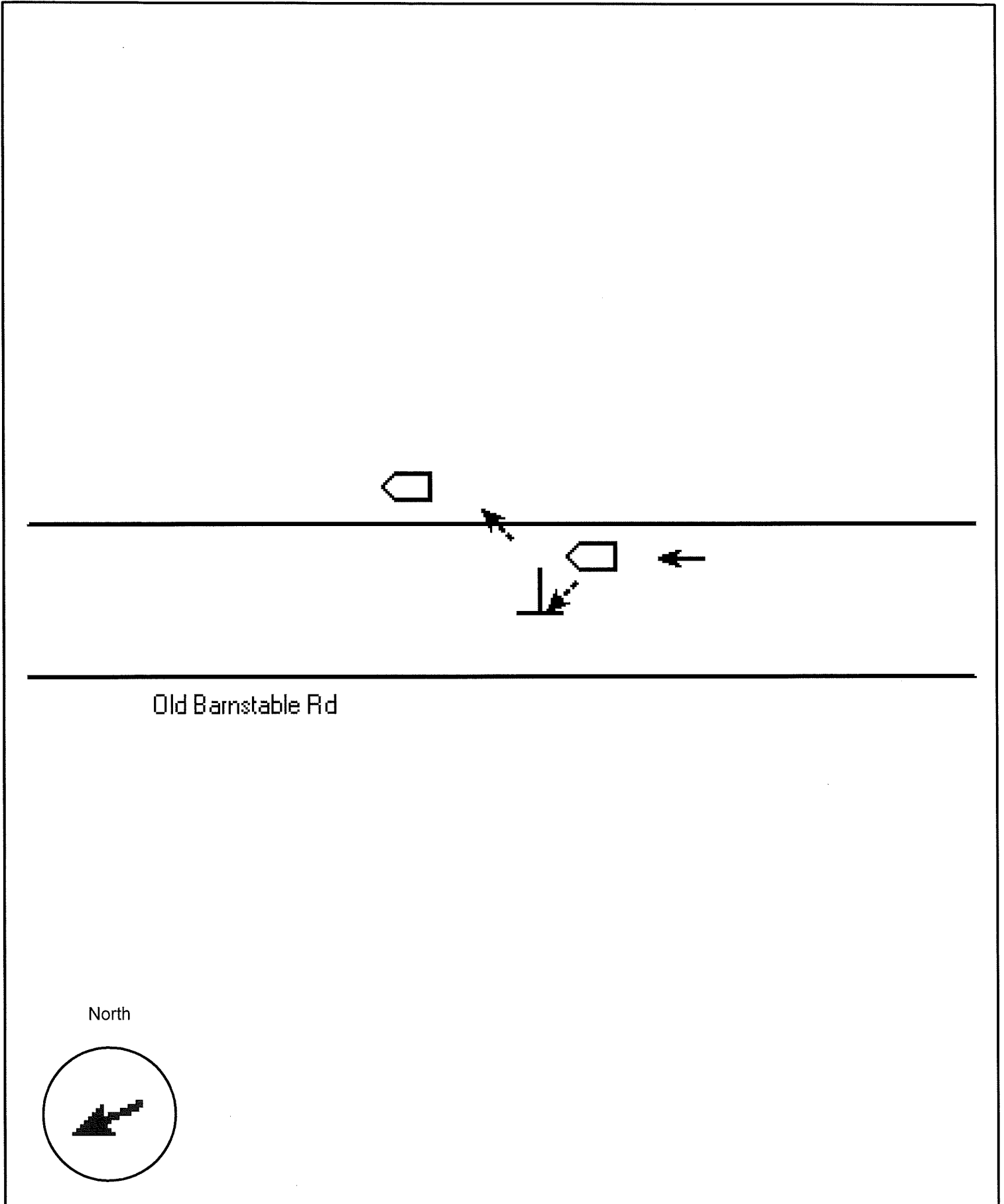


Diagram of Accident: 11-174-AC

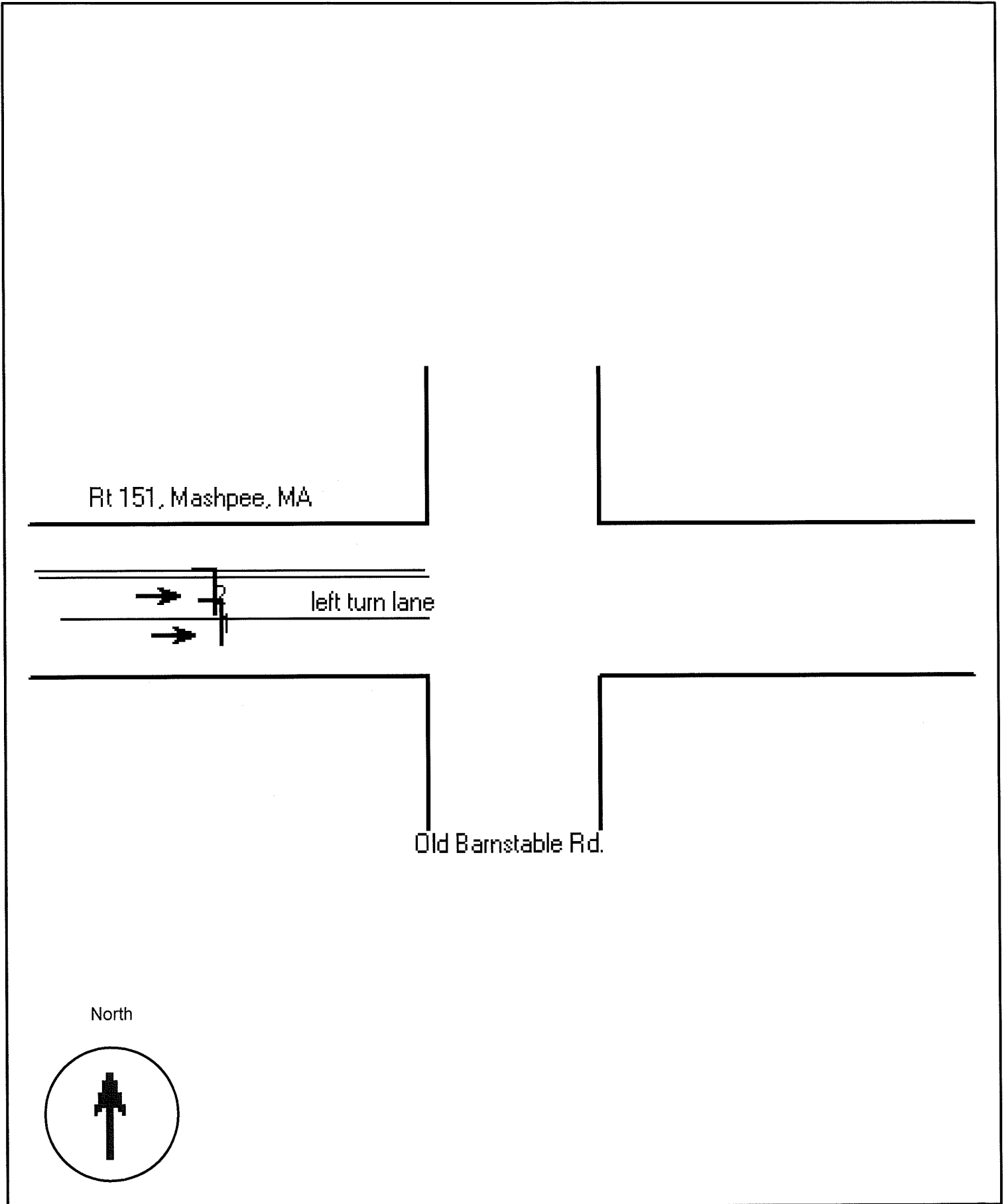


Diagram of Accident: 11-192-AC

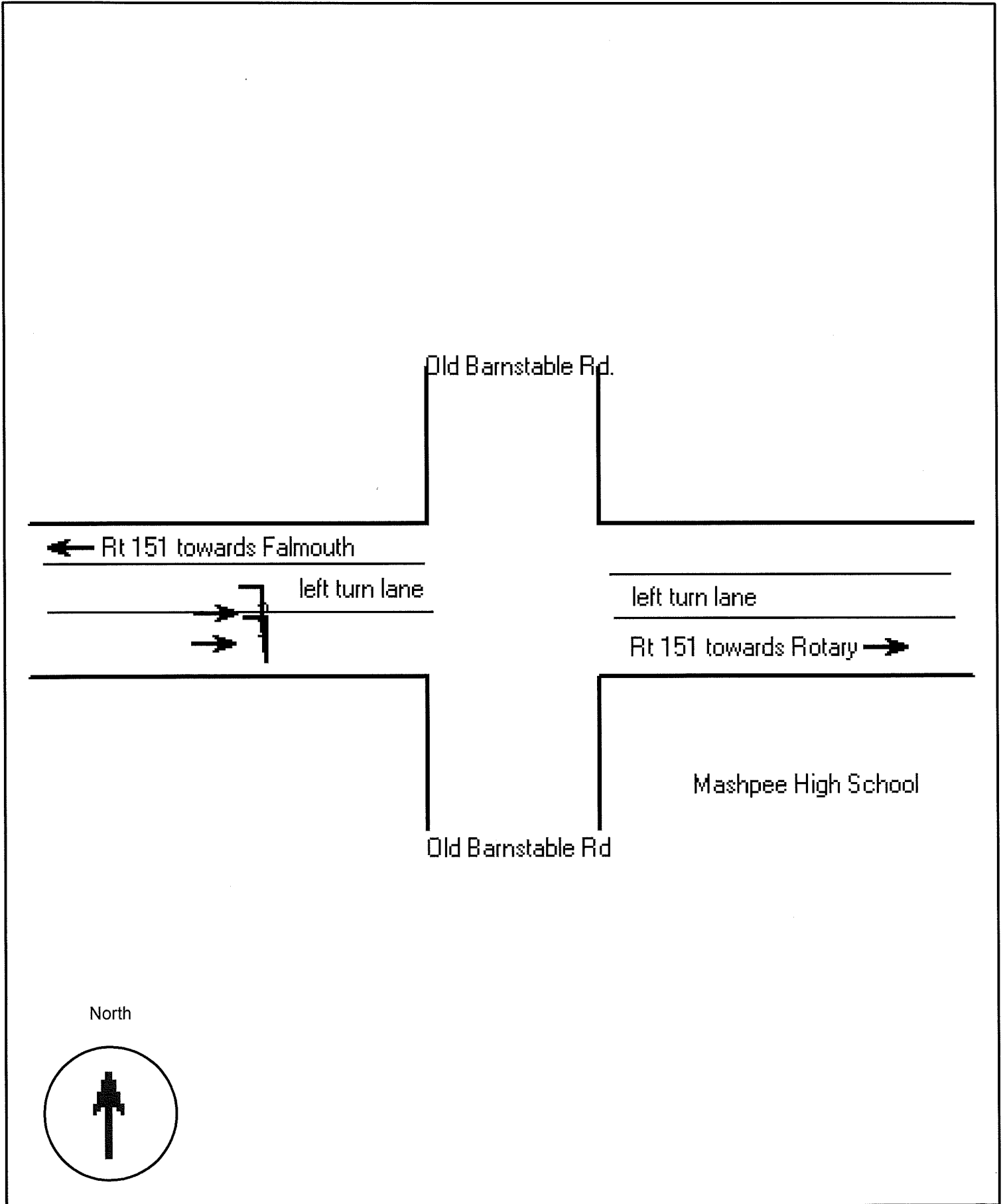


Diagram of Accident: 11-206-AC

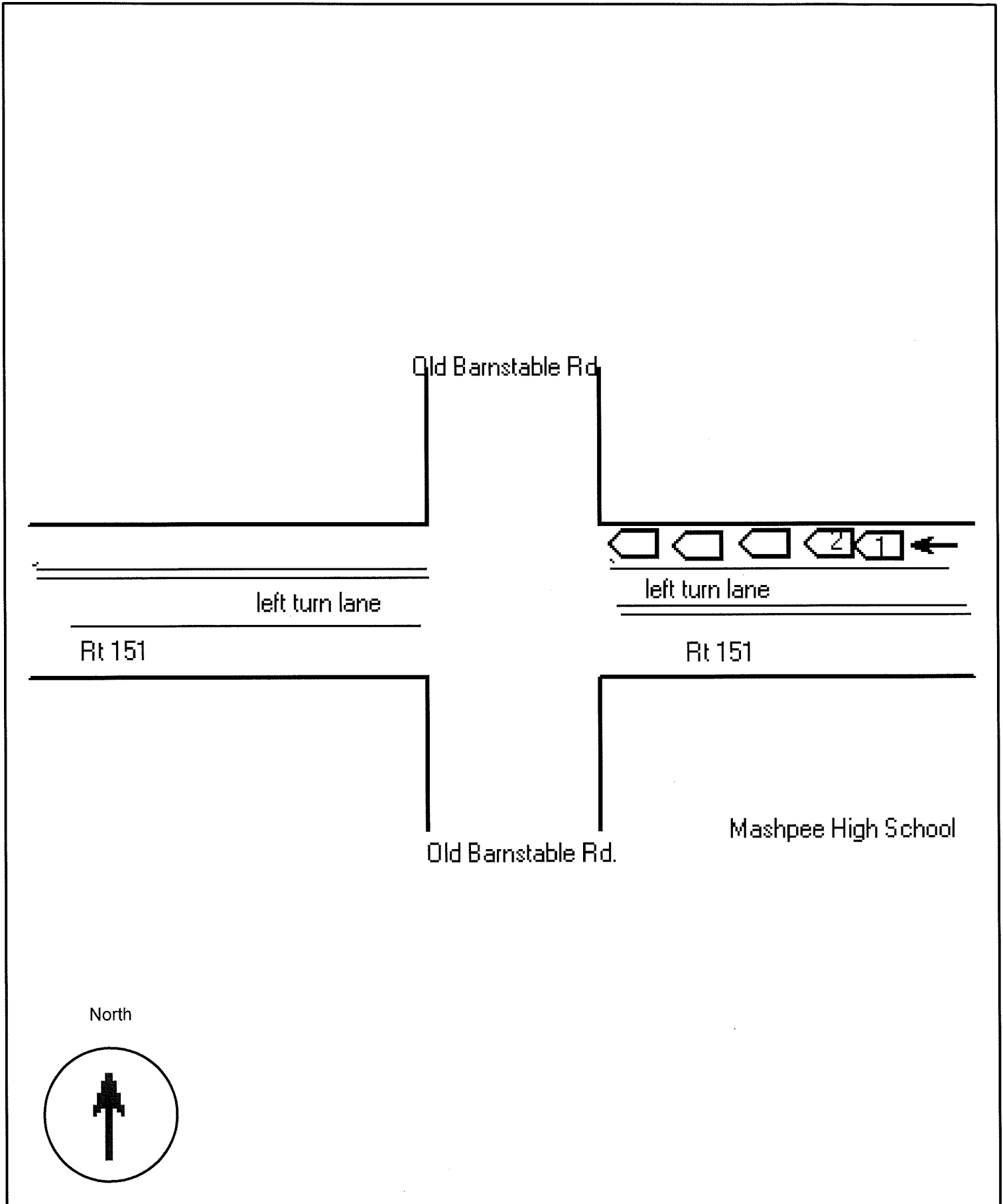


Diagram of Accident: 11-220-AC

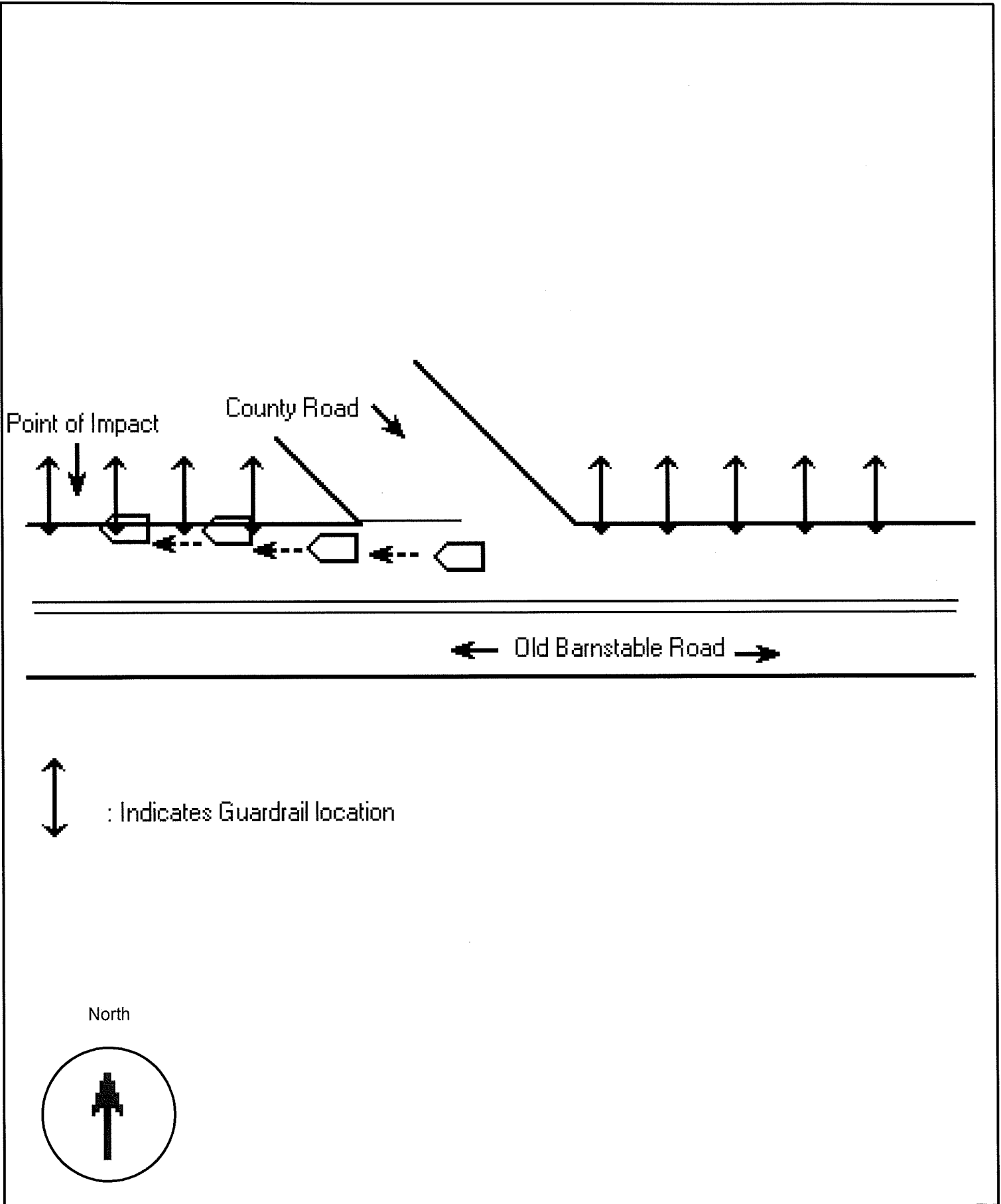


Diagram of Accident: 11-24-AC

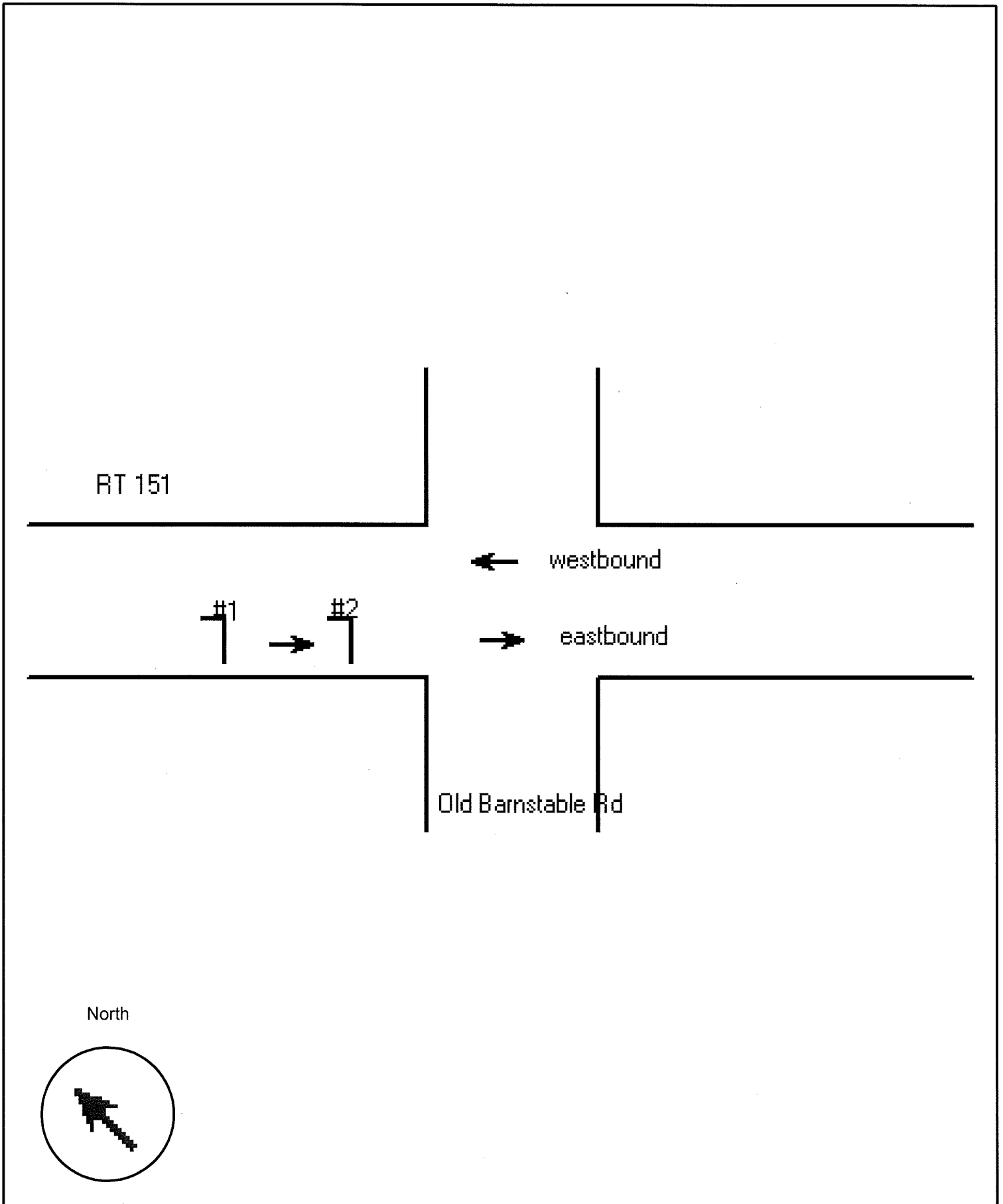


Diagram of Accident: 11-255-AC

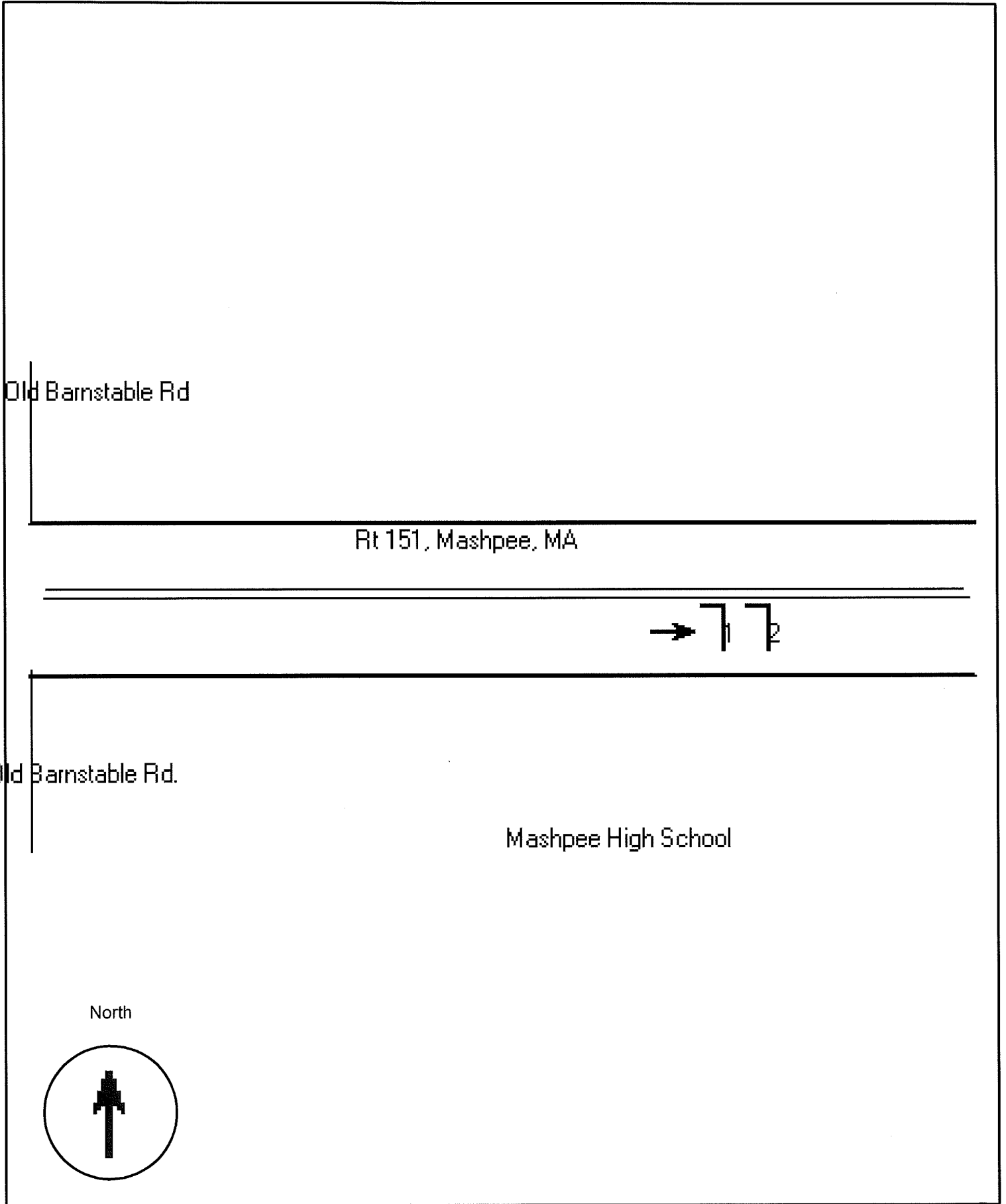


Diagram of Accident: 11-256-AC

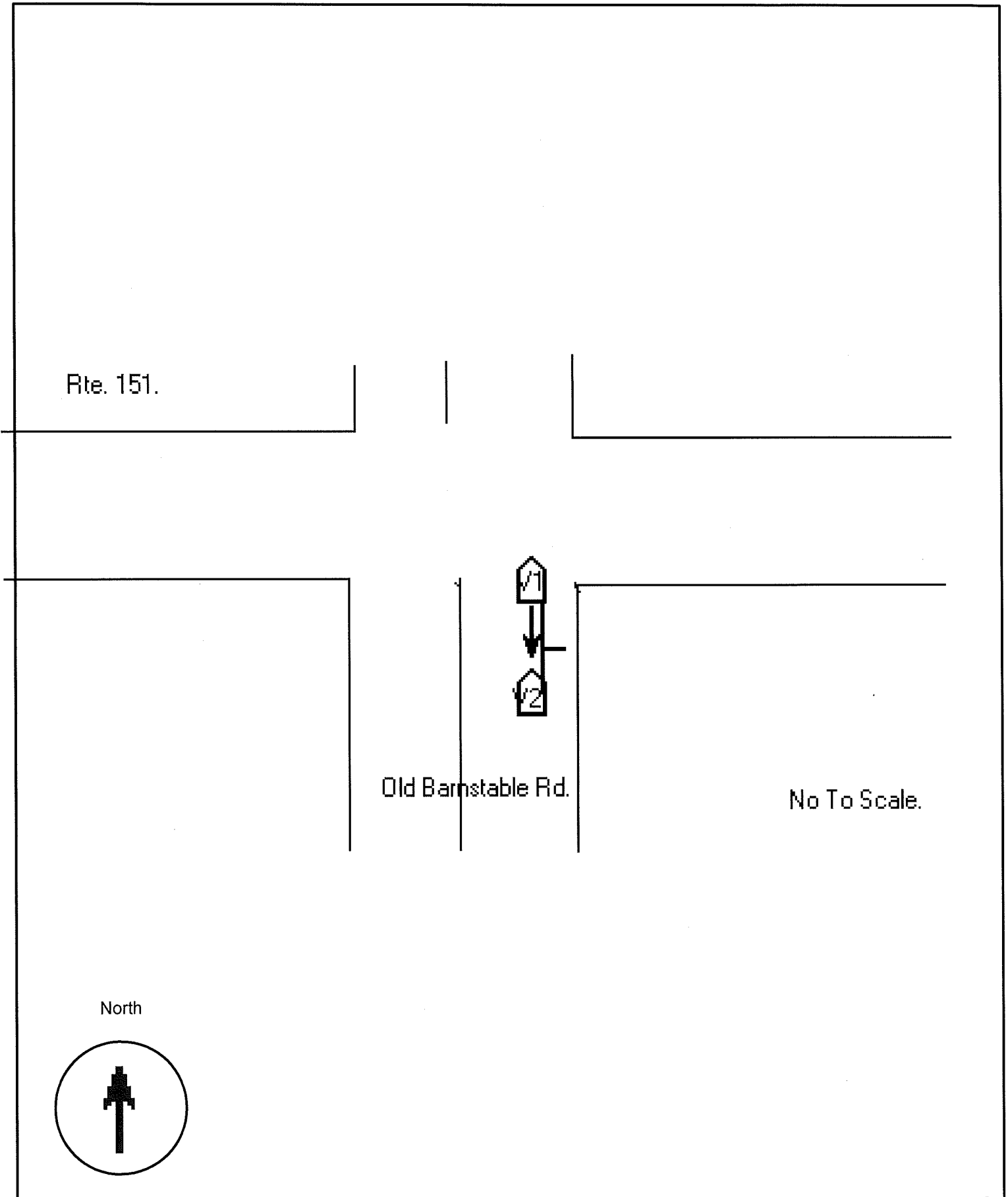


Diagram of Accident: 11-270-AC

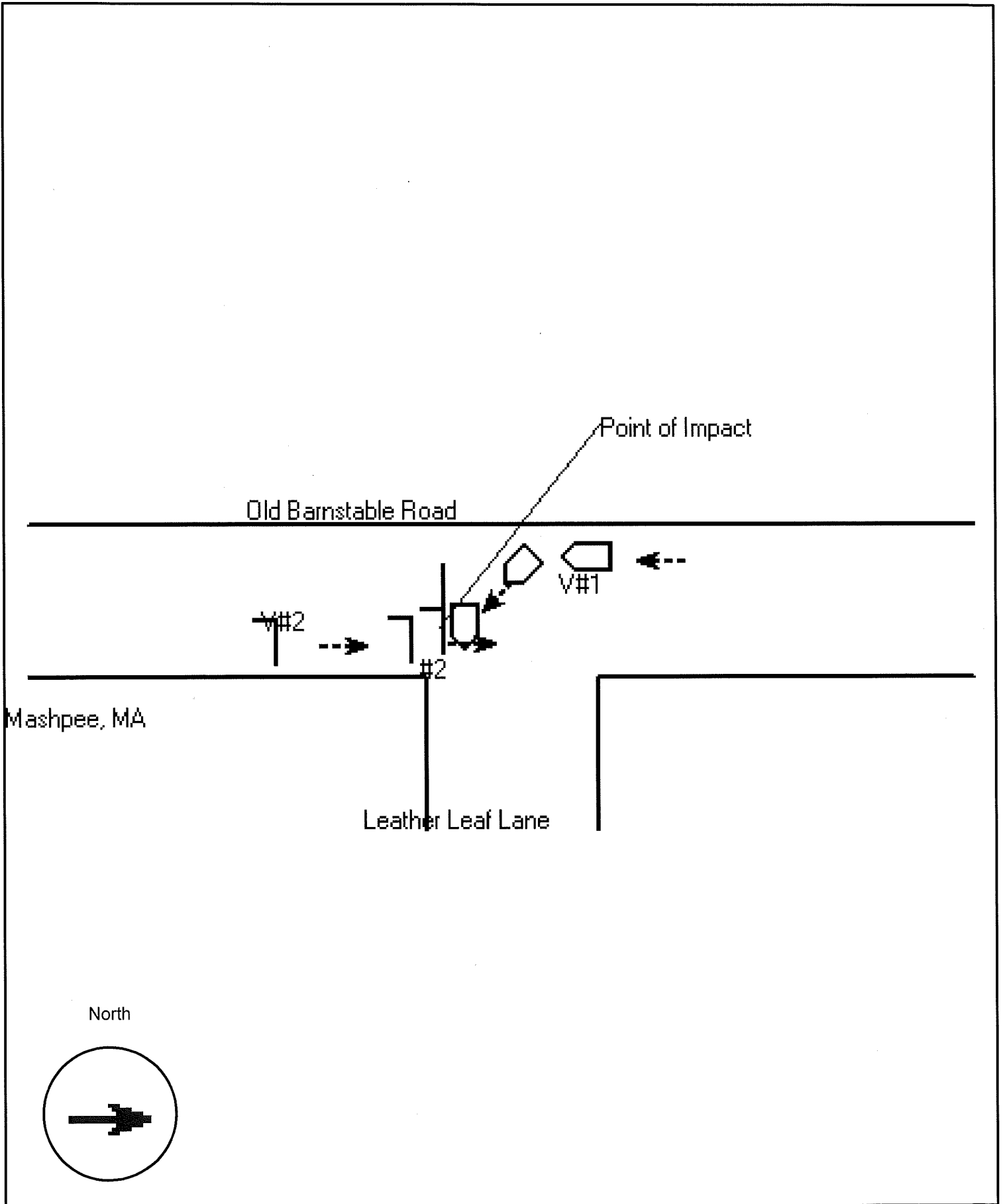


Diagram of Accident: 11-287-AC

Old Barnstable rd



Kelley Rd

North

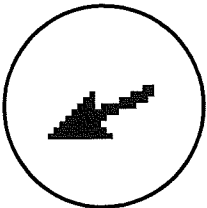


Diagram of Accident: 12-31-AC

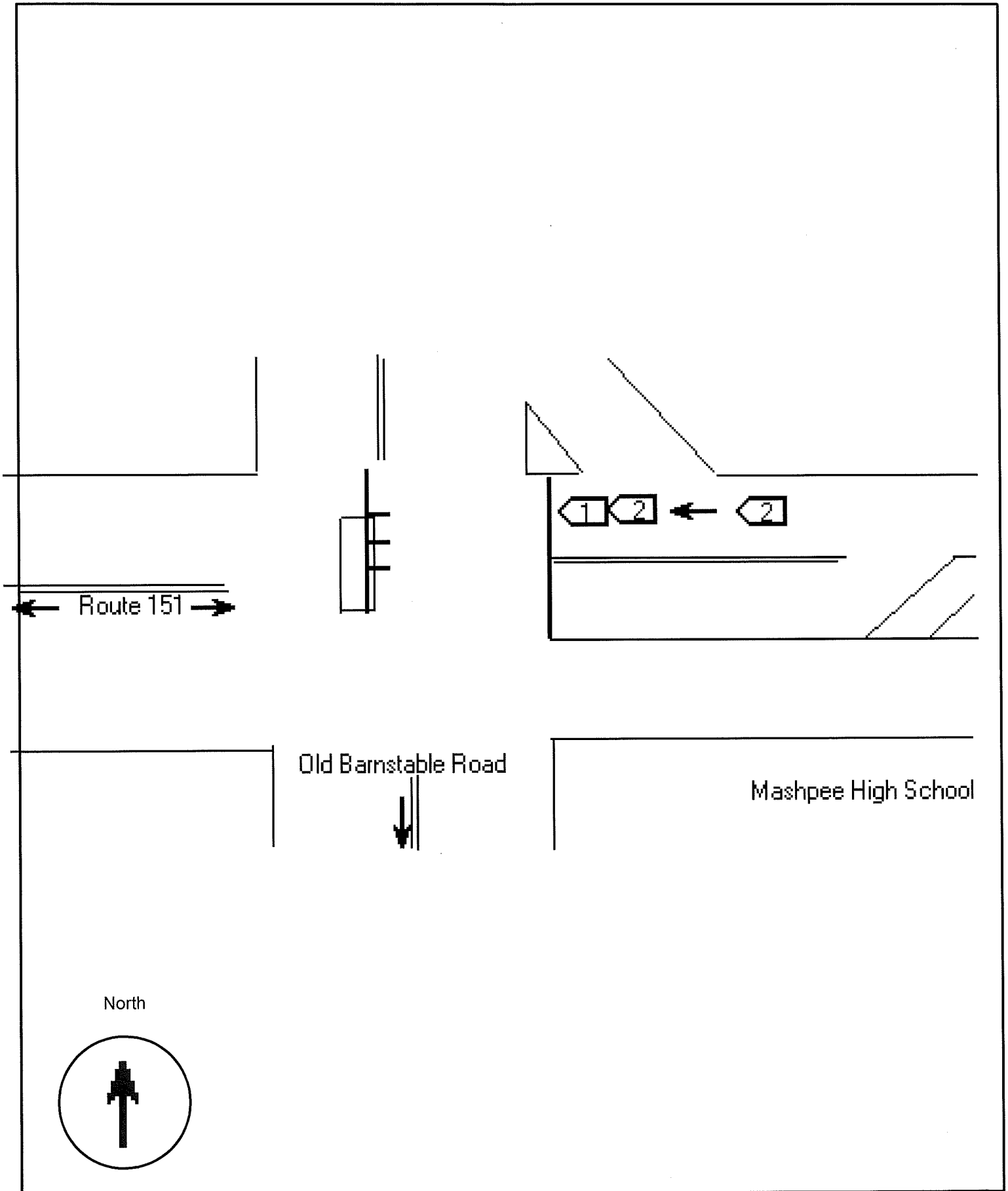


Diagram of Accident: 12-109-AC

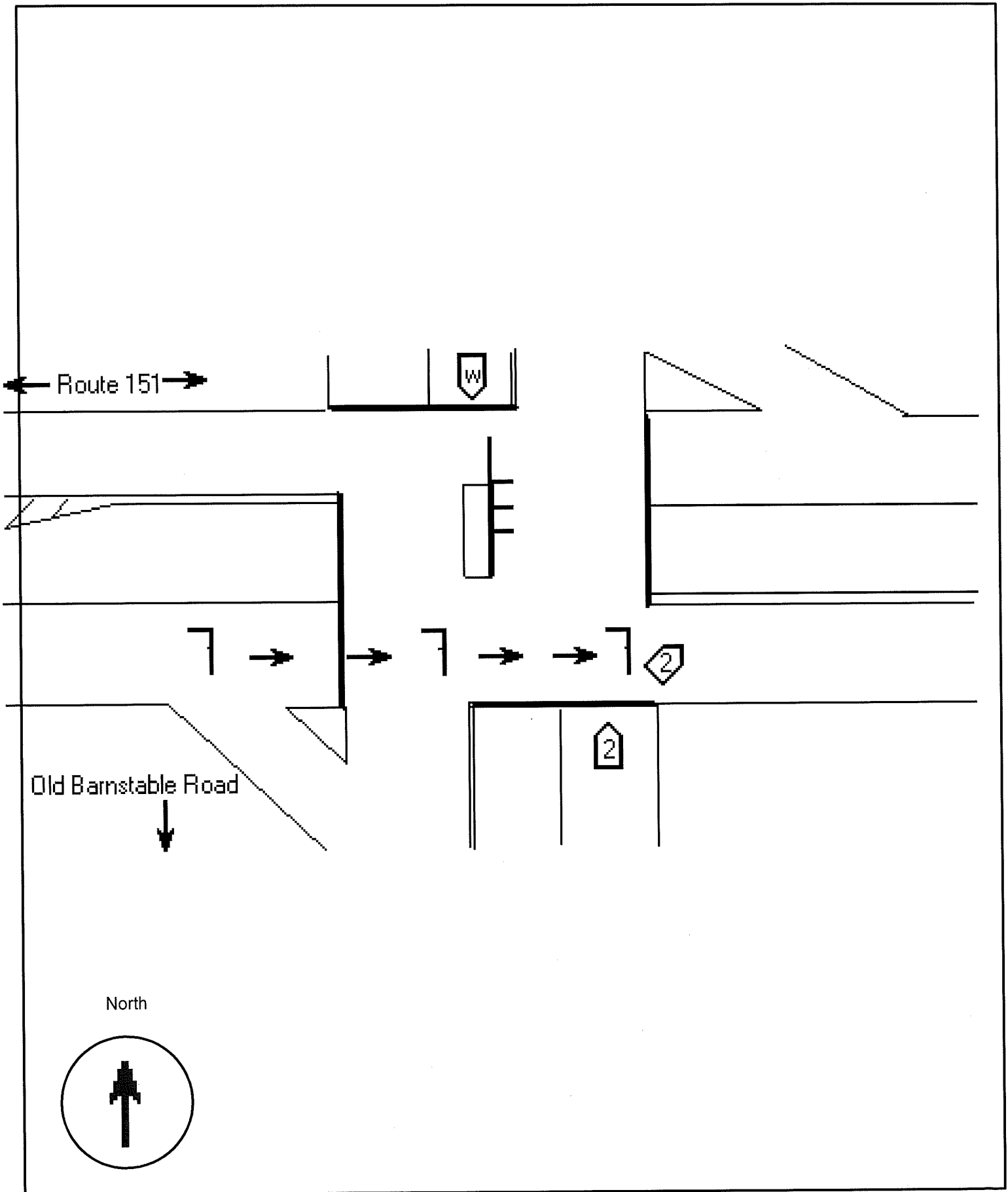


Diagram of Accident: 12-132-AC

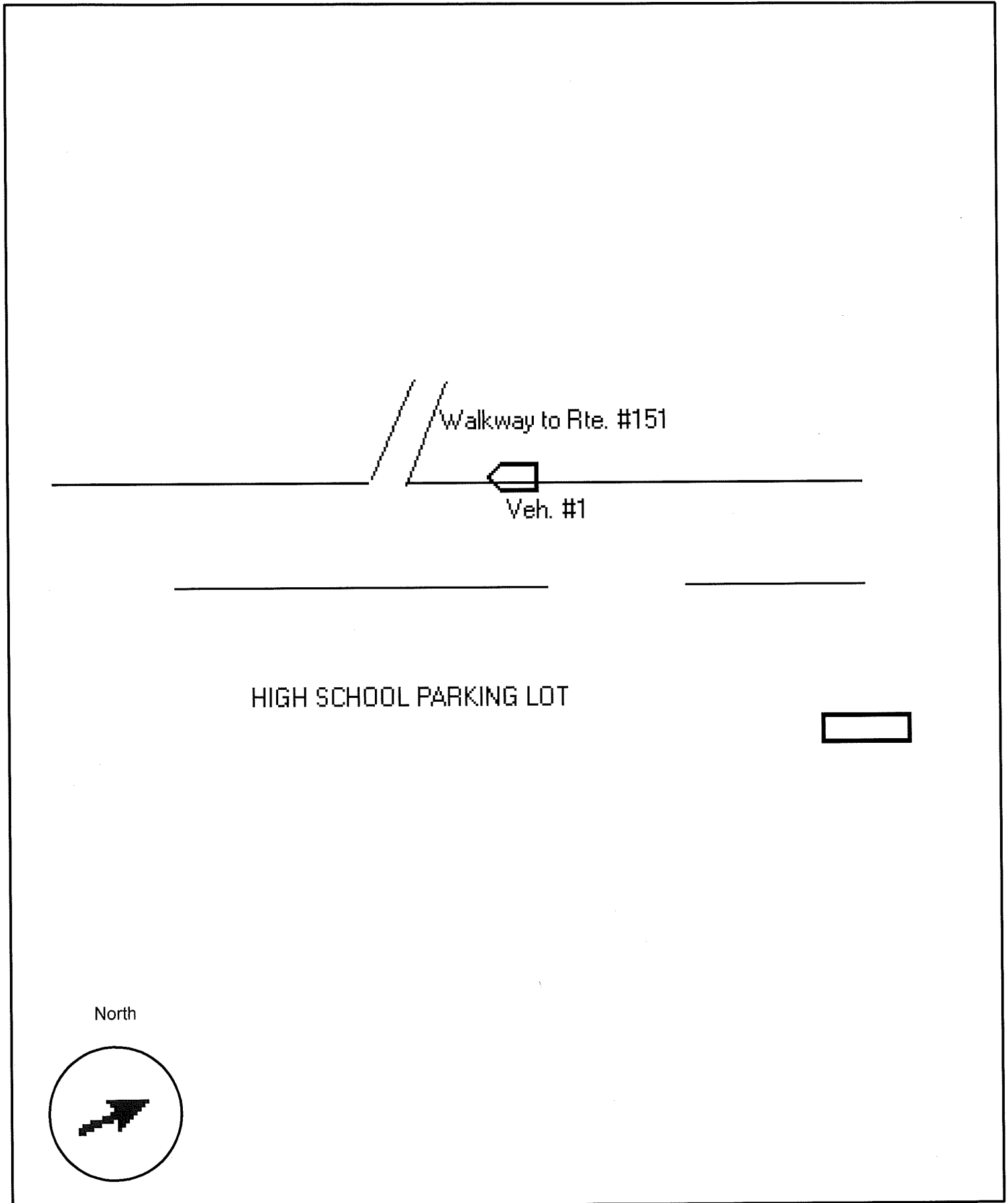


Diagram of Accident: 12-155-AC

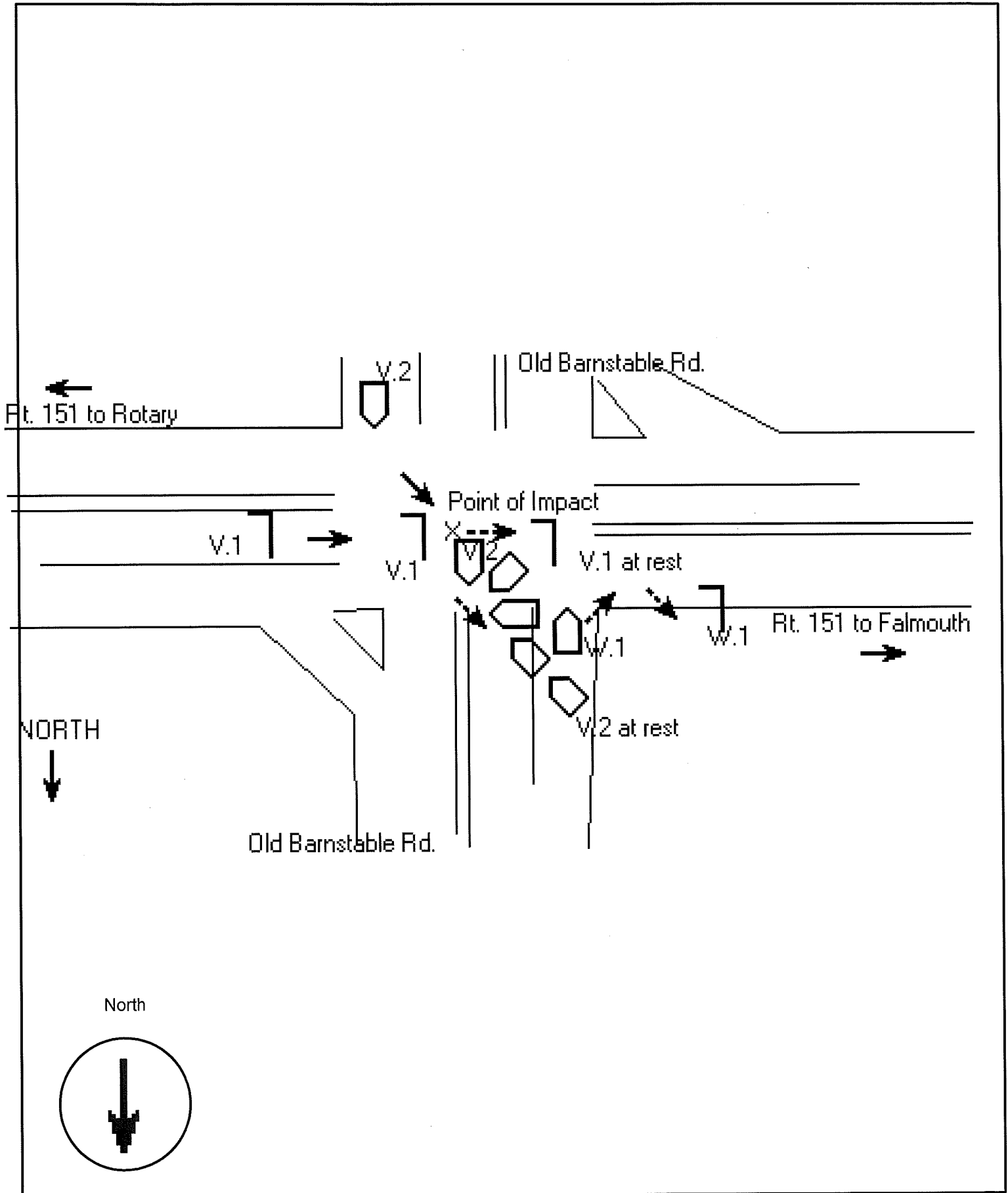


Diagram of Accident: 12-190-AC

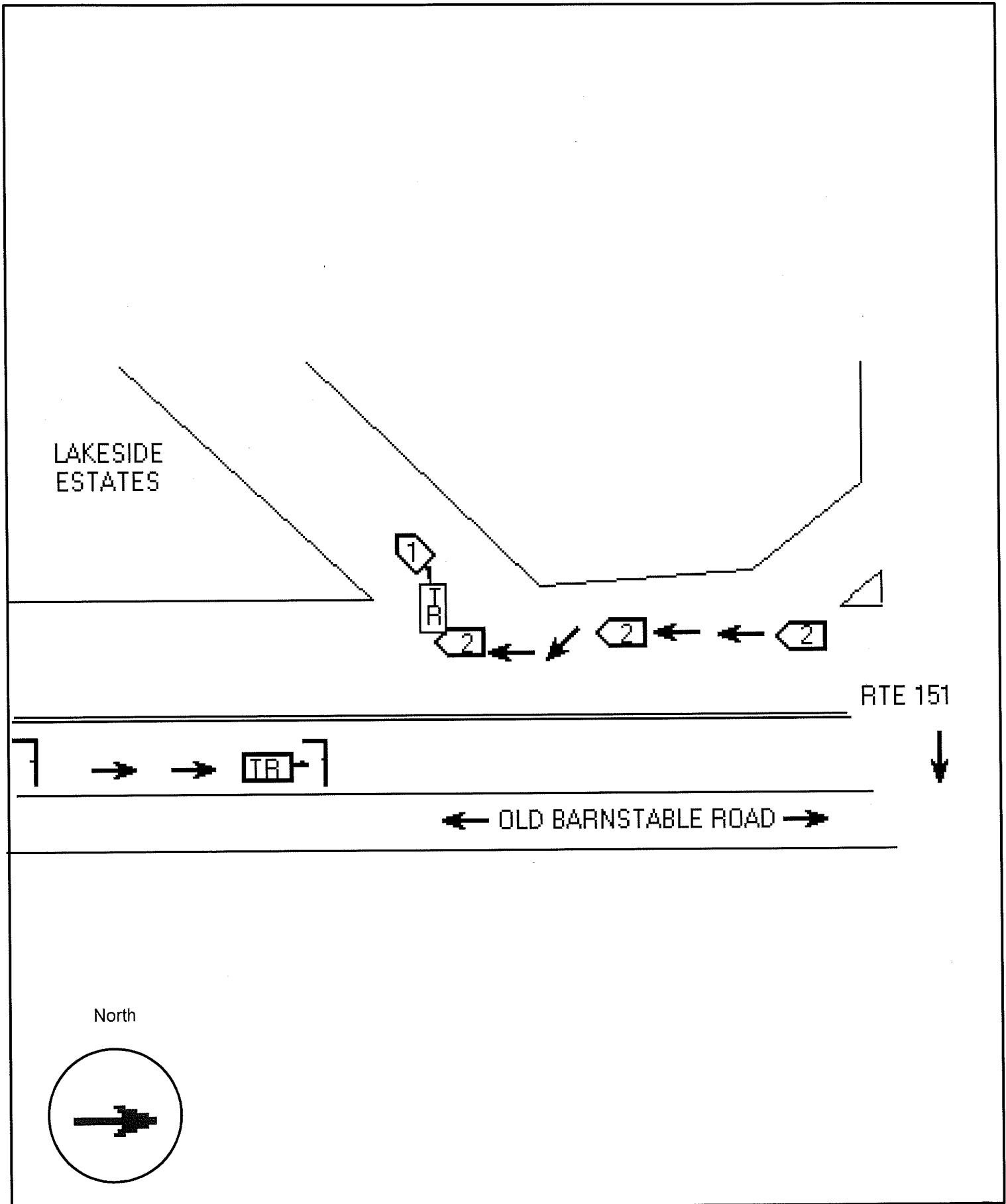


Diagram of Accident: 12-208-AC

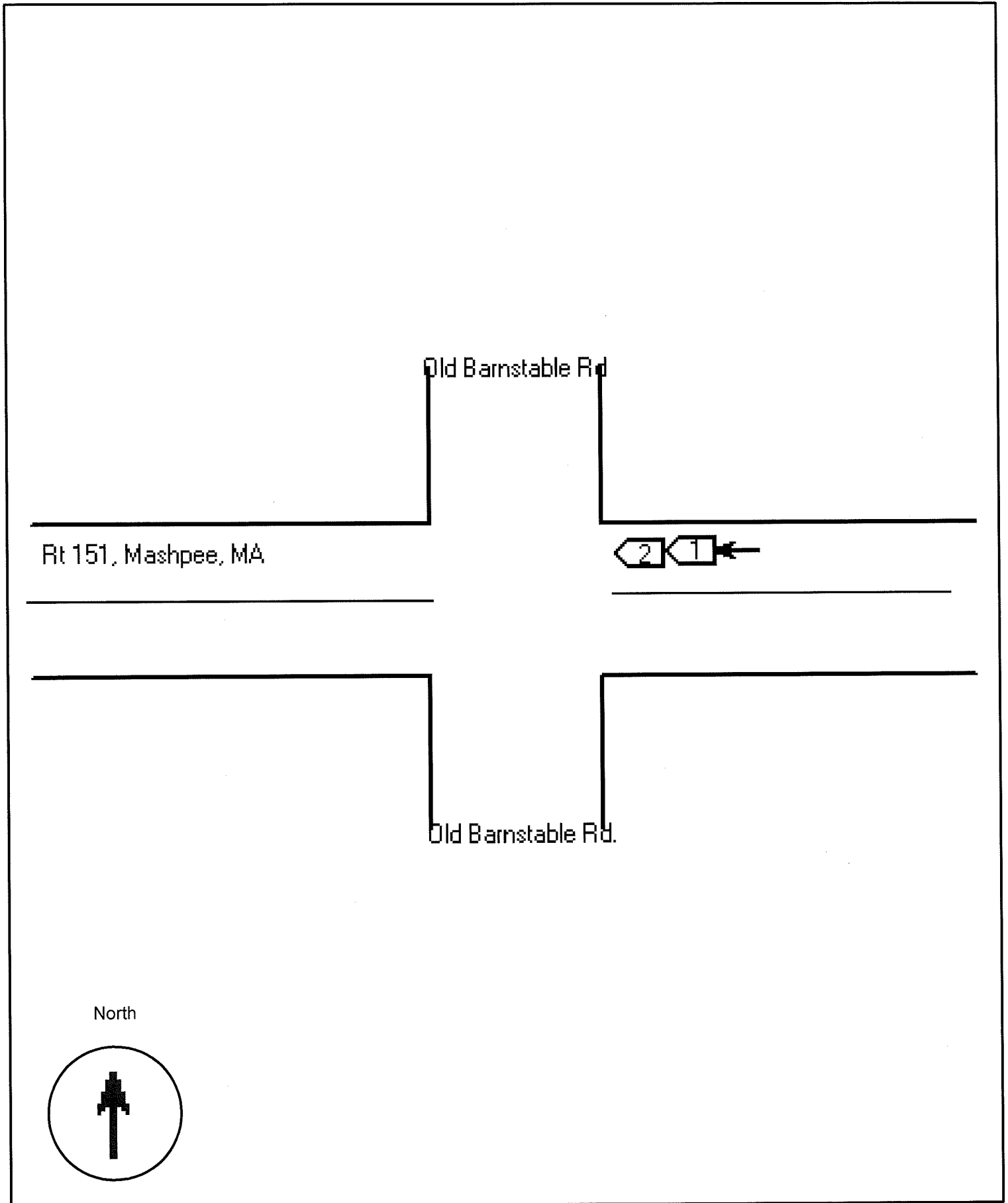


Diagram of Accident: 12-219-AC

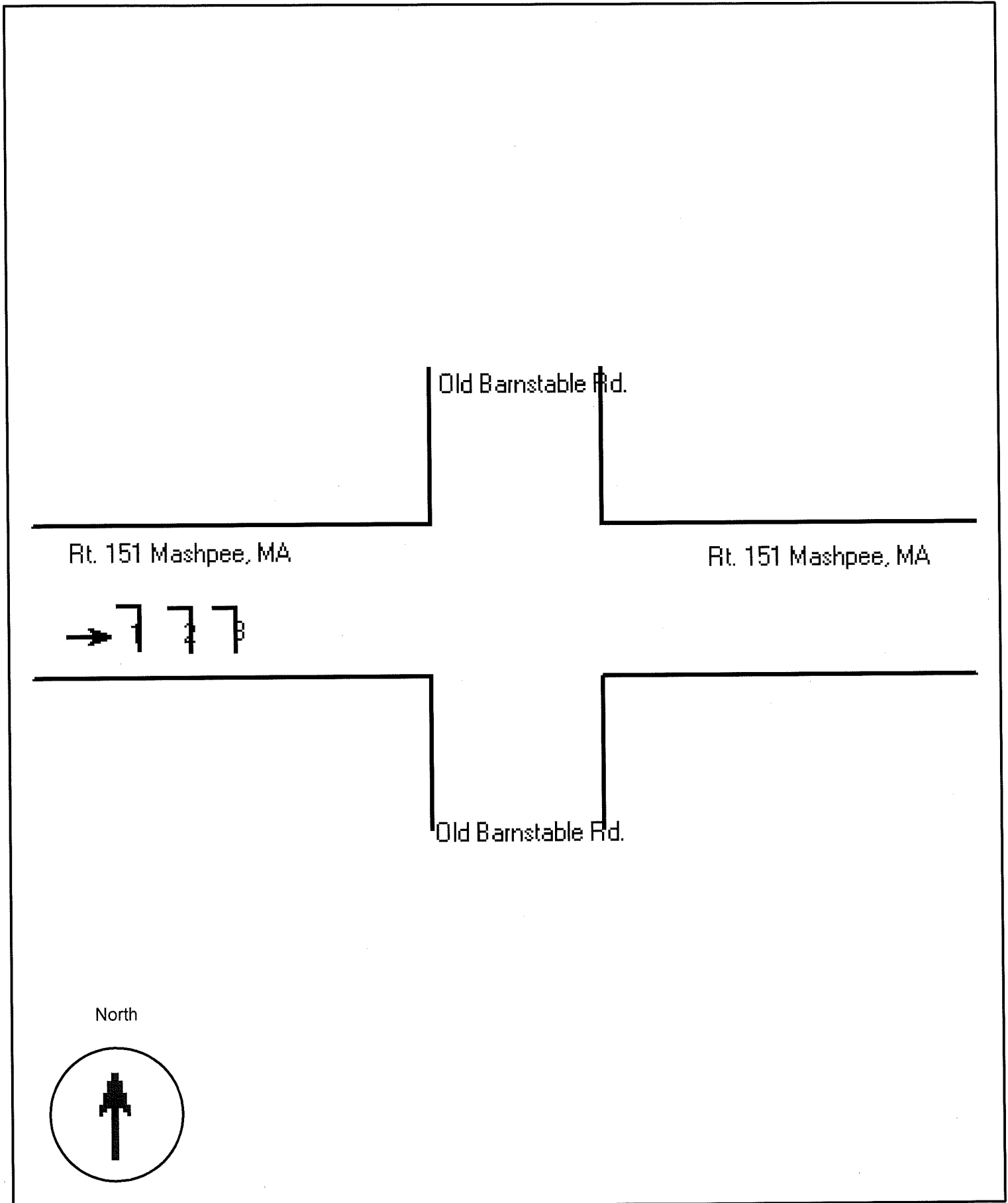


Diagram of Accident: 12-254-AC

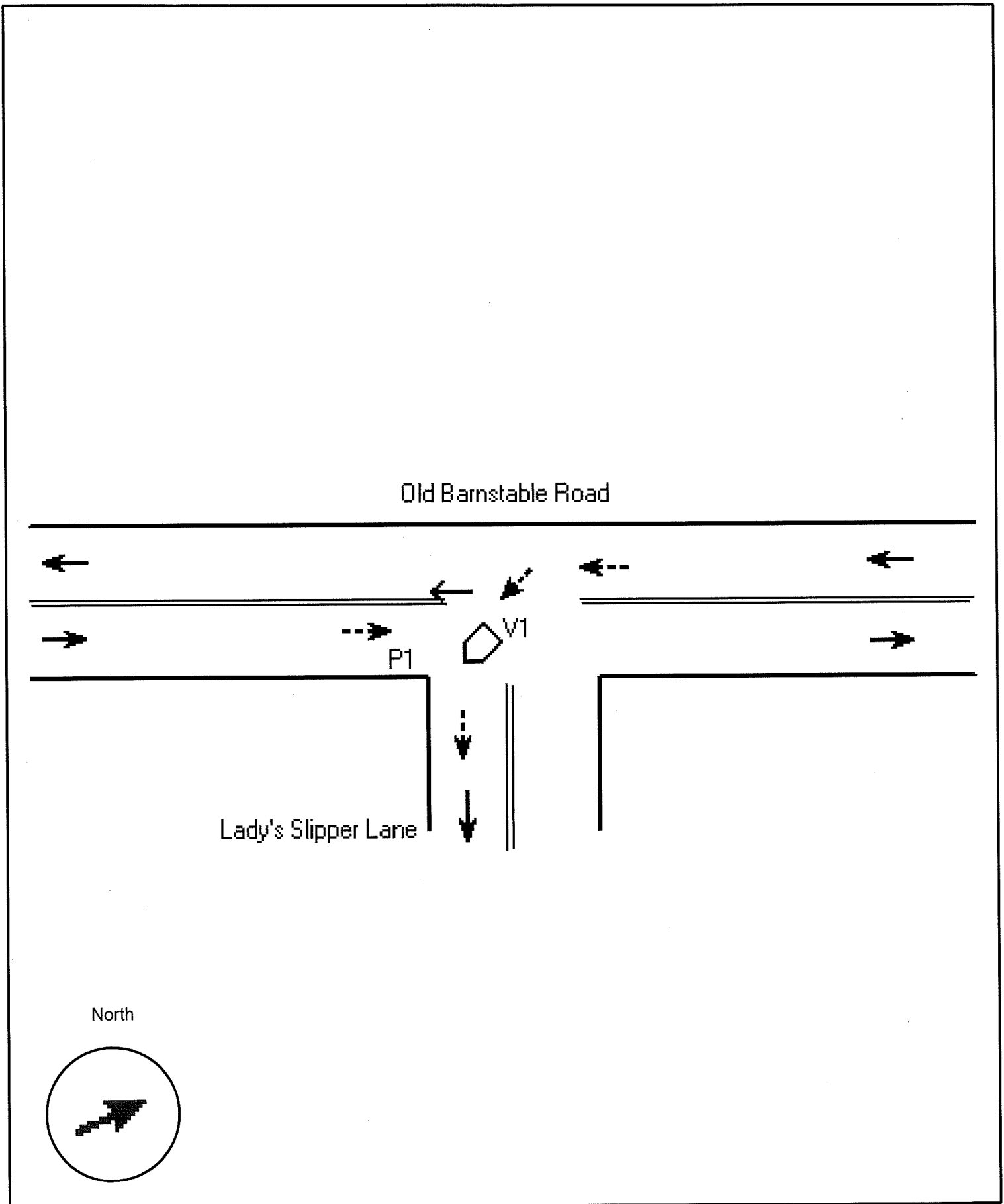
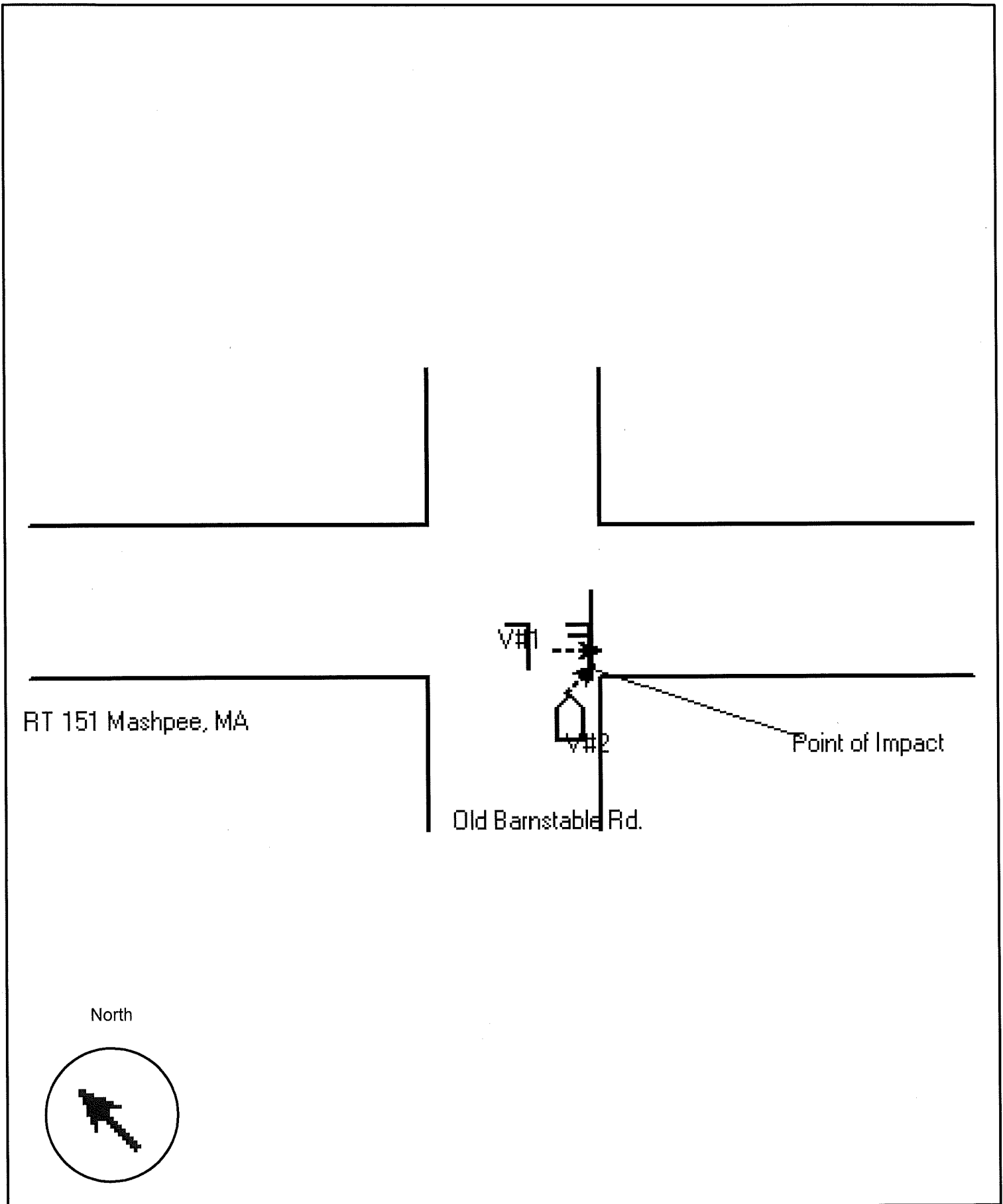


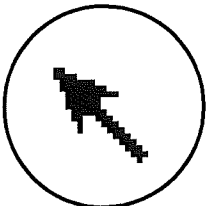
Diagram of Accident: 12-258-AC



RT 151 Mashpee, MA

Old Barnstable Rd.

