

To: Cape Cod Commission 3225 Main Street P.O. Box 226 Barnstable, MA 02630 Date: December 17, 2019

Memorandum

Project #: 14720.00

From: Randy Hart, Principal Re: Project 2022

Cape Cod Hospital

Collision diagrams for the intersections of Main Street High School Road and At South Street at Ocean Street and Old Colony Road have been completed and are provided as an attachment to this document along with the Barnstable Police crash records that they were derived from.

Attachments

- Crash Diagrams
- Crash Reports High School Road at Main Street
- Crash Reports South Street at Ocean Street and Old Colony Road

Crash Diagrams

COLLISION DIAGRAM Main Street at High School Road INTERSECTION. 2012 PERIOD 5 years 2016 FROM_ TO_ Town of Barnstable, Massachusetts A. Prichard MUNICIPALITY. PREPARED BY. 14072.00 12/17/2019 JOB NUMBER DATE PREPARED Note: Collision diagram prepared based on local and state crash data obtained from the Town of Barnstable Police Department and the Massachusetts Department of Transportation. High School Road NORTH ARROW BIKE Main Street Main Street 12/16/15 WED 20:11 N-C-D 23/12 WED 11:57 7/3/<u>15</u> FRI 19:18 12/24/12 MON 23:10 DL-C-D 10/23/14 THUR 10:07 /15/15 SUN 00:01 11/19/14 WED 13:15 DL-C-D 12/16/15 WED 23:05 10/5/16 WED 21:14 10/30/16 SUN 22:10 L-R-W High School Road PAVEMENT/WEATHER/LIGHTING TYPES OF COLLISION **CRASH SUMMARY** DRY - REAR END CLEAR WET DAYLIGHT NIGHT TOTALS C W R - HEAD ON PROP DAM PROP DAM FATAL INJURY FATAL INJURY FATAL INJURY TOTAI ГҮРЕ RAIN SIDE SWIPE OUT OF CONTROL ANGLE 1 6 9 s O DL SNOWY, ICY OTHER LEFT TURN 3 3 3 REAR-END DAYLIGHT RIGHT ANGLE DARK - NO LIGHTS DARK - LIGHTED HEAD-ON LEFT TURN SYMBOLS 2 2 2 SIDESWIPE MOVING VEHICLE FIXED OBJECT FIXED OBJECT ➤ BACKING VEHICLE • FATAL CRASH SINGLE VEH 1 1 1 1 2 INJURY CRASH ← − − PEDESTRIAN 0 OTHER PARKED VEHICLE TOTAL 1 3 10 3 16 2 13

COLLISION DIAGRAM South Street at Ocean Street and Old Colony Road INTERSECTION. PERIOD_5 years 2012 2016 FROM_ _TO_ Town of Barnstable, Massachusetts A. Prichard MUNICIPALITY. PREPARED BY. 14072.00 12/17/2019 JOB NUMBER DATE PREPARED Note: Collision diagram prepared based on local and state crash data obtained from the Town of Barnstable Police Department and the Massachusetts Department of Transportation. Ocean Street NORTH ARROW 6/24/16 FRI 13:01 DL-C-D South Street 8/23/13 FRI 13:35 DL-C-D 1/30/14 THUR 9:1 6/2/13 SUN 20:01 7/4/12 WED 22 DL-C-D L-C-D 7/26/14 SAT 1:39 7/12/16 TUE 17:41 DL-C-D 3/7/13 THUR 11:23 10/2/15 FRI 21:45 DL-C-W 7/22/15 WED 12:00 7/13/16 WED 19:08 2/16/12 THUR 22:41 L-R-W 8/4/12 SAT 23:27 DL-C-D 6/5/13 WED 15:29 1/24/14 FRI 00:57 N-C-W 1/22/12 SUN 12:41 DL-C-S 11/30/12 FRI 9:15 DL-C-D DL-C-D 8/10/15 MON 13:37 South Street **-**0_ Ocean Street PAVEMENT/WEATHER/LIGHTING TYPES OF COLLISION **CRASH SUMMARY** DRY - REAR END CLEAR WET DAYLIGHT NIGHT TOTALS C W R - HEAD ON PROP DAM FATAL INJURY FATAL INJURY FATAL INJURY TOTAI ГҮРЕ RAIN SIDE SWIPE OUT OF CONTROL ANGLE 4 3 4 3 8 11 s O DL SNOWY, ICY OTHER LEFT TURN 3 2 1 3 3 REAR-END 6 DAYLIGHT RIGHT ANGLE DARK - NO LIGHTS DARK - LIGHTED HEAD-ON LEFT TURN SYMBOLS 9 1 1 1 10 11 SIDESWIPE MOVING VEHICLE FIXED OBJECT FIXED OBJECT 1 1 1 FATAL CRASH ➤ BACKING VEHICLE SINGLE VEH 2 2 2 – – PEDESTRIAN INJURY CRASH 0 OTHER PARKED VEHICLE

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Crash Diagram:	ie:	-	1	-	2	→	₹ =	\$ 60	12-330-AC
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PHOTOS: County CIO. INJURIES: Unknown, but Baker was transported for observation.

GIST: MV #1 operated by Nesbitt was stopped on Main Street at Highschool Rd. The light turned green for the Main Street traffic and MV #1 made a legal right turn onto Highschool Rd., when the cyclist (Baker) came off of the sidewalk and crashed into the right rear door of MV putting a small dent in the door. MV #1 had already completed the turn and was on Highschool Rd., when the cyclist came up Main Street on the sidewalk and left the sidewalk to cross Highschool Rd. and stay on Main Street. The cyclist disregarded the traffic light and traffic and struck the side of the MV. The cyclist was at fault in this accident. NOTE: THE BIKE WAS STORED AT THE MAIN STREET STATION.

Witnesses: Name (Last, First, Middle)	Address			hone #		Statement
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Truck and Bus Informat	tion:		= 1			
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Address		City		State	= Zip	·
USDOT #	State Number	Issuing Stat	te MC,	/MX/IC#		
Interstate 43 Cargo Bo	ody Type Code 44	GVWR\GCWR 45				
Trailer Reg#	Reg Type	Reg S	tate R	eg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 digit	# Material Name		Material	4 digit#		Release code
KEVIN DONOVAN		100/200	arnstable Police			5/24/2012
Police Officer Name (Please Print) Signature	ID/Badge# D	·	Precinc	t/Barracks	Date

	12-421-AC	Com	monwealth	of Massa	chuset	ts				
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⁵ 1	Vehicle Travel Direction N S	Responding to Em	ergency? 2 Eve	nt Sequence 1	23 23 2	1 - 1	Test Status		28	
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	= Direction	1	= Vehicle 1	2	= Vehicle 2	O = Pedestrian	₫ = Bicycle	12-421-AC
Crash Diagram:	ie:	→ 1		2	-	₹ 🖷	₫	IL TEI AC
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GIST: Vehicle #1 was traveling west on Main St. approaching the intersection with High School Rd. Vehicle #2 was traveling south on High School Rd. approaching the intersection with Main St. Vehicle #1 had the green light and proceeded into the intersection. Vehicle #2 failed to stop at the red light and entered the intersection colliding with the back rear passenger side of Vehicle #1. Vehicle #2 then left the scene.

Address			Pł	none #		Statement
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Reg Type	Reg	State	Re	g Year		Trailer Length 40
Material Name		N	1aterial 4	digit#	-	Release code
	TJH/238					6/1/2012
Signature		Department		Precinct		Date https://www.crashlogic.co
	Address Restate Number ype Code 44 Reg Type 48 Material Name Signature	Address Phone Registration # City State Number Issuing S ype Code 44 GVWR\GCWR Reg Type Reg 48 Material Name TJH/238 Signature ID/Badge#	Address Phone # Registration # City State Number Issuing State ype Code 44 GVWR\GCWR 45 Reg Type Reg State TJH/238 Barnstable F Department Signature ID/Badge# Department	Address Phone # 41-T Registration # City State Number Issuing State MC/I ype Code 44 GVWR\GCWR 45 Reg Type Reg State Re TJH/238 Barnstable Police Department	Address Phone # 41-Type Registration # City State State Number Issuing State MC/MX/IC# ype Code 44 GVWR\GCWR 45 Reg Type Reg State Reg Year Address Phone # 41-Type IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Address Phone # 41-Type Description of D Registration # (From Vehicle City State Zip State Number Issuing State MC/MX/IC# ype Code 44 GVWR\GCWR 45 Reg Type Reg State Reg Year Material Name Material 4 digit# TJH/238 Barnstable Police Department Signature ID/Badge# Department Precinct/Barracks

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⁶ 1	Please fill out fo	or operator and all occupant	s			34	35	36	37	38	39	40	Medical	
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Crash Diagram:	ie:	\Rightarrow	1	-	2		→ £	=	ĕ	
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	Main Street			ŧέ		Main Street				Other Private Way
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				School Road						
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On Friday 08/03/2012 at 1645hrs. while assinged to a Mountain Bike Patrol on Main Street Hyannis, I was first advised of a hit-and-run MVA while at The Hyannis Station by a passerby who described the M/V's as a red pick-up truck as being the victim and a bluish-grey caravan as the suspect M/V. The passerby also stated that the partial plate number was MA Reg 8XF... The reporting party further stated that both M/V's sped off down Main Street with the red truck that was struck chasing the bluish-grey caravan that rear-ended it. Just as I was calling in the incident to dispatch, dispatch was sending me to 7-Eleven on North Street for an argument involving the operators of the desribed M/V's from the hit& Run Accident. It turns out that OP#2 Mr. Matthew Borgues does not have a license and decided to leave the scene after he rear-ended M/V#1, when OP#1 was forced to stop abruptly for a pedestrian.744

Witnesses:							
Name (Last. First. Middle)	Address			Phone #		Statement	
		40.00					
		-01-50					
Property Damage:				-			
Owner (Last, First, Middle)	Address	Phone	2 #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registr	ation #			(From Vehicle	e Section)	
Carrier Name					i 	Bus Use	42
Address		City		Sta	te Zip		
USDOT #	State Number	Issuing St	tate	MC/MX/IC#	ŧ		
Interstate 43 Cargo Body Ty	/pe Code 44 GV	WR\GCWR	45				
Trailer Reg#	Reg Type	Reg	State	Reg Year		Trailer Length	46
Hazmat Information:							
Placard 47 Material 1 digit#	Material Name		Mater	rial 4 digit#	=	Release code	49
BRIAN MORRISON		BDM/20 5	Barnstable Police Department	æ		8/5/2012	
Police Officer Name (Please Print) Last Mod: 8/15/20	Signature D12 8:38 AM		Department	Precin	ct/Barracks	Date https://www.crashlog	ic.com

	12-1182-AC	Com	monwealth	of Mas	sach	usetts					1
	Date of Crash Time of Cras	,,	Motor Ve			Number Vehicles	Number Injured	Speed Li Lat.		State Police Local Police	
	12/24/2012 23:10	R Barnstable	Police	Report	t	2	0	Lon.		MBTA Police Other	1
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	Route# Direction	Name of Intersecting Roa	adway/Street				rine riai ke		EXIL	vumber	3
		Also at intersection		F6	eet NS	E W of		_			3
² 3				F	ot NS	E W of	Route#	Intersec	cting Road	lway/Street	
		Name of Intersecting Roa	adway/Street		.c.[]=			Lan	dmark		
³ 2	Please Select One of the Following:	cle 1 1 #Occupants]Hit/Run	d			L2-11	82-A	C		
	License# \$59628124	St MA DOB/Age	33 Re	g# 82 (61JV		Reg Ty	pe PAN	Re	eg State MA	
	Sex M Lic. Class D	Lic. Restrictions 20	CDL Ve	h Year 200	02 Ve	eh Make T	OYT		Veh	Config. 21	112
	Operator MCWILLIAMS, i	DAVID EDWARD	Endorsement Ow	ner MCV	VILLIAI	MS, DAVII	D EDWAR	D			
	Last	First	Middle		Last		First		Middle		
⁴ 3	Address 274 SOUTH ST2	2	Ad	dress 274	SOUTH	ST2					
	City HYANNIS	State MA Zip 0			NNIS				_Zip 02		
	Insurance Company COMM	MERCE INS	Ve	hicle Action	Prior to (Crash 1 22	1		ea Code:		
5	Vehicle Travel Direction N	Responding to Em	ergency? 2 Eve	ent Sequence	e 1 ²³	23 23		t Status:		28	
ັ1	Citation # (if Issued)	<u> </u>		st Harmful E		24	• • •	e of Test:	-	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Dri	ver Contribu	ting Cod	e 1 ²⁵	つだし	Test Res		sp. Drug: 32	13
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub		ver Distracte		26		ed from s		sp. Drug. 92	1 ¹³
6 1		for operator and all occupan		ver blockdete	34	35	36 37		39 40		
	Name (Last First Middle)	Address		OOB/Age	Sex Pos	at Safety	Airbag Ejec Status Cod	t Trap I	injury Tran	sp. Medical	
	Operator	See Above		-	- 1		4 0	e Code S	_	ie raciity	
	орслаго.	BCC / IBB/C					- 0		<u> </u>		
								+++		-	
	Please Select One	1-2 0 "0	No. Material To	15	. 16] [17	18			
⁷ 2	of the Following:	le 2 2 #Occupants	Non-Motorist Typ	e Act	ion	Location	Condi	tion	Hit/Ru	ın Moped	
	License# \$13577801	St MA DOB/Age	19 Reg	# 862	HW1		Reg Typ	e PAN	Re	g State MA	
	Sex F Lic. Class D ¹⁹	1	-	Year 200	2 Ve	h Make H	run		Veh	Config. 21	
	Operator SILVA, SAVERIA		Endorsement Ow	ner LAR (SEY, LO	UISE M					
	Last	First	Middle		Last		First		Middle		
	Address 1770A MASSAS(SASOIT R					
_	City EASTHAM	State MA Zip 02			HAM	. [22]			Zip 026	27 27 27	14
1	Insurance Company COMM			nicle Action F			¬ Toot	aged Are Status:	a Code: 1	28 8 27	_
	Vehicle Travel Direction N S	EW Responding to Eme	ergency? 2 Eve	nt Sequence				of Test:	-	29	
	Citation # (if Issued) R05	76565	Mos	t Harmful E	vent 1			Test Res	-	30	
	Viol. 1 (Ch/Sec/Sub) 89/9	Viol. 2 (Ch/Sec/Sub)	Driv	er Contribut	ing Code	3 25 2	5	. Alcohol:		p. Drug: 32	
-	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracte	d by	26		ed from s		33	
2	Please fill out fo	or operator and all occupant	s		34	35	36 37		39 40	T	
	Name (Last First Middle)	Address		OB/Age S	Sex Pos		Airbag Eject Status Code				
	Operator	See Above		-	- 1		9 0	0 5	1		
	THORTON, JOHNATHAN	7 BUTLER AVE, WEST YARMOUTH MA	A 02673 20	P	4 3	1	9 0	0 5	1		
	R				- 5			. 05		1 1	
-						+					
L	I ask Ma	di 12/27/2012 10:00 AM		- 4					- 11		

Crash Diagram:	= Direction ie:	1 =	Vehicle 1	2	= Vehicle 2	Pedestrian	र्केर्त = Bicycle ►र्केर्त	12-1182-AC
		His	gh Schaol Re	ī		N.		If Crash Did Not Occur on a Public Way:
							1	Off-Street Parking Lot
	-0.0 (to h)		, C				[Garage
		4	16]	Mall/Shopping Center
							[Other Private Way
	Main Streat			1				
							9	North

Operator #1 stated that he had a green light as he passed through the intersection. Operator #2 said that she ran a red light and struck vehicle #1.

Injuries: None
Town: Rotary Towing for both vehicles
Gist: Operator #1 was travelling North High School Rd ext. and was struck broadside by Vehicle #2 as it passed through the intersection of Main Street (headed West). The impact caused Vehicle #1 up onto the sidewalk where a planter was struck.

Witnesses:									
Name (Last. First. Middle)		Address				Phone #			Statement
Property Damage:	4 1 1 1 1 1 1								
Owner (Last, First, Middle)	Address		Phone	e #	41	-Tvpe	Descript	ion of Da	amaged Property
TOWN OF BARNSTABLE	SOUTH ST	HYANNIS MA 02601			Othe	r	LARGE	PLANT	R
Truck and Bus Inform	nation:	Registration	#				(From	Vehicle S	Section) Bus Use
Address		City				Stat	e e	Zip	<u> </u>
USDOT #	State Number		Issuing S	tate	МС	 :/MX/IC#		_	
Interstate 43 Cargo	Body Type Code	GVWR\G	CWR	45					
Trailer Reg#		Reg Type	Reg	State	F	leg Year			Trailer Length 46
Hazmat Information:									
Placard 47 Material 1 d	igit# 48 Materia	il Name			Material	4 digit#			Release code 49
ANSON MOORE		Al 2	PM/22	Barnstable Departmen					12/26/2012
Police Officer Name (Please Pr Last Mo	int) Signature d: 12/27/2012 10:09 AM		/Badge# Page 2	Department		Precino	t/Barrac		Date https://www.crashlogic.com

	13-21-AC	Com	monwealth	of Ma	issa	chu	setts		Î					
	Date of Crash Time of Cra	ash City/Town	Motor Vel	hicle (Cras		Number Vehicles	100	nber ired	Speed	Limit		ate Police]
	2. (2. (2. (2. (2. (2. (2. (2. (2. (2. (^{4H} Barnstable								Lat.			ocal Police 🗸 STA Police	
		RSECTION	Police < LOCA		rt	_	2		O AT	Lon.	DCE		ner	10
	AI THIE	RSECTION	< LUCA	TOM	>	-53		NOI	AI.	TIA 1 E	KSE	CTION		1
¹ 1	HI	GH SCHOOL RD EXT												
1	Route# Direction	Name of Roadway/ At	Street	Route#	Dir	rectio	n Addre	ess#		Name	of Roa	adway/S	treet	
				ı	Feet N	SE	W of			or				
	Route# Direction	Name of Intersecting Roa	dua. Chach	Mile Marker Exit Number								mber	11	
	Route# Direction	Also at intersection		r	Feet N	SE	W of							41
² 1	+			Ι,	=oot N	ISF	Wof	Route#		Inter	secting	Roadwa	ay/Street	
	Route# Direction	Name of Intersecting Roa	dway/Street		eet	1015	Tan oi			L	andma	rk		
3	Please Select One of the Following:	nicle 1 2 #Occupants	Hit/Run Mope	i				13	-2:	L-A				
	License# S45741141	St MA DOB/Age	55 Reg)# F1	L051			Re	д Тур	e PA	N	Reg	State MA	_
	Sex M Lic. Class D	19 Lic. Restrictions 20	CDL Vel	Year 20	003	Veh	Make A	ACUR		-		Veh C	71	1 ¹²
	Operator HARTNETT, RI		Endorsement Ow	_		-	RICHAR					-	- 💾	
	Last	First	Middle		L	ast		F	irst			Middle		
⁴ 3	Address 69 RIDGEWOO					OOD DR								
	City YARMOUTHPO		2675 City	_	RMOL			<u> </u>	_	_	A Zip		75-2346	
	Insurance Company COMI			nicle Action			asn 1 23	23		agea . Statu:			27 7 27 8 27	
⁵ 1	Vehicle Travel Direction N		nt Sequen	-			23		of Te		2	29		
	Citation # (if Issued)		Mos	t Harmful	Event	1 2		25	BAC	Test F	Result:	1 2	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contrib	uting	_	1 25	25	Susp	. Alcol	nol:		. Drug: 32	1 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distrac	ted by					-	n scen		33	
-		for operator and all occupan				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp		
	Name (Last First Middle)	Address	D	OB/Age	Sex	Pos.	System				Status		Facility	
	Operator HARTNETT, ALEXIS	See Above	T MA 02675 25		F	3	1	4	0	0	5	1		
	HARTHETT, ALEXIS	69 RIDGWOOD DR, YARMOUTHPOR	I MA 02675 25			3	-	4	U	0	5	1		
				_	\vdash									
7	Please Select One	icle 2 1 #Occupants	Non-Motorist Typ	a 15 A	tion	16	Location	17	Conditi	ion	18	-li+/Dun	Moped	
⁷ 3	of the Following: Verili						Location							
	19	St MA DOB/Age 5			NM90		Males **		₃ ıyþ€	PA	N .	- Keg s - Veh Co	State MA	
			ndorsement		02		Make H	TUN				ven co	onfig. 21 1	
	Operator ST. PIERRE, LIS	SA J First	Owr Middle	er <u>\$1.</u>		RE, L ast	ISA J	Fi	rst		-	Middle		
	Address 25 CONSTANCE	AVE	Add	ress 25 (CONS	TANG	CE AVE							
	City WEST YARMOU		.673-0000 City	-	ST YA			,		_	_ Zip	-	3-0000	14
⁸ 4	Insurance Company COMN	MERCE INS	Veh	icle Action	Prior					aged A Status		de: 2 2	⁷ 3 ²⁷ 4 ²⁷	
	Vehicle Travel Direction	Responding to Eme	ergency? 2 Ever	nt Sequenc	e 1 23	3 23	23	22		of Tes		2		
	Citation # (if Issued)	Mos	Harmful I	Event	1 24	1			Γest R		3			
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Drive	er Contribu	ıting C	Code	10 ²⁵ 19	²⁵	Susp.	Alcoh	ol:	Susp.	Drug: 32	
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Drive	er Distract	ed by	26			Towe	d from	scene	? 2 3	3	
_		for operator and all occupants	5			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	Medical	
1	Name (Last First Middle)	Address	Di	DB/Age		Pos.	System	Status	Code		Status		Facility	
	Operator	See Above		-	-	1	1	4	0	0	5	1		
-								-						
Į	I 1 h 4	1-1-1/0/2012 0-45 AM		4										

= Direction	1 = Vehicle 1 2 = Vehicle 2 $\frac{1}{1}$ = Pedestrian $\frac{1}{2}$ = Bicyc	13-21-AC
Crash Diagram: ie: ⇒	1 → 2 → 3 → 35	
High School	1 → 2 → 9 → 350 Main Si V2 V2 V3	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
		North

Gist: MV1 was driving on Main St. in the right lane. MV2 was driving on Main St. in the left lane.

At the intersection of Main St. and High School Rd., there was a car (MV3) in the left lane making a left turn. MV2 drifted into MV1's lane of travel, causing the passenger side of MV2 to hit the driver's side of MV1.

778

witnesses:							
Name (Last, First, Middle))	Address			Phone #		Statement
					_		
Property Damage:	A 4 25	I					1,1
Owner (Last, First, Middle) Address		Phone	#	41-Tvpe	Description of	Damaged Property
Fruck and Bus Info	ormation:	Registration #				(From Vehicle	,
Carrier Name						=	Bus Use 4
Address		City			Sta	te Zip	
USDOT #	State Number	Is	suing Sta	ate	MC/MX/IC#	÷	
Interstate 43 Ca	argo Body Type Code	GVWR\GC\	WR 4	5			
Trailer Reg#		Reg Type	Reg :	State	Reg Year		Trailer Length 46
Hazmat Information:							
Placard 47 Material	1 digit# 48 Materia	Name		Mat	erial 4 digit#		Release code 49
(EVIN FULLAM		KCF	,	Barnstable Pol Department	ice		1/7/2013
olice Officer Name (Pleas Las	e Print) Signature t Mod: 1/8/2013 9:46 AM	•	-	Department	Precin	ct/Barracks	Date https://www.crashlogic.com

	14-66-AC	Com	monwealth	of Ma	ssacl	husetts	}							
	Date of Crash Time of Cras		Motor Vel	hicle C	crash	Numbe Vehicles		red	Speed Lin Lat.	L	ctate Police			
		R Barnstable	Police	Repor	·t	2)	Lon.		BTA Police ther	10		
	AT INTER	RSECTION	< LOCA	TION	>		NOT	AT:	INTERS	ECTIO	N	10 2		
Ĺ	MAI	IN ST												
1	Route# Direction	Name of Roadway/	Street	Route#	Direc	tion Addr	ess#		Name of	Roadway/	Street			
		At			N 6	S E W of								
	HIG	H SCHOOL RD EXT		Feet N S E W of Or Mile Marker Exit Number										
	Route# Direction	Name of Intersecting Roa	dway/Street			SEIVAL .				231671		3 ¹		
		Also at intersection	with	[f	eet N	S E W of	Route#	_	Intercect	ina Roady	vay/Street			
² 1	Route# Direction	Name of Intersecting Roa	dway/Street	F	eet N	S E W of	Routen			mark	vay/Su eet			
³ 2	Please Select One of the Following: ✓ Vehic		Hit/Run Mope	1			14	-60	5-AC	I.I.I.Set. IX				
	License# S16537905	St MA DOB/Age	53 Reg)# N:	12022		Re	g Typ	e CON	Reg	State MA	40		
	Sex M Lic. Class D	M Lic. Restrictions 20	CDL Veh	Year 19	99 '	Veh Make	GMC			Veh (Config. 21 21	1 ¹²		
	Operator DUTRA, DAVID		Endorsement Ow	ner DU	TRA, D	AVID W								
	Last	First	Middle		Las	st		irst		Middle				
⁴ 3	Address 114 GOOSEBER					EBERRY	LN							
	City MARSTONS MIL Insurance Company NATIO		2648 City	3		S MILLS	22	-	ate MA	Zip 026 a Code: 2				
				nicle Action		23 23	23		Status:	a Code: 2	28			
⁵ 1	Vehicle Travel Direction NS	Responding to Em		Event Sequence 1 23 23 23 Type of Test: 29										
_	Citation # (if Issued) R43	Mos	t Harmful	Event	1		• • •	Test Resu	alt:	30				
	Viol. 1 (Ch/Sec/Sub) 89/9	Viol. 2 (Ch/Sec/Sub)	90/9 Driv	er Contrib	uting Co	de 19 ²⁵	25	Susp	. Alcohol:	31 Sus		1 ¹³		
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distract	ed by	26		Towe	ed from so	cene? 2	33	•		
1	Please fill out f	or operator and all occupan	ts			34 35 Seat Safety	36 Airbag	37 Eject		39 40 jury Trans	Medical			
	Name (Last First Middle)	Address	D	OB/Age		os. System		Code	Code St	atus Code				
	Operator	See Above		-		1 1	4	0	0 5	1				
										_				
	-													
				161		(6)	17							
⁷ 2	Please Select One of the Following:	le 2 1 #Occupants	Non-Motorist Typ	e 15 Ac	tion	Location	17 C	Conditi	ion 18	Hit/Rur	Moped			
Ī	License# S48522761	St MA DOB/Age 7	2 Reg	# 21	NV50		Reg	у Туре	PAN	Reg	State MA			
	Sex M Lic. Class D	19 Lic. Restrictions 20	CDL Veh	Year 20	03 V	eh Make (CHEV			Veh C	onfig. 21			
	Operator WILLOUGHBY, K	(ENDALL G	indorsement Own	er WIL	LOUGH	HBY, KENI	DALL G							
	Last	First	Middle		Last			rst		Middle				
	Address 200 STEVENS ST		Add	1		NS STA11	<u> </u>	C1-				_		
	City HYANNIS Insurance Company Commo		2601 City		NNIS	Cunch 2	2]		te MA Z		27 2 ²⁷ 8 ²⁷ —	14		
4					-	23 23	23		iged Area Status:	-	28			
	Vehicle Travel Direction NS	E W Responding to Eme		nt Sequenc			10		of Test:		29			
	Citation # (if Issued)		Most	: Harmful E	ent 1	1 ²⁴	25	BAC 1	Test Resul	lt:	30			
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribu				-	Alcohol:					
2	Viol. 3: Ch/Sec/Sub		Driver Distracted by 26 Towed from scene? 2 33											
		r operator and all occupant	S			4 35 eat Safety	36 Airbag	37 Eject	38 3 Trap Inje	9 40 ury Transp	Medical			
	Name (Last First Middle)	Address	Do	DB/Age	Sex Po			Code	Code Sta		Facility			
	Operator	See Above		-	- 1	l 1	4	0	0 5	1				
-						-								
						-	\vdash							
Į	1-10	1 4/00/2044 40 20 444	<u>_</u> _	4						1				

	= Direction		1	= Vehicle 1	2	= Vehicle 2	= Pedestrian	₫ð = Bicycle	14-66-AC
Crash Diagram:	ie:	-	1	-	2	→ 9	₹ :	♦	21 00 AC
									If Crash Did Not Occur on a Public Way:
						Veh 1			Off-Street Parking Lot
						fails to		[Garage
							High]	Mall/Shopping Center
				675		Veh 2	School Pd]	Other Private Way
				E V	ren 1				
				Máin St				(S)>	
				ikielu at					North

Vehicle 1 failed to stop for red light while traveling WB on Main St. Vehicle 2 entered the intersection while traveling SB on High School RD Ext and struck vehicle 1. The operator of vehicle 1 admitted that he failed to stop for the red light because he was changing the station on his radio. A query of vehicle 1's registration came back as expired. The operator of vehicle 1 was issued citation R4308852 for the following:

89/9 Red light Violation 90/9 Unregistered MV.