North

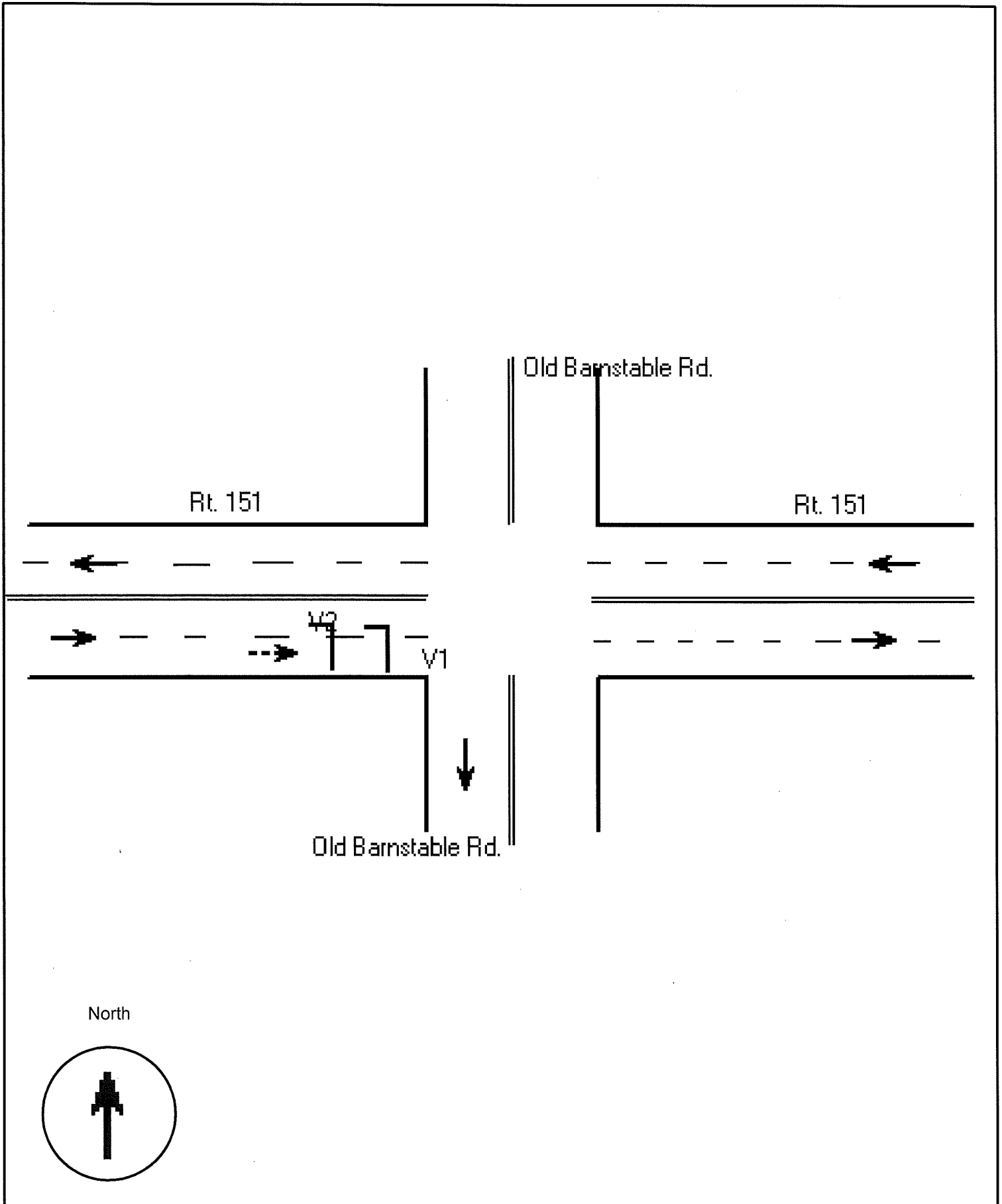



V#1

V#2

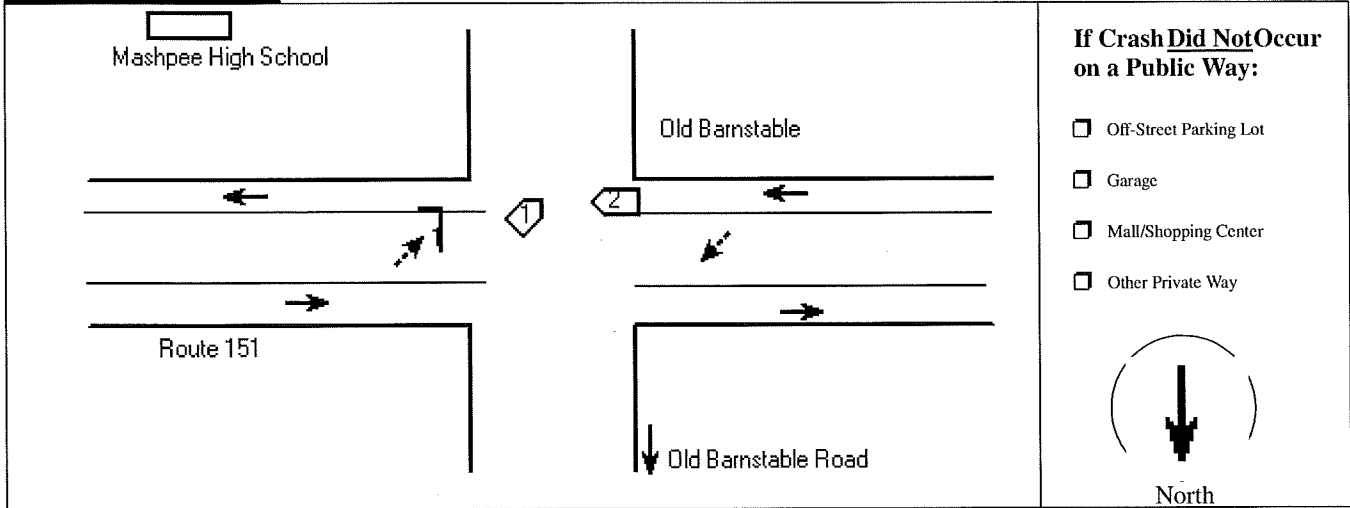
Point of Impact

Diagram of Accident: 12-343-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian

Crash Diagram:



Crash Narrative:

Vehicle #1 operated by Mark Greer was waiting for the arrow to turn green at the intersection of Old Barnstable and Route 151. When Greer's light turned green he began making his left turn onto Old Barnstable Road. Vehicle #2 operated by Nathan Pina was travelling east on Route 151, however he was stopped at the red light. Pina stated he saw the arrow turned green and began to proceed through the intersection. At that time Pina did still in fact have a red light and only the arrows to turn left and right were green. Pina then struck the passenger side door area of Greer's vehicle. Greer did have the green arrow to make his turn. Pina's vehicle suffered minor damage to the front passenger side bumper. Greer's vehicle suffered moderate damage to the passenger side door. Pina was advised the crash was his fault and given a verbal warning. Both parties exchanged information and were able to leave the area under their own power.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer William J Cuozzo

CUOZZO

Mashpee Police Department

02/12/2013

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

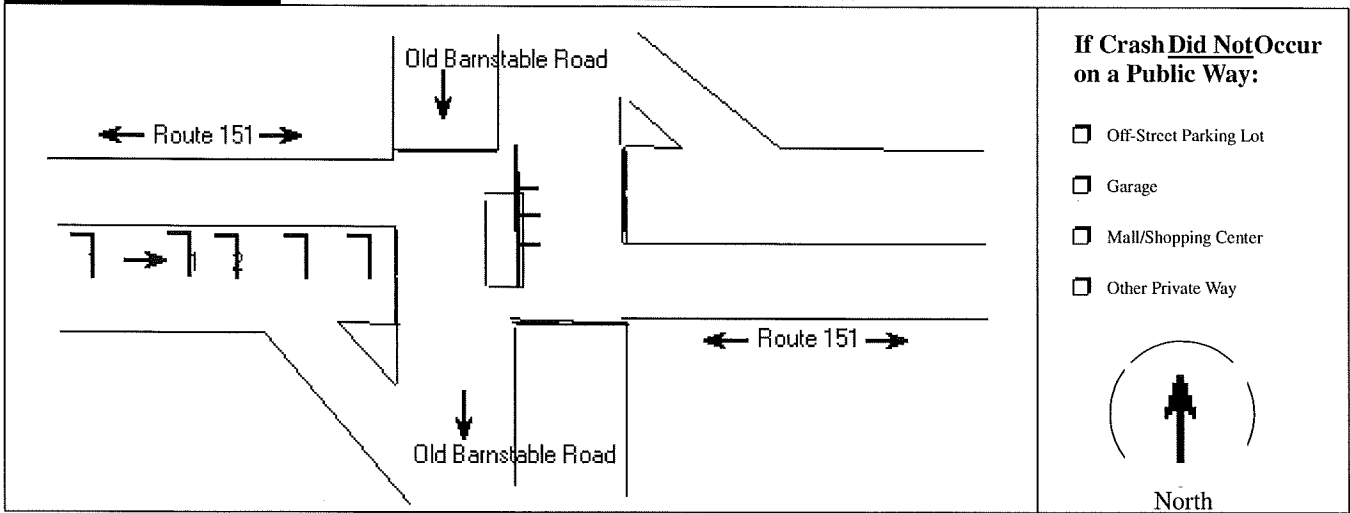
Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:



Crash Narrative:

Vehicle 2 was heading east on Route 151 and was stopped waiting for traffic to clear (Red Light). Vehicle 1 was also heading east on Route 151 behind vehicle 2. Vehicle 1 operator tried to stop for traffic, but collided into the rear of vehicle 2. Vehicle 1 operator is at fault for this crash. I took three photographs of the vehicles.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Kevin M Frye

Police Officer Name (Please Print)

Signature

FRYE

ID/Badge #


Mashpee Police Department

Department

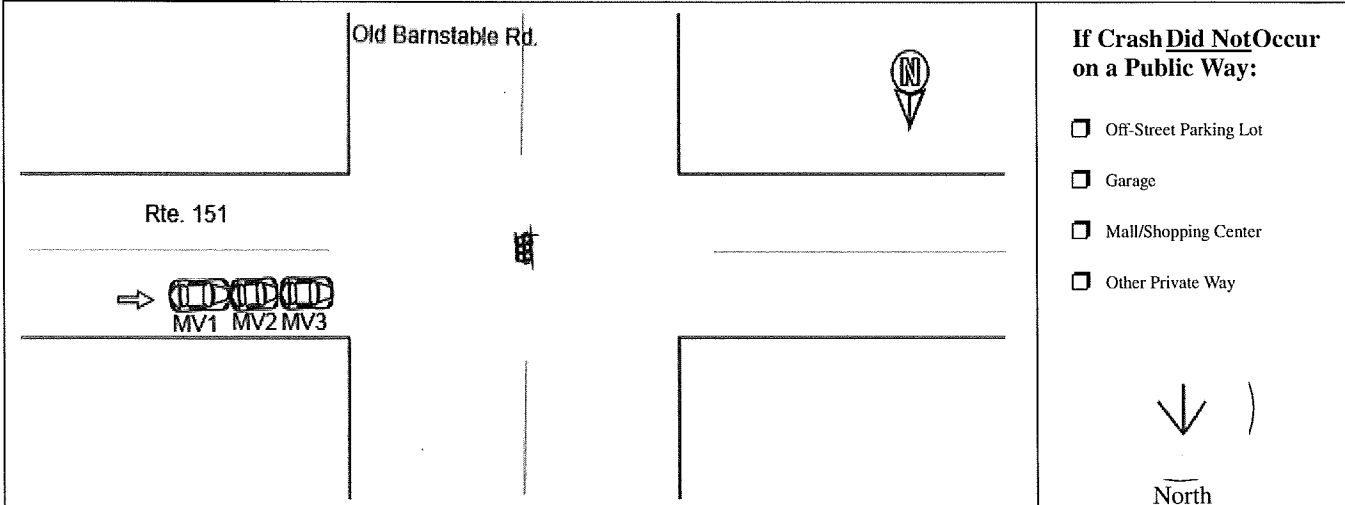
Precinct/Barracks

04/02/2013

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian

Crash Diagram:



Crash Narrative:

On 06-17-13 at approximately 1827 hours, I responded to Rte. 151 for a report of a 3 car motor vehicle crash. MV1 SC. Reg. DMU195, MV2 MA. Reg. 452ND6, and MV3 MA. Reg. 33DD61 were all traveling Westbound on Rte. 151 towards Falmouth. MV3 was stopped at the red light at the intersection of Rte. 151 and Old Barnstable Rd. MV1 did not stop in time and crashed into the back of MV2. MV2 then crashed into the back of MV3. MV1 had damage to the front bumper. MV2 had damage to the front and rear bumpers. MV3 had damage to the rear bumper. The operator of MV3, Cynthia Lane stated that she had a minor pain in her back. She was evaluated at the scene by Mashpee FD and refused transport to the hospital. No other injuries were reported. The operator of MV1, Emily Boersma stated that she was changing the radio station when she crashed into MV2. Ms. Boersma was warned for following too closely. Ms. Boersma is at fault for the accident.

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

Officer Alexander Xiarhos

XIARHOS Mashpee Police Department

06/17/2013

Police Officer Name (Please Print)

Signature

ID/Badge #

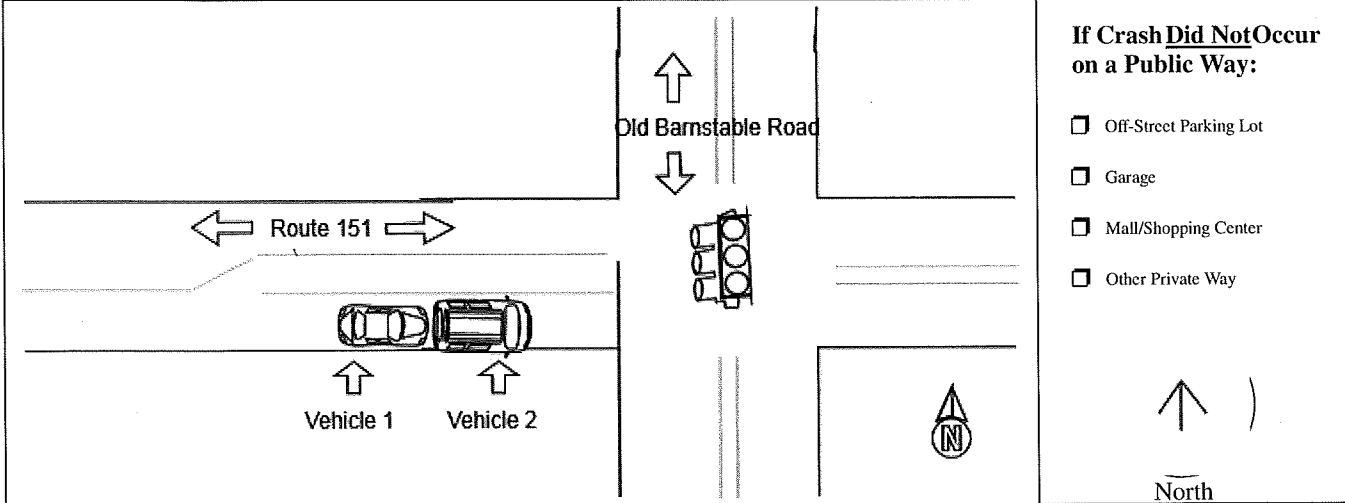
Department

Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: → 1 → 2 → ○

Crash Diagram:



Crash Narrative:

Operator One stated she anticipated Vehicle Two moving more quickly than it did when the light turned green. Operator One stated she crashed into the back of Vehicle 2. I observed moderate damage to the front of Vehicle 1. I observed no damage to Vehicle 2. Operator Two stated he was rear ended by Vehicle One. Both operators stated they were not hurt. Vehicle One made private arrangements to be towed from the scene. Operator One was warned for following too closely.

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

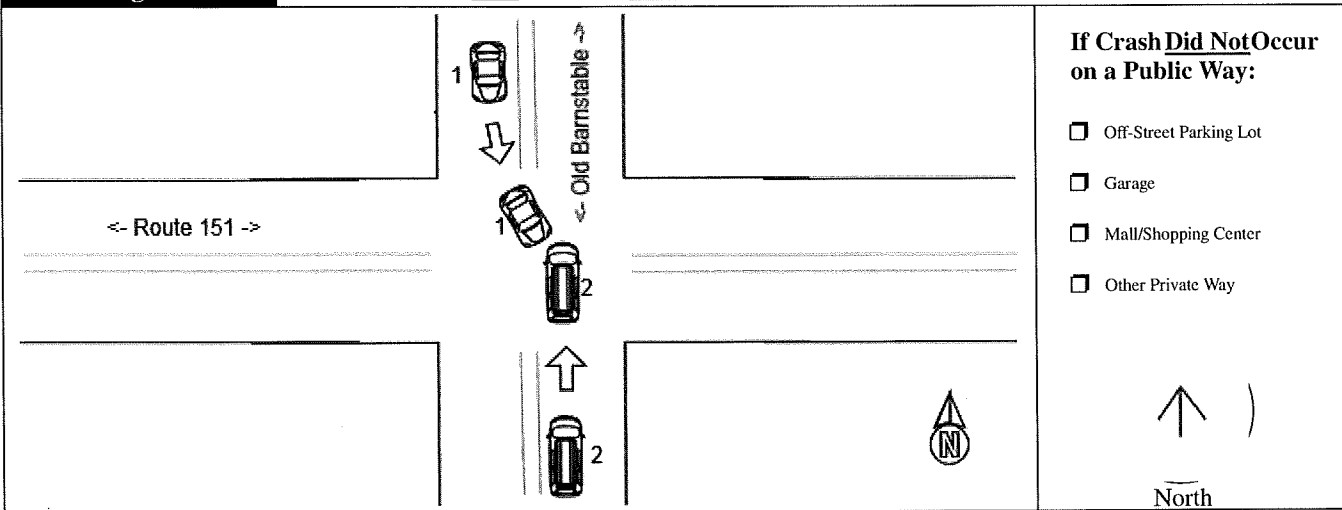
Officer Joseph Catanese
 Police Officer Name (Please Print) Signature

CATANES Mashpee Police Department
 ID/Badge # Department Precinct/Barracks

08/07/2013
 Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian

Crash Diagram:



Crash Narrative:

Operator One stated she had no recollection of what happened. Operator One stated she was not injured. Mashpee Rescue evaluated Operator One's infant passenger. I observed moderate damage to the front end of Vehicle One, which was inoperable. Vehicle One was towed from the scene. Operator two stated she was travelling north on Old Barnstable Road when Vehicle One crossed in front of her travel lane. Operator Two stated she struck Vehicle One as it crossed in front of her. Operator Two was transported with her infant passenger to Falmouth Hospital. I observed moderate damage to the front end of Vehicle Two. Vehicle Two was towed from the scene. Operator Two was issued a Criminal Application for Operating a MV with a Suspended License. Operator One was found at fault for the accident.

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

Officer Joseph Catanese

Police Officer Name (Please Print)

Signature

CATANES Mashpee Police Department

ID/Badge #

Department

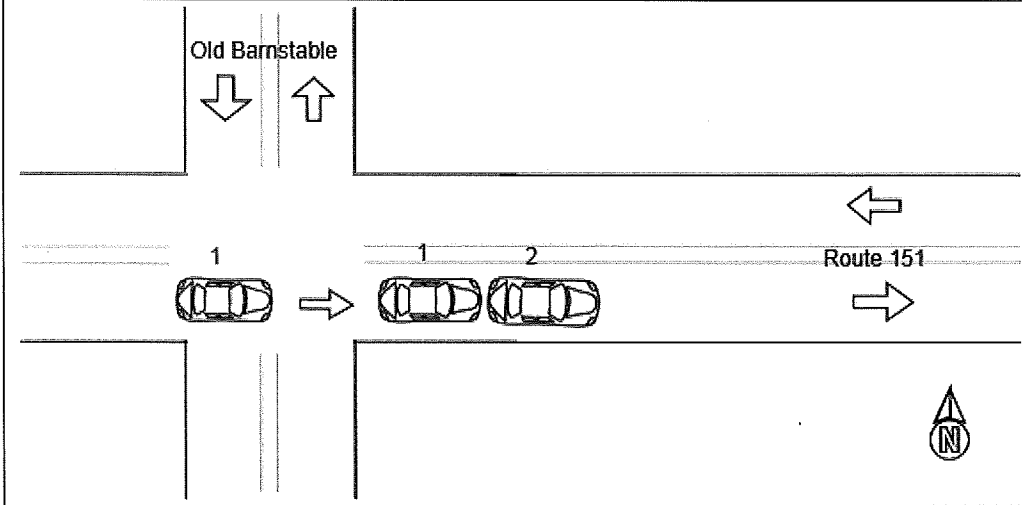
Precinct/Barracks

08/20/2013

Date

→ = 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

↑)
North

Crash Narrative:

Operator 1 stated she was not paying attention in traffic and rear ended Vehicle 2.
 Operator 1 stated she was not injured. I observed minor damage to the front of Vehicle 1, which left under it's own power.

Operator 2 stated he was driving with traffic when he was rear ended by Vehicle 1.
 Operator 2 stated he was not injured. I observed moderate damage to the trunk and rear bumper of Vehicle 2, which left under it's own power.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

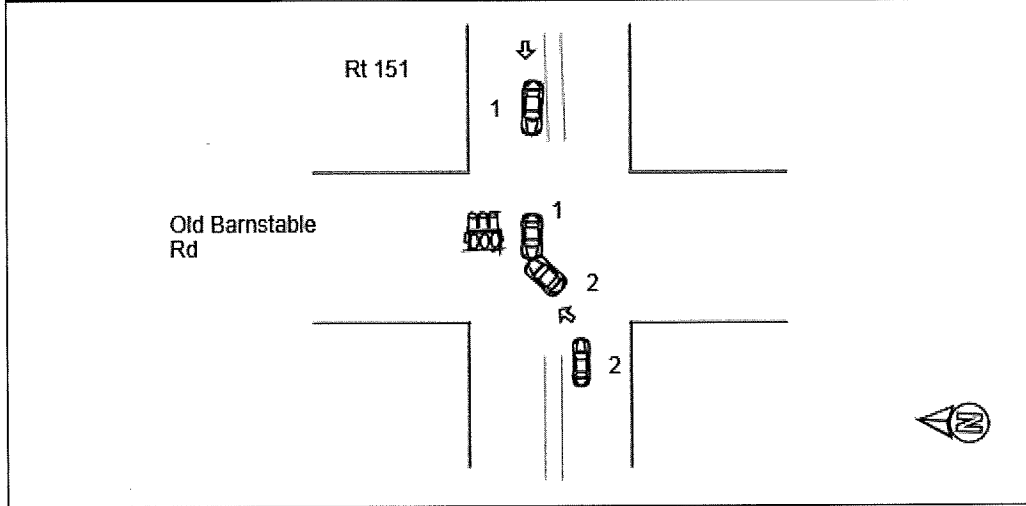
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Joseph Catanese **CATANES Mashpee Police Department** **08/31/2013**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = 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

North

Crash Narrative:

On 9/9/13 at 0542 hours I responded to a 2 car MVA with no injuries. On arrival both vehicles were in the middle of the intersection. Operator 1 was driving MA 996GB8 on Rt 151 and traveling straight toward Falmouth, she stated she was at the red light and when the arrow in the lane next to hers turned green she accelerated and crashed into vehicle 2. Operator 1 admitted to having the red light and was flustered and not paying attention to the signals. Operator 2 was driving MA 425AW5 and stated that he was on Rt 151 turning left onto Old Barnstable Rd when the left arrow turned green. He accelerated and was struck from the side by operator 1. Operator 1 was found to be at fault for the accident for violation of traffic signals, red light. Both vehicles were towed from the scene by Capeway Towing. (Nardone)

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

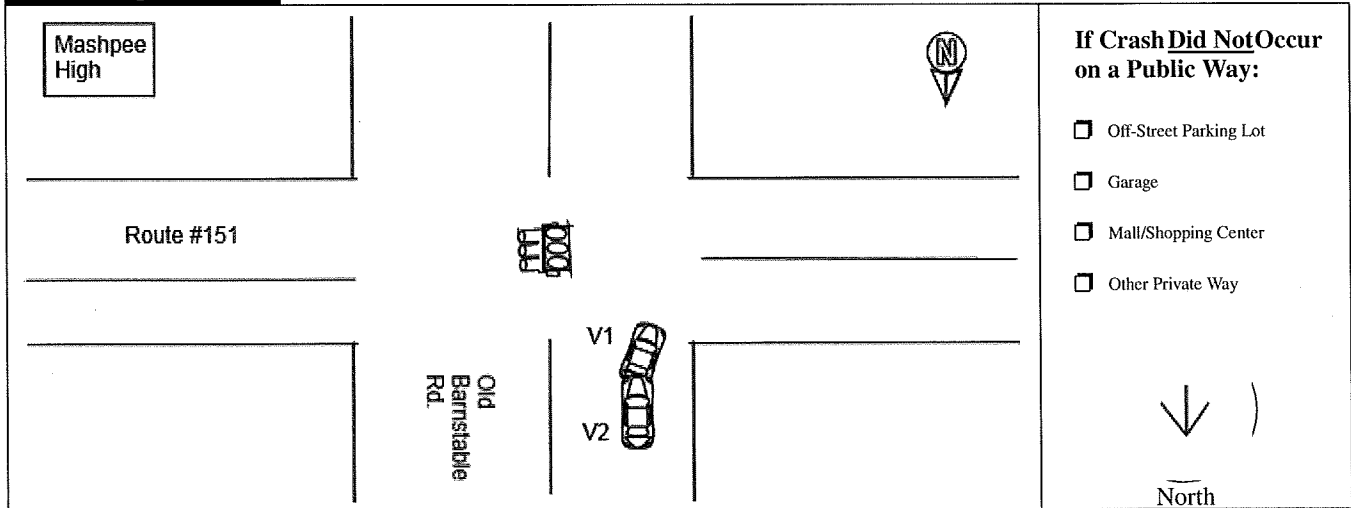
Hazmat Information:

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

Officer Ryan Nardone **NARDONE Mashpee Police Department** **09/10/2013**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:



Crash Narrative:

Vehicle #1 had stopped at the red light, then she proceeded to turn right onto Route #151, as it was safe to do so. Vehicle #1 then came to an abrupt stop for no apparent reason, at which point the operator of Vehicle #2 proceeded to move up to the stop line and crashed into the rear of Vehicle #1 due to it stopping for a second time.

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

Officer RALPH MAHONEY

Police Officer Name (Please Print)

Signature

MAHONEY Mashpee Police Department

ID/Badge #

Department

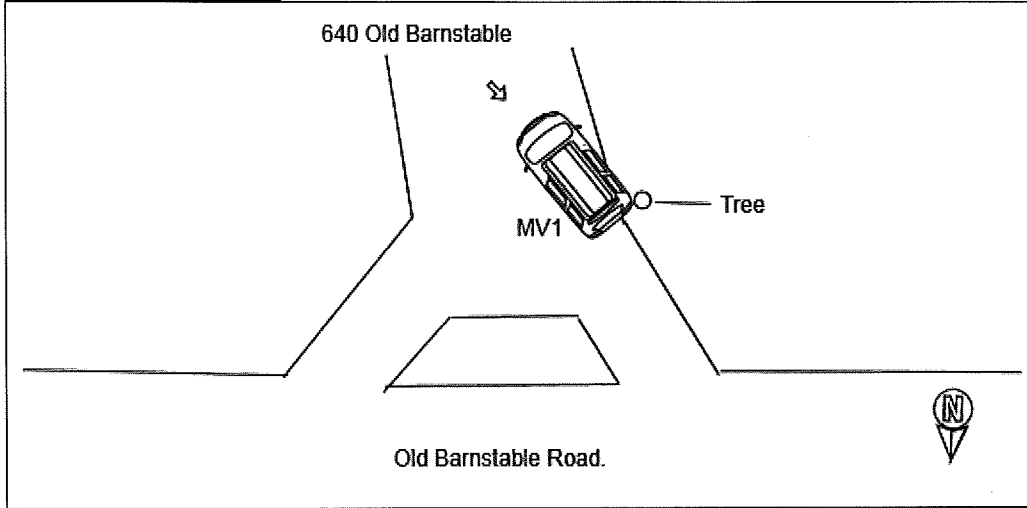
Precinct/Barracks

09/17/2013

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 X = Pedestrian
 ie: → 1 → 2 → X

Crash Diagram:



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

↓)
North

Crash Narrative:

On 09-29-13 at approximately 0100 hours I responded to the Mashpee Fire Station to take a report of a single MVC that happened earlier involving an ambulance and a tree. While transporting a patient, MA.Am.1337 attempted to back out of the driveway located at 640 Old Barnstable Road. While in reverse the ambulance struck a small tree alongside the driveway causing minor damage to the right rear bumper of the ambulance (see photos). The ambulance crew and patient were not injured from the crash. The ambulance continued to transport the patient to Falmouth Hospital without further incident.

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

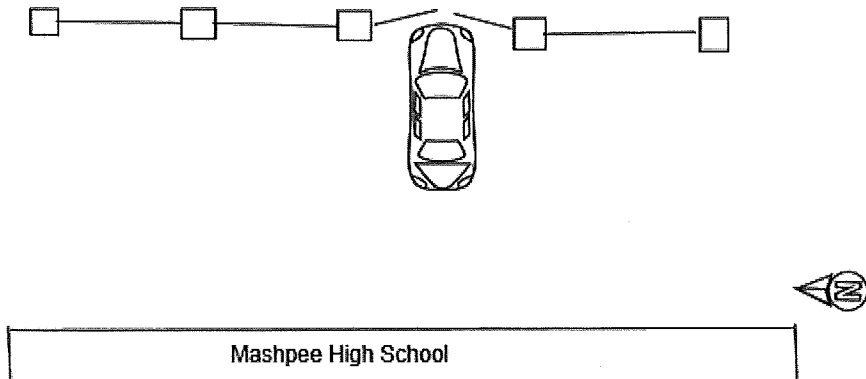
Officer Alexander Xiarhos **XIARHOS Mashpee Police Department** **09/29/2013**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

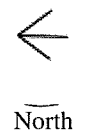
ie: → 1 → 2 → ○

Field Hockey Field



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

On 10-16-13 at approximately 1534 hours, I took a report of a single car MVC at The Mashpee High School. MA. Reg. 422GZ8 crashed through the fence leading to the field hockey field. The vehicle was operated by Sarah Nasuti (01-31-97). I spoke with Nasuti and she stated that as she was applying the brakes to stop, she hit a bump and her foot came off the brake. This caused her to drive into the fence. Nasuti was not injured in this crash. The damage to the fence was over \$300.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
TOWN OF MASHPEE	16 GREAT NECK RD N MASHPEE MA 0264		3	WOODEN FENCE

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

Officer Alexander Xiarhos

XIARHOS Mashpee Police Department

10/16/2013

Police Officer Name (Please Print)

Signature

ID/Badge #

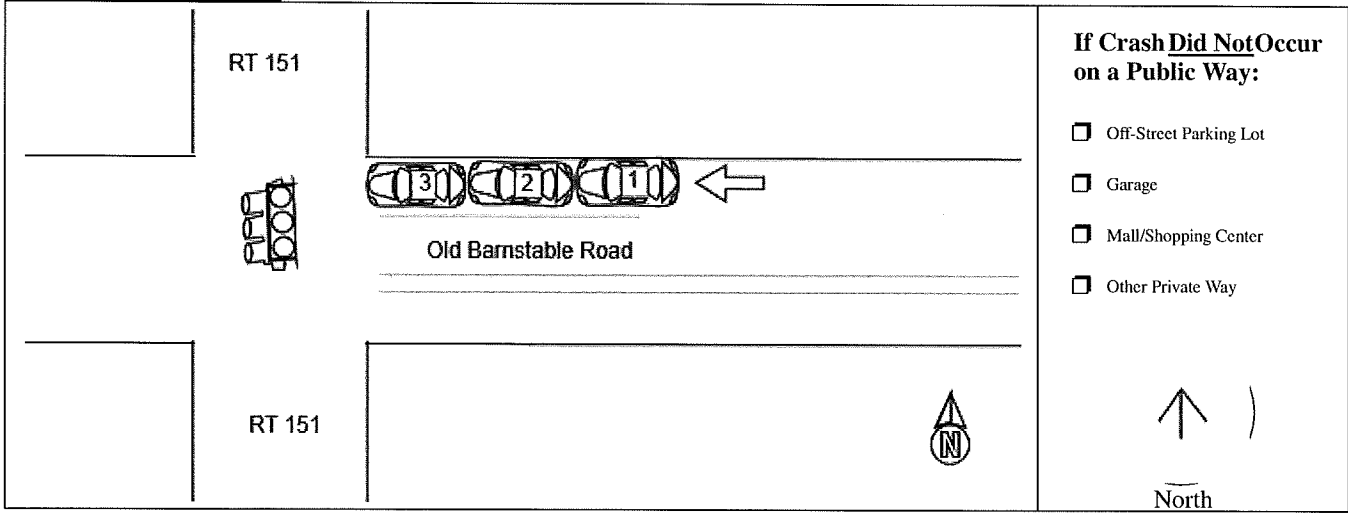
Department

Precinct/Barracks

Date

→ = Direction **1** = Vehicle 1 **2** = Vehicle 2 = Pedestrian
 ie: → **1** → **2** →

Crash Diagram:



Crash Narrative:

Op1 stated he was slowing in traffic when his brakes locked, causing his vehicle to skid into Veh2. Op1 stated he was not injured. I observed no damage to Veh1.

Op2 stated she was stopped in traffic when she was rear ended by Veh1, causing her to rear end Veh3. Op2 was transported to Falmouth Hospital for unknown injury. I observed no damage to Veh2.

Op3 stated she was stopped in traffic, when she was rear ended by Veh2. Op3 stated she was not injured. I observed a minor scuff to the rear bumper of Veh3.

Op1 was warned for following too closely and found at fault for the event.

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**

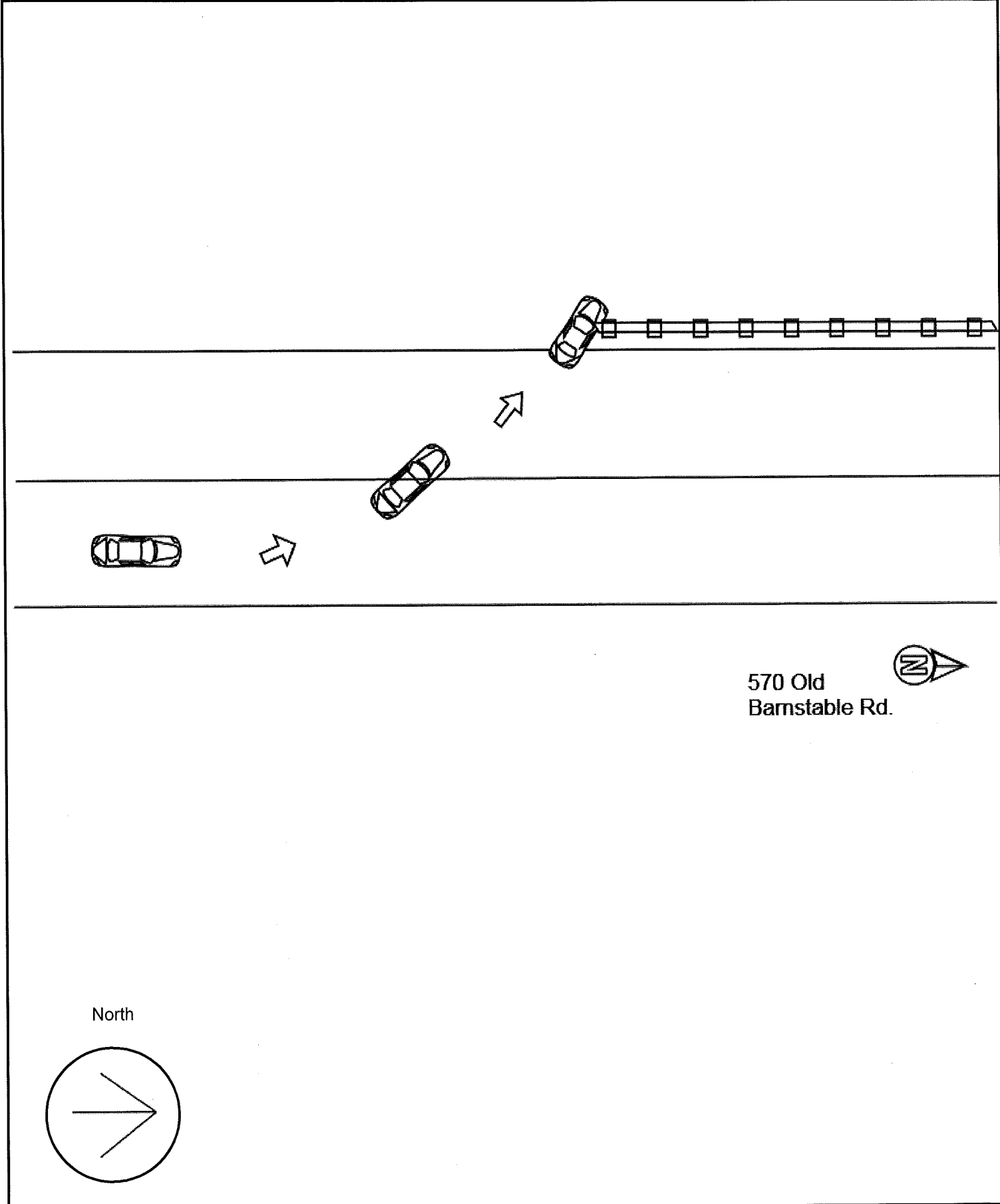
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length **39**


Hazmat Information:

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

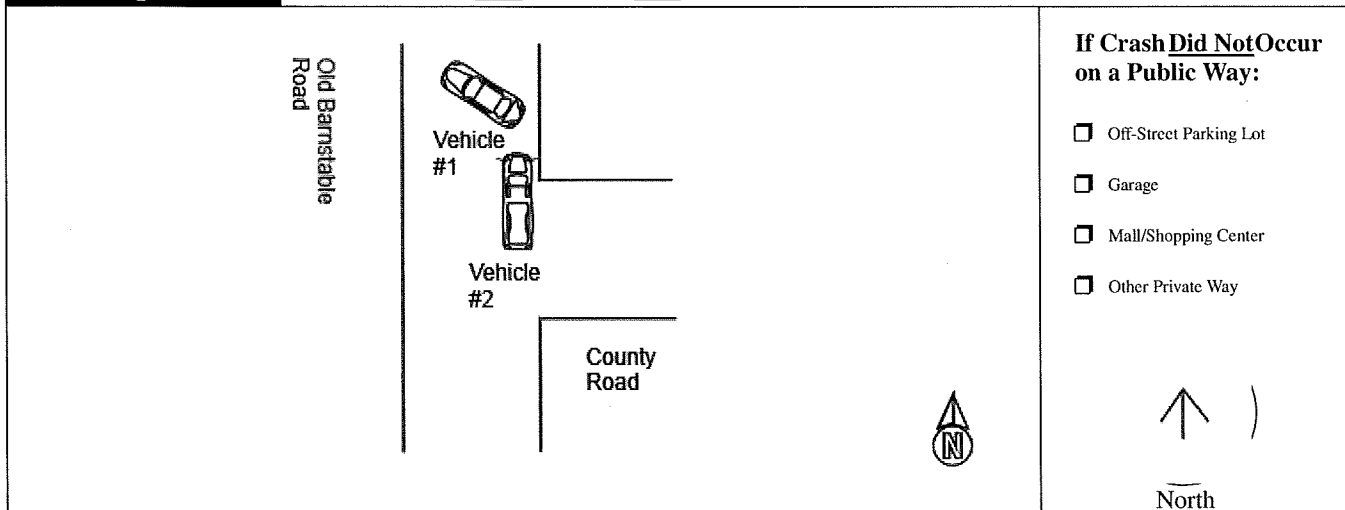
Officer Joseph Catanese **CATANES Mashpee Police Department** **11/07/2013**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 14-35-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian

Crash Diagram:



Crash Narrative:

Vehicle #1 Mass Registration 906F operated by Vicki Miller was travelling south on Old Barnstable Road when she lost control of her vehicle causing it to slid and begin to do a 180 degree turn. As vehicle #1 began to skid and turn Vehicle #2 operated by Adam Lachance was unable to stop and struck the rear driver side of vehicle #1 with the front driver side bumper of his vehicle. Lachance was travelling at a safe distance given the road conditions, however was still unable to stop. It should be noted that at the time of this crash heavy snowfall had begun and the road conditions quickly deteriorated. It appears that the road conditions and weather were direct contributing factors for this crash and not operator error. No injuries were reported and both parties were advised on the procedure to report the crash. No injuries were reported in this crash.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer William J Cuozzo

Police Officer Name (Please Print)

Signature

CUOZZO

ID/Badge #


Mashpee Police Department

Department

Precinct/Barracks

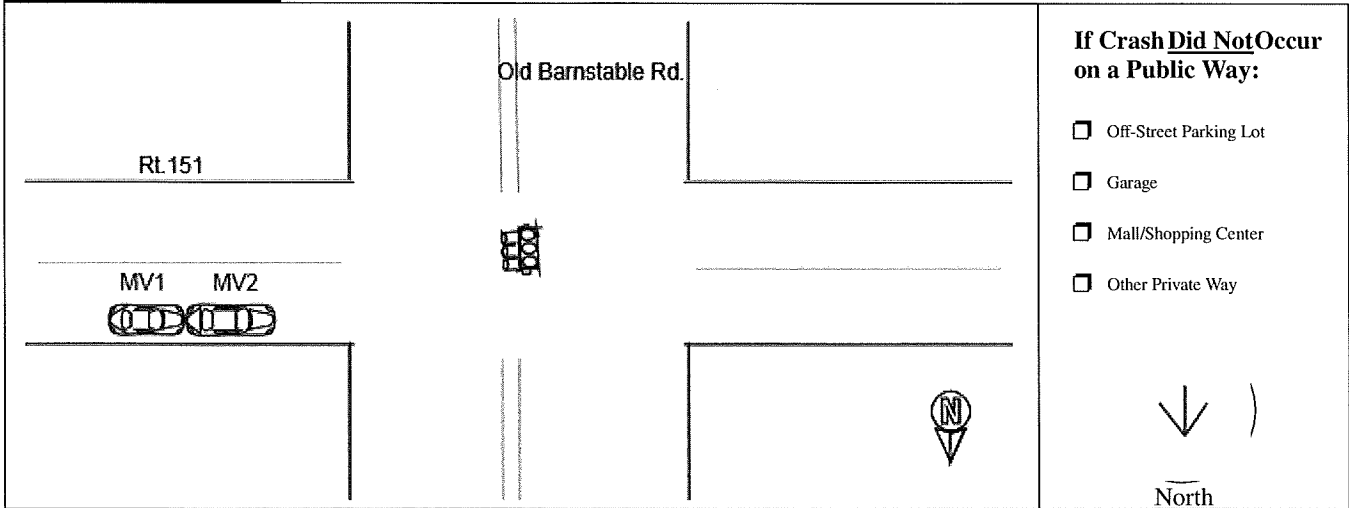
02/18/2014

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian

Crash Diagram:

ie: → 1 → 2 → 



Crash Narrative:

On 02-18-14 at approximately 1625 hours, I responded to a two car MVC at the intersection of RT.151 and Old Barnstable Road. I arrived on scene and observed a minor MVC. MV1 failed to stop before sliding into the rear of MV2. The roadway was slush at this time due to snow and rain. The operator of MV2, Michele Almeida stated that she was stopped at the red light when the vehicle crashed into her. She stated she was shook up and had back pain. FD was notified and responded to the scene. The occupants of MV1 were not injured and denied any medical attention. They evaluated Almeida and she denied transport to the hospital. The damage to MV2 was under \$1000 to the rear bumper. The damage to MV1 was over \$1000 to the front bumper and hood. Operator of MV1 Eric Roderick was at fault for the crash and was verbally warned for following too close for the condition of the road.

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

Officer Alexander Xiarhos

Police Officer Name (Please Print)

Signature

XIARHOS Mashpee Police Department

ID/Badge #

Department

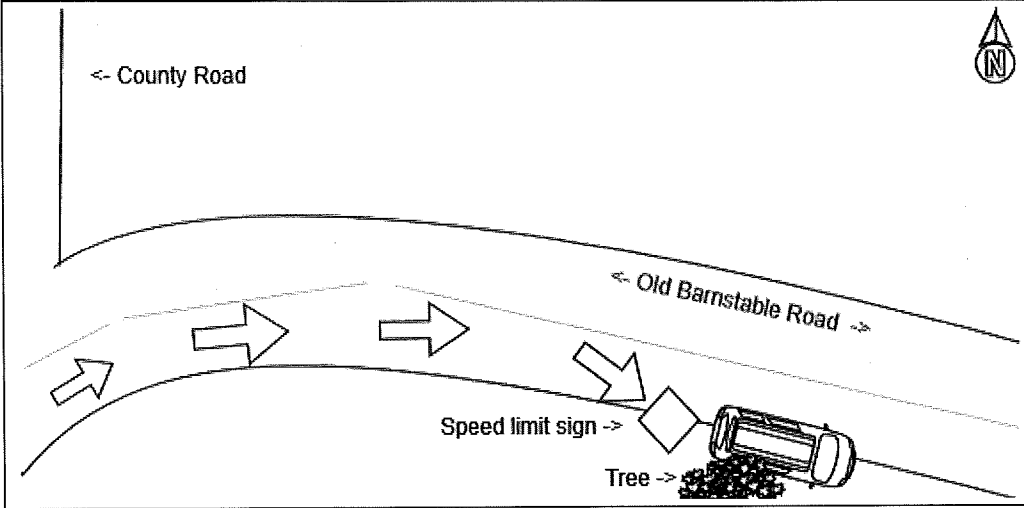
Precinct/Barracks

02/18/2014

Date

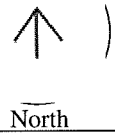
➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian
 ie: ➔ 1 ➔ 2 ➔ O

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Op 1 stated she was operating on Old Barnstable Road when she observed a vehicle fishtailing in her lane, coming from the opposite direction. Op 1 stated she attempted to avoid the vehicle, causing her vehicle to slide off of the roadway due to the black ice. Op 1 stated her vehicle drove over a speed limit sign and slid into a tree off of the roadside. I observed damage to the front bumper and passenger side of the vehicle. It should be noted that the roadway was incredibly dangerous and I observed most every vehicle, even travelling at low speeds to dramatically slide on the ice. Op 1 did not appear to be driving improperly. Op 1's vehicle was removed from the embankment by AAA. Op 1 stated she was not injured.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
TOWN OF MASHPEE	350 MEETINGHOUSE RD MASHPEE MA 026		3	SPEED LIMIT SIGN (30 MPH)

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

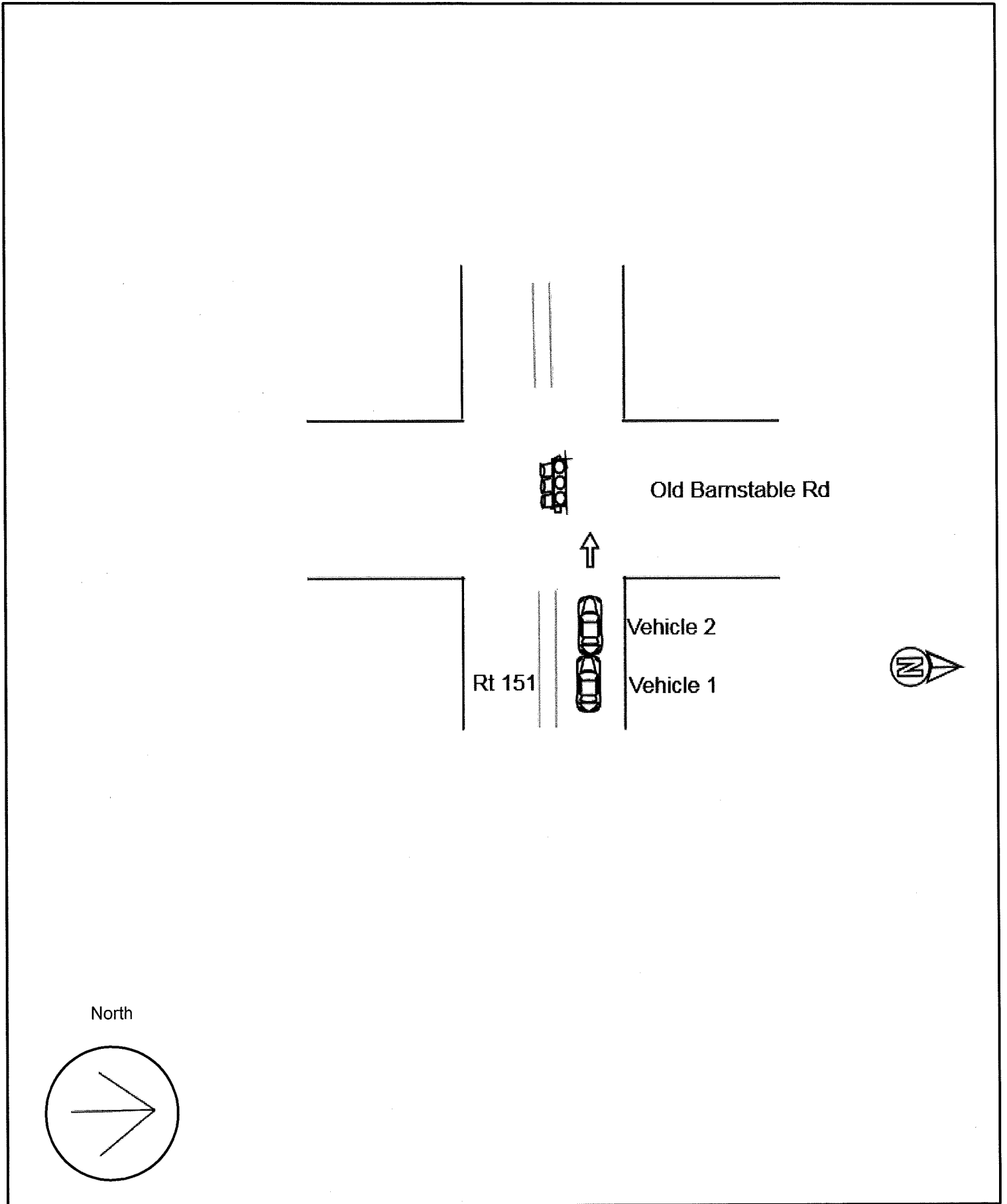
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

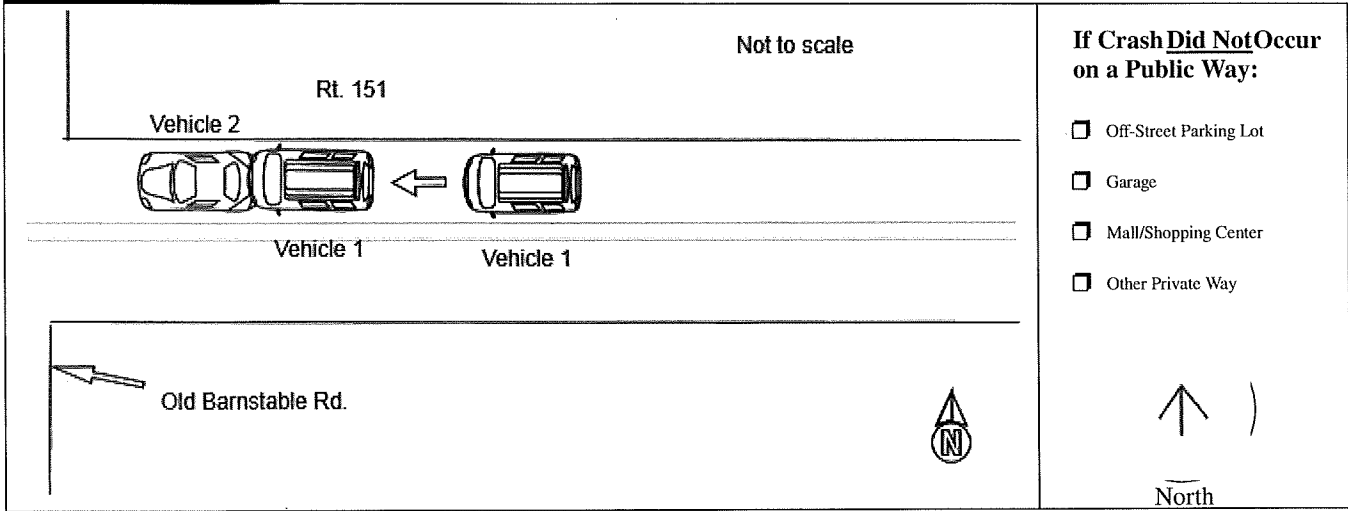
Officer Joseph Catanese CATANES Mashpee Police Department 02/22/2014
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 14-121-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: → 1 → 2 → ○

Crash Diagram:



Crash Narrative:

Vehicle 2 was stopped in traffic due to a red light heading Westbound on Rt. 151. Vehicle 1 was stopped in traffic behind vehicle 2. The driver of vehicle 1 then drove forward after observing a green left turn arrow. The front of vehicle 1 struck the rear of vehicle 2. The driver of vehicle 1 is at fault. Both drivers advised that they were not injured. Neither vehicle need to be towed. It should be noted that the driver of vehicle 1 purchased the vehicle on June 18 and was within the 7 day registration transfer period.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Matthew Cascio

Police Officer Name (Please Print)

Signature

CASCIO

ID/Badge #



Mashpee Police Department

Department

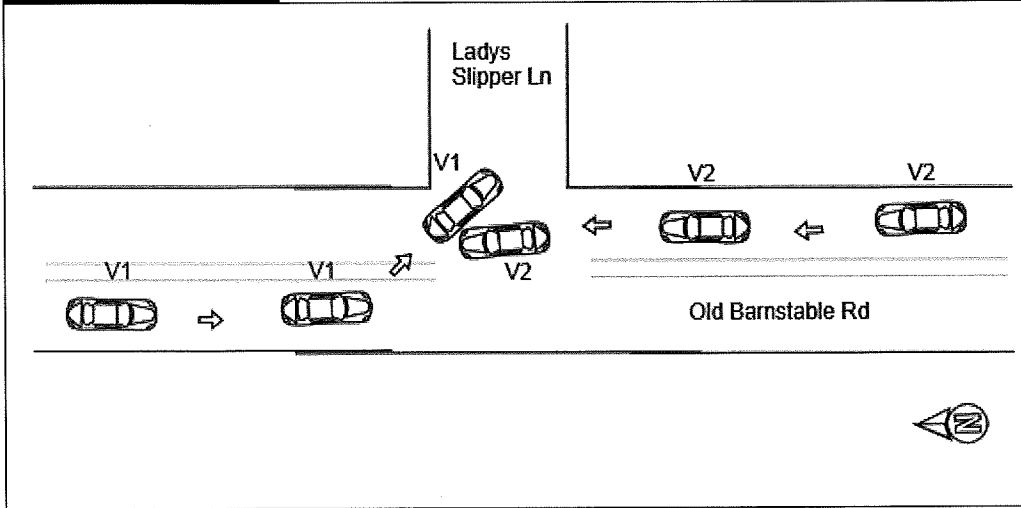
Precinct/Barracks

06/23/2014

Date

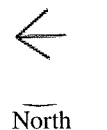
→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian
 ie: → 1 → 2 → 

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

On 7/5/14 I responded to a two vehicle MVC at Old Barnstable Rd and Lady's Slipper Ln. On arrival I spoke with the operator of vehicle 2, MA 768XOX, she stated that she was traveling on Old Barnstable Rd heading toward Rt 151. As she came around the corner she observed V1 taking a left hand turn onto Lady's Slipper Ln. V2 was unable to come to a stop and the vehicle's collided. I then spoke with the operator of V1, MA CIZ935, she stated she was traveling on Old Barnstable Rd and taking a left hand turn onto Lady's Slipper Ln when the vehicles collided. Both vehicles were towed from the scene by Access Auto, V1 operator sustained minor injuries but refused transport to the hospital. V1 was found to be at fault for the accident for failure to yield right of way to V2.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Ryan Nardone

Police Officer Name (Please Print)

Signature

NARDONE Mashpee Police Department

ID/Badge #

Department

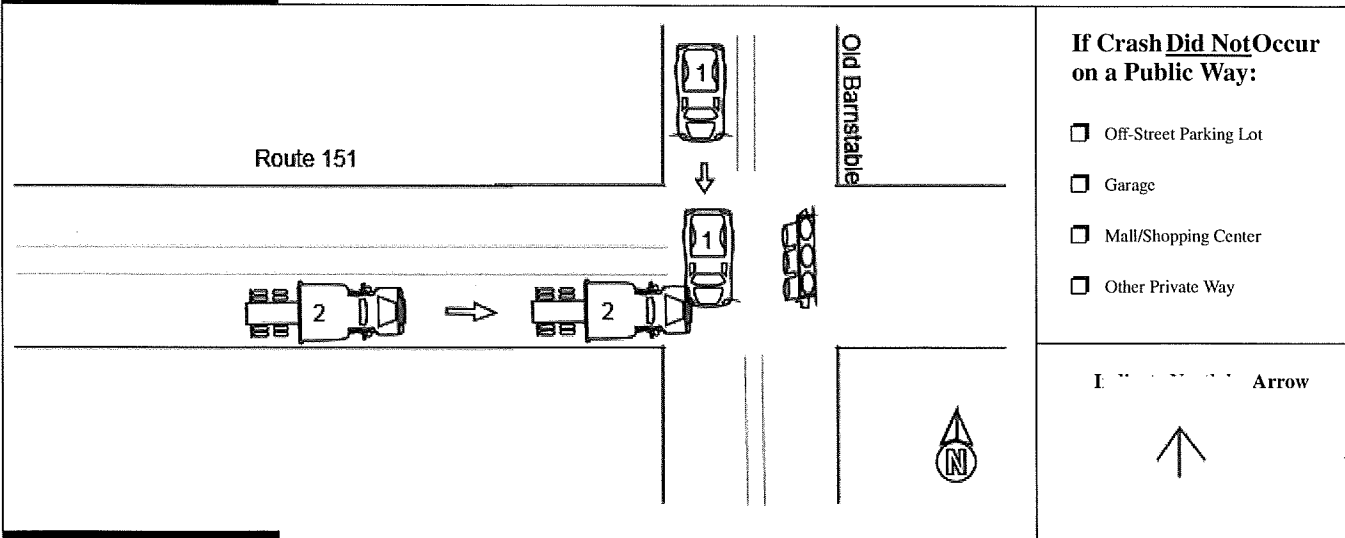
Precinct/Barracks

07/05/2014

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

On 09/30/2014 at appx. 0627 hours I responded to a MVC at Rt 151 and Old Barnstable Road. Upon arrival I met with the operator of Veh. 1 (Signs), who stated that he had just woken up and was not paying attention and accidentally drove straight through the red light, heading southbound on Old Barnstable, across Rt 151 intersection. At which point Veh. 2 (Landry) made contact with Veh. 1 in the middle of the intersection. Landry stated that there was nothing he could do, Veh. 1 continued through the light directly in his lane. None of the involved parties were injured during the crash. Veh. 1 was towed from the scene as it was inoperable. There was substantial damage to both vehicles (see images). Operator of Veh. 1 (Signs) was at fault for the MVC, and was given a verbal warning for red light violation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # **73111** (From Vehicle Section)

Carrier Name _____ Bus Use ⁴²

Address **9 FACTORY ST** City **SANDWICH** St **MA** Zip **02563**

US DOT #: **368986** State Number **3** Issuing State **MA** MC/MX/ICC #: _____

Interstate ⁴³ Cargo Body Type Code ⁴⁴ GVWR/GCWR ⁴⁵

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ⁴⁶

Hazmat Information:

Placard ⁴⁷ Material 1 digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code ⁴⁹

Officer Brett Calhoun

CALHOUN Mashpee Police Department

09/30/2014

Police Officer Name (Please Print)

Signature

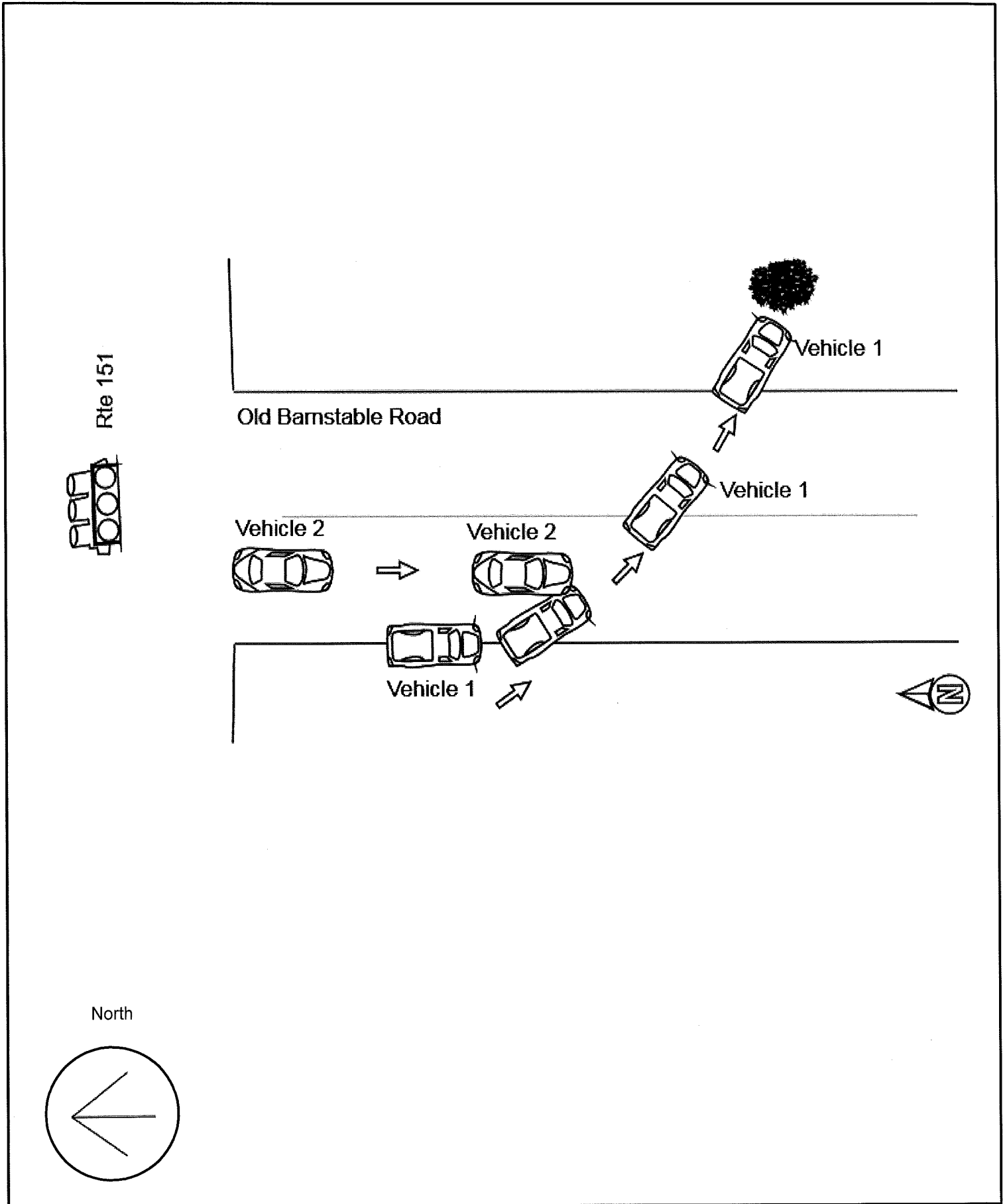
ID/Badge #

Department

Precinct/Barracks

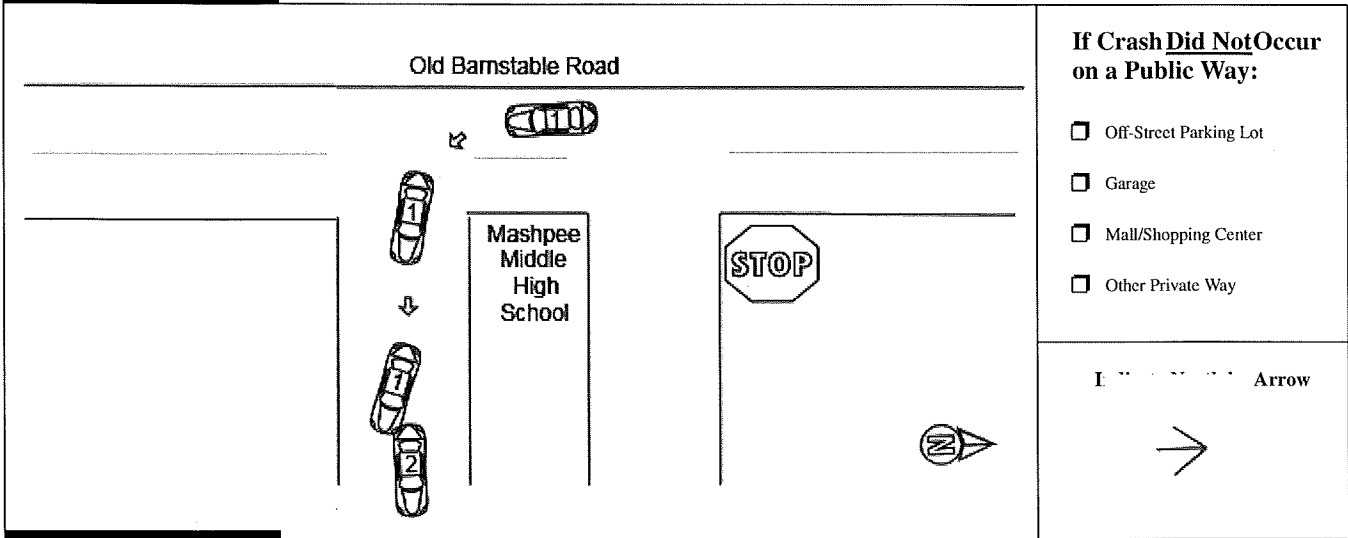
Date

Diagram of Accident: 14-313-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 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

Arrow



Crash Narrative:

Vehicle 2 had pulled into the Mashpee High/Middle School entrance off of Old Barnstable Road. Vehicle 1 pulled into the school entrance behind vehicle 2. Vehicle 2 slowed/stopped for traffic inside the school. Vehicle 1 operator did not notice vehicle 2 had stopped and collided into the rear bumper. Vehicle 1 operator is at fault for this crash for inattention and speed/conditions.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Kevin M Frye

Police Officer Name (Please Print)

Signature

FRYE

ID/Badge #

Mashpee Police Department

Department

Precinct/Barracks

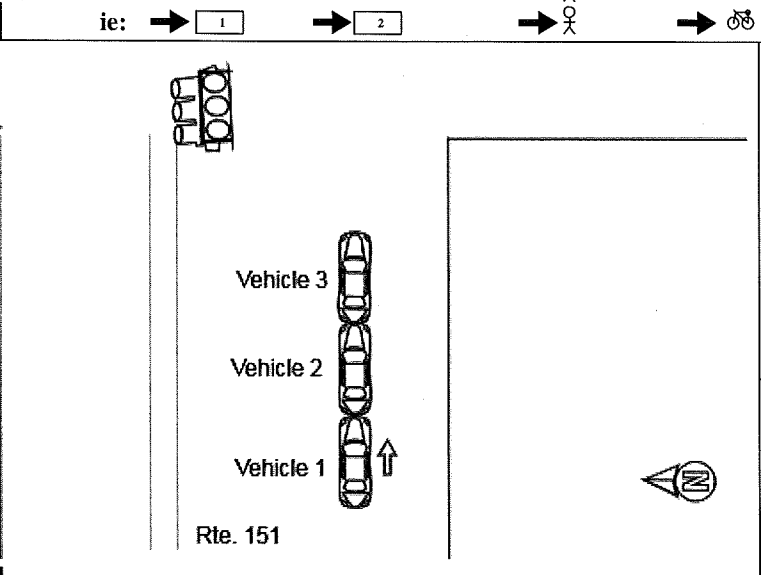
11/24/2014

Date

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian 🚲 = Bicycle

Crash Diagram:

Old Barnstable



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow
➔

Crash Narrative:

On 12.18.14, at approximately 1654 hours, Vehicle 1 was traveling East on Rte. 151. Vehicle 2 and Vehicle 3 were stopped at a red light on Rte. 151 heading East, prior to the intersection with Old Barnstable Road. Vehicle 1 failed to stop in time, hitting Vehicle 2 which then struck Vehicle 3. The operator of vehicle 2 was transported to Falmouth Hospital. Vehicle 1 was found to be at fault. [REDACTED]

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

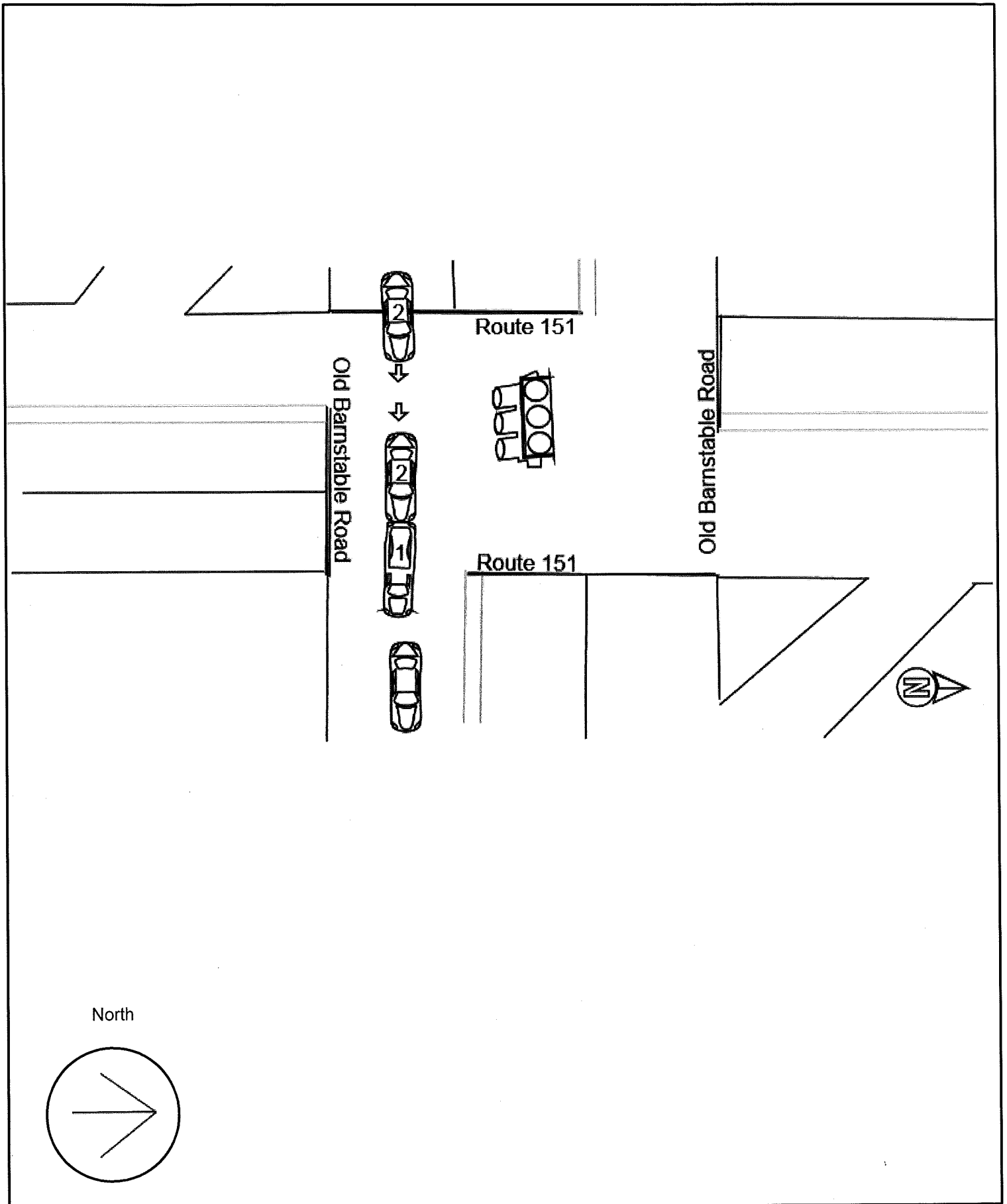
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

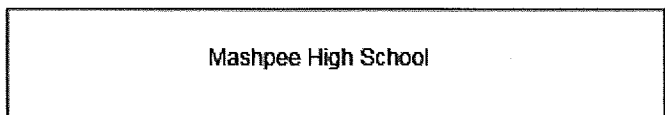
Officer Michelle Princi PRINCI Mashpee Police Department 12/18/2014
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 15-111-AC



→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian 🚲 = Bicycle
 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

← Arrow



Crash Narrative:

The operator of vehicle #1 began to back out of a parking spot when it crashed into vehicle #2, which had just backed out of an opposing parking spot. The operator of vehicle #1 is at fault for the crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer RALPH MAHONEY

MAHONEY Mashpee Police Department

05/14/2015

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Diagram of Accident: 15-129-AC

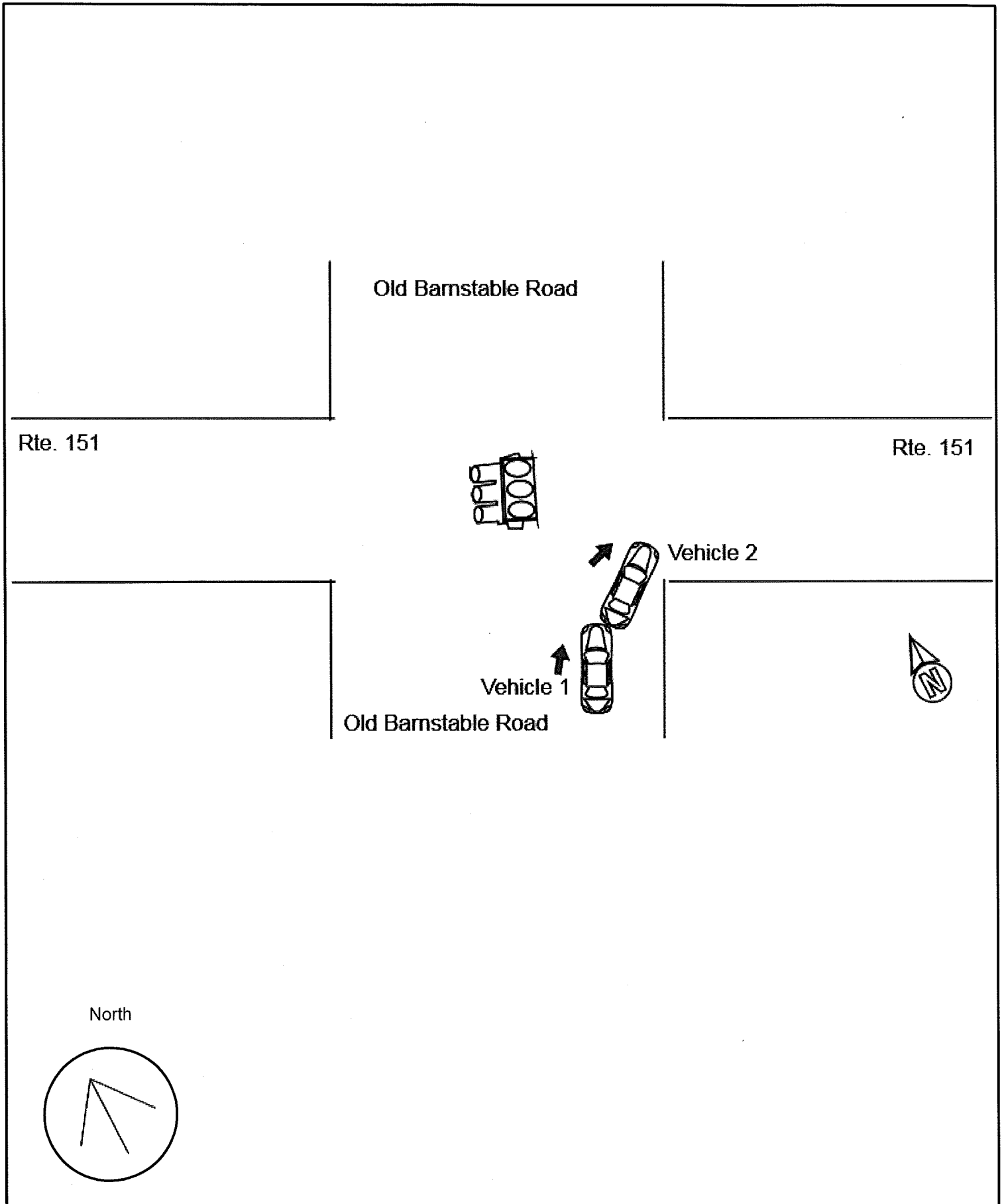


Diagram of Accident: 15-144-AC

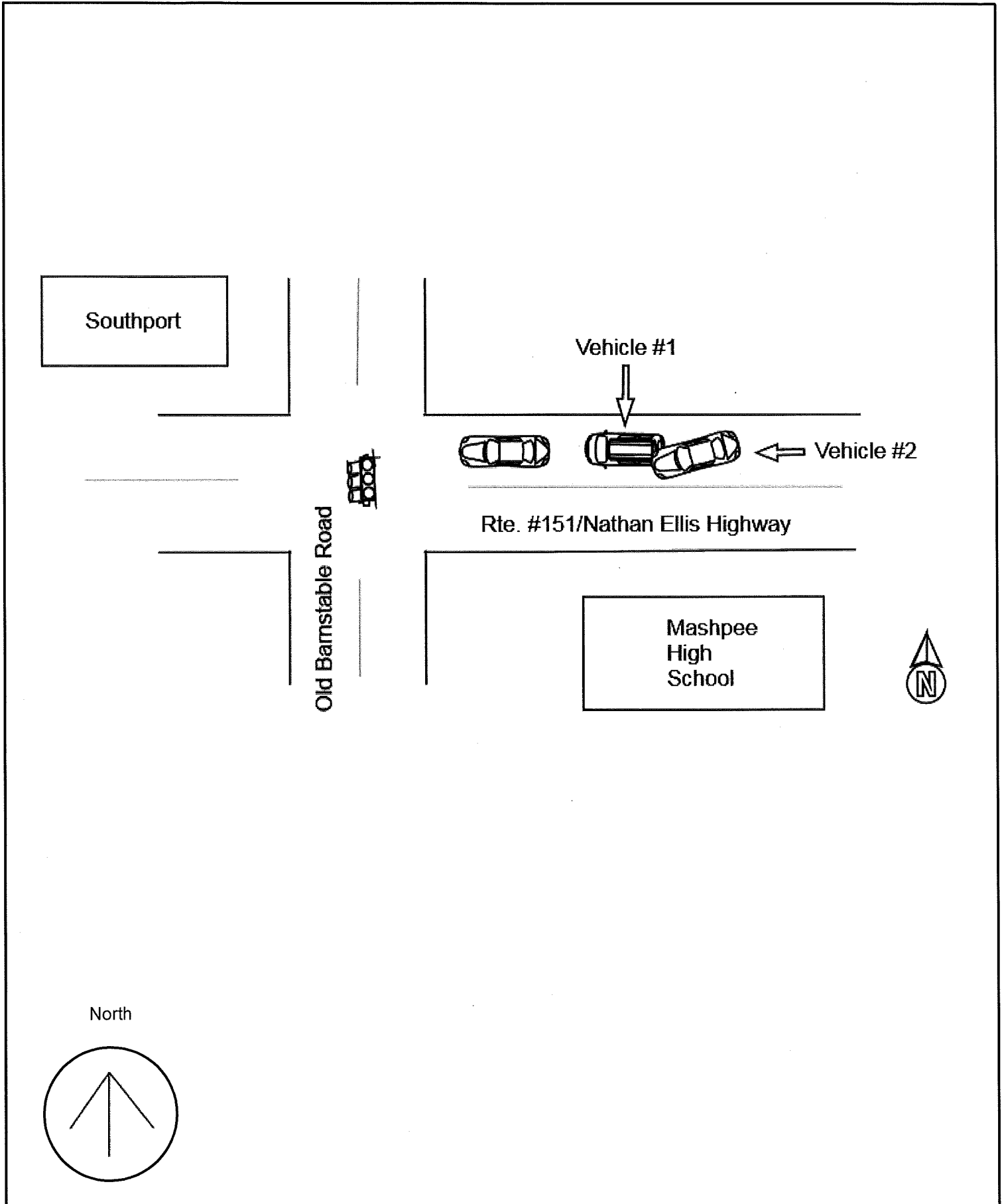


Diagram of Accident: 15-149-AC

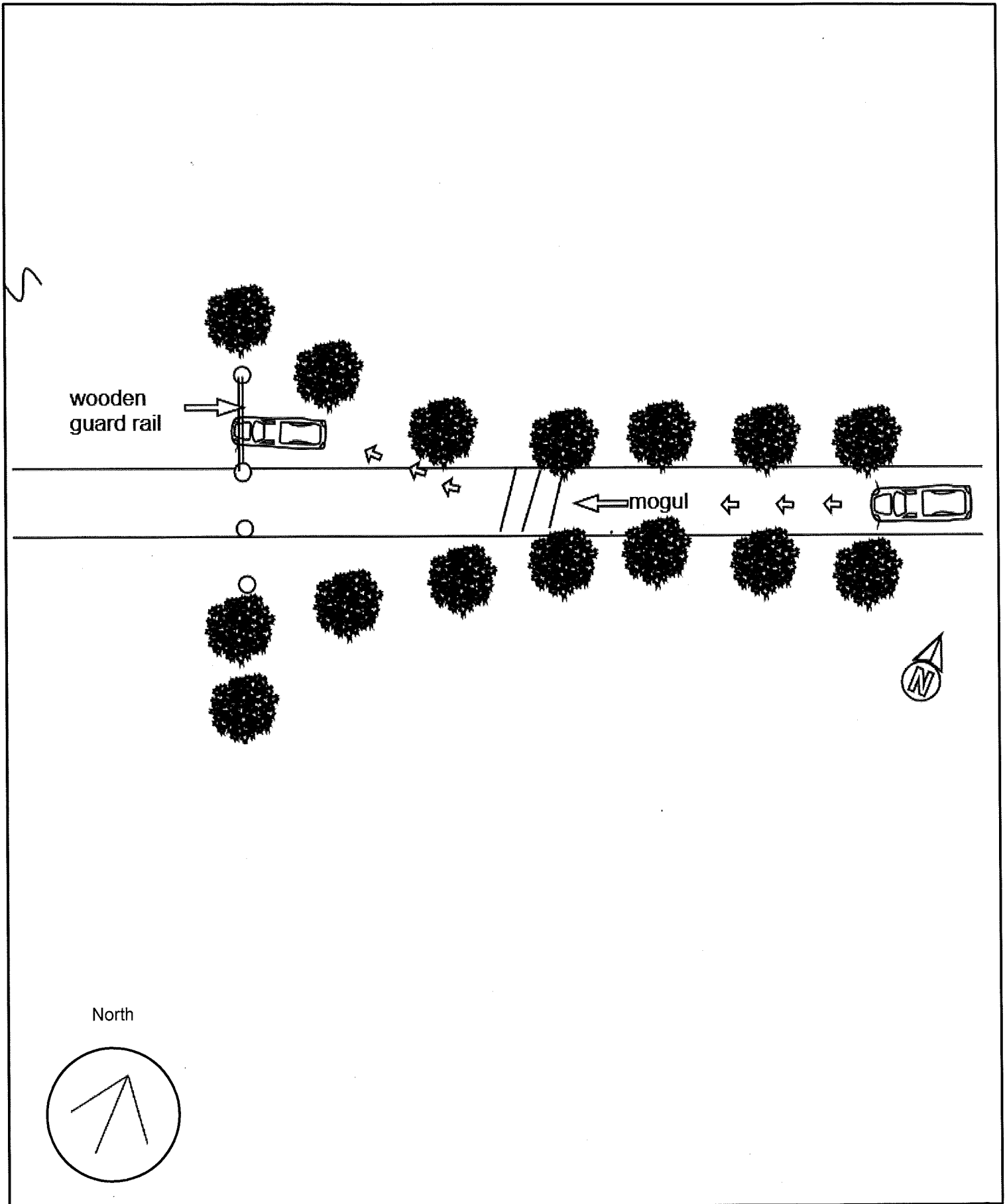


Diagram of Accident: 15-158-AC

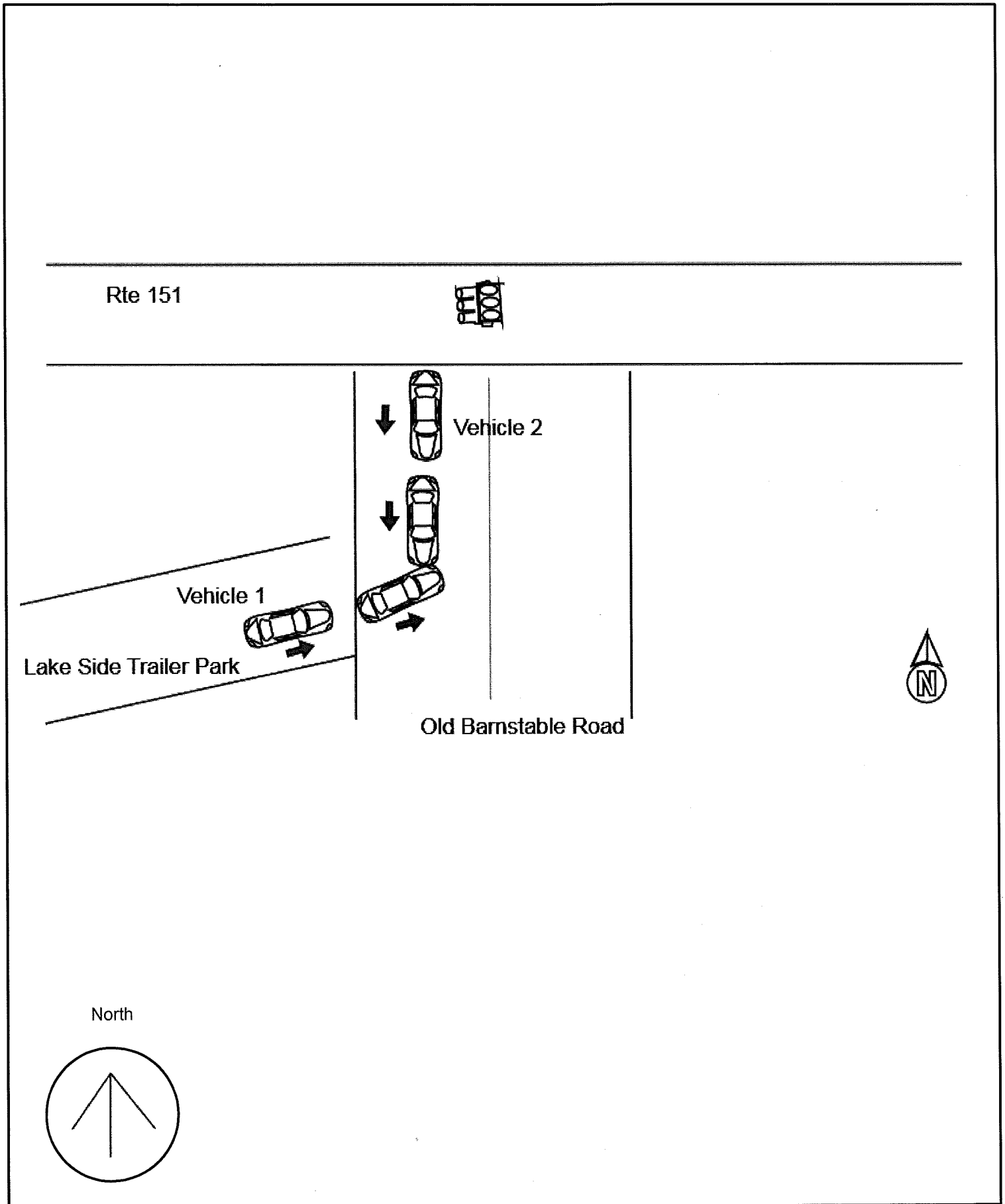


Diagram of Accident: 15-164-AC

Mashpee High School

Lakeside Trailer Park

Veh #1

Veh #2



TextBox

Old Barnstable Rd



Route 151



North

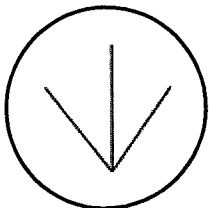


Diagram of Accident: 15-284-AC

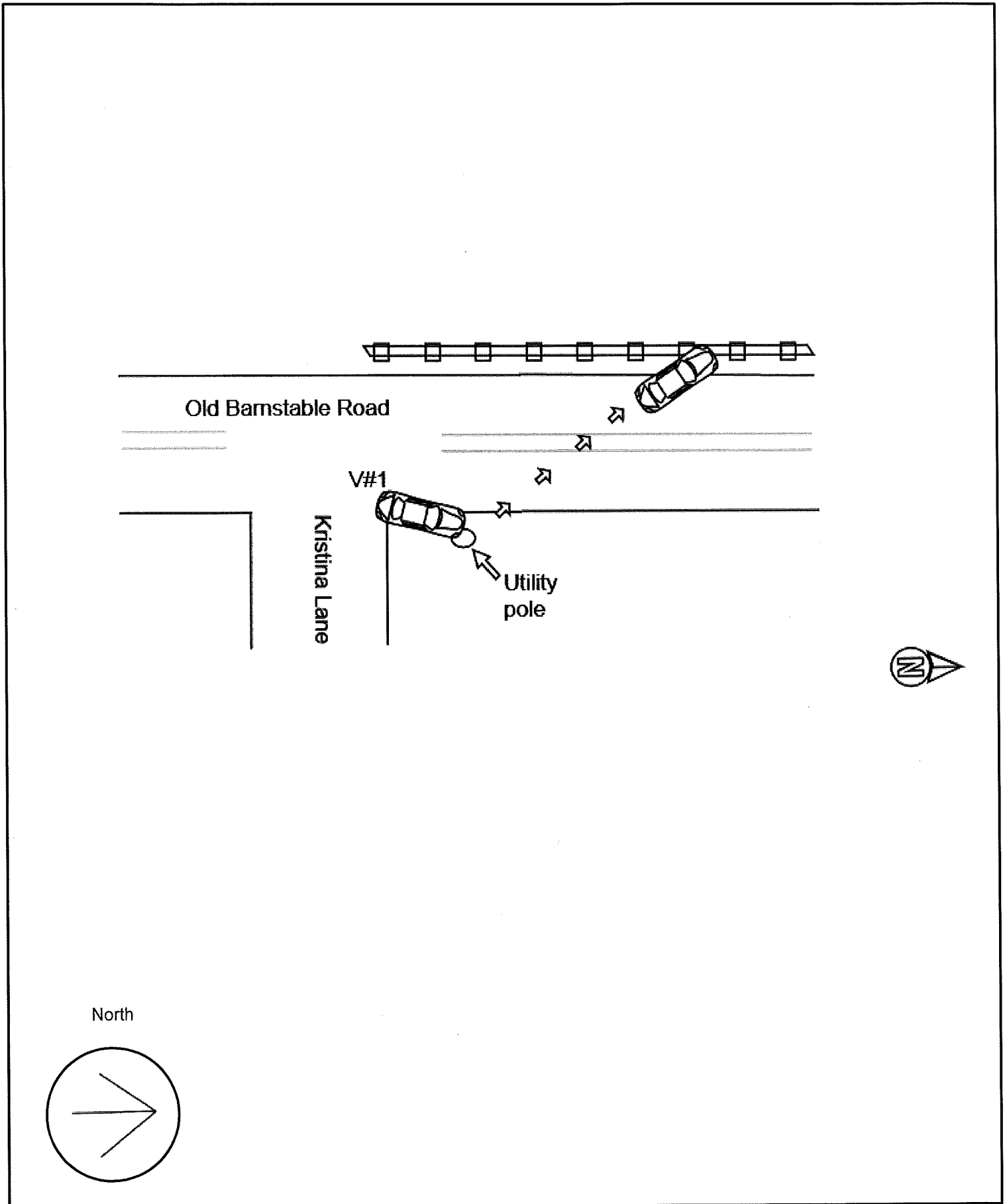
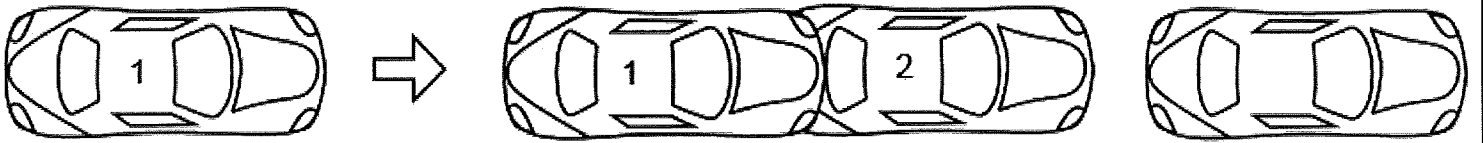
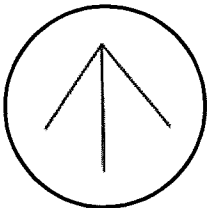


Diagram of Accident: 15-290-AC

Route 151

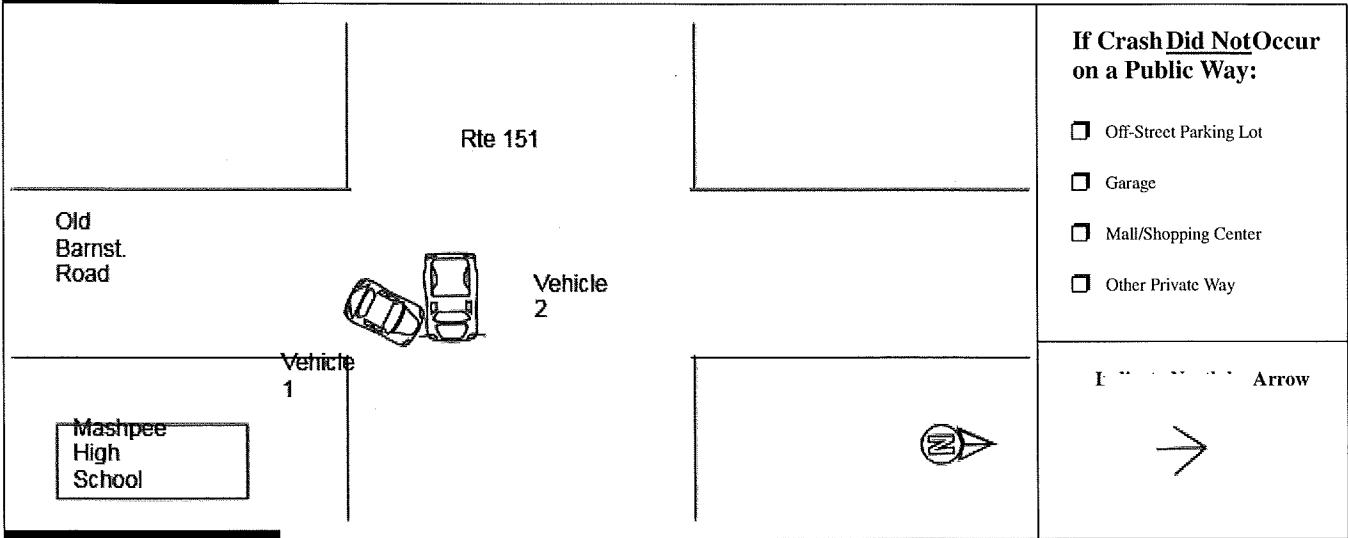


North



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:



Crash Narrative:

I responded to the listed location for a motor vehicle crash. Upon arrival I observed both vehicles listed above, off the roadway on Rte 151 east. No injuries were reported. Vehicle 2 was traveling east on Rte 151, when vehicle 1 was stopped at Old Barnstable Road and Rte 151 and attempting to merge into traffic. Vehicle 1 then pulled out into traffic on Rte 151 east bound and struck the passenger side mirror of vehicle 2. I observed heavy drivers side damage to vehicle 1. The drivers side door was heavily damaged and couldn't be closed. Vehicle 2 had minor damage to the passenger side mirror. The operator of vehicle 1 is at fault for the accident for failure to yield right of way. Vehicle 1 was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Sergeant Thomas Rose

Police Officer Name (Please Print)

Signature

ROSE

ID/Badge #

Mashpee Police Department

Department

Precinct/Barracks

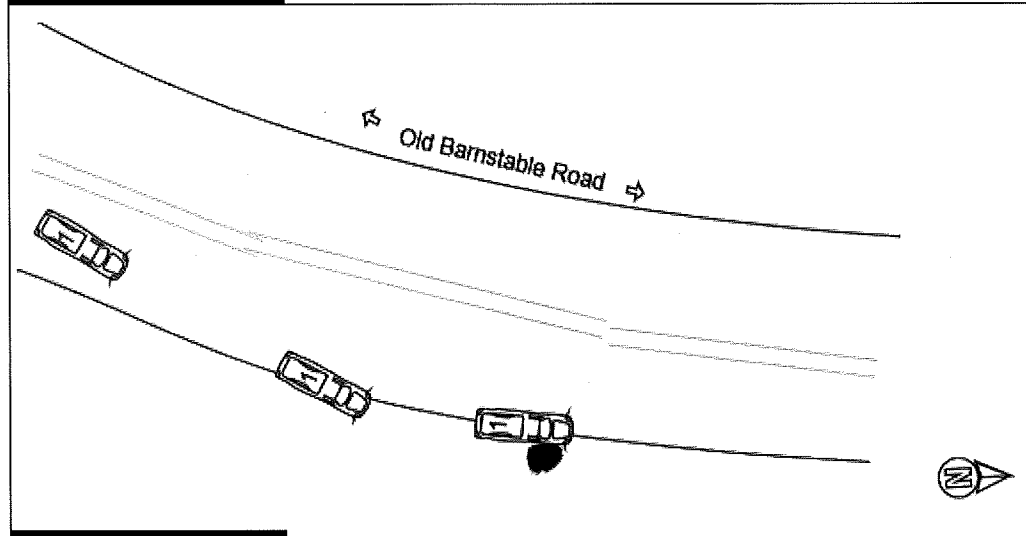
11/09/2015

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ⚡ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate Arrow



Crash Narrative:

Vehicle 1 was heading north on Old Barnstable Road. The road turns slightly after Leather Leaf Lane. The tire marks on the side of the road indicates that the vehicle drifted off the road and collided to the tree. The truck had an enclosed wooden bed that was also damaged. The leaf Vacuum on the rear hitch needed to be lifted and towed from the scene. The operator is at fault for this crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF PROPERTY	16 GREAT NECK RD N MASHPEE MA 0264	508-539-1400	3	TREE PINE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Master Officer Kevin M Frye

FRYE

Mashpee Police Department

12/11/2015

Police Officer Name (Please Print)

Signature

ID/Badge #

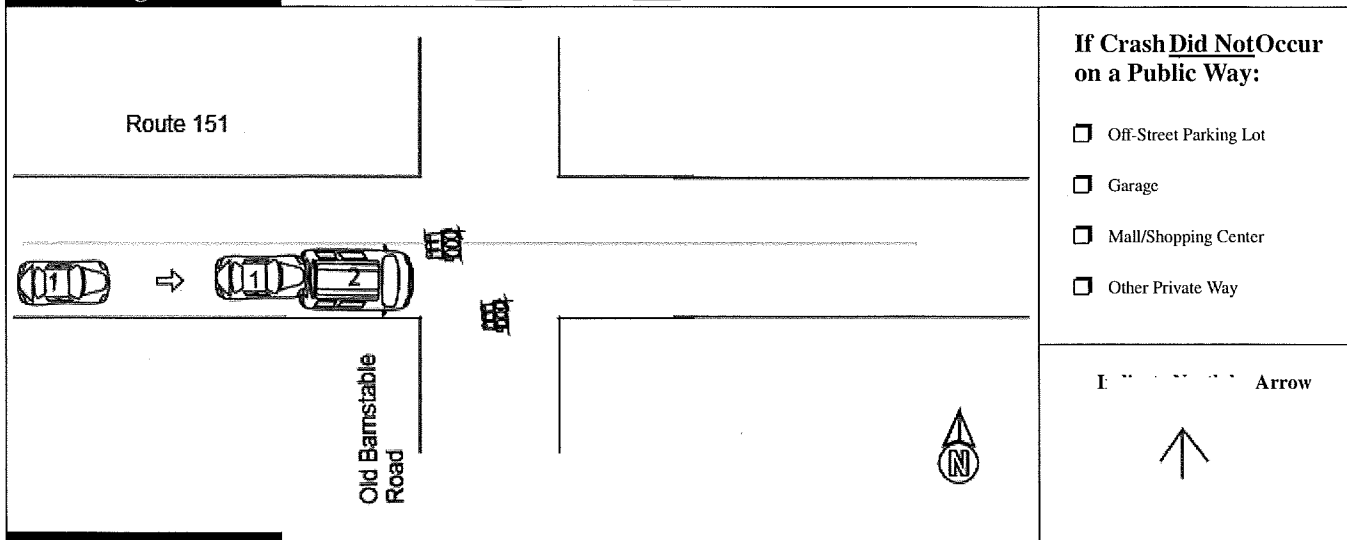
Department

Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:



Crash Narrative:

On Monday December 14th, 2015 at approximately 0833 vehicle one (MA/PAN 265ST8) operated by Bruce Allen crashed into vehicle two (RI/CO 55357) operated by John Hochwarter at the intesection of Route 151 and Old Barnstable Road, Mashpee. Vehicle one was behind vehicle two stopped at the redlight when vehicle one began to accelerate and rear ended vehicle two. There were no injuries to either operator and both vehicles sustained serious damage. Vehicle one sustained damage to the whole front end of the vehicle and hood, vehicle two sustained damage to the rear of the vehicle and rear bumper. Operator of vehicle one is at fault for the accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Sean Deady

Police Officer Name (Please Print)

Signature

DEADY

ID/Badge #

Mashpee Police Department

Department

Precinct/Barracks

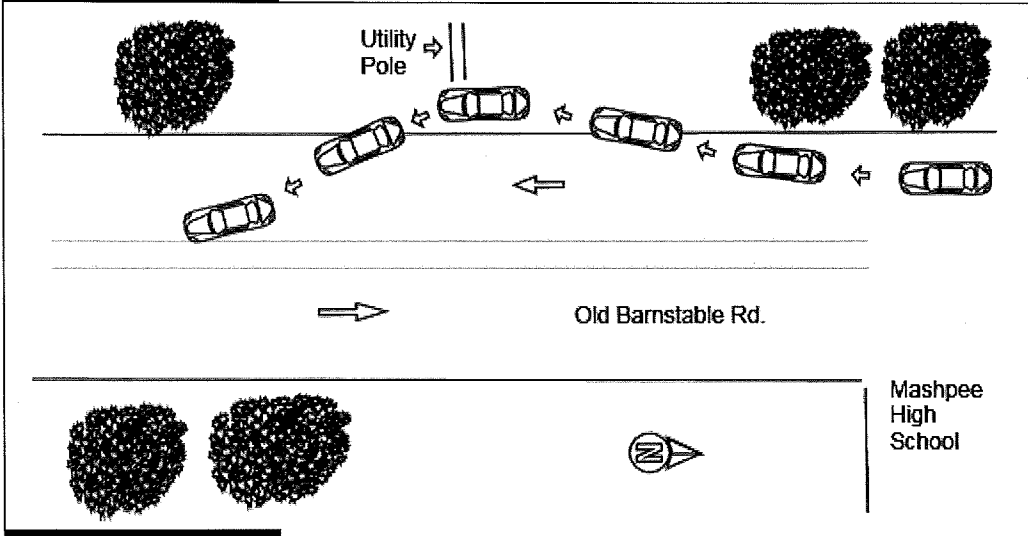
12/14/2015

Date

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian 🚲 = Bicycle

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

I _____ Arrow



Crash Narrative:

On 01/12/2016, at approx. 0130 hrs., I was dispatched to Old Barnstable Rd. near the Mashpee High School for a single car MVC. The operator of MA Reg# 3HG414 stated that he fell asleep causing his vehicle to veer off the right side of the road. The vehicle's front right bumper struck a wooden utility pole (#309/36). The operator is at fault for the MVC. Access Auto Too towed the vehicle from the scene. No citation was issued and no injuries were reported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
EVERSOURCE	WILLOW ST WEST YARMOUTH MA 02673		4	UTILITY POLE #309/36

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Kristopher Threlkeld **THRELKE Mashpee Police Department** 01/12/2016
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

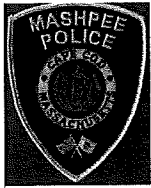


From: 01/01/2011 Thru: 01/29/2016

Jurisdictions: MSH
Location: ALL
Street: MSH > FALMOUTH RD
Intersecting Street: MSH > SAMPSON MILL RD
Zones: ALL

Accidents By Street Name

<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
SAMPSON MILL RD	1	0	0	0	0	0	1	0	0	0	0	0	2
TOTALS	1	0	0	0	0	0	1	0	0	0	0	0	2



Accident Status Report

From: 01/01/2011 Thru: 02/01/2016

02/10/2016

Location: (ALL)
Street(s): MSH > FALMOUTH RD
Zones: (ALL)
Weekday(s): (ALL)

13-36-AC

<u>Officer</u>	<u>State Rpt/Acc. Date & Time</u>
DIMITRE	No 01/28/2013 2226
Operator>	NEGRON KYLE
Vehicle Owner>	MCCARTHY PATRICIA

<u>Location / Street Names</u>
SAMPSON MILL RD @ FALMOUTH RD
Veh# 1
Veh# 1

13-239-AC

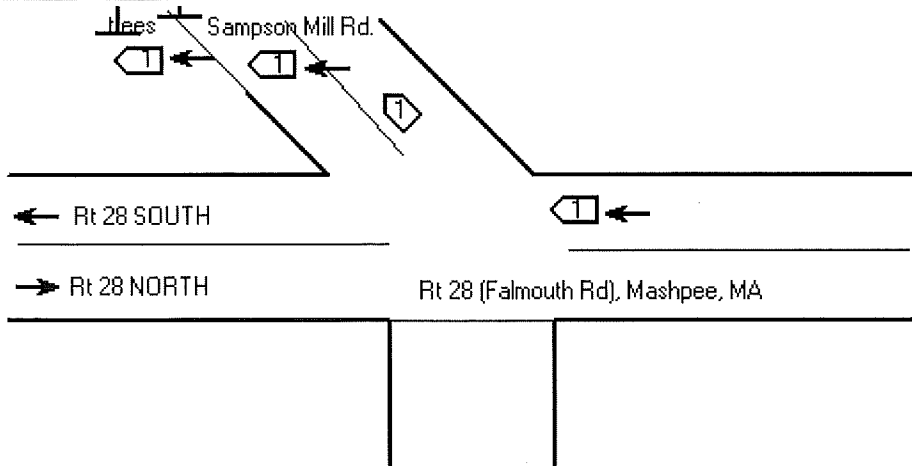
<u>Officer</u>	<u>State Rpt/Acc. Date & Time</u>
XIARHOS	No 07/24/2013 2221
Operator>	HUNT HARRY
Vehicle Owner>	BRANDO-HUNT ANNA
Vehicle Owner>	MCNAMARA DARREN
Operator>	MCNAMARA DARREN
Passenger>	MCNAMARA ZOE

<u>Location / Street Names</u>
SAMPSON MILL RD @ FALMOUTH RD
Veh# 1
Veh# 1
Veh# 2
Veh# 2
Veh# 2

State Reports Required: 0
State Reports Not Required: 2

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

V1 was traveling on Rt 28 SOUTH heading towards Barnstable. V1 turned right onto Sampson Mill Rd. V1 lost control on snowy and icy road and went off of the road to its left. V1 grazed the side of a tree, then continued forward and struck another tree and came to a stop. Operator of V1 was uninjured. He is at fault for traveling too fast for road/weather conditions.

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

Master Officer John Dimitres

DIMITRE Mashpee Police Department

01/29/2013

Police Officer Name (Please Print)

Signature

ID/Badge #

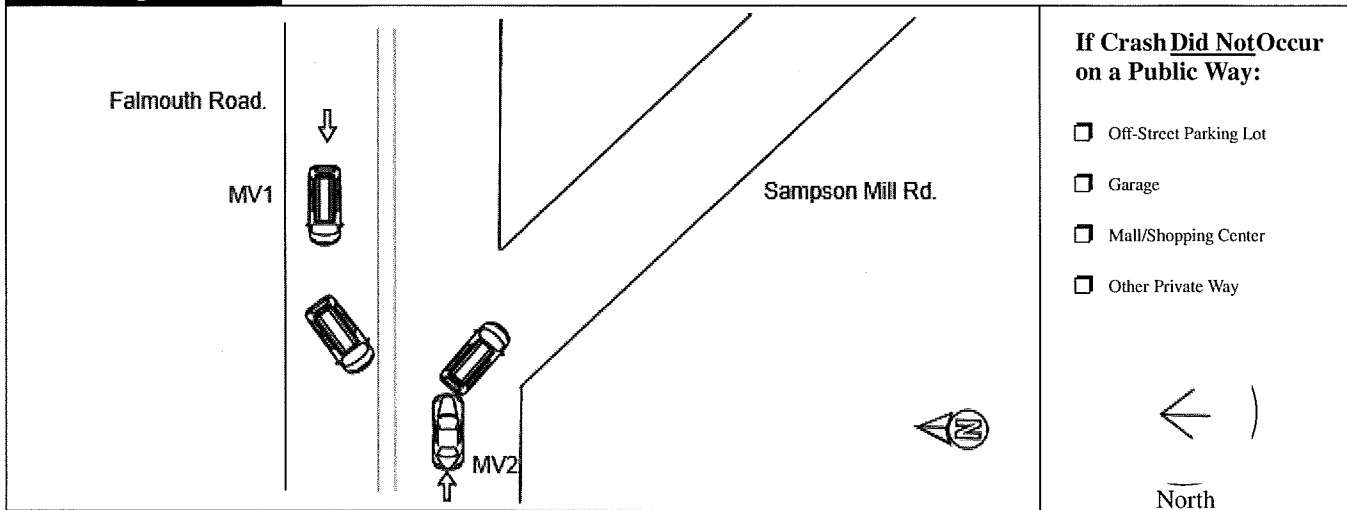
Department

Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian
 ie: → 1 → 2 → O

Crash Diagram:



Crash Narrative:

On 07-24-13 at approximately 2220 hours, I responded to a 2 car MVC at the corner of Falmouth Road (Rt.28) and Sampson Mill Road. MV1, MA. Reg. 872CXY operated by Harry Hunt [redacted] was traveling Westbound on Rt.28 when it was struck by MV2, MA. Reg. 972XZY operated by Darren Mcnamara [redacted] and passenger Zoe Mcnamara [redacted]. MV2 was heading Eastbound on Rt.28 when MV1 attempted to make a U-turn in the middle of Rt.28 and Sampson Mill Road causing MV2 to slam on their brakes, leaving skid marks, and ultimately striking the turning MV1. The speed limit on Rt.28 is 50 MPH. There were no reported injuries and all parties denied medical attention. MV1 sustained damage to the right rear bumper. MV2 suffered damage over \$1000 to the right front tire/bumper area. MV2 was towed from the scene by Capeway Towing. MV1 was at fault for this crash for failure to use caution while turning.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Alexander Xiarhos **XIARHOS Mashpee Police Department** **07/25/2013**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

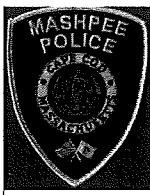


From: 01/01/2011 Thru: 01/29/2016

Jurisdictions: MSH
Location: ALL
Street: MSH > RT 130
Intersecting Street: MSH > COTUIT RD
Zones: ALL

Accidents By Street Name

<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
COTUIT RD	0	2	1	0	0	0	0	1	0	0	0	0	4
RT 130	2	0	0	0	0	0	0	1	1	1	0	0	5
TOTALS	2	2	1	0	0	0	0	2	1	1	0	0	9



Accident Status Report

From: 01/01/2011 Thru: 02/01/2016

02/10/2016

Location: (ALL)
Street(s): MSH > RT 130 (Odd # 1-9999 Even # 0-10000 Blanks Included)
Zones: (ALL)
Weekday(s): (ALL)

11-45-AC
Officer NAAS
State Rpt/Acc. Date & Time No 02/06/2011 2246
Location / Street Names COTUIT RD @ RT 130
Vehicle Owner> GOULART STEPHEN
Operator> GOULART STEPHEN
Veh# 1
Veh# 1

12-26-AC
Officer MAHONEY
State Rpt/Acc. Date & Time No 02/04/2012 0129
Location / Street Names COTUIT RD @ RT 130
Vehicle Owner> GOYL JAMIE
Operator> GOYL JAMIE
Veh# 1
Veh# 1

12-207-AC
Officer MACKIEW
State Rpt/Acc. Date & Time No 08/04/2012 2139
Location / Street Names RT 130 @ COTUIT RD
Vehicle Owner> DARMON RYAN
Operator> DARMON RYAN
Veh# 1
Veh# 1

13-323-AC
Officer NARDONE
State Rpt/Acc. Date & Time No 09/25/2013 2304
Location / Street Names RT 130 @ COTUIT RD
Vehicle Owner> GEOFFRION ROBERT
Operator> GEOFFRION ROBERT
Passenger> OCONNELL KATHLEEN
Veh# 1
Veh# 1
Veh# 1 Injured

14-215-AC
Officer THRELKE
State Rpt/Acc. Date & Time No 08/07/2014 1003
Location / Street Names COTUIT RD @ RT 130
Vehicle Owner> FERNANDES MARIA
Operator> FERNANDES MARIA
Operator> ANGELL SCOTT
Vehicle Owner> BOTELLO LUMBER CO INC
Veh# 1
Veh# 1
Veh# 2
Veh# 2

14-303-AC
Officer GIUCA
State Rpt/Acc. Date & Time No 10/28/2014 1916
Location / Street Names RT 130 @ COTUIT RD
Vehicle Owner> GRANT RAMONA
Operator> GRANT RAMONA
Operator> CARBONEAU ANN
Vehicle Owner> TOYOTA MOTOR CREDIT CORP
Veh# 1
Veh# 1
Veh# 2
Veh# 2

15-1-AC
Officer PRINCI
State Rpt/Acc. Date & Time No 01/01/2015 2226
Location / Street Names RT 130 @ COTUIT RD
Vehicle Owner> EVAUL KATHLEEN
Operator> EVAUL KATHLEEN
Veh# 1
Veh# 1

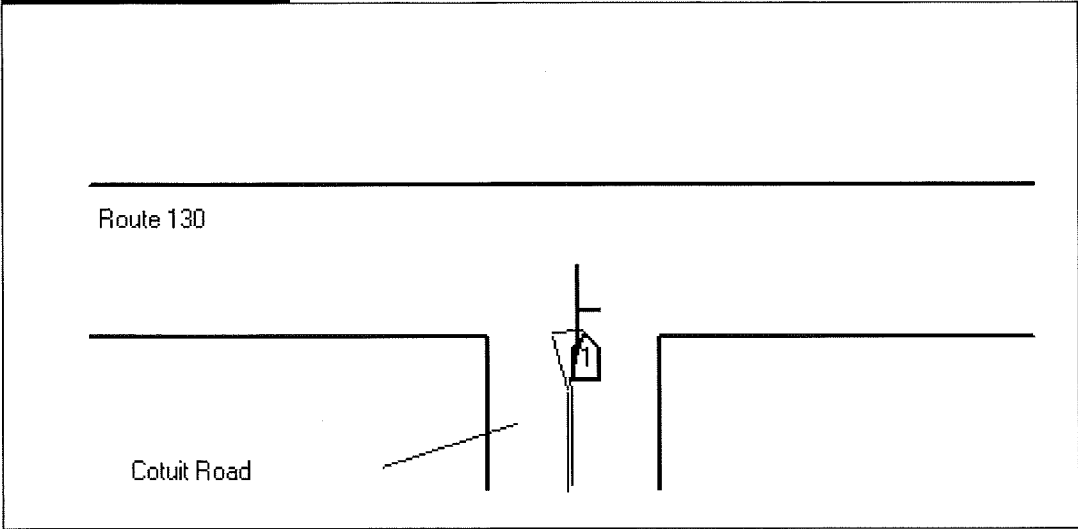
15-88-AC
Officer GIUCA
State Rpt/Acc. Date & Time No 03/25/2015 0740
Location / Street Names COTUIT RD @ RT 130
Operator> BRUCE ALANNA
Vehicle Owner> BRUCE ROBERT
Vehicle Owner> STAMAND JAMES
Operator> STAMAND JAMES
Veh# 1
Veh# 1
Veh# 2
Veh# 2

16-27-AC
Officer MOULIS
State Rpt/Acc. Date & Time No 01/28/2016 1021
Location / Street Names RT 130 @ COTUIT RD
Operator> BUDLONG SCOTT
Vehicle Owner> BETTERLEY DAWN
Operator> MCGEE SCOTT
Vehicle Owner> SOUTH CAPE DISTRIBUTORS INC
Veh# 1
Veh# 1
Veh# 2 Injured
Veh# 2

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☒ = Pedestrian

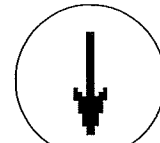
Crash Diagram:

ie: → 1 → 2 → ☒



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Vehicle 1 was southbound on Cotuit Road approaching the intersection of Route 130. Vehicle 1 slid on the ice covered road and struck pole 1/39 on the traffic island at the above intersection. Vehicle 1 also struck a "Keep Right" traffic sign that was posted on the island. Driver of Vehicle 1, Stephen Goulart, stated "I tried to stop, but I slid on the ice."

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
NSTAR	WILLOW ST YARMOUTH MA 02664		4	TELEPHONE POLE 1/39
TOWN OF MASHPEE	16 GREAT NECK RD N MASHPEE MA 0264	508-539-1400	3	"KEEP RIGHT" TRAFFIC SIGN AND POST

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Sergeant Olivier Naas

NAAS

Mashpee Police Department

02/06/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

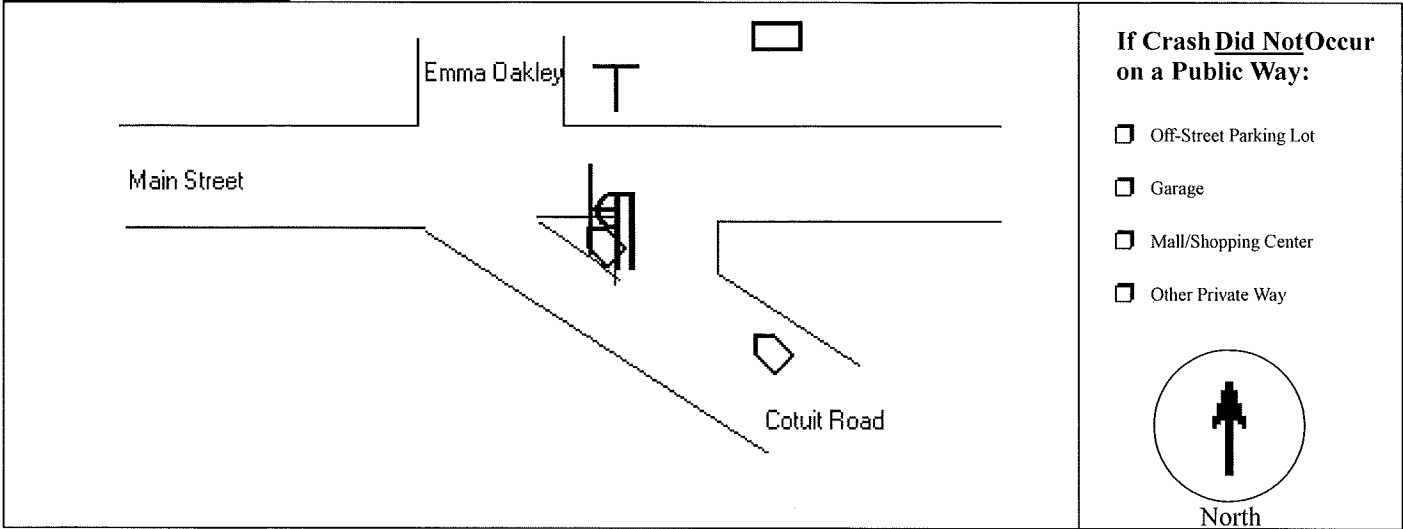
Precinct/Barracks

Date

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ☒ = Pedestrian

Crash Diagram:

ie: → [1] → [2] → ☒



Crash Narrative:

The operator of the vehicle skidded off the roadway and collided with a utility pole and a keep right sign on a traffic island. The operator then fled the scene, and was subsequently located a short distance away by use of a K-9. The operator made contact with the windshield, causing him to lose several teeth, and suffer a six inch laceration on the top of his head. The operator was charged via criminal application for violation of MGL 90/24 Leaving the scene after causing property damage, and 90-24 Negligent operation of a motor vehicle.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
VERIZON	MAIN HYANNIS MA			TELEPHONE POLE
TOWN OF MASHPEE	GREAT NECK RD N MASHPEE MA 02649			KEEP RIGHT SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer RALPH MAHONEY

MAHONEY Mashpee Police Department

02/04/2012

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

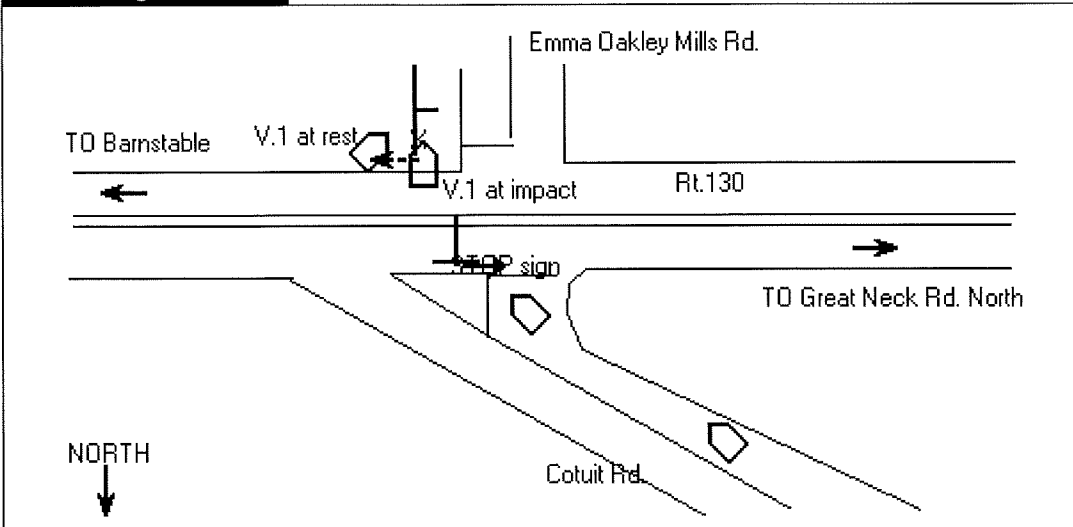
Precinct/Barracks

Date

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ☺ = Pedestrian

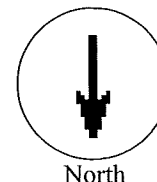
Crash Diagram:

ie: → [1] → [2] → ☺



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

V.1 did not stop at the stop sign located at the intersection of Cotuit Rd. and Rt. 130. V.1 did then cross both lanes of travel on Rt. 130 and exited onto the shoulder at the corner of Emma Oakley Mills Rd., before striking a tree. V.1 did have impact and induced damage to the front end. Op.1 did not report any injuries at the scene. Access Auto Too removed the vehicle. Op.1 was issued a written warning (R2282975) for failing to stop at a stop sign.

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

Detective David Mackiewicz

Police Officer Name (Please Print)

Signature

MACKIEW Mashpee Police Department

ID/Badge #

Department

Precinct/Barracks

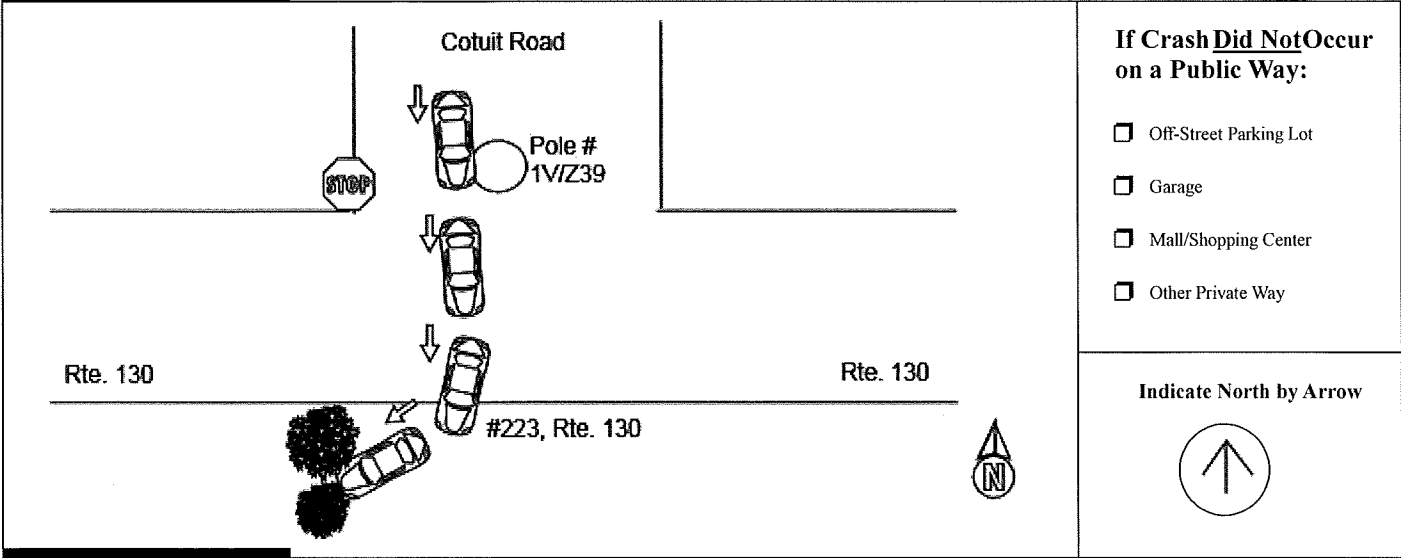
08/04/2012

Date

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 X = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → [1] → [2] → X → ○



Crash Narrative:

On 1.1.15, at approximately 2226 hours, the vehicle was traveling South on Cotuit Road. The vehicle struck a telephone pole (1V/Z39), continued moving South and came to a stop when it struck several trees in the driveway of 223 Rte. 130. Subsequent to the crash investigation, the operator was issued a citation (R4252748) for MGL 90/24 (Operating Under the Influence, 2nd offense), MGL 90/24 (Negligent Operation) and MGL 89/4A (Marked Lanes).
See also 15-3-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	GREAT NECK RD N MASHPEE MA 02649		4	TELEPHONE POLE (1V/Z39)

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

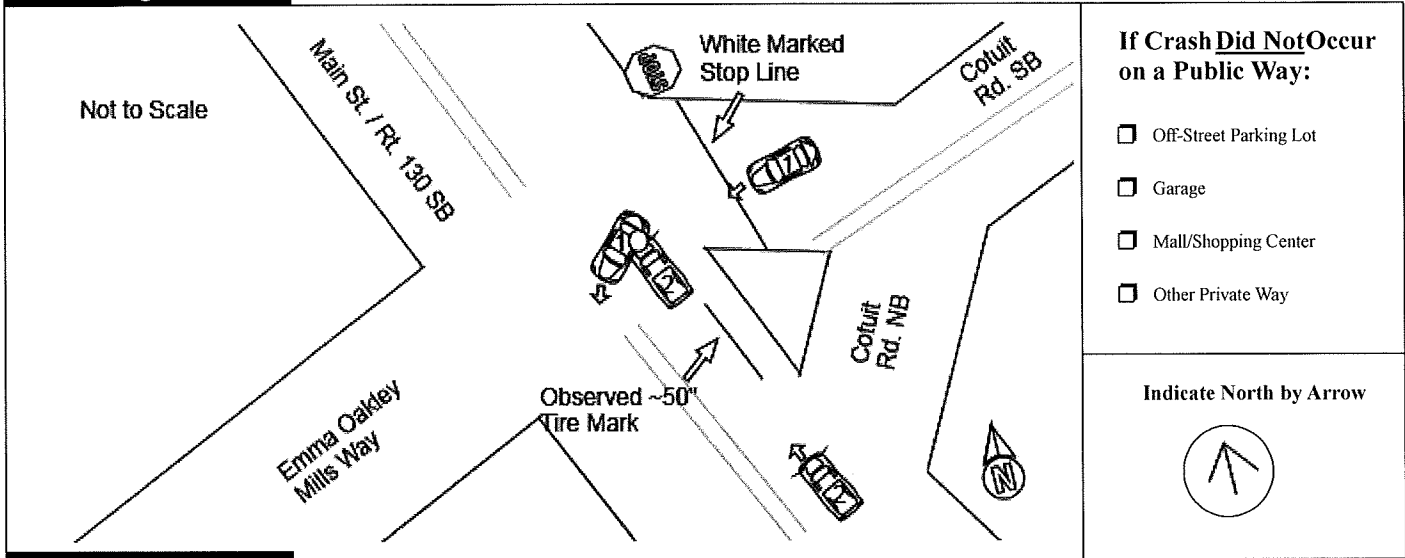
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Michelle Princi **PRINCI** **Mashpee Police Department** **01/01/2015**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 X = Pedestrian ⊙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → X → ⊙



Crash Narrative:

Veh 1 stated he was stopped on Cotuit Rd. SB and started to proceed into a left turn onto Rt. 130 SB. Veh 1 stated he observed Veh 2 but felt he had time to proceed through the NB lane in his turn. Veh 2 stated Veh 1 proceed into his lane of travel. Veh 2 stated he was travelling at approx. 40 MPH. Veh 2 stated he applied the brakes. Veh 1 and 2 stated vehicles collided. I determined Veh 1 was at fault and I issued Veh 1 a verbal warning for failing to yield the right of way to oncoming traffic. Veh 2 stated his neck or back may be sore. He refused medical attention. I observed an approximate 50' tire mark in the NB lane of Rt. 130 consistent with a heavy application of brakes. Statements were consistent with the observed damage. Eight images were obtained.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Michael Moulis

Police Officer Name (Please Print)

Signature

MOULIS

ID/Badge #

Mashpee Police Department

Department

Precinct/Barracks

01/28/2016

Date



Jurisdictions: MSH
Location: ALL
Street: MSH > RT 130 (Odd # 365-473 Even # 364-472 Blanks Excluded)
Intersecting Street:
Zones: ALL

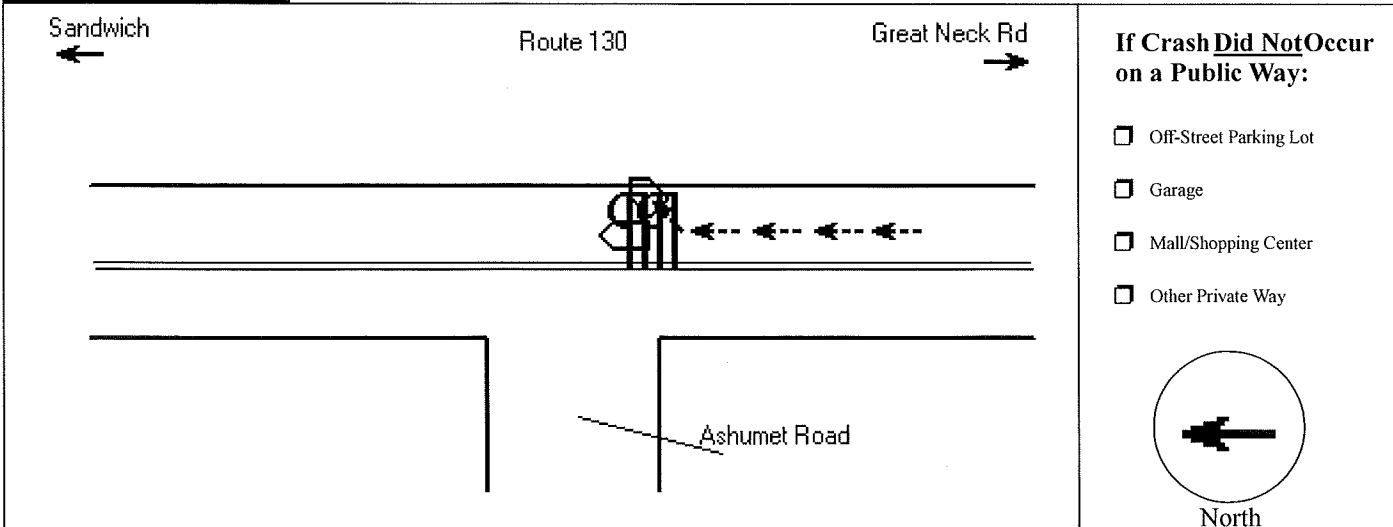
Accidents By Street Name

<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
GREAT NECK RD N	0	0	0	0	0	0	1	0	0	0	0	0	1
GREAT NECK RD NORTH	1	1	0	0	0	1	1	0	0	1	0	1	6
RT 130	4	2	2	1	3	3	5	5	1	4	2	8	40
TOTALS	5	3	2	1	3	4	7	5	1	5	2	9	47

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

On 3/27/11 Vehicle 1 was stopped at the intersection of Ashumet Rd and Rt 130, waiting to turn left. Vehicle 2, traveling northbound, approached vehicle 1 from the rear. Vehicle 2 struck vehicle 1 from behind, causing damage to both vehicles. The operator of vehicle 1 was shaken up, and was treated on scene by Sandwich Rescue. The operator of vehicle 2 was uninjured. He stated that he looked away for a second. When he looked up, he saw vehicle 1 stopped, but was unable to completely avoid a collision. Vehicle 2 was towed from the scene by Access Tow. I advised the operator of vehicle 2 that he was at fault for the rear-end accident. He acknowledged being at fault.

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

Detective Eric M Foley Sr.

FOLEY

Mashpee Police Department

03/27/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

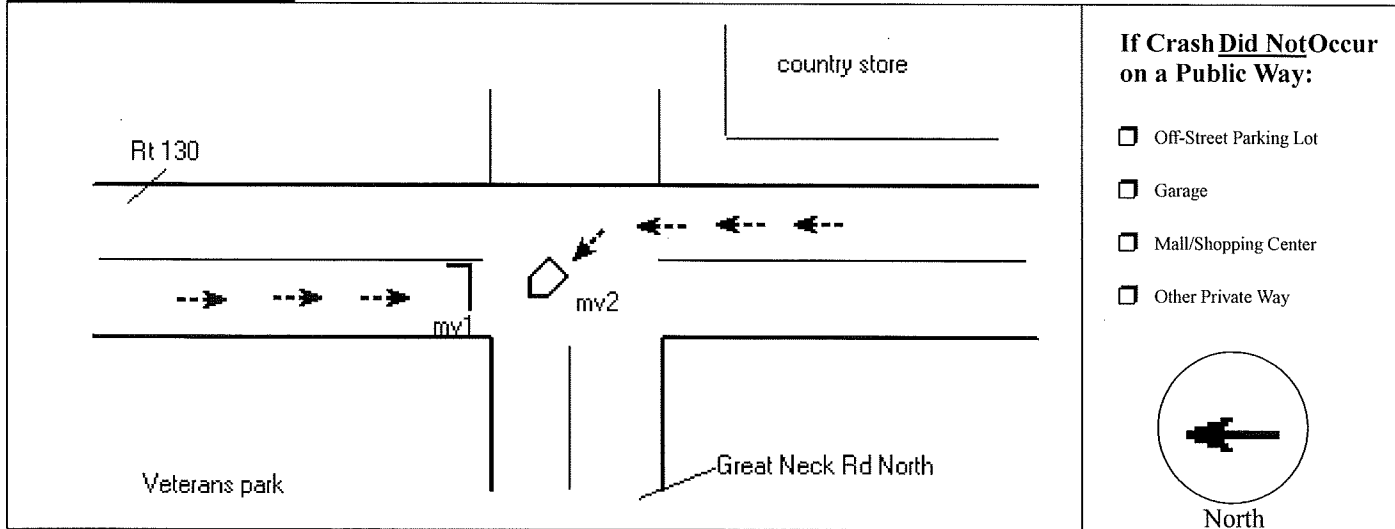
Precinct/Barracks

Date

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ☒ = Pedestrian

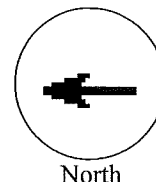
Crash Diagram:

ie: → [1] → [2] → ☒



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

On June 7, 2011 Vehicle 1 was traveling south on Rt 130. Vehicle 2 was traveling north, and attempted to turn left onto Great Neck Rd North.

Vehicle 1 collided with vehicle 2 at the intersection.

Vehicle 1 received moderate front end damage, and was towed from the scene. The operator was uninjured in the accident.

Vehicle 2 received moderate front and passenger side damage, and was towed from the scene. A passenger in vehicle 2 was removed from the vehicle and transported by MFD to Falmouth Hospital for injuries.

The operator of vehicle 2 was operating on Permit only. She was issued a citation for unlicensed and failure to yield.

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:

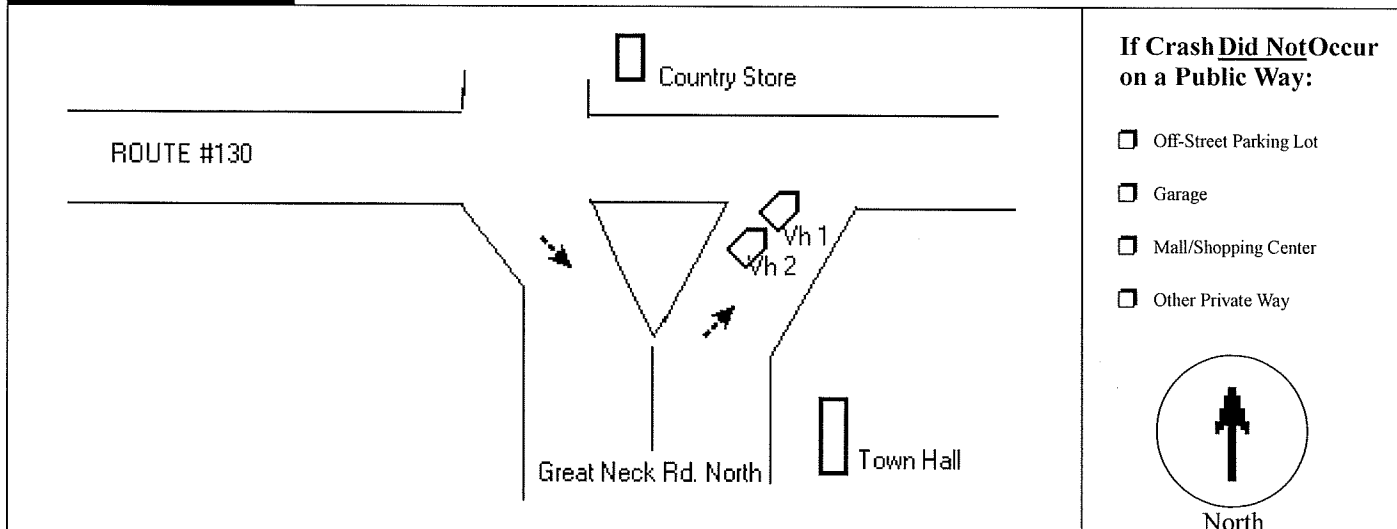
Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Detective Eric M Foley Sr. **FOLEY** Mashpee Police Department 06/07/2011
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

Vehicle #1 was stopped at yield sign, awaiting traffic to clear in order to proceed onto Route #130, when vehicle #2 stopped behind it, looked left, and then proceeded without looking forward again, causing her vehicle to crash into vehicle #1. Operator of vehicle #2 was inattentive, causing her to crash.

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

Officer RALPH MAHONEY

MAHONEY Mashpee Police Department

06/10/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

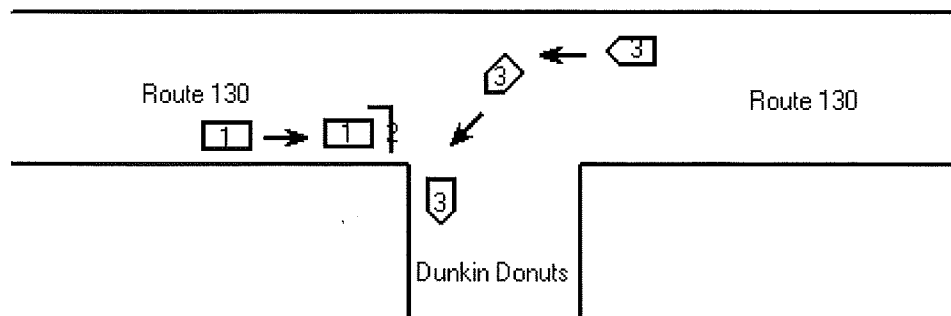
Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

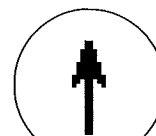
Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Vehicle 1 (MA CO H72669) and 2 (MA CO N80120) were traveling on Route 130 towards Sandwich. Vehicle 3 (unknown description) cut across the double yellow line and turned into the Dunkin Donuts parking lot. Vehicle 2 slammed on the breaks in an attempt to prevent a crash with vehicle 3. Vehicle 1 did not have time to stop and rear ended vehicle 2. Vehicle 1 was towed from the scene by Access Auto and Vehicle 2 was able to leave on its own power. No injuries were reported.