No injuries were reported at the time of the accident not were any vehicles towed.

Name (Last, First, Midd	le)	Address		Pho	one #		Statement
Property Damage			v				
Owner (Last, First, Mido	lle) Address		Phone #	41-Tv	rbe Des	cription of Da	amaged Property
				+			
Fruck and Bus In	formation:	Registration #			/5	rom Vehicle S	Coction)
Carrier Name		Registration #	20		(11	om venicie s	Bus Use
Address		City			State	Zip	
USDOT #	State Number	Iss	uing State	MC/M	X/IC#		
Interstate 43	Cargo Body Type Code	44 GVWR\GCW	R 45				
Trailer Reg#		Reg Type	Reg State	Reg	Year		Trailer Length
Hazmat Information	:						
Placard 47 Mater	al 1 digit# 48 Materia	Il Name		Material 4	digit#		Release code
OBERT BITINAS		REB	266 Barnstable Departmen				1/20/2014
olice Officer Name (Ple	ase Print) Signature ast Mod: 1/23/2014 10:22 AM	•	dge# Department		Precinct/Ba	-	Date

	14-295-AC	Com	monwealth	of Mass	sachi	isetts						7
	Date of Crash Time of Cras	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Motor Vel	hicle Cr	ash	Number Vehicles	Num Inju		d Limit	Loc	ate Police	<u>[</u>
	04/06/2014 21:28	Barnstable	Police	Report		2	1	Lon.		Othe	TA Police er	10
	AT INTER	RSECTION	< LOCA	TION >			NOT	AT INT	ERSEC1	ION		10 2
L	MA	IN ST										
4		Name of Roadway/	Street	Route#	Direction	n Addre	ss#	Nam	e of Road	way/St	reet	
		At		Бол	NGI	= \\\						
	HIG	GH SCHOOL RD		Feet NSEW of or Exit Number								
	Route# Direction	Name of Intersecting Roa	dway/Street	_	et NS I	= 14/				7.12 7.121		3 ¹
34		Also at intersection	with	Fee	ec[14]3]1		Route#	Inte	rsecting R	oadwa	v/Street	
² 1				Fee	et NS E	W of					,, , , , , , , , , , , , , , , , , , , ,	
3	Route# Direction	Name of Intersecting Roa					4.4		Landmark			4
	of the Following:		Hit/Run Mope					295-				
	License# S57522992	St MA DOB/Age			NJ4		Reg	Type P		_	State MA	112
	Sex M Lic. Class D	Lic. Restrictions		Year 201	1 Vel	n Make T	OYT			Veh Co	onfig. 21	1
	Operator WILLIAMS, FRE	DERICK E	Endorsement Ow	ner CURO		THONY						
4	Last Address 16 ANTHONY D	First R	Middle Add	lress 411 l	Last BISHOP	S TER	Fii	rst	Mi	iddle		
⁴ 3	City HYANNIS		2601 City	-		O TEIX		State N	1A Zip	0218	8-3907	
	Insurance Company LIBER			nicle Action P		rash 4 2	2				7 2 27 8 27	
				nt Sequence		23 23	- 1	Test State		28		
⁵ 1	Citation # (if Issued)		t Harmful Ev		24		Type of T	est:	29			
	Viol. 1 (Ch/Sec/Sub)		er Contributi		3 ²⁵ 1	25	BAC Test		30			
	Viol. 3: Ch/Sec/Sub	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub)		er Contributi er Distracted		26					Drug: 32	1 ¹³
6 1		for operator and all occupant		er Distracted	34	35	36	37 38	om scene?	1 33	1	
	Name (Last First Middle)	Address	1	OB/Age S	Seat Sex Pos.	Safety	Airbag		p Injury 7	Transp.	Medical Facility	
	Operator	See Above		-	- 1	99		0 0	4 2	Code		
											Cape Cod Hospital	
7	Please Select One Vehic	tle 2 1 #Occupants	Non-Motorist Typ	e 15 Actio	on 16	Location	17 Cc	ndition	18 Hit	/Run	Moped	
2	License# \$98971296		28 Reg					Type P/			tate MA	
	Sex M Lic. Class 19	10				Make M		17pc		eh Con	21	
		L	ndorsement						·Y	en con	"'g1	
	Operator SIGUENCIAFERI Last	NAND, JORGE L First	Owr Middle	ei SIGUI	Last	ERNAND	Firs		Mic	ddle		
	Address 660 PITCHER'S	WAY	Add	ess 660 P	ITCHER	L'S WAY						
	City HYANNIS		2601-2580 City	HYAN		4		State M			-2580	14
1	Insurance Company COMM	ERCE INSURANCE	Veh	icle Action Pr	ior to Cr	ash 1 22	I	_		e: 1 27	2 ²⁷ 8 ²⁷ -	
_	Vehicle Travel Direction N S	E W Responding to Eme	ergency? 2 Ever	t Sequence	1 23 2	3 23	2.5	est Statu ype of Te		29		
	Citation # (if Issued)		Most	: Harmful Eve	ent 1 ²	4		SAC Test I		30	1	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Drive	er Contributir	ng Code	1 25	25	iusp. Alco		Susp. [Drug: 32	
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Drive	er Distracted	by 2			owed fro		1 33	, ——	
2	Please fill out fo	or operator and all occupants	5		34	35 Cofebu	36 Airbag F	37 38	39	40	Medical	
ļ	Name (Last First Middle)	Address	Do	DB/Age S	Seat ex Pos.	Safety System		ject Trap Code Code		ransp. Code	Medical Facility	
	Operator	See Above			- 1	99	4 0	0	5 1			
L	I I M-	di 4/10/2014 1.24 PM										

Crash Diagram: ie:	1 = Vehicle 1 2 = V	Vehicle 2 $\stackrel{Q}{\underset{Q}{\longleftarrow}}$ = Pedestrian	ශ්ර් = Bicycle ම්ර්	14-295-AC
Crash Diagram:		→ ¾ →	1	If Crash Did Not Occur on a Public Way:
(京		- F		Off-Street Parking Lot
9.63]Garage
675x -c - 40%	THE ALTERNA	ne Milit		Mall/Shopping Center
0.00	or-E	RITH.		Other Private Way
48		88		
*9	ģ.	5. Px	8	North

Fredrick Williams - " I was going straight and the car ran the red light and hit me. I know my light was green. " Jorge Siguenciaferand - " The light was green and he blew through and hit me. The light was green for a little while before I went through the intersection. "

Gist- I reviewed the camera on Main St. and High School Rd. and it clearly shows that MV # 1 (Williams) went through the red light wihtout slowing down. As MV # 1 went through the red light he collided with MV # 2 causing the vehicle to turn 90 degrees and come to rest on Main Street.

Both motor vehicles were towed by Cape Way Towing.

Photos were taken by Patrolman Needham.

Witnesses:						
Name (Last, First, Middle)	Add	ress		Phone #		Statement
Property Damage:						
Owner (Last, First, Middle)	Address	Pho	ne #	41-Type	Description of D	amaged Property
Truck and Bus Inform	ation:	Registration #			(From Vehicle :	Section)
Carrier Name					=	Bus Use 42
Address		City		Stat	e Zip	
USDOT #	State Number	Issuing	State	MC/MX/IC#		
Interstate 43 Cargo	Body Type Code 44	GVWR\GCWR	45	 ,		
Trailer Reg#	Reg	Type Re	eg State	Reg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 di	git# 48 Material Nar	ne		Material 4 digit#		Release code 49
DENNIS STAMPFL		DMS/26	Barnstable	PD		4/7/2014
Police Officer Name (Please Pri Last Mod	nt) Signature : 4/10/2014 1:34 PM	ID/Badge Page 2	# Department	Precino	t/Barracks r	Date https://www.crashlogic.com

14-1021-AC Commonwealth of Massachusetts									1				
	Date of Crash Time of Crash	, , , , , , , , , , , , , , , , , , , ,	Motor Ve	hicle (Crash	Number Vehicles		ired	Speed L .at.	.imit	Lo	ate Police	
	10/23/2014 10:07	R Barnstable	Police	Repor	rt	2	() [.on.		Oth	TA Police er	10
	AT INTER	RSECTION	< LOCA	TION	>		NOT	AT I	NTER	RSECT	TION		10 2
f a	ніс	GH SCHOOL RD											
1	Route# Direction	Name of Roadway/	Street	Route#	Direct	ion Addre	ess#	1	Name o	f Road	way/St	reet	
		At		1 .	eet NS	E W of			or				
	MA:	IN ST			CC[-	<u> - </u> 01	Mile M	arker	- VI —	Ε	xit Nur	nber	
	Route# Direction	Name of Intersecting Roa		Feet NSEW of									211
		Also at intersection	with				Route#		Interse	cting R	oadwa	y/Street	
² 3	Route# Direction	Name of Intersecting Roa	dway/Stroot	F	eet NS	E W of			Fore	all and the	0		
3	Please Select One		Hit/Run Mope	d			14-	102		ndmark	×		1
	of the Following: Veni License# \$57310474	St MA DOB/Age			1HP80				PAN		Dog 6	State MA	
	S 1/2 S1 19	[10]				M-1 1		grype	PAN			21	1 ¹²
			Endorsement			eh Make I					Veh Co	niig. 1	_
	Operator VEARA, AMY BE	First	Middle	ner VE	ARA, AM Last	IY BETH I		irst		Mi	iddle	_	
⁴ 3				dress 91		VOOD DR							
	City BREWSTER	2631-1026 Cit	y BR	EWSTER	L .		Sta	te MA	Zip	0263	1-1026		
	Insurance Company COMN	MERCE INSURANCE	Ve	hicle Actior	Prior to	Crash 1 2	22		aged Ar				
⁵ 1	Vehicle Travel Direction N	Responding to Em	ergency? 2 Eve	ent Sequen	ce 1 ²³	23 23	23		Status:		2:		
1	Citation # (if Issued)		Mo	st Harmful	Event 1	L ²⁴		••	of Test Fest Re		30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Dri	ver Contrib	uting Cod	le 99 ²⁵	25		Alcoho		1	Drug: 32	1 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Dri	ver Distrac	ted by	26			d from				1
⁶ 2	Please fill out t	for operator and all occupant	:S		1 -	4 35 eat Safety	36 Airbag	37 Eject	38 Trap	39 Injune	40 Transp.	Medical	
	Name (Last First Middle)	Address		OB/Age	Sex Po						Code	Facility	ı
	Operator	See Above		-	- 1	1	4	0	0 5	5 1	L		
						-			_				
									-	-			
	Please Select One			15	16	5]	17 _		18			_	
⁷ 2	of the Following:		Non-Motorist Typ	De A	ction	Location		onditio	on] Hu	t/Run	Moped	
	License# \$36528051	St MA DOB/Age 4			35		Reg	ј Туре	PAN		Reg S	tate MA	
	Sex M Lic. Class D	Lic. Restrictions 1	ndorsement		02 Ve	h Make F	IOND				/eh Coi	nfig. $\begin{bmatrix} 21 \\ 1 \end{bmatrix}$	
	Operator ROONEY, JAMES Last	S T First	Middle	ner MO	RIN, JO. Last	AN A	Fi	rst		Mic	ddle		
	Address 83 ENSIGN RD	11130		ress 83 I	ENSIGN	RD		. 50		Pile	Jule		
	City CENTERVILLE	State MA Zip 02	632-2646 City	CEN	ITERVIL	LE		100	е МА			2-2646	14
3,	Insurance Company METRO	OPOLITAN PROP	Vel	icle Action	Prior to 0	Crash 2			ged Are	ea Code			
-	Vehicle Travel Direction NS	Responding to Eme	rgency? 2 Eve	nt Sequenc	e 1 ²³	23 23	23	Test S			28	1	
	Citation # (if Issued)		Mos	t Harmful I	Event 1	24			of Test: est Res		30	1 1	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Driv	er Contribu	iting Code	e 99 ²⁵	25		Alcohol		Susp.	Drug: 32	
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distract	ed by	26		-	from s		2 ³³		
_	Please fill out fo	or operator and all occupants			34 Sea		36 Airbag	37 Fiert	38 Tran Ir	39	40	Medical	
	Name (Last First Middle)	Address	D	OB/Age	Sex Pos		Status				ransp. Code	Facility	
	Operator	See Above		-	- 1	1	4	0 (5	1			
										_	_		
									-	_	-		
Ĺ	i a d Ma	d. 10/20/2014 0.17 AM								but a 11			

Crack Diagrams	= Direction ie: =	1 = Veh	icle 1 2	= Vehicle 2	주 = Pedestrian 오	ශ්ර = Bicycle ම්ර	14-1021-AC
Crash Diagram:	1	an Shep!	45		Χ →	I	f Crash Did Not Occur on a Public Way:
1	V#2	·M.					Garage Mall/Shopping Center Other Private Way
						<u>A</u>	North

Encountered minor traffic collision while on patrol. Verified neither operator injured. V#1 had minor damage consisting of scratched paint and paint transfer on passenger side front bumper. V#2 had minor damage consisting of scratched paint and paint transfer on driver side rear bumper. OP# 1 stated she was traveling Westerly on Main Street when she slowed to stop for V#2 which was stopped Westerly at the traffic signal. OP#1 stated she skidded on the wet roadway surface and struck rear bumper of V#2. OP#2 stated he was traveling Westerly on Main Street, turning right onto High School Road, when he abruptly stopped for a crossing cyclist. OP#2 stated V#2 suddenly struck his rear bumper.

Witnesses:	No.							
Name (Last, Firs	st. Middle)	Address	1			Phone #		Statement
Property Da								
Owner (Last, Fir	rst, Middle)	Address		Phone #	4:	1-Tvpe	Description of D	amaged Property
Truck and B	Bus Information:	- Militaria	Registration #				(From Vehicle	Section)
Carrier Name	>						======================================	Bus Use 42
Address	ė		City			Stat	te Zip	
USDOT #	Sta	te Number	Issu	ing State	M	IC/MX/IC#	•	
Interstate	43 Cargo Body Type	e Code 44	GVWR\GCWI	R 45				
Trailer Reg#		Reg Ty	ре	Reg State		Reg Year		Trailer Length 46
Hazmat Infor	mation:							
Placard 47	Material 1 digit#	Material Name			Materia	al 4 digit#	-	Release code 49
JASON STURG			JES/2	236 Barnst	able PD			10/23/2014
Police Officer Na	ime (Please Print) Last Mod: 10/28/201	Signature 48:17 AM	ID/Bad Pa g	dge# Departr J e 2	ment	Precino	ct/Barracks	Date https://www.crashlogic.com

14-1109-AC	Con	monwealth	of Massa	achı	ısetts						
Date of Crash Time of Cr		Motor Ve		sh	Number Vehicles		ıred	Speed Lat.	d Limit	[tate Police ocal Police
	R Barnstable		Report		2	(_	Lon.		Ot	her
AT INTE	RSECTION	< LOCA	TION >			NOT	AT	INT	ERSE	CTIO	N
					491	М	AIN	ST			
Route# Direction	Name of Roadway	/Street	Route# [Directio	n Addre				of Ro	adway/s	Street
	At		Foot	NSI	E W of			or			
				[,-]		Mile M	larker			Exit Nu	ımber
Route# Direction	Name of Intersecting Roa		Foot	NSI	E W of						
	Also at intersectio	n with				Route#	<u> </u>	Inter	sectino	Roadw	ay/Street
Poute# Direction	N	1 10	Feet	NSI	E W of _						
Route# Direction	Name of Intersecting Roa					44	4 4 4		andma	ark	
of the Following:		Hit/Run Mope				14-	110	09-	AC		
License# 246968414	St MA DOB/Age		9# 646A	X2		Re	g Typ	e P/	AN	Reg	State MA
Sex F Lic. Class 19 D	Lic. Restrictions 99	CDL H Vel	Year 2009	Ve	h Make 🗜	HOND				Veh C	Config. 21
Operator FARREN, PAU	LAT	Endorsement	ner HOUSI		SSISTAN	ICE CO	DRP.				
Last Address 12 CAHOON L	First	Middle	dress 460 M	Last	-	F	irst			Middle	
Address 12 CAHOON L City DENNIS							C+	ato M	4 7in	026	04
Insurance Company PHI			nicle Action Pri		rash 2 2	2				026	²⁷ 5 ²⁷ 6 ²⁷
			_		23 23	23		Statu		_	28
Vehicle Travel Direction N Citation # (if Issued)	S E W Responding to Em		nt Sequence 1					of Te		-	29
Citation # (if Issued)		Mos	st Harmful Eve	nt 1	24		BAC	Test I	Result:		30
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Driv	er Contributing	_		25	Susp	. Alco	hol:	31 Susp	
Viol. 3: Ch/Sec/Sub Please fill ou	Viol. 4 (Ch/Sec/Sub) Driv	er Distracted l	ру 📗	26		Tow	ed fro	m scen	ne? 2	33
Please fill ou	t for operator and all occupar	ts		34 Seat		36 Airbag	37 Eject	38 Trap	39 Injun	40 Transp	Medical
Name (Last First Middle)	Address		OB/Age Se			Status			Statu		1
Operator	See Above		- -	1	99	4	0	0	5	1	
KELLY, KRISTEN M	309 SOUTH STB, HYANNIS MA 0260	26	F	99	99	4	0	0	5	1	
		1	F	5	4	4	0	0	5	1	
MORGAN, ALICIA LEE	309 SOUTH STD, HYANNIS MA 0260	24	F	99	4	4	0	0	5	1	
Please Select One	nicle 2 1 #Occupants	Non-Motorist Typ	e 15 Action	16	Location	17 C	onditi	ion	18	Hit/Run	Moped
of the Following: License# \$10523697	St MA DOB/Age				20000011			e PA			
19					NA II . m		j iype	PA	.174		State MA
Sex F Lic. Class D		Endorsement .	Year 2000		Make C					Veh Co	onfig. 21
Operator PLOTCZYK, JES	SSICA A First	Owr Middle	ner PLOTC	ZYK, L Last	AWREN		rst			Middle	
Address 8 JAN SEBAST.		Add	ress 8 JAN S		TIAN DE					rilidate	
City SANDWICH	State MA Zip 0:	2563-2360 City	SANDW	/ICH			Sta	te MA	Zip	0256	3-2358
Insurance Company NGM	INSURANCE	Veh	icle Action Prio	r to Cr	ash 2 22		Dama	aged A	Area Co	ode: 1 ²	²⁷ 2 ²⁷ 8 ²⁷ –
Vehicle Travel Direction N	S E W Responding to Em	ergency? 2 Ever	nt Sequence 1	23 2	3 23	23		Status			2.8
Citation # (if Issued)			t Harmful Even		4			of Te			19
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contributing		5 ²⁵ 97	25			esult:	31 Susp.	.1.
Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	=======================================	er Distracted b		6			Alcoh	nol:		
	for operator and all occupant		Distracted D	34	35	36	37	38	39	40	
Name (Last First Middle)	Address		OB/Age Sex	Seat	Safety	Airbag	Eject Code	Trap	1	Transp.	Medical Facility
Operator	See Above			1	1		0	0	5	1	racinty
	3331.2310								Ī	_	
l act l	Mod: 1/15/2015 8:57 AM	Page	. 4	1		_	_		latter a	a I Ivananas e	um alda ai a assas

	= Direction	[1	= Vehicle 1	2	= Vehicle 2	= Pedestrian	₫ = Bicycle	14-1109-AC
Crash Diagram:	ie:	\Rightarrow	1	-	2	-	₹ =	₫ ₺	
		ङ							If Crash Did Not Occur on a Public Way:
		High School	_					[Off-Street Parking Lot
		ig g	6						Garage
			-						Mall/Shopping Center
				E ,	NV# CE	1 MV #2			Other Private Way
					1	Main Street			
					l,				North

MV #1 was stopped on Main Street at the traffic light at High School Road preparing to take a left onto High School Road. MV #2 was travelling behind MV #1. OP #2 failed to use care stopping and collided into the rear-end of MV #1, causing the accident. There was minimal damage to both vehicles. No citations were issued. OP #2 was given a verbal warning.

A 4th passenger in MV #1 is added below to the " witness" section.

Witnesses:	10					
Name (Last. First. N	Middle)	Address		Phone #		Statement
LANDOLFI, ANGE	LA M	309 SOUTH ST, HYAN	NIS MA 02601			
Property Dam						
Owner (Last, First.	Middle) Address		Phone #	41-Tvpe	Description of Da	amaged Property
T	T. C					
Truck and Bus	Information:	Registration	n# 		(From Vehicle S	, 42
Carrier Name					_v	Bus Use
Address		City	-	Sta	te Zip	·
USDOT #	State Number		Issuing State	MC/MX/IC	#	
Interstate 43	Cargo Body Type Code	44 GVWR\6	GCWR 45			
Trailer Reg#		Reg Type	Reg State	Reg Year		Trailer Length 46
Hazmat Informa	tion:					
Placard 47 M	aterial 1 digit# 48 Materia	al Name		Material 4 digit#	1	Release code 49
JENNIFER ELLIS		J	PE/220 Barnstab	le PD		1/12/2015
Police Officer Name	(Please Print) Signature Last Mod: 1/15/2015 8:57 AM	II	D/Badge# Departmei Page 2	nt Precin	ct/Barracks	Date https://www.crashlogic.com

	15-254-AC Commonwealth of Massachusetts													
	Date of Crash Time of Cra		Motor Ve	hicle C	ras		Number Vehicles		ired	Speed Lat.	Limit	Lo	ate Police	
	03/15/2015 00:01	R Barnstable	Police	Repor	·t		2	1 3	3	Lon.		Oth	TA Police ner	10
	AT INTE	RSECTION	< LOCA	TION :	>			NOT	AT I	INTE	RSEC	TION		10 2
Ī.	MA	AIN ST												
14	Route# Direction	Name of Roadway/	Street	Route#	Di	irectio	n Addre	ess#		Name	of Roa	dway/S	treet	-[
		At		١ .	t	NSE	W of			or				1
	HI	GH SCHOOL RD		'	cccl	.,,_,_	.100	Mile M	larker	- 0 -		Exit Nu	mber	L
	Route# Direction	Name of Intersecting Roa			oot I	NSE	W of							51
		Also at intersection	with		_			Route#	-	Inters	ecting	Roadwa	ay/Street	
² 2	Don't de División	None of Toleranding De-	100	F	eet	NSE	W of							
3 3		Name of Intersecting Roanicle 1 1 #Occupants	Hit/Run Mope	d				15-	-25		andma	rk		
	License# \$42680395	St MA DOB/Age			144	1				e CO		Rea	State MA	
	S 1: Sh. [19]	Lic. Restrictions 20)	66		Make F	-	9 17			_ Veh C		1 ¹²
			Endorsement			_	_					P VEII C	2 <u>2</u>	
	Operator MCNULTY, MII	NDIE M First	Middle	ner EQ I		Last	IURE RI		irst	RVIC		Middle		
⁴ 3	Address 21 JOCELYN A	VE	Ad	dress 21	JOCE	ELYN	AVE							
	City PLYMOUTH	State MA Zip 0	2360-2723 Cit		MOI			_	-	_	A Zip	-	50-2723	
	Insurance Company FARM	M FAMILY MUTUAL	Ve	hicle Action	Prio	r to Cr	ash 1 2	2				ode: 1		
⁵ 1	Vehicle Travel Direction N	S E W Responding to Em	ergency? 2 Eve	ent Sequen	ce 1	23 2	.3 23	23		Status			28	
1	Citation # (if Issued)		Mo	st Harmful	Even	t 12	4			of Te Test R		1	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Dri	ver Contribi	uting	Code	3 ²⁵ 4	25		. Alcol		31 Susp.		1 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Dri	ver Distract	ed by	y 2	6				n scene			1
⁶ 2	Please fill out	for operator and all occupan	ts			34	35 Sefet	36	37	38	39	40		i i
	Name (Last First Middle)	Address	1	OOB/Age	Sex	Seat Pos.	Safety System	Airbag Status			Injury Status		Facility	
	Operator	See Above		-	-	1	1	4	0	0	4	2	Cape Cod Hospital	
				[1E]	L	16		47		<u> </u>				
⁷ 2	Please Select One Vehi	icle 2 2 #Occupants	Non-Motorist Typ	pe 15 Ac	tion	16	Location	17 C	onditi	on		lit/Run	Moped	
	License# S14300887	St MA DOB/Age 4	I 8 Reg	# 1R	K83:	1		Reg	Туре	PAI	N	Reg S	state MA	
	Sex F Lic. Class D	19 Lic. Restrictions 20	CDL Veh	Year 20	D6	Veh	Make A	CUR				Veh Co	onfig. $\begin{bmatrix} 21 \\ 1 \end{bmatrix}$	
	Operator FAY, PATRICIA	, j	Indorsement Own	ner FAY	, PA	TRICI	(A)							
	Last	First	Middle	ross 4F 4		ast		F	rst		N	1iddle		
	Address 15 GORHAM LN City CENTERVILLE	2				HAM I			Chai	to MA	Zip	0262	2-0000	
8 _	Insurance Company AMIC			icle Action				1	-				7 27 8 27	14
°4	Vehicle Travel Direction N							23		Status		28		
		S E W Responding to Eme		nt Sequenc					Туре	of Tes	t:	29	9	
	Citation # (if Issued)			t Harmful E				25		est Re		30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribu	_		<u> </u>			Alcoh		Susp.		
92	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracte	ed by						scene			
		for operator and all occupant		00/6		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.	Medical	
ł	Name (Last First Middle)	Address Foo 4bove	D	OB/Age	Sex	Pos.	System				Status	Code	Facility	
	Operator LATIMER, STEPHEN	See Above	46	-	М.							1		
	ERITIEN, STEFFIEN	426 SCUDDER AVE, HYANNIS MA 026	501 49		М	3	1	3	0	0	4	1	-	
1	-													
L	Lact M	lod: 3/17/2015 2:28 BM		- 4					1		1.11	11		

	= Direction	n [1 = Vehicle 1	2 = Vehicle 2	R = Pedestrian	₹ = Bicycle	15-254-AC
Crash Diagram:	ie	e: ⇒	1	2	₹ → ₫	6	
	2400CRB				ST BAPTIST URCH		If Crash Did Not Occur on a Public Way:
	S150	JL.	D.I.				Off-Street Parking Lot
	Ţį į		84-	MAI	i e t		Garage
<					< DOM NORTH		Mall/Shopping Center
Simples and Artifally		2					Other Private Way
23780			1 2		wiff		
B.P.D. HYANNIS	£,5,°	-	(pri				North

0P1 STATED (SUMMATION) THAT SHE WAS TRAVELING NORTH ON HIGH SCHOOL RD AND DOES NOT KNOW WHAT HAPPENED. SHE STATED THAT SHE THOUGHT THE TRAFFIC LIGHT WAS GREEN AND PROCEEDED THROUGH THE INTERSECTION CRASHING INTO V2.

OP2 STATED (SUMMATION) THAT SHE WAS TRAVELING WEST ON MAIN ST AND THE TRAFFIC LIGHT WAS GREEN FOR HER AND WHEN SHE WENT THROUGH THE INTERSECTION, V1 CRASHED INTO HER DRIVER'S SIDE.

W1 STATED (SUMMATION) THAT HE WAS BEHIND V2 ON MAIN ST AND THEY HAD A GREEN LIGHT AND THAT V1 RAN HER RED LIGHT AND CRASHED INTO V2.