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

Master Detective Bryan Burke

BURKE

Mashpee Police Department

07/05/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Diagram of Accident: 11-168-AC

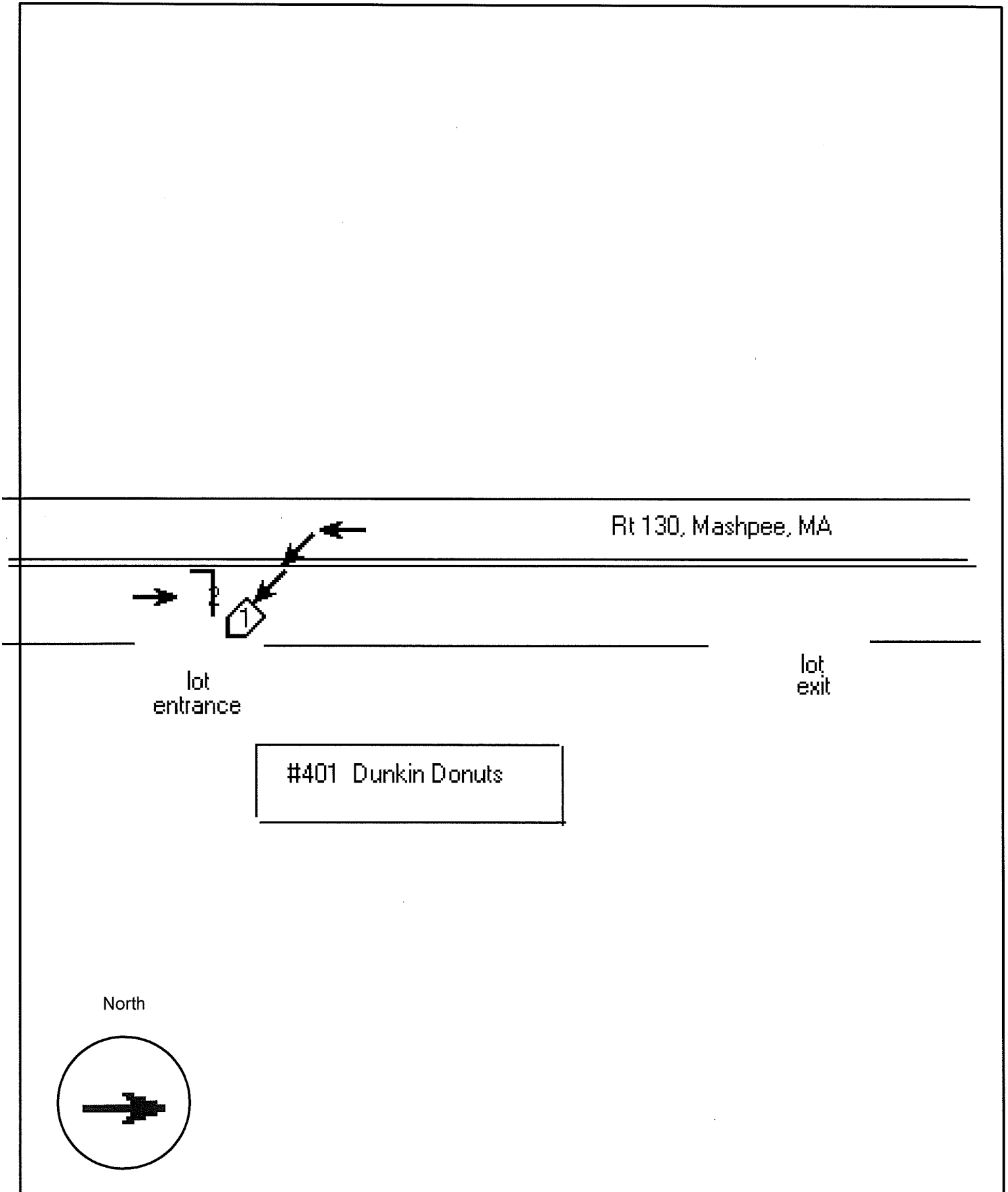
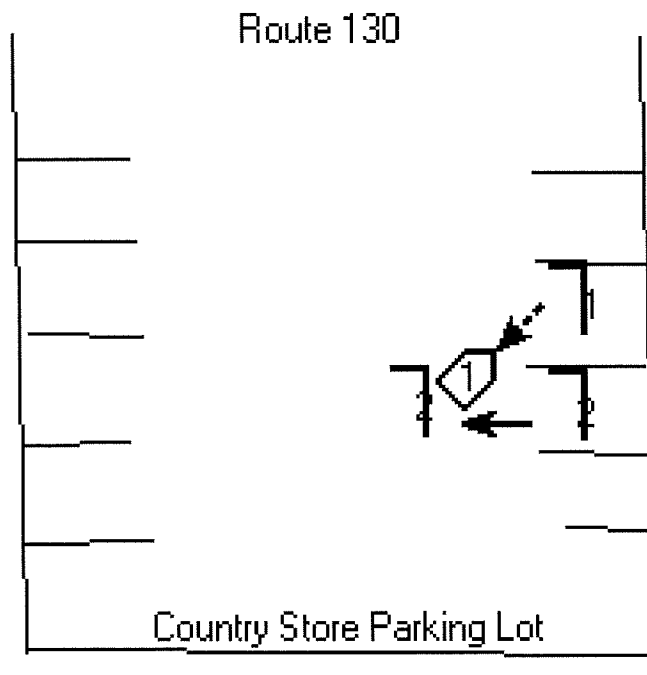


Diagram of Accident: 11-186-AC



North

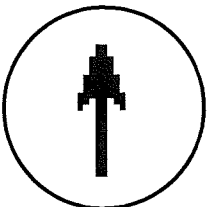


Diagram of Accident: 11-215-AC

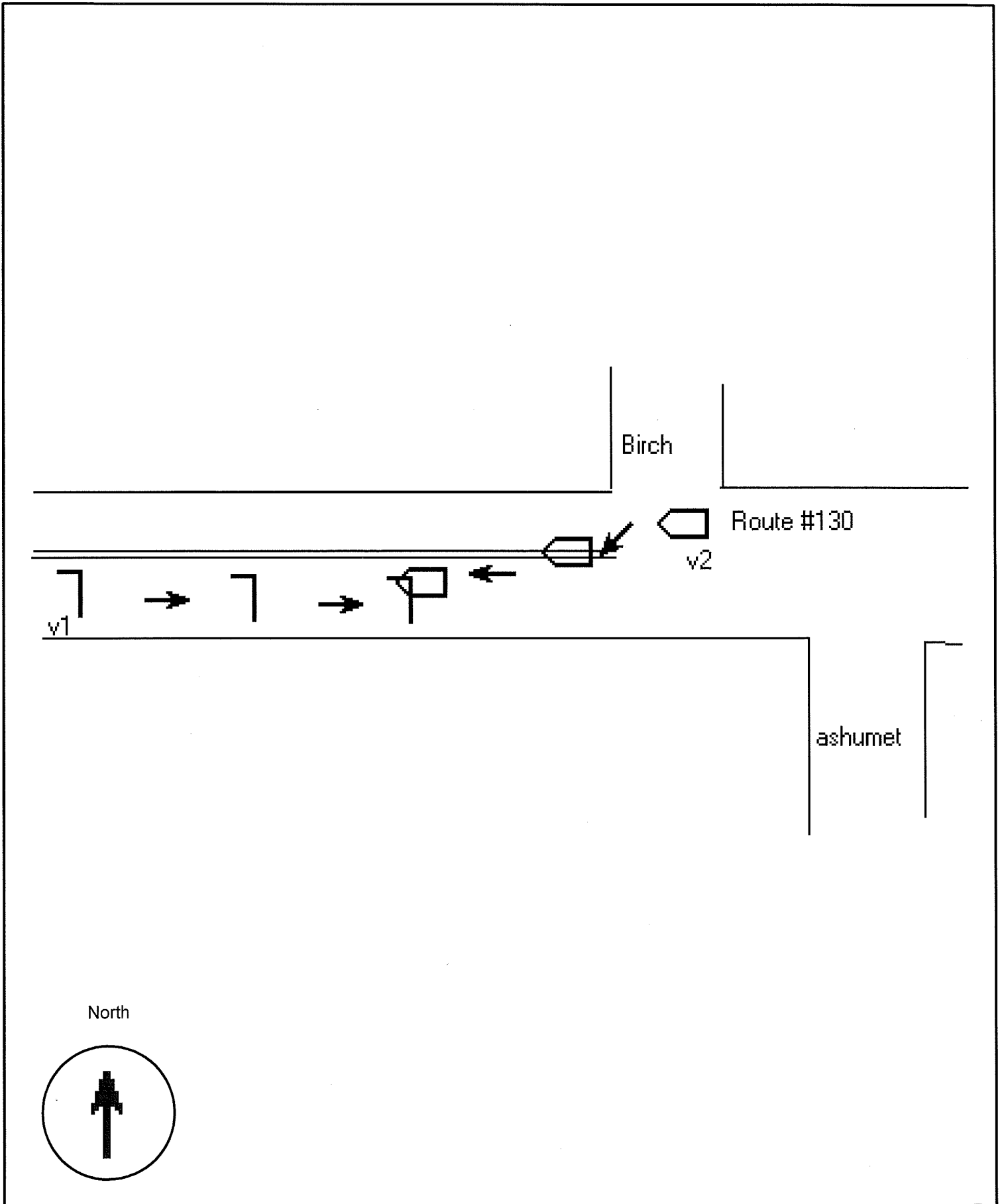


Diagram of Accident: 11-337-AC

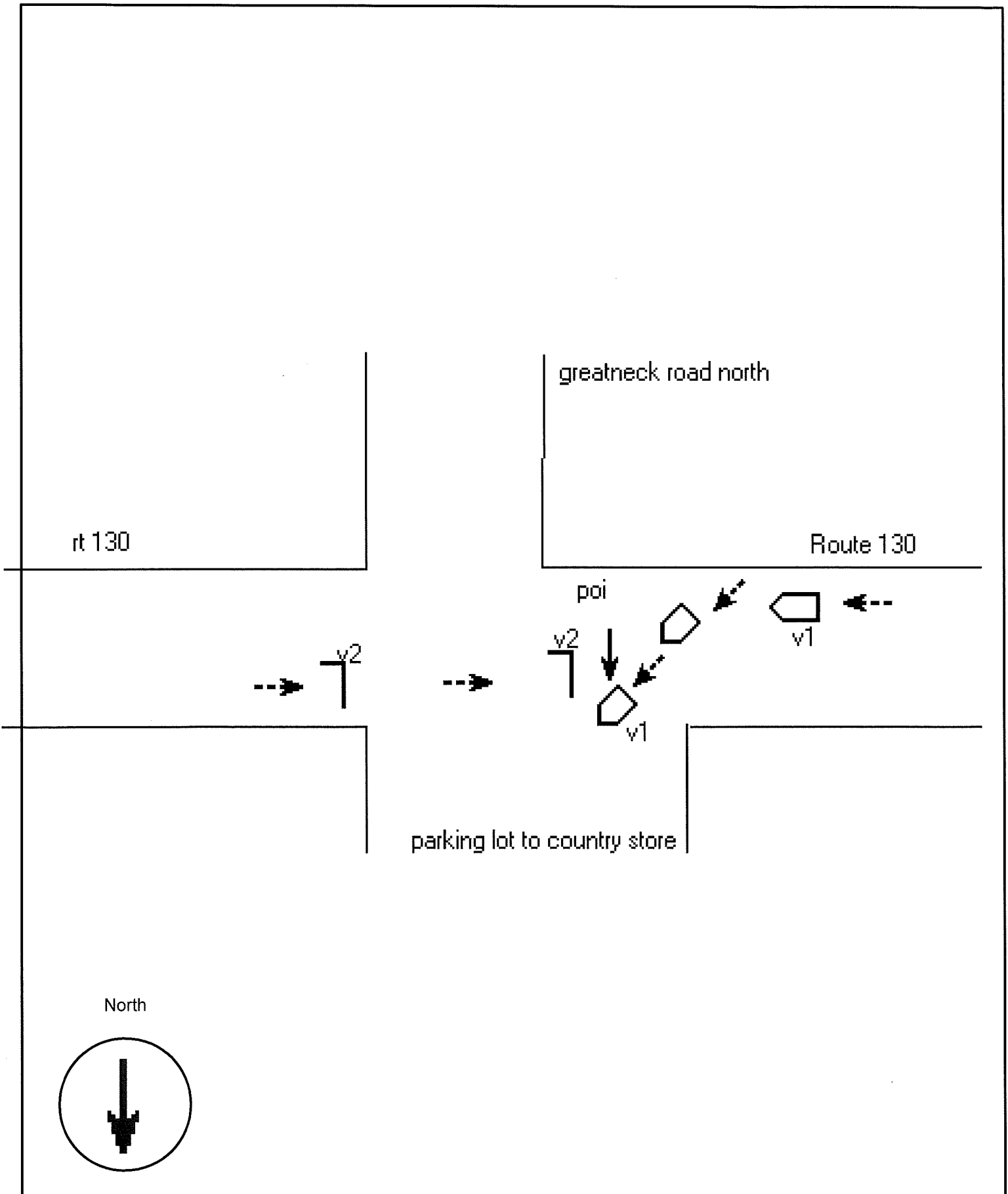


Diagram of Accident: 12-35-AC

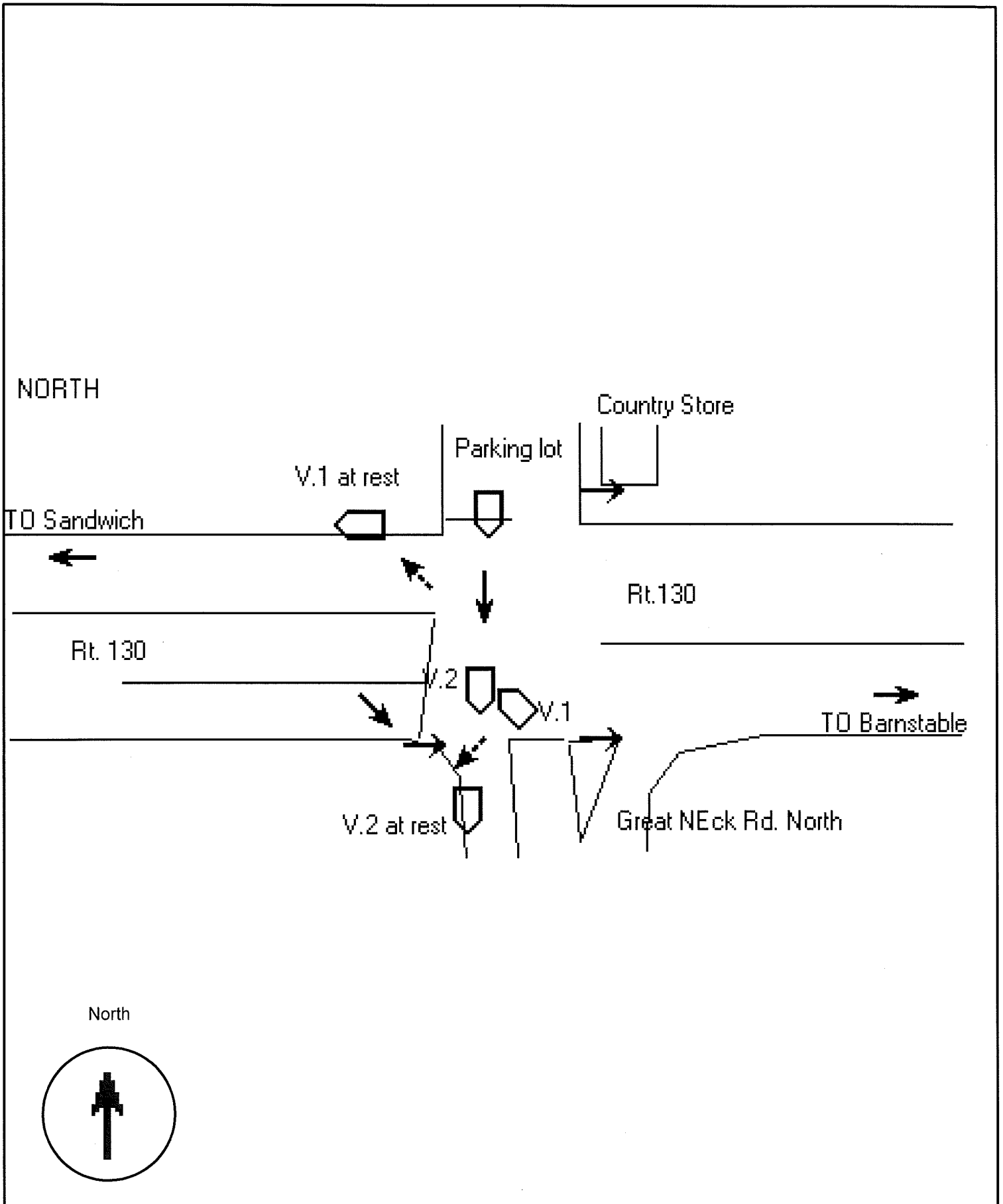


Diagram of Accident: 12-108-AC

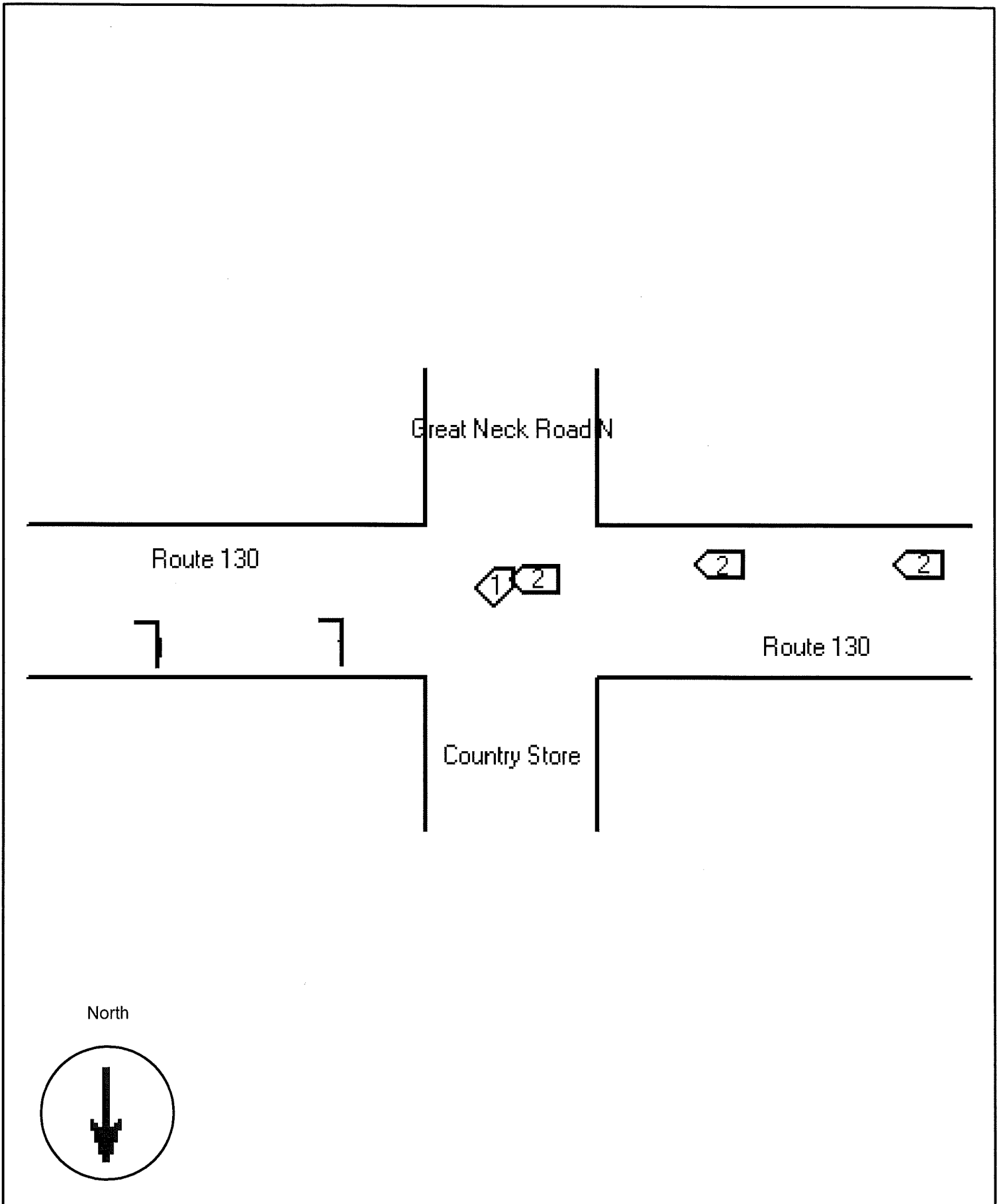


Diagram of Accident: 12-110-AC

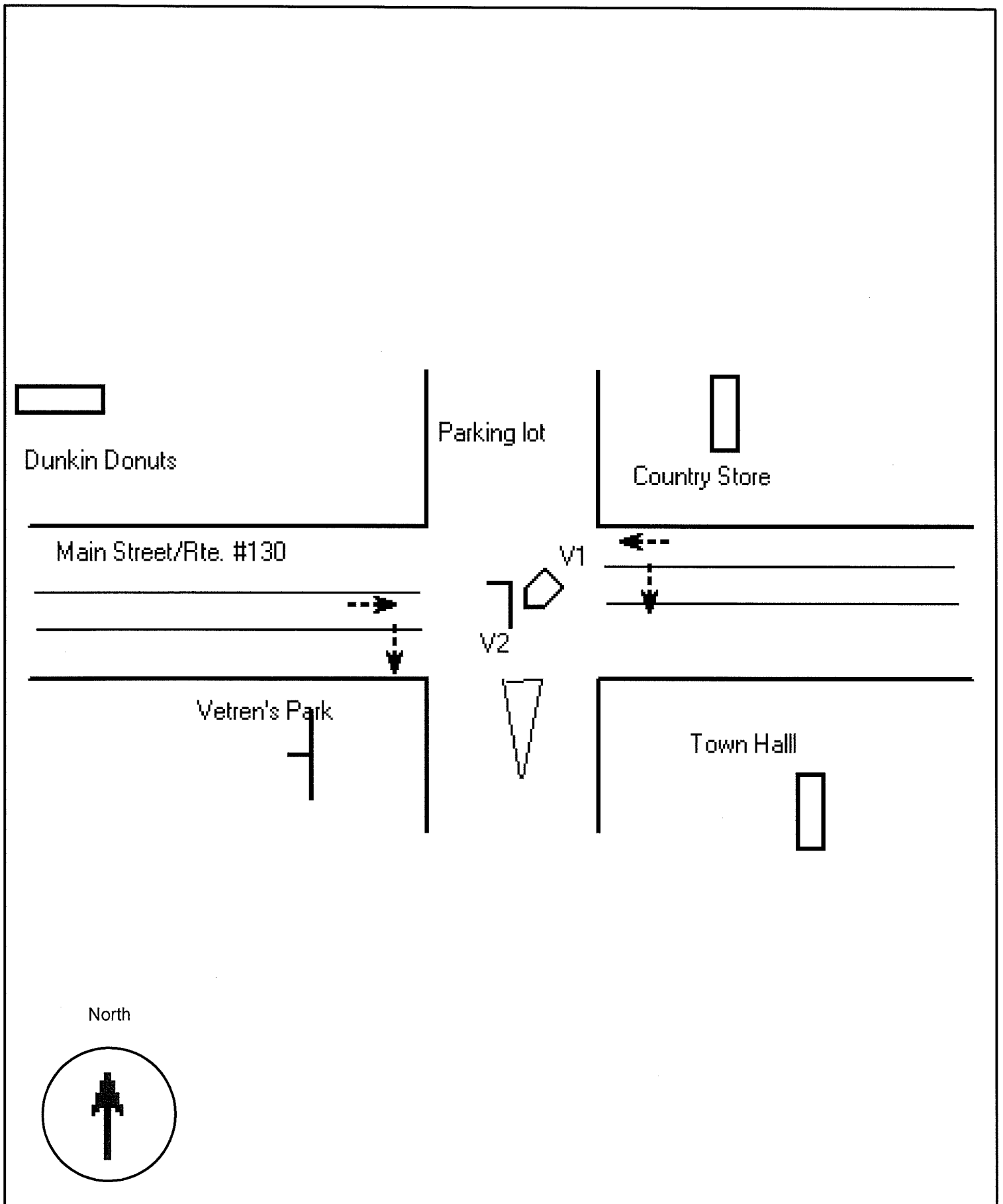


Diagram of Accident: 12-121-AC

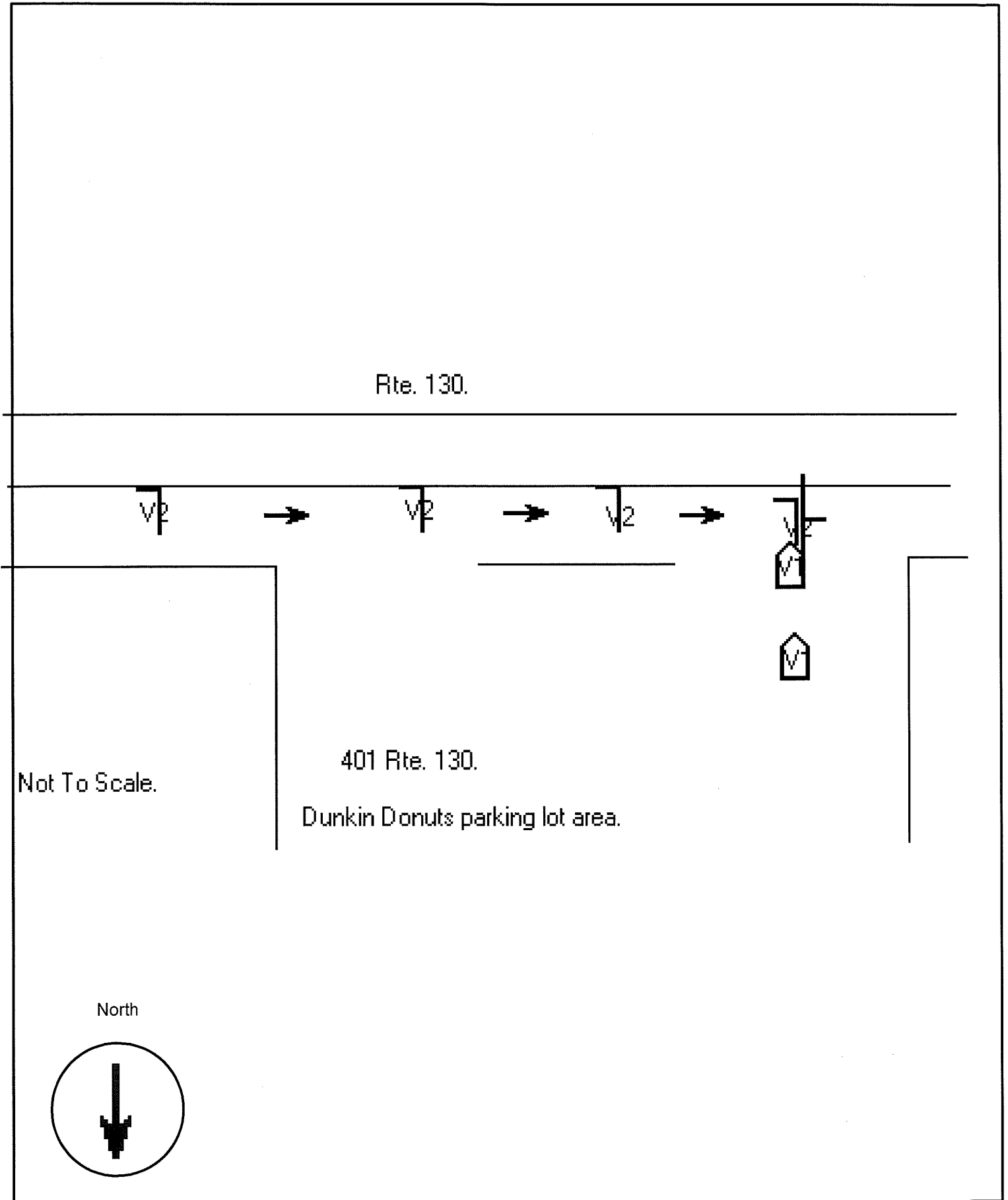


Diagram of Accident: 12-278-AC

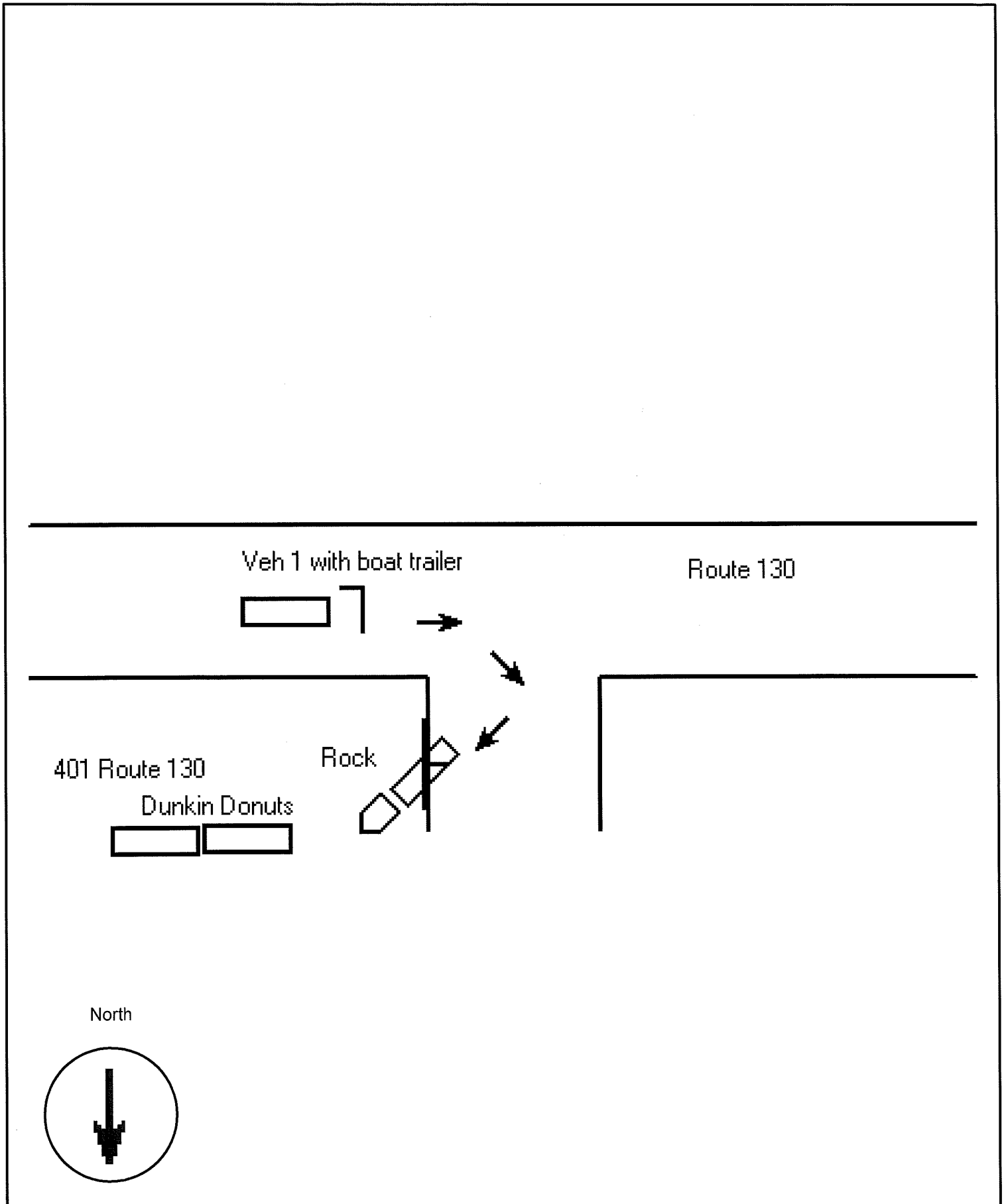


Diagram of Accident: 12-283-AC

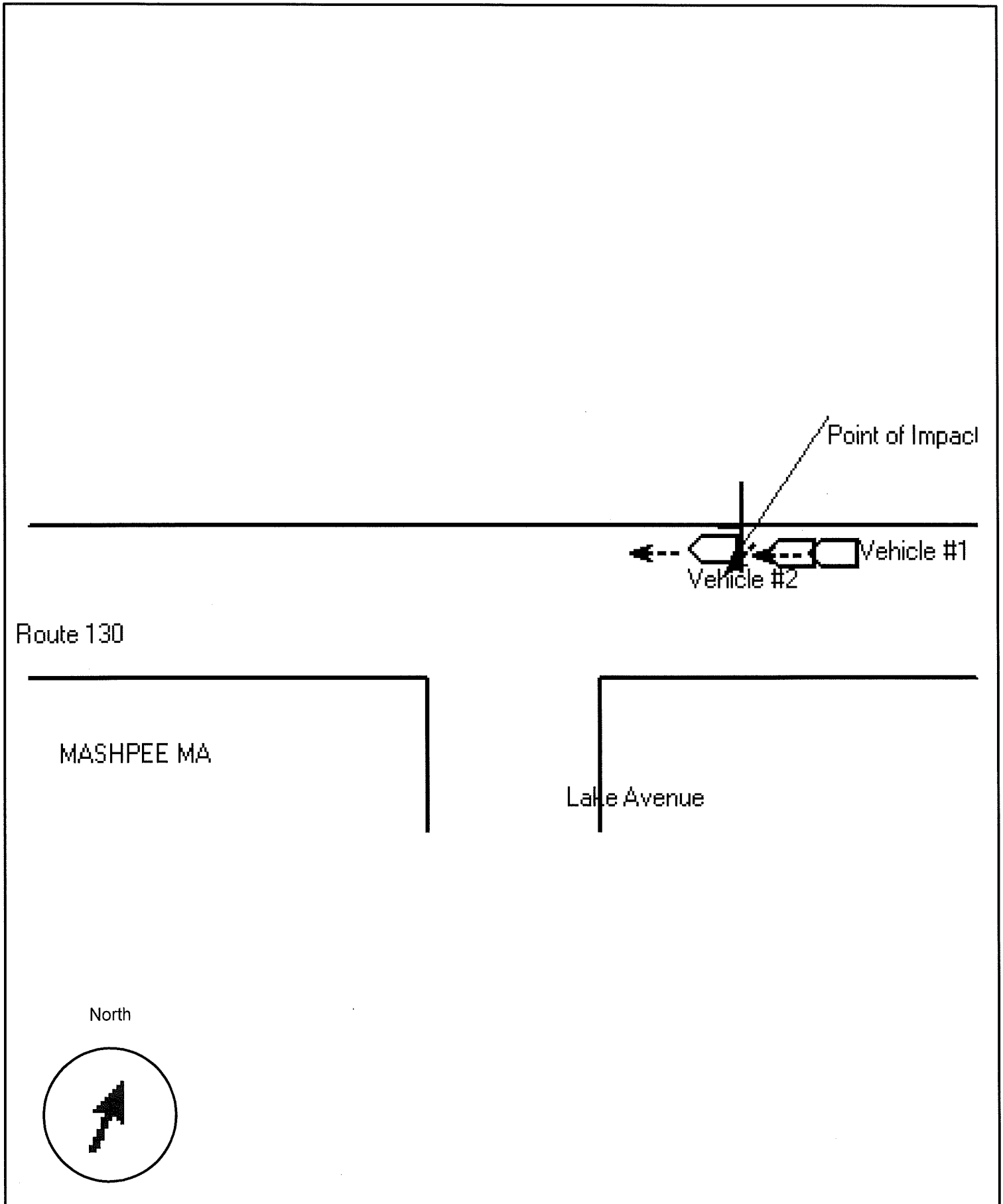


Diagram of Accident: 12-287-AC

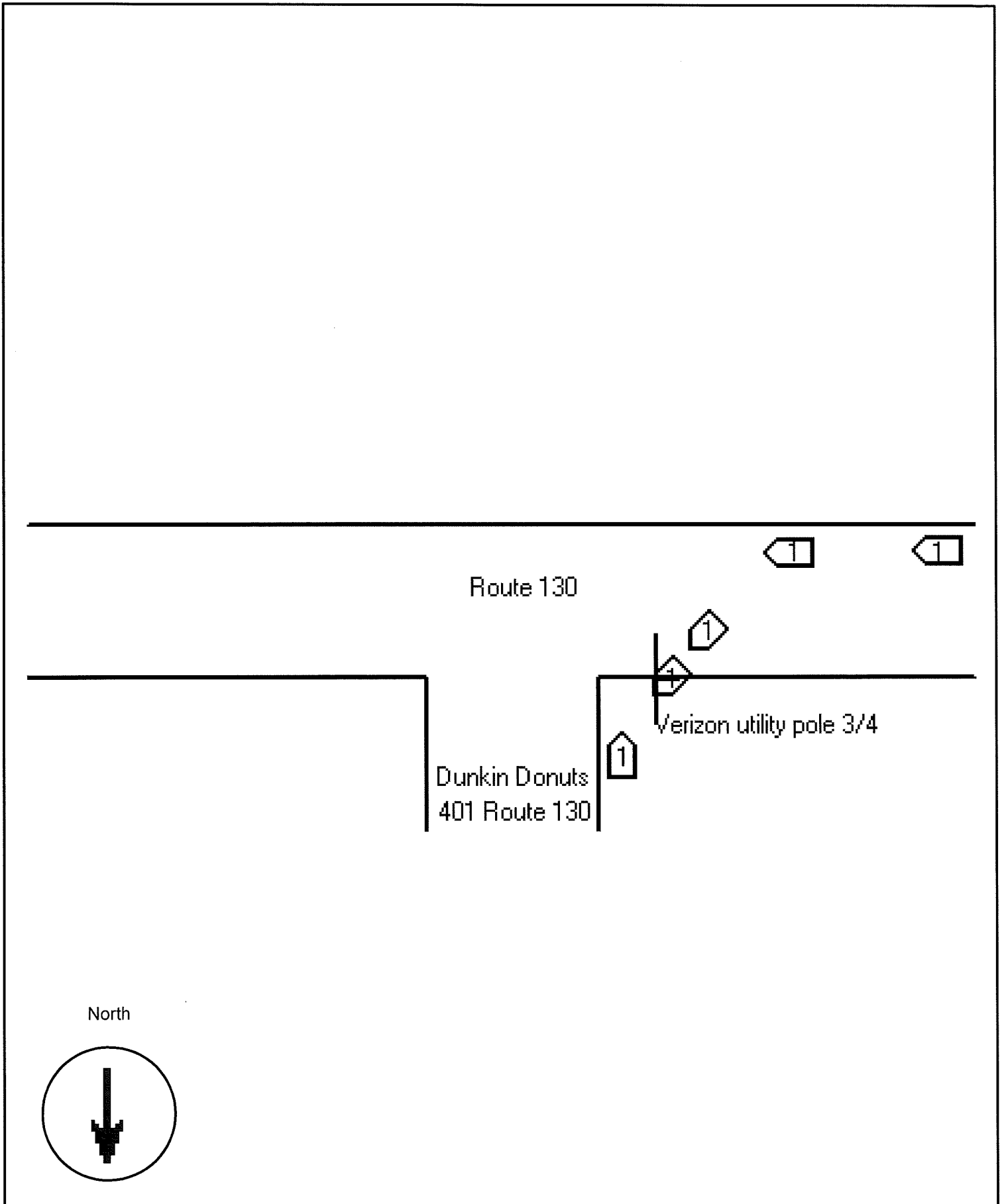


Diagram of Accident: 12-354-AC

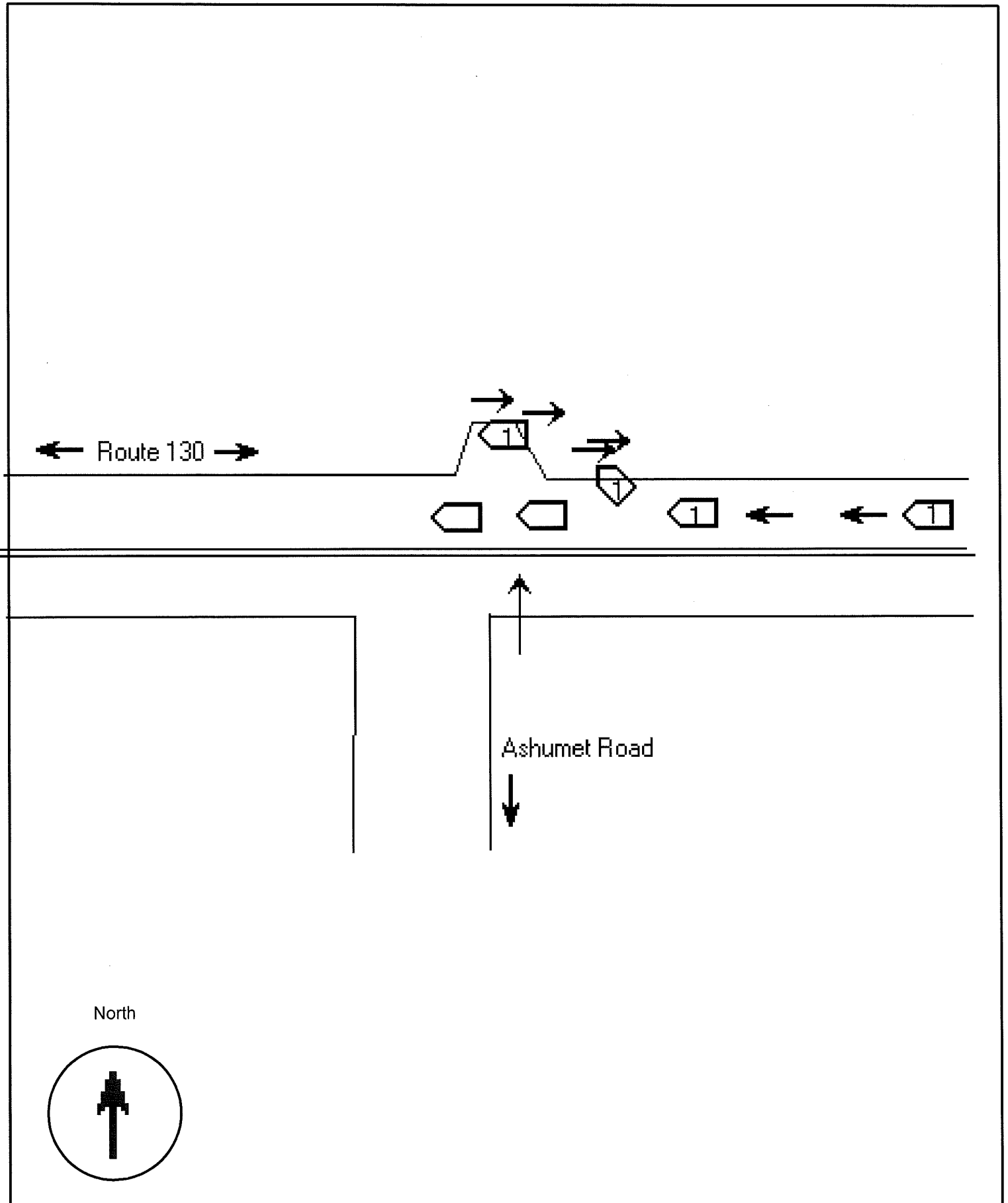
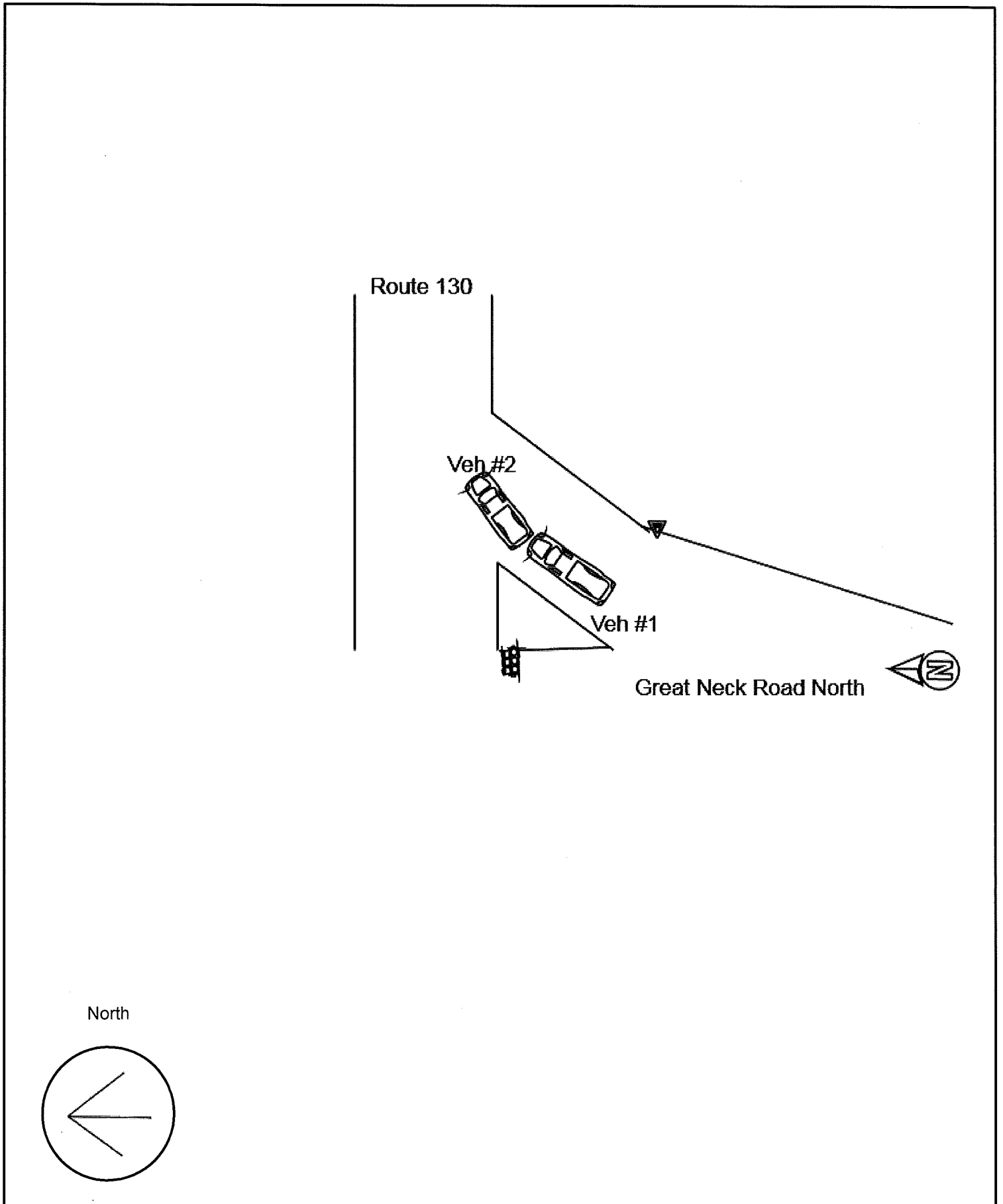
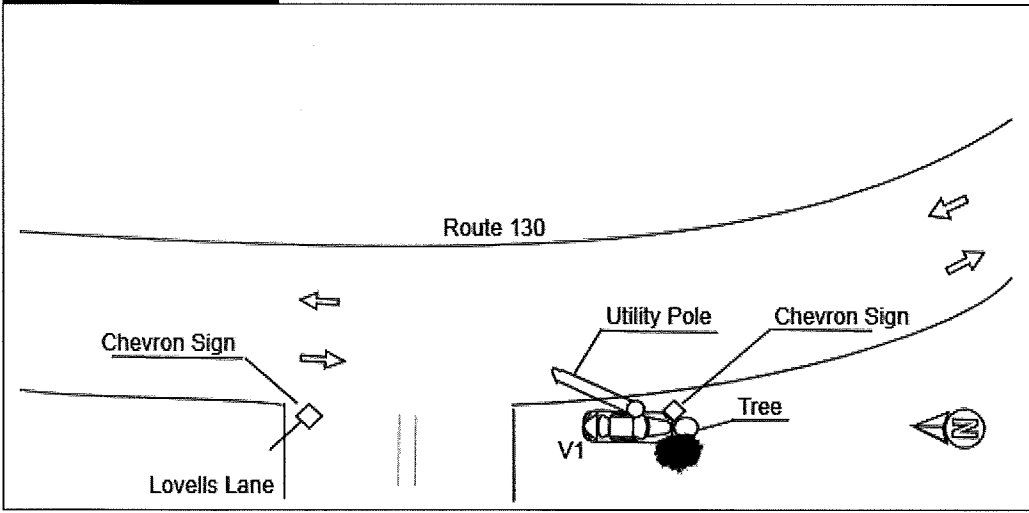


Diagram of Accident: 13-215-AC



➔ = 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

North

Crash Narrative:

On Wednesday, 08/28/13, at approximately 2220 hours, V1 (operated by Lauren Swenson, 06/16/86) was travelling south on Route 130 when Swenson drove off the road, striking 2 chevron road signs, a utility guide pole, and finally coming to rest against a tree. Swenson was transported to South Shore Trauma Center for serious injuries. A criminal complaint was filed against Swenson for marked lanes violation, speeding, OUI, and negligent operation of a motor vehicle.

Officer Christopher Giuca

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
[Redacted]	[Redacted]	[Redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
MASHPEE DPW	MEETINGHOUSE RD MASHPEE MA 02649			CHEVRON ROAD SIGNS
VERIZON	PO BOX 11328 ST. PETERSBURG FL 337			UTILITY GUIDE POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

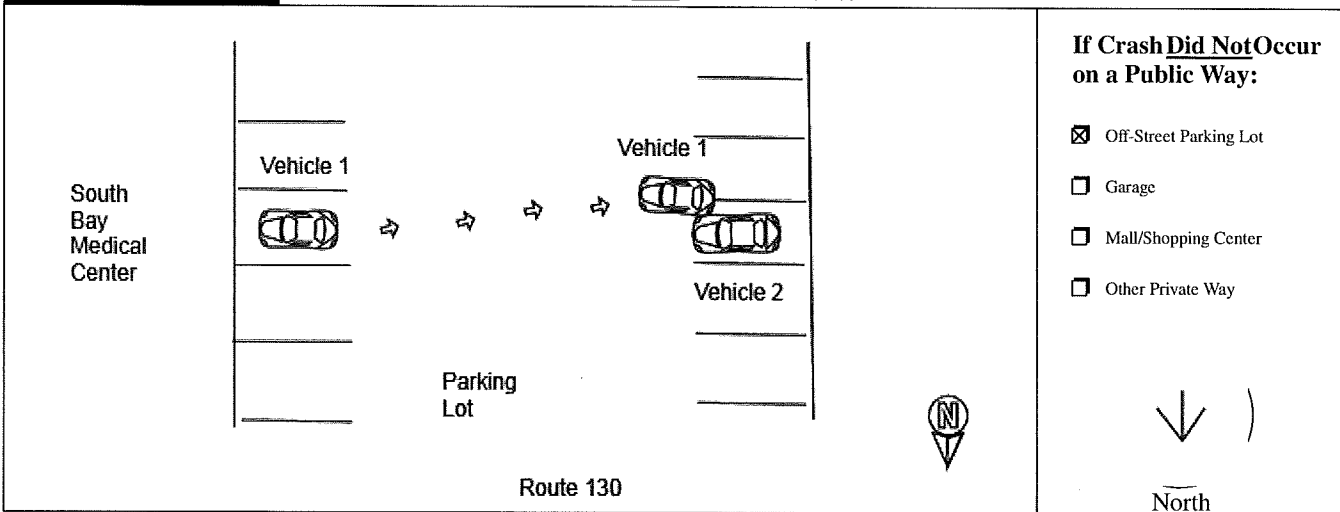
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Christopher Giuca GIUCA Mashpee Police Department 08/29/2013
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:



Crash Narrative:

On 12/27/13, at approximately 0952, Master Officer Burke and I were dispatched to a minor motor vehicle crash located in the South Bay Medical Center parking lot off of Route 130. The operator of vehicle 1 was backing up out of a parking spot and reversed into vehicle 2, which was parked in a spot behind vehicle 1. Both operators did not observe any damage on scene. The operator of vehicle 1 returned to her residence where she did observe minor damage to her vehicle. The operator of vehicle 1 returned to the scene where she notified the operator of vehicle 2 about the damage. It should be noted that vehicle 1 was a company vehicle and that the operator of vehicle 1 should be faulted for not using care while backing. Master Officer Burke and I filled out the correct accident forms and each operator was given a copy.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Officer Kristopher Threlkeld

THRELKE Mashpee Police Department

12/27/2013

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

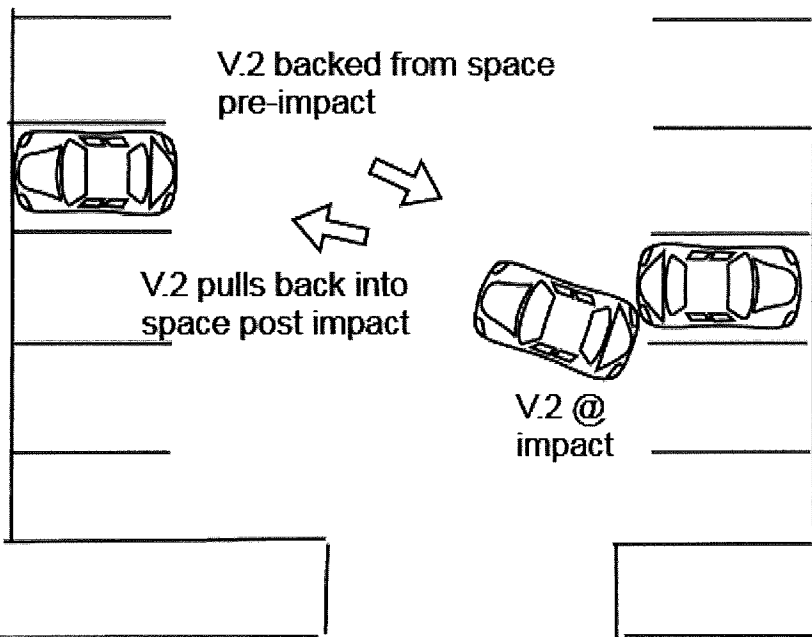
Precinct/Barracks

Date

Diagram of Accident: 14-105-AC

NOT TO SCALE

South Bay
Mental Hospital



V.2 backed from space
pre-impact

V.2 pulls back into
space post impact

V.2 @
impact

V.1 parked
@ impact

TO: Barnstable

Rt. 130

TO: Sandwich

North

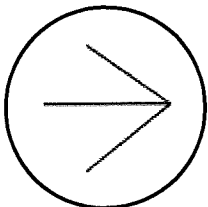


Diagram of Accident: 14-153-AC

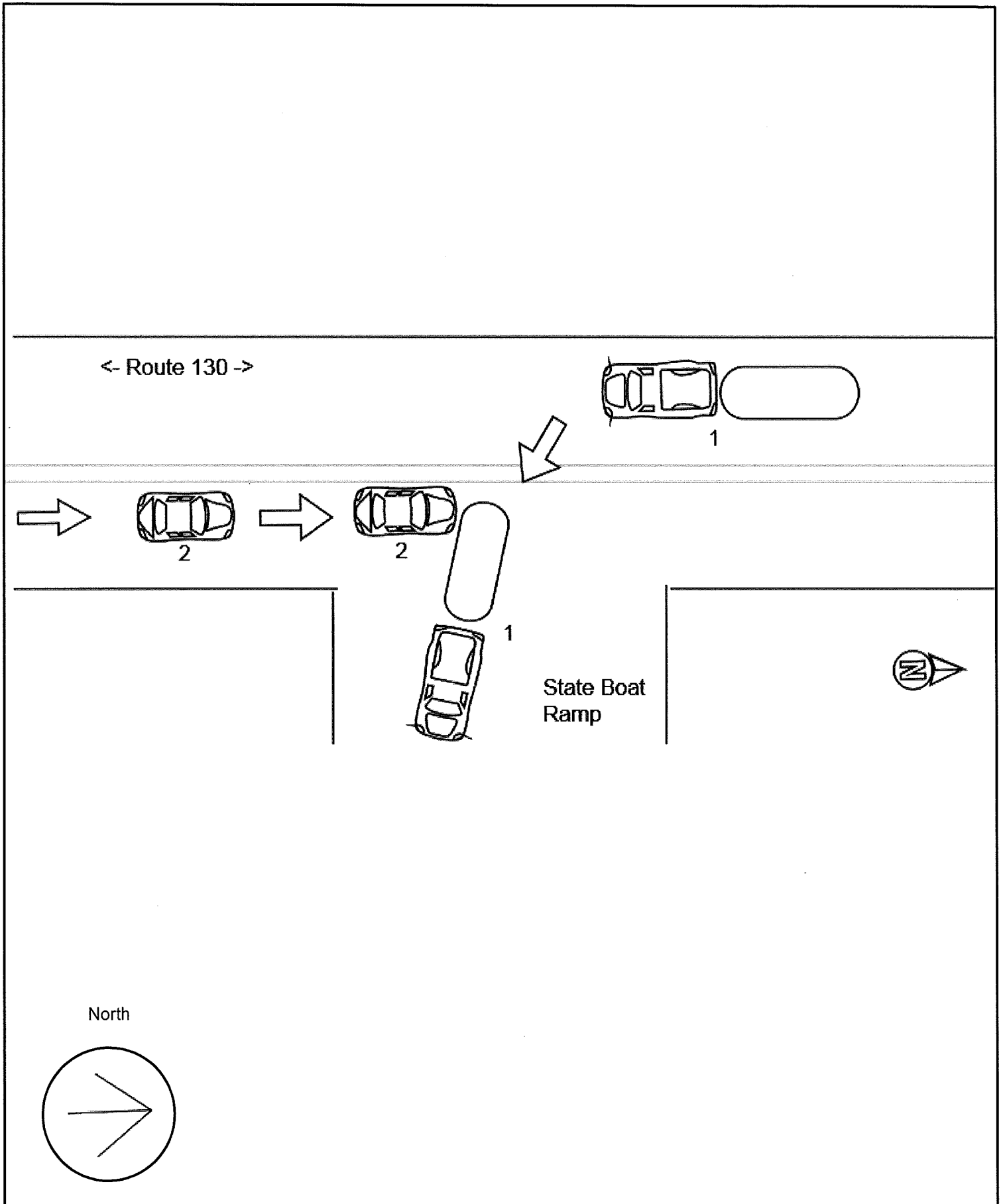
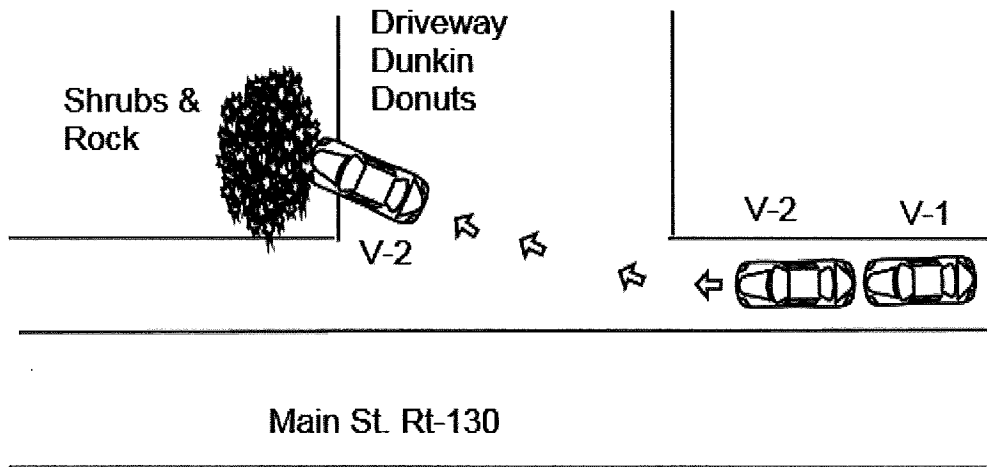


Diagram of Accident: 14-156-AC



North

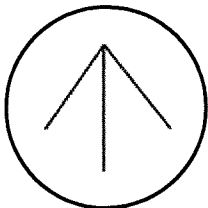
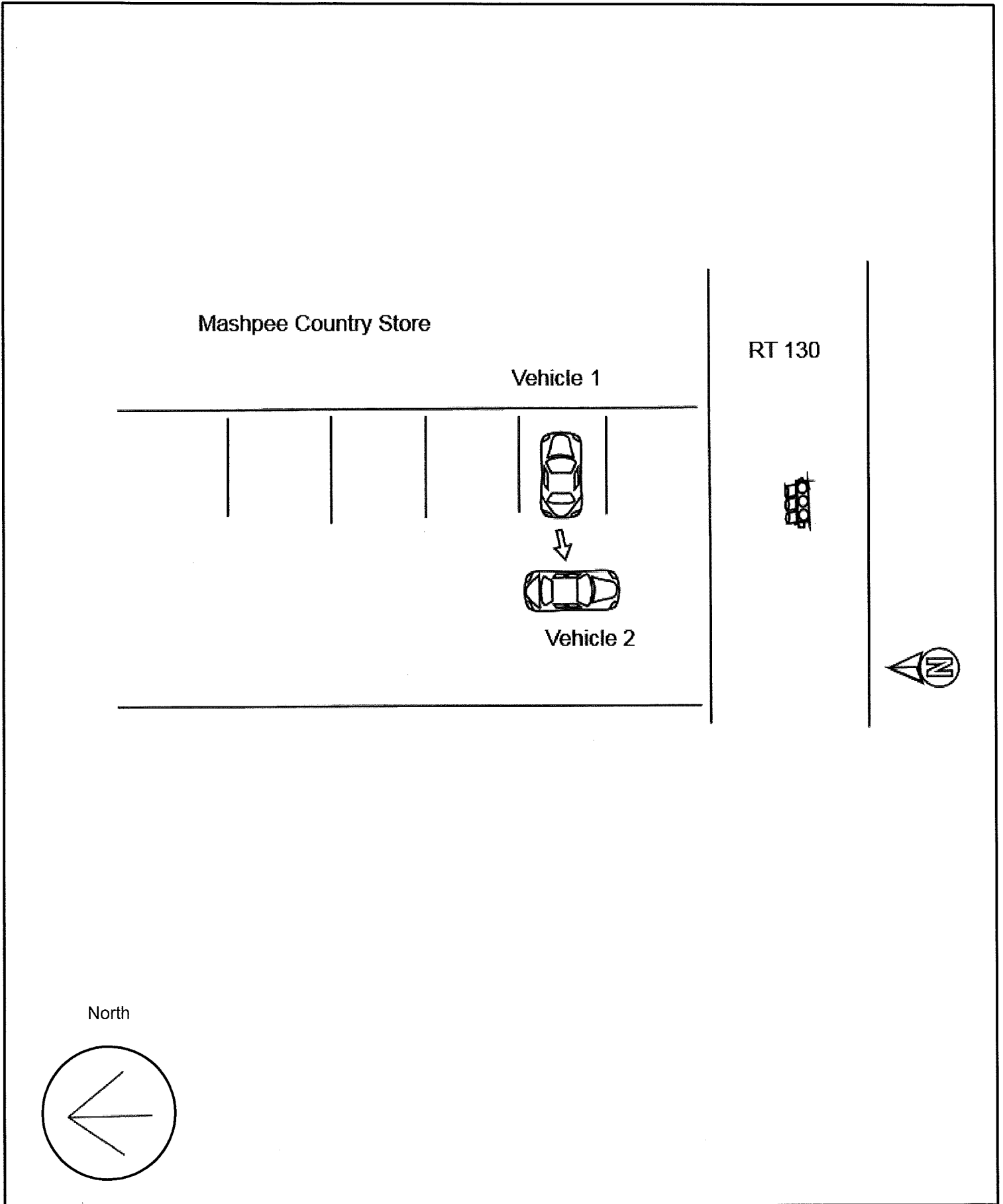


Diagram of Accident: 14-188-AC



Mashpee Country Store

Vehicle 1

RT 130

Vehicle 2

North

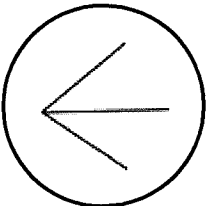
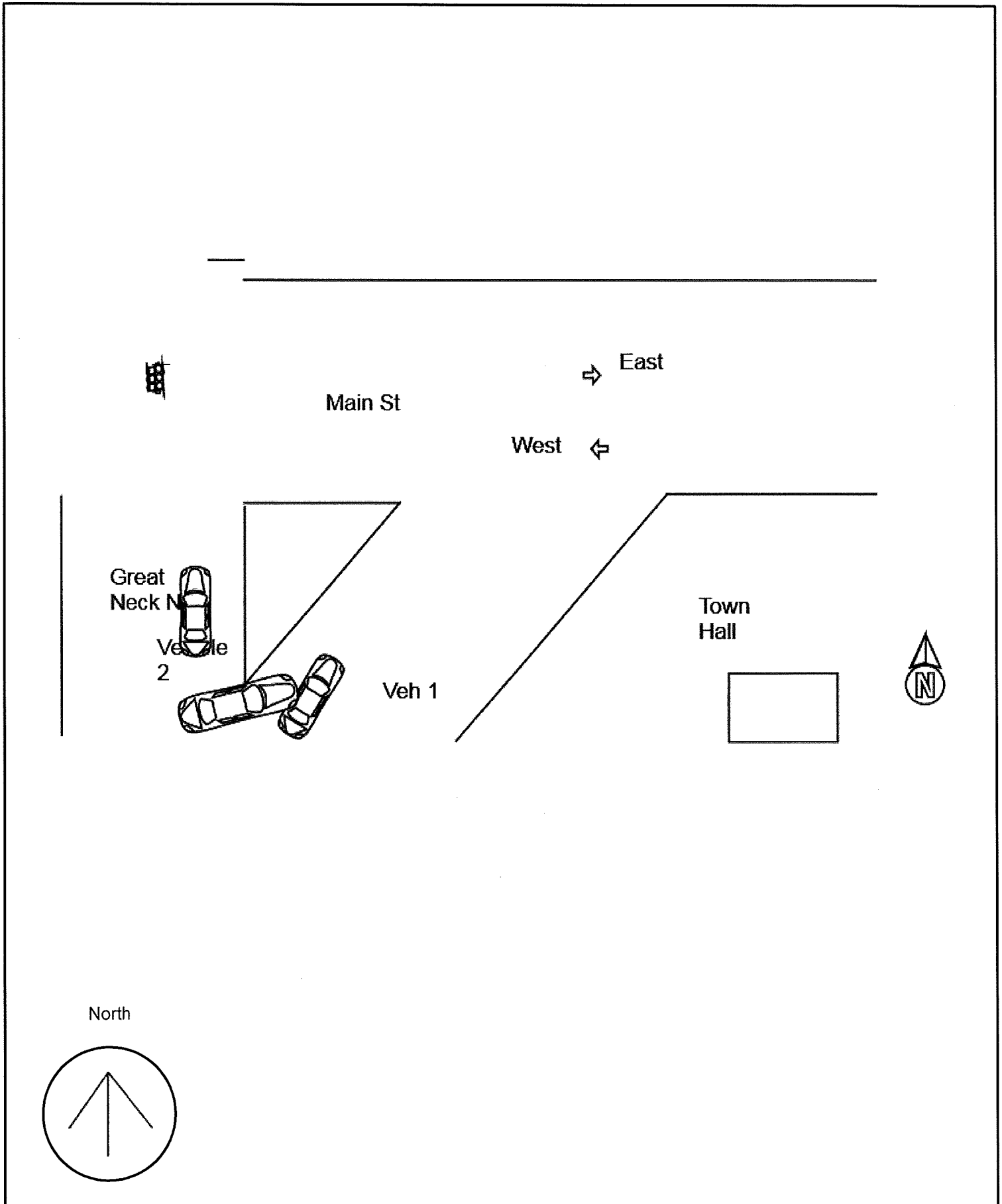
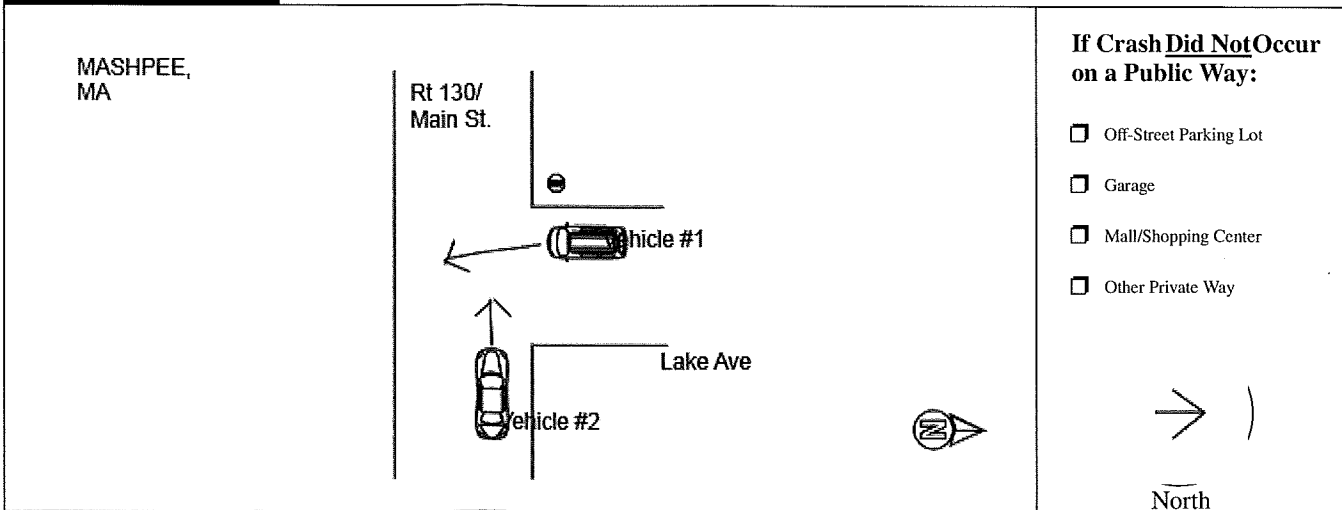


Diagram of Accident: 14-190-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian

Crash Diagram:



Crash Narrative:

On the date and time on this form, Vehicle #1 did pull away from a stop sign @ the intersection of Lake Ave and Rt 130/Main Street Mashpee. Vehicle #1 did pull out in front of Vehicle #2 and did strike the left front corner of Vehicle #2 causing damage to that spot and the driver's side door. Vehicle #1's damage consists of the left rear corner. (Photos taken of both damages.) Vehicle #2 was travelling on Rt 130/Main St towards Sandwich. Vehicle #1 was attempting to leave Lake Ave and turn left onto Rt 130/Main St. with a clearly marked Stop Sign. The operator of Vehicle #1 was given a verbal for Failure to Yield to Right of Way.

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

Officer Meredith Allen

MALLEN

Mashpee Police Department

08/06/2014

Police Officer Name (Please Print)

Signature

ID/Badge #

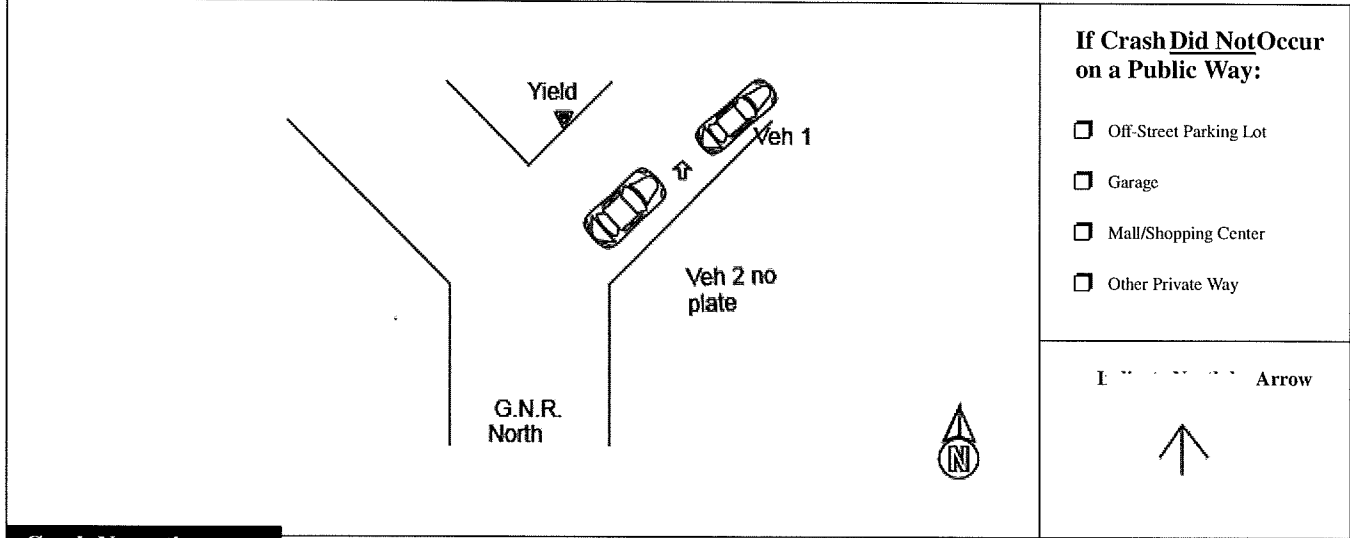
Department

Precinct/Barracks

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 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

I ... Arrow

Crash Narrative:

On 10/19/14 at 12:17 hrs. I was dispatch to a mvc at Great Neck Rd. North / Rt. 130. Veh 1 Ma. reg. 921KA4 a 2007 Honda accord 4 dr. sedan, operator Parchment. Damage over 1000+ includes rear bumper assembly. Veh 2 Unknown partial plate of RT777 no further information on model. Operator Parchment came to a stop at the Yield at the above location. As a result, veh 2 attempted to stop but made contact with veh 1 and continued to leave area on Rt. 130 heading east. The veh 1 was a grey suv type vehicle with a female operator.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Alcott Tobey Jr **TOBEY** **Mashpee Police Department** **10/19/2014**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 14-360-AC

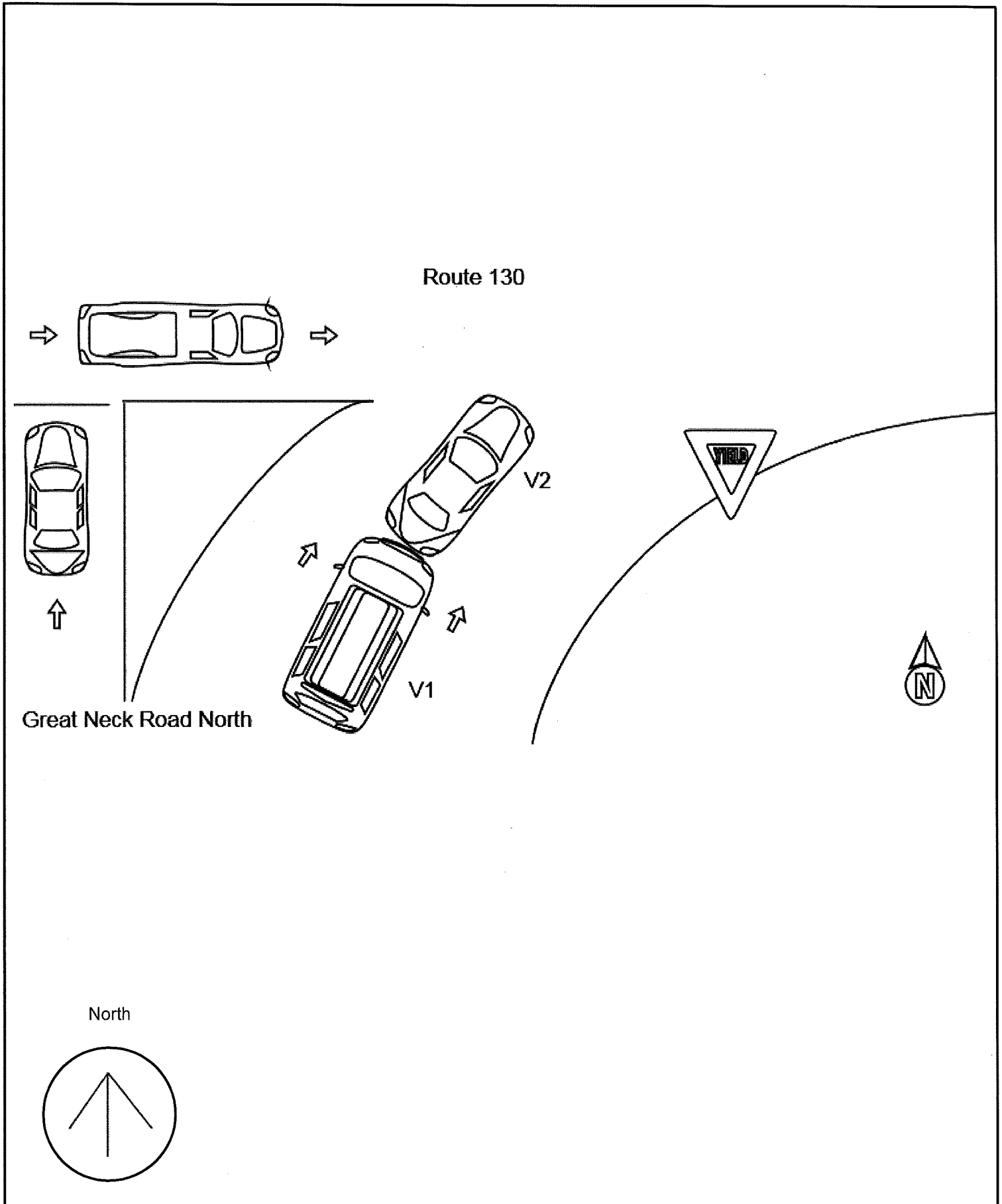


Diagram of Accident: 14-371-AC

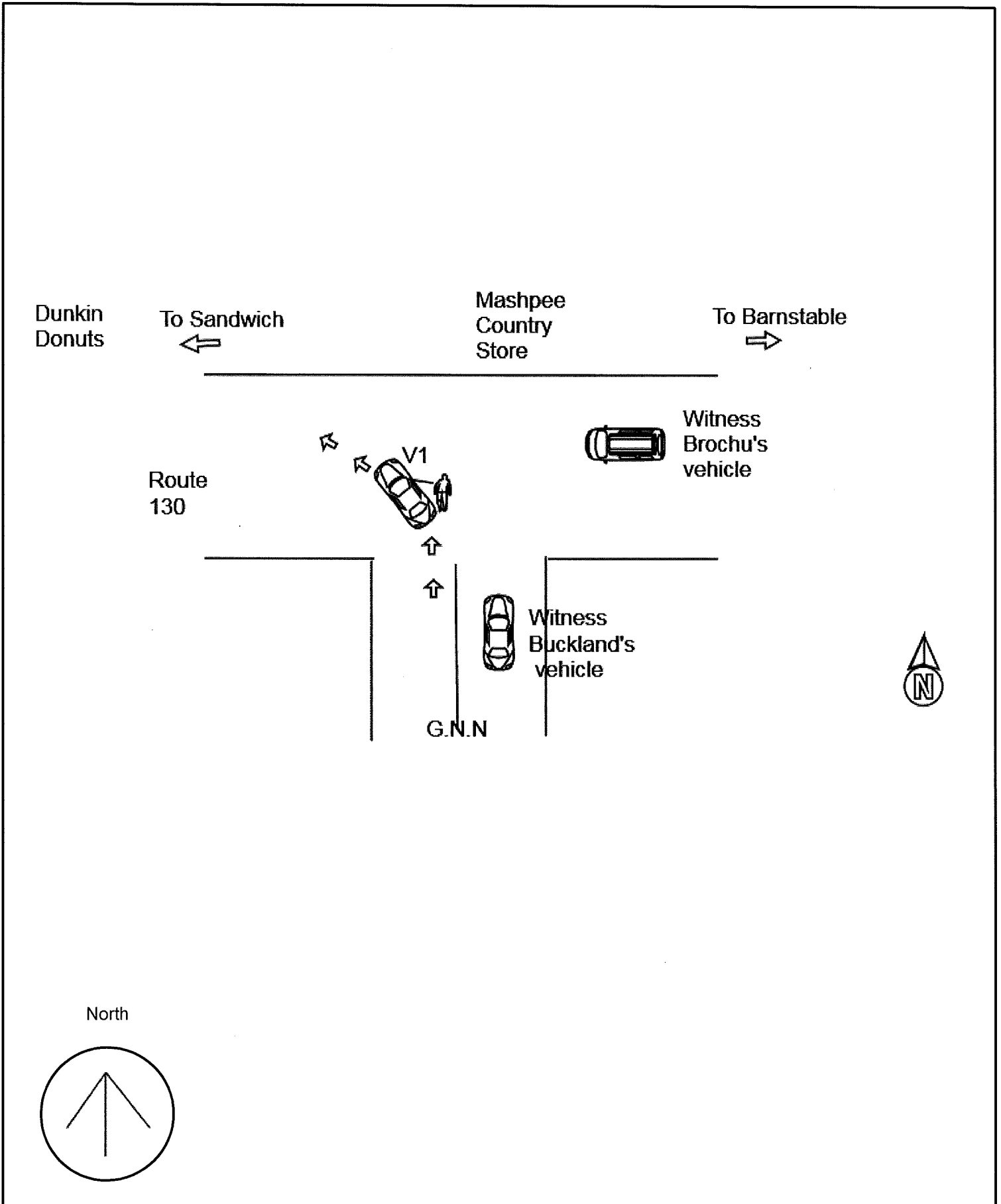
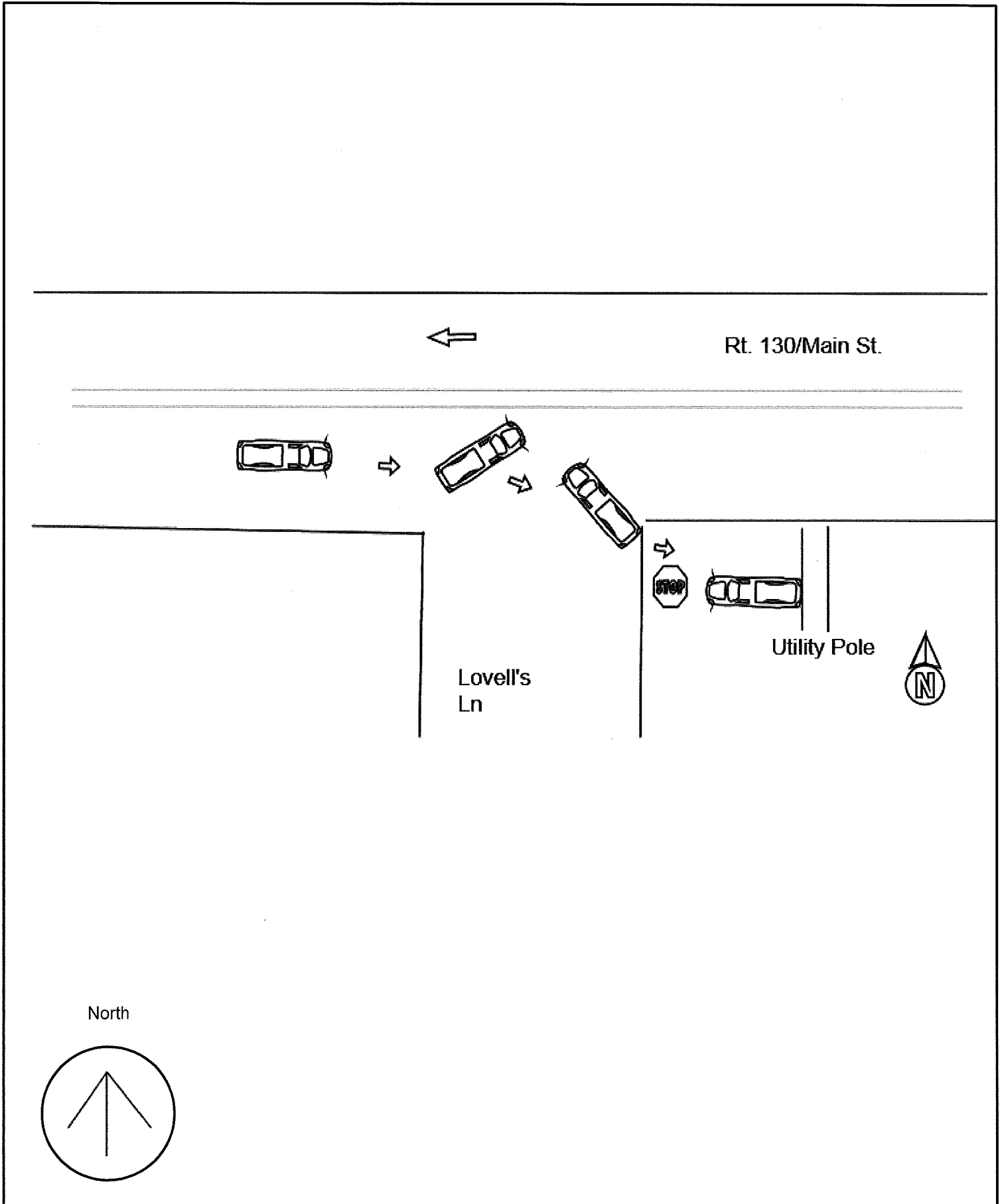
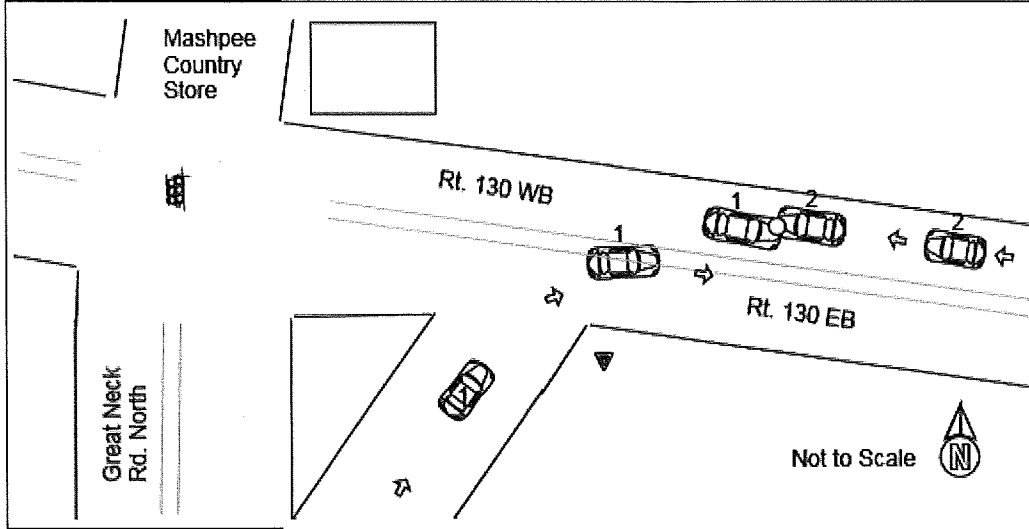


Diagram of Accident: 15-5-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 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

Enter Arrow

↑

Crash Narrative:

Veh. 1 was traveling from Great Neck Rd. North onto Rt. 130 EB, crossed the centerline on Rt. 130 and collided with Veh. 2. Veh. 2 was travelling straight on Rt. 130 WB. Op. of Veh. 1 stated she was using her cellphone prior to the collision, was travelling too fast for the road conditions and was not able to avoid colliding with Veh. 2. Op. of Veh. 2 and witness both stated Veh. 1 crossed the centerline into Veh. 2's lane of travel and collided with Veh. 2. Op. of Veh. 1 was at fault and on February 27, 2015 was issued a civil citation for speed greater than reasonable, texting while operating a M/V, and marked lanes violation. Four images of the scene were obtained. Op. of Veh. 2 completed a written statement. Witness listed below.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FURMAN LOGAN JARVIS	260 HERRING POND RD BOURNE DALE MA 02532-0000	[REDACTED]	2

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Michael Moulis **MOULIS** **Mashpee Police Department** **02/27/2015**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Diagram of Accident: 15-76-AC

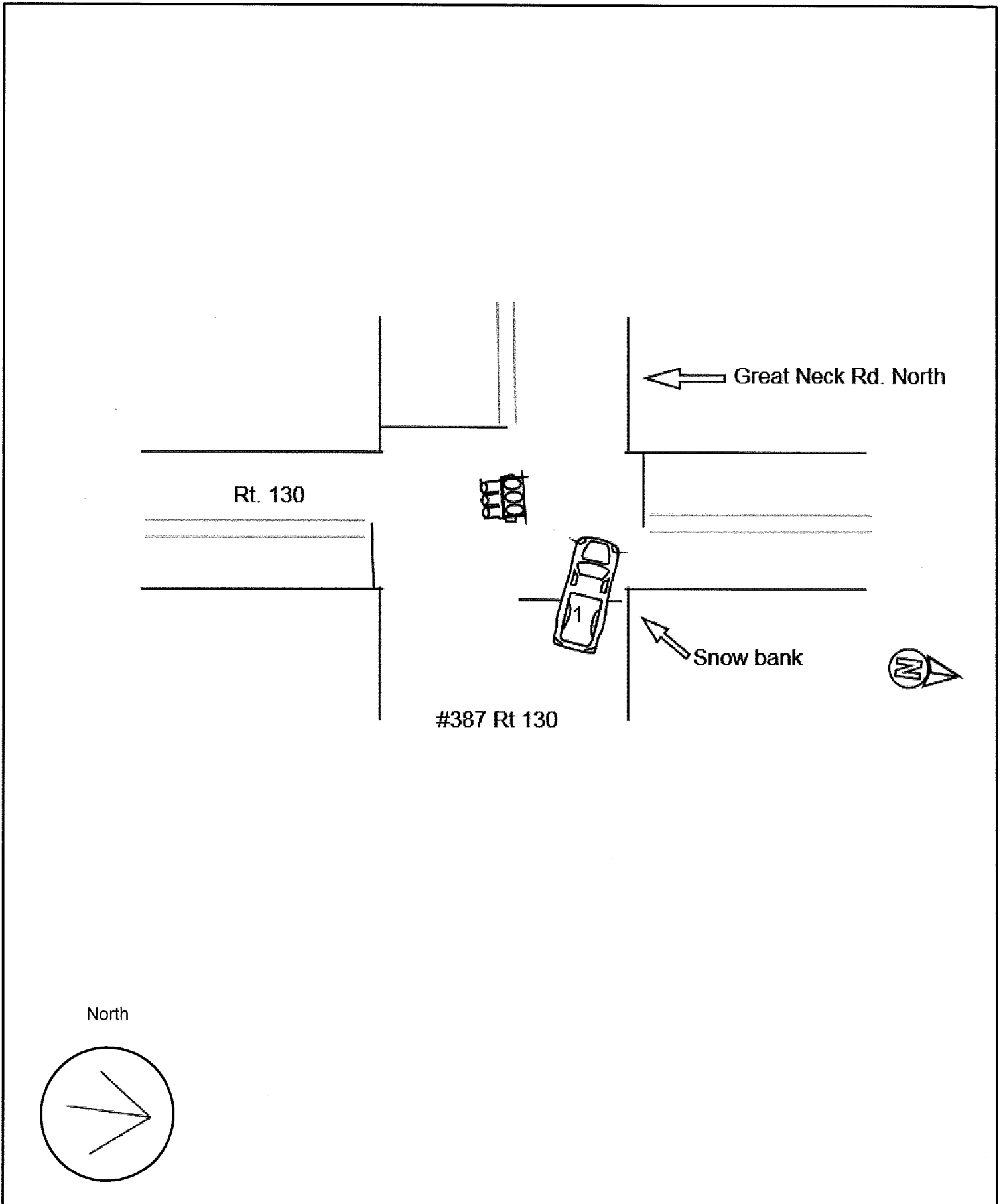


Diagram of Accident: 15-276-AC

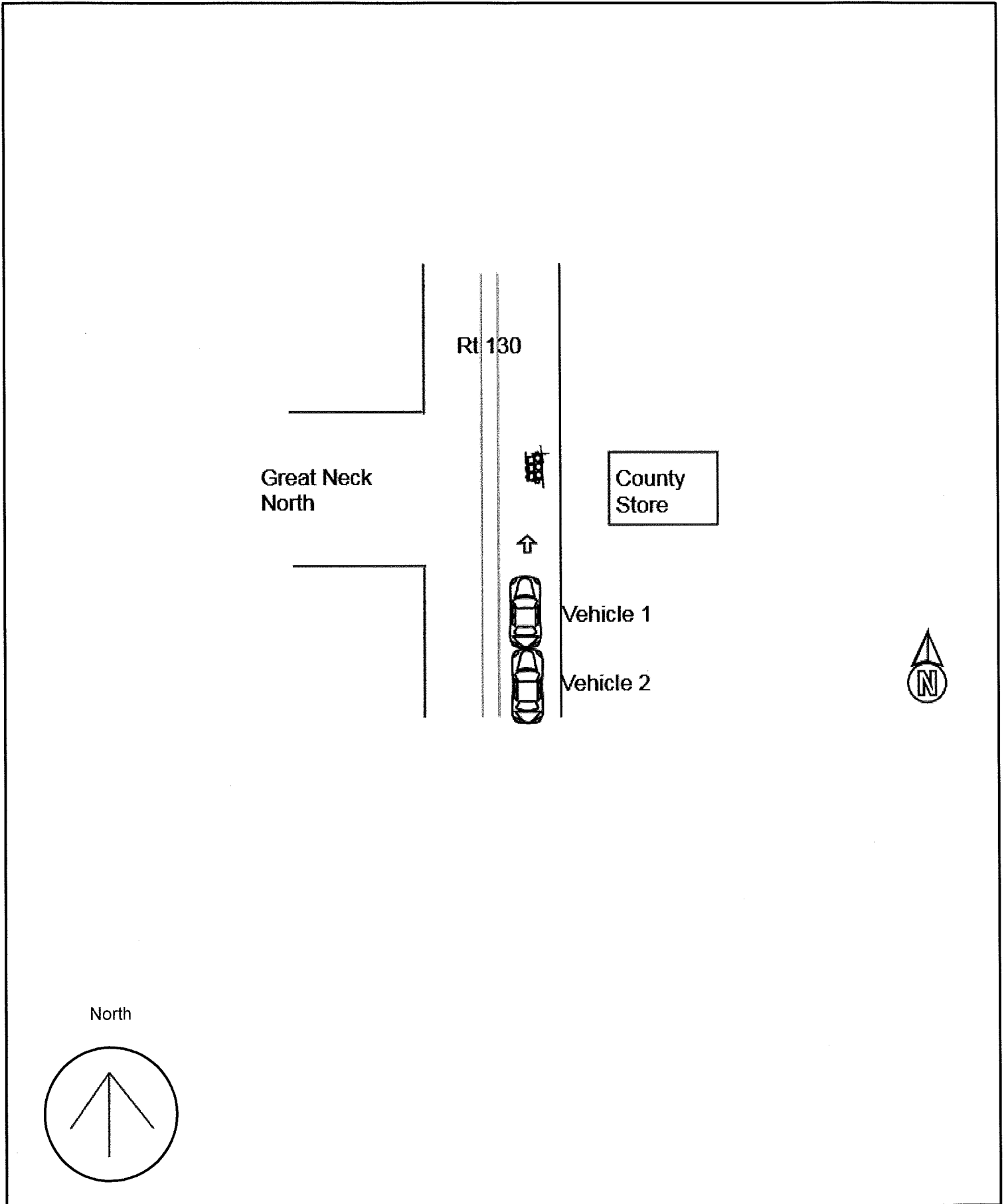
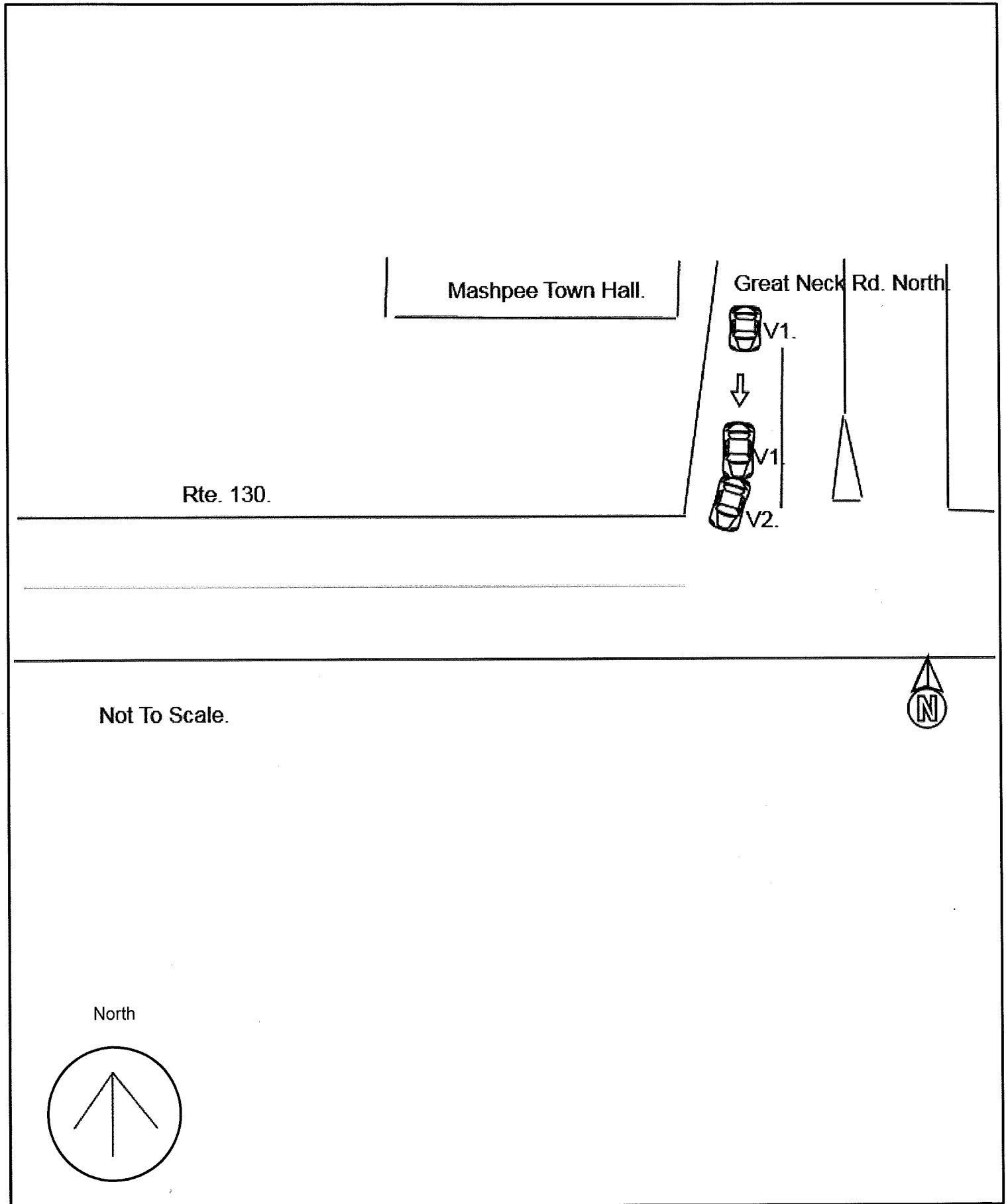


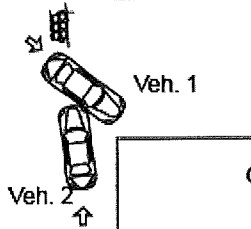
Diagram of Accident: 15-287-AC



→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

Country Store
387 Rt 130



Great Neck Rd N.

If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

(Veh. 1 MA 3CS636 Lam) (Veh. 2 NH 3688863 McManus)

Veh. 1 was making a left hand turn onto Great Neck Road North from Route 130, Veh. 2 was travelling straight ahead. Veh. 2 (McManus) stated that there was a vehicle in front of him that had just gone through the light, he too had the green light and proceeded through the intersection. Veh. 1 (Lam) also had the green light, he sped up to make the turn and was struck by Veh. 2.

Veh. 1 (Lam) was issued a verbal warning for failure to yield.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Lisa M Hettinger

HETTING Mashpee Police Department

11/14/2015

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Diagram of Accident: 15-329-AC

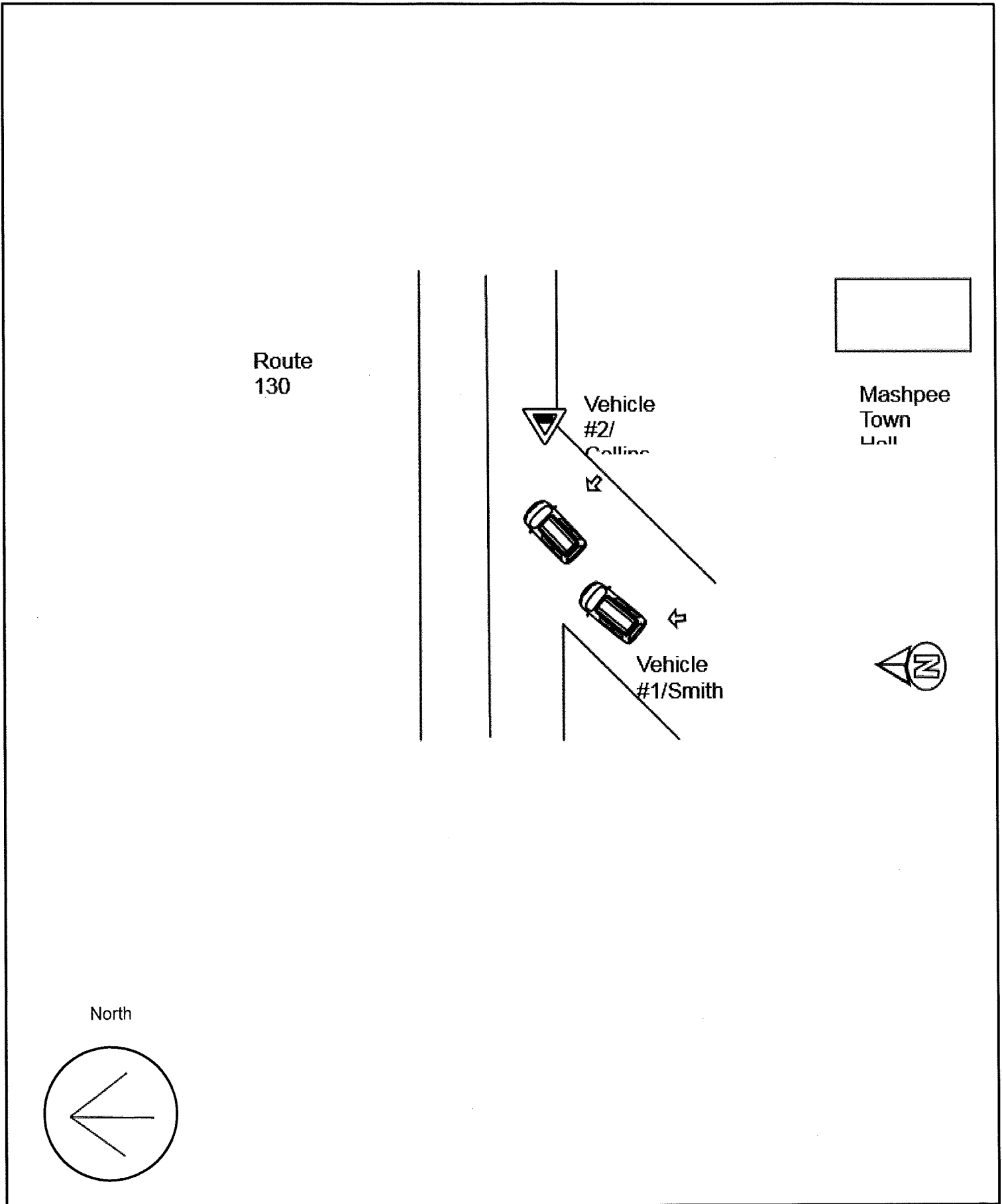
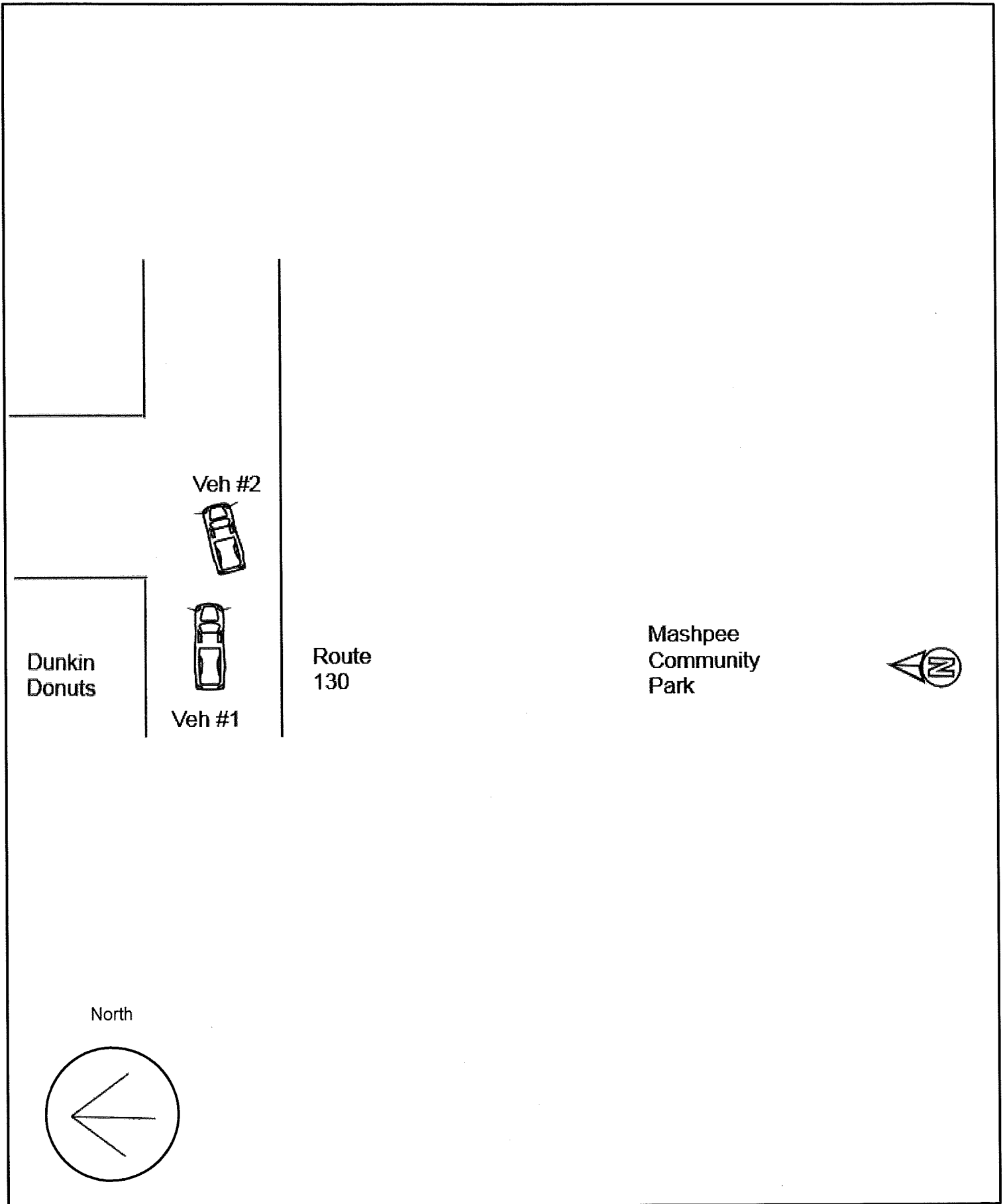
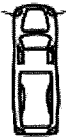


Diagram of Accident: 15-360-AC



Dunkin Donuts

Veh #2



Veh #1

Route 130

Mashpee Community Park



North

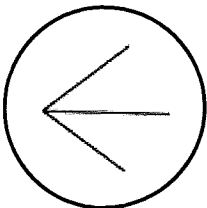
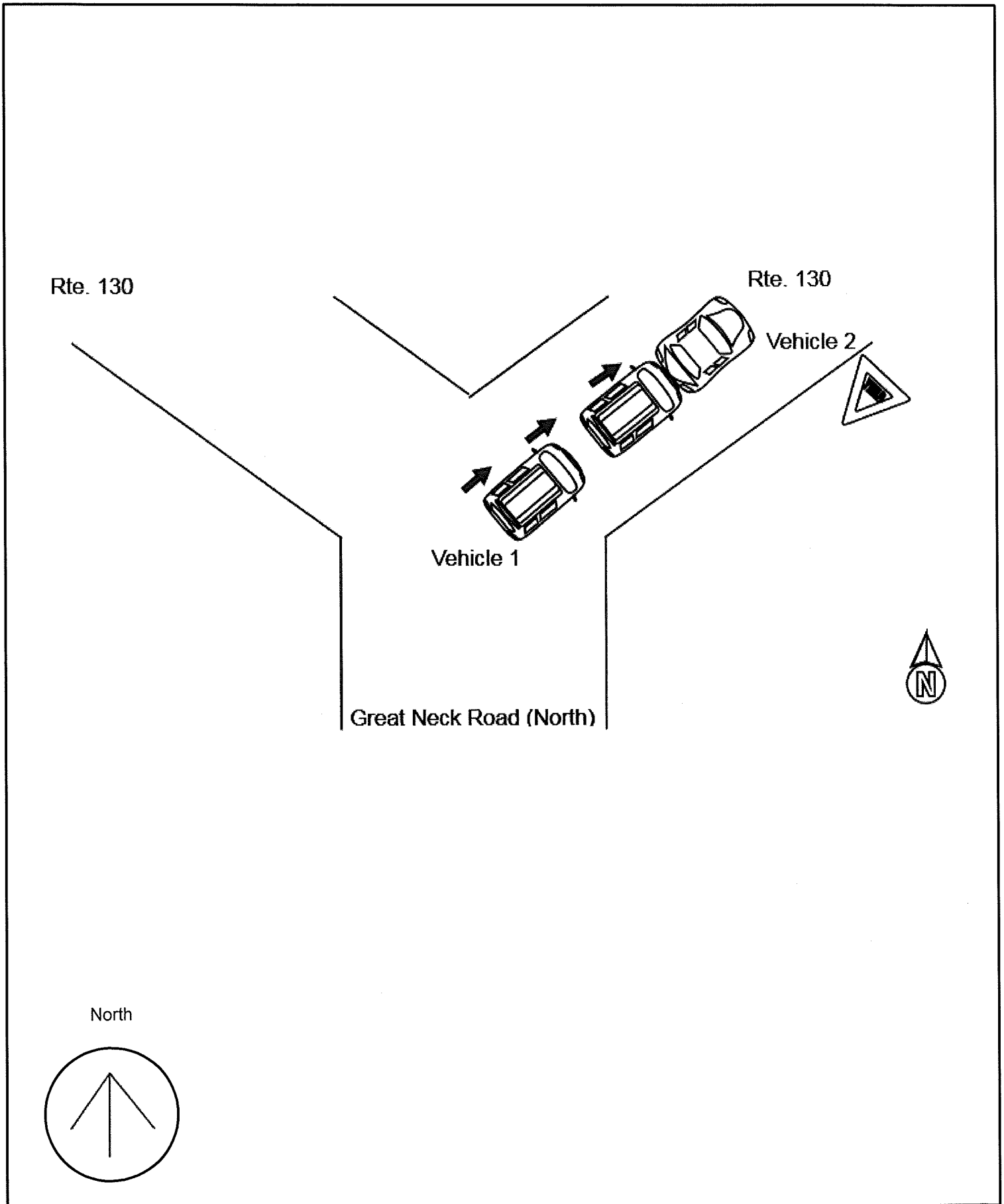


Diagram of Accident: 16-11-AC



**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201301003909
3295809
12-78-AC**

Date of Crash: 04/09/2012 Time of Crash: 1838 City/Town: MASHPEE # of Vehicles: 1 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 195 FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 18	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1998	Veh Make TOYT	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City OSTERVILLE		State MA	Zip 02655	City OSTERVILLE	State MA	Zip 02655-[REDACTED]
Insurance Company PREMIER INSURANCE				Vehicle action prior to crash 3	Damaged Area 1	8
Vehicle Travel Direction S		Responding to Emergency? 2		Event Sequence 21		Test Status:
Cited? 99	Citation #			Most Harmful Event 21		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 6		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	18	[REDACTED]	M	1	99	4	0	0	5	1
[REDACTED]	[REDACTED]	17	[REDACTED]	M	3	99	4	0	0	5	1

Crash Information:

Light Conditions:	3	Trafficway Description:	2
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	1
Road Surface:	1	First Harmful Event Location:	7
Roadway Intersection Type:	3	First Harmful Event:	21

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
------	---------	---------	------------

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
SEA OAKS CONDOMINIUMS	195 FALMOUTH RD MASHPEE MA 02649		77	DAMAGE TO TREE BARK

Police Officer Name OLIVIER NAAS

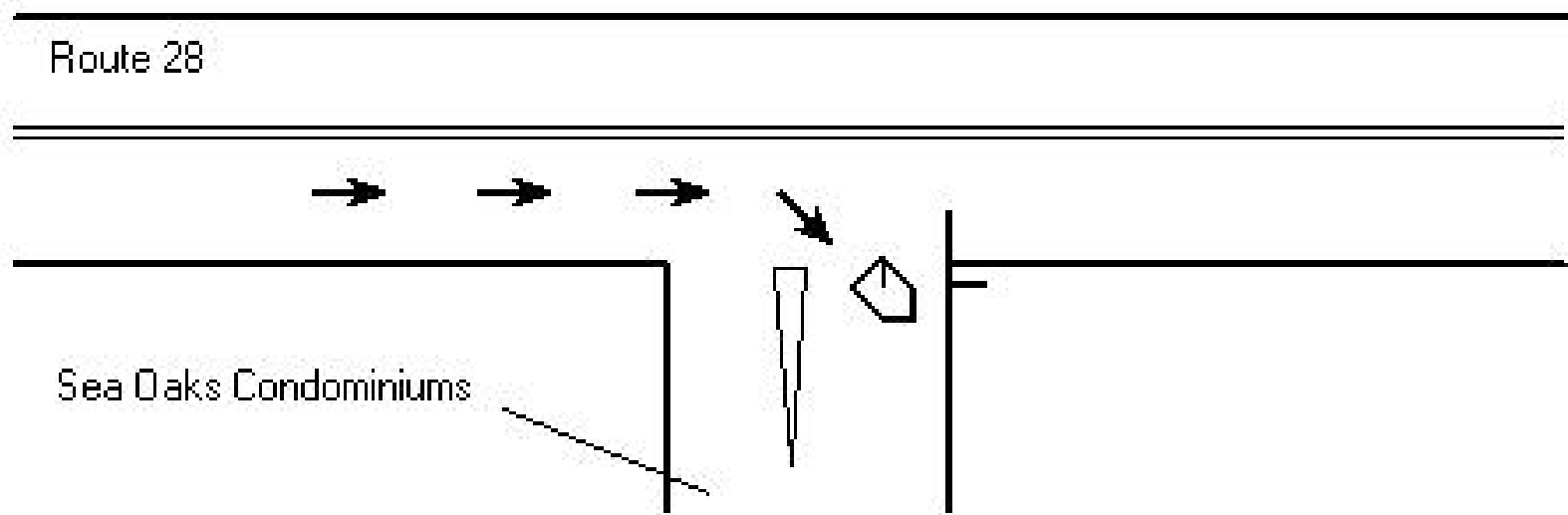
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 04/09/2012

Document Number: PW201301003909



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 04/09/2012

Document Number: PW201301003909

VEHICLE 1 WAS TRAVELING SOUTH ON ROUTE 28. VEHICLE 1 MADE AN INCOMPLETE RIGHT TURN INTO THE ENTRANCEWAY OF THE SEA OAKS CONDOMINIUMS. VEHICLE 1 STRUCK A TREE AT THE SOUTH CORNER OF THE ENTRANCEWAY AND ROUTE 28 WITH ITS FRONT LEFT CORNER. DRIVER OF VEHICLE 1, [REDACTED], STATED HE UNDERESTIMATED HOW MUCH HE NEEDED TO SLOW DOWN IN ORDER TO MAKE THE TURN. DRIVER OF VEHICLE 1, [REDACTED], IS AT FAULT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201301002832
3296729
12-120-AC

Date of Crash: 05/28/2012 Time of Crash: 1520 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 161 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 65	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2008	Veh Make STRN	Veh Config 1
Operator [REDACTED]	Address [REDACTED]		City MONUMENT BEACH	State MA	Zip 02553-[REDACTED]	City MONUMENT BEACH
Insurance Company ARBELLA MUTUAL	Vehicle Travel Direction E		Responding to Emergency? 2	Event Sequence 1	Test Status:	
Cited? 99	Citation #		Violation 1: Ch: Sec	Violation 2: Ch: Sec	Most Harmful Event 1	Type of Test:
Violation 3: Ch: Sec	Violation 4: Ch: Sec		Violation 1: Ch: Sec	Violation 2: Ch: Sec	Driver Contributing Code 19	BAC Test Result:
					Driver Distracted By:	Susp. Alcohol: Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	65	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 51	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2008	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	[REDACTED]	State MA	Zip [REDACTED]	City [REDACTED]	State MA	Zip [REDACTED]
Insurance Company	CITATION INSURANCE			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	51	[REDACTED]	M	1	1	4	0	0	5	1
[REDACTED]	[REDACTED]	38	[REDACTED]	F	3	1	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name BRYAN BURKE

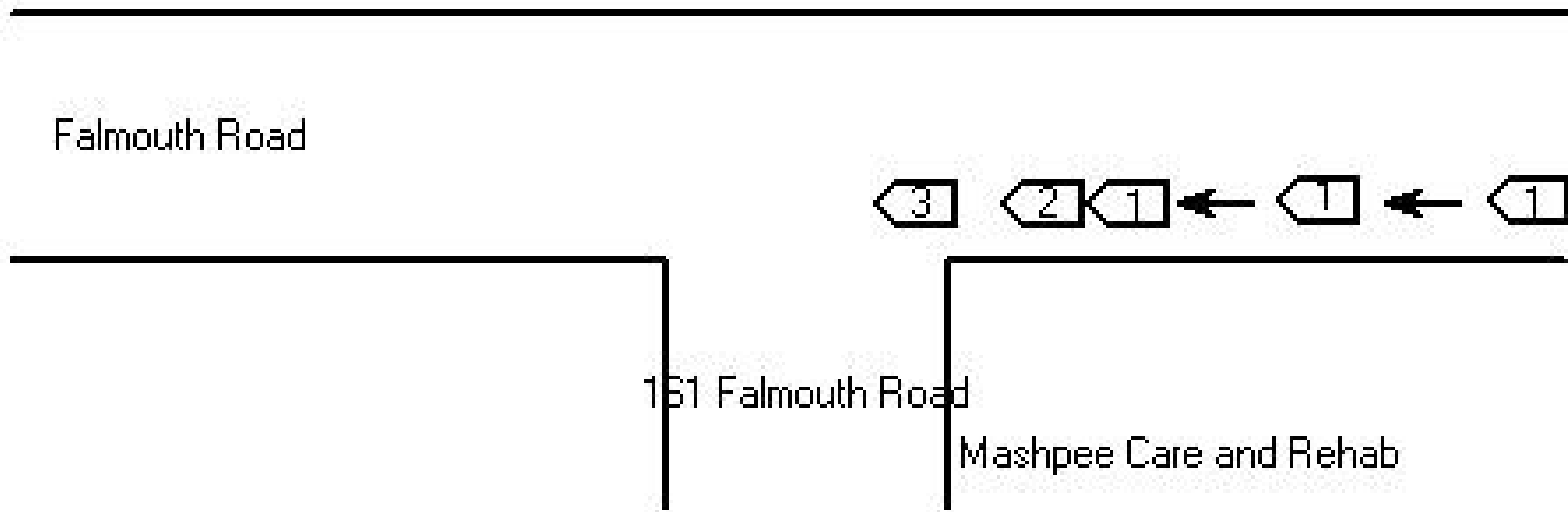
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 05/28/2012

Document Number: PW201301002832



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 05/28/2012

Document Number: PW201301002832

VEHICLE 2 (MA [REDACTED]) WAS TRAVELING EASTBOUND ON FALMOUTH ROAD TOWARDS BARNSTABLE. VEHICLE 3 CAME TO A STOP IN FRONT OF VEHICLE 2 WHILE ATTEMPTING TO TURN INTO MASHPEE CARE AND REHAB (161 FALMOUTH ROAD). VEHICLE 2 CAME TO A STOP DIRECTLY BEHIND VEHICLE 3. VEHICLE 1 (MA [REDACTED]) WAS TRAVELING EASTBOUND ON FALMOUTH ROAD BEHIND VEHICLE 2. VEHICLE 1 FAILED TO SLOW DOWN WHEN THE VEHICLES IN FRONT CAME TO A STOP. THE OPERATOR OF VEHICLE 1 ADVISED ME SHE WAS NOT PAYING ATTENTION. VEHICLE 1 REAR ENDED VEHICLE 2. VEHICLE 1 SUSTAINED FRONT END DAMAGE AND NEEDED TO BE TOWED. VEHICLE 2 SUSTAINED REAR END DAMAGE. NO INJURIES WERE REPORTED. VEHICLE 1 IS FOUND TO BE AT FAULT.

Commonwealth of Massachusetts

Date of Crash 06/24/2011 Time of Crash 1541 City/Town Mashpee 24HR

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1 Speed Limit 50 State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street FALMOUTH RD 195 Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

11-150-AC

License # St MA DOB/Age 05/19/1967 Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator Address City YARMOUTHPORT State MA Zip 02675 Insurance Company COMMERCE INS. CO. Vehicle Travel Direction: N X E W Responding to Emergency? 2

Reg # Reg Type FCHW Reg State MA Veh Year 2003 Veh Make HONDA Veh Config 1 20 Owner Address City YARMOUTHPORT State MA Zip 02675 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 1 25 Towed 1

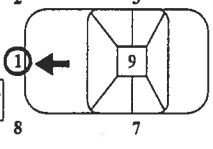


Table with 13 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, 99, 4, 99, 0, 0, 5, 1, ---

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 02/22/1940 Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator Address City COTUIT State MA Zip 02635 Insurance Company QUINCY MUTUAL FIRE Vehicle Travel Direction: N X E W Responding to Emergency? 2

Reg # Reg Type FCHW Reg State MA Veh Year 2009 Veh Make CHRYSLER Veh Config 1 20 Owner Address City COTUIT State MA Zip 02635 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 1 25 Towed 2

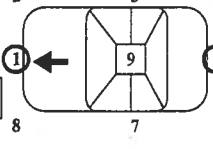


Table with 13 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, 99, 4, 99, 0, 0, 3, 1, ---

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 06/24/2011 Time of Crash 1541 City/Town Mashpee

Number Vehicles 3 Number Injured 1 Speed Limit 50 State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 195 FALMOUTH RD Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: Vehicle 3 Occupants Hit/Run Moped

11-150-AC

License # St MA DOB/Age 05/05/1974 Sex M Lic Class D Lic Restrictions 19 CDL Endorsement Operator Address City SAGAMORE BEACH State MA Zip 02562

Reg # Reg Type PC Reg State MA Veh Year 2000 Veh Make TOYOTA Veh Config 1 20 Owner Address City SAGAMORE BEACH State MA Zip 02562

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol 1: Ch/Sec/Sub Viol 2: Ch/Sec/Sub Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub

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

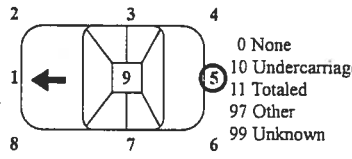


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 99, 4, 99, 0, 0, 5, 1, ---

Please Select One of the Following: Vehicle 4 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # St DOB/Age Sex Lic Class 18 18 Lic Restrictions 19 CDL Endorsement Operator Address City State Zip Insurance Company

Reg # Reg Type Reg State Veh Year Veh Make Veh Config 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol 1: Ch/Sec/Sub Viol 2: Ch/Sec/Sub Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub

Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed

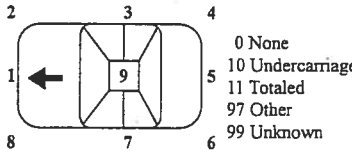
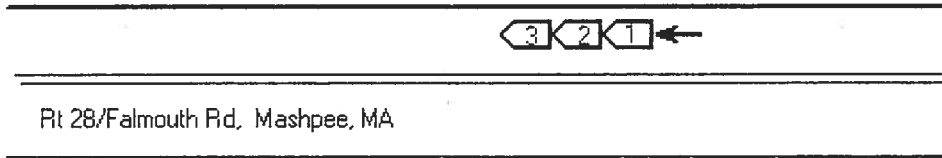


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---, ---, ---, ---, ---, ---, ---, ---, ---

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ○

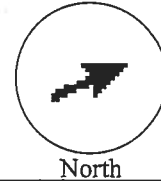


Rt 28/Falmouth Rd, Mashpee, MA

#195
Sea Oaks Condos

If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

V1, V2, and V3 were all traveling on Rt 28 SOUTH. V3 and V2 slowed to a stop in heavy traffic. V1 failed to stop and struck the rear of V2 which was pushed forward into V3.

Operator of V2 said that the impact may have aggravated a past back problem. He said that he will seek his own medical attention.

V1 had to be towed. Operator of V1 called for a AAA wrecker. Operator of V1 said that he did not realize that traffic stopped ahead of him and could not stop in time. I issued the operator of V1 a verbal warning for Failure to Use Care in Stopping.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Master Officer John Dimitres

DIMITRE Mashpee Police Department

06/24/2011

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201301003012
3296755
12-146-AC**

Date of Crash: 06/27/2012 Time of Crash: 0723 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 160 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 42	DOB	Reg #	Plate Type MCN	Reg State MA
Sex M	Lic. Class D M	Lic. Restrictions	CDL Lic.	Veh Year 1990	Veh Make HD	Veh Config 3
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649	City	MASHPEE	State MA Zip 02649
Insurance Company	ARBELLA MUTUAL			Vehicle action prior to crash 1	Damaged Area2	3 4
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 9	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	42	[REDACTED]	TUFTS MEDICAL CENTER	M	1	5	5	2	0	4	2

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 42	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2011	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-[REDACTED]	City	MASHPEE	State MA Zip 02649-[REDACTED]
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 4	Damaged Area2	1 8
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	42	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	6
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name RALPH MAHONEY

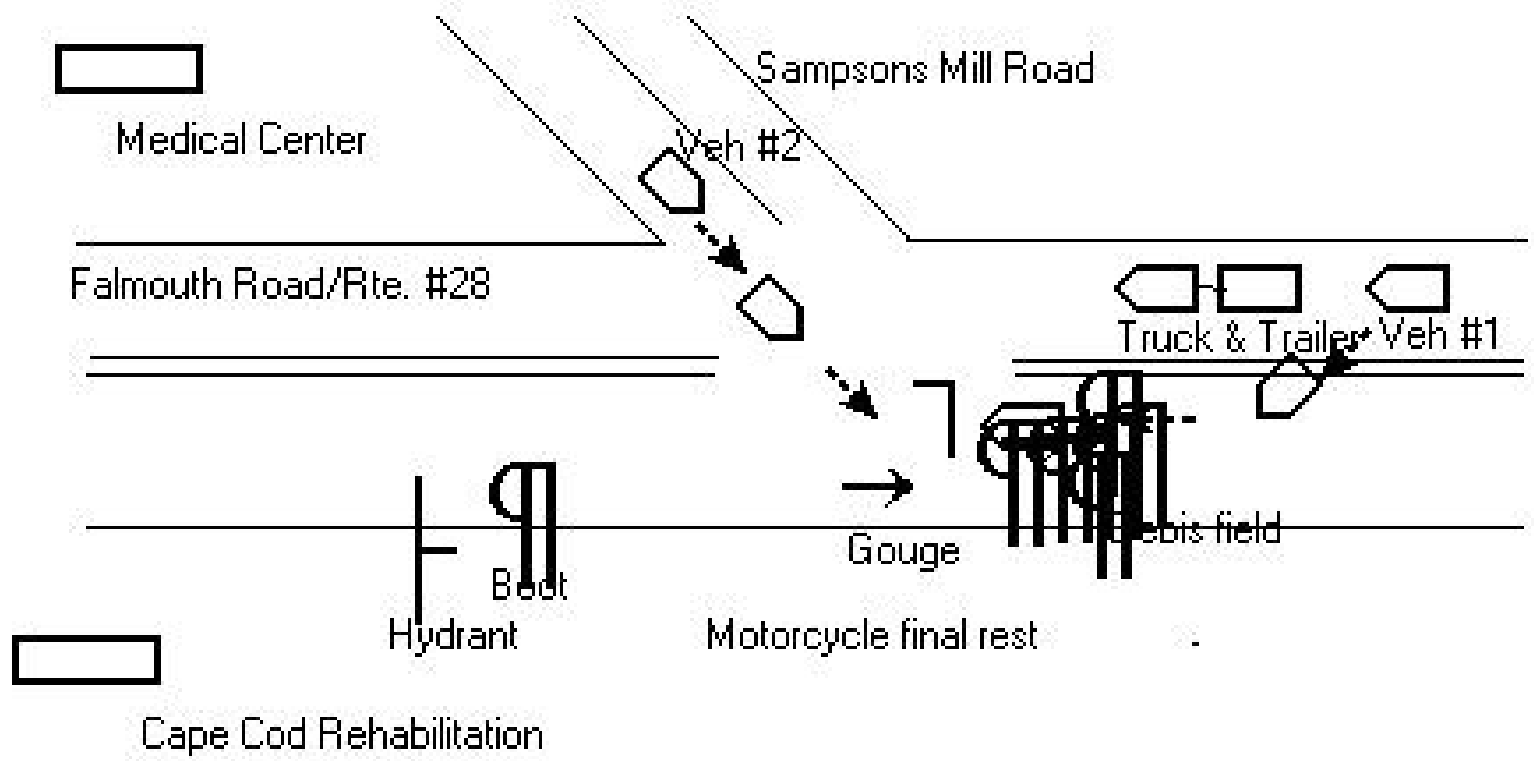
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 06/27/2012

Document Number: PW201301003012



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 06/27/2012

Document Number: PW201301003012

VEHICLE #1 (MOTORCYCLE) WAS TRAVELLING SOUTHERLY BEHIND A LANDSCAPING PICK UP TRUCK TOWING A TRAILER. THE OPERATOR OF VEHICLE #2 WAS ATTEMPTING TO EXIT SAMPSONS MILL ROAD, BY TURNING LEFT ONTO RTE. #28. THE OPERATOR STATED THAT THE TRUCK HAD IT'S RIGHT DIRECTIONAL ON, IN ORDER TO TURN RIGHT ONTO SAMPSONS MILL ROAD. THE OPERATOR OF VEHICLE #2 LOOKED TO HIS RIGHT AND STATED THAT THERE WAS NO TRAFFIC APPROCHING FROM THE SOUTH AT THE PRESENT TIME. WHEN HE FELT COMFORTABLE ENOUGH THAT THE TRUCK WAS INDEED TURNING ONTO SAMPSONS MILL ROAD, HE PULLED OUT, AGAIN GLANCING TO HIS RIGHT FOR ANY NORTHBOUND TRAFFIC, AND AS HE BEGAN TO TURN HIS HEAD IN ORDER TO PROCEED NORTHBOUND, THE AIRBAG DEPLOYED,

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201301003309
3295794
12-236-AC**

Date of Crash: 09/06/2012 Time of Crash: 1712 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

300 Feet N of _____ SAMPSON MILL RD

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 65	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 2	CDL Lic.	Veh Year 2008	Veh Make NISS	Veh Config 1
Operator █				Owner █		
Address █				Address: █		
City W HYANNISPORT	State MA	Zip 02672-█		City W HYANNISPORT	State MA	Zip 02672-█
Insurance Company LIBERTY MUTUAL INSURANCE				Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	65	█	█	F	1	1	4	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 17	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 9	CDL Lic.	Veh Year 2007	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	FALMOUTH	State MA	Zip 02540-[REDACTED]	City	FALMOUTH	State MA Zip 02540-[REDACTED]
Insurance Company	CITIZENS INSURANCE			Vehicle action prior to crash 2	Damaged Area 1	5 6
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	17	[REDACTED]	[REDACTED]	M	1	1	4	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 19	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 9	CDL Lic.	Veh Year 2003	Veh Make FORD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	CENTERVILLE	State MA	Zip 02632-[REDACTED]	City	WESTWOOD	State MA Zip 02090
Insurance Company	ALLMERICA FINANCIA			Vehicle action prior to crash 1	Damaged Area2	1
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 22	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	19	[REDACTED]	M	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name KEVIN M FRYE

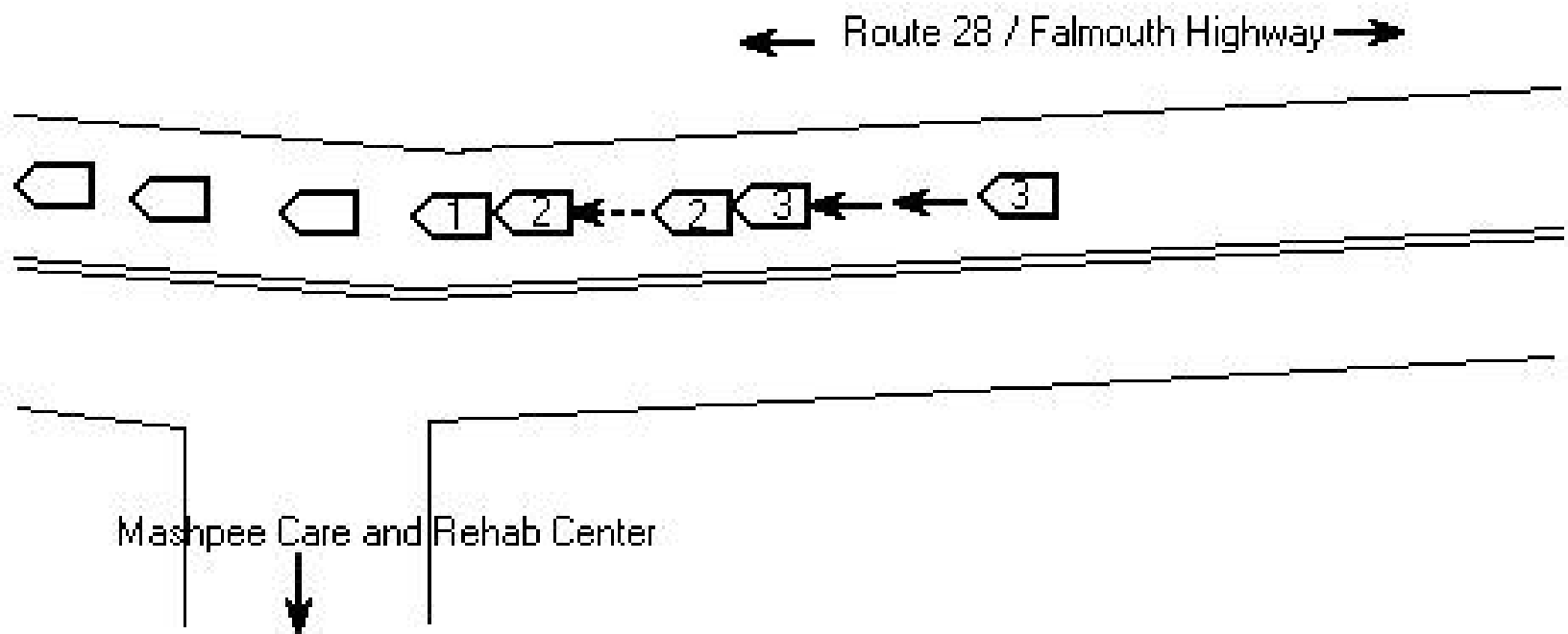
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 09/06/2012

Document Number: PW201301003309



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 09/06/2012

Document Number: PW201301003309

VEHICLE 1 WAS HEADING NORTH ON ROUTE 28/FALMOUTH HIGHWAY TOWARDS BARNSTABLE. VEHICLE 1 OPERATOR STATED THAT SHE WAS SLOWING FOR TRAFFIC. VEHICLE 2 WAS ALSO HEADING THE SAME DIRECTION AND THE OPERATOR STATED THAT HE WAS ALSO SLOWING FOR TRAFFIC. VEHICLE 3 OPERATOR STATED THAT HE TRIED TO SLOW/STOP, BUT HE HAD NO BRAKES. VEHICLE 3 COLLIED INTO THE REAR OF VEHICLE 2, PUSHING VEHICLE 2 INTO VEHICLE 1. ALL PARTIES INVOLVED REPORTED NO INJURY. VEHICLE 3 WAS TOWED FROM THE SCENE DUE TO IT BEING REPORTED AS HAVING NO BRAKES. VEHICLE 3 IS AT FAULT FOR THIS CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201301003330
3332445
12-286-AC**

Date of Crash: 10/31/2012 Time of Crash: 1540 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 161 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 46	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2003	Veh Make TOYT	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City W BARNSTABLE	State MA	Zip 02668	[REDACTED]	City W BARNSTABLE	State MA	Zip 02668
Insurance Company GOVERNMENT EMPLOYEE				Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction E	Responding to Emergency?	2		Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	46	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 26	DOB [REDACTED]	Reg # [REDACTED]	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2002	Veh Make FORD	Veh Config 13
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648	City	MARSTONS MILLS	State MA Zip 02648
Insurance Company	ARBELLA INDEMNITY			Vehicle action prior to crash 2	Damaged Area	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
			Medical Facility	System	Status	Code	Code	Status	Code
[REDACTED]	[REDACTED]	26	[REDACTED]	1	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name BRYAN BURKE

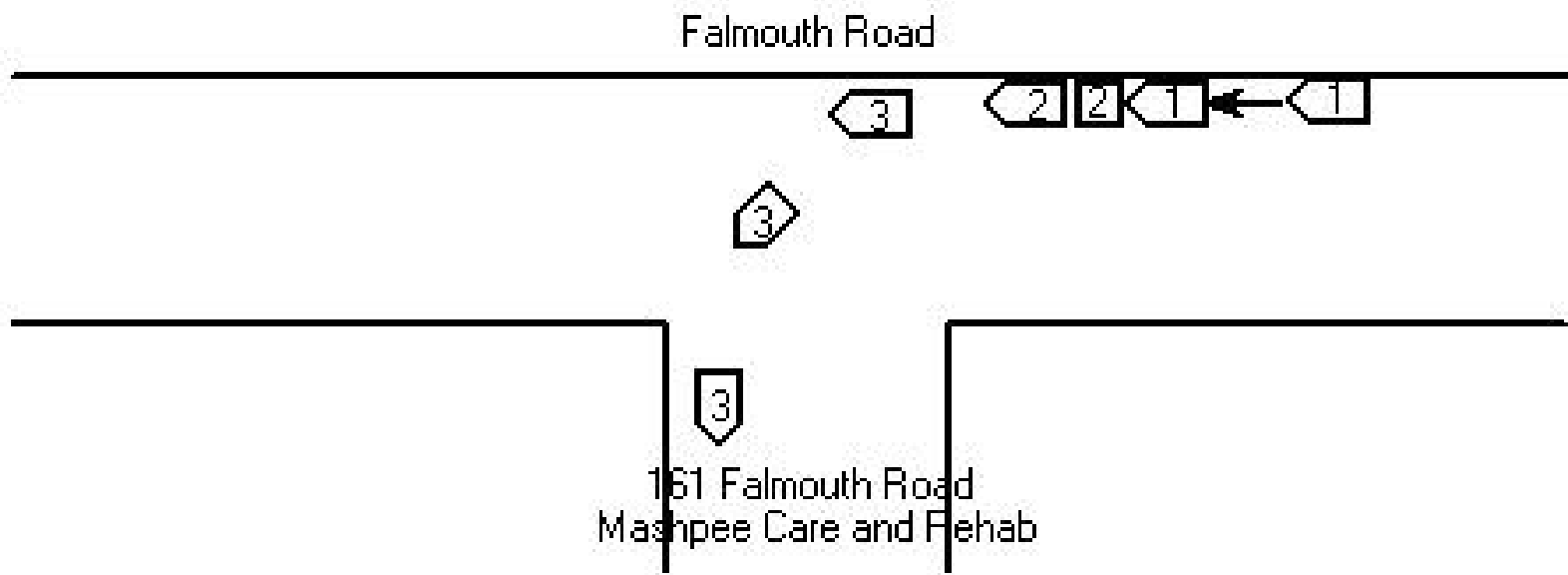
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 10/31/2012