OP1 CITED FOR RED LIGHT VIOLATION (89/9), NO INSPECTION (90/20) #R5265399 795

Witnesses:	4.47							
Name (Last, Firs	t. Middle)	A	ddress		Pho	ne #		Statement
CONLON, ADAI	M S	2	5 STANDISH WAY, DE	NNIS MA 02638				
Property Da				1				
Owner (Last, Firs	st. Middle)	Address		Phone #	41-Tv			Damaged Property
TOWN OF BAR	NSTABLE	HYANNIS MA	TH RD RTE 28, 02601		Other		TREE)NE CO MAIN/HIGH:	
Carrier Name	us Information:	TO PERSON	Registration	#			(From Vehicle	Section) Bus Use 42
Address -			City			State	e Zip	
USDOT #	Sta	te Number	1	ssuing State	MC/M	X/IC#		
Interstate	Cargo Body Type	e Code 44	GVWR\G	CWR 45				
Trailer Reg#			Reg Type	Reg State	Reg	Year		Trailer Length 46
Hazmat Infor	mation:							
Placard 47	Material 1 digit#	8 Material I	Name		Material 4 (digit#		Release code 49
CHRISTOPHER	BOTSFORD		CA	B/275 Barnstab	le PD			3/16/2015
Police Officer Nar	me (Please Print) Last Mod: 3/17/2015	Signature 2:38 PM		Badge# Departmer Bage 2	nt P	recinct	/Barracks	Date https://www.crashlogic.com

	15-1225-AC	Com	monwealth	of Mas	sachu	isetts							1
	Date of Crash Time of Cras	sh City/Town	Motor Ve	hicle C	rash	Number Vehicles		red	peed	Limit		ate Police	
	12/16/2015 23:05	Barnstable	Police	Report	t I	2			at. on.			TA Police	
		RSECTION	< LOCA				- 18			RSEC	TION		10 2
14	Route# Direction	IN ST Name of Roadway/	(Stroot	Route#	Directio	n Addre			lama	of Doo	dway/S	lua at	
_	Nodicii Direction	At	3000				555#	1	valle	OI KOA	uway/3	ueet	
		OLI GOLIGOL DE EVE		Fe	et NSI	W of			or				
	Route# Direction	SH SCHOOL RD EXT Name of Intersecting Roa	ndway/Street				Mile M	arker			Exit Nu	mber	1 ¹ 3
	-	Also at intersection		Fe	et NS								3
² 3				Fe	etNSE		Route#]	Inters	ecting	Roadwa	y/Street	
_	Route# Direction	Name of Intersecting Roa	idway/Street			-12-101			La	ndmar	k		
3	Please Select One of the Following:	cle 1 1 #Occupants	Hit/Run Mope	d			15 -:	122	25-7	AC			
	License# \$93733941	St MA DOB/Age	37 Re	g# 3JX	(637		Re	д Туре	PA	N	Reg	State MA	12
	Sex M Lic. Class D	Lic. Restrictions 20		1 Year 201	L2 Vel	n Make 🚹	HYUN				Veh Co	onfig. $\begin{vmatrix} 21 \\ 1 \end{vmatrix}$	112
	Operator LIGHTFOOT, CL	INT D	Endorsement Ow	ner LIG	нтгоот,	CHAD	D						
1	Last Address 3 AVON DR	First	Middle Ad	dress 39 H	Last	CKIN	F	irst		-	Middle		
⁴ 3	City SANDWICH	State MA Zip 0	2563-2405 Cit		LEBORO	CR LIN		Sta	te MA	Zip	0270	3-5418	
	Insurance Company Progr			hicle Action		rash 1 2	.2				ode: 1 2		
				ent Sequence		23 23	23	Test 9				28	
⁵ 1		SE W Responding to Em		st Harmful E	-	24		Type	of Tes	st:	2	29	
	S. C.				venc 1	25	25	BAC 1	Γest R			0	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribut		19 ²⁵		Susp.				Drug: 32	13 1
⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracte	u by	Ų	26			scene		i3	
	1	for operator and all occupan	1	OD/4	34 Seal		36 Airbag			39 Injury			
	Name (Last First Middle)	Address			Sex Pos.	-				Status		Facility	
	Operator	See Above		-	- 1	1	4	0	0	5	1		
⁷ 2	Please Select One Vehic	cle 2 1 #Occupants	Non-Motorist Typ	e 15 Acti	ion 16	Location	17 c	onditio	on 1	8 n	lit/Run	Moped	
2	License# \$46934200	St MA DOB/Age 4						ј Туре				State MA	
	Sex M Lic. Class 19	[10]		Year 199		Make M	-	, ,,	. 71		Veh Co	ne 21	
			Endorsement Ow		S, DONAI	_	ILIC				ven co	1111g. 1	
	Operator FOSS, DONALD Last	First	Middle	F033	Last	LD 44	Fi	rst		M	1iddle		
	Address 70 MAIN ST14		Add	ress 70 M	AIN ST1	.4							
	City HYANNIS		2601 City				-				0260		14
84	Insurance Company Comm			icle Action P				Damag Test S			de: 1 2		
	Vehicle Travel Direction NS	Responding to Eme	ergency? 2 Eve	nt Sequence			23	Type of			25]	
	Citation # (if Issued)		Mos	t Harmful Ev	vent 1 ²			BAC T			30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Driv	er Contributi	ing Code	1 25	25	Susp.			¹ Susp.	Drug: 32	
92	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracted	d by 2	6		Towed	l from				
-	Please fill out fo	or operator and all occupant	s		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	Medical	
	Name (Last First Middle)	Address	D	OB/Age S	Sex Pos.	System			Code	Status		Facility	
	Operator	See Above		-	- 1	1	4	0 (0 !	5	1		
Į	Lact M	od: 12/21/2015 7:20 AM								latter a c	I braner -		

= Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = F	15-1225-AC
NOT TO SCALE High School Rd. Ext. Point of impact Veh1 Veh1 High School Road High School Road	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way

According to op of veh 1 - " I was adjusting my glasses and didn't notice the red light as I crossed Main Street. I went out in front of the other vehicle and crashed into him. " No injury reported by this operator. Veh. towed by Davis. This op.

According to op. of veh 2 - " Driving down Main Street when I had a green light. The other car went through the intersection crashing into me." This op. was evaluated by HYA FD and refused medical. Veh. was towed by Davis.

Witnesses:	1/20						
Name (Last. First.	Middle)	Address			Phone #		Statement
Property Dan	nage:						
Owner (Last, First	. Middle) Add	dress	Phone	e #	41-Type	Description of D	amaged Property
Truck and Bu	s Information:	Registra	ation #			(From Vehicle	Section)
Carrier Name							Bus Use 42
Address			City		Sta	te Zip	-
USDOT #	State N	umber	Issuing S	tate	MC/MX/IC#	#	
Interstate 4	Cargo Body Type Co	de 44 GVV	VR\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Inform	ation:						
Placard 47	Material 1 digit#	Material Name			Material 4 digit#	3	Release code 49
DANIEL RUTH			DDR/25	Barnstable	PD		12/17/2015
Police Officer Name	e (Please Print) Sign Last Mod: 12/21/2015 7:	aature 29 AM	ID/Badge# Page 2	Department	Precin	ct/Barracks	Date https://www.crashlogic.com

	15-616-AC	Com	monwealth	of Ma	ssac	husetts	S						1
	Date of Crash Time of Crash	,,,	Motor Ve			Numbe Vehicle		red	Speed Lat.	Limit	Lo	ate Police	
	07/03/2015 19:18	RBarnstable	Police		t	3) և	on.		Oth	TA Police er	
	AT INTE	RSECTION	< LOCA	TION	>		NOT	AT I	NTE	RSECT	rion		2 ¹⁰
¹ 1	Route# Direction	Name of Roadway,	/Street	Route#	Dire	491		AIN S		of Road	way/C	troot	
		At	-					'	Nume	Or Road	way, Si	ueet	
				F	eet N	S E W of	Mile M	larkor	or		Selle Nice		
	Route# Direction	Name of Intersecting Roa	ndway/Street					iaikei			xit Nur	IIDEI	41
		Also at intersection	n with	F	eet N	S E W of			Intoro	andina D	o o di co	/Ctt-	Ť
² 1				F	eet N	S E W of	Route#		inters	secting R	oadwa	ly/Street	
3	Rivers Salast Over	Name of Intersecting Roa	dway/Street							andmark	Ĝ		
	of the Following: Veni		Hit/Run Mope				15	-61	6- <i>F</i>	/C			
	License# S36914991	St MA DOB/Age	48 Re	g# 76	55ZF8		Re	g Typ	e PA	N	Reg !	State MA	12
	Sex M Lic. Class D	Lic. Restrictions 20		n Year <u>20</u>	001	Veh Make	FORD				Veh Co	onfig. 21 21	12
	Operator GRISWOLD, LA	NCE E	Endorsement Ow	ner FRI	ENCH,	JASON S							
А	Last Address 127 HAMDEN C	First	Middle Ad	dress 265	La: 5 NYE I		ŀ	irst		Mi	iddle		
⁴ 1	City HYANNIS		2601-5320 City		VTERV			Sta	te M	A Zip	0262	2-2617	
	Insurance Company occide					o Crash 1	22	_	_	Area Cod			
	Vehicle Travel Direction N					1 ²³ 22 ²³			Status			8	
5	Citation # (if Issued)	S E W		st Harmful	-		22		of Te		2		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub		er Contrib			2 5			Result:	3		40
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distract	_	26	37	-	Alcoh	nol: n scene?	ن ا	Drug: 32	1 ¹³
⁶ 1		for operator and all occupan		TCI DISCIDEN		34 35	36	37	38	39	40	ľ	
	Name (Last First Middle)	Address		OB/Age		Seat Safety Pos. Systen	Airbag	Eject	Trap		Transp. Code	Medical Facility	
	Operator	See Above		-		1 99	4	0	0	5 1		rucincy	
	PISTOLE, JENNIFER R	HOMELESS, HYANNIS MA 02601	32		F 3	99	4	0	0	5 1			
⁷ 1	Please Select One of the Following:	tle 2 1 #Occupants	Non-Motorist Typ	e 15 Ac	tion	Location	n 17 C	Conditio	on	18 Hit	:/Run	Moped	
	License# M63546148809		Reg	# 7B	P2211		Re	Туре	PC		Reg S	tate MD	
	Sex F Lic. Class 99	_		Year 20 :	14_ \	/eh Make]	TOYT			V	eh Cor	nfig. 21	
	Operator MARTIN, KARNI	ISHA L	Endorsement Owr	ner MAF		, MARIA							
	Last Address 59 OAK SHADE I	First RD	Middle Add	ress 210	Lasi 30 GOS	SHEN RD	Fi	rst		Mic	idle		
- 1	City GAITHERSBURG		1878 City	0	THERS			Stat	e MD	Zip :	20882		14
	Insurance Company GIECO					Crash 1 2	22	_		_ ' =		7 27 8 27	14
4	Vehicle Travel Direction N S			nt Sequenc		23 23		Test S			28		
	Citation # (if Issued)	1=11		t Harmful E		1 24		Type o			29 30	1	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribu	_	7.5	25	BAC To Susp.			Susp. I		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracte	ed by	26		-		scene?	2 ³³		
2	Please fill out fo	or operator and all occupants	5			34 35	36	37	38	39	40	-	
	Name (Last First Middle)	Address	D	OB/Age		eat Safety os. System				Injury Ti Status (ransp. Code	Medical Facility	
	Operator	See Above		-	- 3	1 99	4	0 (0	5 1			
-													
L	(- 1 M	J. 7/6/2015 10:17 AM											

	15-616-AC	Com	monwealtl	ı of Ma	ssac	huse	etts						7
	Date of Crash Time of Crash	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Motor V	ehicle (Cras		umber ehicles	Numl Injur		ed Limit	Lo	ate Police C	
	07/03/2015 19:18	Barnstable	Police	e Repoi	rt		3	0	Lon.		Oth	TA Police er	10
	AT INTER	SECTION	< LOC	ATION	>			NOT	AT IN	ERSE	CTION		10 2
1 ₁	Route# Direction	Name of Roadway/	Street	_ Route#	Dir	ection	491 Addres		IN ST	ne of Po	adway/Si	troot	
	- Directori	At	Street	-1			_	3 π	INGII	IC OI NO	auway/3	reet	
				<u> </u>	Feet N	SEV	_	Mile Me	o	r	F. 36 81		
	Route# Direction	Name of Intersecting Roa	dway/Street					Mile Ma	irker		Exit Nu	nber	41
		Also at intersection	with	<u> </u>	eet N	SEV		oute#	Inte	rcocting	Dooduus	y/Street	
² 1	Route# Direction	Name of Intersecting Roa	dway/Street	-	eetN	SEV		oute#	Ind	Landma		ly/Street	
3	Please Select One of the Following:	le 3 1 #Occupants	Hit/Run Mop	ed				15-	616-				1
	License# S64189923	St MA DOB/Age	43 R	.eg# 1 I	LBT80				Type !		Rea :	State MA	
	Sex M Lic. Class 19 D	10			010		lake N	3			Veh Co	nfig 21	12 1
			Endorsement									711119. 1	
	Operator HUGHES, JOHN Last	First	Middle	Wile Hu		, JOHN ast		Fir	st		Middle		
41	Address 511 OCEAN ST		A	ddress 51	1 OCE	AN ST							
	City HYANNIS		2601	ity HY	ANNI:	S				MA Zip			
	Insurance Company GIECO			ehicle Action							ode: 6 ²	⁷ 7 ²⁷ 8 ²⁷	
5	Vehicle Travel Direction N S	E W Responding to Em	ergency? 2 E	vent Sequen	ce 1 2	3 23	23 2	-	Test Stat Type of		2		
_	Citation # (if Issued)			ost Harmful	Event	1 24			BAC Tes		3		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	D	river Contrib	uting (Code [1 25 2	25	Susp. Ald		31 Susp.	Drug: 32	1 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	D	river Distrac	ted by	26			Towed fr				
⁶ 1	Please fill out fo	or operator and all occupant	ts			34 Seat 5	35 Safety	36 Airbag	37 3 Eject Tr		40 Transp.	Medical	1
	Name (Last First Middle)	Address		DOB/Age	Sex			Status		de Status		Facility	
	Operator	See Above		-	-	1 9	9 4	1 (0	5	1		
							_		_				-
						-	-	-	_				-
	Please Select One Vehicle			15	عبا	16		17		18			-
⁷ 1	of the Following: Vehicle		Non-Motorist T	ype A	ction	Lo	cation	Co	ondition		Hit/Run	Moped	
	License#	St DOB/Age	Re	eg#				Reg	Туре		Reg S	_	
	Sex Lic. Class ¹⁹			eh Year		Veh Ma	ake				Veh Co	nfig. 21	
	Operator			wner									
	Last Address	First	Middle Ac	ldress	La	st		Firs	st	ľ	Middle		
	City	State Zip	Ci	-					State	Zip			14
84	Insurance Company			ehicle Action	Prior t	o Crash	22	0) Damaged		ode: 27	27 27	17
4	Vehicle Travel Direction NS	E W Responding to Eme	ergency? Ev	ent Sequenc	ce 23	23	23 2	3 T	est Stat	ıs:	28		
	Citation # (if Issued)		· · —	ost Harmful		24			ype of T		29	1 1	
- 1	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		iver Contrib		ode	25 2	-	BAC Test		30 31 Susp.	1	
_	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		iver Distract	_	26		_	owed fro				
⁹ 2		r operator and all occupants		Distract		34	35		37 38		40	J	
	Name (Last First Middle)	Address	1	DOB/Age				Nirbag E	ject Tra		Transp.	Medical Facility	
Ī												21	

Crash Diagram:	= Dire	ection ie: =	1 = V	/ehicle 1 [2 = \	/ehicle 2	♀ Pedest ▶ ♀	rian ੴ = Bio	15-616-AC
Pearl Street			h Street				High School		If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
Mad	n Street	VIÇ (17)> V3	(7.1.) -V2-			uta Pac	®	North

Vehicle 2 and 3 were in the right lane of Main Street, vehicle 1 was in the left lane. Vehicle 1 side swiped vehicle 3 and 2 then fled by taking a left turn. Vehicle 1 then later struck 2 utility poles on Pearl Street, 44/5 and 44/4. The damage cause by these 2 collisions made vehicle 1 undrivable.

Vehicle 2 and 3 both recieved minor damage to the drivers side of the vehicles. Vehicle 1 has severe damage to the front passenger side.

Operator 1 was at fault and cited.

Last Mod: 7/6/2015 10:17 AM

Witnesses:						
Name (Last, First, Middle)	Ac	ldress		Phone	#	Statement
Property Damage:	No.					
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of D	amaged Property
Truck and Bus Informati	on:	Registratio	n#		(From Vehicle	
Carrier Name						Bus Use 42
Address		City	-	St	ate Zip	
USDOT #	State Number		Issuing State	MC/MX/IC	:#	
Interstate 43 Cargo Boo	dy Type Code 44	GVWR\	GCWR 45			
Trailer Reg#	R	ед Туре	Reg State	Reg Yea	r	Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 digit#	# Material Na	ame		Material 4 digit	#	Release code 49
PETER MYRBECK			PSM/249 Barnsta	ble PD		7/4/2015
Police Officer Name (Please Print)	Signature	I	D/Badge# Departme	ent Preci	nct/Barracks	Date

Page 3

https://www.crashlogic.com

	15-1223-AC	monwealth	th of Massachusetts									
	Date of Crash Time of Crash City/Town Motor		Motor Vel	hicle C	rash	Number Vehicles	Numbe		Limit	State Police Local Police		
	12/16/2015 20:11 24H Barnstable Police			Repor	rt	2		MBTA Police				
	AT INTERSECTION < LOC			TION :	>		NOT A	Lon.	RSECTI	ON	10 2	
fa .						491	MAT	N ST				
15	Route# Direction	Name of Roadway/	Street	Route#	Directi	on Addre			of Roadwa	y/Street	-	
		At		F	eet NS	E W of		or				
	Route# Direction I	Name of Intersecting Roa	dway/Street	Mile Marker Exit Number								
	Trades Sirector	Also at intersection		F	eet NS		D1-#	7.		1 (0)	31	
² 2				F	eetNS		Route#	Inter	secting Roa	adway/Street		
3	Rivers Colors Color	Name of Intersecting Roa							andmark			
	of the Following:		Hit/Run Mopeo				15-1					
		St MA DOB/Age Lic. Restrictions 20	Re <u>c</u> CDL Veh		P432E	h Maka E		Type M		Reg State MA	1 2	
	Sex M Lic. Class B		Endorsement Own			h Make F		ICE DE		eh Config.] —	
	Operator FELICIANO, ARMA	First	Middle	-	Last		First		ARTMEN Midd			
⁴ 1	Address 1200 PHINNEY'S					NEY'S LN					-	
	City HYANNIS		2601 City		ANNIS			State M	-	2601	5	
	Insurance Company ARGONA			icle Action			_ _	amaged . est Statu	Area Code:	3 27 27 21	4	
⁵ 1	Vehicle Travel Direction N S E	W Responding to Em		nt Sequen		24		pe of Te		29		
_	Citation # (if Issued)			Most Harmful Event 2 24 BAC Test Result: 30								
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribu	· _	26 1 25		ısp. Alco		Susp. Drug: 32	² 13	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distract	ed by 34			owed from		2 ³³		
	Name (Last First Middle)	operator and all occupant Address		OB/Age	Sea	t Safety	Airbag Ej	ect Trap	Injury Tra	40 ansp. Medical	11	
	Operator Operator	See Above		-	Sex Pos		Status Co	ode Code	Status C	ode Facility	1	
				_								
					16		431	1_	10			
79	Please Select One of the Following:	2 0 #Occupants	Non-Motorist Typ	e 15 Ac	tion 16	Location	17 Con	dition	Hit/F	Run Moped		
	License#	StDOB/Age	Reg	# MP	5814		Reg T	ype MV	'N R	eg State MA	_	
	Sex Lic. Class19		CDL Veh	Year 20 :	11 Vel	n Make F (DRD		Vel	n Config. 21	:	
	OperatorLast	First	Middle	Owner TOWN OF BARNSTABLE POLICE DEPARTMENT Last First Middle								
	Address		Add	ress 120	O PHINN	EY'S LN	- 1150		riidar			
	City	State Zip	City	HYA	NNIS				Zip 02		14	
4	Insurance Company ARGONA	1		icle Action			└┐		rea Code:	1 ²⁷ 8 ²⁷ 27		
	Vehicle Travel Direction NSE		Event Sequence 97 ³ 23 23 23 Type of Test: 29									
	-			Most Harmful Event 97 ²⁴ BAC Test Result: 30								
				Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32]	
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracte	-u b,	26		-		2 ³³		
	Please fill out for o Name (Last First Middle)	perator and all occupants Address		DR/Acc	Seat Des		36 3 Airbag Eje	ect Trap	Injury Tran			
	rame (Lust I list Middle)	Address	Do	OB/Age	Sex Pos.	System	Status Co	ue Code	Status Co	de Facility	-	
											+	
											1	
		10/17/04/5]	
	Last Mod:	12/17/2015 Q-23 AM	Page	. 7					https://www			

	= Direction	[1	= Vehicle 1	2	= Vehicle 2	O = Pedestrian	₫ = Bicycle	15-1223-AC
Crash Diagram:	ie:	-	1	-	2	mip	₹ 📑	₫ ₺	
									on a Public Way:
									Off-Street Parking Lot
					annis stion	3	1		Garage
				TOTAL		-			Mall/Shopping Center
				S	igh chool cad	ı			Other Private Way
						Main St		A	
									North

Barnstable cruiser E-224 was parked next to the Hyannis Station on the east side of the building. Ptl. Feliciano was operating Barnstable cruiser E-226, turning right from High School Road into the parking lot behind the station. E-226 struck E-224 while completing the turn, E-226 sustained minor damage to the passenger side front door, there was minor scuff mark on the push bar on E-224. No injuries, no wreckers, no citation, no witnesses. Photos were taken by BCI Officer Jason Arthurs.

Witnesses:						
Name (Last, First, Middle)		Address		Phone #		Statement
Property Damage:	Say 10					
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of I	Damaged Property
Truck and Bus Informa	ation:	Registration	#		(From Vehicle	Section)
Carrier Name						Bus Use 42
Address		City		Sta	te Zip	
USDOT #	State Number		Issuing State	MC/MX/IC	#	
Interstate 43 Cargo E	Body Type Code 44	GVWR\G	CWR 45		-	
Trailer Reg#		Reg Type	Reg State	Reg Year	·	Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 dig	git# 48 Material	Name		Material 4 digit#	E	Release code 49
MICHAEL CLARK		М	JC/197 Barnstal	ble PD		12/16/2015
Police Officer Name (Please Prin Last Mod:	nt) Signature 12/17/2015 9:23 AM		/Badge# Departme Page 2	nt Precin	ct/Barracks	Date https://www.crashlogic.com

	16-938-AC	monwealth	th of Massachusetts										
	Date of Crash Time of Cra	"	Motor Vel	nicle C	rasl	h Numb Vehicle		mber jured	Speed Lat.	Limit	Lo	ate Police	
	10/05/2016 21:14	Barnstable	Police	Repor	t	2		0	Lon.		MB Oth	TA Police _ ier	
	AT INTE	RSECTION	< LOCA	TION >	>		NO	ΓΑΤ	INTE	RSEC	TION		10 2
7.	МА	IN ST											
4	Route# Direction	Name of Roadway/	Street	Route#	Dire	ection Add	lress#		Name	of Road	lway/Si	treet	-
		At			oot N	SEWo	e		or				
	ніс	SH SCHOOL RD			eet[ii]	S E 0		Marker	_ or _		Exit Nu	mber	
	Route# Direction	Name of Intersecting Roa		Feet NSEW of									311
		Also at intersection	with	r	eet	SE A 0	Route	# -	Interse	ectina F	Roadwa	y/Street	-[-
² 1	S	No. of the B	1 10	F	eet N	SEW	•						
3	Route# Direction Please Select One of the Following: Vehi	Name of Intersecting Roa	dway/Street Hit/Run Mope				16	-93	B-A	ndmark	.		
	License# 972405392	St NY DOB/Age			R101	6			e PC		Rea	State NY	-
	Sex M Lic. Class D	[10]		Year 20		Veh Make		-3 .7			Veh Co	21	1 ¹²
	Operator GUNN, SANFOR	RD C	Endorsement Ow	ner GUN	NN, SA	ANFORD (
4	Last Address 108 MIDLAKE (First	Middle Add		La	ast LAKE CIR		First		M	liddle		
⁴ 3	City E SYRACUSE		3057 City	-	/RACI			St	ate NY	7ip	1305	7	
		OMY PREMIER ASSUR C		_		to Crash 1	22	_	naged A			7 27 27	il
									Status		12	8	9
⁵ 1		431433		Most Harmful Event 43 Type of Test: 29									
	Viol. 1 (Ch/Sec/Sub) 89/9	Viol. 2 (Ch/Sec/Sub)	Driv	25 25 DAC TEST RESUIC.									13
0	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracte	-			-	ed from				1 ³
⁶ 1	·	for operator and all occupant		34 35 36 37 38 39 40									
	Name (Last First Middle)	Address	D									Medical Facility	
	Operator	See Above		- 1114025						1		1	
	GUNN, FAY L	108 MIDLAKE CIR, E SYRACUSE NY 1	13057 73		F 3	3 1	4	0	2	5	1		
7,	Please Select One Vehic	cle 2 2 #Occupants	Non-Motorist Typ	e 15 Act	tion	16 Locatio	n 17	Condit	ion 18	В∏Ні	it/Run	Moped	
_	License# \$35409931	St MA DOB/Age 2	5 Reg	# 2XG	-		Re	ед Тур	e PAN]	Reg S	tate MA	
	Sex F Lic. Class 19	19 Lic. Restrictions 8 0	CDL Veh	Veh Year 2010 Veh Make HOND Veh Config. 21									
	Operator SILVA, PRIENN	Y P	ndorsement Own	Owner SILVA, PRIENNY P									
	Last	First	Middle	Last First Middle Address 99 RIDGEWOOD AVE									
	Address 99 RIDGEWOOD City HYANNIS				NNIS		/ E	C+-	to MA	7in	0250	1-2024	
0	Insurance Company PROGI					- 1	22		ite <u>MA</u> aged Ar		T 5-	L- 3024	14 1
1	Vehicle Travel Direction NS					23 23			Status:	-u -cou	28		
			Event Sequence 1 23 23 23 23 Type of Test: 29 Most Harmful Event 1 24 Most Harmful Event 1 24 PAG Test Results: 29										
							25]	BAC	Test Re	-	30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribut			25	•	. Alcoho		Susp.		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracte		0 26		-	d from				
		or operator and all occupants			s	34 35 Seat Safety					40 Fransp.	Medical	
	Name (Last First Middle)	Address	DO	OB/Age :		Pos. Systen			Code S		Code	Facility	
	Operator	See Above	40	-		1 1	1	0	0 5				
			16	- F	M 3	1	1	0	0 5	1	-		
							1						
L	Last Mo	nd: 2/10/2010 3:07 AM	Poss	4	-1-		1			httmn: /	haman -		

	66 = Bicycle 16-938-A 6
High School Rd. Vert First Rose Rose over on diviers side	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
Main St.	North

v# 1 was traveling North bound on High School Rd. V#2 was traveling west bound on Main St. As V#1 crossed the intersection of Main St. and High School Rd. It was struck in the passenger side rear door by V#2. V#1 spun almost 180 degrees and rolled landing on to its driver's side door facing South bound.

V#1 stated they were on High School Rd. headed across Main St. the operator V#1 did not see the red traffic signal until it was too late and admitted to running the red light.

Op V#2 stated she was stopped at a red light at the intersection of Main St. and High School Rd. Op V#2 stated her light turned green she proceeded through the intersection. V#1 came out of nowhere ran the red light and she struck V#1.

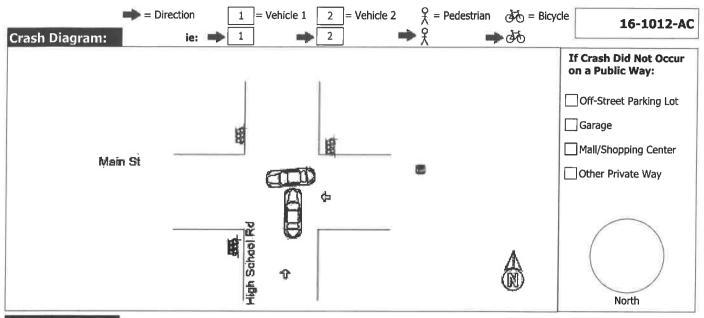
Police Officer Name (Please Print) Signatu	ire	ID/Radge# Departme	nt Drocin	rt/Barracks	Date
SPENCER JACKSON		SLJ/279 Barnstal	ole PD		10/5/2016
Placard 47 Material 1 digit# 48 Mat	erial Name		Material 4 digit#		Release code 49
Hazmat Information:					
Trailer Reg#	Reg Type	Reg State	Reg Year		Trailer Length 46
Interstate 43 Cargo Body Type Code		\GCWR 45			
USDOT # State Num	ber	Issuing State	MC/MX/IC#	t	
Address	Cit	у	Sta	teZip	
Carrier Name					Bus Use
Truck and Bus Information:	Registration	on #		(From Vehicle S	
Property Damage: Owner (Last. First. Middle) Addre	SS	Phone #	41-Type	Description of Da	amaged Property
Down the Dawn					
			Phone #		Statement
Name (Last, First, Middle)	Address				

Page 2

https://www.crashlogic.com

Last Mod: 2/10/2019 3:07 AM

	16-1012-AC	Com	monwealth	of Mas	sachu	ısetts						
	Date of Crash Time of Crash City/Town Motor V				rash	Number Vehicles	Numbe		d Limit	Loc	ate Police	
	10/30/2016 22:10	R Barnstable	Police	Report	t	2	0	Lon.			TA Police 🗌 er	
	AT INTE	AT INTERSECTION < LOC					NOT A	T INTI	ERSEC	TION		10 2
	Ma	AIN ST										
¹ 4	Route# Direction	Name of Roadway	Street	Route#	Directio	n Addre	ss#	Name	e of Roa	dway/St	reet	-
		At						1401110	01 1100	away/50	i CCL	
	шт	GH SCHOOL RD		Fe	eet NS E		141. 14. 1	or				-
	Route# Direction	Name of Intersecting Roa	dwav/Street	Mile Marker Exit Number								
	-	Also at intersection		Fe	et NSE		=					311
² 3	1			Fe	etNSE		Route#	Inter	secting	Roadwa	y/Street	
	Route# Direction	Name of Intersecting Roa	dway/Street			,		L	andmar	k		
3	Please Select One of the Following:	icle 1 1 #Occupants	Hit/Run Mope				16-10	012-	AC			
	License# \$83747651	St MA DOB/Age	30 Reg	# 1RE	B288		Reg 1	ype P	AN	Reg S	State MA	12
	Sex F Lic. Class D	Lic. Restrictions 99	CDL Veh	Year 200)8 Vel	Make T	ОҮТ			Veh Co	onfig. 21	112
	Operator HATCH, ADRIE		Ow	ner HAT	CH, ADR	IENNE						
⁴ 3	Last Address 8013 AMBASS/	First	Middle Add	ress 801 3	Last B AMBAS	SADOR	First DR			Middle		
3	City WESTBOROUG		1581 City	_	TBOROL			State M	A Zip	0158	1	
	Insurance Company			icle Action I			7	amaged		1 0		
	Vehicle Travel Direction	S E W Responding to Em		nt Sequence			1	est Statu		1 28	8	
⁵ 1	Citation # (if Issued)	S L W		t Harmful E		24		pe of Te		30		
	Viol. 1 (Ch/Sec/Sub) 89/9	Viol. 2 (Ch/Sec/Sub)	Driv	Driver Contributing Code 3 25 25 Susp. Alcohol; 31 Susp. Drug: 3								1 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracte	d by 99	26		wed fro			- 1 (1
⁶ 2	Please fill out	for operator and all occupan	ts		34	35	36 3	37 38	39	40		1
	Name (Last First Middle)	Address	D	DOB/Age Sex Pos. System Status Code Code Status Code							Medical Facility	
	Operator	See Above		-	- 1	0	1 0	0	5	1		
⁷ 2	Please Select One of the Following:	cle 2 1 #Occupants	Non-Motorist Typ	e ¹⁵ Acti	ion 16	Location	17 Con	dition	¹⁸ □H	lit/Run	Moped	
-	License# \$26951347	St MA DOB/Age 2	21 Reg	# 1GL	254		Reg T	pe PA	N	Reg Si	tate MA	
	Sex M Lic. Class 19	Lic. Restrictions 920	CDL Veh	Year 200 4	4 Veh	Make Cl	I RY			Veh Cor	nfig. 21	
	Operator DEMIRANDA, B	RUNO	indorsement Own	er SARD	—— DINHA, C	RISTIN	A GEBAL	ER				
	Last	First	Middle		Last		First		М	iddle		
	Address 329 MAIN ST	Chabanasa Tia	Addı		WEST MA	AIN ST1						
_	City HYANNIS	State MA Zip 02		HYAN		. 22		State M/	_ ·	L 27		44
1	Insurance Company gov't			cle Action P			To	maged / st Status		1 ²⁸		
	Vehicle Travel Direction N	Responding to Eme		t Sequence			-5	oe of Te		29	4 1	
	Citation # (if Issued)	Most	Harmful Ev	rent 1 2	_	BA	C Test R		30			
	Viol. 1 (Ch/Sec/Sub)	Drive	r Contributi	ing Code	1 25 2	25 Su :	sp. Alcoh	nol: 2 3	Susp. I	Drug: 2 ³²		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Drive	r Distracted	d by 0 26	5		wed fron				
_	Please fill out f	or operator and all occupant	5		34 Seat	35 Safety	36 3: Airbag Eje		39 Injury	40 Transp.	Medical	
-	Name (Last First Middle)	Address	DC	B/Age S	Sex Pos.		Status Co		Status	Code	Facility	
-	Operator	See Above		-	- 1	99 4	1 0	0	5 :	1		
-												
Ĺ												



Op #1 stated that she had the green light and was traveling through intersection when she struck side of MV #2
Op #2 stated that he had the green light and was traveling through intersection when the driver side door of his MV was struck
by Op #1

Witness #1 (Also RP) stated he was traveling in MV directly behind Op #2 and he definetly had green light. Witness #1 stated that Op #1 never stopped.

Both MV Towed from Scene. Op #1 handed Citation (warning) Fail Stop 89/9

Witnesses:						
Name (Last. First. Middle)	A	ddress		Phone #		Statement
BEARSE, JOEY	21	LO LONGVIEW DR, HYANNIS M	A 02601			
Property Damage:						
Owner (Last. First. Middle)	Address	Phone	e #	41-Tvpe	Description of	Damaged Property
Turnels and Breakfur						
Truck and Bus Infor Carrier Name	mation:	Registration #			_(From Vehicle	,
					=	Bus Use
Address		City		Stat	e Zip	
USDOT #	State Number	Issuing S	tate	MC/MX/IC#		
Interstate 43 Care	go Body Type Code 44	GVWR\GCWR	45			
Trailer Reg#	R	leg Type Reg	State	Reg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1	digit# 48 Material N	ame		Material 4 digit#	·	Release code 49
BRENDAN BURCHELL		BMB/25	Barnstable	PD		10/30/2016
Police Officer Name (Please Last N	Print) Signature 40d: 2/10/2019 3:03 AM	ID/Badge# Page 2	Department	Precino	t/Barracks	Date https://www.crashlogic.com

	16-771-AC	Com	ımonwealt	th of Ma	ssac	chus	setts						
	Date of Crash Time of Crash	City/Town	Motor V	ehicle (cras	Maria I	Number /ehicles		ired	Speed Lat.	Limit		ate Police
	08/22/2016 22:15 24H	Barnstable	Polic	e Repoi	rt		2	1	. 1				TA Police
	AT INTERS			Transfer of the last	>			-1	_	Lon.	DSE	CTION	ner
	7,11		1 200	JATION				1101	71.	LIVIL	·NOL	SIZON	
1.	MAIN												
4	Route# Direction	Name of Roadway,	/Street	Route#	Dir	ection	Addre	ss#		Name	of Roa	adway/S	treet
		At			Feet N	SE	Wof			or			
	HIGH	SCHOOL				-1-1-		Mile M	larker		-	Exit Nu	mber
	Route# Direction	Name of Intersecting Roa	adway/Street		B. C		107						
		Also at intersection	n with	_	Feet N	5 E		Douto é	_	Intor	coatina	Dooduu	ay/Street
² 1					eet N	SE		Route#		mer	secunq	Koduwa	ay/Street
_	Route# Direction	Name of Intersecting Roa	adway/Street				()=			L	andma	rk	
³ 99	Please Select One Vehicle	e 1 2 #Occupants]Hit/Run	ped				16-	-77	1-/	AC		
	License# 483739578				AV311	2				e Po		Poo	State NY
	19	10				_		-	y iye	PC PC		_	21
	Sex F Lic. Class D	Lic. Restrictions	CDL	Veh Year 20	010	Veh	Make S	UBA				Veh C	onfig.
	Operator RIZZO, KATHRYN	<u> </u>	Endorsement	Owner RI	ZZO, R	ROBE	RT						
	Last	First	Middle	A		ast			irst			Middle	
⁴ 3	Address 47 CHRITOPHER						HER RI	D					
	City WESTCHESTER				STCH			_		_	Y Zip		
	Insurance Company STATE F	ARM		Vehicle Action	Prior	to Cra	ısh 1 22	2				ode: 7	
5	Vehicle Travel Direction NS	E W Responding to Em	ergency? 2	Event Sequen	ce 1 2:	3 23	23	23		Statu			28
⁵ 1	Citation # (if Issued)			Most Harmful					Туре	of Te	est:		29
	-	\f 2 (c) (c (c)] [25]	25	BAC	Test F	Result:		30
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Driver Contrib	_	1 20	99			. Alco			. Drug: 32
6 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distrac	ted by	26					m scen	e? 2 ³	33
-	Please fill out for	operator and all occupan	its			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp	Medical
-	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System	Status			Status		Facility
	Operator	See Above		-	-	1	1	4	0	0	5	1	
	LADA, BRIAN 22	SANDS ST, MT KISCO NY 10549	2	2	M :	3	1	4	0	0	5	1	
									1				
\perp	Please Select One	2 4 #Oggunguta	Nee Meteriet 3	15		16		17			18	121.75	
⁷ 2	of the Following:			·· <u> </u>	tion		ocation		onditi			Hit/Run	Moped
	License# 180824038	St NY DOB/Age	55 R	Reg# HG	iU406	1		Reg	у Туре	PA	N	Reg S	State MA
	Sex M Lic. Class 19	¹⁹ Lic. Restrictions ²⁰	CDL V	/eh Year 20	16	Veh N	lake M	ERZ				Veh Co	nfig. 21
	Operator KAZAN, DAVID		Endorsement	Owner KAZ	AN, D	AVTE	, –						الت
		Final	Middle			st		Fi	rst		N	1iddle	
	Last	First											
	Last Address 2883 JOYCE LN	rirst	Α	Address 288	3 JOY	CE LI	N						
		State NY Zip 11		-	3 JOY RRICK		N		Sta	te NY	Zip	1156	6
	Address 2883 JOYCE LN	State NY Zip 11	1566	City MEI	RRICK	C					_		
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT	State NY Zip 11	1566 C	City MEI	Prior t	o Cras	sh 1 22		_ Dama		rea Co	1156 de: 2 2	7 27 27
34	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NSE	State NY Zip 11	L566 C v ergency? 2 E	City MEI /ehicle Action	Prior to	co Cras	sh 1 22	23	Dama Test :	nged A	rea Co	de: 2 ²	7 27 27 3
34	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT	State NY Zip 11	L566 C v ergency? 2 E	City MEI	Prior to	23 1 24	sh 1 ²²	23	Dama Test : Type	nged A Status of Tes	rea Co	de: 2 2	7 27 27 3
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NSE	State NY Zip 11	2 E	City MEI /ehicle Action	Prior to	23 1 24	sh 1 ²² 23	23	Dama Test : Type BAC 1	nged A Status of Tes	Area Co : st: esult:	de: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 27 27 8 9
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NSE Citation # (if Issued)	State NY Zip 11	2 Eergency? 2 E	City MEI /ehicle Action ivent Sequence /lost Harmful I	Prior to the last tender of	23 1 24	sh 1 ²²	23	Dama Test : Type BAC 1 Susp.	nged A Status of Tes Fest R Alcoh	Area Co : st: esult:	de: 2 2 2 2 2 2 3 3 Susp.	7 27 27 8 9 0 Drug: ³²
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NS E Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub	State NY Zip 11 FE Responding to Eme Viol. 2 (Ch/Sec/Sub)	2 Ergency? 2 E	Action MEI /ehicle Action ivent Sequence //ost Harmful I	Prior to the Prior	23 24 26 26	sh 1 ²² 23 2	23	Dama Test : Type BAC 1 Susp. Towe	aged A Status of Tes Fest R Alcoh d fron	area Co : est: esult: nol: 3	de: 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7 27 27 B Drug: 32
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NS E Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub	State NY Zip 11 E W Responding to Eme Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub)	2 Ergency? 2 E	Action MEI /ehicle Action ivent Sequence //ost Harmful I	Prior to Pri	23 24 26 26 34 Seat	23 23 23 23 25 25 25 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	23 25 36 Airbag	Dama Test ! Type BAC T Susp. Towe	aged A Status of Tes Fest R Alcoh d fron 38 Trap	esult: ol: 39 Injury	de: 2 2 2 2 3 3 3 3 2 3 3 3 3 4 0 Transp.	7 27 27 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
4	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction NSE Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for one of the company ALLSTAT Name (Last First Middle)	State NY Zip 11 E W Responding to Eme Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address	2 Ergency? 2 E	MEI /ehicle Action event Sequence /lost Harmful I	Prior to Pri	23 1 24 ode 26 34 Seat Pos.	sh 1 ²² 23 2 23 2 23 2 2 23 2 2 2 2 2 2 2 2	23 25 36 Airbag Status	Dama Test : Type BAC 1 Susp. Towe 37 Eject Code	aged A Status of Tes Fest R Alcoh d fron 38 Trap Code	esult: escence 39 Injury Status	de: 2 ² 22 23 30 31 Susp. 23 40 Transp. Code	7 27 27 B Drug: 32
2	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction N S E Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for one of the company ALLSTAT Name (Last First Middle) Operator	State NY Zip 11 E W Responding to Eme Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address See Above	2 E M D D D S	/ehicle Action Event Sequence Plost Harmful I Priver Contribut Priver Distract DOB/Age -	Prior to 23 Event atting Coled by	23 1 24 ode 26 34 Seat Pos.	23 2 23 2 29 9 2.5 2 35 Safety System	23 25 36 Airbag Status	Dama Test S Type BAC T Susp. Towe 37 Eject Code	aged A Status of Test R Alcoh d fron 38 Trap Code	esult: ol: 3 Injury Status	de: 2 ² 22 31 Susp. ?? 2 ³ 40 Transp. Code	7 27 27 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
2	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction N S E Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for one of the company ALLSTAT Name (Last First Middle) Operator	State NY Zip 11 E W Responding to Eme Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address	2 Ergency? 2 E	/ehicle Action Event Sequence Plost Harmful I Priver Contribut Priver Distract DOB/Age -	Prior to the lating Collection Sex F 3	23 24 ode 26 34 Seat Pos. 1 \$	23 23 2 299 ^{2.5} 2 35 Safety System	36 Airbag Status	Dama Test : Type BAC T Susp. Towe 37 Eject Code	aged A Status of Test R Alcohd from 38 Trap Code 0	st: esult: esult: ol: 39 Injury Status 5	de: 2 ² 2 ³ 3 ¹ Susp. ? 2 ³ 40 Transp. Code 1	7 27 27 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
2	Address 2883 JOYCE LN City MERRICK Insurance Company ALLSTAT Vehicle Travel Direction N S E Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for one of the company ALLSTAT Name (Last First Middle) Operator	State NY Zip 11 E W Responding to Eme Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address See Above	2 E M D D D S	/ehicle Action Event Sequence Plost Harmful I Priver Contribut Priver Distract DOB/Age -	Prior to 23 Event atting Coled by	23 24 ode 26 34 Seat Pos. 1 9	23 2 23 2 299 ²⁵ 2 35 Safety System 29 9	36 Airbag Status 99	Dama Test 9 Type BAC 1 Susp. Towe 37 Eject Code 0	aged A Status of Test Fest R Alcoh d from 38 Trap Code 0	st: esult: esult: ol: 39 Injury Status 5	de: 2 ² 22 31 Susp. ?? 2 ³ 40 Transp. Code	7 27 27 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

	= Direction	[1	= Vehicle 1	2	= Vehicle 2	7 = Pedestrian	₫ = Bicycle	16-771-AC
Crash Diagram:	ie:	-	1	-	2	-	} ⇒	₫	10 //1 AC
									If Crash Did Not Occur on a Public Way:
	(a	4S R	D						Off-Street Parking Lot
									Garage
	veh 1	9							Mall/Shopping Center
	MAIN ST	- [1		veh 2					Other Private Way
									North

Oper #1 and passenger of Veh #1 both stated they had a green light and tha oper #2 ran a red light Oper #2 stated that Operator #1 ran a red light

Waited until day after accident to retreive any video from video surveillance at intersection. IT speacialist at BPD stated the camera had not worked for a least a year.

GIST: I am unable to determine who was at fault

Witnesses:								
Name (Last, Firs	t. Middle)	Address				Phone #		Statement
Property Da	ımage:							
Owner (Last, Fir.		Address		Phone #	41	-Tvpe	Description of D	amaged Property
CAPE COD INN		447 MAIN ST, HYANN	IS MA 02601		Othe	er	CHAIN LINK F	ENCE
Truck and B	us Information:	DE RYES R	Registration #				(From Vehicle	Section)
Carrier Name				-				Bus Use 42
Address			City			Sta	te Zip	
USDOT #	Sta	te Number	Iss	suing State	М	C/MX/IC	#	
Interstate	Cargo Body Type	e Code 44	GVWR\GCV	VR 45			-	
Trailer Reg#		Reg Type		Reg State		Reg Year	-	Trailer Length 46
Hazmat Infor	mation:							
Placard 47	Material 1 digit#	Material Name			Materia	l 4 digit#	5	Release code 49
EDWARD CROI	NIN		EC/	255 Barnstal	ble PD			8/22/2016
Police Officer Na	me (Please Print) Last Mod: 9/8/2016	Signature 9:38 AM		adge# Departme I ge 2	ent	Precin	ct/Barracks	Date https://www.crashlogic.com



Town of Bainstable Police Department





Main Number:

508-775-0387

Main Fax: Administration: 508-790-4167 508-775-0920 508-790-6317

Admin. Fax: 508-790-63 www.barnstablepolice.com

Matthew K. Sonnabend, Chief of Police Sean E. Balcom, Deputy Chief of Police Mark J. Cabral, Deputy Chief of Police

Attached is your accident/incident report from the Barnstable Police Department.

The Massachusetts Public Records Law (M.G.L. Chapter 66 & Chapter 4, Section 7(26)) provides that every person has a right to access public information.

Portions of this report have been redacted due to exemptions within the Public Records Law. The portion (s) that have been redacted in the following report are exempt and fall under Exemption C which applies to records that are:

"personnel and medical files or information; also any other materials or data relating to a specifically named individual, the disclosure of which may constitute an unwarranted invasion of personal privacy"

If you have any questions on Public Records Law and its exemptions please refer to the following website. http://www.sec.state.ma.us



Town of Barnstable Police Department



Matthew K. Sonnabend, Chief of Police

Sean E. Balcom, Deputy Chief of Police Mark J. Cabral, Deputy Chief of Police

P.O. Box B Hyannis, MA 02601

 Main Number:
 508-775-0387

 Main Fax:
 508-790-4167

 Administration:
 508-775-0920

 Admin. Fax:
 508-790-6317

 www.barnstablepolice.com

Attached is your accident/incident report from the Barnstable Police Department.

The Massachusetts Public Records Law (M.G.L. Chapter 66 & Chapter 4, Section 7(26)) provides that every person has a right to access public information.

Portions of this report have been redacted due to exemptions within the Public Records Law. The portion (s) that have been redacted in the following report are exempt and fall under Exemption A which applies to records that are:

"Specifically or by necessary implication exempted from disclosure by statute"

If you have any questions on Public Records Law and its exemptions please refer to the following website. http://www.sec.state.ma.us



		K11-11-11		Com	monweal	th	of Mass	ac	hus	setts	5			III a		11-14		
	Date of Crash 01/22/2012	Time of Crash 1241 24HR	HYAN	City/Town NIS	Motor V Poli		nicle Cra Report	ash	1 1	Number Vehicles		d La	eed Lin	nit		State Police Local Police MBTA Police Other:		
		AT INTER	SECTION	ON:	The same of the sa	_	ATION	>	Г		NOT	_		RSE	-			
		OCE	AN ST	1														2
1	Route# Dire	ction		Name of Roadway/S	treet		Route# Direc	ction	Ad	dress #			Name	of Road	dway/S	Street	4	2 10
	1	SOU	TH ST				Feet	N S	SEV	v of			• -	– or		m '/ sr 1	_ [_
	Route# Direc	ction	Name	e of Intersecting Road Also at Intersection			Foot	N S	SEV	W	Mile	Marke	r			Exit Number	\dashv	
² 1	-			THOO AT THICISCONON	W101				SEV	_	Route#		Inte	rsecting	g Road	lway/Street	-	11
T	Route# Direc	ction	Name	of Intersecting Road	way/Street		1001	[-1]-	-1-1-	J 01			1	Landma	ırk		_[9911
3	Please Select (of the Followi		e 1 <u>1</u>	#Occupants Hit	/Run Moj	ped				1	2 - 7	75			ii k		٦	
	License # S1	3975826	St MA	DOB/Age		Reg #	UNKNOW	N			Reg T	уре <u>С</u>	0		Reg S	tate MA		
	Sex M Lic.	Class 99		estrictions 19	Indorsement		Year							Ve	eh Con	afig.		
⁴ 1		LLTVAN,	F	First	Middle		er TOWN C	Last	BAI	RNST	ABLE First	:			Middle		- 7	12
	l	WALTON			_		ess MAIN S										- -	
			State _	MA Zip <u>0260</u>		-	HYANNIS		_		21		IA_	-			-	
5	Insurance Compa			Decree For to F			le Action Prior to	Cras	h 22	22	22 2	Dama	ged Are	a Code	:: (Cin	cle Up to Three)	
	Vehicle Travel D Citation # (If Issi		EW	Responding to Emer			Sequence 3	+	23				1	\Box		ONone 10 Undercarri	200	
	1	Sub/	121	ol. 2: Ch/Sec/Sub —			Harmful Event r Contributing Co	3	1	24	24	4-	1	9	5	11 Totaled 97 Other	uge	
3	Viol. 1: Ch/Sec/S	,		ol. 4: Ch/Sec/Sub —				99		Towe	8		V	7	6	99 Unknown		
	VIOI, 3. CIVBEC/S	3u0		r and all occupants in		Onder	The state of the s	33	26	27	28 2			32	33	T	+	13
	Name (Last First Mi			1	Address		DOB/Age	Sex	Seat Pos.	System	Airbag Airl Status Swi	ag Eje tch Coc		Injury Status	Transp Code		_ 3	13
		Operator		Se	ee Above					99	99 99	0	0	5	1			
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Crash Diagram: Direction	
NO DIAGRAM AVAILABLE	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:Richard SULLIVAN MA DL s13975826.SULLIVAN could not be 1	ocated for this
report.Michael PERRY of the Barnstable DPW provided SULLIVAN'S infor	
Lauren SEITZ stated that she was walking on Ocean St. in Hyannis hea	
the intersection with South St. SEITZ stated she walking on the side	
Kat removing snow from the side walk when she stepped off to walk ar	ound the machine.She
stated that she stepped into the operator's blind spot and was too c	lose to him and was

SULLIVAN.More information is available at Barnstable Police Department-call 508-775-5466

Witnesses:

Name (Last,First,Middle)

Address

Phone # Statement

hit in the head with the plow. She stated she was driven to the hospital by a friend. INJURIES: SEITZGIST: SEITZ was walking on Ocean St. when she was struck in the head by the plow end of a Bob Kat. I spoke with DWP Manager Michael Perry who stated that Rick SULLIVAN of 115 Walton Ave. was the operator of the Bob Kat. I was unable to contact

				1 1000 11	Statem
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	34-Туре	Description of Damaged Property	
Truck and Bus Informati	on: Registration#	(From Veh	nicle 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					
Trailer Reg #:	Reg Type Reg Sta	iteReg Year	———Tra	ailer Length	
Hazmat Information:					
Placard Material I die	vit # Material Name		Material 4 di	igit # D-II	42

PTL. CATARINA M PARACHE

268

Barnstable Police Department

02/04/2012

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Barnstable Police Department

Page: 1

NARRATIVE FOR PTL. CATARINA M PARACHE

Ref: 12-75-AC

Entered: 02/04/2012 @ 1032 Entry ID: 268
Modified: 05/30/2012 @ 1222 Modified ID: 779
Approved: 03/15/2012 @ 1439 Approval ID: 115

BPD Form 06-24 MOTOR VEHICLE CRASH STATEMENT FORM

INVESTIGATION: On 01/22/2012 I was assigned to uniformed patrol in marked cruiser E221 assigned to the Hyannis sector. At approximately 1242 hrs., I was dispatched to Cape Cod Hospital for a report of a pedestrian hit by a Bob Kat with a plow. Upon I arrival, I spoke with a RN who stated that the victim had not requested to speak to the police but that she was required to inform us. The pedestrian, Lauren SEITZ was in the yellow unit and was receiving care for a

STATEMENTS

OPERATOR #1: Richard SULLIVAN MA DL s13975826. SULLIVAN could not be located for this report. Michael PERRY of the Barnstable DPW provided SULLIVAN'S information.

PEDESTRIAN: Lauren SEITZ stated that she was walking on Ocean St. in Hyannis headed north towards the intersection with South St. SEITZ stated she walking on the sidewalk behind a Bob Kat removing snow from the side walk when she stepped off to walk around the machine. She stated that she stepped into the operator's blind spot and was too close to him and was hit in the head with the plow. She stated she was driven to the hospital by a friend.

WITNESS: None.

PHOTOS: None.

WRECKERS: None.

INJURIES: SEITZ received a

GIST: SEITZ was walking on Ocean St. when she was struck in the head by the plow end of a Bob Kat. I spoke with DWP Manager Michael Perry who stated that Rick SULLIVAN of 115 Walton Ave. was the operator of the Bob Kat. I was unable to contact SULLIVAN.

CITATION:

779*

				Comi	monwealth	of Mass	sacl	hus	ett	S			11, 111		ر ترجما ا	
	Date of Crash 02/16/2012	Time of Crash	HYAN	City/Town	Motor Ve			N	Numbe /ehicle		rad 1	eed Lir	nit		State Police Local Police MBTA Police	1
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4	Operator GRA	VINA, M	ATTHE		lorsement Own	er WHEELS	LI	CD								
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	City SOUTH	YARMOUTE	H State M	IA Zip 02664	City	DES PLA	INE	S			State_	L_ :	Zip <u>6</u>	001		
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- 1	Citation # (If Issue	ed)			Most	Harmful Event	99	23			4	9	1	5	10 Undercarriage	
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	Pleas Name (Last First Mide	_	ator/non-me	otorist and all occupan	ts involved	DOB/Age	Sex		27 Safety System	Airbag A	29 30 rbag Ejec vitch Cod	t Trap	32 Injury Status	33 Transp. Code	Medical Facility	
	Operat	or/Non-Motorist		See	Above				0	1 1	0	o	3	2	Cape Cod Hospital	
2	MEREDITH GRA	AVINA		7 FENWAY SOUTH YARMOUTH, MA	A 02664	02/08/1981	F	3	0	1 1	0	0	3	2	Cape Cod Hospital	
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= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedes	strian
If Crash Did NotOccur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Crash Narrative: Palinas statement: I was stopped at the red light on South St. I looked in my rear view Ixror and I saw the truck was coming at me fast. He hit me and I don't remember anything else. Gravina statement: I was driving down South St. that car just came out of owhere the wrong way and side swiped me.I then hit the wall. Investigation of MVA: Palinas was stopped at the red light on South St just prior to Ocean St. facing E/B.				
				Off-Street Parking Lot
NO CRASH DIAGRAM AVAIL	ABLE			☐ Garage
				☐ Mall/Shopping Center
				Other Private Way
				North
Crash Narrative:				110111
	t the red	light on So	uth St	. I looked in my rear view
anything else. Gravina statement:	I was driv	ring down So	uth St	.that car just came out of
nowhere the wrong way and side sw	riped me.I	then hit the	e wall	.Investigation of MVA:
Gelinas was stopped at the red li	ght on Sou	th St just p	prior (to Ocean St. facing E/B.
Gravina was traveling E/B on Sout	h St. stru	ck Gelinas :	from th	he rear, which threw Gelinas
spinning thru the intersection. G	ravina the	n ran over	the ste	eel post at Aselton Park, a
traffic sign, and then struck the	cement wa	ll. Gravina	had ne	ever used the brakes, b/c
there was no skid marks. More inf	ormation i	s available	at Bar	rnstable Police Department.
Please call 508-775-5466.				
851				
Witnesses:				
Name (Last,First,Middle)	Address			Phone # Statement
Property Damage:				
If Crash Did Not Occur on a Public Way: Off Street Parking Lot				
TOWN OF BARNSTABLE MAIN ST HYANN	IS MA 02601			MEMORIAL WALL, STREET SIGN, STEEL POSTS

Truck and Bus Information: Registration #_ - (From Vehicle Section) Carrier Name_ — Carrier Issuing Authority Code Address_ City_ __ Zip_ US DOT#:_ State Number_ __Issuing State_____ICC #:___ Cargo Body Type Code Gross Vehicle Weight Trailer Reg #:_ _ Reg Type _ Reg State _____ Reg Year ___ Trailer Length Hazmat Information: Material Name ___Material 4 digit #___ Placard Material I digit #

Police Officer Name (Please Print)

254ID/Badge #

Barnstable Police Department

02/17/2012

Barnstable Police Department NARRATIVE FOR PTL DAVID J DOWNS

Ref: 12-153-AC

Entered: 02/17/2012 @ 0306 Entry ID: 254 Modified: 12/03/2019 @ 1432 Modified ID: 851

Also Gravina stated that Gelina's side swiped him, the damage present was heavy front end damage to the vehicle of Gravina. Heavy rear damage to the vehicle of Gelinas. This would indicate a rear end crash. Officer Thompson took photo's. Davis Tow



On 02/16/2012, approximately 2241, this officer was dispatched to the intersection of South St. and Ocean St. for a report of a two car MVA with injuries. Upon arrival I observed a large amount of debris in the roadway. I also observed a serious motor vehicle accident involving two vehicles.

First I observed Ma Reg Cl255R facing W/B on South St. (South St. is a public way in the Town of Barnstable and is maintained by Town DPW. South St. is also a one way street which the traffic flows E/B). This vehicle was operated by Elizabeth Gelinas. Gelinas was injured and unable to remove herself from said vehicle. I then observed Ma Co Reg P30390 which had a resting place off the roadway and against a cement wall. This vehicle was operated by Matthew Gravina.