Document Number: PW201301003330



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 10/31/2012

Document Number: PW201301003330

VEHICLE 2 (MA CO [REDACTED]) SLOWED TO A STOP BEHIND VEHICLE 3 WHILE VEHICLE 3 TOOK A LEFT TURN INTO THE PARKING LOT OF 161 FALMOUTH ROAD (MASHPEE CARE AND REHAB). VEHICLE 1 (MA [REDACTED]) WAS FOLLOWING TOO CLOSELY FOR THE WET ROAD CONDITIONS AND WAS NOT ABLE TO COME TO A COMPLETE STOP BEHIND VEHICLE 2 AND REAR ENDED VEHICLE 2. VEHICLE 2 WAS TOWING A SMALL GENERATOR AT THE TIME OF THE CRASH. VEHICLE 2 RECEIVED NO NOTICEABLE DAMAGE. VEHICLE 1 SUSTAINED FRONT END DAMAGE AND WAS TOWED FROM THE SCENE. NO INJURIES WERE REPORTED. VEHICLE 1 IS AT FAULT FOR THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201301003703
3332462
12-322-AC**

Date of Crash: 12/06/2012 Time of Crash: 0853 City/Town: MASHPEE # of Vehicles: 4 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 160 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 24	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2000	Veh Make CHEV	Veh Config 2
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City MASHPEE		State MA	Zip 02649 [REDACTED]	City MASHPEE		State MA Zip 02649 [REDACTED]
Insurance Company SAFETY				Vehicle action prior to crash 2	Damaged Area 8	7 6
Vehicle Travel Direction E		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99	Citation #			Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	24	[REDACTED]	[REDACTED]	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 71	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2008	Veh Make GMC	Veh Config 2
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	NORTH FALMOUTH	State MA	Zip 02556	City	NORTH	State MA Zip 02556
Insurance Company	SAFETY				FALMOUTH	
Vehicle Travel Direction E		Responding to Emergency? 2		Vehicle action prior to crash 2	Damaged Area2	3 8
Cited? 99	Citation #			Event Sequence 1		Test Status:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Most Harmful Event 1		Type of Test:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Contributing Code 14		BAC Test Result:
				Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
		71	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	2	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 36	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1999	Veh Make FORD	Veh Config 2
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	COTUIT	State MA	Zip 02635-[REDACTED]	City	COTUIT	State MA Zip 02635-[REDACTED]
Insurance Company	SAFETY			Vehicle action prior to crash 1	Damaged Area 1	8 7
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	36	[REDACTED] Medical Facility	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 53	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2001	Veh Make CHRY	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-[REDACTED]	City	E FALMOUTH	State MA Zip 02536-[REDACTED]
Insurance Company	LIBERTY			Vehicle action prior to crash 2	Damaged Area8	7 6
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99 Citation #				Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
		53	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	1	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	4
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
TIMOTHY M GRAY	18 HAMPDEN RD E FALMOUTH	MA 02536-6402	

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
COMMONWEALTH OF MASSACHUS	TREMONT BOSTON	MA	77	PORTION OF GAURDRAIL

Police Officer Name RALPH MAHONEY

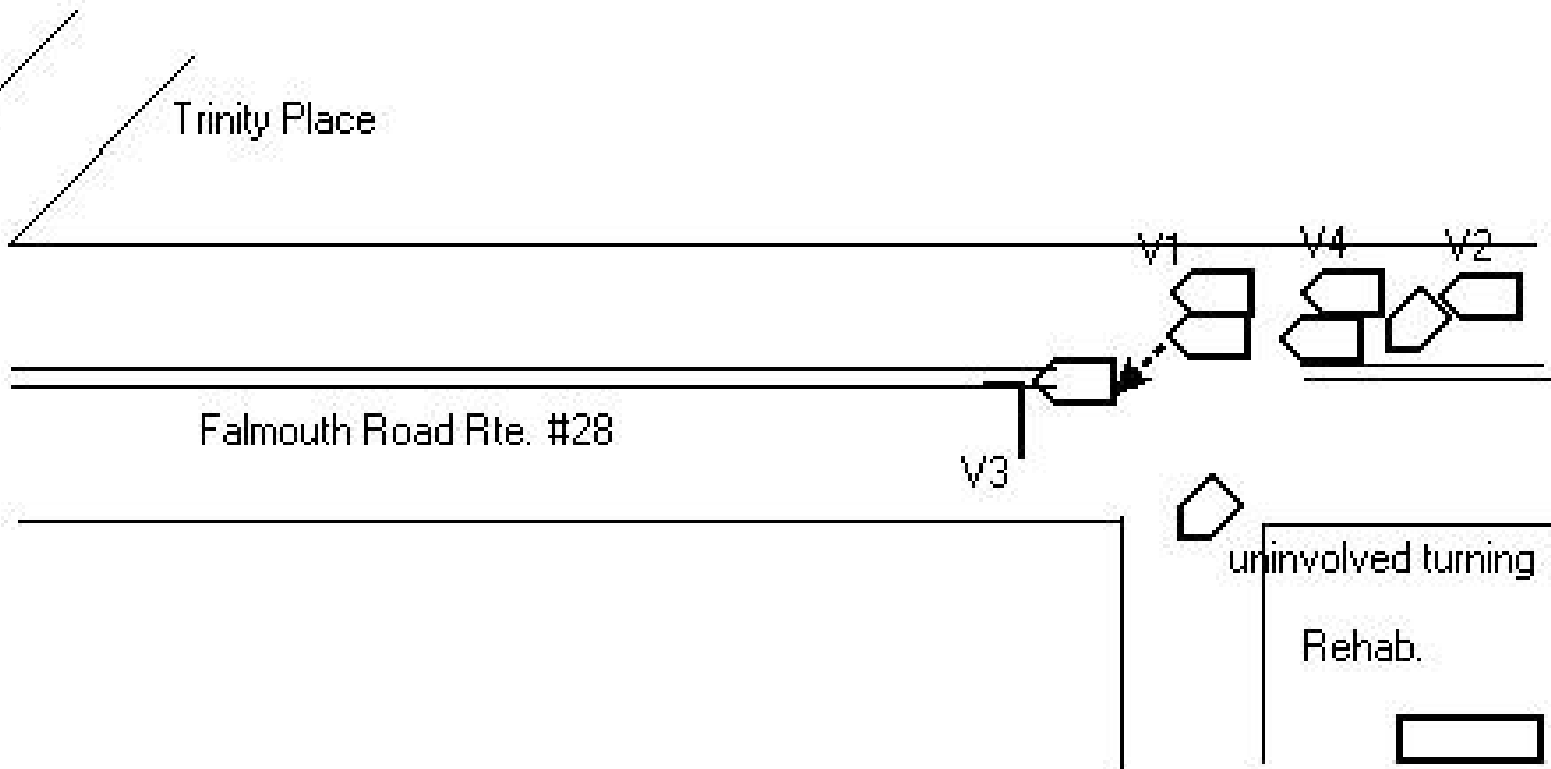
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/06/2012

Document Number: PW201301003703



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/06/2012

Document Number: PW201301003703

VEHICLE'S #1 & #4 WERE JUST BEGINNING TO ACCELERATE AFTER STOPPING TO ALLOW TURNING VEHICLE TO ENTER MASHPEE REHAB. WHEN THE OPERATOR OF VEHICLE #2 ACCELERATED FORWARD SIDE SWIPING BOTH VEHICLE'S, AND THEN SIDE SWIPING ONCOMING VEHICLE #3. THE OPERATOR OF VEHICLE #2 STATED THAT HE DID NOT KNOW WHAT HAPPENED, THAT HE WAS STOPPING FOR THE TRAFFIC AHEAD OF HIM, WHEN HIS TRUCK PROPELLED FORWARD STRIKING ALL INVOLVED VEHICLE'S. I ASKED THE OPERATOR OF VEHICLE #2 IF HE STEPPED ON THE ACCELERATOR PEDAL INSTEAD OF THE BRAKE, AND HE STATED THAT HE MY HAVE. THE OPERATOR OF VEHICLE #2 IS AT FAULT FOR THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201301003708
3332466
12-331-AC

Date of Crash: 12/09/2012 Time of Crash: 1655 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 161 FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet N of _____ SAMPSON MILL RD
 _____ Feet S of SHELLBACK PLACE
 _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 45	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2003	Veh Make TOYT	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City FALMOUTH		State MA	Zip 02540 [REDACTED]	City FALMOUTH		State MA Zip 02540 [REDACTED]
Insurance Company STATE FARM				Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction N		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99	Citation #			Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	45	[REDACTED]	F	1	1	4	0	0	3	1
											NOT TRANSPORTED

X Vehicle	Non-Motorist				Hit/Run	Moped	
1 # Occupants	Type	Action	Location	Condition			
License # [REDACTED]	St MA	Age 33	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA	
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2002	Veh Make HYUN	Veh Config 1	
Operator	[REDACTED]			Owner	[REDACTED]		
Address	[REDACTED]			Address:	[REDACTED]		
City	CENTERVILLE	State MA	Zip 02632	City	CENTERVILLE	State MA Zip 02632	
Insurance Company	PROGRESSIVE INSURANCE			Vehicle action prior to crash 1	Damaged Area2	1 8	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:		
Cited? 2	Citation # [REDACTED]				Most Harmful Event 1	Type of Test:	
Violation 1: Ch: 72 Sec 0CM	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:		
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:	
				Towed ? 1			

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	33	[REDACTED]	F	1	1	4	0	0	3	1
NOT TRANSPORTED											

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	2 97	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
VANESSA MIHOS GUMBERT	82 LIGHTHOUSE LN MASHPEE	508-776-2972 MA 02649-3626	2

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name DAVID MACKIEWICZ

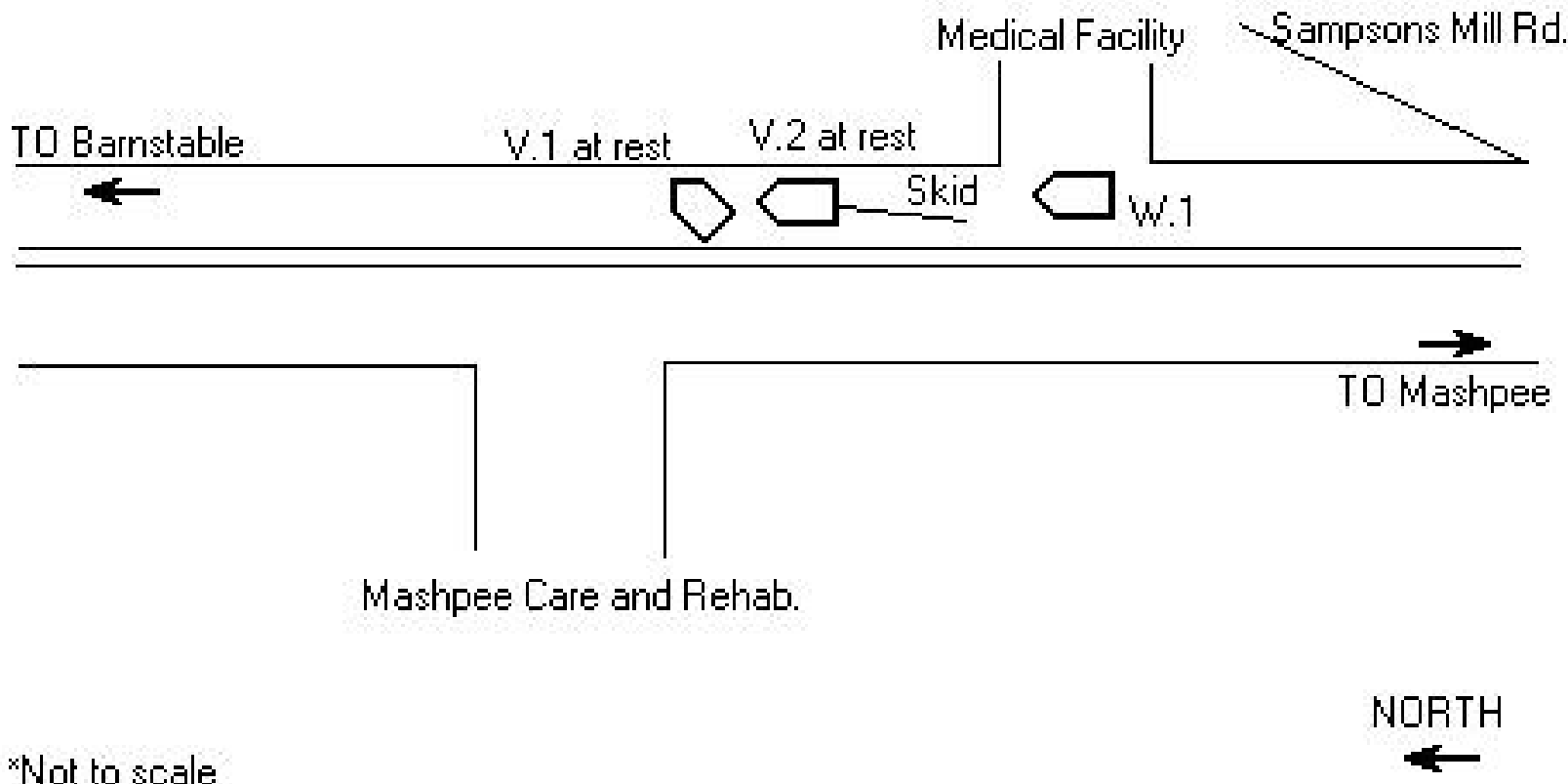
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/09/2012

Document Number: PW201301003708



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/09/2012

Document Number: PW201301003708

V.2 DID IMPACT V.1 FROM BEHIND. OP.1 STATED THAT SHE WAS TRAVELLING IN TRAFFIC WHEN A VEHICLE AHEAD OF HER SUDDENLY STOPPED TO TURN LEFT INTO MASHPEE CARE AND REHAB. THIS CAUSED THE VEHICLES BEHIND IT TO ABRUPTLY STOP. OP.1 SAID THAT WHEN SHE APPLIED HER BRAKES AND STOPPED, SHE WAS STRUCK FROM BEHIND. OP.2 SAID THAT THE SAME CIRCUMSTANCES OCCURRED BUT WHEN SHE APPLIED HER BRAKES, SHE COULD NOT STOP BEFORE IMPACTING V.1. W.1 CONFIRMED BOTH OPERATORS STORIES. OP.1 COMPLAINED OF NECK PAIN AND OP.2 WISHED TO BE EVALUATED. BOTH PARTIES WERE CHECKED BY MASHPEE RESCUE AND WERE RELEASED AT THE SCENE. V.1 HAD DAMAGE TO THE REAR BUMPER AND V.2 HAD DAMAGE TO THE HOOD, GRILL AND FRONT BUMPER. ONLY V.2 WAS TOWED.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201308000709
3371125
13-36-AC**

Date of Crash: 01/28/2013 Time of Crash: 2226 City/Town: MASHPEE # of Vehicles: 1 # Injured: Speed Limit: 30 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ SAMPSON MILL RD
Name of Roadway/Street _____

Route # _____ Direction _____ FALMOUTH RD
Name of Intersecting Roadway/Street _____

Route # _____ Direction _____
Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address _____ Name of Roadway/Street _____

_____ Feet _____ of _____
Mile Marke or Exit Number _____

_____ Feet _____ of _____
Route # _____ Intersecting Roadway/Street _____

_____ Feet _____ of _____
Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 18	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1998	Veh Make MERC	Veh Config 1
Operator [REDACTED]	[REDACTED]			Owner [REDACTED]	[REDACTED]	
Address [REDACTED]	[REDACTED]			Address: [REDACTED]	[REDACTED]	
City MASHPEE	State MA	Zip 02649	[REDACTED]	City MASHPEE	State MA	Zip 02649
Insurance Company ARBELLA MUTUAL INS				Vehicle action prior to crash 3	Damaged Area2	1
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 41 21 21	Test Status:	
Cited? 99	Citation #			Most Harmful Event 21	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 7	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	18	[REDACTED]	[REDACTED]	M	1	1	4	0	0	5	1

Crash Information:

Light Conditions:	5	Trafficway Description:	1
Weather Conditions:	4	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	1
Road Surface:	3	First Harmful Event Location:	7
Roadway Intersection Type:	4	First Harmful Event:	21

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JOHN DIMITRES

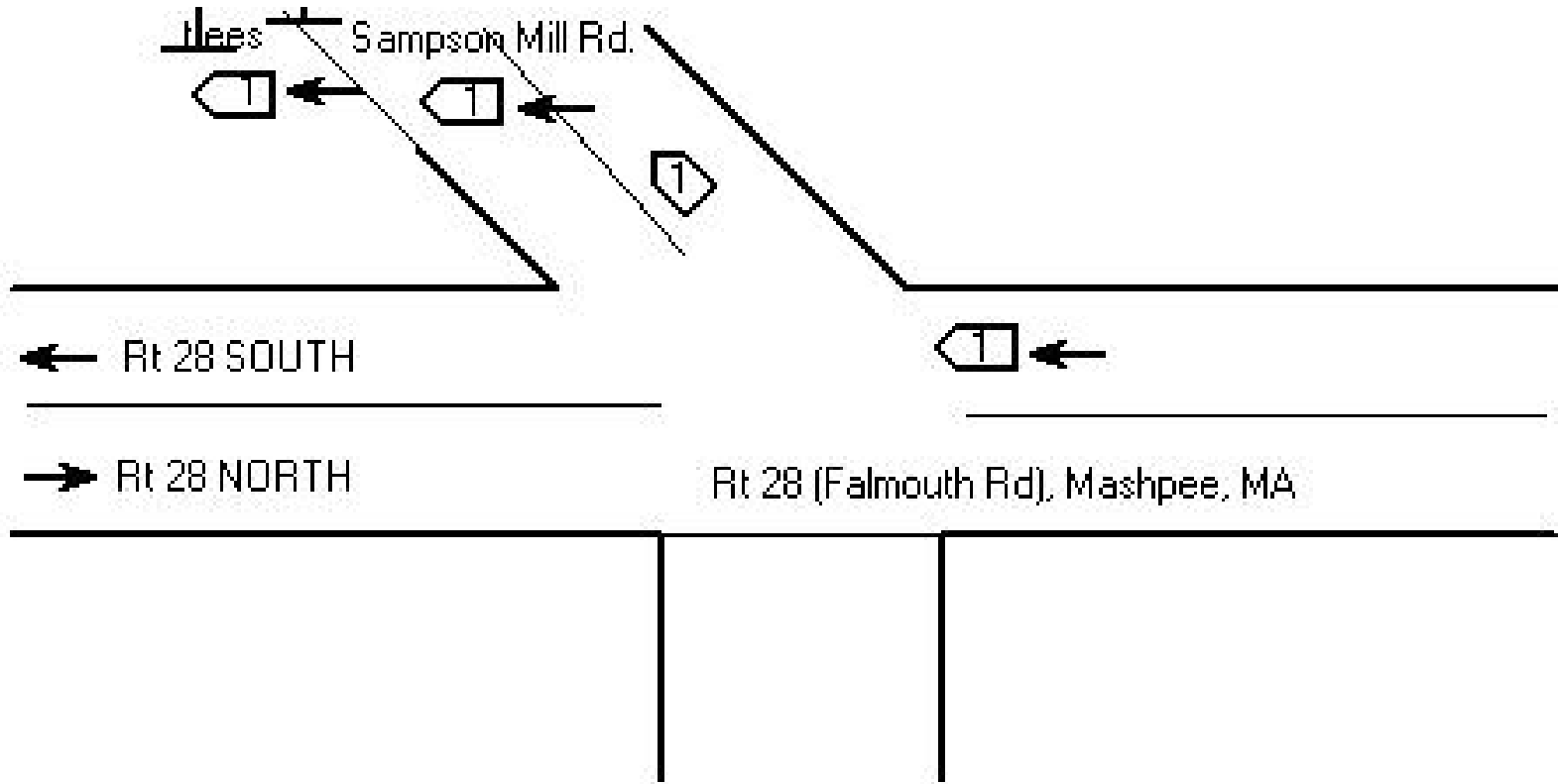
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 01/28/2013

Document Number: PW201308000709



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 01/28/2013

Document Number: PW201308000709

V1 WAS TRAVELING ON RT 28 SOUTH HEADING TOWARDS BARNSTABLE.
V1 TURNED RIGHT ONTO SAMPSON MILL RD. V1 LOST CONTROL ON SNOWY
AND ICY ROAD AND WENT OFF OF THE ROAD TO ITS LEFT. V1 GRAZED
THE SIDE OF A TREE, THEN CONTINUED FORWARD AND STRUCK ANOTHER
TREE AND CAME TO A STOP. OPERATOR OF V1 WAS UNINJURED. HE IS
AT FAULT FOR TRAVELING TOO FAST FOR ROAD/WEATHER CONDITIONS.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201314200426
3423966
13-81-AC

Date of Crash: 03/22/2013 Time of Crash: 1526 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 45 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____

FALMOUTH RD
Route # _____ Director _____ Address _____ Name of Roadway/Street _____
_____ Feet _____ of _____ Mile Marke or Exit Number _____
_____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
_____ Feet _____ of 195 FALMOUTH RD. (SEA OAKS). _____
Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
3 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 20	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1994	Veh Make MERZ	Veh Config 1
Operator [REDACTED]	[REDACTED]			Owner [REDACTED]	[REDACTED]	
Address [REDACTED]	[REDACTED]			Address: [REDACTED]	[REDACTED]	
City E FALMOUTH	State MA	Zip 02536	[REDACTED]	City E FALMOUTH	State MA	Zip 02536
Insurance Company NGM INSURANCE				Vehicle action prior to crash 2	Damaged Area5	6
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	20	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1
[REDACTED]	[REDACTED]	19	[REDACTED]	[REDACTED]	F	3	99	4	0	0	5	1
[REDACTED]	[REDACTED]	20	[REDACTED]	[REDACTED]	F	6	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St PA	Age 23	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State PA
Sex M	Lic. Class	Lic. Restrictions	CDL Lic.	Veh Year 2004	Veh Make FORD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	CENTER VALLEY	State PA	Zip 18034	City	CENTER VALLEY	State PA Zip 18034
Insurance Company	STATE FARM			Vehicle action prior to crash 1	Damaged Area1	8
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
			Medical Facility	System	Status	Code	Code	Status	Code
[REDACTED]	[REDACTED]	23	[REDACTED]	99	4	0	0	5	1
				M	1				

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	3	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JAMES DORMAN

Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

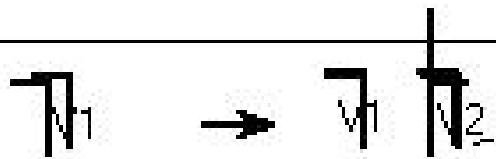
Crash City/Town: MASHPEE

Crash Date: 03/22/2013

Document Number: PW201314200426

Rte. 28.

Orchard Rd.



Sea Oaks Condos.

Asher's Path.

Not To Scale.

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 03/22/2013

Document Number: PW201314200426

V1 AND V2 WERE TRAVELING ON RTE. 28 IN THE AREA OF 195 FALMOUTH RD. (SEA OAKS CONDOS).

V2 CAME TO A STOP ON RTE. 28 DUE TO

TRAFFIC STOPPED IN FRONT OF V2. V1 WAS NOT ABLE TO STOP IN

TIME AND THE FRONT OF V1 IMPACTED THE REAR OF V2. BOTH DRIVER'S

AND THE PASSENGERS OF V2 ADVISED THAT THEY WERE NOT INJURED.

THERE WAS MINOR DAMAGE TO THE REAR

OF V2 AND I ONLY OBSERVED

SCRATCHES TO THE FRONT OF V1. THE DRIVER OF V1 WAS AT FAULT

FOR THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201314200418
3423960
13-119-AC**

Date of Crash: 04/30/2013 Time of Crash: 0822 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address _____ Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ SAMPSON MILL RD
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ SEA OAKS
 _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 32	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2008	Veh Make JEEP	Veh Config 97
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	PLYMOUTH	State MA	Zip 02360-6831	City	PLYMOUTH	State MA Zip 02360-6831
Insurance Company	COMMERCE INS.			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence	1	Test Status:
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	5	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	32	[REDACTED]	[REDACTED]	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 22	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1997	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	WAREHAM	State MA	Zip 02571-2117	City	WAREHAM	State MA Zip 02571-2117
Insurance Company	SAFETY INS.			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99 Citation #				Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	22	[REDACTED] Medical Facility	F	1	1	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JAMES DORMAN

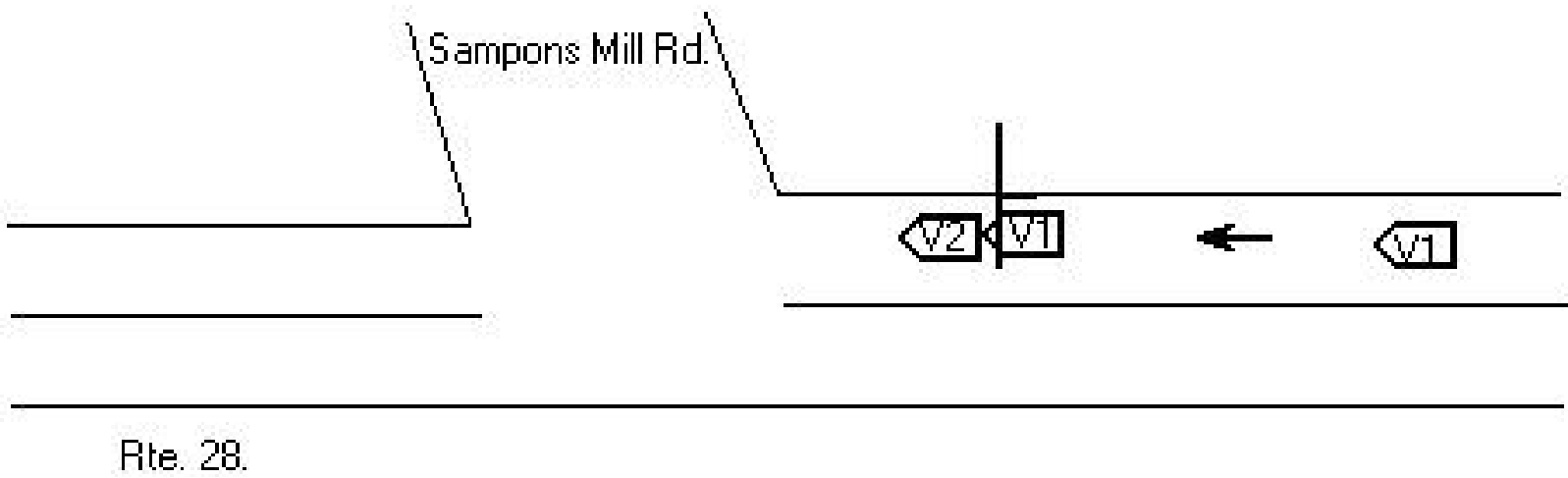
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 04/30/2013

Document Number: PW201314200418



Not To Scale.

195 Falmouth Rd.
Sea Oaks.

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 04/30/2013

Document Number: PW201314200418

V1 AND V2 WERE TRAVELING ON RTE. 28 TOWARDS THE BARNSTABLE TOWN
LINE IN THE AREA

OF SAMPSONS MILL RD. THE DRIVER OF V2 ADVISED

THAT SHE QUICKLY CAME TO A STOP ON

RTE. 28 DUE TO A VEHICLE

THAT MADE A RIGHT TURN ONTO SAMPSONS MILL RD. FROM RTE. 28.

V1

WAS NOT ABLE TO STOP IN TIME AND THE FRONT OF V1 THEN STRUCK

THE REAR OF V2. BOTH DRIVERS ADVISED THAT THEY WERE NOT INJURED.

V1 DID NOT NEED TO BE TOWED. THE DRIVER OF V2 CALLED AAA TO

TOW HER VEHICLE FROM THE SCENE. THE DRIVER OF V1 WAS AT FAULT

FOR THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201317200423
3471503
13-159-AC**

Date of Crash: 06/04/2013 Time of Crash: 1856 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

75 Feet N of _____ SAMPSON MILL RD

____ Feet ____ of _____ GENESIS HEALTH CARE

Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 23	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2000	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	W YARMOUTH	State MA	Zip 02673-3652	City	YARMOUTH	State MA Zip 02675-0000
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence	1	Test Status:
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	5 20	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	23	[REDACTED]	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 62	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2013	Veh Make HYUN	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-5430	City	E FALMOUTH	State MA Zip 02536-5430
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
		62	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 68	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2011	Veh Make HYUN	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	TAUNTON	State MA	Zip 02780-7507	City	S EASTON	State MA Zip 02375-[REDACTED]
Insurance Company	PEERLESS INSURANCE			Vehicle action prior to crash 2	Damaged Area	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	68	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
SARAH GILLEN	405 HAWKS NEST GROVE PRIDDIS, ALBERTA CANADA	403-801-0189	2 AB

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JAMES DORMAN

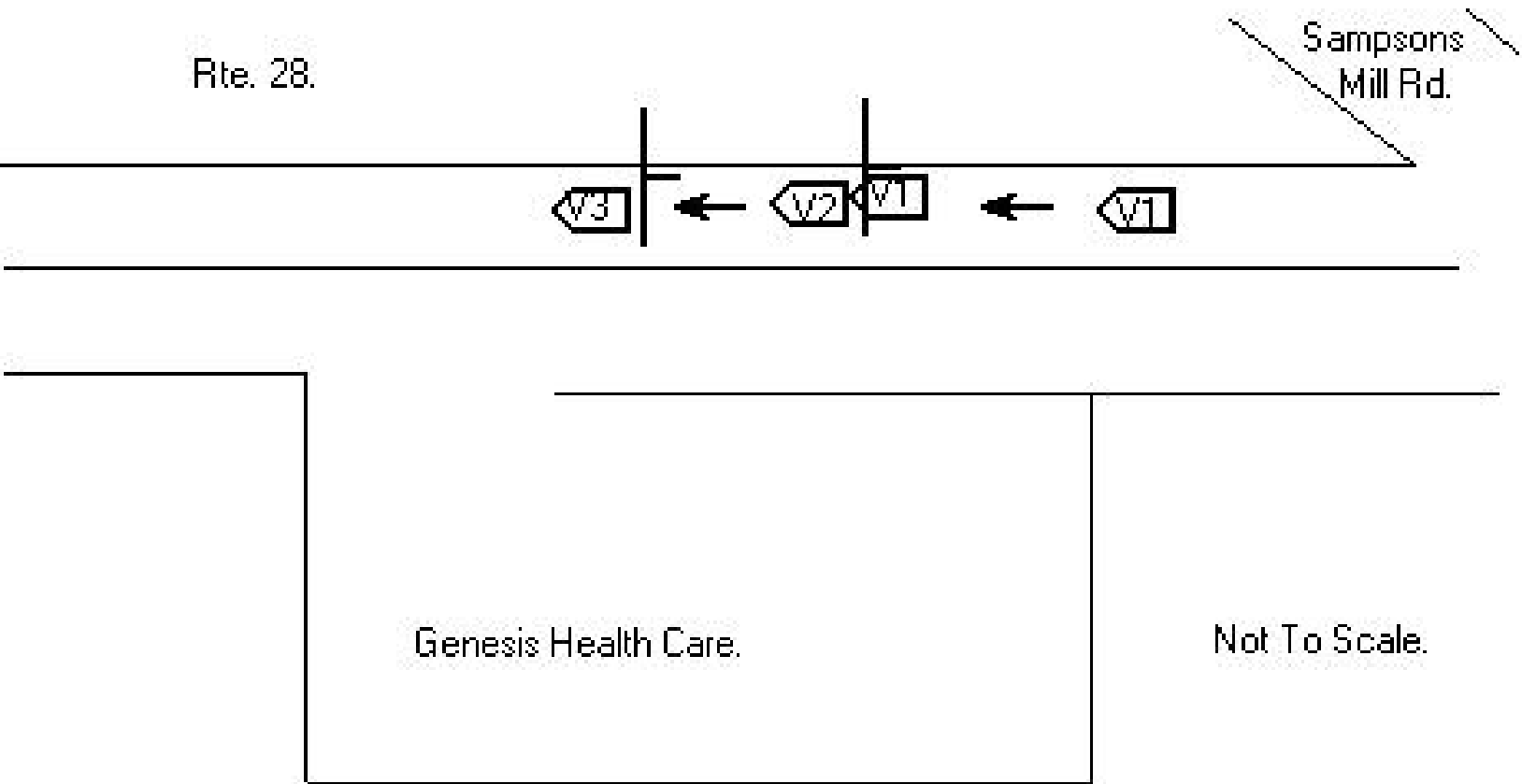
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 06/04/2013

Document Number: PW201317200423



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 06/04/2013

Document Number: PW201317200423

V1, V2, AND V3 WERE TRAVELING ON RTE. 28 TOWARDS THE BARNSTABLE TOWN LINE IN THE AREA OF SAMPSONS MILL RD. V2 AND V3 STOPPED ON RTE. 28 DUE TO TRAFFIC STOPPED IN FRONT OF V3. THE DRIVER OF V1 ADVISED THAT HE DROPPED HIS SUNGLASSES AND HE LOOKED AWAY FROM THE ROAD TO RETRIEVE HIS SUNGLASSES FROM THE FLOOR AREA. THE DRIVER OF V1 ADVISED THAT WHEN HE LOOKED BACK AT THE ROAD IN FRONT OF HIM, HE OBSERVED V2 AND V3 STOPPED IN TRAFFIC IN FRONT OF HIM. THE DRIVER OF V1 WAS NOT ABLE TO STOP IN TIME. THE FRONT OF V1 STRUCK THE REAR OF V2. V2 WAS PUSHED FORWARD DUE TO THE IMPACT AND THE FRONT OF V2 STRUCK THE REAR OF V3. ALL OF THE LISTED DRIVER'S REFUSED FIRE RESCUE. V1 WAS TOWED FROM THE SCENE BY ACCESS AUTO. IT SHOULD BE NOTED THAT I DID NOT OBSERVE ANY VISIBLE DAMAGE TO THE REAR OF V3.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201317200425
3471506
13-165-AC

Date of Crash: 06/07/2013 Time of Crash: 1651 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or _____ Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ ENTRANCE TO SEA OAKS

____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St NY	Age 62	DOB	Reg #	Plate Type PC	Reg State NY
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2008	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	ALBANY	State NY	Zip 12203	City	ALBANY	State NY Zip 12203
Insurance Company	STATE FARM MUT AUTO CO			Vehicle action prior to crash 1	Damaged Area2 1	
Vehicle Travel Direction	W	Responding to Emergency?	2	Event Sequence 1	Test Status:	
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	62	[REDACTED]	[REDACTED]	M	1	1	1	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 61	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2001	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	FALMOUTH	State MA	Zip 02540-2822	City	FALMOUTH	State MA Zip 02540-2822
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 2	Damaged Area6	
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	61	[REDACTED] Medical Facility	F	1	1	4	0	0	3	1
			NOT TRANSPORTED								
[REDACTED]	[REDACTED]	59	[REDACTED]	M	3	1	4	0	0	5	1
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name BRETT CALHOUN

Police Agency Name MASHPEE POLICE DEPARTMENT

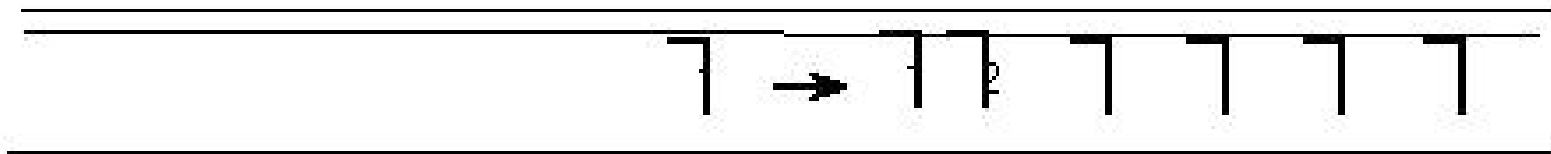
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 06/07/2013

Document Number: PW201317200425

Route 28/Falmouth Road



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 06/07/2013

Document Number: PW201317200425

ON 06/07/2013 AT APPROXIMATELY 1651 HOURS I RESPONDED TO 195 FALMOUTH ROAD TO TAKE A REPORT OF A MOTOR VEHICLE CRASH. UPON ARRIVAL I OBSERVED VEH 1 (NY/PAN [REDACTED]) WITH SIGNIFICANT FRONT-END DAMAGE ON THE SIDE OF FALMOUTH ROAD. I ALSO OBSERVED VEH 2 (MA/PAN [REDACTED]) WITH SIGNIFICANT REAR-END DAMAGE THAT HAD PULLED INTO SEA OAKS CONDOS ON FALMOUTH ROAD. OP. OF VEH 1 ([REDACTED]) STATED THAT HE WAS LOOKING FOR THE NEXT SIDE STREET AND HE REAR-ENDED VEH 2. OP. OF VEH 2 ([REDACTED]) STATED SHE WAS SITTING IN TRAFFIC WHEN REAR-ENDED. PASSENGER OF VEH 2 ([REDACTED]) STATED THE SAME AS CARLISS. ALL INVOLVED PARTIES WERE EVALUATED BY MASHPEE FD, AND ALL REFUSED TRANSPORT. BOTH VEHICLES WERE TOWED. [REDACTED] (OP. OF VEH 1) IS AT FAULT FOR THE MOTOR VEHICLE CRASH. AN ACCIDENT EXCHANGE FORM WAS FILLED OUT AND GIVEN TO BOTH OPERATORS. [REDACTED] WAS PICKED UP BY HIS WIFE, AND [REDACTED] AND [REDACTED] WERE TRANSPORTED TO MPD TO AWAIT A TAXI.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201317200427
3471510
13-171-AC

Date of Crash: 06/14/2013 Time of Crash: 0713 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 161 FALMOUTH RD
_____ Feet _____ of _____ Mile Marke or Exit Number
_____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street
_____ Feet _____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 19	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2007	Veh Make CHRY	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	HYANNIS	State MA	Zip 02601-2532	City	OSTERVILLE	State MA Zip 02655-1437
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 4	Damaged Area2	1 8
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 2	Citation # [REDACTED]			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: 89 Sec -8	Violation 2: Ch: Sec			Driver Contributing Code 4	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	19	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 56	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1997	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-0000	City	MASHPEE	State MA Zip 02649-0000
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area2	1
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	56	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				0	4	0	0	3	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	3
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name BRYAN BURKE

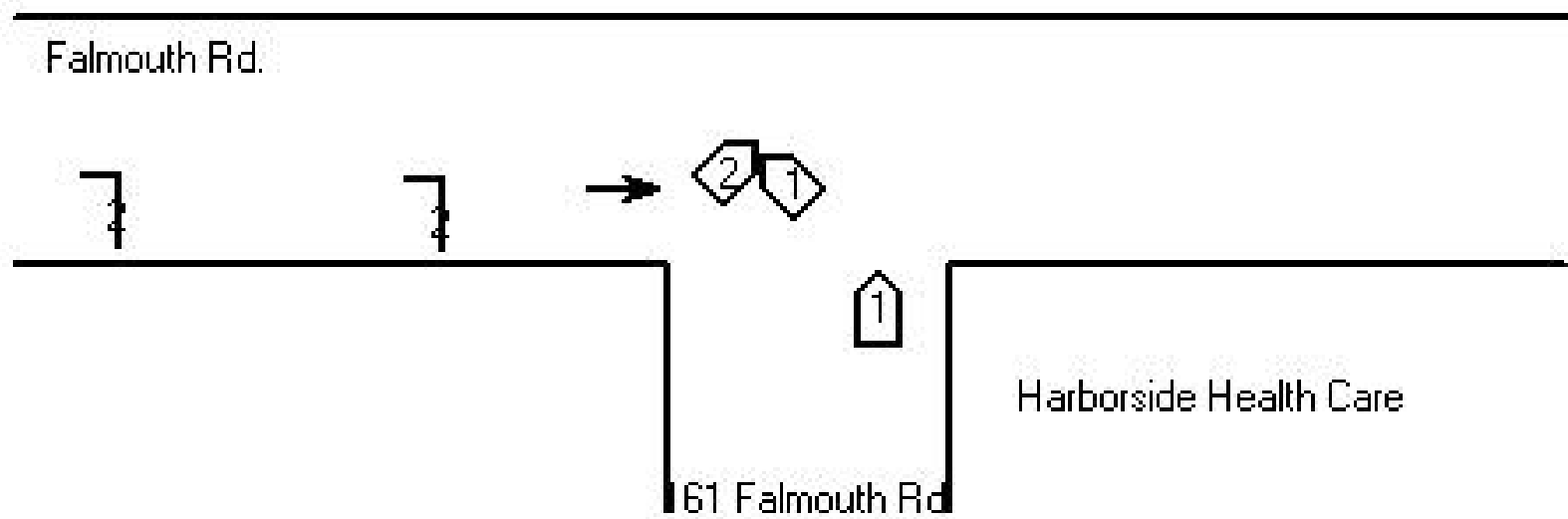
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 06/14/2013

Document Number: PW201317200427



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 06/14/2013

Document Number: PW201317200427

VEHICLE 1 (MA [REDACTED]) OPERATED BY [REDACTED] WAS ATTEMPTING TO TURN LEFT FROM 161 FALMOUTH ROAD INTO THE EASTBOUND LANE ON FALMOUTH ROAD. VEHICLE 2 (MA [REDACTED]) WAS TRAVELLING WESTBOUND ON FALMOUTH ROAD. THE OPERATOR OF VEHICLE 1 STATED THAT SHE DID NOT SEE VEHICLE 2 AND PULLED OUT INTO ONCOMING TRAFFIC. VEHICLE 1 CRASHED INTO VEHICLE 2. BOTH VEHICLE'S SUSTAINED FRONT END DAMAGE AND NEEDED TO BE TOWED FROM THE SCENE BY CAPEWAY TOWING. THE OPERATOR OF VEHICLE 2 ([REDACTED]) WAS EVALUATED BY RESCUE AT THE SCENE FOR NECK PAIN. [REDACTED] (VEHICLE 1) WAS ISSUED A WRITTEN WARNING FOR FAILURE TO YIELD TO ONCOMING TRAFFIC WHILE TURNING LEFT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201322101002
3549883
13-199-AC**

Date of Crash: 07/03/2013 Time of Crash: 0850 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 54	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2013	Veh Make CHEV	Veh Config 1
Operator █				Owner █		
Address █				Address █		
City CENTERVILLE		State MA	Zip 02632-3226	City CENTERVILLE		State MA Zip 02632-3226
Insurance Company ARBELLA MUTUAL INS				Vehicle action prior to crash 2		Damaged Area5
Vehicle Travel Direction N		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99		Citation #		Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	54	█	█	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 59	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make OLDS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	HYANNIS	State MA	Zip 02601-2441	City	HYANNIS	State MA Zip 02601-2441
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	59	[REDACTED] Medical Facility	M	1	1	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name CHRISTOPHER GIUCA

Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/03/2013

Document Number: PW201322101002

Route 28



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/03/2013

Document Number: PW201322101002

ON WEDNESDAY, 07/03/13, AT ABOUT 0850 HOURS, I (OFFICER GIUCA) WAS FINISHING UP WITH A TRAFFIC STOP ON ROUTE 28 WHEN I HEARD THE SOUND OF SCREECHING TIRES AND THE CRUNCH OF ONE VEHICLE HITTING ANOTHER. I LOOKED UP TO SEE A FENDER BENDER IN FRONT OF SEA OAKS CONDOMINIUMS ON ROUTE 28 (195 FALMOUTH ROAD).

I SPOKE WITH V1 () WHO SAID SHE WAS STOPPED IN TRAFFIC WHEN SHE WAS STRUCK FROM BEHIND. I THEN SPOKE WITH V2 () WHO STATED THAT HE DIDN'T SEE V1 STOP IN FRONT OF HIM AND WHEN HE STEPPED ON HIS BRAKES, HE SLID INTO V1'S REAR BUMPER.

THE OPERATOR OF V2 () APPEARED TO BE AT FAULT FOR INATTENTION. THERE WERE NO INJURIES REPORTED.

OFFICER GIUCA

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201322101015
3550056
13-223-AC**

Date of Crash: 07/15/2013 Time of Crash: 1541 City/Town: MASHPEE # of Vehicles: 4 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

100 Feet N of _____ SAMPSON MILL RD

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
4 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 28	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2005	Veh Make DODG	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	COTUIT	State MA	Zip 02635-2438	City	E FALMOUTH	State MA Zip 02536-0000
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area2	3 4
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	28	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1
NOT TRANSPORTED												
[REDACTED]	[REDACTED]	7	[REDACTED]	[REDACTED]	M	7	4	4	0	0	5	1
NOT TRANSPORTED												
[REDACTED]	[REDACTED]	4	[REDACTED]	[REDACTED]	F	4	4	4	0	0	5	1
NOT TRANSPORTED												

2

[REDACTED]

M

6

4

4

0

0

5

1

NOT TRANSPORTED

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 44	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 2	CDL Lic.	Veh Year 2001	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	W BARNSTABLE	State MA	Zip 02668-0000	City	W BARNSTABLE	State MA Zip 02668-0000
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area2	3 4
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	44	[REDACTED]	F	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St NY	Age 44	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State NY
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2004	Veh Make FORD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	LEVITTOWN	State NY	Zip 11756	City	SEAFORD	State NY Zip 11783
Insurance Company	ALLSTATE INS CO			Vehicle action prior to crash 1	Damaged Area2	3 4
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	44	[REDACTED]	M	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 33	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	W YARMOUTH	State MA	Zip 02673-0000	City	W YARMOUTH	State MA Zip 02673-0000
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area8	7 6
Vehicle Travel Direction N	Responding to Emergency? 1			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	33	[REDACTED]	M	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	4
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
MA. STATE	RTE 151		77	GUARDRAIL
	FALMOUTH	MA 02540		

Police Officer Name KEVIN M FRYE

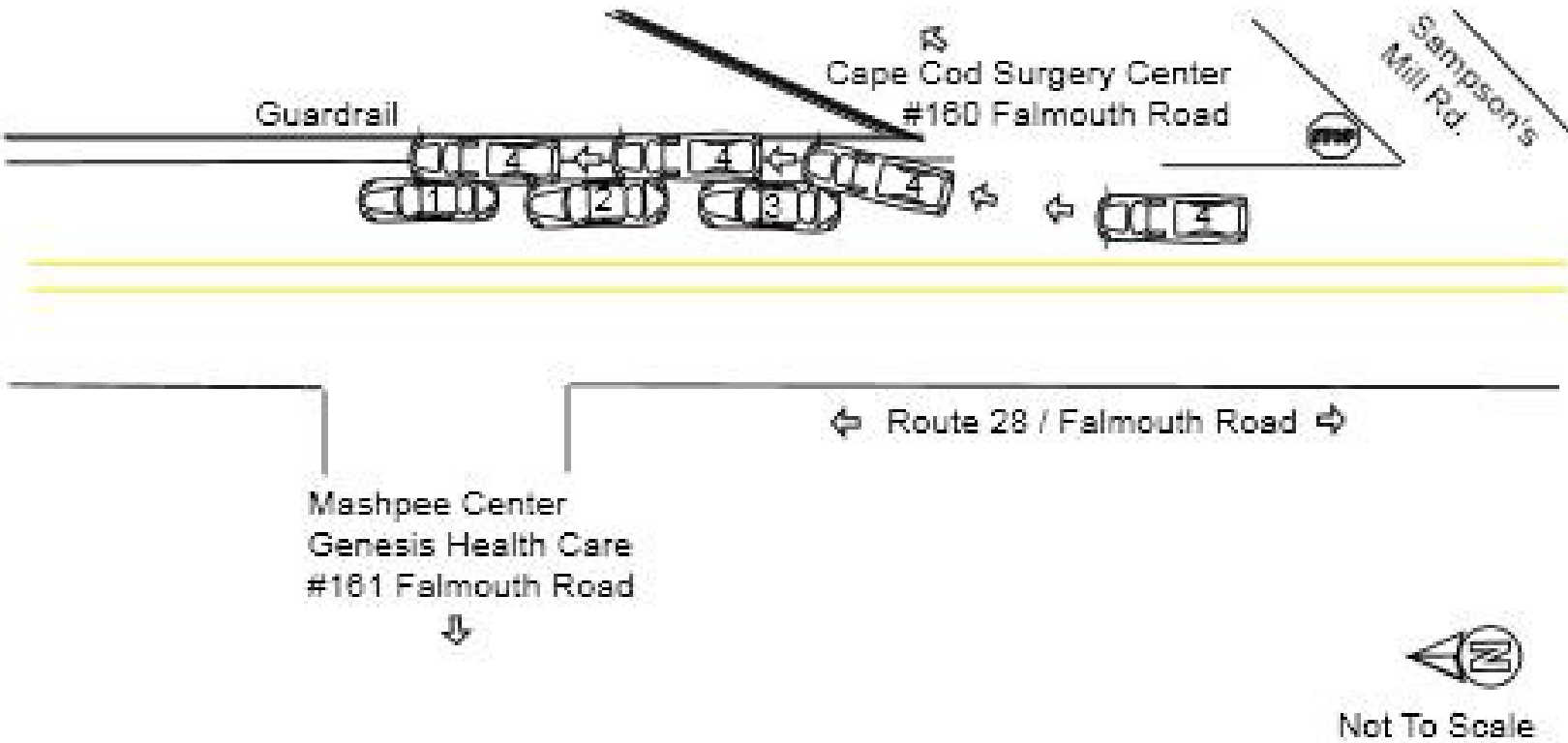
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/15/2013

Document Number: PW201322101015



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/15/2013

Document Number: PW201322101015

VEHICLE 4 WAS HEADING NORTH ON RTE 28 TOWARDS BARNSTABLE. VEHICLES IN FRONT OF HIM WERE STOPPED FOR TRAFFIC AND HAD JUST STARTED TO MOVE FORWARD. VEHICLE 4 OPERATOR STATED THAT HIS BRAKES FAILED AND HE COULD NOT STOP. HE TRIED TO AVOID VEHICLE 3 AND TURNED RIGHT INTO THE GUARDRAIL. VEHICLE 4 DROVE DOWN THE GUARDRAIL AND SIDESWIPE THE PASSENGER'S SIDE OF VEHICLE 3, VEHICLE 2, AND VEHICLE 1. VEHICLE 4 IS AT FAULT FOR THIS CRASH. FOLLOWING TOO CLOSELY/VEHICLE MALFUNCTION.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201322100921
3549921
13-239-AC**

Date of Crash: 07/24/2013 Time of Crash: 2221 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ SAMPSON MILL RD
Name of Roadway/Street _____

Route # _____ Direction _____ FALMOUTH RD
Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ _____
Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address _____ Name of Roadway/Street _____

_____ Feet _____ of _____
Mile Marke or Exit Number _____

_____ Feet _____ of _____
Route # _____ Intersecting Roadway/Street _____

_____ Feet _____ of _____
Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 64	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make GMC	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City OSTERVILLE	State MA	Zip 02655-1452		City OSTERVILLE	State MA	Zip 02655-1452
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 4	Damaged Area4	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 4	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	4	[REDACTED]	[REDACTED]	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist			Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition	
License #	St MA	Age 47	DOB	Reg #	Plate Type PAN Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make CHRY Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]
Address	[REDACTED]			Address:	[REDACTED]
City	MARSTONS MILLS	State MA	Zip 02648-0000	City	MARSTONS MILLS State MA Zip 02648-0000
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area2 3
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol: Susp. Drug:
					Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED] S,	47	[REDACTED] Medical Facility	M	1	99	4	0	0	5	1
[REDACTED]	[REDACTED]	10	[REDACTED] Medical Facility	M	3	99	4	0	0	5	1

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ALEXANDER XIARHOS

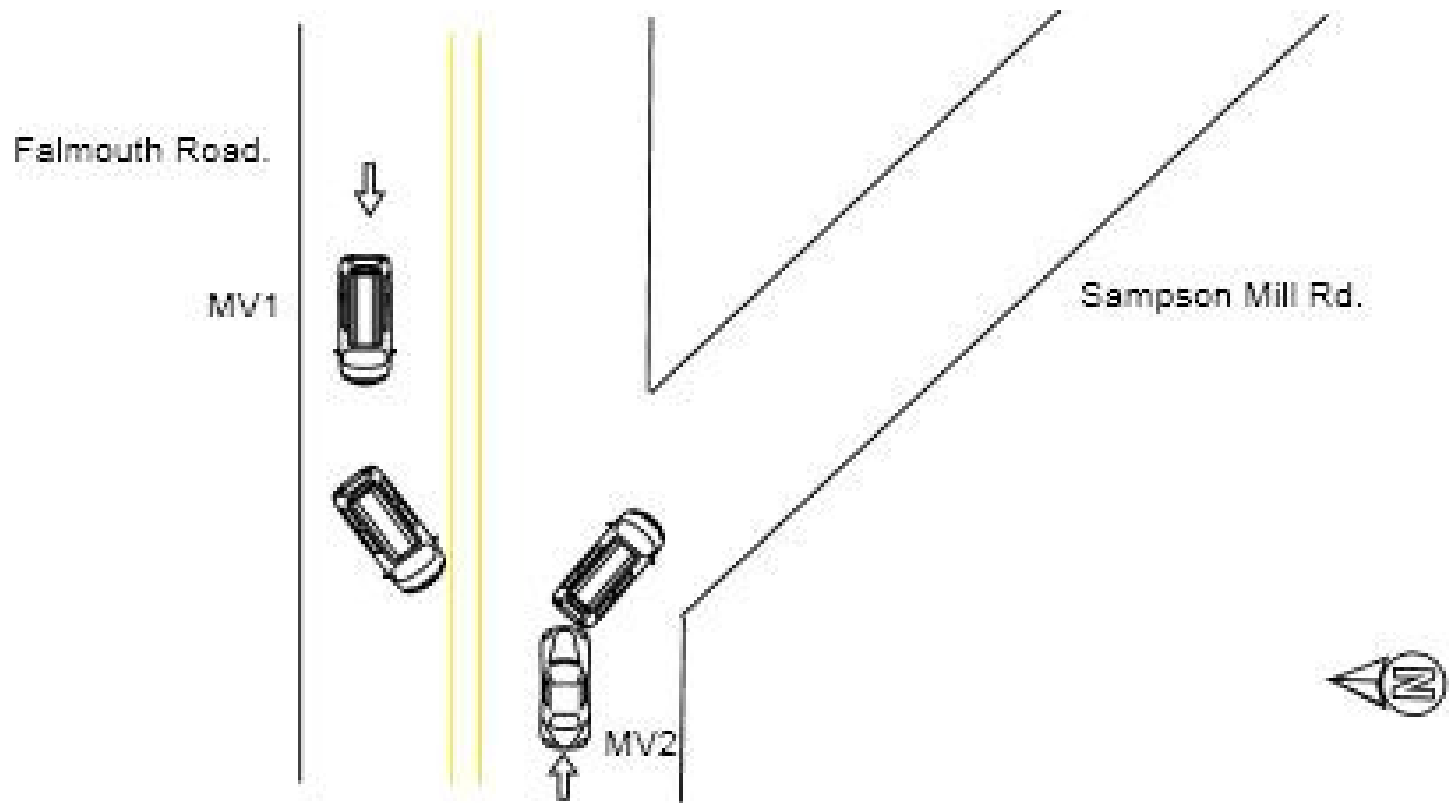
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/24/2013

Document Number: PW201322100921



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/24/2013

Document Number: PW201322100921

ON 07-24-13 AT APPROXIMATELY 2220 HOURS, I RESPONDED TO A 2 CAR MVC AT THE CORNER OF FALMOUTH ROAD (RT.28) AND SAMPSON MILL ROAD. MV1, MA. REG. [REDACTED] OPERATED BY [REDACTED] ([REDACTED]) WAS TRAVELING WESTBOUND ON RT.28 WHEN IT WAS STRUCK BY MV2, MA. REG. [REDACTED] OPERATED BY [REDACTED] ([REDACTED]) AND PASSENGER [REDACTED] ([REDACTED]). MV2 WAS HEADING EASTBOUND ON RT.28 WHEN MV1 ATTEMPTED TO MAKE A U-TURN IN THE MIDDLE OF RT.28 AND SAMPSON MILL ROAD CAUSING MV2 TO SLAM ON THEIR BRAKES, LEAVING SKID MARKS, AND ULTIMATELY STRIKING THE TURNING MV1. THE SPEED LIMIT ON RT.28 IS 50 MPH. THERE WERE NO REPORTED INJURIES AND ALL PARTIES DENIED MEDICAL ATTENTION. MV1 SUSTAINED DAMAGE TO THE RIGHT REAR BUMPER. MV2 SUFFERED DAMAGE OVER \$1000 TO THE RIGHT FRONT TIRE/BUMPER AREA. MV2 WAS TOWED FROM THE SCENE BY CAPEWAY TOWING. MV1 WAS AT FAULT FOR THIS CRASH FOR FAILURE TO USE CAUTION WHILE TURNING.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201324000721
3569973
13-273-AC

Date of Crash: 08/16/2013 Time of Crash: 1055 City/Town: MASHPEE # of Vehicles: 1 # Injured: Speed Limit: 10 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or _____ Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ GENESIS HEALTH CARE _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 90	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2007	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-0000	City	MASHPEE	State MA Zip 02649-0000
Insurance Company	CITIZENS INSURANCE			Vehicle action prior to crash 97	Damaged Area 1	8 7
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence	30 26	Test Status:
Cited?	99	Citation #		Most Harmful Event	26	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	19 1	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	90	[REDACTED]	[REDACTED]	F	1	99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	1
Road Surface:	1	First Harmful Event Location:	7
Roadway Intersection Type:	1	First Harmful Event:	26

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
GENISIS HEALTH CARE	161 FALMOUTH RD MASHPEE MA 02649		77	FENCE

Police Officer Name JAMES DORMAN

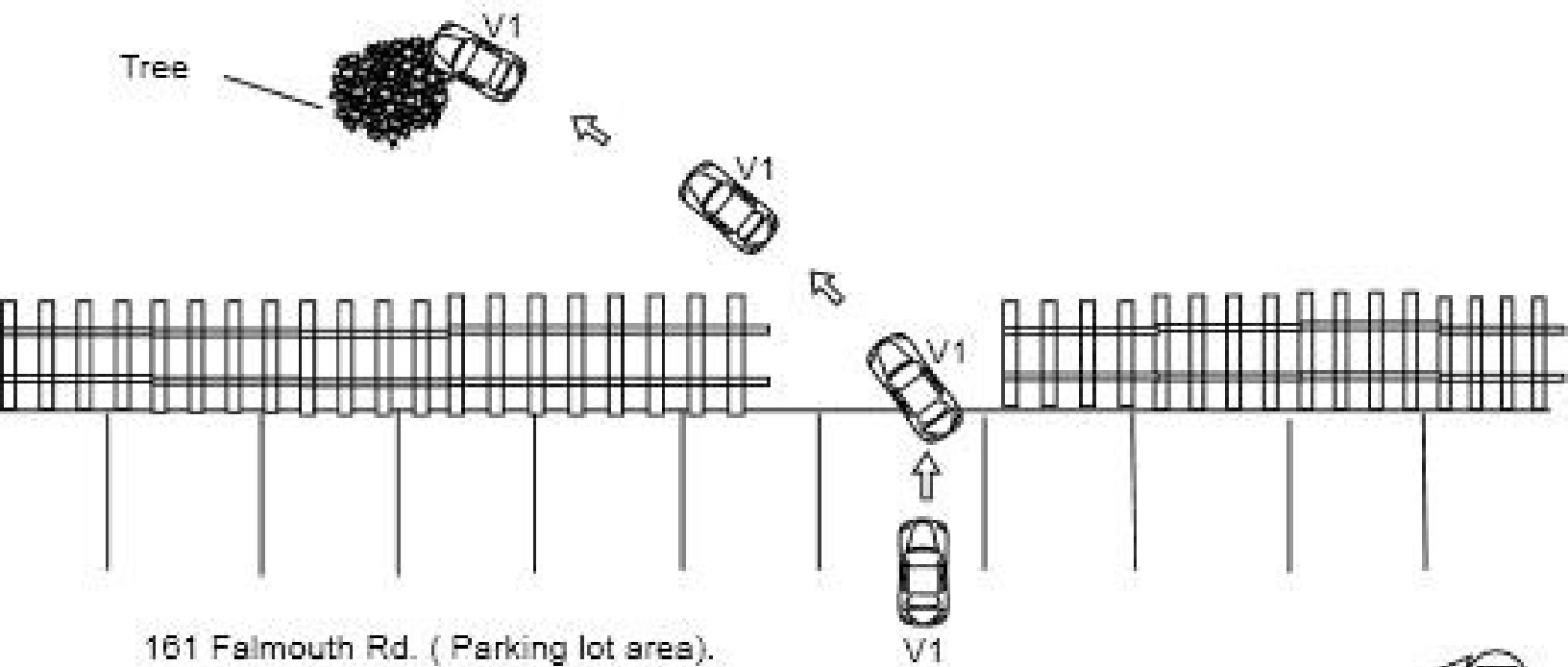
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 08/16/2013

Document Number: PW201324000721



Not To Scale.

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 08/16/2013

Document Number: PW201324000721

THE DRIVER OF V1 ADVISED THAT AS SHE WAS PARKING HER VEHICLE IN THE PARKING LOT AREA OF 161 FALMOUTH RD., SHE STEPPED ON THE BRAKE AND " IT DIDN'T HOLD". IT APPEARED TO ME THAT THE DRIVER OF V1 ACTUALLY STEPPED ON THE GAS PEDAL INSTEAD OF THE BRAKE. I OBSERVED ACCELERATION MARKS ON THE GROUND WHICH WOULD INDICATE THAT THE VEHICLE WAS ACCELERATING BEFORE V1 DROVE INTO THE DITCH. V1 THEN DROVE THROUGH SEVERAL PIECES OF FENCING AND INTO A DITCH LOCATED BETWEEN THE PARKING LOT AREA AND RTE. 28. ONCE IN THE DITCH, V1 STRUCK A TREE. MASHPEE FIRE RESCUE RESPONDED AND THE DRIVER OF V1 REFUSED FIRE RESCUE. V1 WAS TOWED FROM THE SCENE BY ACCESS AUTO. THE DRIVER OF V1 WAS AT FAULT FOR THE CRASH. AN IMMEDIATE THREAT FORM WAS COMPLETED AND FAXED TO THE RMV ON THIS DATE.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201324000902
3569781
13-276-AC**

Date of Crash: 08/20/2013 Time of Crash: 0525 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or _____ Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 25	DOB		Reg #	Plate Type PC Reg State NC
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.		Veh Year 2006	Veh Make NISS Veh Config 1
Operator	[REDACTED]				Owner	[REDACTED]
Address	[REDACTED]				Address:	[REDACTED]
City	MOOREHEAD CITY	State NC	Zip 28557		City	MOOREHEAD CITY State NC Zip 28557
Insurance Company	GEICO				Vehicle action prior to crash 1	Damaged Area1
Vehicle Travel Direction	S	Responding to Emergency?	2		Event Sequence 1	Test Status:
Cited? 99	Citation #				Most Harmful Event 1	Type of Test:
Violation 1: Ch: Sec	Violation 2: Ch: Sec				Driver Contributing Code 19	BAC Test Result:
Violation 3: Ch: Sec	Violation 4: Ch: Sec				Driver Distracted By:	Susp. Alcohol: Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	25	[REDACTED]	[REDACTED]	M	1	99	4	0	0	5	1

NOT TRANSPORTED

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 25	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2007	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-4247	City	E FALMOUTH	State MA Zip 02536-4247
Insurance Company	ARBELLA MUTUAL INS			Vehicle action prior to crash 2	Damaged Area5 8	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	25	Medical Facility	F	1	99	4	0	0	5	1
NOT TRANSPORTED											

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 54	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2005	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	FALMOUTH	State MA	Zip 02540-3761	City	FALMOUTH	State MA Zip 02540-3761
Insurance Company	NGM INSURANCE COMP			Vehicle action prior to crash 4	Damaged Area4	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	54	[REDACTED]	M	1	99	4	0	0	5	1
NOT TRANSPORTED											

Crash Information:

Light Conditions:	99	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name WILLIAM J CUOZZO

Police Agency Name MASHPEE POLICE DEPARTMENT

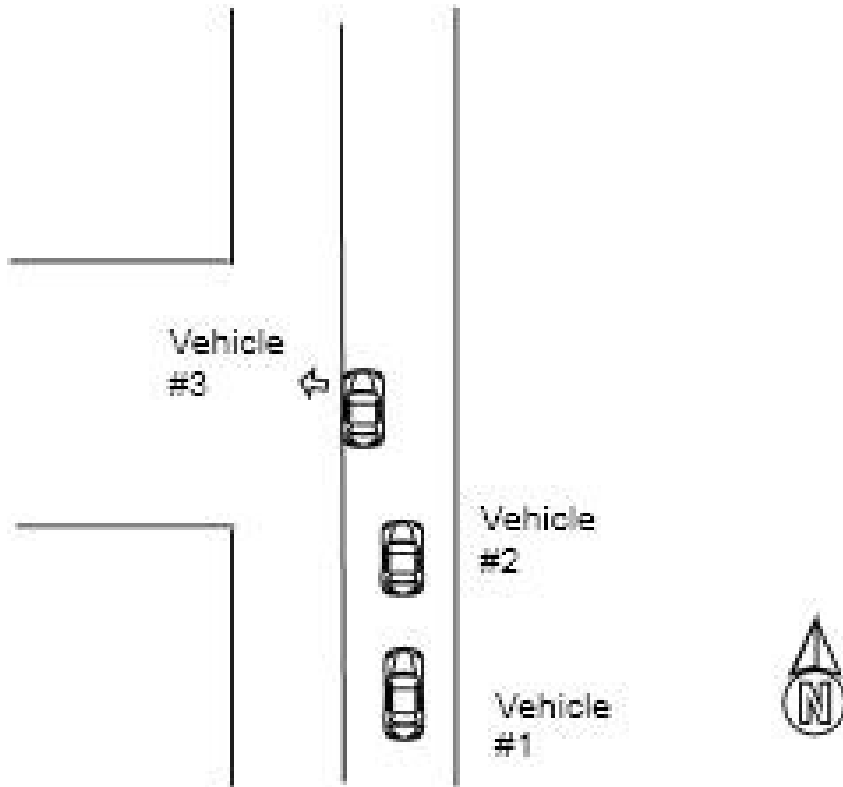
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 08/20/2013

Document Number: PW201324000902

Mashpee Care and
Rehab



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 08/20/2013

Document Number: PW201324000902

VEHICLE #3 OPERATED BY [REDACTED] WAS WAITING FOR ON COMING TRAFFIC TO PASS IN ORDER TO MAKE A LEFT TURN INTO MASHPEE CARE AND REHAB. VEHICLE #2 OPERATED BY [REDACTED] BEGAN SLOWING IN TRAFFIC BEHIND VEHICLE #3 WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE #1 OPERATED BY [REDACTED]. [REDACTED] STRIKING THE REAR OF VEHICLE #2 CAUSED VEHICLE #2 TO STRIKE VEHICLE #3. I SPOKE WITH ALL OPERATORS WHO WERE TRAVELLING IN THE SOUTHBOUND LANE OF ROUTE 28 REGARDING THE CRASH. NO PARTIES REPORTED INJURIES FROM THE CRASH. VEHICLE #1 SUFFERED EXTENSIVE DAMAGE TO THE FRONT END, VEHICLE #2 SUFFERED MODERATE DAMAGE TO THE REAR AND TO THE FRONT DRIVER SIDE FENDER. VEHICLE #3 SUFFERED WHAT APPEARED TO BE VERY MINOR PAINT SCRAPES. I SPOKE WITH [REDACTED] REGARDING THE CRASH AND ADVISED HIM THAT HIS INATTENTION WAS THE MAIN FACTOR IN THE CRASH. [REDACTED] WAS GIVEN A VERBAL WARNING FOR INATTENTION. ALL VEHICLES WERE ABLE TO CLEAR THE SCENE UNDER THEIR OWN POWER.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW20132600801
3588578
13-292-AC**

Date of Crash: 09/01/2013 Time of Crash: 1255 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

50 Feet W of SEA OAKS CONDO
Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 72	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2009	Veh Make VOLK	Veh Config 1
Operator █	Address █		City MASHPEE	State MA	Zip 02649-3392	Owner █
Insurance Company	PLYMOUTH ROCK ASSU		City MASHPEE	State MA	Zip 02649-3392	Address: █
Vehicle Travel Direction W	Responding to Emergency? 2		Vehicle action prior to crash 1	Damaged Area1		
Cited? 99	Citation #		Event Sequence 1	Test Status:		
Violation 1: Ch: Sec	Violation 2: Ch: Sec		Most Harmful Event 1	Type of Test:		
Violation 3: Ch: Sec	Violation 4: Ch: Sec		Driver Contributing Code 19	BAC Test Result:		
			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:	
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	72	█	█	F	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 34	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2009	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-3356	City	MASHPEE	State MA Zip 02649-3356
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 2	Damaged Area 1	5
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	34	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 60	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2004	Veh Make PONT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2274	City	MASHPEE	State MA Zip 02649-2274
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

[REDACTED]	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	Medical Facility	System	Status	Code	Code	Status	Code
Age	60	Sex	M	Seat	1	Pos	99
	[REDACTED]				4		
					0		
					0		
					5		
					1		

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	2 3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	2

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JOSEPH CATANESE

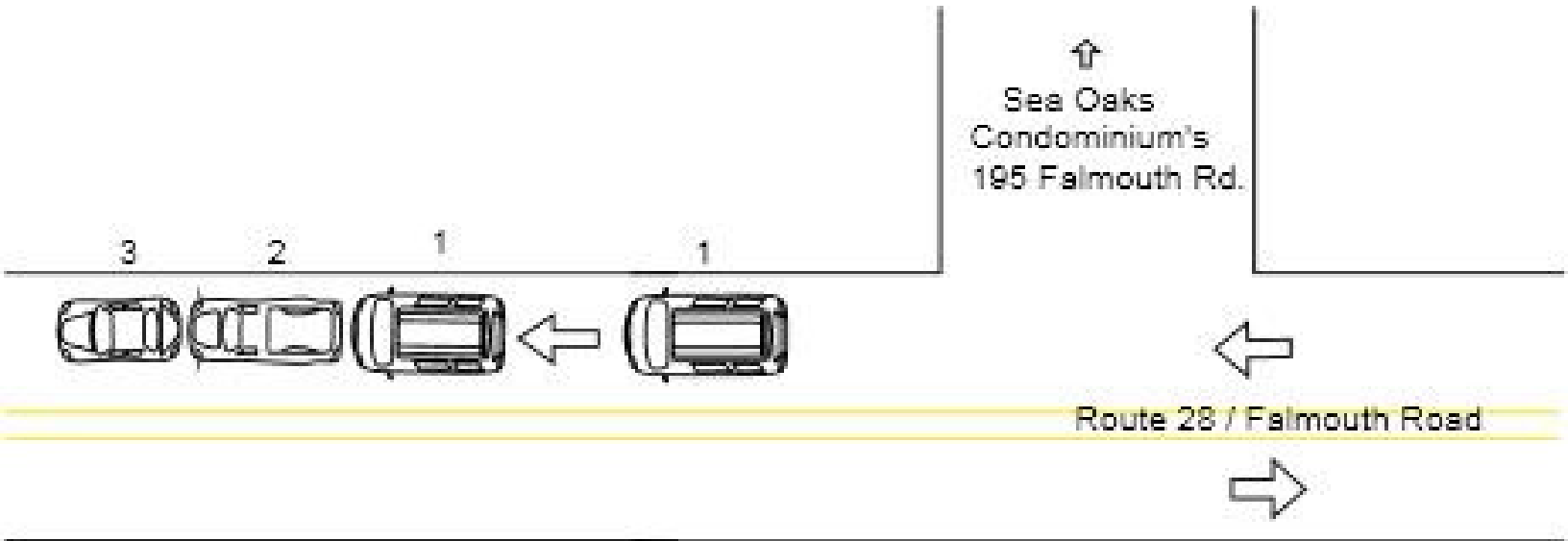
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 09/01/2013

Document Number: PW201326000801



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 09/01/2013

Document Number: PW201326000801

OP1 STATED WHILE STOPPED IN TRAFFIC, SHE OBSERVED THE VEHICLE BEHIND HER (UNIDENTIFIED) APPROACHING QUICKLY. OP1 STATED SHE ACCELERATED FEARING SHE WOULD BE HIT, AT WHICH TIME SHE REAR ENDED VEH2. I OBSERVED MINOR DAMAGE TO THE FRONT END OF VEH1. OP1 STATED SHE WAS NOT INJURED.