I blocked the intersection with my cruiser, I exited and walked to MA Co Reg P30390. I encountered a male later identified as Matthew Gravina. Gravina identified himself of the operator of said vehicle, I observed Gravina to have his face, head, and hands covered was informed Rescue was en route, at this point due to the severe multiple injuries I requested two more rescue's to the scene. Also present in the passenger seat was a female identified as Meredith Gravina. Meredith Gravina was also

While speaking with the operator Matthew Gravina about the accident, I immediately detected a strong odor of an acholic beverage eminating from the breath of Matthew Gravina while he spoke. I asked if he had consumed acholic beverages this evening. Matthew Gravina stated no. I then advised Matthew that I could clearly detect an odor of an acholic beverage eminating from him while he spoke. Matthew Gravina again stated no. I then asked about his blue wristband on his right wrist, to which he did not answer. Matthew Gravina was speaking with heavily slurred speech, and I observed his eyes to be NOTE: The British Beer Company issued blue wristbands on this date. While I was speaking with Matthew his wife interrupted and said, "Matt don't lie to him, you were drinking. I am not going to lie for you, we were drinking."

Matthew became irate and irrational at this point. Hyannis Paramedic Andy Kleamenakis was attempting to treat the form of Matthew. Matthew was pulling off the fresh gauze, and yelling he is OK. Matthew was finally escorted to an awaiting Comm Rescue where he was treated and transported to CCH. While walking to said rescue, Matthew had to be held while walking. Working the Comm Rescue were Fire Fighters Bob O'Melia, Patrick Hill, and Tom Goodearl. Speaking with these Fire Fighters it was the professional opinion that Matthew Gravina was heavily intoxicated.

Gelinas statement: I was stopped at the red light on South St. I was going to work at the Hospital. I

Page: 1

Barnstable Police Department NARRATIVE FOR PTL DAVID J DOWNS

Ref: 12-153-AC

looked in my rear view mirror and I saw the truck was coming at me fast. He hit me and I don't remember anything else. I think I blacked out, all I remember is the paramedic removing me from my car.

Matthew Gravina statement: I was driving down South St., that car just came out of nowhere the wrong way and side swiped me. I then hit the wall.

Upon investigation of the Motor Vehicle Accident. Gelinas was stopped at the red light on South St just prior to Ocean St. facing E/B. Gravina was traveling E/B on South St. struck Gelinas from the rear, which threw Gelinas spinning through the intersection. Gravina then ran over the steel post at Aselton Park, a traffic sign, and then struck the cement wall. Gravina hit this wall with such great force he knocked the wall completely off the foundation sending it over ten feet. It was determined that Gravina had never used the brakes, because there was no skid marks present. Also Gravina stated that Gelina's side swiped him, the damage present was heavy front end damage to the vehicle of Gravina. Heavy rear damage to the vehicle of Gelinas. This would indicate a rear end crash. Matthew Gravina and Meredith Gravina were not properly seat belted. Due to the impact both struck their heads on the truck windshield.

Officer Thompson took photo's. Davis Tow removed both MV.

Once at CCH, Matthew continued to be irrational, he was yelling and swearing at CCH ER personnel. ER Nurse Molly Hagopian was attempting to treat Matthew, but he was being uncooperative due to his high level of intoxication.

ER Doctor Peter Bosco, now attempted to treat Matthew, he also was uncooperative with Dr. Bosco. Dr. Bosco made several comments about the high level of intoxication of Matthew Gravina. Due to the high level of intoxication and the fact Gravina was completely uncooperative Dr. Bosco ordered a sedative.

I spoke with Meredith Gravina at CCH. I asked her about the events of the evening. She stated they started at Red Face Jack's (a restaurant/bar in Yarmouth). Next we went to Sea Side Pub, and finished at the BBC. I asked if they consumed alcohol at these establishments, to which she stated yes. I asked how many drinks did she consume Meredith stated about five Vodka drinks and some Patron (Patron is a tequila). I asked what did Matthew consume she stated the same.

It was my opinion that Matthew Gravina was intoxicated. I was with Gravina for several hours and and was able to monitor his behavior. He continued to speak with slurred speech, and the information provided by Meredith Gravina who was with him stating he consumed approx. five Vodka drinks and Patron.

Due to this medication administered I informed Matthew Gravina he would be issued a



		Com	monwealth	of Massacl	nusetts	S			- N-N-N-1	
	Date of Crash Time of Crash 1530 HYAN 24HR	City/Town		nicle Crash Report	Number Vehicles 2		Speed Lin Lat Lon	nit	State Police Local Police MBTA Police Other:	
	AT INTERSECTI	ON:	< LOCA	ATION >		NOT A	T INTE	RSECT	TION:	
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	Route# Direction OCEAN ST	At Output Description: Descri	vav/Street	Feet N S	E W of	— — Mile M	• _	_ or	Exit Number	_ 2
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	Route# Direction Nam	e of Intersecting Roady	vay/Street					andmark		_[3
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⁴ 1	Operator ALMONDES, AGES	First	Middle	er ALMONDES		First		Middl	le	- 1
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	Insurance Company ARBELLA MI	TUAL INS	Vehic	ele Action Prior to Crash	4	21 D	amaged Are	a Code: (C	Circle Up to Three	,
2	Vehicle Travel Direction: SEW Citation # (If Issued) R2018321	Responding to Emerg		Sequence 22 Harmful Event 1	22 22	22 2		3	0 None 10 Undercarria	age
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		71 CHRISTIE WAY	CAGOVE							
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	Operator/Non-Motorist		Above		99	99	0 0	5 1		
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L	#10364 CRA-65 REV I.0 09/01 G003188									

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedesti	rian	
Crash Diagram:	ie: →	i ->[2	→ĝ		
						Crash <u>Did Not</u> Occur a Public Way:
						Off-Street Parking Lot
						Garage
						Mall/Shopping Center
		==				Other Private Way
	NO L	DIAGRAM				North
Crash Narrative:						.,,
GIST: MV#1 was trave						
on Old Colony Road						
on Old Colony Road, turn into the Hess G						
MV#1 struck MV#2 on						
sustained moderate d						OO MYHZI MYHI
More information is	available at	Barnstabl	e Police 1	Department	. Please cal	1 508-775-5466.
Witnesses:		T			T	
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	1		r			
Owner (Last,First,Middle)	Address		Phone #	34-Туре	Description of Damaged	Property
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Autho	ority Code
Address			_ City		St	_ Zip
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length	
Hazmat Information:	44					
Placard Material 1 digit #	Material Nam	ne		Material 4 digit	#F	Release code
PTL. JUSTIN J WASK	IEWICZ Signature			Barnstable Department	Police Depart	ment 03/23/2012 Date
* * * * * * * * * * * * * * * * * * * *	2		O			

CDP1 11-24-00

NARRATIVE FOR PTL. JUSTIN J WASKIEWICZ

Ref: 12-225-AC

Entered: 03/22/2012 @ 1022 Entry ID: 270 Modified: 03/23/2012 @ 0927 Modified ID: 771 Approved: 03/22/2012 @ 1428

Approval ID: 185

CITATION #R2018321 WAS ISSUED (MAILED) TO AGESANDRO L. ALMONDES FOR:

1. LANE CHANGE, MADE UNSAFELY

STATEMENTS

OPERATOR #1: "I was on the right side of the road, wanted to take left into the gas station. I put on my blinker, I don't know what happened. I didn't see her."

OPERATOR #2: "I was driving after the light in the left hand lane. Suddenly the car crossed over from the right lane and hit me."

WITNESS: "The SUV was on the right hand side and turned into the left lane to get into the gas station, without looking. They do it all the time."

PHOTOS: None

WRECKERS: None

INJURIES: None

GIST: MV#1 was traveling in the right lane, heading north on Old Colony Road, just after the intersection with South Street. MV#2 was traveling in the left lane, heading north on Old Colony Road, just after the intersection with South Street. MV#1 attempted to turn into the Hess Gas Station from the right lane. As MV#1 turned into the left lane, MV#1 struck MV#2 on its passenger side front end, causing moderate damage to MV#2. MV#1 sustained moderate damage to its driver's side door and rear door.

CITATION: OPERATOR #1 was mailed, Massachusetts Uniform Citation (R2018321): Chapter 89 Section 4A - Lane change, made unsafely

771

	12-531-AC	Con	nmonwea	lth of M	assa	chu	setts					
	Date of Crash Time of Crash	City/Town		Vehicle		sh	Number Vehicles	Nun Inju	1 - 1	eed Limit t.	Lo	cate Police Cal Police Cal Police
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4	SOUTH	ST										
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		At			Cook II	u c E	W of					
	OCEAN	ST			_reet[i	1315		Mile M	arker	or	Exit Nu	ımber
	Route# Direction Na	ame of Intersecting Ro	adway/Street		[u c l c						
		Also at intersection	n with		_Feet [1	N S E	W of	Route#	Ir	ntercectin	a Poadw	ay/Street
² 1					Feet	SE	W of	touten	-1	reci securi	q ixouuvi	dy/Scicci
3	Route# Direction Na	me of Intersecting Ro	adway/Street							Landm	ark	
	Please Select One of the Following:	1 #Occupants]Hit/Run	Moped				12-	·531	-AC		
	License# S33248857	St MA DOB/Age	60	Reg#	CI80RS	S		Re	g Type	PAN	Reg	State MA
	Sex F Lic. Class 19	Lic. Restrictions 20	CDL	Veh Year	2011	Veh	Make T	OYT			Veh C	onfig. 21
	Operator AZER, MARILENE A	ـــــا	Endorsement	– – Owner A	ZER, A	_	-					· L
	Last	First	Middle	_		Last	1 A	F	irst		Middle	
⁴ 3	Address 25 MELBA LN			Address 2	5 MELE	BA LI	1					
	City STONEHAM		2180-1338	City S	TONEH	AM			_	MA Zi		80-1338
	Insurance Company METROPO	LITAN INS		Vehicle Acti	on Prior	to Cr	ash 4 22	2	Damag	ed Area (
5	Vehicle Travel Direction NSE	W Responding to En	nergency? 2	Event Seque	ence 1	23 2	3 23	23	Test St			28
⁵ 1	Citation # (if Issued)	_		Most Harmft			.4		Type o			30
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub	<u> </u>	Driver Contr				25		st Result		
		Viol. 4 (Ch/Sec/Sub	-	Driver Distra	_					Alcohol: L from sce	31 Susp	. Drug: 32
6 1		perator and all occupar		Dilver Distra	letted by	34	35	36	37	38 39		7
	Name (Last First Middle)	Address	163	DOB/Age	Sex	Seat Pos.	Safety	Airbag	Eject 1	Trap Inju	y Transp	
	Operator	See Above	1	DOD/Age		1		Status 4	0 0	Code Statu	ıs Code	Facility
	operator .	SCC ABOVE						-	0 0	3	+	
					+							
											+	
	Please Select One	4 "0	lare e agente des	_ 15		16		17		18	1	
8	of the Following:		Non-Motorist		Action		Location		ondition		Hit/Run	Moped
	License# B13516351	St AZ DOB/Age	43	Reg# 9	7NS36			Reg	Туре	PAN	Reg :	State MA
	Sex M Lic. Class D 19	Lic. Restrictions 120	CDL	Veh Year 2	011	Veh	Make H	DND			_ Veh Co	onfig. 21
	Operator DAMATO, CHRISTOR	HER	Endorsement	Owner PI	SKURA	1, JO	III C NH					
	Last	First	Middle	Antaluana a m		ast			rst		Middle	
	Address 9132 WHITE FEATH						ILLIES	WAY	Charles	BAA 75.	0050	
	City PEORIA		5383		'ANNI		sh 4 22			MA Zip		1-2536 7 7 27 27
1	Insurance Company COMMERC			Vehicle Actio	_		<u>T</u>	_	Damage Test Sta		ode: 6	
	Vehicle Travel Direction NSEV	Responding to Em	ergency? 2	Event Seque			<u> </u>	-2	Type of		2	9
	Citation # (if Issued)			Most Harmfu	l Event	1 24	_			st Result:	3	0
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Driver Contril	buting C	Code	1 25 2	۶5	Susp. Al	_	31 Susp.	Drug: 32
)_	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distrac	ted by	26				rom scen		
2	Please fill out for ope	erator and all occupant	ts			34	35	36		38 39	40	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System			rap Injury ode Status		Medical Facility
	Operator	See Above		-	1-1	1	1 4		0	5	1	
	Last Made 7/1	IU/2015 8-37 PM		Page 1		-		- 4.			c. Hunnau o	

= Direction	1 = Vehicle 1	2 = Vehicle 2 $\frac{Q}{A}$ = Pedestrian	(4) = Bicycle 12-531-AC
Crash Diagram: ie:	1	2 → ?	ф
	ti	Rd.	If Crash Did Not Occur on a Public Way:
Aselion Perk	Ocean St	Old Colony Rd.	Off-Street Parking Lot
	0		Garage
			Mall/Shopping Center
South St. MV#2	Voy ^{MV#1}	South St. 💢	Other Private Way
Old Colony Rd.	Ouesin St.	Town Green	North

On 06/28/12, I was dispatched to the intersection of South St. and Ocean St. for a two car mva with no reported pi. Upon arrival both vehicles were in the intersection with MV#2 turned in the opposite direction to the one way traffic. No injuries were reported at the scene. OP#2 stated that he was driving straight through the intersection, when the other v hit him in the side and continued to drive, turning him around. OP#1 stated that she was turning left and that the other car did not have their blinker on. GIST: MV#1 was on the north side of South St. waiting to turn left. MV#2 was on the south side of South St. waiting to proceed straight through the intersection. As MV#2 began to drive straight, having the right of way, MV#1 turned left crashing into the side of MV#2 causing damage to the drivers side. Once MV#1 made contact with MV#2, it continued to drive, turning MV#2 180 degrees to face the wrong way in the road.

Witnesses:						
Name (Last, First, Mid	dle)	Address		Phone #		Statement
Property Damag	ie:	,		-		
Owner (Last, First, Mid		Phon	e# 4	1-Tvpe	Description of Da	amaged Property
Truck and Bus I	nformation:	Registration #			(From Vehicle S	Section)
Carrier Name						Bus Use 42
Address		City		Stat	e Zip	
USDOT #	State Number	Issuing S	State M	IC/MX/IC#		
Interstate 43	Cargo Body Type Code	GVWR\GCWR	45		5 1	
Trailer Reg#		Reg Type Reg	g State	Reg Year		Trailer Length 46
Hazmat Informatio	on:					
Placard 47 Mate	erial 1 digit# 48 Materia	l Name	Materia	al 4 digit#	<u>u </u>	Release code 49
JONATHAN PASS		JBP/221	Barnstable Police Department	,		7/3/2012
Police Officer Name (Pl	ease Print) Signature Last Mod: 7/10/2012 8:37 AM	ID/Badge# Page 2	Department	Precino	t/Barracks	Date ttps://www.crashlogic.com

1	.2-558-AC	Com	monwealtl	of Ma	assa	ichi	ısetts			Г			
	Date of Crash Time of Crash	City/Town	Motor Vo			sh	Number Vehicles	1	mber ured	Spee Lat.	d Limit	Ĺ	tate Police ocal Police BTA Police
0		arnstable		Repo	rt		2	_	0	Lon.		Ot	her
-	AT INTERSEC	CTION	< LOC	ATION	>	ř.		NOT	AT	INT	ERSE	CTIO	1
-	SOUTH	ST											
5 F	Route# Direction	Name of Roadway,	/Street	Route#	D	irection	n Addre	ess#		Name	e of Ro	adway/s	Street
		At		-	East	NS	E W of						
	OCEAN S	ST			reetį	11 5	- • • • • • • • • • • • • • • • • • •	Mile N	- Marker	or		Exit Nu	ımher
R	Route# Direction Na	me of Intersecting Roa	adway/Street			ndel.	- 347					EXIC 140	iniber
		Also at intersection	n with	<u> </u>	Feet	N S	E W of	Route		Into	coctine	. Doodu	ay/Street
1 -					Feet	NS	E W of	Route	#	Inter	Secure	ı Koduw	ay/Street
110		me of Intersecting Roa	idway/Street								andma	ark	
	Please Select One Vehicle 1	1 #Occupants	Hit/Run Mop	ed				12	-55	i8 - <i>i</i>	AC		
Li	cense# 12192331	St PA DOB/Age	68 R	eg# T	OADI	RIP		R	ед Тур	oe Po	<u> </u>	Reg	State PA
Se	ex M Lic. Class 19 19	Lic. Restrictions 20	CDL V	eh Year 2	004	Ve	h Make (GMC					Config. 97
0	perator ROBERTS, JAMES		Endorsement	_		_		5110				_	211119. 97
ام	Last	First	Middle	Wilei RC	JBEK	Last	AMES		First			Middle	
1 Ac	ddress 685 LIMEKILN RD D	OYLESTOWN RD		ddress 68	5 LIN	1EKI	LN RD C			VN RI	0	, madic	
Ci	ty OUT OF TOWN	State PA Zip 0	2632 C	ty OL	JT OF	TOV	/N		St	ate P	A Zip	026	32
In	surance Company CALIFORN	IA CASUALITY	V	ehicle Actio	n Prio	r to C	rash 1 2	2	Dan	naged	Area C	ode: 1	27 7 27 27
Ve	chicle Travel Direction NSEV	Responding to Em		ent Sequer	_		23 23	23		: Statu			28
2	tation # (if Issued)			ost Harmful			24		Туре	e of To	est:		29
J.,							75	25	BAC	Test .	Result:		30
	ol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		iver Contrib	outing	_	4	23	Susp	o. Alco	hol:	31 Susp	o. Drug: 32
Vic 1	ol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		iver Distrac	ted b	y	26		Tow	ed fro	m scer	ne? 1	33
		erator and all occupan	ts			34 Sea	35 Safety	36 Airbag	37 Ejed	38 t Trap	39 Injur	40 Transp	Medical
P	Name (Last First Middle)	Address		DOB/Age	Sex				Code	Code	Statu	s Code	· I II
	Operator	See Above		-	<u> </u> -	1	2	99	0	0	5	1	
	lease Select One Vehicle 2	1 #Occupants	Non-Motorist Ty	pe 15 A	ction	16	Location	17	Condit	ion	18	Hit/Run	Moped
Lic		St MA DOB/Age 1			/3BC			 Do	д Тур	C DA			State MA
1	10 10							-	y iyp	PA	.IVI	_	
	M Lic. Class		Indorsement)07	- ven	Make H	YUN				Veh Co	onfig. 1
Ор	erator SARAPAS, BRIAN Last	First	Ov	ner SAI	RAPA	S, AL	AN		Turnet.			h 4: J JI -	
Add	dress 18 HORSESHOE DR F			dress SAI		_ast		r	irst			Middle	
City			2632 Cit	_					Sta	te M/	Zip		
Ins	surance Company CITIZENS I			hicle Action	Prior	to Cr	ash 4 22					ode: 1 2	7 2 27 8 27
	nicle Travel Direction NSEW	_		ent Sequen	-			23		Status			8
		ixesponding to Line				_	4-4-		Туре	of Te	st:	2	9
	ation # (if Issued)		Mo	st Harmful	Event	12			BAC	Test R	esult:	3	0
Vio	l. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Dri	ver Contrib	uting	Code	1 25	25	Susp.	Alcol	nol:	31 Susp.	Drug: 32
Vio	l. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Dri	ver Distract	ed by	2	6		Towe	d fron	n scene	e? 1 ³	3
	Please fill out for ope	rator and all occupants	5			34 Seat	35 Safety	36 Airbag	37 Finat	38	39	40	Medical
N	ame (Last First Middle)	Address		OOB/Age	Sex	Seat Pos.	System	Airbag Status	Eject Code		Injury Status		Facility
	Operator	See Above		-	-	1	2	4	0	0	5	1	
	Last Mod: 7/1	5/2012 9:55 AM	Do	10 1							L. L. L.	· I hansast a	rachlogic com

	12-558-AC
	If Crash Did Not Occur on a Public Way:
	Off-Street Parking Lot
SCUTH ST	Garage
COTONA P	Mall/Shopping Center
COLONY	Other Private Way
OCEAN ST	
	North

Crash Narrative:
OPER #1 EXITING 500 OLD COLONY FAILS TO YIELD RIGHT OF WAY AND STRIKES VEHICLE #2

Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
Property Damage:						
Owner (Last, First, Middle)	Address	Phone	2# 4	41-Tvpe I	Description of D	amaged Property
Truck and Bus Inforn	nation: Re	egistration #			(From Vehicle	Section)
Carrier Name		-			÷.i	Bus Use 42
Address		City		State	E Zip	
USDOT #	State Number	Issuing S	tate !	MC/MX/IC#		
Interstate 43 Cargo	o Body Type Code	GVWR\GCWR	45			
Trailer Reg#	Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 o	digit# 48 Material Name		Materi	ial 4 digit#		Release code 49
PATRICK FALLON		PF/203	Barnstable Police Department	е		7/15/2012
Police Officer Name (Please P Last Mo	Print) Signature od: 7/16/2012 9:55 AM	ID/Badge# Page 2	Department	Precinc	t/Barracks	Date https://www.crashlogic.com

12-699-AC	Com	ımonwealth	of Mass	achu	setts				
Date of Crash Time of C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Motor Vel		ash	Number Vehicles	Number Injured	Speed Lim Lat.		tate Police
08/04/2012 23:27	R Barnstable		Report		2	1	Lon.		BTA Police ther
AT INT	ERSECTION	< LOCAT	ION >			NOT AT	INTERS	ECTIO	N
s	OUTH ST								
Route# Direction	Name of Roadway	/Street	Route#	Directio	n Addres	s#	Name of F	loadway/s	Street
	At		Feet	NSE	Wof		or		
	CEAN ST			- ا جانتا		Mile Marke		Exit No	umber
Route# Direction	Name of Intersecting Ro		Foot	NSE	W of				
	Also at intersectio	n with				loute#	Intersecti	ng Roadw	vay/Street
Poute# Direction	Name of Inhouse stime Do	nder a Chun a b	Feet	NSE	W of				
Place Calant Con	Name of Intersecting Roa ehicle 1 1 #Occupants	Hit/Run Mopeo				12-69	Landr 99-AC		
License# S49741594	St MA DOB/Age	30 Reg	# НРЈ9	443		Reg Ty	pe PC	Reg	State PA
Sex M Lic. Class D	Lic. Restrictions 20	CDL Veh	Year 2012	Ver	Make N	ISS		Veh (Config. 21
Operator PINA, NATHA		Owi	ner LLC E		DINGS	61 .			
Address 398 MAIN ST	First '5C	Middle Add	ress 6929 l	Last LAKEW	OOD AV	First F		Middle	
City HYANNIS		2601 City	-				tate OK Z	ip 741	17
	INSURANCE CO LISTED		icle Action Pr		rash 22		naged Area		27 27 27
l			nt Sequence				t Status:		28
Vehicle Travel Direction Citation # (if Issued)	(O E SV		t Harmful Eve		14		e of Test: Test Resul	-	30
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Driv	er Contributin	g Code	1 25	25	p. Alcohol:		o. Drug: 32
Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub) Driv	er Distracted	by 2	6		ed from sc		
Viol. 3: Ch/Sec/Sub Please fill ou	it for operator and all occupan	nts		34	35	36 37	38 3	9 40	
Name (Last First Middle) Address	D	OB/Age Se	Seat Pos.		Airbag Ejec Status Cod			
Operator	See Above			1	99	4 0	0 5	1	
Service Consult.									
Please Select One of the Following:	hicle 2 1 #Occupants	Non-Motorist Type	e 15 Action	16	Location	17 Condi	tion 18]Hit/Run	Moped
License# S44783468	St MA DOB/Age	22 Reg	# 528R	54		Reg Typ	e PAN	Reg	State MA
Sex F Lic. Class D	19 Lic. Restrictions 20	CDL Veh	Year 1994	Veh	Make HC	OND		Veh C	onfig. 21
Operator TUNGULINA,	IRINA V	Endorsement Own	er TUNGL	— ILINA,	IRINA V				
Last Address 67 SEA STF5	First	Middle Addi	-	Last		First		Middle	
City HYANNIS	State MA Zip 0:	2601 City	HYANN			Sta	ate MA Zi	p 0260)1
Insurance Company PRE			cle Action Pri		sh 2 22		aged Area		27 27 27
Vehicle Travel Direction			t Sequence 1	_	1	3 Test	Status:		28
Citation # (if Issued)	- - -		Harmful Eve		1		of Test:		29
Viol. 1 (Ch/Sec/Sub)	Viol 3 (Ch/Con/Cub)		r Contributing		ا عدا عا	5	Test Result		30
Viol. 3: Ch/Sec/Sub	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub)				<u> </u>	Susp	. Alcohol:	31 Susp	
	t for operator and all occupant	·	Driver Distracted by 26 Towed from scene? 23 34 35 36 37 38 39 40						
Name (Last First Middle)	Address		B/Age Se	Seat	Safety A	Airbag Eject	Trap Inju	ry Transp.	
Operator	See Above	- DO	- se		System S 99 4	Code O	Code State	us Code	Facility
	500715570				- T		-	-	Cape Cod Hospital
Last	Mod: 8/6/2012 10:00 AM	Page	1				btt	ns://www.c	crashlogic.com

		= Direction		1	= Vehicle 1	2	= Vehicle 2	Pedestrian	₫ = Bicycle	12-699-AC
Crash [Diagram:	ie:	-	1	-	2		ጀ =	940	
							, j	/		If Crash Did Not Occur on a Public Way:
							1 /			Off-Street Parking Lot
5	South Street				503					Garage
					5.13					Mall/Shopping Center
			gul	130						Other Private Way
					7	300	Ocean St			North

Operator # 1 - Nathan Pina - "I was stopped at the stop light and my soda rolled underneath my legs. I went to pick it up and rolled into the back of the car in front of me."

Operator # 2 - Irina Tungulina - "I was stopped at that stop light and the car behind me bumped me from behind."

Gist - Neither MVs had any damage. Motor Vehicle #1 slowly rolled into Motor Vehicle #2.