OP2 STATED HE WAS STOPPED IN TRAFFIC WHEN HE WAS REAR ENDED BY VEH1, CAUSING HIM TO REAR END VEH3. I OBSERVED MINOR DAMAGE TO THE FRONT AND REAR END OF VEH2. OP2 STATED HE WAS NOT INJURED.

OP3 STATED HE WAS STOPPED IN TRAFFIC WHEN HE WAS REAR ENDED BY VEH2. I OBSERVED SIGNIFICANT DAMAGE TO THE REAR END OF VEH3. OP3 STATED HE WAS NOT INJURED.

ALL VEHICLES LEFT UNDER THEIR OWN POWER. OP1 WAS FOUND AT FAULT FOR THE COLLISIONS.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201326000802
3588579
13-296-AC**

Date of Crash: 09/04/2013 Time of Crash: 1509 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of SEA OAKS CONDOS Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 55	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2009	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	CENTERVILLE	State MA	Zip 02632-2227	City	CENTERVILLE	State MA Zip 02632-2227
Insurance Company	PREMIER INSURANCE			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence 1	Test Status:	
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 19 5	BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	55	06/ [REDACTED] /1958	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 53	DOB 06/[REDACTED]/1960	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2011	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648-1418	City	MARSTONS MILLS	State MA Zip 02648-0000
Insurance Company	NGM INSURANCE COMP			Vehicle action prior to crash 2	Damaged Area 1	5
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence	1	
Cited?	99	Citation #		Most Harmful Event	1	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	1	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	53	[REDACTED]	F	1	1	4	0	0	4	2
			FALMOUTH HOSPITAL								

X Vehicle	Non-Motorist				Hit/Run	Moped
3 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 55	DOB 08/[REDACTED]/1958	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2005	Veh Make MAZD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-3184	City	MASHPEE	State MA Zip 02649-3184
Insurance Company	PLYMOUTH ROCK ASSU			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	55	[REDACTED]	F	1	99	4	0	0	5	1
[REDACTED]	[REDACTED]	15	[REDACTED] FALMOUTH HOSPITAL	F	3	99	4	0	0	4	2
[REDACTED]	[REDACTED]	0	[REDACTED]	M	5	4	5	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ALEXANDER XIARHOS

Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 09/04/2013

Document Number: PW201326000802



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 09/04/2013

Document Number: PW201326000802

ON 09-04-13 I RESPONDED TO A 3 CAR MVC ON RT.28 BY THE ENTRANCE TO SEA OAKS CONDOS. WHILE MV3 AND MV2 WERE COMING TO A STOP IN FRONT OF SEA OAKS, MV1 CRASHED INTO THE REAR OF MV2 CAUSING MV2 TO CRASH INTO MV3. THE OPERATOR OF MV1, [REDACTED] STATED THAT HE LOOKED AWAY FROM THE ROADWAY FOR A SECOND AND THAT'S WHEN HE COLLIDED WITH MV2. THE OPERATOR OF MV2, MS. [REDACTED] SUSTAINED A NECK INJURY AND WAS TRANSPORTED TO FALMOUTH HOSPITAL. THE PASSENGER OF MV3, [REDACTED] ALSO SUSTAINED A NECK INJURY AND WAS TRANSPORTED TO FALMOUTH HOSPITAL. MR. [REDACTED] WAS VERBALLY WARNED FOR FOLLOWING TOO CLOSELY. MV2 WAS TOWED FROM THE SCENE BY CAPEWAY TOWING.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201331100714
3647461
13-343-AC

Date of Crash: 10/10/2013 Time of Crash: 1039 City/Town: MASHPEE # of Vehicles: 1 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of MASHPEE REHAB. _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 34	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2009	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648-1538	City	MARSTONS MILLS	State MA Zip 02648-1538
Insurance Company	METROPOLITAN PROP			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence	24 21	Test Status:
Cited?	99	Citation #		Most Harmful Event	21	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	17	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	34	08/ [REDACTED] /1979	M	1	1	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	1
Road Surface:	1	First Harmful Event Location:	5
Roadway Intersection Type:	3	First Harmful Event:	21

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
MASS HIGHWAY	NATHAN ELLIS HYWY FALMOUTH MA 02540		15	GAURDRAIL
NATIONAL GRID	56 SECOND AVE WALTHAM MA		15	ORANGE TUBULAR INDICATOR PIPE

Police Officer Name RALPH MAHONEY

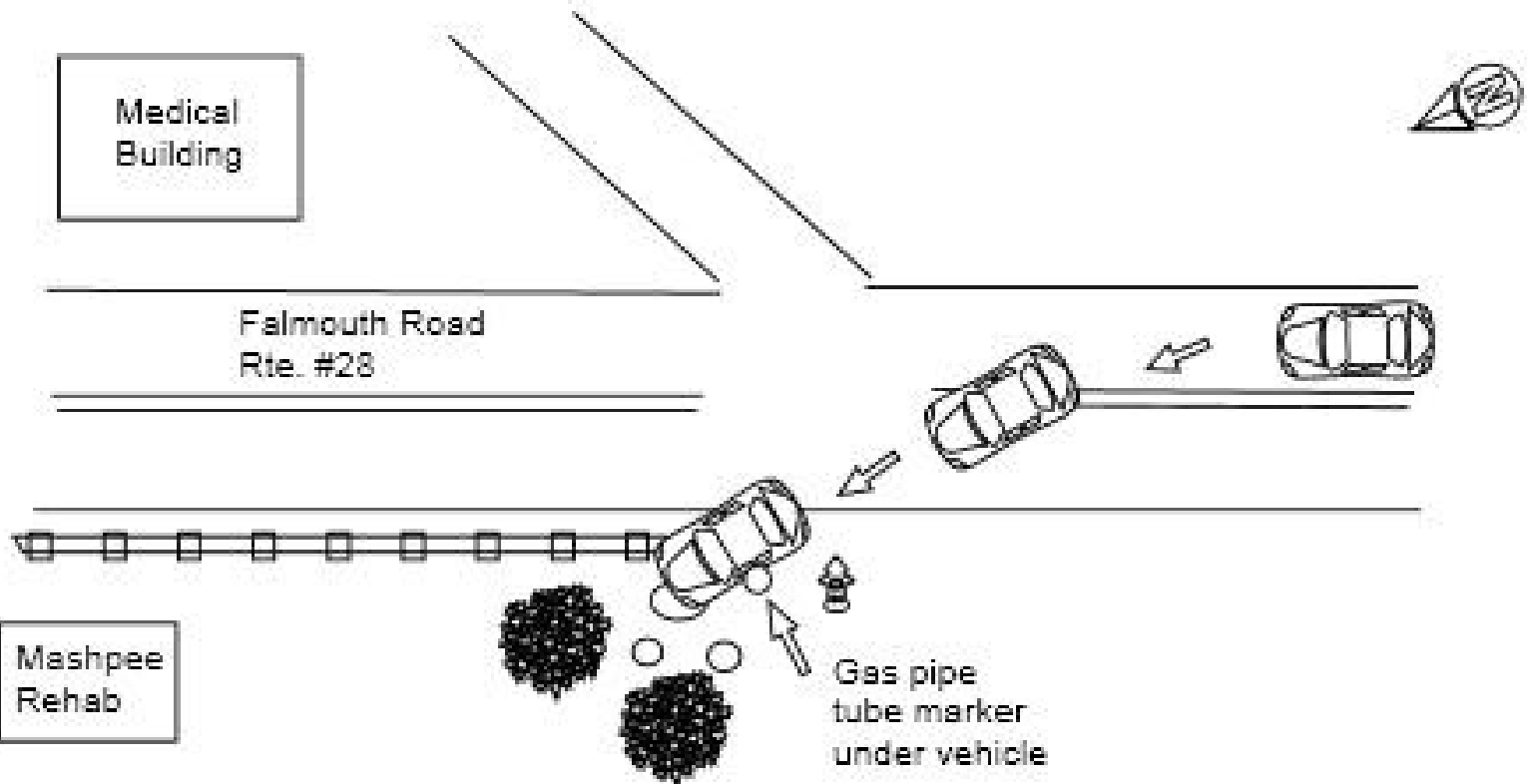
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 10/10/2013

Document Number: PW201331100714



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 10/10/2013

Document Number: PW201331100714

VEHICLE #1 WAS TRAVELLING SOUTHBOUND ON ROUTE #28, WHEN THE OPERATOR BEGAN TO SLOW HIS VEHICLE DOWN DUE TO, WHAT HE DESCRIBED AS THE FEELING OF AN ONCOMING PANIC ATTACK. THE OPERATOR STATED THAT HE WAS ATTEMPTING TO PULL ONTO THE SOFT SHOULDER OF THE ROAD, WHEN HE BLACKED OUT, CAUSING THE VEHICLE TO CROSS OVER THE ROAD, INTO THE OPPOSITE LANE OF TRAVEL, AND THEN CRASH INTO THE GUARDRAIL, AND A LARGE TREE. AS THE VEHICLE LEFT THE ROADWAY, IT RAN OVER AN ORANGE GAS PIPE INDICATOR TUBE. THE OPERATOR OF VEHICLE #1 WAS AT FAULT FOR THE CRASH AS HE SUFFERED FROM A MEDICAL CONDITION, CAUSING HIM TO BLACK OUT. THE OPERATOR STATED THAT HE DOES TAKE A PRESCRIPTION MEDICATION FOR HIS CONDITION, AND THAT HE TOOK THE PRESCRIBED DOSE THIS MORNING. I COMPLETED, AND FAXED A REQUEST FOR IMMEDIATE THREAT LICENSE SUSPENSION / REVOCATION

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201334400810
3675801
13-388-AC**

Date of Crash: 11/19/2013 Time of Crash: 1616 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of SEA OAKS PARKING LOT Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 27	DOB 08/ /1986	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2006	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2612	City	BREWSTER	State MA Zip 02631-1621
Insurance Company	LIBERTY MUTUAL INS			Vehicle action prior to crash 10	Damaged Area5	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 18	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	27	[REDACTED]	[REDACTED]	F	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 40	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1996	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649	City	MASHPEE	State MA Zip 02649-3202
Insurance Company	PROGRESSIVE DIRECT			Vehicle action prior to crash 1	Damaged Area2	3
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	40	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	99
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	3
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	9	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ROBERT WATERFIELD

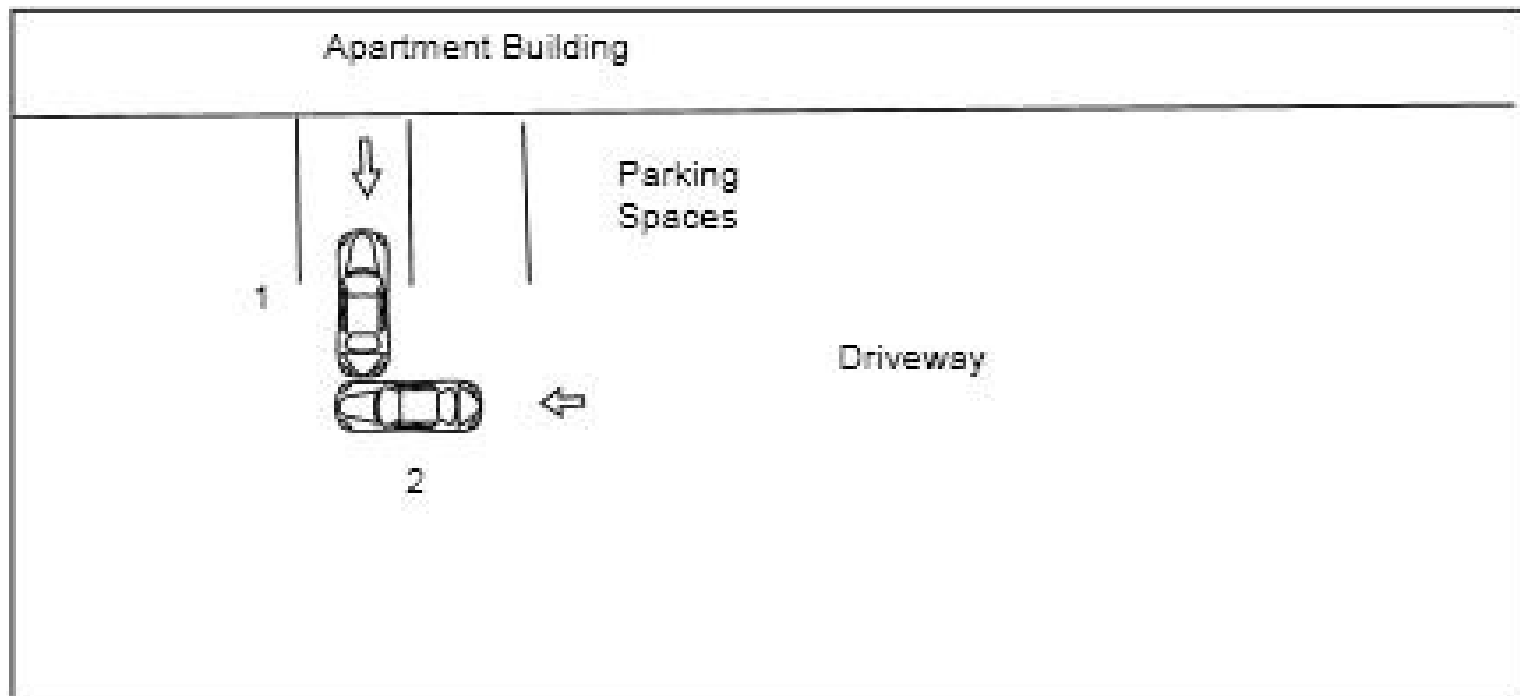
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 11/19/2013

Document Number: PW201334400810



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 11/19/2013

Document Number: PW201334400810

OPERATOR OF VEHICLE 1 BACKING OUT OF A PARKING SPACE, DID NOT SEE VEHICLE 2 DRIVING IN THE DRIVEWAY BEHIND HER. VEHICLE 1 STRUCK THE SIDE OF VEHICLE 2. VEHICLE 1 IS AT FAULT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201400701748
3711369
13-422-AC

Date of Crash: 12/18/2013 Time of Crash: 0849 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 195 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
75 Feet _____ of SEA OAKS CONDOS ENTRANCE
 Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 58	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make MERZ	Veh Config 1
Operator [REDACTED]	Address [REDACTED]			Owner [REDACTED]	Address: [REDACTED]	
City MASHPEE	State MA	Zip 02649		City MASHPEE	State MA	Zip 02649
Insurance Company ARBELLA MUTUAL INS	Vehicle Travel Direction N		Responding to Emergency? 2	Event Sequence 1	Vehicle action prior to crash 1	Damaged Area2 1 8
Cited? 99	Citation #			Most Harmful Event 1	Driver Contributing Code 5	Test Status: Type of Test: BAC Test Result:
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
Violation 3: Ch: Sec	Violation 4: Ch: Sec					Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	58	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 69	DOB [REDACTED]	Reg # [REDACTED]	Plate Type ATN	Reg State MA
Sex M	Lic. Class B	Lic. Restrictions 1	CDL Lic.	Veh Year 2009	Veh Make FORD	Veh Config 5
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	S DENNIS	State MA	Zip 02660-0000	City	S DENNIS	State MA Zip 02660-3439
Insurance Company	TRAVELERS IND CO.			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat	Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	69	[REDACTED] Medical Facility	M	1	1	4	0	0	0	5	1
[REDACTED]	[REDACTED]	48	[REDACTED]	F	11	99	4	0	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name PATRICK LEAHY

Police Agency Name MASHPEE POLICE DEPARTMENT

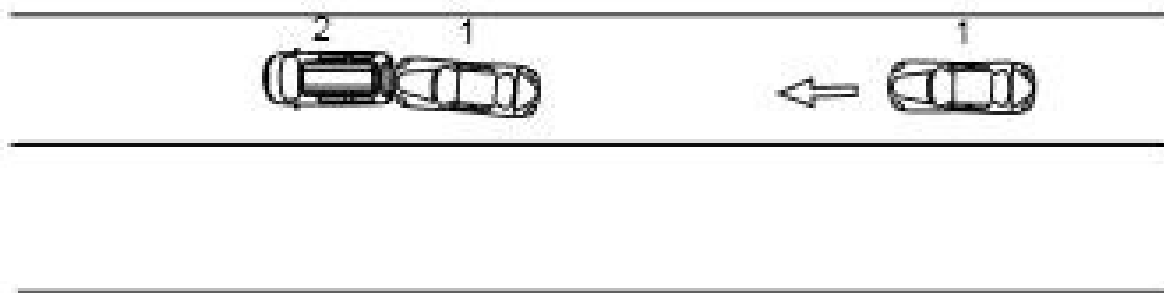
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701748

Route 28 North



Sea Oaks Condos



195 Rt 28

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701748

ON 12/18/13 I WAS TRAVELING ON RT 28 SOUTH WHEN I NOTICED A TWO VEHICLE MVA ON RT 28 NORTH NEAR SEA OAKS CONDOS. I INITIATED MY EMERGENCY LIGHTS AND POSITIONED MY VEHICLE BEHIND THE MVA. I MADE CONTACT WITH ALL PERSONS AND MADE SURE EVERYONE WAS MEDICALLY SAFE AND ALL PARTIES DECLINED MEDICAL ATTENTION. VEHICLE 2 HAD STOPPED IN TRAFFIC WHEN VEHICLE 1 WAS UNABLE TO BRAKE IN TIME AND COLLIDED WITH THE REAR BUMPER OF VEHICLE 2. THE OPERATOR OF VEHICLE 1 SAID SHE WAS UNABLE TO STOP IN TIME DUE TO A LEG CRAMP. ACCESS AUTO WAS CONTACTED AND REMOVED VEHICLE 1. VEHICLE 2 SUFFERED MINIMAL DAMAGE AND WAS ABLE TO DRIVE FROM THE ACCIDENT. THE PASSENGER IN V2 ADVISED THAT SHE WAS NOT INJURED. V1 WAS AT FAULT FOR THIS ACCIDENT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201400701803
3711370
13-424-AC**

Date of Crash: 12/18/2013 Time of Crash: 1215 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

120 Feet N of _____ SAMPSON MILL RD

____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 50	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 2	CDL Lic.	Veh Year 2007	Veh Make VOLV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	CENTERVILLE	State MA	Zip 02632-2624	City	CENTERVILLE	State MA Zip 02632-2624
Insurance Company	USAA CASUALTY INS			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence 1	Test Status:	
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	50	[REDACTED]	[REDACTED]	F	1	1	4	0	0	4	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 47	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1999	Veh Make FORD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-7609	City	MASHPEE	State MA Zip 02649-3707
Insurance Company	ZURICH INSURANCE			Vehicle action prior to crash 2	Damaged Area 1	5
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	47	[REDACTED]	M	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 24	DOB [REDACTED]	Reg # [REDACTED]	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2002	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	MATTAPOISETT	State MA	Zip 02739-1503	City	PLYMOUTH	State MA Zip 02360-3254
Insurance Company	ARBELLA INDEMNITY			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	24	[REDACTED]	M	1	1	4	0	0	5	1
			NOT TRANSPORTED								
[REDACTED]	[REDACTED]	24	[REDACTED]	M	3	1	4	0	0	5	1
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name KEVIN M FRYE

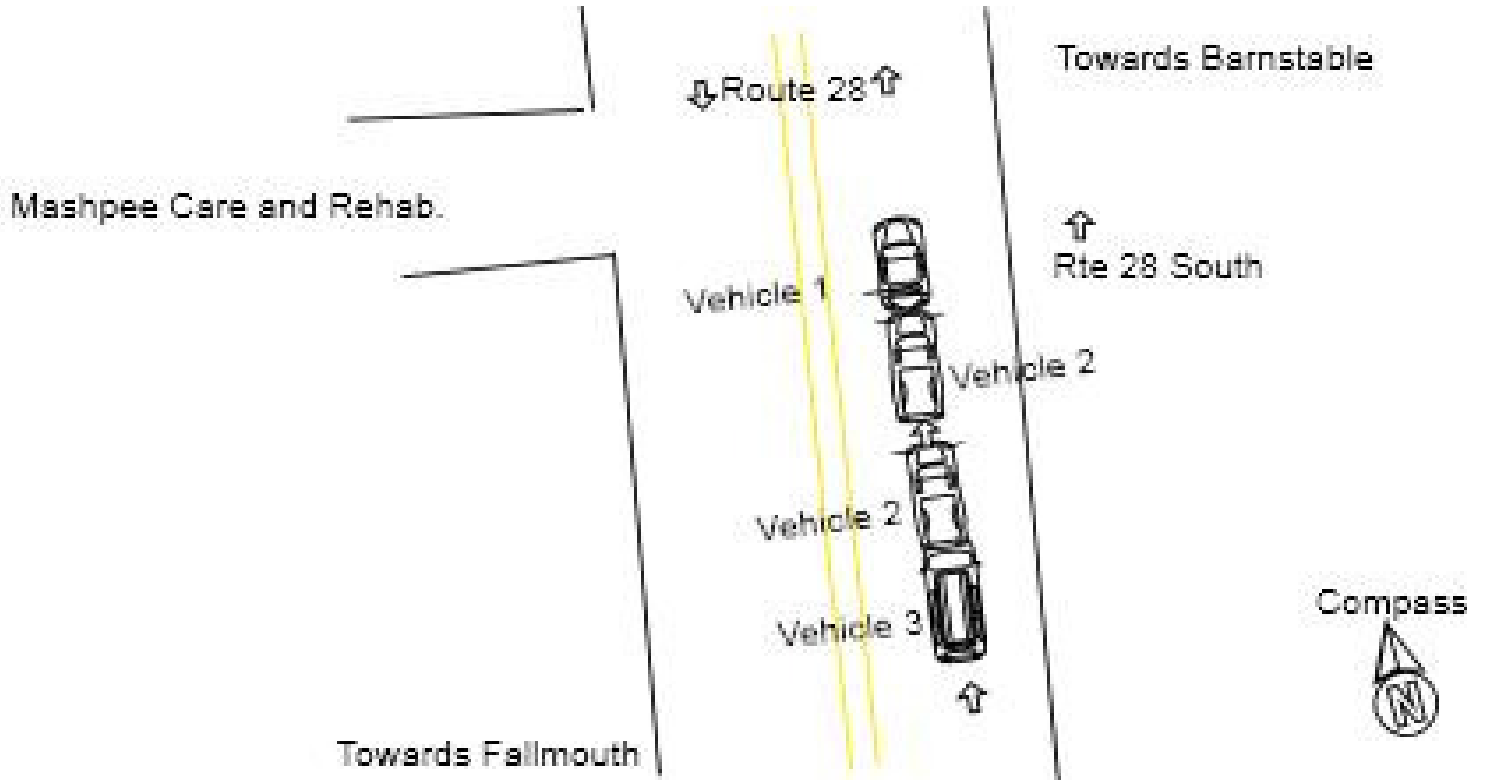
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701803



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701803

VEHICLE 1 HEADING NORTH (COMPASS) ON RTE 28 STOPPED/SLOWED FOR A VEHICLE TURNING LEFT INTO THE MASHPEE CARE AND REHAB. VEHICLE 2 ALSO HEADING NORTH (COMPASS) ON RTE 28 STOPPED/SLOWED BEHIND VEHICLE 1. VEHICLE 3 WAS HEADING NORTH (COMPASS) ON RTE 28 BEHIND VEHICLE 2. OPERATOR OF VEHICLE 3 TRIED TO STOP HIS VEHICLE BUT COLLIDED INTO THE REAR OF VEHICLE 2 PUSHING IT FORWARD INTO THE REAR OF VEHICLE 1. VEHICLE 3 OPERATOR IS AT FAULT FOR THIS CRASH.

NOTE: VEHICLES WERE TRAVELING ON RTE 28 WHICH IS POSTED RTE. 28 SOUTH, BUT THE COMPASS DIRECTION IS NORTH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201400701804
3711372
13-426-AC**

Date of Crash: 12/18/2013 Time of Crash: 1712 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 70	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2008	Veh Make CHEV	Veh Config 1
Operator █				Owner █		
Address █				Address █		
City E FALMOUTH		State MA	Zip 02536-0000	City E FALMOUTH		State MA Zip 02536-0000
Insurance Company VERMONT MUTUAL INS				Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction W	Responding to Emergency?	2		Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	70	█	█	M	1	1	1	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 46	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2003	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	HYANNIS	State MA	Zip 02601-2526	City	HYANNIS	State MA Zip 02601-2526
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
		46	Medical Facility	System	Status	Code	Code	Status	Code
			[REDACTED]	1	1	4	0	0	5
									1

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	3	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name BRYAN BURKE

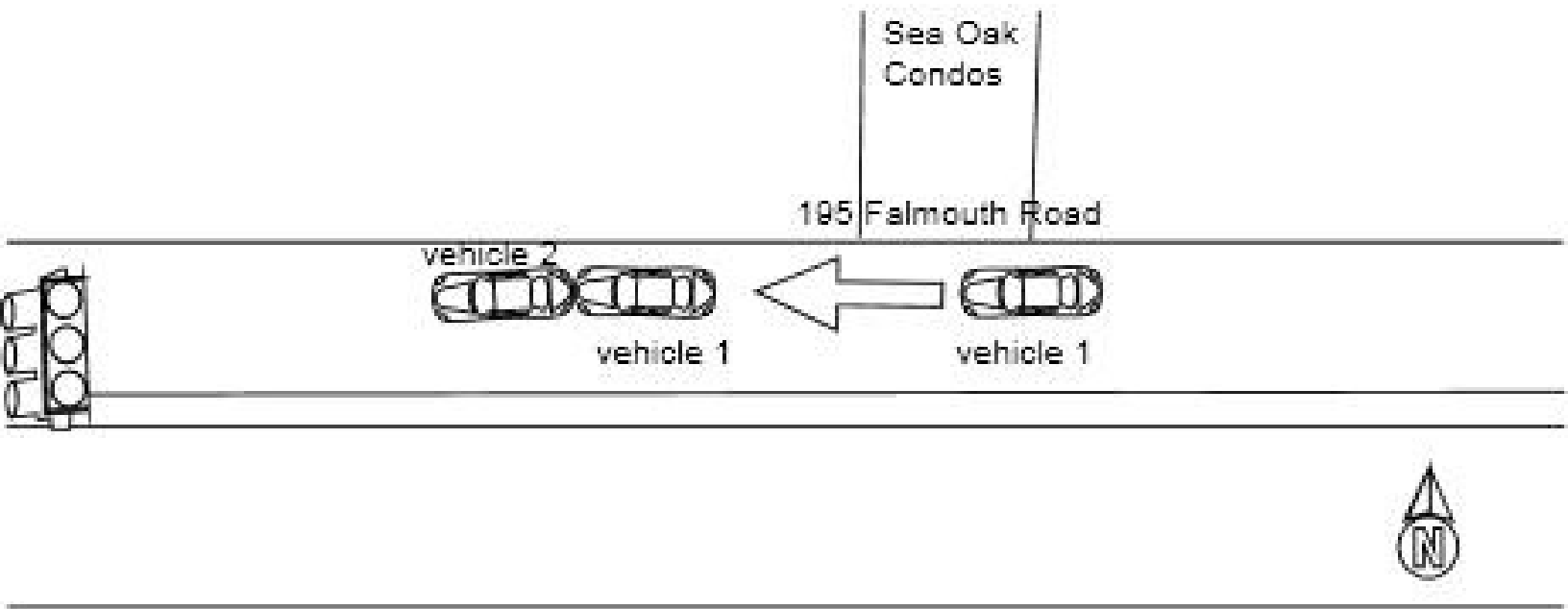
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701804



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/18/2013

Document Number: PW201400701804

VEHICLE 2 (MA [REDACTED]) SLOWED TO A STOP AT A RED TRAFFIC LIGHT WHICH IS LOCATED AT ORCHARD RD. AND FALMOUTH RD. IN THE VICINITY OF 195 FALMOUTH ROAD. THE OPERATOR OF VEHICLE 1 (MA [REDACTED]) FAILED TO SLOW HIS VEHICLE AND REAR ENDED VEHICLE 2. VEHICLE 1 SUSTAINED EXTENSIVE FRONT END DAMAGE RESULTING IN A DRIVER'S SIDE FRONT AIRBAG DEPLOYMENT AND WAS TOWED FROM THE SCENE. VEHICLE 2 HAD MINOR DAMAGE TO THE REAR BUMPER. NO INJURIES WERE REPORTED. THE OPERATOR OF VEHICLE 1 IS FOUND TO BE AT FAULT FOR CAUSING THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201414100553
3804458
14-102-AC

Date of Crash: 04/23/2014 Time of Crash: 1453 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 160 FALMOUTH RD
Feet _____ of _____ Mile Marke or Exit Number _____
Route # 120 Direction N of _____ SAMPSON MILL RD
Feet _____ of _____ Intersecting Roadway/Street _____
Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 46	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2004	Veh Make NISS	Veh Config 1
Operator [REDACTED]	Address [REDACTED]			Owner [REDACTED]	Address: [REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-2715	City	E FALMOUTH	State MA Zip 02536-2715
Insurance Company	ARBELLA MUTUAL INS			Vehicle action prior to crash 2	Damaged Area4	1 5
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
Towed ? 2						

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	46	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 21	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 2	CDL Lic.	Veh Year 2004	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	SANDWICH	State MA	Zip 02563-3006	City	SANDWICH	State MA Zip 02563-3006
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	21	[REDACTED]	M	1	1	4	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	2 3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name KEVIN M FRYE

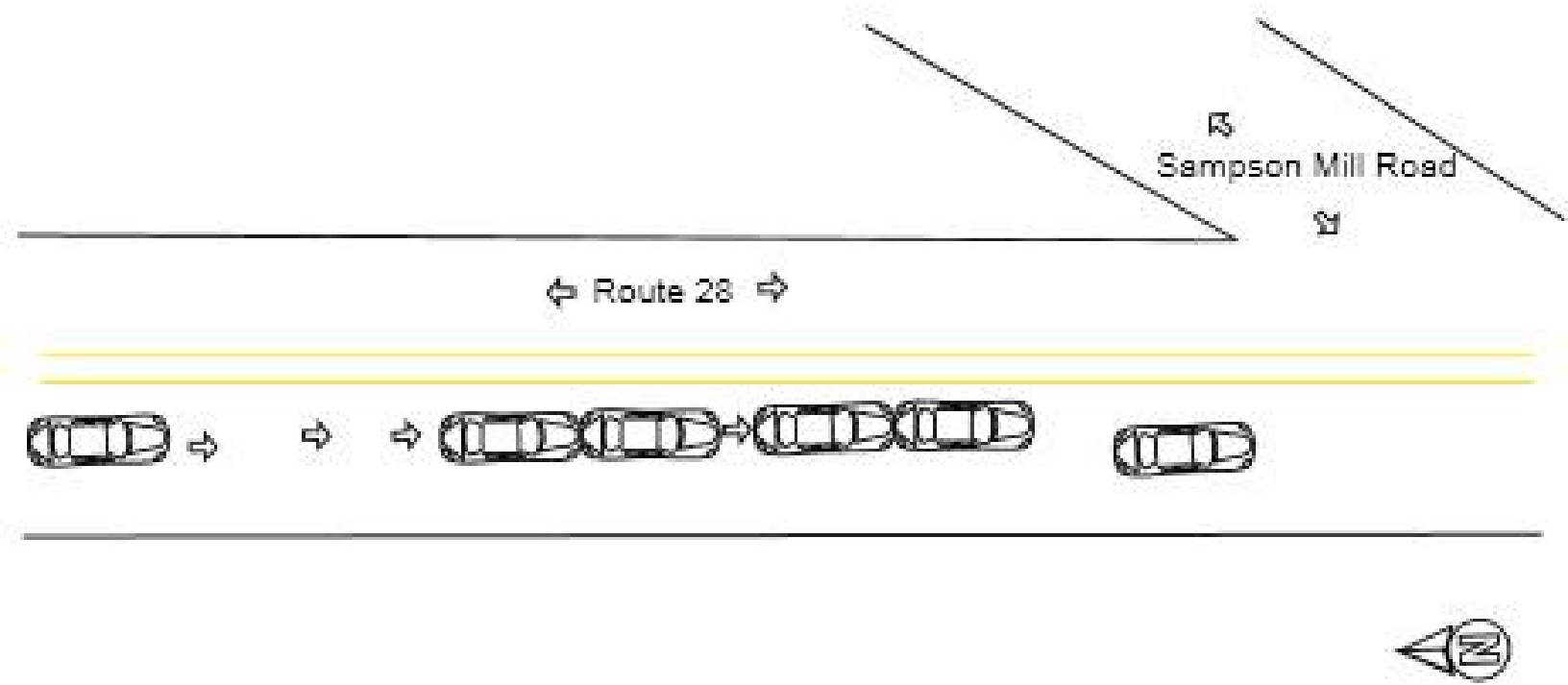
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 04/23/2014

Document Number: PW201414100553



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 04/23/2014

Document Number: PW201414100553

VEHICLE 1 HAD STOPPED/SLOWED FOR TRAFFIC ON ROUTE 28 IN THE NORTHBOUND LANE (SOUTH/COMPASS) JUST PRIOR TO THE SAMPSON MILL ROAD INTERSECTION. VEHICLE 2 WAS ALSO HEADING IN THE SAME DIRECTION BUT DID NOT NOTICE VEHICLE 1 HAD STOPPED/SLOWED. VEHICLE 2 TRIED TO BRAKE BUT COLLIDED INTO THE REAR BUMPER OF VEHICLE 1. VEHICLE 1 WAS PUSHED FORWARD BY THIS IMPACT INTO ANOTHER UNKNOWN VEHICLE. THE UNKNOWN VEHICLE DID NOT STOP AND LEFT THE SCENE. VEHICLE 2 OPERATOR IS AT FAULT FOR THIS CRASH FOR FOLLOWING TOO CLOSE (VERBAL WARNING).

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201415401113
3823367
14-120-AC

Date of Crash: 05/18/2014 Time of Crash: 1003 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director 160 Address FALMOUTH RD Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ SAMPSONS MILL RD Route # Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St RI	Age 45	DOB █	Reg # █	Plate Type PC	Reg State RI
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2014	Veh Make FORD	Veh Config 1
Operator █				Owner █		
Address █				Address: █		
City WARWICK		State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Insurance Company AMICA MUTUAL				Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	45	█	█	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St NY	Age 62	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State NY
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2014	Veh Make HYUN	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	BATH	State NY	Zip 14810	City	BATH	State NY Zip 14810
Insurance Company	STATE FARM MUT AUTO CO			Vehicle action prior to crash 1	Damaged Area 1	5
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
		62	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
				M	1	1	4	0	0
								5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 67	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2008	Veh Make CHEV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648-0000	City	MARSTONS MILLS	State MA Zip 02648-0000
Insurance Company	ARBELLA MUTUAL INS			Vehicle action prior to crash 4	Damaged Area5	
Vehicle Travel Direction W	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	67	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
				F	1	1	4	0	0
									5
									1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name CARL R DELORME

Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 05/18/2014

Document Number: PW201415401113



Rt. 28



Sampsons Mill
Road



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 05/18/2014

Document Number: PW201415401113

VEHICLE #3 (MA/PC [REDACTED]) STOPPED ON ROUTE 28 TO TAKE A LEFT TURN ON TO SAMPSONS MILL ROAD. VEHICLE #2(NY/PC [REDACTED]) PULLED IN BEHIND VEHICLE #3, AND ALSO CAME TO A STOP. VEHICLE #1 (RI/PC [REDACTED]) COLLIDED WITH VEHICLE THE REAR OF VEHICLE #2, AND FORCED IT TO COLLIDE WITH THE REAR OF VEHICLE #3. THE OPERATOR OF VEHICLE #1(DANGELO), IS AT FAULT FOR THE ACCIDENT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201417700917
3865306
14-144-AC**

Date of Crash: 06/12/2014 Time of Crash: 1619 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

150 FeetS ____ of _____ SEA OAKS CONDOS

____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 39	DOB █	Reg # █	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2011	Veh Make FORD	Veh Config 13
Operator █				Owner █		
Address █				Address █		
City HYANNIS		State MA	Zip 02601-2330	City WAREHAM		State MA Zip 02571
Insurance Company CITATION INSURANCE				Vehicle action prior to crash 2	Damaged Area2	1 8
Vehicle Travel Direction N		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99	Citation #			Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 5		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	39	█	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 40	DOB [REDACTED]	Reg # [REDACTED]	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 1991	Veh Make FORD	Veh Config 13
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	NEW BEDFORD	State MA	Zip 02740-3212	City	POCASSET	State MA Zip 02559-[REDACTED]
Insurance Company	ARBELLA PROTECTION			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	40	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
				M	1	1	4	0	0
								5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name RYAN NARDONE

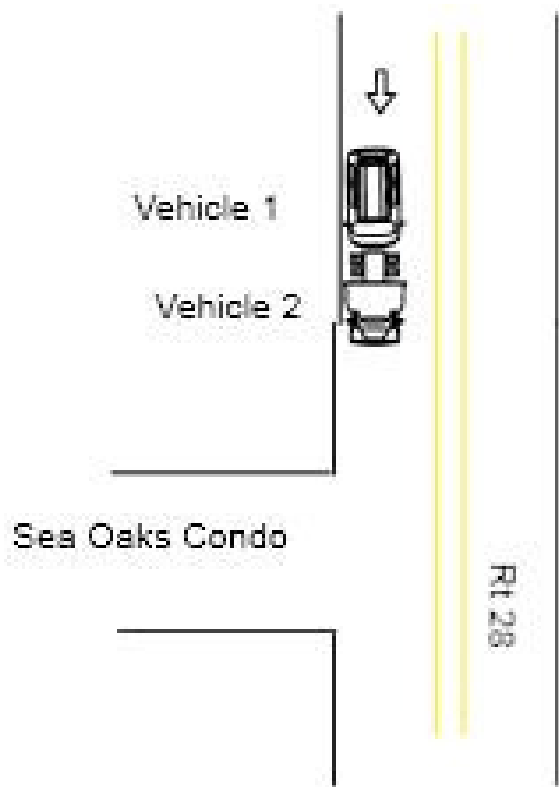
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 06/12/2014

Document Number: PW201417700917



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 06/12/2014

Document Number: PW201417700917

ON 6/12/14 I RESPONDED TO A 2 VEHICLE MVC ON RT 28 HEADING NORTH BOUND. ON ARRIVAL I SPOKE WITH THE OPERATOR OF VEHICLE 1 WHO WAS DRIVING MA [REDACTED]. HE STATED HE DID NOT SLOW DOWN IN TIME AND REAR ENDED VEHICLE 2. VEHICLE 1 WAS TOWED FROM THE SCENE BY CAPEWAY TOWING AND HAD HEAVY FRONT END DAMAGE.

I SPOKE WITH THE OPERATOR OF VEHICLE 2, HE WAS DRIVING MA [REDACTED] HE STATED THAT HE WAS SLOWING DOWN IN TRAFFIC ON RT 28 WHEN HE WAS REAR ENDED FROM BEHIND. HE WAS SEEN BY FD BUT REFUSED TRANSPORT. HE WAS ABLE TO DRIVE AWAY FROM THE SCENE.

VEHICLE 1 WAS FOUND AT FAULT FOR FOLLOWING TOO CLOSELY, HE WAS NOT ISSUED A CITATION.
(NARDONE)

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201421800925
3898578
14-200-AC**

Date of Crash: 07/25/2014 Time of Crash: 1530 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # Direction Name of Roadway/Street

Route # Direction Name of Intersecting Roadway/Street

Route # Direction Name of Intersecting Roadway/Street

Route # Direction Address Name of Roadway/Street

Feet of Mile Marke or Exit Number

Feet of Route # Intersecting Roadway/Street

500 Feet of SEA OAKS CONDOS
Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 21	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1996	Veh Make JEEP	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-0000	City	MASHPEE	State MA Zip 02649-0000
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area8	
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence	1	Test Status:
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch:	Sec	Violation 2: Ch:	Sec	Driver Contributing Code	5	BAC Test Result:
Violation 3: Ch:	Sec	Violation 4: Ch:	Sec	Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	21	[REDACTED]	[REDACTED]	F	1	1	99	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 31	DOB	Reg # JZ	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2009	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648-0000	City	MARSTONS MILLS	State MA Zip 02648-0000
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area4	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	31	[REDACTED]	M	1	1	99	0	0	5	1
			Medical Facility								
			NOT TRANSPORTED								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name PATRICK LEAHY

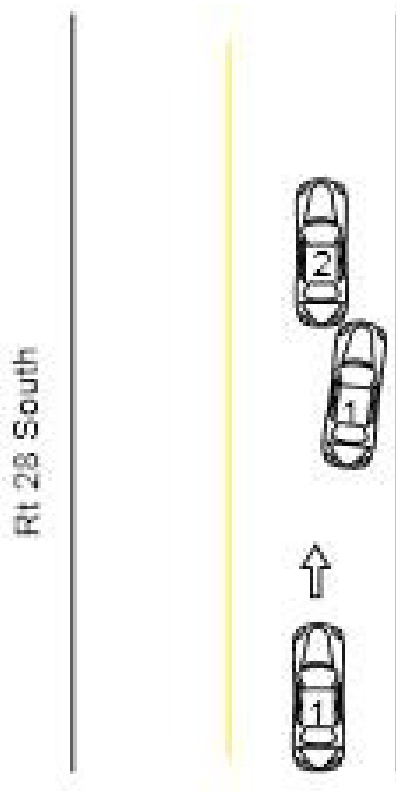
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/25/2014

Document Number: PW201421800925



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/25/2014

Document Number: PW201421800925

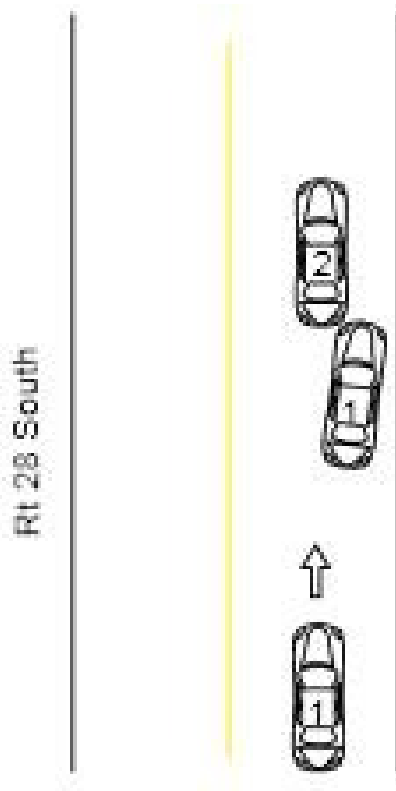
V2 WAS TRAVELING NORTH ON RT 28 AND BEGAN TO SLOW DOWN. V1 WAS TRAVELING BEHIND V2 AND REAR ENDED V1 ON THE PASSENGER REAR SIDE BUMPER WHILE TRYING TO SWERVE TO THE RIGHT. V1 SUSTAINED DAMAGE ON THE DRIVER'S SIDE FRONT BUMPER AND PANEL. V1 IS FOUND AT FAULT FOR FOLLOWING TOO CLOSELY. NEITHER PARTIES HAD SUSTAINED INJURIES AND DIDN'T REQUIRE MEDICAL ATTENTION.

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/25/2014

Document Number: PW201421800925



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/25/2014

Document Number: PW201421800925

V2 WAS TRAVELING NORTH ON RT 28 AND BEGAN TO SLOW DOWN. V1 WAS TRAVELING BEHIND V2 AND REAR ENDED V1 ON THE PASSENGER REAR SIDE BUMPER WHILE TRYING TO SWERVE TO THE RIGHT. V1 SUSTAINED DAMAGE ON THE DRIVER'S SIDE FRONT BUMPER AND PANEL. V1 IS FOUND AT FAULT FOR FOLLOWING TOO CLOSELY. NEITHER PARTIES HAD SUSTAINED INJURIES AND DIDN'T REQUIRE MEDICAL ATTENTION.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201422700906
3908638
14-213-AC**

Date of Crash: 08/04/2014 Time of Crash: 1713 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 195 FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
10 Feet S of SEA OAKS CONDOS
 _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 43	DOB [REDACTED]	Reg # [REDACTED]	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 2	CDL Lic.	Veh Year 2006	Veh Make FORD	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address [REDACTED]		
City YARMOUTHPORT	State MA	Zip 02675-2405		City TAUNTON	State MA	Zip 02780-7324
Insurance Company ACE AMERICAN INS				Vehicle action prior to crash 1	Damaged Area 1	8 7
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	43	[REDACTED]	[REDACTED]	M	1	1	4	0	0	5	1
NOT TRANSPORTED												

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 48	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	CDL Lic.	Veh Year 2007	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-5716	City	E FALMOUTH	State MA Zip 02536-5716
Insurance Company	ARBELLA MUTUAL INS			Vehicle action prior to crash 1	Damaged Area3	4 5
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	48	[REDACTED]	F	1	1	4	0	0	3	1
											NOT TRANSPORTED
[REDACTED]	[REDACTED]	9	[REDACTED]	F	6	1	4	0	0	5	1
											NOT TRANSPORTED

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	3	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name MICHAEL MOULIS

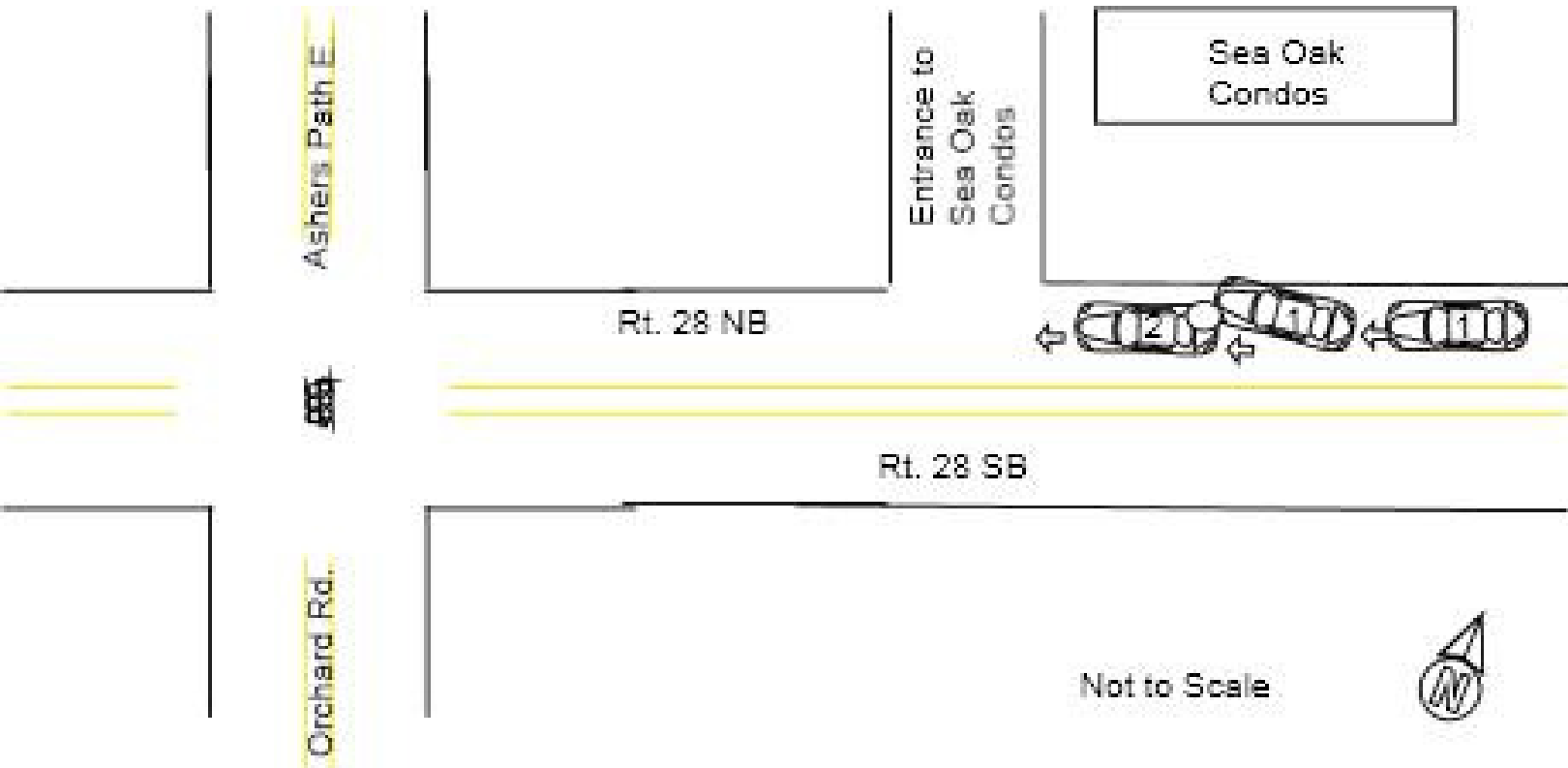
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 08/04/2014

Document Number: PW201422700906



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 08/04/2014

Document Number: PW201422700906

VEH 2 WAS TRAVELLING STRAIGHT ON RT. 28 NB. VEH 1 WAS FOLLOWING BEHIND VEH 2. VEH 2 WAS STOPPED IN TRAFFIC BACKED UP FROM THE TRAFFIC SIGNAL AT RT. 28 AND ASHERS PATH EAST. VEH 2 THEN STARTED FORWARD AND APPLIED BRAKES WHILE SLOWING IN TRAFFIC. VEH 1 FOLLOWED TOO CLOSE AND WAS UNABLE TO STOP BEFORE COLLIDING INTO THE REAR OF VEH 2. VEH 1 STATED HE ATTEMPTED TO SWERVE OFF ROADWAY AND TO THE RIGHT. VEH 2 HAD A PASSENGER. OP. OF VEH 2 STATED HER HEAD WAS POSSIBLY INJURED. MASHPEE RESCUE ARRIVED ON SCENE AND EVALUATED. OP. OF VEH 2 REFUSED TRANSPORT AND STATED SHE WOULD DRIVE HERSELF TO THE HOSPITAL. VEH. 1 AT FAULT AND HE WAS ISSUED A VERBAL WARNING FOR FOLLOWING TOO CLOSELY. COMCAST SUPERVISOR VINCENT E. SILVA LATER ARRIVED ON SCENE.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201424002068
3922929
14-239-AC**

Date of Crash: 08/23/2014 Time of Crash: 1250 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ SEA OAKS CONDOS
Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St CA	Age 49	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2010	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	SANFRANCISCO	State CA	Zip 94122-1405	City	AUBURNDALE	State MA Zip 02466-1003
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area2	1 8
Vehicle Travel Direction	S	Responding to Emergency?	2	Event Sequence	1	Test Status:
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	19 5	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	49	[REDACTED]	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St FL	Age 68	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State FL
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2010	Veh Make ACUR	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	NAPLES	State FL	Zip 34113-0000	City	NAPLES	State FL Zip 34113-0000
Insurance Company	AMICA			Vehicle action prior to crash 2	Damaged Area4	5
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ?	2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	68	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	3	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JAMES DORMAN

Police Agency Name MASHPEE POLICE DEPARTMENT

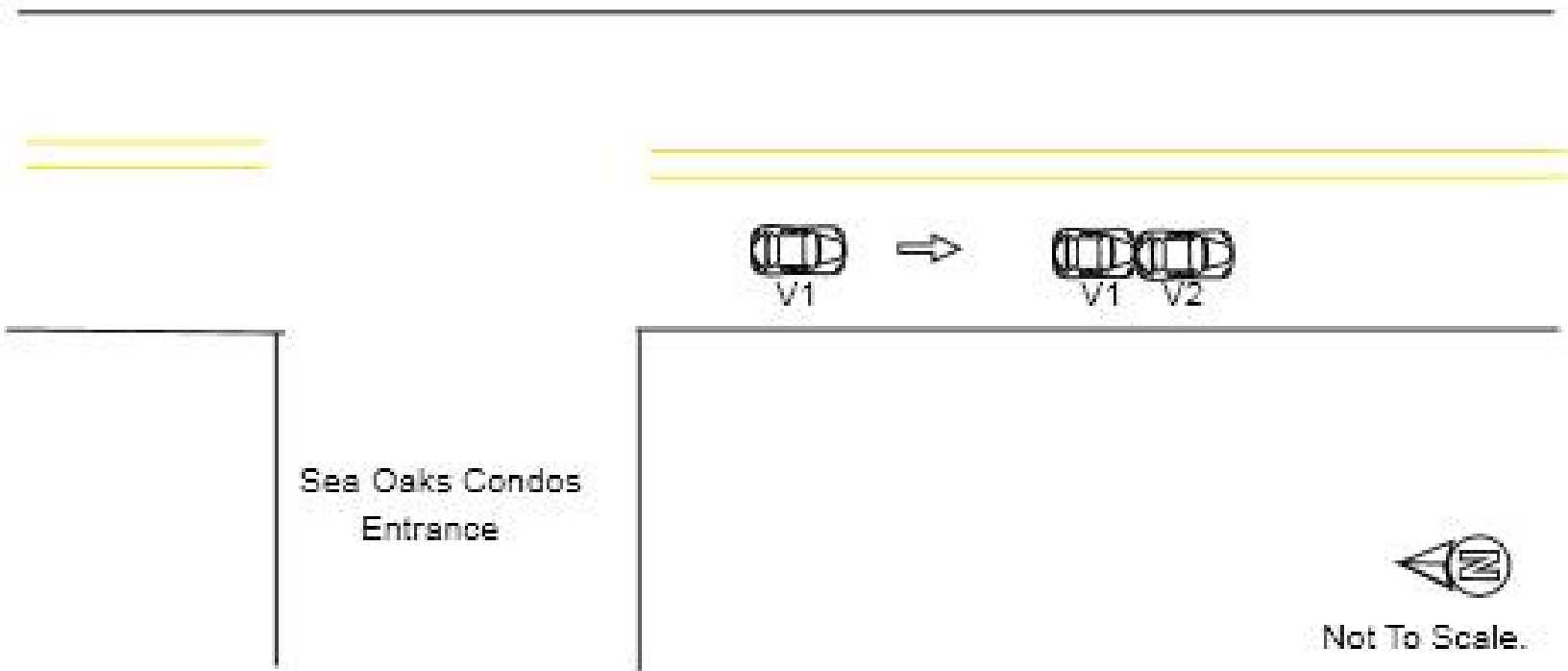
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 08/23/2014

Document Number: PW201424002068

Rte. 28



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 08/23/2014

Document Number: PW201424002068

V1 AND V2 WERE DRIVING ON RTE. 28 IN THE AREA OF 195 FALMOUTH RD. (SEA OAKS CONDOS)

TOWARDS THE MASHPEE ROTARY. V2 CAME TO A STOP ON RTE. 28 DUE TO TRAFFIC STOPPED IN FRONT OF V2.

V1 THEN DROVE FORWARD WHERE THE FRONT OF V1 STRUCK THE REAR OF V2.

THE DRIVER OF V1 ADVISED THAT HE WAS LOST AND THAT HIS ATTENTION WAS NOT FOCUSED

ON THE ROAD OR THE VEHICLE (V2) IN FRONT OF HIM. THE DRIVER OF V1 WAS AT FAULT FOR THE CRASH.

BOTH DRIVER'S ADVISED THAT THEY WERE NOT INJURED. V1 HAD DAMAGE

TO THE FRONT DRIVER'S SIDE BUMPER AND HOOD AREA. V2 HAD DAMAGE TO THE REAR PASSENGER'S SIDE BUMPER AND EXHAUST AREA.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201430300622
3967040
14-297-AC**

Date of Crash: 10/22/2014 Time of Crash: 1249 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or _____ Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ MASHPEE REHAB. _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 73	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2007	Veh Make HOND	Veh Config 1
Operator █				Owner █		
Address █				Address: █		
City POCASSET		State MA	Zip 02559-0000	City POCASSET		State MA Zip 02559-2075
Insurance Company ENCOMPASS INSURANC				Vehicle action prior to crash 2		Damaged Area4
Vehicle Travel Direction N		Responding to Emergency? 2		Event Sequence 1		Test Status: 1
Cited? 99		Citation #		Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	73	█	█	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 57	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2014	Veh Make AUDI	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	SHARON	State MA	Zip 02067-3220	City	SHARON	State MA Zip 02067-3220
Insurance Company	AMICA MUTUAL INS			Vehicle action prior to crash 2	Damaged Area8 5	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 1	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat	Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	57	[REDACTED] Medical Facility	F	1	1	4	0	0	5	1	
[REDACTED]	[REDACTED]	24	[REDACTED]	F	3	1	4	0	0	5	1	

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St TX	Age 24	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State TX
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2003	Veh Make DODG	Veh Config 2
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	AMARILLO	State TX	Zip 79118	City	AMARILLO	State TX Zip 79118
Insurance Company	COMMERCE INS			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 7	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 99	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Safety Seat	Airbag Pos	Eject System	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	24	[REDACTED] Medical Facility	M	1	1	4	0	0	5 1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	2 3	School Bus Related:	2
Traffic Control Device Type	2	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1
		Road Contributing Circumstance	4

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name RALPH MAHONEY

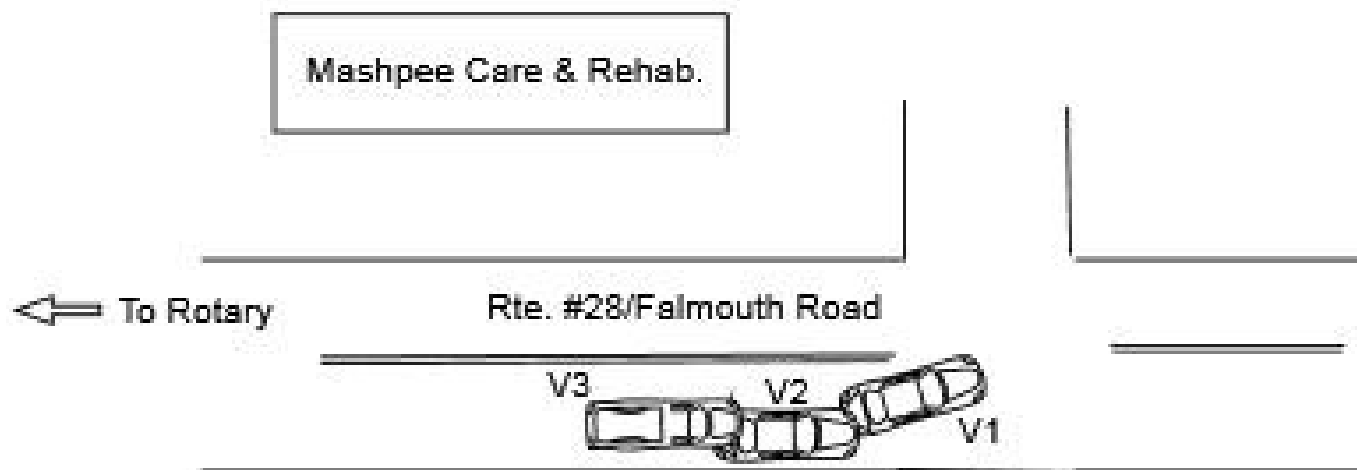
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 10/22/2014

Document Number: PW201430300622



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 10/22/2014

Document Number: PW201430300622

VEHICLE #1 WAS STOPPED IN TRAFFIC ATTEMPTING TO TURN LEFT INTO MASHPEE CARE & REHABILITATION. VEHICLE #2 WAS A SAFE DISTANCE BEHIND VEHICLE #1 WAITING FOR IT TO MAKE THE LEFT HAND TURN, WHEN THE OPERATOR OF VEHICLE #3 CRASHED INTO THE REAR OF VEHICLE #2, PROPELLING IT INTO THE REAR OF VEHICLE #1. THE OPERATOR OF VEHICLE #3 IS AT FAULT FOR THE CRASH AS HE WAS DRIVING TOO FAST FOR THE CONDITIONS OF THE ROAD AS THEY WERE WET FROM RAIN.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201435700150
3986246
14-348-AC**

Date of Crash: 12/10/2014 Time of Crash: 2305 City/Town: MASHPEE # of Vehicles: 1 # Injured: 1 Speed Limit: 45 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director 161 Address FALMOUTH RD Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 22	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2003	Veh Make JEEP	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2904	City	MASHPEE	State MA Zip 02649-2904
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 1	Damaged Area	2 8
Vehicle Travel Direction	S	Responding to Emergency?	2	Event Sequence	40 24	Test Status: 1
Cited?	99	Citation #		Most Harmful Event	24	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	1	BAC Test Result: 1
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	22	[REDACTED]	[REDACTED]	F	1	1	4	0	0	3	1
NOT TRANSPORTED												

Crash Information:

Light Conditions:	5	Trafficway Description:	1
Weather Conditions:	3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	1
Road Surface:	2	First Harmful Event Location:	3
Roadway Intersection Type:	9	First Harmful Event:	24

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
MASS DOT	10 PARK PLZ 4160 BOSTON	877-623-6846	77	GUARDRAIL
	MA 02116			

Police Officer Name BRETT CALHOUN

Police Agency Name MASHPEE POLICE DEPARTMENT

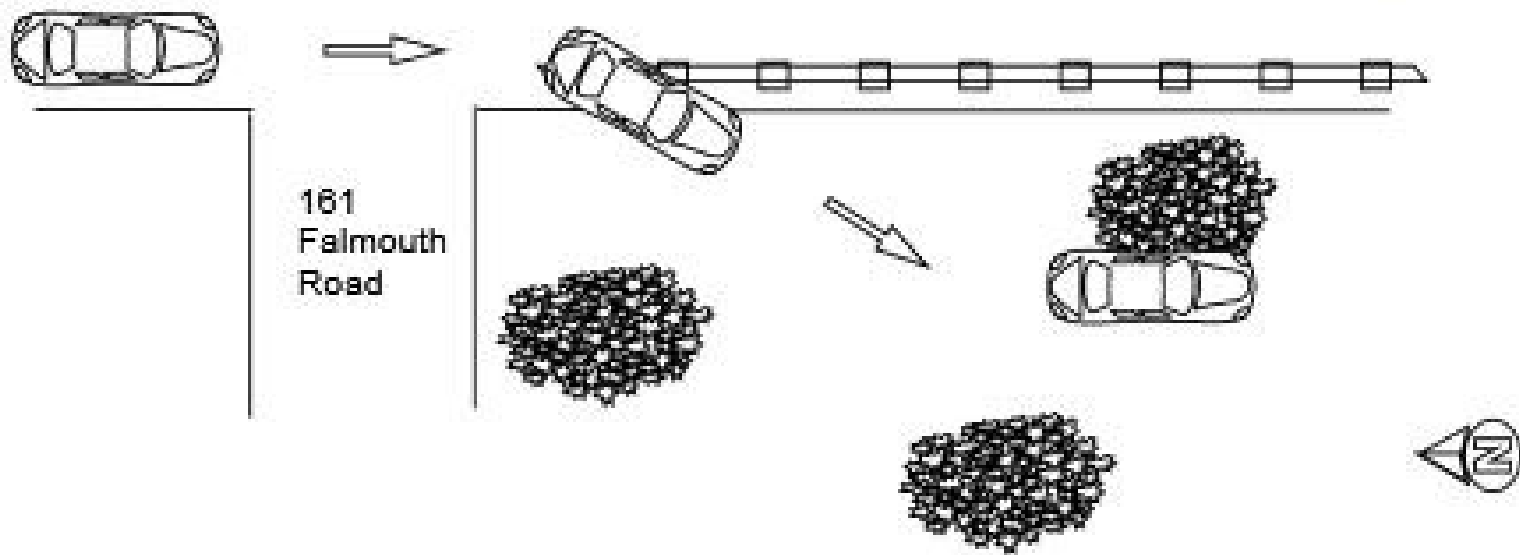
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/10/2014

Document Number: PW201435700150

Falmouth Road / Route 28



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/10/2014

Document Number: PW201435700150

ON 12/10/2014, AT APPX. 2305 HOURS, [REDACTED] WAS OPERATING SOUTHBOUND ON FALMOUTH ROAD. [REDACTED] STATED THAT A CAR PULLED OUT IN FRONT OF HER, FORCING HER TO SWERVE, AT WHICH POINT SHE WENT OVER THE GUARDRAIL, ONTO THE GRASS, AND ENDED UP IN THE DITCH IN FRONT OF 161 FALMOUTH ROAD. SHE STATED THAT SHE ONLY OBSERVED THE VEHICLE TO BE A GRAY SEDAN.

[REDACTED] WAS UNINJURED, BUT WAS EVALUATED AT THE SCENE BY MFD.