Operator #2 stated that she wanted to go to the hospital. Prior to rescue arriving Operator #2 took the pizzas out of her vehicle and ran across the street giving them to another delivery person. 771

Witnesses:									
Name (Last. Firs	t. Middle)	/	Address			P	hone #		Statement
Property Da	mage:								
Owner (Last, Firs		Address		Pho	ne #	41-	Type	Description of [Damaged Property
Td. and D	V	701 8 11 11					,		
	us Information:		Registr	ration #				_(From Vehicle	Section)
Carrier Name								_	Bus Use
Address				City			Stat	te Zip	
USDOT #	Sta	te Number		Issuing	State	MC,	/MX/IC#	•	
Interstate	43 Cargo Body Type	e Code	gv/	wr\gcwr	45			-	
Trailer Reg#			Reg Type	Re	g State	R	eg Year		Trailer Length 46
Hazmat Infor	mation:								
Placard 47	Material 1 digit#	8 Material	Name			Material ·	4 digit#		Release code 49
DENNIS STAM	PFL			DMS/26	Barnst Depart	able Police ment			8/5/2012
Police Officer Nar	me (Please Print) Last Mod: 8/6/2012	Signature 10:00 AM		ID/Badge Page 2		nent	Precino	ct/Barracks	Date https://www.crashlogic.com

https://www.crashlogic.com

Date of Cash Time of Crash Cash
AT INTERSECTION OCEAN ST Route# Direction Name of Roadway/Street Also at intersecting Roadway/Street Also at intersecting Roadway/Street Also at intersecting Roadway/Street Please State Ma 1 #00ccupants Ht/Run Moped 12-822-AC License# Direction Name of Intersecting Roadway/Street Please State Ma 1 #00ccupants Ht/Run Moped 12-822-AC License# State Ma 2 #00ccapants Ht/Run Moped 12-822-AC City Mashret Frot Middle Moldress 441 BUCK ISLAND RD City Mashret State Ma 2 #0 02649 City Mashret Mashret Middle Moldress 441 BUCK ISLAND RD City Mashret Middle Moldress 441 BUCK ISLAND RD Middle
OCEAN ST Route# Direction Name of Roadway/Street Act SOUTH ST Route# Direction Name of Intersecting Roadway/Street Act SOUTH ST Route# Direction Name of Intersecting Roadway/Street Also at intersection with Souther Prection Name of Intersecting Roadway/Street Also at intersection with Souther Prection Name of Intersecting Roadway/Street Place Society Only Vehicle 1 1 4 Occupants Hil/Run Moped 12-822-AC Route# Prection Name of Intersecting Roadway/Street Place Society Only Vehicle 1 1 4 Occupants Hil/Run Moped 12-822-AC Route# Prection Roadway/Street Place Society Only Vehicle Tave Hilling Address Society Only Vehicle Tave Hilling Route# Direction Address Name of Roadway/Street Feet N S E W or Name of Roadway/Street Feet N S E W or Route# Intersecting Roadway/Street Landmark 1 2-822-AC Route# Direction Roadway/Street Place N S E W or Route# Roadway/Street Landmark 1 2-822-AC None Dollage Jank Reg Tyre PAN Reg State MA Address Sale MA Zp 02649 Chy Web Address First Middle Address Address Address Address First Middle Address Ad
Route# Direction Name of Roadway/Street At SOUTH ST Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Direction Name of Intersection Roadway/Street Feet N S E W of Route# Direction Name of Intersection Roadway/Street Feet N S E W of Route# Direction Roadway/Street Teet N S E W of Route# Direction Roadway/Street Teet N S E W of Landmark Please State One Vehicle 1 1 # Occupants Hit/Run Moped 12 * 82 * 2 * ACC C C C C C C C C C
Route# Direction Name of Intersecting Roadway/Street Aloo at Intersecting Roadway/Street Aloo at Intersecting Roadway/Street Feet N E W or Route# Rout
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Route# Direction Name of Intersection With Feet NS E W Route# Intersecting Roadway/Street Early Route# Intersecting Roadway/Street Early Route# Intersecting Roadway/Street Early Route# Intersecting Roadway/Street Early Route# Intersecting Roadway/Street Intersecti
Route# Direction Name of Intersecting Roadway/Street Feet NS E W of Intersecting Roadway/Street Landmark Landm
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Clastic Company Comp
Licenses S29477211 St MA DOB/Age 27 Reg 2892PM Reg Type PAN Reg State MA
Sex F Lic. Class D 3 3 Lic. Restrictions 2 CDL Endorsement Coperator BURNETT, KERRI L Endorsement Coperator BURNETT, KERRI L Endorsement Coperator BURNETT, KERRI L Endorsement Coperator City Coperator
Operator DOLBEC, JANE ANNE Last First Middle
Owner
Address 195 FALMOUTH RD8C Address State MA Zip 02649 City MASHPEE State MA Zip 02649 City WESTON State MA Zip 02673 City City WESTON State MA Zip 02673 City City WESTON State MA Zip 02673 City City WESTON State MA Zip 02673 City Cit
City MASHPEE State MA
Name (Last First Middle Address SachEMRD City WESTON State CT Zip O6883 City Cook, ThOMAS Diver Contributing Cook Address SachEMRD City WESTON State CT Zip O6883 City
Vehicle Travel Direction N E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23
Citation # (if Issued)
Viol. 1 (Ch/Sec/Sub)
Viol. 2 (Ch/Sec/Sub)
Viol. 3; Ch/Sec/Sub
Name (Last First Middle)
Name (Last First Middle)
Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped License# 218083035 St CT DOB/Age 24 Reg# 251YMJ Reg Type PC Reg State CT Sex F Lic. Class D 19 Lic. Restrictions 10 CDL Endorsement Cook, HAYLEY A Last First Middle Address 6 SACHEMRD City WESTON State CT Zip 06883 City Weston Prior to Crash 1 22 Damaged Area Code: 7 77 27 27 27 Citation # (if Issued) Viol. 2 (Ch/Sec/Sub) Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4 (Ch/Sec/Sub) Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4 (Ch/Sec/Sub) Driver Distracted by 26 Saet Safety Airbag Sex Saet Safety Airbag Sex Saet Status Code Code Code Status Code Code Status Code Code Status Code Code Code Status Code Code Status Code Code Status Code Code Status Code C
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License# 218083035 St CT DOB/Age 24 Reg# 251YMJ Reg Type PC Reg State CT Sex F Lic. Class D 19 Lic. Restrictions 1 CODM Veh Year 2008 Veh Make AUDI Veh Config. 1 1 Operator COOK, HAYLEY A Cover COOK, HAYLEY A Last First Middle Address 6 SACHEM RD City WESTON State CT Zip 06883 City WESTON State CT Zip 06883 City WESTON State CT Zip 06883 Vehicle Action Prior to Crash 1 2 Damaged Area Code: 7 27 27 27 27 27 27 27 27 27 27 27 27 2
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Lact Mod: 9/11/2012 9:23 AM Daniel
Lact Mod: 9/11/2012 9:23 AM

⇒	= Direction		= Vehicle 1	2	= Vehicle 2	Pedestrian	-	12-822-AC
Crash Diagram:	ie:	mþ	1	2	-	` ₹ 📑	₹	
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Dispatched to the above intersection for a two car mva with no reported pi. Upon arrival both vehicles were moved to the Hess station parking lot located on Old Colony Rd. Neither party reported any injury while on the scene. V#2 was traveling North on Ocean St straight therough the intersection. V#1 was attempting to turn left onto South St from Ocean St. V#2 was struck in the drivers side of the vehicle while it was in the center of the intersection. V#1 failed to yield the right of way, and hit V#2 causing major damage.

Witnesses:							
Name (Last, First	t. Middle)	Address			Phone #		Statement
Property Da					-		
Owner (Last, Firs	st. Middle) Ad	dress	Phone	2 #	41-Type	Description of D	amaged Property
Truck and Bu	us Information:	Reg	istration #			(From Vehicle	Section)
Carrier Name		Reg					Bus Use 42
						-	bus ose
Address			City		Sta	te Zip	
USDOT #	State N	lumber	Issuing S	tate	MC/MX/IC#	#	
Interstate	Cargo Body Type Co	ode 44	GVWR\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Inform	mation:						
Placard 47	Material 1 digit#	Material Name		Ma	aterial 4 digit#	2	Release code 49
JONATHAN PAS	SS		JBP/221	Barnstable Po Department	olice		9/9/2012
Police Officer Nan	ne (Please Print) Sign	nature ²³ AM	ID/Badge#	Department	Precin	ct/Barracks	Date

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	Name (Last First M	Operator			Address See Above		DOB/Age	Sex	Pos.	System 99		witch C	ode Code	Status 2	Code 2	Medical Facility Cape Cod Hospital	-44
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	Opera	tor/Non-Motorist			See Above							_					

	= Direction 1 = Vehicle 1	2 = Vehicle 2	= Pedest	rian	
Crash Diagram:	ie: → I	2	<u>}</u>		
	NO DIAGRAM			If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way North	
Cuach Navyativa					
Crash Narrative:					
DUOTOG: Del Combath	responded to scene for	-hata- WDEG	TED C	David a Marria -	
INJURIES: Both GONSA		photos.wkeci	CERS:	Davis Towing.	
	7270MM, a red Dodge Ram				
	reason, the MV left th				he
	Heavy front end damage	to the pickur	and	may be totaled. Minor	
damage to utility po	le reported to NStar.		1014	and the state of the state of	
111111111111111111111111111111111111111					
More information is	available at Barnstable	Police Depar	tment	. Please call 508-775-	5466.
9					
Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:	5				
Owner (Last,First,Middle)	Address	Phone #	34-Туре	Description of Damaged Property	
NSTAR ELECTRIC	WILLOW ST YARMOUTH MA			UTILITY POLE	
Truck and Bus Information:	Registration #	(From Vehicle Se	ction)		
Truck and Bus Information:	Registration#				35
Carrier Name	Avguation /			Carrier Issuing Authority Code	35
	Registration #			Carrier Issuing Authority Code St Zip	
Carrier Name	Avguation /	City		Carrier Issuing Authority Code St Zip	35
Carrier Name Address US DOT #:	Avguation i	City		Carrier Issuing Authority Code St Zip	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gr	State Number	City Issuing State	_ICC #:	Carrier Issuing Authority Code St Zip Interstate	
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Number	City Issuing State	_ICC#;	Carrier Issuing Authority Code St Zip Interstate	
Carrier Name	State Number	City _ Issuing State Reg Year	_ ICC #: Trail	Carrier Issuing Authority Code St Zip Interstate er Length	36
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Number	City _ Issuing State Reg Year	_ ICC #: Trail	Carrier Issuing Authority Code St Zip Interstate er Length	
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #: Hazmat Information: 40	State Number 38 ross Vehicle Weight Reg State Reg State 41 Material Name	City Issuing State Reg Year Ma	_ ICC #: Trail	Carrier Issuing Authority Code StZip Interstate er Length Release code	36

Ref: 12-147-AC

Entered: 02/16/2012 @ 0755
Modified: 06/04/2012 @ 1154
Approved: 02/17/2012 @ 0642

Entry ID: 274 Modified ID: 744

Approval ID: 187

Page: 1



STATEMENTS

OPERATOR #1: Dereck GONSALVES (DOB unconscious at scene and unable to provide statement.

WITNESS: Passenger Raoulchelle EDWARDS was disoriented and confused at scene. EDWARDS unable to provide statements as to how or why crash occurred.

PHOTOS: Ptl. Corbett responded to scene for photos.

WRECKERS: Davis Towing responded to scene to tow MV.

INJURIES: Both GONSALVES and EDWARDS transported to CCH for treatment of injuries resulting from crash.

GIST: MV #1, MA Reg 7270MM, a red Dodge Ram pickup was travelling east on South Street when, for an unknown reason, the MV left the roadway and struck a utility pole in the area of Old Colony. Heavy front end damage to the pickup and may be totaled. Minor damage to utility pole reported to NStar.



12-425-AC	2	Com	monwealth	of Ma	assa	chu	setts						
Date of Crash		, ,	Motor Ve			sh	Number Vehicles		mber ured	Speed Lat.	Limit	Lo	ate Police cal Police TA Police
06/01/2012		H R Barnstable	Police		rt		2	_	0	Lon.		Oth	ner
	AT INTER	RSECTION	< LOCA	TION	>			ТОИ	AT	INTE	RSEC	TION	
	sou	JTH ST											
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		At			Feet	NSE	W of			or			
		COLONY RD						Mile N	1arker			Exit Nu	mber
Route# Di	irection	Name of Intersecting Roa			Foot	V S E	W of						
		Also at intersection	n with					Route:	# -	Inters	ecting	Roadwa	y/Street
Route# Di	rection	Name of Intercepting Dec	duran (Chroat		Feet	N S E	Wof					Name -	
Please Select	State of Control	Name of Intersecting Roa						10	42		andma	rk	
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Opera		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4			Status		Facility
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Crash Diagram:	ie:	-	1	-	2	-	₹ =	₫	12 125 AG
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Ocean St		¢⊡r,	l equ						
		和		l l	È				
								2 D	North

OP #1: Duffy stated that she was travelling north on Ocean St. and was stopped at the lights at South St. She explained that when the light turned green she proceeded into the intersection, going straight and was struck by Vehicle #2. OP #2: Bause stated that he was travelling south on Ocean St. and was stopped at the lights at South St. behind one other car. He explained that when the light turned green he followed the car in front of him turning left onto South St. He stated that the believed the traffic going straight accross from him was still stopped. He stated that he was struck by Vehicle #1 on the passenger side without him ever seeing the vehicle. WRECKERS: Capeway Towing - both vehicles. INJURIES: None. GIST: Vehicle #1 travelling north on Ocean St. struck Vehicle #2 turning left onto South St.

Witnesses:	74.7						
Name (Last. Firs	t. Middle)	Address			Phone #	<i>‡</i>	Statement
Property Da	made.	İ			1		
Owner (Last. Fir		Address	Phone	e #	41-Type	Description of	Damaged Property
Truck and B	us Information:	Reg	istration #			(From Vehic	e Section)
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Interstate	43 Cargo Body Type	Code 44		45	_		
Trailer Reg#	cargo body rypi	Reg Type		 State	Don Voc	_	Trailer Langel 46
Trailer Reg#		Keg Type	Reg	- State	Reg Yea		Trailer Length 40
Hazmat Infor	mation:						
Placard 47	Material 1 digit#	Material Name		M	aterial 4 digit#	#	Release code 49
STEVEN BARRI	ETTE		SB/246	Barnstable P Department	olice		6/2/2012
Police Officer Nar	me (Please Print) Last Mod: 6/7/2012	Signature 9:48 PM	ID/Badge# Page 2	Department	Precir	ict/Barracks	Date https://www.crashlogic.com

12-1110-AC	Com	ımonwealth	of Mass	ach	usetts					
Date of Crash Time of Crash	City/Town	Motor Vel		ash	Number Vehicles		ured	Speed Li Lat.		State Police Local Police MBTA Police
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Please Select One			15	16	1	17		18		
of the Following:		Non-Motorist Type	e Actio	ا	Location		Conditi	on	∐Hit/Ru	ın Moped
cense# \$05061210	St MA DOB/Age	55 Reg	# 12GR	78		Reg	д Туре	PAN	Re	g State MA
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perator FLANDERS, CLAIRE		Endorsement Own	er FLAND		CLAIRE					
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ty WEST YARMOUTH	State MA Zip 02	2673 City	WEST				Sta	te MA	Zip 026	673
surance Company COMMERC			cle Action Pri						Code: 1	
chicle Travel Direction NSE			t Sequence	-				Status:		28
tation # (if Issued)			: Harmful Eve				Type	of Test:		29
	16-1 2 (O) (C) (C)			_	-	25]		est Resu		30
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Please fill out for on	erator and all occupant Address		D/4 c -	34 Seat		36 Airbag		Trap In	39 40 jury Trans	_{sp.} Medical
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Name (Last First Middle)				1	1	4	0	0 5	1	

Crash Diagram:	= Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestrian	ශ්ර = Bicycle ම්ර්	12-1110-AC
Crush Diagram.	ici —			^ -		If Crash Did Not Occur on a Public Way:
					[Off-Street Parking Lot
						Garage
	Ólá Cola	ny Road Oca	an Sireet]	Mall/Shopping Center
	Old Sele	my Rose Gos	an Sireet			Other Private Way
		South Street				North

On Friday 11/30/2012 while assigned to a Sector One Hyannis Patrol I was dispatched to an MVA at the intersection of South Street and Ocean Street. Upon my arrival Sgt. D. Myett was off with two M/V's and advised that there was no injury. The damage seem to be minor in nature. I then spoke with the two operators. OP#1: Mr. Chris McDonough stated- I was stopped at the traffic light with a red light waiting for it to turn green when all of a sudden I was just struck from behind. OP#2: Ms.Claire Flanders states I was driving down South Street when a bottle of lotion that I had just purchased fell from the arm rest onto the floor by my feet and I did not want it to obstruct the gas or brake pedals so I bent down to pick it up and when I did that I ran into teh back end of the other car. I did not realize I was that close to the other car, Im glad I was not traveling fast. There were no injuries, No wreckers, No photos. Report filed.

Witnesses:	(40.8)								
Name (Last, Firs	t. Middle)	Address			Pho	one #		Statemer	nt
Property Da									
Owner (Last, Firs	t. Middle)	Address	Phone	e #	41-Tv	ре	Description of D	Damaged Propert	٧
Tours on a D	T. C				H				
Truck and B	us Information:	Regist	tration #				(From Vehicle	Section)	43
Carrier Name							_	Bus Us	ie 42
Address			City			Stat	e Zip		
USDOT #	Sta	te Number	Issuing S	tate	MC/M	X/IC#			
Interstate	43 Cargo Body Typ	e Code 44 G\	/WR\GCWR	45					-
Trailer Reg#		Reg Type	Reg	State	Reg	Year		Trailer Length	46
Hazmat Infori	nation:								
Placard 47	Material 1 digit#	Material Name		M	aterial 4 d	digit#		Release code	49
BRIAN MORRI	SON		BDM/20 5	Barnstable P Department	olice			12/2/2012	
Police Officer Nar	ne (Please Print) Last Mod: 12/4/2013	Signature 2:46 PM	ID/Badge#	Department	P	recinc	t/Barracks	Date	onic com

12-811-AC	Con	amonwealth	of Ma	issac	huse	tts					
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Please Select One		Hit/Run Mope	d			1	2-81			I.N.	
of the Following: Verillo License# B622-115-41-96				091GV	v		Reg Ty			Por	State FL
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City BONITA SPRING	S State FL Zip 3	34135-0000 City	y BO	NITA	SPRING	is	5	tate FI	L Zip	341	35-0000
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Vehicle Travel Direction NS	E W Responding to En	nergency? 2 Eve	ent Sequer	ce 1 2	3 23	23 23	Tes	t Statu	s:		28
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	r operator and all occupar		TCI DISCIGL	To by	34	35 3	6 37	38	39	40	
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Operator	See Above		-	-	1 1	4	0	0	5	1	racincy
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Please Select One of the Following:	e 2 1 #Occupants	Non-Motorist Typ	pe 15 A	ction	16 Loca	ition 1	7 Condi	tion	¹⁸ 🗀 H	- Hit/Rur	Moped
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Lity HYANNIS		2601 City		LOUIS					Zip	6310	
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Please fill out for	operator and all occupant	ts				5 30 ety Airb		38 Trap	39 Injury	40 Transn	Medical
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Operator	See Above		-	-	1 1	4	0	0	5	1	
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	= Direction		1	= Vehicle 1	2	= Vehicle 2	Redestrian	∂්ති = Bicycle	12-811-AC
Crash Diagram:	ie:	mjb-	1	-	2	-	₹ =	₫	IZ OII AC
									If Crash Did Not Occur on a Public Way:
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									Garage
									Mall/Shopping Center
									Other Private Way
					V1	TOJET v	2		
					915	2 - ACT	_		
								A	
									North

V1 (FL K091GW)was turning left onto South St from Ocean St in Hyannis. V2 (MA 292PV3) was travelling northbound on Ocean St. bearing right onto Old Colony Rd. Both operators had green lights. V2 was in the intersection and was struck in the left rear tire area by V1, damaging the area surrounding the tire. V1 sustained damage to its front end. Davis towing removed both vehicles from the scene.

Witnesses:	67.11								
Name (Last, First	. Middle)	/	Address				Phone #		Statement
DAVIS, PAUL		1	145 BAY SHORE RD, I	IYANNIS I	4A 02601				
Property Dai	mage:								
Owner (Last. Firs	t. Middle)	Address		Phon	e #	41	-Tvpe	Description of	Damaged Property
						4			
Truck and Bu	ıs Information:	il Mahil	Registration	#				(From Vehicle	e Section)
Carrier Name				-				_	Bus Use 42
Address			City				Stat	te Zip	-
USDOT #	Sta	te Number		Issuing S	State	Mo	C/MX/IC#	ŧ	
Interstate	Cargo Body Typ	e Code	GVWR\0	CWR	45			A	
Trailer Reg#			Reg Type	Reg	State		Reg Year		Trailer Length 46
Hazmat Inforn	nation:								
Placard 47	Material 1 digit#	8 Material	Name			Materia	l 4 digit#	F	Release code 49
CHRISTOPHER	ROSS		C	RR/271	Barnstable Departmen	Police t			8/30/2012
Police Officer Nam	ne (Please Print) Last Mod: 9/4/2012	Signature 9:40 AM	II)/Badge# Page 2	Department		Precino	ct/Barracks	Date https://www.crashlogic.com

Operator RUSS, ANTHONY A Last First Middle Address 398 WEST MAIN ST2C City HYANNIS State MA Zip 02601 City ALCOA State TN Zip 37701 Insurance Company UNKNOWN Vehicle Action Prior to Crash 4 22 Vehicle Travel Direction NS E W Responding to Emergency? 2 Citation # (if Issued) R3583762 Viol. 1 (Ch/Sec/Sub) 89/9 Viol. 2 (Ch/Sec/Sub) Driver Contributing Code 4 25 25 Nost Harmful Event 1 2 BAC Test Result: 30 Viol. 3: Ch/Sec/Sub Viol. 4 (Ch/Sec/Sub) Driver Contributing Code 4 2 5 25 Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Facility Operator See Above SYLVIA, ROXANNE M 17 WASHINGTON AVE EXT, HYANNIS MA 02601 44 F 3 99 4 0 0 5 1 Please Select One Of the Following: Vehicle 2 1 #Occupants Non-Motorist Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped Sex F Lic. Class D 19 Lic. Restrictions 20 CDL Endorsement Endorsement Code Last First Middle Address 1 YELVERTON LN Operator PESSINI, COURTNEY E Endorsement Last First Middle Address 1 YELVERTON LN		13-442-AC	Com	monwealth	of Ma	ssa	chu	setts							7
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Please Select One V Vehicle 2			See Above		-	<u> -</u>	1	99	4	0	0	5	1		
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sh Diagram:	irection 1 = Ve	hicle 1 2 = Vehicle 2	} = Pedestrian &	13-442-
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				Garage
				Mall/Shopping Center
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-		South	Street	
	1		,	ā\ ()
Old Colony Road			X.	
	Ocean Street		1	North

On 06/03/13 at approx 2125 hrs I was dispatched to the intersection of South St and Ocean St for a motor vehicle accident with injury. Upon arrival I observed V1 TN Reg E4140V at rest against V2 MA Reg 326RD8, both facing east/southeast. Oper 2 was and was trapped in her vehicle by V1's position against her door. Oper 1 stated he was not

injured but his passenger's the following statement regarding the accidence. Oper 1 reported he was traveling south on Ocean St and stopped at the blinking red light at South St. Oper 1 stated he started into the intersection, turning left, and collided with V2. Oper 2 stated she was traveling east on South St with a blinking yellow light. While passing through the intersection she was struck by V1. V2 had the right of way due to a blinking yellow vs blinking red It.

Witnesses:						
Name (Last, First, Middle)		Address				Statement
Property Damage:						
Owner (Last. First. Middle)	Address	Phone	e# 41	L-Type	Description of D	amaged Property
Truck and Bus Informatio	n:	Registration #			(From Vehicle	Section)
Carrier Name		· · · · · · · · · · · · · · · · · · ·			-	Bus Use 42
Address		City		State	e Zip	
USDOT #	State Number	Issuing S	tate M	C/MX/IC#		
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 Nam	e	Materia	l 4 digit#		Release code 49
GRETCHEN ALLEN		GJA/226	Barnstable Police Department	6		6/4/2013
Police Officer Name (Please Print) Last Mod: 6/10	Signature /2013 6:38 AM	ID/Badge# Page 2	Department	Precinc	t/Barracks	Date https://www.crashlogic.com

13-452-AC	Com	monwealth	of Ma	issach	usetts						
Date of Crash Time of Crash	,	Motor Ve	hicle (Crash	Number Vehicles	Nun Inju	ired	Speed _at.	Limit	Lo	ate Police Cal Police
06/05/2013 15:29 24F	Barnstable	Police	Repor	rt	1	1	. 1	on.		MB Oth	TA Police er
AT INTER	SECTION	< LOCA	TION	>		NOT	AT I	NTE	RSEC	TION	
					184	Si	оитн	ST			
Route# Direction	Name of Roadway,	/Street	Route#	Direct	ion Addre				of Roa	dway/S	treet
	At			Feet N S	FW of			or			
				reet[11]	IT A OI	Mile M	larker	- " -		Exit Nu	mber
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of OCEAN ST								
Also at intersection with			Route# Intersecting Roadway/Street								
Route# Direction	Name of Intersecting Roa	dura (Chroot	- F	Feet N S	E W of	SELT	ON PA				
Please Select One		- I			12	45		indmar	k		
of the following.		Hit/Run Mope				13-					
License# S26435733	St MA DOB/Age		_	T92GZ			g Type	PA	N		State MA
Sex M Lic. Class D	Lic. Restrictions 1	CDL Ve	_		eh Make I					Veh Co	onfig. 21
Operator SEGERSTEN, RO		Ov	vner SE		N, ROBER						
Last Address 64 FOLSOM AVE	First	Middle Ad	idress 64	Last FOLSOM		ŀ	irst		P	4iddle	
City HYANNIS		2601 Cit		ANNIS			Sta	te MA	Zip	0260	1
Insurance Company NORFO	OLK DEDHAM	Ve	hicle Action	n Prior to	Crash 1 2	2	_		rea Co		7 27 27
Vehicle Travel Direction NS	E W Responding to Em		ent Sequen		23 23	23	Test :	Status	:		8
	60957		st Harmful		24		Type	of Tes	st:		9
Viol. 1 (Ch/Sec/Sub) 89/11				_	135	25		Test R			Drug: 32
Viol. 3: Ch/Sec/Sub Viol. 4 (Ch/Sec/Sub)			Driver Contributing Code 19 ⁵ Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 2 33								
	or operator and all occupan		IVCI DISCIDE	34	4 35	36	37	38	39	40	T
Name (Last First Middle)	Address	- 1	DOB/Age	Sex Pos	at Safety	Airbag	Eject	Trap			Medical Facility
Operator	See Above		- -	- 1		4				1	racincy
Please Select One of the Following:	e #Occupants	Non-Motorist A Ty	pe 15 A	ction 2 16	Location	17 C	onditio	on $\frac{1}{1}$	8 □н	it/Run	Moped
License#	St DOB/Age	20 Re			J	Rec	ј Туре			Reg S	tate
Sex F Lic. Class 19	10		n Year	Ve	h Make		, ,, -			Veh Co	
Operator MURPHY, ORLA	1 1	Endorsement	ner								9.
Last	First	Middle		Last		Fi	rst		М	iddle	
Address 102 CENTER ST			dress								
City HYANNIS	State MA Zip 02	2601 City	-			1	Stat		_ Zip	lo: 27	27 27
			hicle Action	22		L,		ged Ar Status:	rea Coo	ie: 28	
17		ergency? Eve	mt Consona	ce 23	23 23	1	Type of			29	1
17	E W Responding to Eme		ent Sequenc	<u> </u>		_	1700	71 I CJ1			
/ehicle Travel Direction NS	E W Responding to Eme		st Harmful I	Event	24	_	• •	est Re	sult:	30	
/ehicle Travel Direction NS	Responding to Eme	Mos		LVEIR _	351	25	BAC T			30 Susp.	
Vehicle Travel Direction NS Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub)	Mo: Driv	st Harmful I	uting Code	351	25	BAC To Susp.	est Re Alcoho		Susp.	Drug: 32
	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant	Mo: Driv	st Harmful I ver Contribu	uting Code	25 26 35	25 36	BAC Tousp.	est Re Alcoho I from 38	scene?	Susp. 33	Drug: 32
Vehicle Travel Direction NS Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for Name (Last First Middle)	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address	Mo: Driv Driv	st Harmful I ver Contribu	iting Code	25 26 35 t Safety	25 36 Airbag	BAC Toused 37 Eject	est Re Alcoho I from 38 Trap	scene?	Susp.	Drug: 32
Vehicle Travel Direction NS Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant	Mo: Driv Driv	st Harmful I ver Contribu ver Distracto	uting Code ed by 34 Sea	25 26 35 t Safety	25 36 Airbag	BAC Toused 37 Eject	est Re Alcoho I from 38 Trap Code	scene?	Susp. 33 40 Transp. Code	Drug: 32 Medical
Vehicle Travel Direction NS Citation # (if Issued) Viol. 1 (Ch/Sec/Sub) Viol. 3: Ch/Sec/Sub Please fill out for Name (Last First Middle)	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub) operator and all occupant Address	Mo: Driv Driv	st Harmful I ver Contribu ver Distracto OOB/Age	uting Code ed by 34 Seal Sex Pos.	25 26 35 t Safety	25 36 Airbag	BAC Toused 37 Eject	est Re Alcoho I from 38 Trap Code	scene? 39 Injury Status	Susp. 33 40 Transp. Code	Drug: 32 Medical

	= Direction	1 = Ve	ehicle 1 2	= Vehicle 2	Pedestrian	= Bicycle	13-452-AC
Crash Diagram:	ie: ⇒	1	2	-	<u>X</u> ■	∳ ∳	
		Barnstating Road	old and and				If Crash Did Not Occur on a Public Way:
		Ros	Sp Sol				Off-Street Parking Lot
:South St		H.	Ö	South St		[Garage
, court of		72,3		200%) 21]	Mall/Shopping Center
	Old Colony fed	i Al	Ocean Stree Aseiton Parl Crosswalk				Other Private Way
		Office	er				North

Vehicle #1 was travelling South on Ocean Street. I stopped my patrol vehicle at the cross walk for 4 perdestrians that were waiting to cross the street at the clearly marked cross walk going into Aselton Park. The perdestrians proceeded into the roadway. I observed Vehicle #1 not slowing down as it appraoched from South Street so I honked my horn. Vehicle #1 did not stop and side swipped Orla Murphy as she was in the cross walk. Murphy suffered minor injuries to her left elbow and hand. She refused medical attention. Citation R0560957 was issued to the operator of vehicle #1, Robert Segersten, for a cross walk violation.

Police Officer Name (Please Print) Signature Last Mod: 6/10/2013 6:41 AM	ID/Badge# Page 2	Department	Precinct/Ba		e www.crashlogic.com
EUGENE DESRUISSEAUX	EMD/24 8	Barnstable Police Department		6/6	5/2013
Placard 47 Material 1 digit# 48 Material	Name	Material	4 digit#	Rele	ease code 49
Hazmat Information:					
Trailer Reg#	Reg Type Reg	StateR	eg Year	Traile	er Length 46
Interstate 43 Cargo Body Type Code 6	GVWR\GCWR	45			
USDOT # State Number	Issuing S	State MC	/MX/IC#		
Address	City		State	Zip	
Carrier Name					Bus Use 42
Truck and Bus Information:	Registration #		(Fr	om Vehicle Section	1)
OWNER (Last, 1 list, Middle) Address	PHOL	E# 41-	Type Desi	unbuon or Damage	u Proberty
Property Damage: Owner (Last, First, Middle) Address	Phon	0.# 41.	Type Desc	cription of Damage	d Duamant :
Name (Last, First, Middle)	Address	F	hone #		Statement
Witnesses:					

13-788-AC	Com	monwealth	of Mass	achi	usetts						
Date of Crash Time of Crash	,,	Motor Ve		ash	Number Vehicles	Numb		d Limit	Loc	te Police	
08/23/2013 13:35 24F	Barnstable		Report		2	0	Lon.		Othe	ra Police er	_
AT INTER	SECTION	< LOCA	TION >			NOT /	AT INT	ERSECT	ION		2
OLD	COLONY RD										
1 Route# Direction	Name of Roadway	/Street	Route#	Direction	on Addre	ss#	Nam	e of Road	way/St	reet	
	At		Fee	NS	E W of		or				
SOUSOU	тн ѕт					Mile Ma			xit Nun	nber	
Route# Direction	Name of Intersecting Roa		Foot	NS	E W of						31
	Also at intersection	n with				Route#	Inte	rsecting R	oadwa	y/Street	
1 Route# Direction	Name of Intersecting Roa	dupi/Stroot	Fee	NS	E W of						
Please Select One of the Following:		Hit/Run Mope	d			13-	788-	Landmark AC			1
License# S65801543	St MA DOB/Age	71 Re	g# 368E	B7		Reg	Туре Р	AN	Reg S	State MA	1
Sex M Lic. Class 19	Lic. Restrictions 1	Endorsement	h Year 2010	_	h Make <u>T</u>	OYT			Veh Co	nfig. 21	12
Operator OCONNOR, JAM	ES First	Middle	ner OCON	Last	JAMES	Fir	st	Mi	ddle		
Address 17 FALLON CT			dress 17 FA	LLON	СТ						
City QUINCY		2169 Cit	_				_		0216		
Insurance Company LIBER	TY MUTUAL	Ve	hicle Action Pr	ior to C	rash 4 2			Area Cod			
Vehicle Travel Direction NS Citation # (if Issued)	E W Responding to Em	ergency? 2 Eve	ent Sequence	1 23	23 23		Fest Stati		28		
Citation # (if Issued)		Mo	st Harmful Eve	ent 1	24		Type of T 3AC Test		30		
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Dri	ver Contributir	ng Code	6 ²⁵	25	Susp. Alco		Susp.	Drug: 32	1 ¹³
Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub) Dri	ver Distracted	by	26			om scene?	· —		1
Viol. 3: Ch/Sec/Sub Please fill out for	r operator and all occupan	ts		34 Sea		36 Airbag	37 38		40	Medical	
Name (Last First Middle)	Address		OOB/Age So	ex Pos			Eject Tra Code Cod		Code	Facility	
Operator	See Above			- 1	1	4 0	0	5 1			
				-							
-				-	-		_				
Please Select One			15	16		17		18			
of the Following:	e 2 4 #Occupants	Non-Motorist Typ	e Action	n 10	Location	Co	ndition	Hit	:/Run	Moped	
License# S27965090	St MA DOB/Age	19 Reg	# BDA6	789		Reg	Type P/	N.	Reg St	tate MA	
Sex F Lic. Class D 19			Year 2008	Veh	Make T	TYC		v	eh Cor	nfig. 21	
Operator FRAZZINI, JAMI		Endorsement Owl	ner FRAZZ		AMI						
Last Address 33 COTTAGE WAY	First V	Middle Ado	ress 33 CO	Last	WAY	Firs	t	Mic	idle		
City WEST YARMOUT							State M.	A Zip (02673		14
Insurance Company PEAK P			nicle Action Pri	or to Cr	ash 1 22	D		— · Area Code			
Vehicle Travel Direction NS	E W Responding to Eme		nt Sequence 1			23 T	est Statu	s:	28		
Citation # (if Issued)			t Harmful Eve		.4		ype of Te		29		
Viol. 1 (Ch/Sec/Sub)						25	AC Test I		30 Sucn I		
_	Viol. 4 (Ch/Sec/Sub)		er Contributing er Distracted i		1 ²⁵	_	usp. Alco owed fro	noi: m scene?	Susp. I	Jrug:	
	operator and all occupant			34	35		37 38	39	40		
Name (Last First Middle)	Address	110	OB/Age Se	Seat X Pos.	Safety System	Airbag E		Injury T		Medical Facility	
Operator	See Above			1		4 0	0	5 1			
		7	м	99	99	4 0	0	5 1			
		10	м	99	99	4 0	0	5 1			
	THORNWALD, SOUTH DENNIS MA		М	99	99	4 0	0	5 1			
Last Mod	l: 8/28/2013 8:39 AM	Pag	e 1					https://v	www.cra	shlogic.com	

	the second			¬ .	0		
	= Direction	1 =	Vehicle 1 2	= Vehicle 2	Pedestrian	र्केर्क = Bicycle	13-788-AC
Crash Diagram:	ie:	1	2		₹ 📑	∳	
							If Crash Did Not Occur on a Public Way:
							Off-Street Parking Lot
				Colory'			Garage
			Wa				Mall/Shopping Center
	South	Si	WZ.				Other Private Way
			VI				
							North

Crash Narrative:
V1 WAS TRAVELLING EAST ON SOUTH ST IN THE RIGHT LANE (ONE WAU ST WITH 2 LANES). V2 WAS TRAVELLING ON SOUTH ST IN THE LEFT LANE. V1 TURNED LEFT ONTO OLD COLONY RD FROM THE RIGHT LAVE HITTING V2 IN THE LEFT LANE. V1 IS AT FAULT.

Witnesses:							
Name (Last, First, M	iddle)	Address			Phone #		Statement
Property Dama							
Owner (Last, First, M	liddle) Address		Phone	2 # 4	1-Type	Description of	Damaged Property
Truck and Bus	Information:	Registration	on #			(From Vehicle	e Section)
Carrier Name		region un				(TOIT VEHICI	Bus Use 42
-							
Address		Cit	у		Sta	te Zip	
USDOT #	State Numb	er	Issuing S	tateN	/IC/MX/IC#	# <u></u>	
Interstate 43	Cargo Body Type Code	44 GVWR	\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Informat	ion:						
Placard 47 Ma	terial 1 digit# 48 Mate	rial Name		Materi	al 4 digit#		Release code 49
EUGENE DESRUIS	SEAUX		EMD/24 8	Barnstable Police Department			8/23/2013
Police Officer Name (Please Print) Signatur Last Mod: 8/28/2013 8:39 AM	e	ID/Badge# Page 2	Department	Precin	ct/Barracks	Date https://www.crashlogic.com

	13-193-AC	Com	monwealt	h of Ma	ssac	hus	etts						
	Date of Crash Time of Crash	City/Town	Motor V			le I	lumber ehicles	Nun Inju	ired	Speed L .at.	Limit	Loc	nte Police cal Police TA Police
		Barnstable		e Repor			2			on.		Oth	
	AT INTERS	ECTION	< LOC	ATION	>			NOT	AT I	NTER	RSECT	TION	
-	SOUT	H ST											
1	Route# Direction	Name of Roadway/	'Street	Route#	Dire	ection	Addres	ss#	1	Name c	of Road	way/St	reet
		At		_	Feet N	SEV	W =c			or			
	OLD C	COLONY RD			reet	S L	_	Mile M	larker	or _	F	xit Nur	nher
	Route# Direction	Name of Intersecting Roa	dway/Street		[a]								
		Also at intersection	n with		Feet N	SE		Route#		Intorco	octina D) o a diwa	y/Street
² 3					eetN	SEI		vouce#		Interse	cuily N	Coauwa	y/Sueet
3	Route# Direction	Name of Intersecting Roa	dway/Street							Lar	ndmark		
ى 	Please Select Опе Vehicle	1 4 #Occupants	Hit/Run Mo	ped				13-	19	3-A	C		
	License# 083368900	St MA DOB/Age	67	Reg# C	CR128	3		Re	g Type	e ATN	V	Reg S	State MA
	Sex M Lic. Class C	19 Lic. Restrictions 10	CDL	Veh Year 20	009	Veh N	Make F	ORD				Veh Co	onfig. 21 5
	Operator DANIELS, RONAL		Endorsement				GIONA		NCDU	RTAT			, J
	Last	First	Middle	- CA		ast	JIVITA		irst	KIAI		iddle	KIII
43	Address 8 BENNETT AVE			Address 40	AMER	ICAN	WAY						
	City WEST YARMOUTH	State MA Zip 0	2673	City DE	NNIS				Sta	te MA	Zip	0263	8
	Insurance Company TRAVEL	ERS INS CO		Vehicle Action	Prior	to Cras	sh 1 22		Dama	aged Ar	rea Coc	-	
_	Vehicle Travel Direction NS I	Responding to Em	ergency? 2	Event Sequen	ce 1 23	3 23	23	23		Status:		28	
1	Citation # (if Issued) NONE	_ _		Most Harmful						of Test		25	1
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Oriver Contrib			1 25	25		Test Re		31	
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distrac	_	26	1			Alcoho		Susp. 2 3:	
³ 2		operator and all occupan		Jiver Distrac	Led by	34	35	36	37	38	scene?	40	
	Name (Last First Middle)	Address	LS	DOB/Age	Sex	Seat	Safety	Airbag	Eject	Trap	Injury	Transp.	Medical
	Operator	See Above		DOB/Age	Sex			Status 4	Code			Code L	Facility
			ETIL MA ODSSA		F 9			5					
		18 ALEWIFE CIR, SOUTH YARMOL	71H MA 02664	^				5				_	
		9 MAIN ST, HYANNIS MA 02601		U				5					
	PIN PROPERTY.	OBBY LN, WEST YARMOUTH MA		_ [15]		16]		17		18	3		
2	of the Following:	2 1 #Occupants	Non-Motorist 1	Гуре А	tion	Lo	ocation		onditio	on] Hi	t/Run	Moped
	License# 08CRJ50091	St NH DOB/Age	52 R	teg# 22	3306			Reg	ј Туре	PC		Reg S	tate NH
	Sex M Lic. Class 99	¹⁹ Lic. Restrictions 1 ²⁰	CDL V	eh Year 20	05	Veh M	lake FC	ORD			\	/eh Cor	nfig. 21
	Operator CARR, JOSEPH F		Endorsement C	wner CAF	RR, JO	SEPH	F						
	Last	First	Middle		La			Fi	rst		Mid	ddle	
	Address 11Q LANSING CIR				LANS	SING	CIR		Chal				
- 11	City SALEM			ity SAL			. 72			e NH	- ' -	03079	
4	Insurance Company ALLMER			ehicle Action				12	Test S		ea Code	28	
	Vehicle Travel Direction NSE	W Responding to Eme		vent Sequenc		$\overline{}$	23 2	- 2		of Test:	:	29	
	Citation # (if Issued) R2876	5126	M	lost Harmful I	Event	1 24				est Res		30	
	Viol. 1 (Ch/Sec/Sub) 89/4A	Viol. 2 (Ch/Sec/Sub)	D	river Contribu	iting Co	ode [9 ²⁵ 6 ²	5		Alcohol		Susp.	Drug: 32
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	D	river Distract	ed by	26		_	•	from s		2 ³³	. —
2	Please fill out for o	operator and all occupant	s			34 Coot (35 Cofeb.	36	37	38	39	40	Medical
	Name (Last First Middle)	Address		DOB/Age				Airbag Status	Eject Code	Trap I Code S	Injury T Status	ransp. Code	Facility
	Operator	See Above			-	1 9	9 4	1	0 (0 5	1		
ि	Last Mod:	3/13/2013 7:22 AM	P	age 1					-		https://	www.cra	ashlogic.com

= Direction Crash Diagram: ie:	-	1	= Vehicle 1	2	= Vehicle 2	O = Pedestrian	ඡ්ැත් = Bicycle මේ්ත්	13-193-AC
No diagra	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way							
								North

MVA occurred on South Street at Old Colony Rd. South Street is a two lane, one-way road. MV #1 (bus) was east on South St. MV #2 (Carr) Ford Ranger PU truck was east on South St., in right lane and made a left turn across the front of MV #1, attempting to make an illegal left turn up Old Colony Rd. (He made a left turn from the right lane). MV #1 crashed into the driver side of MV #2.

MV #1 operator, Carr, was cited for the illegal turn. Mr. Carr admitted he was lost and made a last second turn.

778

Witnesses:						
Name (Last. First. Middle)	Addres	S		Phone	#	Statement
Property Damage:						
Owner (Last, First, Middle)	Address	Phon	e #	41-Type	Description of	Damaged Property
Truck and Bus Infor	mation:	Registration #		-1.	(From Vehicl	e Section)
Carrier Name						Bus Use 42
Address		City		SI	ate Zip)
USDOT #	State Number	Issuing S	itate	MC/MX/I	C#	·
Interstate 43 Care	go Body Type Code 44	GVWR\GCWR	45			-
Trailer Reg#	Reg Ty	rpe Reg	State	Reg Yea	ar	Trailer Length 46
Hazmat Information:						
Placard 47 Material 1	digit# 48 Material Name	2		Material 4 digit	#	Release code 49
KEVIN DONOVAN		KJD/165	Barnstable Departmen			3/8/2013
Police Officer Name (Please Last N	Print) Signature 1od: 3/13/2013 7:22 AM	ID/Badge# Page 2	Department	Preci	nct/Barracks	Date https://www.crashlogic.com

	13-435-AC	Com	monwealth	of Ma	assac	hu	setts							1
	Date of Crash Time of Crash	City/Town	Motor Ve				Number Vehicles		ıred	Speed Lat.	Limit	Lo	ate Police ocal Police	
	06/02/2013 20:01 RB	arnstable		Repo	rt		2	_	1	Lon.		Ot	her	1
	AT INTERSE	CTION	< LOCA	TION	>	b		NOT	AT	INTE	RSEC	TION	l	2
Ĩ-i	SOUTH	ST												
3	Route# Direction	Name of Roadway,	/Street	Route#	Dire	ectio	n Addre	ess#		Name	of Roa	dway/S	Street	
		At			Foot N	SE	W of			or				
	OLD CO	LONY RD			i cct i i	-	.[]0	Mile M	larker			Exit Nu	ımber	
	Route# Direction Na	ame of Intersecting Roa	ndway/Street		Feet N	C E								3
		Also at intersection	n with	l	reet	3 1		Route#	- -	Inters	ectina	Roadw	ay/Street	
² 2					Feet N	SE	W of							
3	Route# Direction Na	me of Intersecting Roa		1							andma	rk		
	of the Following: Venicle 1	1 #Occupants	Hit/Run Mope	ed				13	-43	35-4	/C			
	License# S59731524	St MA DOB/Age	66 Re	eg# 8	7YY51			Re	g Typ	e PA	N.	Reg	State MA	1
	Sex M Lic. Class D 19	Lic. Restrictions 2 0	CDL Ve	h Year 2	003	Veh	Make F	ORD				Veh C	config. 21	1
	Operator HERLIHY, D MICHA	EL	Endorsement Ov	vner HE	RLIHY	/, D	MICHAI	EL						
	Last	First	Middle		Li	ast			First			Middle		
4 4	Address 56 SAINT GEORGE S			_			ORGE S	ST						
	City DUXBURY		2332-0000 Cit		JXBUR'			า		_	A Zip	_	32-0000 27 ₂ 27 27	
	Insurance Company UNITED S			hicle Actio		_				naged / : Status			27 3 27 27 28	
⁵ 1	Vehicle Travel Direction NSE	W Responding to Em		ent Sequer			23	23		of Te			29	
	Citation # (if Issued)		Mo	st Harmfu	l Event	1 2	.4			Test R			30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)Dr	ver Contrib	outing C	ode	4 ²⁵ 1	9 25		. Alcol		31 Susp	. Drug: 32	13
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub) Dr	ver Distrac	ted by	2	.6		_		n scene		33	1
⁶ 1	Please fill out for op	perator and all occupan	ts			34	35	36	_37	38	39	40		
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status			Injury Status		. Medical Facility	
	Operator	See Above		-	-	1	99	4	0	0	5	1		
7_	Please Select One of the Following:	1 #Occupants	Non-Motorist Ty	pe 15 A	ction	16	Location	17	Condit	ion	¹⁸ 🗆 F	lit/Run	Moped	
8	License# 703851752	St NY DOB/Age	36 Re	a# V \	/K32S			Re	a Type	e PC	-1	Rea	State NJ	
	Sex M Lic. Class 19 19			-		Veh	Make B		2 · / F			Veh Co		
			Endorsement									ven a	// III.9. 1	
	Operator GOTO, SIDNEY H	First	Middle	ner KU	K1Z-G		, SAND		irst			1iddle		
	Address 212 THE PROMENAD	DE		dress 212	THE I	PRO	MENAD							
	City EDGEWATER	State NJ Zip 07	7020 City	/ ED	GEWAT	ΓER			Sta	te NJ	_ Zip		0-2101	14
4	Insurance Company CHUBB		Ve	nicle Action	Prior to	o Cra	sh 1 22			-	rea Co		⁷ 7 ²⁷ 8 ²⁷ -	
-	Vehicle Travel Direction NSEV	Responding to Eme	ergency? 2 Eve	nt Sequen	ce 1 ²³	23	3 23	23		Status		2		
	Citation # (if Issued)	_		st Harmful			1		• • •	of Tes		3	_	
- 1	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contrib				25		Test Re				
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distract	_	26			-	Alcoh	ol: [i scene	¹ Susp. ? 1 ³		
2		erator and all occupant		יכו הופנומנו	<u> </u>	34	35	36	37	38	39	40		
	Name (Last First Middle)	Address		OB/Age	9	Seat	Safety	Airbag	Eject	Trap	Injury	Transp.	Medical	
	Operator Operator	See Above	-	-	Jex I	os. 1		Status 1	Code 0		Status 3	Code	Facility	
	Operator	SEE ADOVE				-	77	4	U	U	3	2	Cape Cod Hospital	
1						-					-			
						-								
L	Last Mod: 6/1	10/2013 6:37 AM	Pag	re 1	- 1-						https:	//www.c	rashlogic.com	

= Direction	1 = Vehicle 1 2	$=$ Vehicle 2 $\begin{cases} 2 \\ 1 \end{cases} = 1$	Pedestrian 🕳 = Bicycle	13-435-AC
Crash Diagram: ie: 🗪	1 2	→ £	→ 650	20 100 10
				If Crash Did Not Occur on a Public Way:
	1	Old Colony Ro	pad [Off-Street Parking Lot
				Garage
	A CA		South Street [Mall/Shopping Center
	Q 4	(J2))		Other Private Way
Old Colony,Road			(B)	
	Ocean Street			North

On 06/02/13 at approx 2001 hrs I was dispatched to the intersection of South St at Ocean St for a motor vehicle accident. Upon arrival both vehicles were at rest in the south side of the intersection facing southeast. V1 MA Reg 87YY51 sustained right front and right side damage. V2 NJ Reg VVK32S sustained left side and extensive front end damage. Op 1 reported no injuries; Op 2 reported a left hand injury. Op 1 stated he was traveling southbound on Ocean St and believed he stopped at the flashing red light, but wasn't certain. "I didn't see him (V2)." Op 2 stated he was traveling eastbound on South St through the intersection with Ocean St with a flashing yellow light. He was suddenly struck by V1. V1 failed to yield the right of way to V2, causing the collision.

Op 2 was transported to CCH by HYFD for broken left hand.

Witnesses:	18/8						
Name (Last, Firs	t. Middle)	Address			Phone #		Statement
Property Da	mage:						
Owner (Last, Firs	st. Middle) Ad	dress	Phone	:# 4	1-Tvpe	Description of D	amaged Property
Truck and B	us Information:	Registrati	ion #			(From Vehicle	Section)
Carrier Name						_	Bus Use 42
Address		Cît	у		Sta	te Zip	
USDOT #	State N	lumber	Issuing St	ate N	MC/MX/IC#	ŧ	
Interstate	Cargo Body Type Co	ode 44 GVWF	R\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Inform	nation:						
Placard 47	Material 1 digit# 48	Material Name		Materi	al 4 digit#	-	Release code 49
GRETCHEN ALL	.EN			Barnstable Police Department	•		6/3/2013
Police Officer Nan	ne (Please Print) Sign Last Mod: 6/10/2013 6:3	nature 7 AM		Department	Precine	ct/Barracks	Date https://www.crashlogic.com

	14-561-AC	Com	monwealth	wealth of Massachusetts						
	Date of Crash Time of Cras		Motor Ve			Number Vehicles	Number Injured	Speed Limit Lat.	State Police Local Police MBTA Police	
	06/25/2014 21:0/	Rarnstable		Report		2	0	Lon.	Other	10
	AT INTER	SECTION	< LOCA	TION >			NOT AT	INTERSEC	CTION	2
-1	OCE	AN ST								
¹ 4	Route# Direction	Name of Roadway,	/Street	Route#	Direction	n Addres	ss#	Name of Roa	adway/Street	
		At		Eoc	+ NS	E W of		or		
	sou	тн ѕт					Mile Marke		Exit Number	
	Route# Direction	Name of Intersecting Roa	ndway/Street	_	. NICI	E W of				311
		Also at intersection	n with	Fee	E IN S		Route#	Intersecting	Roadway/Street	
² 1				Fee	t NS	E W of _		200.00001114	110001107700000	
3	Route# Direction	Name of Intersecting Roa		1				Landma	rk	-
	of the Following:		Hit/Run Mope	d			14-56	51-AC		
	License# S95298840	St MA DOB/Age	19 Re	g# 4CB	B10		Reg Ty	pe PAN	Reg State MA	- 12
	Sex F Lic. Class D 19	Lic. Restrictions 20		h Year 200 :	L Ve	h Make To	OYT		_ Veh Config. 21	1 ¹²
	Operator HORTON, ASHLI	EY A	Endorsement Ow	ner HORT	ON, AS	SHLEY A				
	Last	First	Middle	du 4454	Last		First		Middle	
⁴ 3	Address 14 RAINBOW LN				INBO	W LN		h-1- 101 7:-		
	City MASHPEE Insurance Company	State MA Zip 0	2649-3601 City					tate <u>MA</u> Zip naged Area Co		
				hicle Action P				nageo Area Ci t Status:	28	
⁵ 1	Vehicle Travel Direction NS	Responding to Em		ent Sequence	<u>- </u>			e of Test:	29	
_	Citation # (if Issued)		Mo	st Harmful Ev	ent 1	24	BAC	Test Result:	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub))Driv	ver Contributi	ng Code	1 25	25 Sus	p. Alcohol:	31 Susp. Drug: 32	1 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)) Dri	ver Distracted	by	26	Tow	ed from scen	e? 1 ³³	-
1	Please fill out fo	or operator and all occupan	ts		34 Sea		36 37 Airbag Ejec		40 Transp. Medical	
	Name (Last First Middle)	Address		OOB/Age S	ex Pos		Status Cod			
	Operator	See Above		-	- 1	1	4 0	0 5	1	
					-	-				
		=				+				
	Please Select One			15	16		17]	. 18		-
⁷ 2	of the Following:	e 2 1 #Occupants	Non-Motorist Typ	pe Actio	n	Location	Condi	tion 1	Hit/Run Moped	
	License# S10051521	St MA DOB/Age	Rec	# 3531	LY		Reg Typ	e PAN	Reg State MA	
	Sex M Lic. Class D 19	-		Year 2008	Vel	Make SA	LA		Veh Config. 21	
	Operator GUGLIELMO, JOS	SEPH	Endorsement Owi	ner GUGL	IELMO,	JOSEPH				
	Last	First	Middle	iress 28 ELI	Last		First	١	Middle	
	Address 28 ELM ST City MARBLEHEAD	State MA Zip 01	L945-3404 City	7	LEHEA	D	C+	ate MA Zip	01945-3404	
2	Insurance Company comme			nicle Action Pr				aged Area Co		14
1	Vehicle Travel Direction NS			nt Sequence				Status:	28	
		E W		2.75			_ Туре	of Test:	29	
	Citation # (if Issued)			t Harmful Eve			BAC	Test Result:	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contributin		4	Susp		Susp. Drug: 32	
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracted	Б у	25		ed from scene		
		r operator and all occupant		OD/A	34 Seat		36 37 Airbag Eject			
	Name (Last First Middle)	Address	B	OB/Age S	ex Pos.	System				
	Operator	See Above		-	1	1 4	1 0	0 5	1	
					+					
Ţ										

\Rightarrow = Direction 1 = Vehicle 1 2 = Vehicle 2 $\frac{Q}{X}$ = Pedestrian $\frac{Q}{X}$ = Bicycle 2	14-561-AC
Crash Diagram: ie: → 1 → 2 → ở	11001 A0
	If Crash Did Not Occur on a Public Way:
Old Colony Rd	Off-Street Parking Lot
	Garage
	Mall/Shopping Center
	Other Private Way
Ocean St	
Sp Old Colony Rd (1)	
	North

Veh#1 was traveling North on Ocean St. and was proceeding through the intersection toward Old Colony Rd.
Veh#2 was traveling south on Ocean St and was attempting to make a lefthand turn onto South St.

Veh#2 struck Veh#1 causing Veh#1 to lose control and spin 180 degrees around and striking a road sign that pierced through the floor boards.