THE VEHICLE WAS INVENTORIED AND TOWED BY CAPEWAY TOWING.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201504903115
4008783
15-35-AC

Date of Crash: 02/06/2015 Time of Crash: 2134 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 18	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1994	Veh Make CHEV	Veh Config 2
Operator █				Owner █		
Address █				Address: █		
City S YARMOUTH	State MA	Zip 02664-2066		City S YARMOUTH	State MA	Zip 02664-2066
Insurance Company LIBERTY MUTUAL INS				Vehicle action prior to crash 1	Damaged Area 8	7 6
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1 20	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 19	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	18	█	█	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St CT	Age 30	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State CT
Sex F	Lic. Class 99	Lic. Restrictions	CDL Lic.	Veh Year 2015	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	TORRINGTON	State CT	Zip 06790-	City	HOLYOKE	State MA Zip 01040
Insurance Company	GEICO			Vehicle action prior to crash 2	Damaged Area4	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99 Citation #				Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	30	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
									1

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	4
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name MICHELLE PRINCI

Police Agency Name MASHPEE POLICE DEPARTMENT

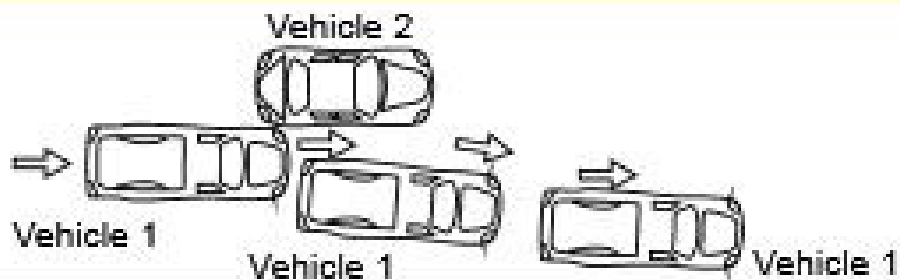
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 02/06/2015

Document Number: PW201504903115

195 Falmouth Road



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 02/06/2015

Document Number: PW201504903115

VEHICLE 2 WAS STOPPED ON FALMOUTH ROAD (MASHPEE, MA) WHILE ATTEMPTING TO TAKE A LEFT TURN INTO THE SEA OAKS CONDO COMPLEX (195 FALMOUTH ROAD). VEHICLE 1 WAS NOT PAYING ATTENTION. VEHICLE 1 STRUCK THE REAR, RIGHT PANELS OF VEHICLE 2. VEHICLE 1 CONTINUED TO SCRAPE IT'S ENTIRE LEFT SIDE ALONG THE REAR RIGHT OF VEHICLE 2. VEHICLE 1 THEN STRUCK THE SNOW BANKS ON THE RIGHT SIDE OF THE ROAD. VEHICLE 1 WAS AT-FAULT FOR THE ACCIDENT. VEHICLE 1 WAS NOT CITED.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201506400916
4016821
15-58-AC**

Date of Crash: 02/25/2015 Time of Crash: 1114 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 160 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 43	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2003	Veh Make TOYT	Veh Config 1
Operator [REDACTED]	[REDACTED]			Owner [REDACTED]	[REDACTED]	
Address [REDACTED]	[REDACTED]			Address: [REDACTED]	[REDACTED]	
City MASHPEE	State MA	Zip 02649-2838		City MASHPEE	State MA	Zip 02649-2838
Insurance Company METROPOLITAN PROP				Vehicle action prior to crash 1	Damaged Area8	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 5	Susp. Alcohol: 2	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	43	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 66	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2014	Veh Make FORD	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MARSTONS MILLS	State MA	Zip 02648-1278	City	TULSA	State OK Zip 74117-0000
Insurance Company	SAFECO INSURANCE			Vehicle action prior to crash 1	Damaged Area4	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	66	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
				M	1	1	4	0	0
								5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1
		Road Contributing Circumstance	4

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name CARL R DELORME

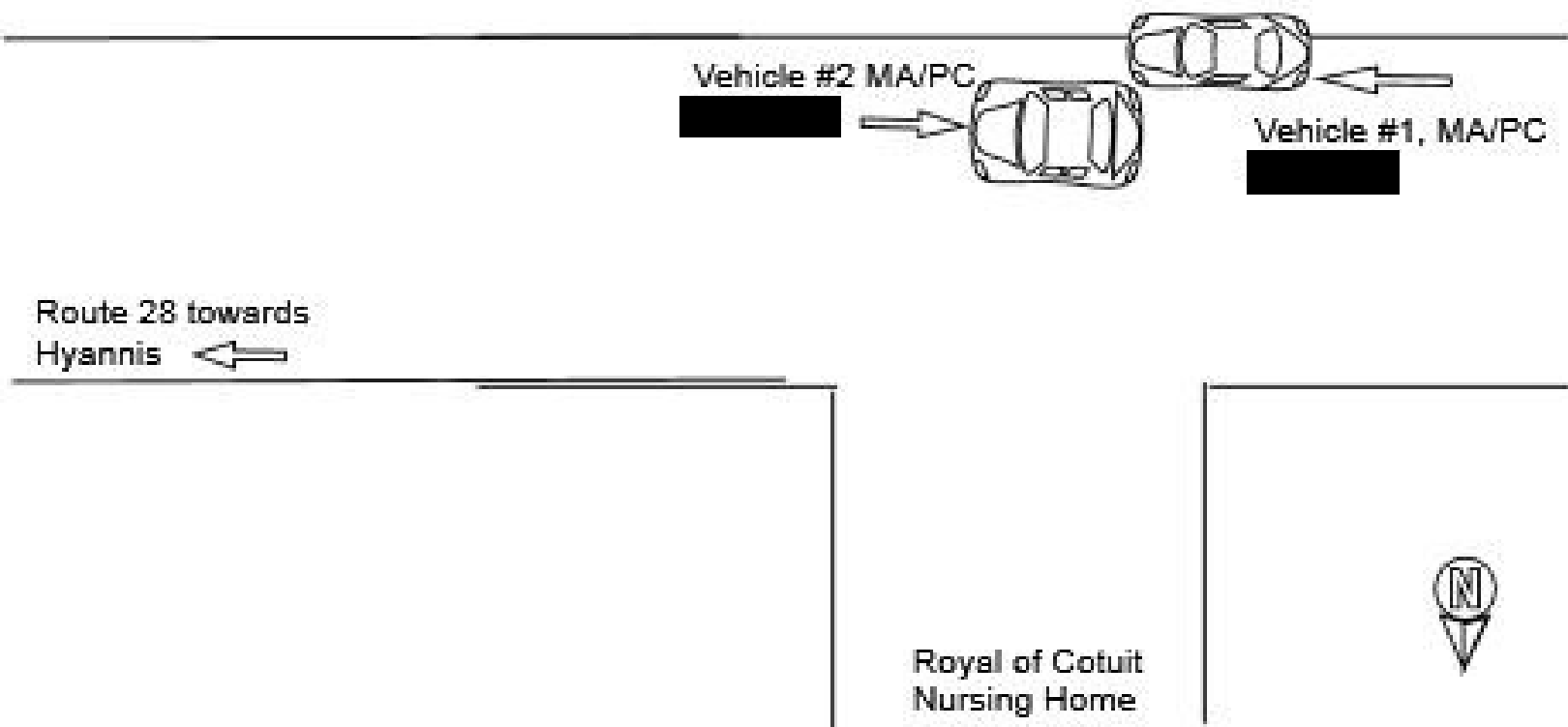
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 02/25/2015

Document Number: PW201506400916



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 02/25/2015

Document Number: PW201506400916

VEHICLE #2 (MA/PC [REDACTED]) WAS STOPPED ON ROUTE 28 WAITING FOR TRAFFIC IN FRONT OF HIM TO MOVE. VEHICLE #1 (MA/PC [REDACTED]) WAS ALSO TRAVELING ON ROUTE 28 IN THE SAME DIRECTION, BEHIND VEHICLE #2. VEHICLE #1 OPERATED BY BRIDGES WAS TRAVELING TOO FAST FOR THE ROADWAY AND CONDITIONS. BRIDGES APPLIED THE BRAKES TO THE VEHICLE AND IN AN EFFORT TO MINIMIZE THE COLLISION SHE TRAVELED TO THE RIGHT OF VEHICLE #2, UP ON TO A SNOW BANK ON THE SIDE OF THE ROAD AND COLLIDED WITH THE RIGHT REAR OF VEHICLE #2, WITH THE FRONT LEFT SIDE OF VEHICLE #1. [REDACTED] IS AT FAULT FOR THE COLLISION DUE TO HER FOLLOWING TOO CLOSELY.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201506401014
4016822
15-59-AC**

Date of Crash: 02/25/2015 Time of Crash: 1916 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 45 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or _____ Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ **ROYAL COTUIT NURSING HOME** _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 65	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions B	CDL Lic.	Veh Year 1998	Veh Make MAZD	Veh Config 1
Operator █				Owner █		
Address █				Address: █		
City MASHPEE		State MA	Zip 02649-23 11	City MASHPEE		State MA Zip 02649-23 11
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 4	Damaged Area8	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1 1	Test Status:	
Cited? 2	Citation # █			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: 89 Sec -4A	Violation 2: Ch: Sec			Driver Contributing Code 4 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	65	█	F	1	99	4	0	0	4	1
█	█	33	█	M	3	99	4	0	0	4	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 21	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAS	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2005	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-2724	City	E FALMOUTH	State MA Zip 02536-2724
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
			Medical Facility	System	Status	Code	Code	Status	Code
[REDACTED]	[REDACTED]	21	[REDACTED]	1	4	0	0	4	1

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	2	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	3
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name MEREDITH OUR

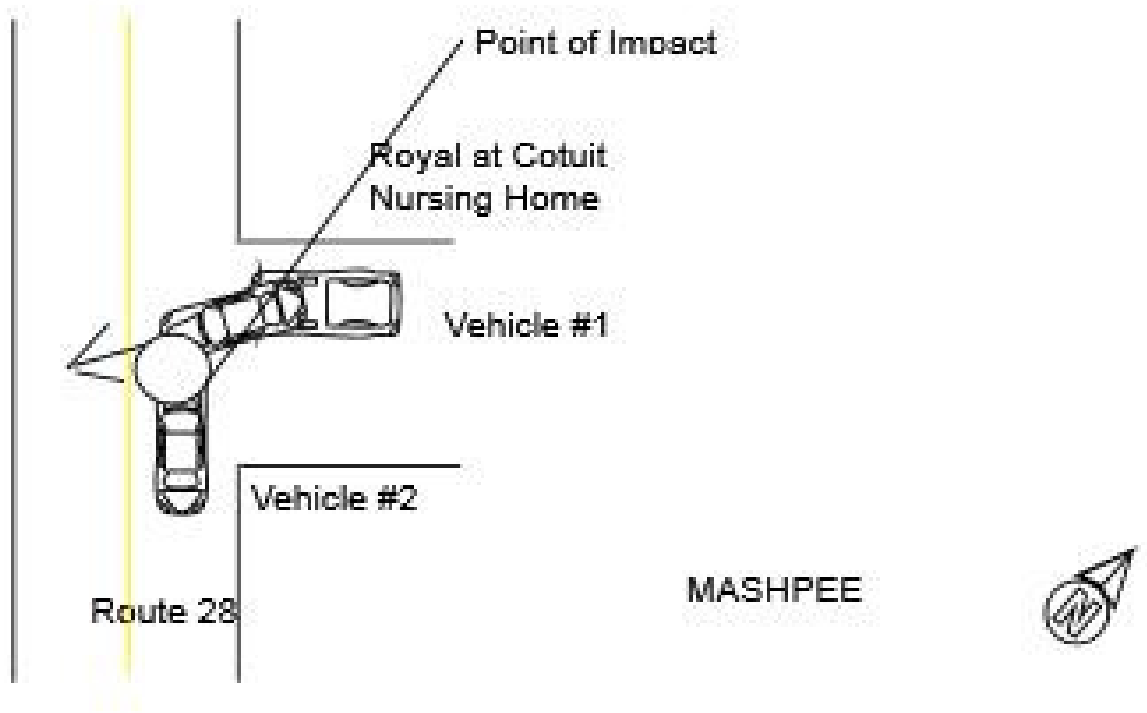
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 02/25/2015

Document Number: PW201506401014



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 02/25/2015

Document Number: PW201506401014

ON WEDNESDAY FEBRUARY 25TH, 2015 AT APPROXIMATELY 1916 HOURS, VEHICLE #1 EXITED THE PARKING AREA OF ROYAL AT COTUIT NURSING HOME. WHILE ATTEMPTING TO MAKE A LEFT HAND TURN OUT OF THE LOT, VEHICLE #1 DID NOT CONTINUE INTO IT'S CORRECT LANE OF TRAFFIC. INSTEAD VEHICLE #1 STOPPED IN THE MIDDLE OF THE ROAD AND VEHICLE #2 STRUCK THE LEFT FRONT CORNER OF THE VEHICLE. THE DAMAGE TO VEHICLE #2 WAS THE COMPLETE FRONT END. VEHICLE #2 WAS TOWED FROM THE SCENE AND THE OPERATOR OF VEHICLE #1 WAS ISSUED A CITATION.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201508600414
4025404
15-64-AC**

Date of Crash: 03/02/2015 Time of Crash: 1607 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ **MASHPEE SENIOR LIVING** Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 54	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1996	Veh Make FORD	Veh Config 2
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	COTUIT	State MA	Zip 02635-2421	City	COTUIT	State MA Zip 02635-2421
Insurance Company	PREMIER INSURANCE			Vehicle action prior to crash 1	Damaged Area7	
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence	1	Test Status: 1
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch:	Sec	Violation 2: Ch:	Sec	Driver Contributing Code	5	BAC Test Result: 1
Violation 3: Ch:	Sec	Violation 4: Ch:	Sec	Driver Distracted By:	0	Susp. Alcohol: 2 Susp. Drug: 2
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	54	[REDACTED]	M	1	99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 22	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PC	Reg State TN
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2013	Veh Make KIA	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-0000	City	ALCOA	State TN Zip 37701
Insurance Company	PLYMOUTH ROCK			Vehicle action prior to crash 2	Damaged Area6 7	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	22	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	4
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name MICHELLE PRINCI

Police Agency Name MASHPEE POLICE DEPARTMENT

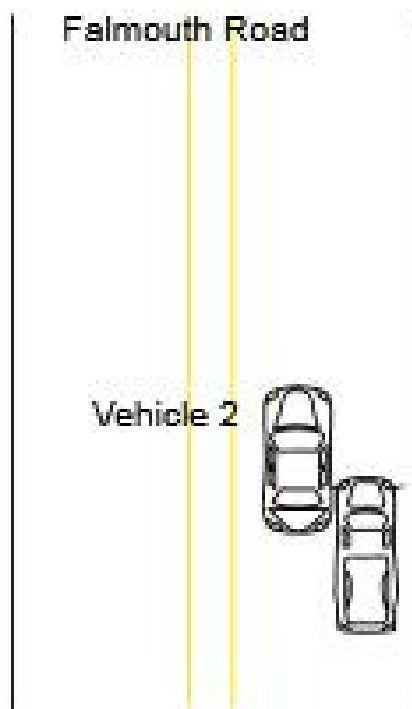
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 03/02/2015

Document Number: PW201508600414

161 Falmouth Road



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 03/02/2015

Document Number: PW201508600414

VEHICLE 2 WAS STOPPED ON FALMOUTH ROAD HEADING EAST, WAITING TO SAFELY TURN INTO 161 FALMOUTH ROAD. VEHICLE 1 FAILED TO STOP. VEHICLE 1'S FRONT-LEFT SIDE COLLIDED WITH VEHICLE 2'S REAR-RIGHT AND RIGHT-SIDE. VEHICLE 1 WAS AT FAULT FOR THE CRASH FOR FAILING TO STOP AND FOLLOWING TOO CLOSE.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201511800405
4035936
15-106-AC**

Date of Crash: 04/26/2015 Time of Crash: 1439 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director 160 Address FALMOUTH RD Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 46	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2006	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	NANTUCKET	State MA	Zip 02554-5302	City	NANTUCKET	State MA Zip 02554-7006
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence	1	Test Status: 1
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	1	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
						Towed? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	46	[REDACTED]	F	1	99	4	0	0	4	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 30	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2004	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	CENTERVILLE	State MA	Zip 02632-2105	City	CENTERVILLE	State MA Zip 02632-2105
Insurance Company	PLYMOUTH ROCK ASSU			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 99	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	30	04/19/1985	F	1	99	4	0	0	5	1
			Medical Facility								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name JOSEPH CATANESE

Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 04/26/2015

Document Number: PW201511800405



<- Falmouth Road / Route 28 ->



Driveway of 160 Falmouth Road / Rt 28

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 04/26/2015

Document Number: PW201511800405

OP 1 STATED SHE STOPPED SUDDENLY WHEN THE VEHICLE IN FRONT OF HER DID THE SAME. OP 1 STATED SHE WAS REAR ENDED BY VEH 2. I OBSERVED THE BUMPER OF VEH 1 TO BE MODERATELY DAMAGED. OP 1 STATED SHE WAS UNSURE IF SHE WAS INJURED BUT HER LEFT SHOULDER WAS SORE. OP 1 STATED SHE DID NOT WANT TO BE EVALUATED AT THE TIME AND WOULD PAY ATTENTION TO THE POSSIBLE INJURY. VEH 1 LEFT UNDER IT'S OWN POWER.

OP 2 STATED SHE WAS NOT PAYING ATTENTION AND FAILED TO STOP IN TIME BEFORE REAR-ENDING VEH 1. I OBSERVED THE FRONT BUMPER AND HOOD OF VEH 2 TO BE MODERATELY DAMAGED. OP 2 STATED SHE WAS NOT INJURED. VEH 2 LEFT UNDER IT'S OWN POWER. OP 2 WAS FOUND AT FAULT FOR THE COLLISION.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201512000167
4036617
15-108-AC**

Date of Crash: 04/28/2015 Time of Crash: 0834 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director 160 Address FALMOUTH RD Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 31	DOB	Reg #	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2006	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	W FALMOUTH	State MA	Zip 02574-0869	City	W FALMOUTH	State MA Zip 02574-0796
Insurance Company	AMICA MUTUAL INS			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence	1	Test Status:
Cited?	99	Citation #		Most Harmful Event	1	Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	1	BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	31	04/12/1984	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 27	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 1994	Veh Make TOYT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-4915	City	MASHPEE	State MA Zip 02649-4915
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Areal	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat	Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	27	[REDACTED] Medical Facility	M	1	1	4	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name LISA M HETTINGER

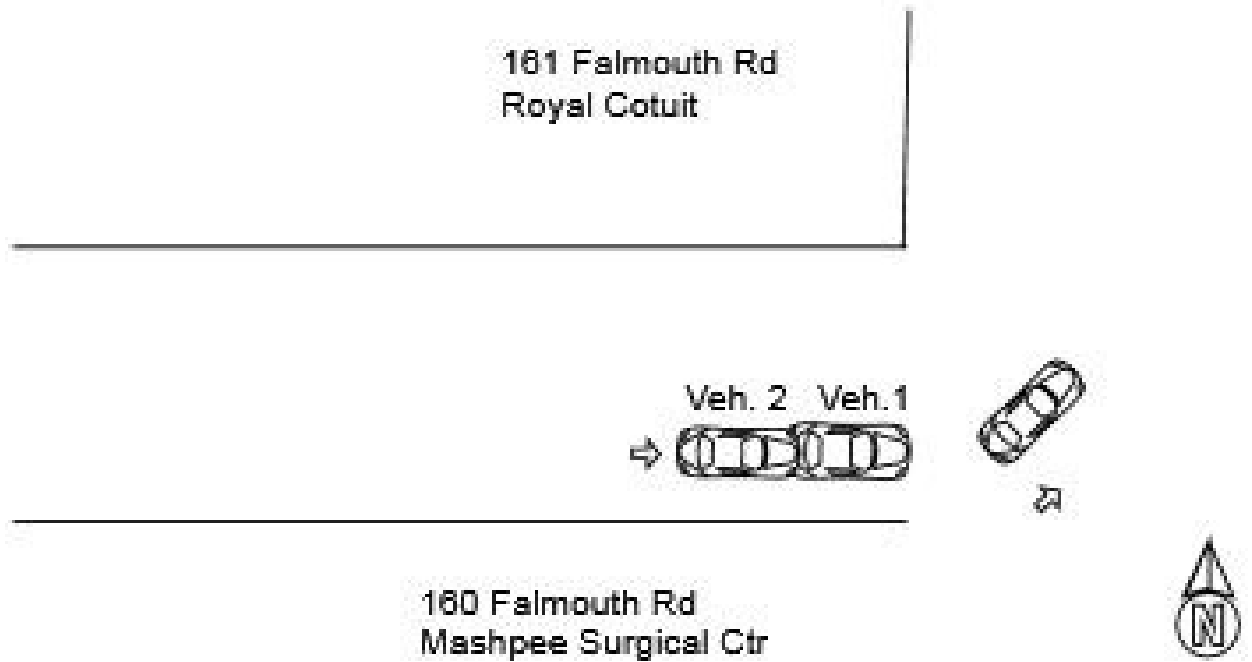
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 04/28/2015

Document Number: PW201512000167



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 04/28/2015

Document Number: PW201512000167

(VEH. 1 MA [REDACTED] [REDACTED])(VEH. 2 MA [REDACTED] [REDACTED])

THIS UNIT

WAS DISPATCHED TO 160 FALMOUTH ROAD, MVA NO PI. UPON ARRIVAL MADE CONTACT WITH BOTH OPERATORS. OPERATOR OF VEH. 1 ([REDACTED]) STATED THAT HE WAS STOPPED FOR A VEHICLE MAKING A LEFT INTO 161 FALMOUTH RD (ROYAL COTUIT) AND WAS STRUCK FROM BEHIND BY VEH. 2 ([REDACTED]). VEH. 2 ([REDACTED]) STATED THAT HE WAS TRAVELLING STRAIGHT AHEAD, SAW THAT THE TRAFFIC WAS STOPPED, APPLIED HIS BRAKES AND SKIDDED INTO THE REAR OF VEH. 1.

OPERATOR OF

VEH. 2 ([REDACTED]) WAS ISSUED A VERBAL WARNING FOR FOLLOWING TOO CLOSELY.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201516300331
4051624
15-134-AC**

Date of Crash: 05/19/2015 Time of Crash: 1209 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 53	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2001	Veh Make VOLV	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	HYANNIS	State MA	Zip 02601-31 18	City	HYANNIS	State MA Zip 02601-31 18
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area 1	2 8
Vehicle Travel Direction	E	Responding to Emergency?	2	Event Sequence 1	Test Status:	
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 19	BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 99	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	DOB	Age	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	12/04/1961	53	FALMOUTH HOSPITAL	F	1	1	1	0	0	3	2

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 24	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2002	Veh Make TOYT	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City E FALMOUTH		State MA	Zip 02536-4995	City E FALMOUTH	State MA	Zip 02536-4995
Insurance Company GEICO GENERAL INS				Vehicle action prior to crash 4	Damaged Area5	6 4
Vehicle Travel Direction E		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99	Citation #			Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	24	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5 1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	2	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
TOBY M BURTIS	15 PEMBROKE DR E FALMOUTH	774-521-4278 MA 02536-6635	

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name CHRISTOPHER GIUCA

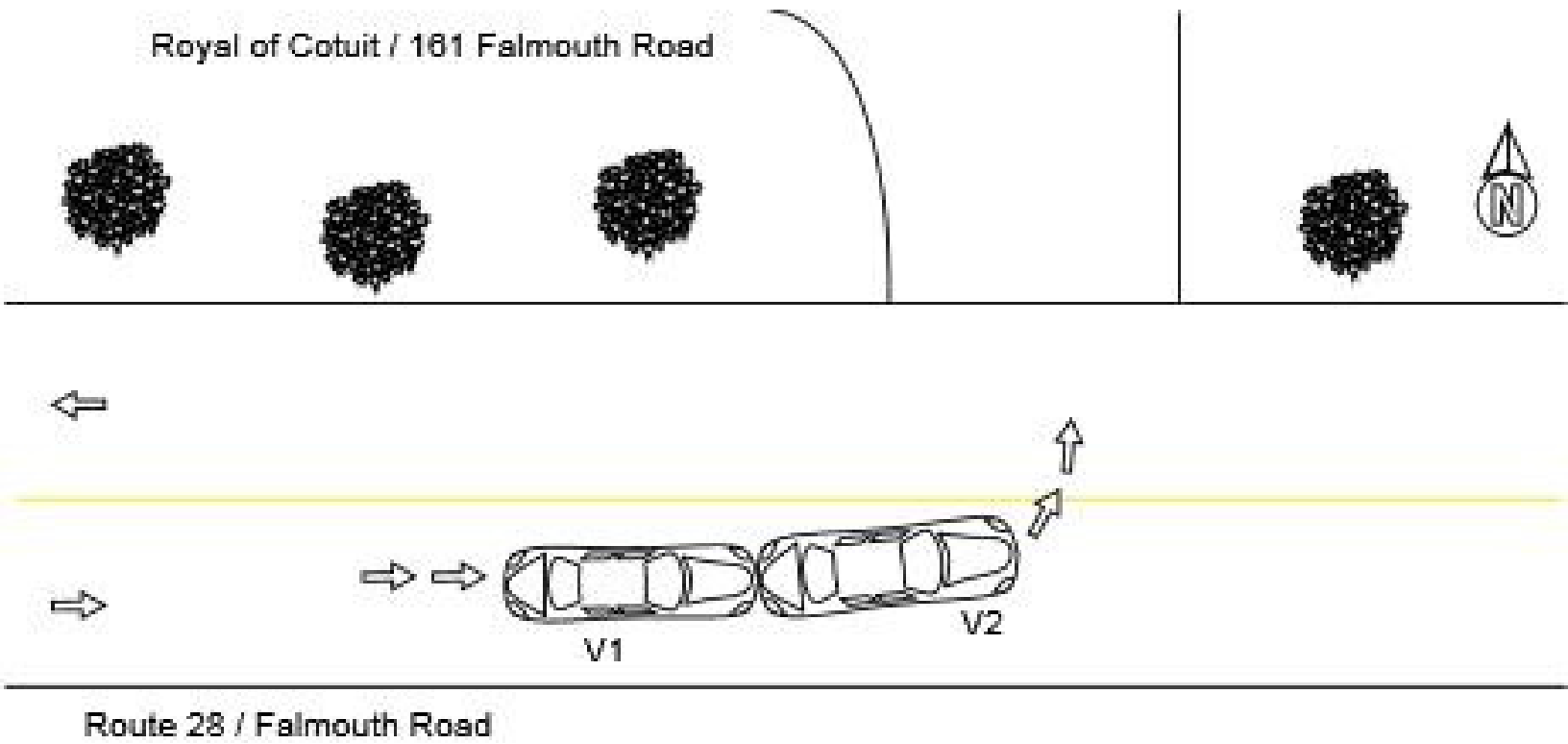
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 05/19/2015

Document Number: PW201516300331



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 05/19/2015

Document Number: PW201516300331

ON TUESDAY, 05/19/15, AT ABOUT 1215 HOURS, V2 (OPERATED BY [REDACTED]) WAS WAITING TO MAKE A LEFT HAND TURN INTO THE ROYAL OF COTUIT (161 FALMOUTH ROAD) TRAVELING SOUTH ON ROUTE 28 TOWARDS BARNSTABLE. V2 ([REDACTED]) OBSERVED A VEHICLE FROM BEHIND (V1; [REDACTED]) APPROACHING AT A HIGH RATE OF SPEED, KNOWING HE WAS ABOUT TO BE STRUCK, LET OFF THE BRAKE AND ACCELERATED FORWARD TO SOFTEN THE IMPACT. V1 ([REDACTED]) STRUCK V2 FROM BEHIND CAUSING SIGNIFICANT FRONT-END DAMAGE TO V1 AND SOME REAR-END DAMAGE TO V2. UPON ARRIVAL, [REDACTED] (V1) WAS SITTING ON THE PAVEMENT BEHIND HER VEHICLE COMPLAINING OF LEFT LEG PAIN. RESCUE ARRIVED ON-SCENE TO EVALUATE FURTHER AND ULTIMATELY TRANSPORTED HER TO FALMOUTH HOSPITAL. V1 WAS TOWED FROM THE SCENE. V1 WAS AT FAULT FOR THIS ACCIDENT.
OFFICER CHRISTOPHER GIUCA

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201521600528
4068963
15-203-AC

Date of Crash: 07/24/2015 Time of Crash: 0221 City/Town: MASHPEE # of Vehicles: 1 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< **LOCATION** >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 195 FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
100 Feet W of FRONT ENTRANCE OF SEA OAKS CON
 Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 21	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 1999	Veh Make AUDI	Veh Config 1
Operator [REDACTED]	Address [REDACTED]			Owner [REDACTED]	Address [REDACTED]	
City FALMOUTH	State MA	Zip 02540-0000		City FALMOUTH	State MA	Zip 02540-2101
Insurance Company SAFETY INSURANCE				Vehicle action prior to crash 1	Damaged Area	4
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 21 26 21	Test Status: 1	
Cited? 2	Citation # [REDACTED]			Most Harmful Event 21	Type of Test:	
Violation 1: Ch: 90 Sec -24	Violation 2: Ch: 90 Sec -13			Driver Contributing Code 20 10	BAC Test Result: 1	
Violation 3: Ch: 89 Sec -4A	Violation 4: Ch: Sec			Driver Distracted By: 1	Susp. Alcohol: 2	Susp. Drug: 2
					Towed? 1	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	21	[REDACTED]	[REDACTED]	F	1	1	4	0	0	3	1

Crash Information:

Light Conditions:	4	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	1
Road Surface:	1	First Harmful Event Location:	3
Roadway Intersection Type:	1	First Harmful Event:	21
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ADAM SASSONE

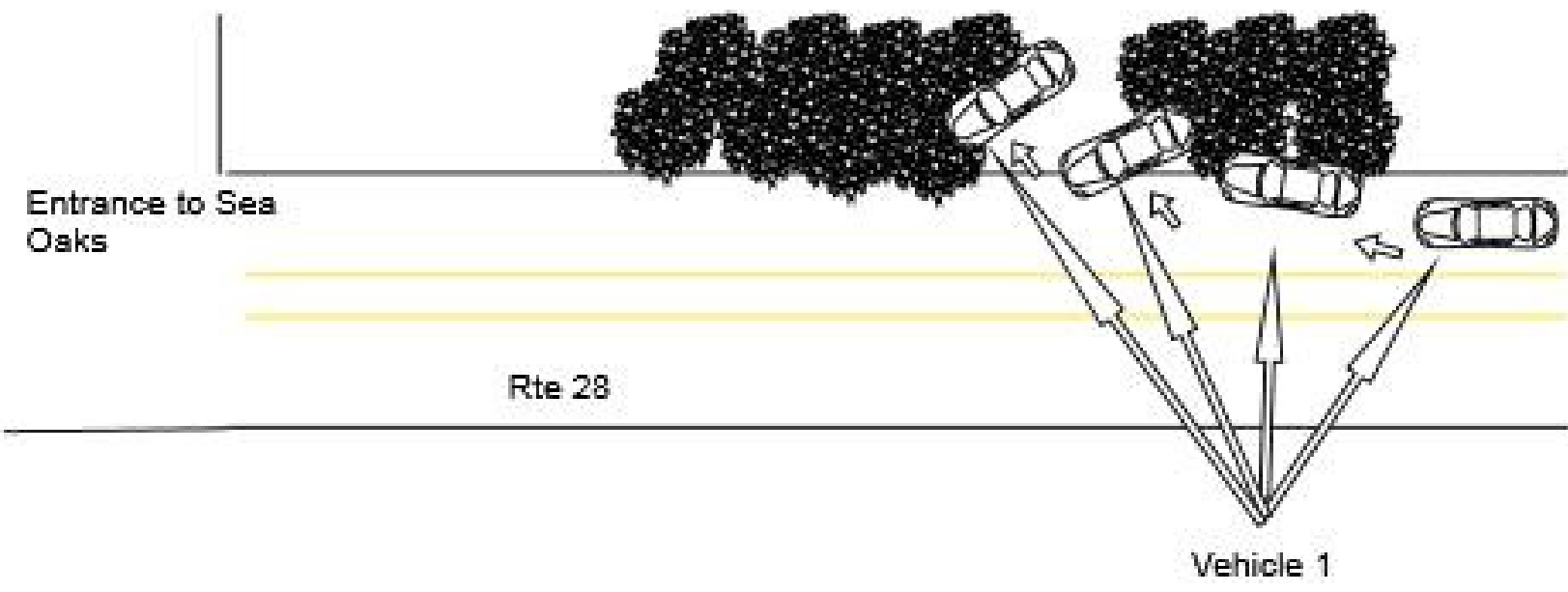
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 07/24/2015

Document Number: PW201521600528



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 07/24/2015

Document Number: PW201521600528

ON FRIDAY JULY 24, 2015 VEHICLE 1 WAS DRIVING EAST ON RTE 28. VEHICLE 1 SWERVED AND THEN SLID INTO THE WOODS APPROXIMATELY 100 FEET FROM THE ENTRANCE WAY OF SEA OAKS CONDOS. THE OPERATOR OF VEHICLE 1 STATED SHE WAS TEXTING WHILE DRIVING AND THAT'S WHY SHE CRASHED. THE OPERATOR OF VEHICLE 1 IS AT FAULT FOR THIS MOTOR VEHICLE CRASH AND SHE WAS ISSUED IN HAND A CRIMINAL APPLICATION FOR OPERATING TO ENDANGER, MARKED LANES AND TEXTING WHILE DRIVING.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201523000530
4073805
15-219-AC**

Date of Crash: 08/03/2015 Time of Crash: 0812 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # Direction Name of Roadway/Street

Route # Direction Name of Intersecting Roadway/Street

Route # Direction Name of Intersecting Roadway/Street

Route # Direction Address Name of Roadway/Street

Feet of Mile Marke or Exit Number

300 Feet of SAMPSON MILL RD

Route # Intersecting Roadway/Street

Feet of Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 31	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions B	CDL Lic.	Veh Year 2006	Veh Make ACUR	Veh Config 1
Operator				Owner		
Address				Address:		
City	WORCESTER	State MA	Zip 01609-1713	City	WORCESTER	State MA Zip 01609-1713
Insurance Company	CITIZENS INSURANCE			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction	N	Responding to Emergency?	2	Event Sequence 1	Test Status:	
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 3

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
		31		FALMOUTH HOSPITAL	F	1	1	4	0	0	4	2

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 24	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2003	Veh Make MERZ	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	NATICK	State MA	Zip 01760-4414	City	S NATICK	State MA Zip 01760-2006
Insurance Company	PREMIER INSURANCE			Vehicle action prior to crash 2	Damaged Areal	
Vehicle Travel Direction N	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	24	[REDACTED]	F	1	1	4	0	0	4	2
			FALMOUTH HOSPITAL								

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name KEVIN M FRYE

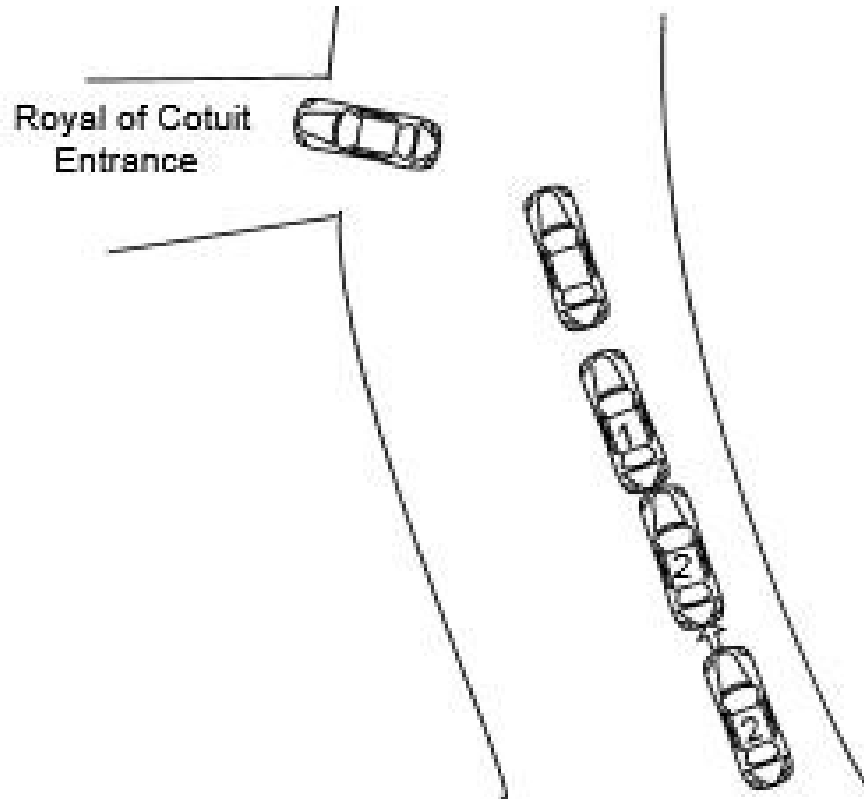
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 08/03/2015

Document Number: PW201523000530



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 08/03/2015

Document Number: PW201523000530

VEHICLE 1 WAS HEADING NORTH (COMPASS) TOWARDS BARNSTABLE AND STARTED TO SLOW/STOP FOR TRAFFIC JUST PRIOR TO THE ENTRANCE TO THE "ROYAL OF COTUIT". VEHICLE 2 WAS ALSO HEADING IN THE SAME DIRECTION BEHIND VEHICLE 1. VEHICLE 2 OPERATOR DID NOT NOTICE VEHICLE 1'S BRAKE LIGHTS UNTIL IT WAS TOO LATE. THE OPERATOR TRIED TO BRAKE BUT COLLIDED INTO THE REAR BUMPER OF VEHICLE 1. VEHICLE 2 OPERATOR IS AT FAULT FOR THIS CRASH (VERBAL WARNING FOR FOLLOWING TOO CLOSE).

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201527400528
4090673
15-274-AC**

Date of Crash: 09/16/2015 Time of Crash: 1356 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 45 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____
 Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 161 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 85	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2003	Veh Make TOYT	Veh Config 1
Operator [REDACTED]				Owner [REDACTED]		
Address [REDACTED]				Address: [REDACTED]		
City COTUIT		State MA	Zip 02635-2544	City COTUIT		State MA Zip 02635-2544
Insurance Company SAFETY INSURANCE				Vehicle action prior to crash 1		Damaged Area1
Vehicle Travel Direction W		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99		Citation #		Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 5		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	85	[REDACTED]	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 38	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2014	Veh Make GMC	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	SANDWICH	State MA	Zip 02563-2308	City	SANDWICH	State MA Zip 02563-0000
Insurance Company	SAFETY INSURANCE			Vehicle action prior to crash 2	Damaged Area5	
Vehicle Travel Direction	W	Responding to Emergency?	2	Event Sequence	1 Test Status:	
Cited?	99	Citation #		Most Harmful Event	1 Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code	1 BAC Test Result:	
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	38	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
									1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name CARL R DELORME

Police Agency Name MASHPEE POLICE DEPARTMENT

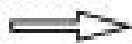
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 09/16/2015

Document Number: PW201527400528

Royal of Cotuit

Route 28 toward
Hyannis 

Veh #1,
MA/PC 



Veh #2
MA/PC 



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 09/16/2015

Document Number: PW201527400528

VEHICLE (MA/PC [REDACTED]) SLOWED IN TRAFFIC TO AVOID A COLLISION WITH THE VEHICLE TURNING IN FRONT OF HER. VEHICLE #1 (MA/PC [REDACTED]) COLLIDED WITH THE REAR OF VEHICLE #2. THE OPERATOR OF VEHICLE #1 MRS. HARVEY IS AT FAULT FOR THE ACCIDENT, FOLLOWING TOO CLOSELY.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201527400703
4090678
15-279-AC**

Date of Crash: 09/21/2015 Time of Crash: 1036 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 40 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # Intersecting Roadway/Street

____ Feet ____ of _____ SEA OAKS CONDOS
Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 24	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2010	Veh Make FORD	Veh Config 2
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	E FALMOUTH	State MA	Zip 02536-5018	City	E FALMOUTH	State MA Zip 02536-5018
Insurance Company	ALLSTATE INSURANCE			Vehicle action prior to crash 1	Damaged Area 1	2 8
Vehicle Travel Direction	S	Responding to Emergency?	2	Event Sequence 1	Test Status:	1
Cited?	99	Citation #		Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 5 20	BAC Test Result:	1
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 5	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	24	[REDACTED]	FALMOUTH HOSPITAL	F	1	1	1	0	0	4	2

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St RI	Age 47	DOB [REDACTED]	Reg # [REDACTED]	Plate Type CO	Reg State RI
Sex M	Lic. Class A	Lic. Restrictions	CDL Lic.	Veh Year 2007	Veh Make FRE	Veh Config 10
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	HARRISVILLIE	State RI	Zip 02830	City	HARRISVILLIE	State RI Zip 02830
Insurance Company	DUXBURY AND RAY INSURANCE			Vehicle action prior to crash 2	Damaged Area	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99 Citation #				Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
				Towed ? 2		

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	47	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				99	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
0 # Occupants	Type	Action	Location	Condition		
License #	St	Age	DOB 0	Reg #	Plate Type TR	Reg State ME
Sex	Lic. Class	Lic. Restrictions	CDL Lic.	Veh Year 2006	Veh Make TRAI	Veh Config 10
Operator	UNKNOWN				Owner	
Address					Address	
City		State	Zip	City	THOMASTON	State CT Zip 06787
Insurance Company				Vehicle action prior to crash 1	Damaged Area5	
Vehicle Travel Direction	Responding to Emergency?			Event Sequence 1	Test Status:	
Cited?	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Safety Seat	Airbag Pos	Eject System	Trap Status	Injury Code	Transp Status
UNKNOWN											

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	3	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Truck & Bus Information:

Registration #: 30602

Carrier Name [REDACTED]
Address: [REDACTED]

Bus Use
City THOMASTON

Mexican
County
State CT Zip 06787

US DOT # State Numbe Issuing State MCMX/ICC#
Interstate Cargo Body Type Code 7 Gross Vehicle Weight
Trailer Reg # [REDACTED] Reg Type TR Reg State ME Reg Year Trailer Length

Hazmat Information:

Placard Material 1 Digit # Material Name Material 4 Digit # Release Code

Police Officer Name JAMES DORMAN

Police Agency Name MASHPEE POLICE DEPARTMENT

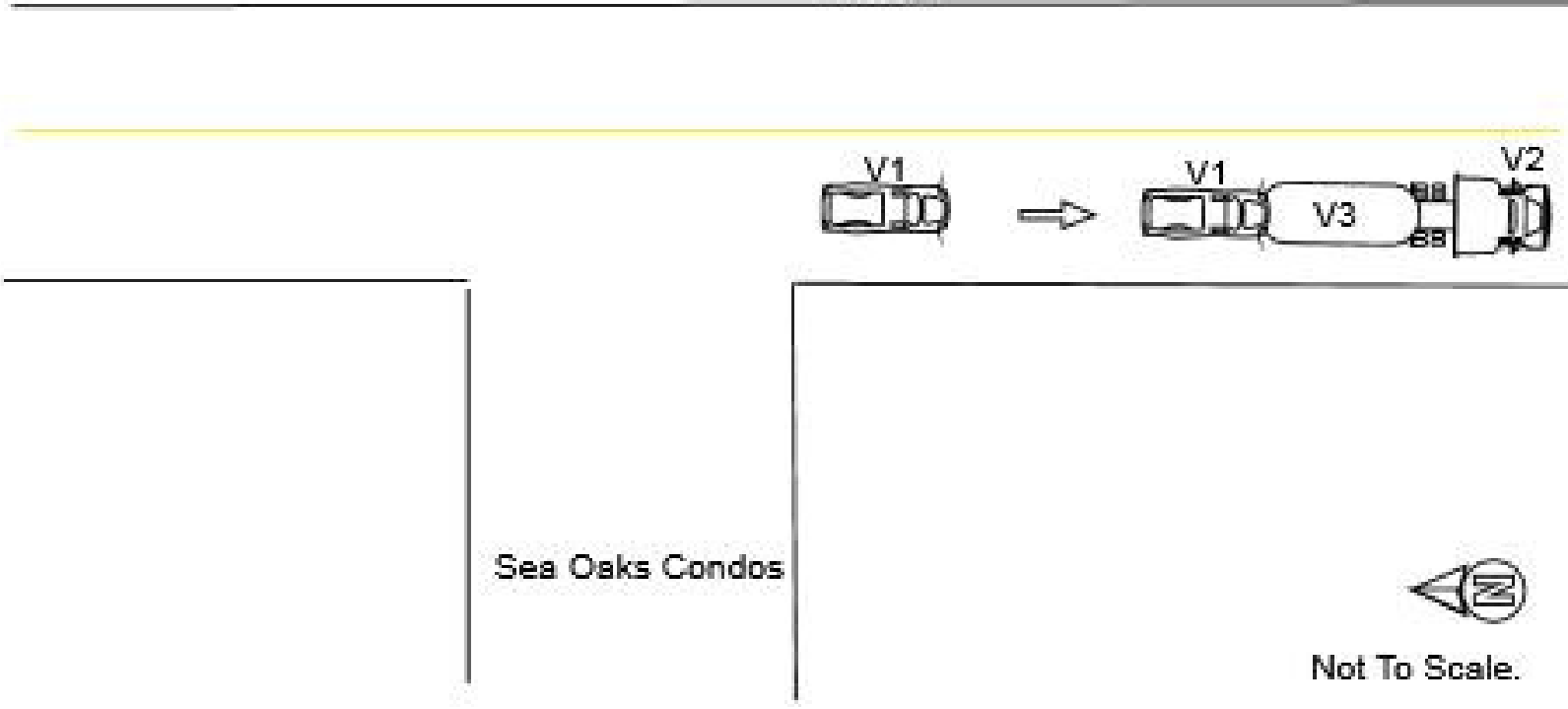
Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 09/21/2015

Document Number: PW201527400703

Rte. 28



Sea Oaks Condos



Not To Scale.

Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 09/21/2015

Document Number: PW201527400703

V2 AND ATTACHED TRAILER(V3) WERE DRIVING ON RTE. 28 AND CAME TO A STOP IN TRAFFIC DUE TO TRAFFIC STOPPED IN FRONT OF V2.

THE DRIVER OF V1 ADVISED THAT SHE WAS DRIVING ON RTE. 28 BEHIND

V2 AND V3. THE DRIVER OF V1 ADVISED THAT SHE LOOKED AWAY FROM THE ROADWAY TO REACH FOR SOMETHING AT WHICH TIME THE FRONT OF V1 IMPACTED THE REAR PORTION OF V3

(TRAILER AREA). THE DRIVER

OF V1 WAS TRANSPORTED TO FALMOUTH HOSPITAL BY MASHPEE FIRE RESCUE.

THE DRIVER OF V2 ADVISED THAT HE WAS NOT INJURED. THERE WAS HEAVY DAMAGE TO THE FRONT OF V1 AND MINOR DAMAGE TO THE REAR OF THE TRAILER (V3). V1 WAS TOWED FROM THE SCENE BY ACCESS AUTO. THE DRIVER OF V1 WAS AT FAULT FOR THE CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

PW201529301414
4097962
15-283-AC

Date of Crash: 10/02/2015 Time of Crash: 1024 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Director _____ Name of Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____
Route # _____ Director _____ Name of Intersecting Roadway/Street _____

Route # _____ Director _____ Address 161 Name of Roadway/Street FALMOUTH RD
_____ Feet _____ of _____ Mile Marke or Exit Number _____
_____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
_____ Feet _____ of _____ Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 22	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2000	Veh Make NISS	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	COTUIT	State MA	Zip 02635-2503	City	COTUIT	State MA Zip 02635-0000
Insurance Company	ALLSTATE INSURANCE			Vehicle action prior to crash 1	Damaged Area1	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 5	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 2

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	22	[REDACTED]	F	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 20	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions	CDL Lic.	Veh Year 2002	Veh Make PONT	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2441	City	MASHPEE	State MA Zip 02649-2441
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area5	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	20	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
									1

Crash Information:

Light Conditions:	1	Trafficway Description:	2
Weather Conditions:	3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	2	Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	3	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ALCOTT TOBEY

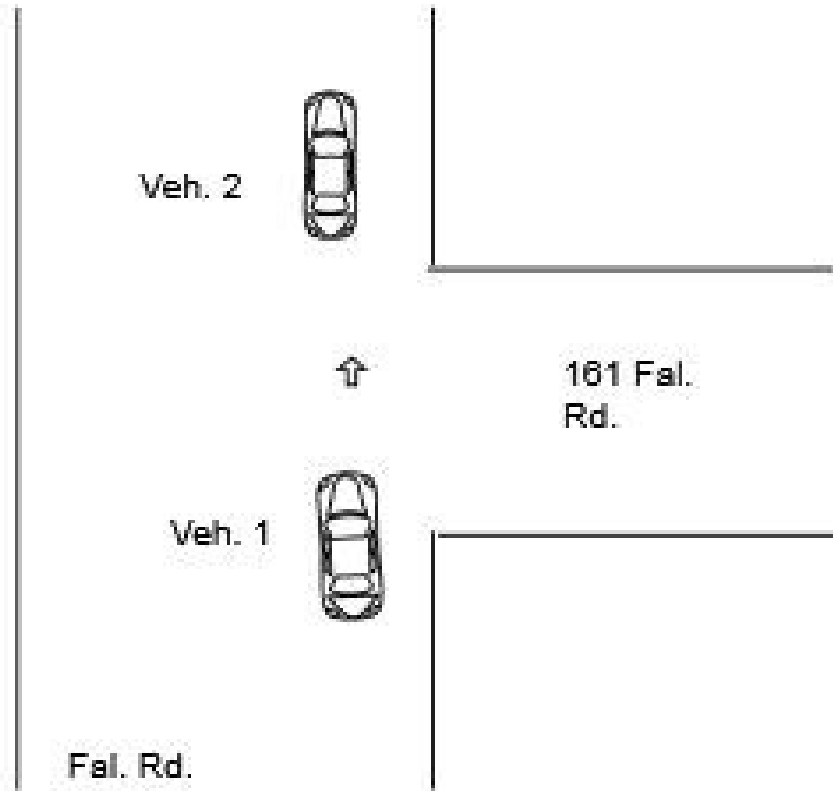
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 10/02/2015

Document Number: PW201529301414



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 10/02/2015

Document Number: PW201529301414

ON THE ABOVE DATE AND TIME, I RESPONDED TO A MVC ON FALMOUTH RD. NOTE: TRAFFIC HAD SLOWED DOWN AND VEH 1 ATTEMPTED TO STOP BUT MADE CONTACT WITH VEH 2. NO INJURIES WERE REPORTED AND OPERATOR 1 () WAS GIVEN A VERBAL WARNING FOR FOLLOWING TOO CLOSE. VEH 2 HAD TO BE TOWED FROM THE SCENE. VEHICLE 1 WAS AT FAULT.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201536300827
4126554
15-352-AC**

Date of Crash: 12/11/2015 Time of Crash: 1447 City/Town: MASHPEE # of Vehicles: 2 # Injured: Speed Limit: Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 53	DOB █	Reg # █	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2002	Veh Make TOYT	Veh Config 1
Operator █				Owner █		
Address █				Address: █		
City E FALMOUTH		State MA	Zip 02536-4225	City E FALMOUTH		State MA Zip 02536-4225
Insurance Company PLYMOUTH ROCK ASSU				Vehicle action prior to crash 1		Damaged Area8
Vehicle Travel Direction S		Responding to Emergency? 2		Event Sequence 1		Test Status:
Cited? 99	Citation #			Most Harmful Event 1		Type of Test:
Violation 1: Ch: Sec		Violation 2: Ch: Sec		Driver Contributing Code 19		BAC Test Result:
Violation 3: Ch: Sec		Violation 4: Ch: Sec		Driver Distracted By: 99	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	53	█	F	1	99	4	0	0	4	2
			FALMOUTH HOSPITAL								

X Vehicle	Non-Motorist				Hit/Run	Moped
2 # Occupants	Type	Action	Location	Condition		
License #	St MA	Age 21	DOB	Reg #	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2012	Veh Make HYUN	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2671	City	MASHPEE	State MA Zip 02649-2671
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 4	Damaged Area4	
Vehicle Travel Direction S	Responding to Emergency? 2			Event Sequence 1	Test Status:	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result:	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By:	Susp. Alcohol:	Susp. Drug:
						Towed ? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	21	[REDACTED] FALMOUTH HOSPITAL	F	1	99	4	0	0	4	1
[REDACTED]	[REDACTED]	15	[REDACTED] NOT TRANSPORTED	F	3	99	4	0	0	5	1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	1	First Harmful Event Location:	1
Roadway Intersection Type:	9	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name WILLIAM J CUOZZO

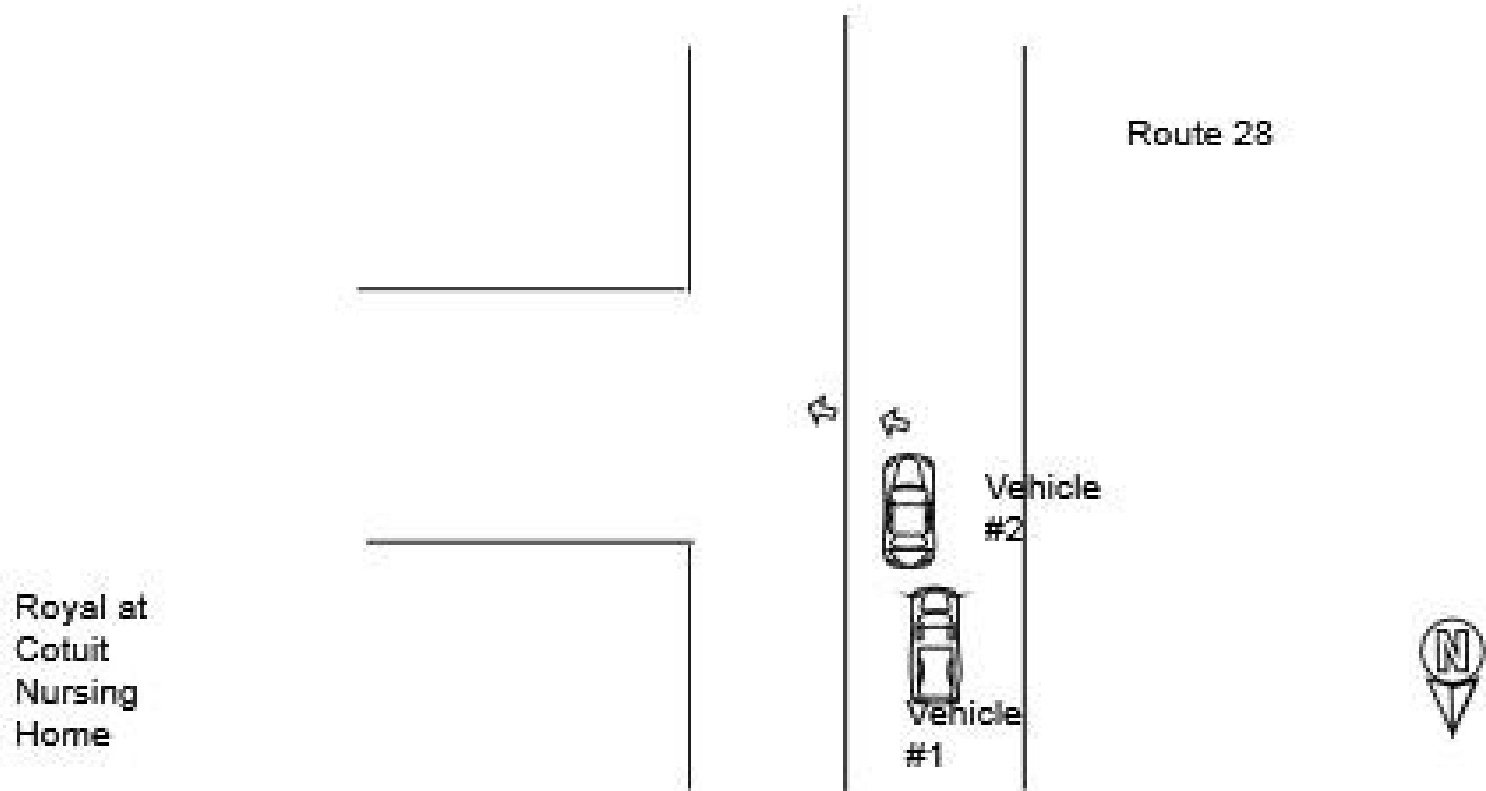
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/11/2015

Document Number: PW201536300827



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/11/2015

Document Number: PW201536300827

VEHICLE #1 OPERATED BY [REDACTED] WAS TRAVELLING SOUTH ON ROUTE 28 TOWARD BARNSTABLE WHEN IT STRUCK VEHICLE #2 OPERATED BY [REDACTED]. [REDACTED] WAS STOPPED IN TRAFFIC WAITING TO MAKE A LEFT TURN INTO ROYAL AT COTUIT NURSING HOME WHEN [REDACTED] REAR ENDED HER VEHICLE. [REDACTED] STATED THAT SHE DID NOT SEE [REDACTED] STOPPED AND WHEN SHE DID IT WAS TOO LATE. [REDACTED] TRIED TO STEER TO THE RIGHT, HOWEVER SHE WAS UNABLE TO AVOID STRIKING THE RIGHT REAR OF [REDACTED]'S VEHICLE. [REDACTED]'S VEHICLE SUFFERED A FLAT TIRE AND BENT RIM AS WELL AS OTHER DAMAGE TO THE BUMPER AREA. [REDACTED] VEHICLE SUFFERED MINOR BODY DAMAGE, HOWEVER IT APPEARED THAT THE VEHICLE WOULD NOT DRIVE DUE TO MECHANICAL FAILURE. BOTH PARTIES COMPLAINED OF NECK AND BACK PAIN AND WERE TRANSPORTED TO FALMOUTH HOSPITAL. BOTH VEHICLES WERE TOWED FROM THE SCENE. DUE TO [REDACTED] NOT SEEING [REDACTED] AND STRIKING HER FROM BEHIND [REDACTED] IS RESPONSIBLE FOR THIS CRASH.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201536300830
4126557
15-355-AC**

Date of Crash: 12/17/2015 Time of Crash: 1703 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 45 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

____ Route # ____ Director _____ Name of Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Name of Intersecting Roadway/Street

____ Route # ____ Director _____ Address _____ Name of Roadway/Street

____ Feet ____ of _____ Mile Marke or Exit Number

____ Feet ____ of _____ Route # _____ Intersecting Roadway/Street

____ Feet ____ of _____ Landmark

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # █	St MA	Age 64	DOB █	Reg # █	Plate Type CON	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2005	Veh Make CADI	Veh Config 1
Operator █				Owner █		
Address █				Address █		
City S WALPOLE		State MA	Zip 02071-0000	City S WALPOLE		State MA Zip 02071-0000
Insurance Company SAFETY INSURANCE				Vehicle action prior to crash 7		Damaged Area1
Vehicle Travel Direction W		Responding to Emergency? 2		Event Sequence 1		Test Status: 3
Cited? 2	Citation # █			Most Harmful Event 1		Type of Test: 2
Violation 1: Ch: 90 Sec -24		Violation 2: Ch: 90 Sec -24		Driver Contributing Code 10 8		BAC Test Result: 1
Violation 3: Ch: 90 Sec -23		Violation 4: Ch: Sec		Driver Distracted By: 0	Susp. Alcohol: 1	Susp. Drug: 2
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
█	█	64	█	█	M	1	0	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
3 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 19	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2009	Veh Make HOND	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	MASHPEE	State MA	Zip 02649-2735	City	MASHPEE	State MA Zip 02649-2735
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 1	Damaged Area8	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test: 99	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 1	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	19	[REDACTED]	M	1	1	3	0	0	4	1
[REDACTED]	[REDACTED]	19	[REDACTED]	M	3	1	3	0	0	4	1
[REDACTED]	[REDACTED]	18	[REDACTED]	F	9	1	3	0	0	4	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 30	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2000	Veh Make LINC	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	N FALMOUTH	State MA	Zip 02556-2702	City	E FALMOUTH	State MA Zip 02536-5716
Insurance Company	PLYMOUTH ROCK ASSU			Vehicle action prior to crash 1	Damaged Area8	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test: 99	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ?	1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	30	[REDACTED]	M	1	1	99	0	0	3	2
			Medical Facility								
			FALMOUTH HOSPITAL								

Crash Information:

Light Conditions:	4	Trafficway Description:	2
Weather Conditions:	3	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning	1	Manner of Collision:	6
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1

Road Contributing Circumstances

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
DAVID M JR PURTELL	157 B ST DRACUT	MA 01826-2153	
JORDAN BISHOP	800 BEARSES WAY 3NF HYANNIS	MA 02601	

Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name MICHAEL A ASSAD

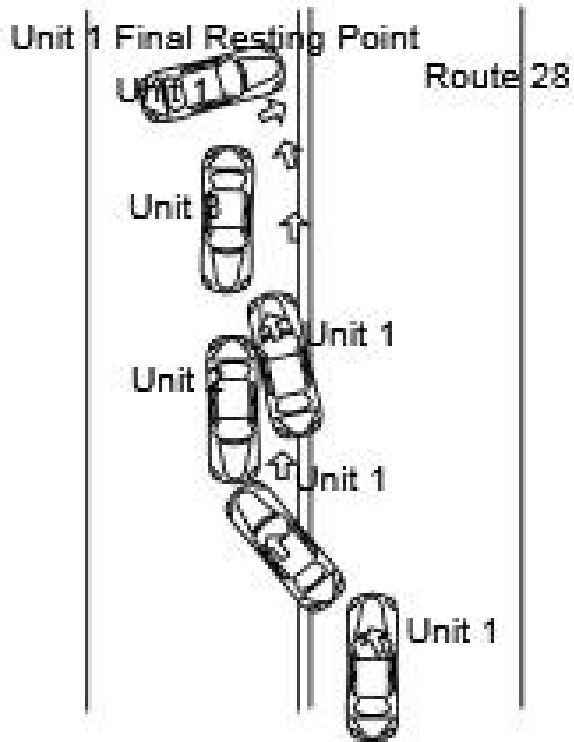
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/17/2015

Document Number: PW201536300830



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/17/2015

Document Number: PW201536300830

UNIT 1 WAS TRAVELING WESTBOUND ON ROUTE 28 BY SEA OAKS. UNIT 1 CROSSED OVER THE DOUBLE SOLID YELLOW LINES INTO THE OPPOSITE TRAVEL LANE STRIKING UNIT 2 HEAD ON. UNIT 1 THEN CONTINUED WESTBOUND IN THE OPPOSITE TRAVEL LANE AND STRUCK UNIT 3 HEAD ON. BOTH UNIT 2 AND UNIT 3 WERE TRAVELING EASTBOUND AT THE TIME OF THE ACCIDENT. UNIT 1 WAS FOUND TO BE IN THE OPPOSITE TRAVEL LANE, SIDWAYS WHEN OFFICERS ARRIVED. THE OPERATOR OF UNIT 1 STATED HE WAS NOT INJURED, HOWEVER APPEARED TO BE UNDER THE INFLUENCE OF AND ALCOHOLIC BEVERAGE. THE OPERATOR OF UNIT 2 STATED HE WAS NOT INJURED, HOWEVER HIS VEHICLE SUSTAINED HEAVY FRONT END DAMAGE. THE OPERATOR OF UNIT 3 SUSTAINED A HEAD INJURY AND WAS TRANSPORTED TO FALMOUTH HOSPITAL. UNIT 3 ALSO SUSTAINED HEAVY FRONT END DAMAGE. THE OPERATOR OF UNIT 1 WAS AT FAULT FOR THE ACCIDENT AND WAS PLACED UNDER ARREST FOR OUI(2ND), NEGLIGENT OPERATION OF A MV, SUSPENDED LICENSE AND MARKED LANES.

**Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report**

**PW201602100361
4137479
15-362-AC**

Date of Crash: 12/30/2015 Time of Crash: 1427 City/Town: MASHPEE # of Vehicles: 3 # Injured: Speed Limit: 50 Latitude: Longitude: Police Type: 2

AT INTERSECTION

< LOCATION >

NOT AT INTERSECTION

Route # _____ Direction _____ Name of Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____
 Route # _____ Direction _____ Name of Intersecting Roadway/Street _____

Route # _____ Direction _____ Address 161 Name of Roadway/Street FALMOUTH RD
 _____ Feet _____ of _____ Mile Marke or Exit Number _____
 _____ Feet _____ of _____ Route # _____ Intersecting Roadway/Street _____
50 Feet _____ of ROYAL AT COTUIT Landmark _____

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 19	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2005	Veh Make FORD	Veh Config 1
Operator [REDACTED]	Address [REDACTED]		City MARSTONS MILLS	State MA	Zip 02648-1019	
Insurance Company SAFETY INSURANCE	Vehicle Travel Direction E		Responding to Emergency? 2	Event Sequence 1	Test Status: 1	
Cited? 99	Citation #		Violation 1: Ch: Sec	Violation 2: Ch: Sec	Most Harmful Event 1	Type of Test:
Violation 3: Ch: Sec	Violation 4: Ch: Sec		Violation 1: Ch: Sec	Violation 2: Ch: Sec	Driver Contributing Code 19	BAC Test Result: 1
					Driver Distracted By: 0	Susp. Alcohol: 2 Susp. Drug: 2
						Towed? 1

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Medical Facility	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
[REDACTED]	[REDACTED]	19	[REDACTED]	[REDACTED]	M	1	1	4	0	0	5	1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 22	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2005	Veh Make LINC	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	BARNSTABLE	State MA	Zip 02630-1550	City	BARNSTABLE	State MA Zip 02630-0000
Insurance Company	ARBELLA MUTUAL INS			Vehicle action prior to crash 2	Damaged Area4	5 6
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	22	[REDACTED] Medical Facility	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5 1

X Vehicle	Non-Motorist				Hit/Run	Moped
1 # Occupants	Type	Action	Location	Condition		
License # [REDACTED]	St MA	Age 45	DOB [REDACTED]	Reg # [REDACTED]	Plate Type PAN	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 99	CDL Lic.	Veh Year 2014	Veh Make VOLK	Veh Config 1
Operator	[REDACTED]			Owner	[REDACTED]	
Address	[REDACTED]			Address:	[REDACTED]	
City	FALMOUTH	State MA	Zip 02540-3221	City	FALMOUTH	State MA Zip 02540-3221
Insurance Company	COMMERCE INSURANCE			Vehicle action prior to crash 2	Damaged Area4	
Vehicle Travel Direction E	Responding to Emergency? 2			Event Sequence 1	Test Status: 1	
Cited? 99	Citation #			Most Harmful Event 1	Type of Test:	
Violation 1: Ch: Sec	Violation 2: Ch: Sec			Driver Contributing Code 1	BAC Test Result: 1	
Violation 3: Ch: Sec	Violation 4: Ch: Sec			Driver Distracted By: 0	Susp. Alcohol: 2	Susp. Drug: 2
					Towed ? 2	

Operator/Non-Motorist/Occupant Information:

Name	Address	Age	DOB	Safety	Airbag	Eject	Trap	Injury	Transp
[REDACTED]	[REDACTED]	45	Medical Facility [REDACTED]	System	Status	Code	Code	Status	Code
				1	1	4	0	0	5
				F	1	1	4	0	0
									1

Crash Information:

Light Conditions:	1	Trafficway Description:	1
Weather Conditions:	1	School Bus Related:	2
Traffic Control Device Type	1	Work Zone Related:	2
Traffic Device Functioning		Manner of Collision:	2
Road Surface:	2	First Harmful Event Location:	1
Roadway Intersection Type:	1	First Harmful Event:	1
		Road Contributing Circumstances	

Crash Diagram:

See Attached

Crash Narrative:

See Attached

Witnesses:

Name	Address	Phone #	Statement?
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Property Damage:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Property Type</u>	<u>Description of Damaged Property</u>
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Police Officer Name ADAM SASSONE

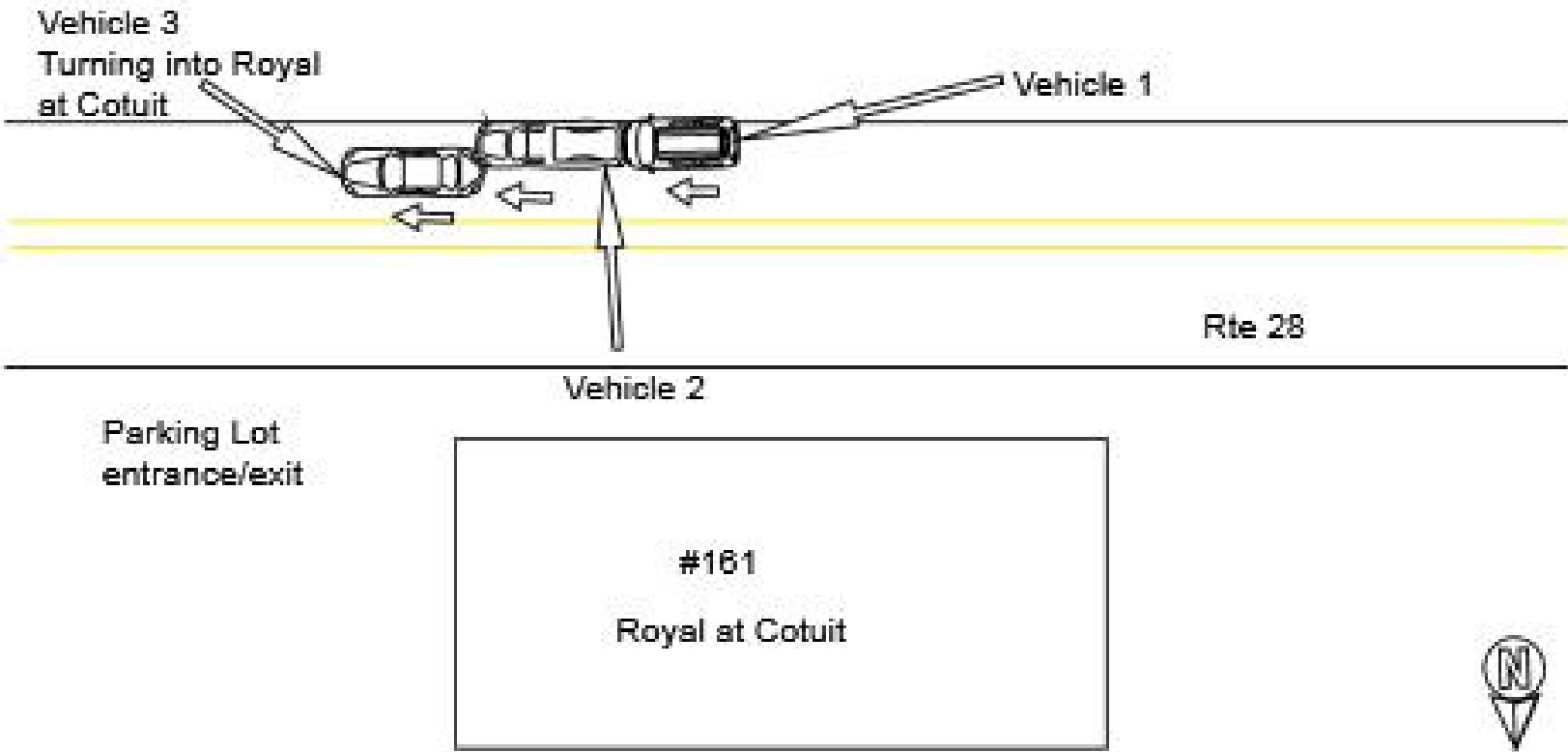
Police Agency Name MASHPEE POLICE DEPARTMENT

Police Report Crash Diagram

Crash City/Town: MASHPEE

Crash Date: 12/30/2015

Document Number: PW201602100361



Police Report Crash Narrative

Crash City/Town: MASHPEE

Crash Date: 12/30/2015

Document Number: PW201602100361

ON WEDNESDAY DECEMBER 30, 2015 AT APPROXIMATELY 2:30 PM VEHICLE 3 WAS ATTEMPTING TO TURN INTO ROYAL AT COTUIT ON RTE 28. VEHICLE 2 WAS DIRECTLY BEHIND VEHICLE 3 WAITING FOR IT TO MAKE THE TURN. VEHICLE 1 WAS DRIVING TOWARDS VEHICLE 2 AND 3 AND ATTEMPTED TO STOP BUT COULD NOT AND CRASHED INTO VEHICLE 2 CAUSING REAR DAMAGE. VEHICLE 2 WAS ABLE TO MOVE OVER BUT WAS STILL PUSHED INTO VEHICLE 3 CAUSING MINIMAL DAMAGE. VEHICLE 1 HAD FRONT END DAMAGE AND WAS TOWED FROM THE SCENE. THE DRIVER OF VEHICLE 1 IS AT FAULT FOR THIS MOTOR VEHICLE CRASH.



Jurisdictions: MSH

Location: ALL

Street: MSH > SAMPSON MILL RD (Odd # 213-213 Even # - Blanks Excluded)

MSH > OLD MILL RD (Odd # 213-213 Even # - Blanks Excluded)

Intersecting Street:

Zones: ALL

Accidents By Street Name

<u>Street / Location Names</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS</u>
SAMPSON MILL RD	0	0	0	0	0	1	0	0	0	0	0	0	1
TOTALS	0	0	0	0	0	1	0	0	0	0	0	0	1

14-133-AC

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ☹

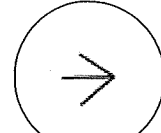
213 Sampsons
mill rd.

wooden
post

Sampsons Mill Rd

**If Crash Did Not Occur
on a Public Way:**

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



North

Crash Narrative:

Garrett Hayden was operating MA 843KD2 southbound on Sampsons Mill Rd. Hayden stated that a truck travelling northbound drove into his lane of traffic causing him to swerve off the road. The vehicle struck 2 wooden poles and damaged the lawn of 213 Sampsons Mill Rd. There were not any other witnesses to the crash other than Hayden. Hayden is at fault for the crash. The vehicle sustained damage to the front bumper, passenger side, and undercarriage. The vehicle was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
MASHPEE WAMPANOAG TRIBE	213 SAMPSONS MILL RD MASHPEE MA 02		97	WOODEN POLE AND GRASS

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

Master Detective Bryan Burke

BURKE

Mashpee Police Department

06/01/2014

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date