Veh#1 Came to rest on Old Colony in the opposite direction then the Op intended. Both Operators refused Medical and Veh#1 was towed from the scene by Capeway Towing. Op#1 Stated, "I was driving and he hit the side of me causing me to spin" Op#2 Stated, " I think she ran a red light cause she ran right into me." Witness Stated, " Op#1 was driving straight and wasn't paying attention"

Last Mod: 7/3/2014 10:21 AM

Police Officer Name (Please Print)	Signature	ID/	Badge# Departmen	nt	Drecin	ct/Barracks	Date
TRAVIS BROWN		TM	B/289 Barnstab	le PD			6/26/2014
Placard 47 Material 1 digit#	48 Material	Name		Materia	l 4 digit#	t	Release code 49
Hazmat Information:							
Trailer Reg#		Reg Type	Reg State		Reg Yea		Trailer Length 46
Interstate 43 Cargo Body Typ	pe Code 4	GVWR\GC	WR 45				
USDOT # St	ate Number	I:	ssuing State	M	C/MX/IC	#	
Address		City			Sta	ite Zip	
Carrier Name						_	Bus Use 42
Truck and Bus Information:		Registration a	#			(From Vehicle	
							•
TOWN OF BARNSTABLE	SOUTH ST, I	HYANNIS MA 02601		Othe	er	STREET SIGN	
Owner (Last, First, Middle)	Address		Phone #	41	L-Tvpe	Description of D	amaged Property
Property Damage:	1						
STANEK, THOMAS ADAM		30 SUNNYWOOD DR, C	ENTERVILLE MA 0263	32			
Name (Last, First, Middle)		Address			Phone #	ŧ	Statement
Witnesses:					10		

Page 2

	14-77-AC	Com	ımonwealt	h of Ma	issa	chu	setts						1
	Date of Crash Time of Crash	City/Town	Motor V				Number Vehicles	Num Inju		ed Limit	Į,	tate Police ocal Police	
		arnstable		e Repo	rt		2	0	LOTT		Ot	her	┢
	AT INTERSE	CTION	< L00	CATION	>			NOT	AT INT	ERSE	CTIO	N	1
1	SOUTH	ST											
5	Route# Direction	Name of Roadway	/Street	Route#	Dir	ection	Addre	ss#	Nan	ne of Ro	adway/	Street	
		At			Eoot N	SE	W of		0	-			
	OLD CO	LONY RD			i eec[•	1015	01	Mile Ma			Exit No	umber	
	Route# Direction Na	ame of Intersecting Roa	adway/Street		[6]	ıcı	TAY .						
		Also at intersection	n with	_	Feet [I	13E	w of	Route#	- Inte	rsecting	r Roadu	ay/Street	
² 1	OCEAN			_	Feet	SE	W of	toute#	1110	Joccurn	q IXOGGIN	ay) Street	
3	Route# Direction No	ame of Intersecting Roa	adway/Street							Landma	ark		
	Please Select One Vehicle 1	2 #Occupants	Hit/Run Mo	ped				14	-77-/	AC			
	License# S11926727	St MA DOB/Age	26	Reg# 4	34SK9	•		Reg	ј Туре 🛭	PAS	Reg	State MA	
	Sex F Lic. Class D 19	9 Lic. Restrictions 20	CDL	Veh Year 2	006	Veh	Make C	HEV			 Veh (Config. 21	1
	Operator GOCEVSKA, ALEKS	J L Andra	Endorsement	Owner SH	OPOV	- /A. GI	ERGAN/					- [-	
	Last	First	Middle	311		ast	LICOMIT		irst		Middle		
⁴ 3	Address 15 NAUTICAL LN			Address 15	NAUT	TCAL	. LN						
	City SOUTH YARMOUTH	State MA Zip O	2664	City SO	UTH Y	YARM	IOUTH		_	MA Zi			
	Insurance Company COMMERC	CE INS.		Vehicle Actio	n Prior	to Cra	ash 1 22	2	Damage	d Area (²⁷ 2 ²⁷ 8 ²⁷	
5	Vehicle Travel Direction NSE	W Responding to Em	nergency? 2	Event Sequer	ice 1 2	2:	3 23	23	Test Stat			28	
⁵ 1	Citation # (if Issued)			Most Harmful			4		Type of			30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub		Oriver Contrib				25	BAC Test				
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub		Oriver Distrac	-				Susp. Ald Towed fr		³¹ Susp ne? 2		1
⁶ 2		perator and all occupan		onver Distrac	iteu by	34	35	36	37 3	_	40	1	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat	Safety	Airbag	Eject Tra	p Injur	y Transp		
	Operator	See Above		- DOD/Age	Jex	Pos.	1		Code Co	5 Statu	s Code	Facility	
		AUTICAL LN, S YARMOUTH MA		5	F				0 0	5	1		
	DITOT OVA GERCANIA G 15 NV	TOTICAL LIV, 3 TARMOUTH MA	02004-1616	<u> </u>	H	3	-	7	0	3	1		
									-	+	-	-	
	Please Select One	1.00		_ [15]		16	[17		18			
⁷ 8	of the Following: Venicle 2	1 #Occupants	Non-Motorist	Гуре А	ction	\	ocation		ondition		Hit/Run	Moped	
	License# \$36564770	St MA DOB/Age	26 F	Reg# AL	.824			Reg	Type <u>C</u>	ON	Reg	State MA	
	Sex M Lic. Class A 19	Lic. Restrictions 1		eh Year 20	05	Veh I	Make O	THE			Veh C	onfig. 2 1	
	Operator CENTEIO, ANTHONY	, (M	Endorsement C	wner DI	IT C	ONST	RUCTIO	ON					
	Last	First	Middle			ast	_	Fir	st		Middle		
	Address 31 CHATHAM RD	Chala and The Co			EBEC		'		C				
	City HARWICH				RWIC		. [22]		_ State M	'	-	27 7 27 27	1.
8	Insurance Company SELECTIVI			ehicle Action	F	_		-	Damaged Test Statı		_	28	
	Vehicle Travel Direction NSE	Responding to Eme	· · · · · · · · · · · · · · · · · · ·	vent Sequen		$\overline{}$		-3	Type of T			19	
	Citation # (if Issued)			lost Harmful	Event	1 24			BAC Test			50	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	D	river Contrib	uting C	ode	1 25 2	5	Susp. Alco		31 Susp.	Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	D	river Distract	ed by	26		_	Fowed fro	_			
2	Please fill out for op	erator and all occupant	'S	_		34	35	36	37 38		40		
	Name (Last First Middle)	Address		DOB/Age		Seat Pos.	Safety System		Eject Tra _l Code Cod	o Injury e Status		Medical Facility	
	Operator	See Above		-	-	1	1 4	ı (5	1		
-	Last Mod- 1/	30/2014 9:24 AM	D	200 1		-			_	httm	r. Hunnay e	washlasis sa	

rash Diagram:	= Direction	1 = Vehicle	1 2 = Vehic	cle 2 $\frac{Q}{X}$ = Pedes	strian ල්රි = Bicyo	14-77-A
		Ocean St	CI	d Colorry Rd		If Crash Did Not Occur on a Public Way:
			15	1 V2		Off-Street Parking Lot
			Second Second	V2		Garage
South St	(C) ·		V.d Comiy	Vi	South St.	Mall/Shopping Center
					4	Other Private Way
	45					
		E	V2	佐		
Ols C	alony Rd		***			
					Δ	
1			Ocean-St			North
Crash Narrative:			Ocean St		(39)	North

V1 operated by Gocevska was heading East on South St. towards the intersection with Ocean St. and Old Colony Rd. V2 Operated by Centeio was heading North on Ocean St. and was crossing the intersection on to Old Colony Rd. V1 hit the left rear tires of V2 causing damage to both MV. V1 operated by Gocevska then left the scene of the accident leaving behind the front bumper with the license plate attached. A RMV check came back to Gergana Shopova of 15 Nautical Ln in South Yarmouth. MV was found at that address by YPD. Statements were taken by this officer and a

Both operators claimed that they had a green light, unable to determine who had the right of

Witnesses:								
Name (Last, First, Midd	le)	Address			F	Phone #		Statement
Property Damage	e:							
Owner (Last, First, Midd	fle) Address		Phone	2 #	41-	Type	Description of	Damaged Property
Truck and Bus In	formation:	Regist	ration #				(From Vehicle	e Section)
Carrier Name							7 i S	Bus Use 4
Address			City			Stat	e Zip	
USDOT #	State Number		Issuing S	tate	MC	/MX/IC#		
Interstate 43	Cargo Body Type Code	44 GV	WR\GCWR	45				
Trailer Reg#		Reg Type	Reg	State	R	eg Year		Trailer Length
Hazmat Information	:							
Placard 47 Mater	ial 1 digit# 48 Materia	al Name			Material	4 digit#		Release code
NELSON SOUVE			NJS/227	Barnstable Departmen		_		1/24/2014
Police Officer Name (Ple	ase Print) Signature ast Mod: 1/30/2014 9:24 AM		ID/Badge# Page 2	Department		Precinc	t/Barracks	Date https://www.crashlogic.co

14-100-AC	Com	monwealtl	n of M	assa	chu	isetts						
Date of Crash Time of Crash	City/Town	Motor Vo			sh	Number Vehicles		mber ured	Speed Lat.	d Limit	Lo	ate Police ocal Police STA Police
	Barnstable		e Repo	rt		2		0	Lon.		Otl	ner
AT INTERS	ECTION	< LOC	ATION	>	11		NOT	AT	INT	ERSE	CTION	
SOUTI	H ST											
Route# Direction	Name of Roadway,	/Street	Route#	Di	rectio	n Addre	ess#		Name	of Ro	adway/S	street
	At			Foot	NSF	W of			or			
OLD C	OLONY RD			_1 eec[101	-144101	Mile N	⁄larkei	-		Exit Nu	mber
Route# Direction I	Name of Intersecting Roa	adway/Street		[Mele	W of						
	Also at intersection	n with		_reet[131	- AA OL	Route		Inter	secting	Roadwa	ay/Street
			-	Feet	N S E	W of						.,,
Diagra Calart One	Name of Intersecting Roa									andma	ark	
of the Following:	1 2 #Occupants	Hit/Run Mop	ed				14	-10)O- <i>i</i>	AC		
License# S72475551	St MA DOB/Age	57 R	eg#]	C76M	W		Re	eg Ty	pe P	AN	Reg	State MA
Sex M Lic. Class D	Lic. Restrictions 20	CDL V	eh Year	2008	Veł	Make !	SUBA				Veh C	onfig. 21
Operator PIRRI, ANGELO R		Endorsement O	wner P i	IRRI, A	– Ange	LO R					_	
Last	First	Middle			Last			First			Middle	
Address 201 GREAT BAY S			_			BAY ST						
City TEATICKET				ATIC			7		_	A Zip		36-7373
Insurance Company LM GENE			ehicle Action								ode: 7	27 27 27 28
Vehicle Travel Direction NSE	Responding to Em	ergency? 2 E	vent Seque	nce 1	23 2	23 23	23		t Statu			29
Citation # (if Issued) R3259	9054	М	ost Harmfu	ıl Event	t 1	24		• • •	e of To	est: Result:		30
Viol. 1 (Ch/Sec/Sub) 720/-90	6 Viol. 2 (Ch/Sec/Sub)) Di	river Contri	buting	Code	3 ²⁵	25		o. Alco		31 Susp	
Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		river Distra	_		26				m scer	_	
Please fill out for	operator and all occupan			T	34	35	36	37	38	39	40	T
Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	,	Airbag Status			Injur		Medical Facility
Operator	See Above		_	-	1	1	4	0	0	5	1	
THE PARTY OF		17		F	3	1	4	0	0	5	1	
Please Select One	2 1 #Occupants	Non-Motorist Ty	/pe 15 /	Action	16	Location	17	Condit	ion	18	Hit/Run	Moped
of the Following: Vericle 2 License# S13968814	St MA DOB/Age 1								<u>L</u>			
		-	_	34LS0			_	діур	e <u>PA</u>	.N	_	State MA
Sex M Lic. Class D 19	Lic. Restrictions 1	CDL Ve		004	-	Make G	MC_				Veh Co	onfig. 21 21 2
Operator CAVALCANTI, JOA	O H	Ov	vner RC			A LUIZ						
Last Address 17 WOLLEY RD	First	Middle Ad	ldress 17	WOL	.ast L FY R	מו	-	irst			Middle	
City HYANNIS	State MA Zip 02	2 601 Cit		ANNI				Sta	ate M/	Zip	0260	1-4617
Insurance Company SAFETY I			hicle Actio			ash 4 22	2]	-	_		ode: 1 ²	
/ehicle Travel Direction NSE			ent Sequer			_ =====================================	<u>]</u> 23]		Status		2	
	Tesponding to Ellie			_	<u> </u>			Туре	of Te	st:	2	9
Citation # (if Issued)			st Harmful		-	ا عدا	261	BAC	Test R		3	
/iol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		ver Contrib	_		<u></u>	25	-	. Alcol		31 Susp.	
· · · · · · · · · · · · · · · · · · ·	Viol. 4 (Ch/Sec/Sub)		iver Distrac	ted by				_		n scene	e? 2 ³	3
/iol. 3: Ch/Sec/Sub		S			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	Medical
/iol. 3: Ch/Sec/Sub Please fill out for o	perator and all occupant											
/iol. 3: Ch/Sec/Sub	perator and all occupant Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status		Facility
/iol. 3: Ch/Sec/Sub Please fill out for o			DOB/Age -	Sex			Status 4	Code 0	Code 0	Status 5		
/iol. 3: Ch/Sec/Sub Please fill out for o Name (Last First Middle)	Address										Code	
/iol. 3: Ch/Sec/Sub Please fill out for o Name (Last First Middle)	Address										Code	

	Bicycle 14-100-AC
Crash Diagram: ie: \Rightarrow 1 \Rightarrow 2 \Rightarrow $\stackrel{?}{\wedge}$	
OCCEPT AND	If Crash Did Not Occur on a Public Way:
OCE PAR ST	Off-Street Parking Lot
4 / / / 8	Garage
18	Mall/Shopping Center
	Other Private Way
SOUTH CANAL	
	North

Dispatched to intersection of traffic collision. Upon arrival, I verified occupants of both vehicles were uninjured. V#1 had heavy driver side damage consisting primarily of dented rear door. Drivers door no longer opened properly. V#2 had moderate front end damage consisting primarily of broken plastic front bumper and head lamp assembly. OP#1 stated he was traveling Easterly in the right lane of South St. when he attempted to turn left onto Old Colony Rd. OP#1 stated when he turned left, he was struck by V#2, however, he did not know where V#2 came from. OP#2 stated he was traveling Easterly on South St. when Eastbound V#1 suddenly turned left in front of him from the right lane resulting in the collision. OP#1 stated he was unfamiliar with the area and did not see the road markings indicating his lane only permitted straight and right turn travel. OP#1 cited for 720 CMR 9.06 - Failure to use care turning.

Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
Property Damage:	1					
Owner (Last, First, Middle)	Address	Phone	:#	11-Tvpe	Description of [Damaged Property
Truck and Bus Information:	Regist	ration #			(From Vehicle	Section)
Carrier Name						Bus Use 42
Address		City		Sta	te Zip	
USDOT # Si	tate Number	Issuing St	ate 1	MC/MX/IC#	<u> </u>	
Interstate 43 Cargo Body Ty	pe Code 44 GV	WR\GCWR	15			
Trailer Reg#	Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 digit#	Material Name		Mater	ial 4 digit#		Release code 49
JASON STURGIS		207 200	Barnstable Police Department	e		1/30/2014
Police Officer Name (Please Print) Last Mod: 2/4/201	Signature 4 1:14 PM	ID/Badge# Page 2	Department	Precine	ct/Barracks	Date https://www.crashlogic.com

	14-681-AC	Con	nmonwealth	of Mas	sacl	husetts						1
	Date of Crash Time of Crash	City/Town Barnstable	Motor Vel			Verneici	Inj	ured La	oeed Limi at.	Lo	ate Police ocal Police BTA Police	
				Repor	[2	_		on.	Oti	ner	2
	AT INTERS	ECTION	< LOCA	TION >	· Lugal		NOT	ATI	NTERSI	ECTION		2
1	SOUTI	H ST										
4	Route# Direction	Name of Roadway	y/Street	Route#	Direc	tion Addr	ess#	N	ame of R	oadway/S	Street	
		At			ot N	S E W of			or			
	OLD C	OLONY RD		'	ec[iv]	<u> </u>	Mile N	1arker	· ·	Exit Nu	mber	
	Route# Direction [Name of Intersecting Ro	adway/Street		. Dile	S E W of						4
		Also at intersection	on with	F	etinis	DE AA OL	Route:	#	ntersectio	ng Roadw	av/Stroot	
² 1	OCEAN	N ST		Fe	etN	E W of	Nouce:	, .	i icci occui	IQ IXOUUVI	ay, saect	
3	Rodic# Direction 1	Name of Intersecting Ro	padway/Street						Landn	nark		
	Please Select One of the Following:	1 #Occupants	☐Hit/Run ☐ Mope	d			14	-681	L-AC			
	License# \$50343890	St MA DOB/Age	54 Re	# 169)B		Re	ед Туре	DLN	Reg	State MA	_
	Sex M Lic. Class D	19 Lic. Restrictions 1	CDL Vel	Year 20 :	13 '	Veh Make	FORD			— Veh C	onfig. 21	1
	Operator ZAMBELIS, THEOL	ODE H	Endorsement	ner CAP		ISLANDS		ıhichi			التا	
	Last	First	Middle	- CAI	Las			First		Middle		
⁴ 3	Address 118 CROWELL RD		Add	ress 760	MAIN	ST RTE 2	8					
	City WEST YARMOUTH	State MA Zip	02673 City	SOU	TH YA	RMOUTH				ip 026 0		
	Insurance Company UNKNOV	WN	Ve	hicle Action	Prior to	Crash 1	.2			Code: 1		
5	Vehicle Travel Direction NSE	W Responding to Er	mergency? 2 Eve	nt Sequeno	e 1 ²³	23 23	23	Test S		000	28	
⁵ 1	Citation # (if Issued)			st Harmful E	$\overline{}$	1 ²⁴			of Test:	<u></u>	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sul		er Contribu		25	25		est Resul	L		1
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sul		er Distracte	,	26			Alcohol: [I from sce	31 Suspene? 2		1
6 1		operator and all occupa		rei Distracte		34 35	36	37	38 39		T	
	Name (Last First Middle)	Address		OB/Age	S	Seat Safety	Airbag	Eject	Trap Inju	ıry Transp		
	Operator Operator	See Above		Ob/Age		os. System	Status 4		Code Stat		Facility	
	Орстисог	See Above			_		-		, ,	1		
					-				_			
					-				-			
	Please Select One		7	15		[6]	17	1 1.	18			
8	of the Following:	2 1 #Occupants	Non-Motorist Typ	e Act	ion	Location		Conditio		Hit/Run	Moped	
	License# S90326951	St MA DOB/Age	27 Reg	# <u>556</u>	SC1		Re	g Type	PAN	Reg S	State MA	
	Sex M Lic. Class D 19	Lic. Restrictions 1^{20}	CDL Veh	Year 200	o v	eh Make E	WM			Veh Co	onfig. 21	
	Operator AUGUSTIN, JAMES	ON	Endorsement Owr	ner AUG	USTIN	, JAMESO	N					
	Last	First	Middle		Last		F	irst		Middle		
	Address 14 LAKE DR				AKE D	R						
	City CHATHAM	State MA Zip 0	2633 City	-	ГНАМ		77	-	MA Zi	-		14
4	Insurance Company SAFETY			icle Action F			-	Damag Test St		Code: 6 2		
	Vehicle Travel Direction NSE	W Responding to Em	nergency? 2 Ever	nt Sequence	1 23	23 23	23	Type o		2	4	
	Citation # (if Issued)		Mos	t Harmful E	ent 1	L ²⁴			st Result		_	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Driv	er Contribut	ing Cod	de 19 ²⁵ 6	25		_	31 Susp.	Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub) Driv	er Distracte	by [26			from sce			
2	Please fill out for o	pperator and all occupan	nts			4 35	36		38 39	40		
	Name (Last First Middle)	Address	D	OB/Age	Sex Po	eat Safety s. System	Airbag Status		Frap Injui Code Stati		Medical Facility	
	Operator	See Above		-		l 1	4	0 0		1		
Ì												
	Last Mod- 7	7/28/2014 12:56 PM	Page	2.1	_				htt	ne://www.	rashlogic com	

= Direction	1 = Vehicle 1	2 = Vehicle 2	on = Pedestrian of di	5 = Bicycle 14-681-AC
Crash Diagram: ie: L	→ 1	2	₹ 🗪 🕏	5 14 001 A0
				If Crash Did Not Occur on a Public Way:
Old				Off-Street Parking Lot
Colony				Garage
				Mall/Shopping Center
-				Other Private Way
Ocean St Vehicle	vehicle #2 Oper	en: St		
#1				
2			-X	
South	h St		N.	North
Oπe ν	May			Nordi

Vehicle #1 was traveling straight ahead in the left hand lane of South St a one way road. Vehicle #2, while in the right hand lane of South St attempted to turn left onto Old Colony Rd and struck vehicle #1.

Witnesses:							
Name (Last, Firs	t. Middle)	Address			Phone #		Statement
Property Da							
Owner (Last, Fire	st. Middle)	Address	Phon	e #	41-Tvpe	Description of D	Damaged Property
Tweek and D	us Tufarmation.						
	us Information:	Re	egistration #			_(From Vehicle	Section)
Carrier Name						_	Bus Use
Address			City		Star	te Zip	
USDOT #	State	Number	Issuing S	State	MC/MX/IC#	÷	
Interstate	43 Cargo Body Type	Code 44	GVWR\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Infor	mation:						<u></u>
Placard 47	Material 1 digit#	Material Name			Material 4 digit#	8 <u></u>	Release code 49
STEVEN MAHE	R		SJM/193	Barnstable	PD		7/26/2014
Police Officer Nar	ne (Please Print) S Last Mod: 7/28/2014	ignature 12:56 PM	ID/Badge# Page 2	Department	Precine	ct/Barracks	Date https://www.crashlogic.com

	14-858-AC	Com	monwealt	th of Ma	issa	ichu	isetts							
	Date of Crash Time of Cra	ash City/Town	Motor V	Zehicle (]ra	sh	Number			Speed	l Limit		ate Police]
	20.04	Barnstable				311	venicies	i Inj	ured	Lat.			cal Police 🗹 TA Police	
				ce Repor			2		1	Lon.		Oth	ner	10
	AIINIE	RSECTION	< L00	CATION	>			NOI	AI	TNIE	RSEC	IION		-
1.		OUTH ST												٥
4	Route# Direction	Name of Roadway/	Street	Route#	D	irectio	n Addr	ess#		Name	of Roa	dway/S	treet	
		At			Feet	NSE	W of			or				
		D COLONY RD	1 70					Mile N	1arker			Exit Nu	mber	1,
	Route# Direction	Name of Intersecting Roa Also at intersection		— F	Feet	NSE	W of							5
2		Also de Intersección	I WILLI			NCE	-1207 -	Route:	#	Inter	secting	Roadwa	ay/Street	
² 1	Route# Direction	Name of Intersecting Roa	dway/Street	_ f	Feet [NSE	W of			16	andmar	k		
3	Bloace Select One		_	oped				14	-85	8-/		Λ		
	License# 22652613	St vr DOB/Age	20	Reg# FF	PD40)3		Re	ед Тур	e PC	:	Reg	State VT	
	Sex F Lic. Class D	19 Lic. Restrictions 20	CDL	Veh Year 20)10	Vel	Make \$	SUBA				- Veh C	onfig. 21	112
	Operator ROPER, MARG	ARET	Endorsement	Owner RO	PER	— . Mar	GARET						ر ف	
	Last	First	Middle			Last			First		1	Middle		
⁴ 3	Address 729 ANDOVER			Address 729			R RD							
	City CHESTER				ESTE					ate V		0514		
	Insurance Company PRO			Vehicle Action	_		U311 I	22		naged / : Statu:	Area Co		28	
⁵ 1	Vehicle Travel Direction	S E W Responding to Em	ergency? 2	Event Sequen	ce 1		23 23	23		e of Te			29	
	Citation # (if Issued)			Most Harmful	Even	it 1	24			Test F		3	30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Driver Contrib	uting	Code	1 25	25				Si Susp.	Drug: 32	1 ¹³
6 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distract	ted b	y 2	26				n scene			-
1	Please fill out	for operator and all occupant	s			34 Seat	35 Safety	36 Airbag	37 Ejec	38 Trap	39 Injury	40 Transp.	Medical	
	Name (Last First Middle)	Address		DOB/Age	Sex		System				Status		Facility	
	Operator	See Above			-	1	1	4	0	0	4	1		
	ALLARD, CHRIS	3470 ST GEORGE ST, WILLISTON VT	05495 2	23	M	6	1	4	0	0	5	1		
ł					-					_				
	Please Select One			_ 15].		16		17		_	101			
2	of the Following:	icle 2 3 #Occupants III	Non-Motorist	Type Ac	tion	10	Location	17	Condit	ion	¹⁸ □H	lit/Run	Moped	
	License# \$77462918	St MA DOB/Age 6	6 F	Reg# 51	RN2	8		Re	д Тур	e PA	N	Reg S	state MA	
	Sex F Lic. Class D	¹⁹ Lic. Restrictions ²⁰ C	CDL \	Veh Year 20	07	Veh	Make H	OND				Veh Co	nfig. 21	
	Operator RICH, MICHELI	LE M	ndorsement C	Owner RIC	H, R	OBER	T ALAN							
	Last Address 122 ROCK HAR	First	Middle	Address 122		Last	RBOR		irst		М	liddle		
	City ORLEANS			_	EAN.		KBUK	KD	St:	ite MA	7in	0265	3-0000	
	Insurance Company STATI			Vehicle Action			ach a 22	1		_	rea Coo	_		14
1	Vehicle Travel Direction N				-		-	23		Status		28		
	<u> </u>	DIE W Kesponding to Eme		Event Sequenc					Туре	of Tes	it:	29		
	Citation # (if Issued)			4ost Harmful E				25	BAC	Test R		30	1	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Driver Contribu	_		4	25	-	Alcoh		Susp.		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distracte	ed by						scene?		3	
		for operator and all occupants	•	DOD'4		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.	Medical	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System	Status			Status	Code	Facility	
	Operator	See Above			-		1		0	0		1		
	AFRENIERE, J ALFRED (ASSIER, MARYANN	57 BUCK ISLAND RD, SOUTH YARMOU					1		0	0	5 :			
-	WASTEN, MARIANN	2123 CARLETON RD, BERKLEY CA 947	704 55	7	F	6	1	4	0	0	5 1	1		
	Last M	lod: 9/16/2014 9:07 AM	P	age 1							https://	//www.cr	ashlogic.com	

= Direction	1 = Vehicle 1 2 = Vehicle 2 Pedestrian = Bicycle	14-858-AC
Crash Diagram: le:	OCEAN ST	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage
old C	2 (1.1.2 °C)	Mall/Shopping Center Other Private Way North

OP1 STATED THAT SHE WAS STOPPED AT THE RED LIGHT AT OCEAN ST AND SOUTH ST FACING NORTH. SHE STATED THAT WHEN HER LIGHT TURNED GREEN SHE PROCEEDED STRAIGHT THROUGH THE INTERSECTION TO OLD COLONY BLVD AND WAS SIDE SWIPED IN THE DRIVER'S SIDE FRONT DOOR BY V2.

OP2 STATED SHE WAS STOPPED AT THE RED LIGHT AT THE INTERSECTION OF OCEAN ST AND SOUTH ST FACING SOUTH. SHE STATED THAT SHE WAS GOING TO TAKE A LEFT TURN DOWN SOUTH ST. SHE STATED THAT WHEN HER LIGHT TURNED GREEN SHE PROCEEDED INTO THE INTERSECTION AND TURNED LEFT CRASHING INTO V1 WITH THE FRONT PASSENGER SIDE OF HER VEHICLE.

OP1 WAS EVALUATED BY HYANNIS FD AND DECLINED TRANSPORT TO CCH. BOTH VEHICLES WERE ABLE TO DRIVE UNDER THEIR OWN POWER. IT IS MY OPINION THAT OP2 WAS AT FAULT AND DID NOT YIELD THE RIGHT OF WAY TO V1. 795

Witnesses:						
Name (Last, First, Middle)	Ad	dress		Phone	#	Statement
Property Damage:						
Owner (Last. First, Middle)	Address		Phone #	41-Type	Description of D	amaged Property
Truck and Bus Information:		Registration #			(From Vehicle	
Carrier Name						Bus Use 42
Address		City		St	ate Zip	(4-7
USDOT # Sta	ate Number	Iss	uing State	MC/MX/IC	:#	
Interstate 43 Cargo Body Typ	pe Code 44	GVWR\GCV	LJ			
Trailer Reg#	Re	eg Type	Reg State	Reg Yea	ır	Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 digit#	Material Na	me		Material 4 digit	#	Release code 49
CHRISTOPHER BOTSFORD		САВ	/275 Barnstab	ole PD		9/8/2014
Police Officer Name (Please Print) Last Mod: 9/16/201	Signature 4 9:07 AM		adge# Departmer	nt Preci	nct/Barracks	Date

	14-977-AC	Com	ımonwea	wealth of Massachusetts										1
	Date of Crash Time of Cras			Vehicle (sh	Number Vehicles		ured	Speed Lat.	d Limit	Lo	ate Police cal Police BTA Police	
		Barnstable		ice Repo	rt		2		0	Lon.		Oti	ner	1
	AT INTER	SECTION	< L(OCATION	>_			NOT	AT	INT	ERSE	CTION		1
1	OLD	COLONY RD												
4	Route# Direction	Name of Roadway	/Street	Route#		Directio	n Addr	ess#		Name	of Ro	adway/S	treet	
		At			Feet	NS	E W of			or				
	SOU	ITH ST			, , ,			Mile N	1arker			Exit Nu	mber	
	Route# Direction	Name of Intersecting Roa				NGI	E W of							3
		Also at intersection	n with		reec	14 5	- ** 01	Route	#	Inter	secting	Roadwa	av/Street	Г
² 1					Feet	NSI	E W of						.,,	
3	Please Select One	Name of Intersecting Roa					_				andma	rk		
_	of the Following:			Moped				14	-97	7-/	AC			
	License# 3310587	St RI DOB/Age	24	Reg# 4	5748	31		R	eg Typ	e Po	C	Reg	State RI	-
	Sex M Lic. Class 19	Lic. Restrictions 20	CDL	Veh Year 2	013	Ve	h Make	FORD				Veh C	onfig. 21	1
	Operator ZHU, CHUANXIN		Endorsement	Owner ZH	IU. C	— HUAN	IXIN					_		
	Last	First	Middle	_		Last			First			Middle		
⁴ 3	Address 2900 KINGSTOV	WN RD			00 K	INGS	TOWN	RD						
	City KINGSTON		2881	-	NGS					ate R		0288		
	Insurance Company GEICO			Vehicle Actio	n Prio			22				ode: 1		
5 1	Vehicle Travel Direction NS	E W Responding to Em	nergency? 2	Event Sequer	nce 1	23	23 23	23		Statu			28	
1	Citation # (if Issued)			Most Harmfu	l Ever	nt 1	24			of Te			30	
	Viol. 1 (Ch/Sec/Sub)	DAC TEST RESUIT.									1			
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub		Driver Distrac	_		26				m scen			1
6 1		or operator and all occupan				34	35	36	37	38	39	40	T	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.		Airbag Status		Trap	Injury Status	Transp.	Medical Facility	
	Operator	See Above			-	1	99	4	0	0	5	1	1 demey	
					T									
7	Please Select One	e 2 2 #Occupants	Non-Motorist	Type 15 A	ction	16	Location	17	Condit		18	⊥ Hit/Run		
2	of the following.					<u></u>	LUCAUOII	<u></u>					Moped	
	License# S59006097	St MA DOB/Age 2		_	21KM	12		Re	д Тур	PA	N	- 1	State MA	
	Sex F Lic. Class D 19	Lic. Restrictions 1	CDL	Veh Year 20	006	_ Veh	Make H	IOND				Veh Co	nfig. 21	
	Operator CLARK, HAILEY	D	Endorsement	Owner CL/		HAIL	EY D							
	Last Address 381 WILLIMANT	First	Middle	Address 381		Last	ANTIC E		irst		1	Middle		
	City MARSTONS MILL		2648				AILLS	/K	Sta	te MA	Zip	0264	Ω	_
	Insurance Company AMICA		-570	Vehicle Action					_	_	_ '	de: 8 2		1.
1	Vehicle Travel Direction NS		argency? a] 23]		Status		28		
		E WW TRESPONDING TO EITH	ergency: Z	Event Sequen			1		Туре	of Te	st:	29	7	
	Citation # (if Issued)			Most Harmful				521	BAC	Гest R		30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Driver Contrib	uting		1 25	25	Susp.	Alcoh	ol:	³¹ Susp.		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distract	ed by	/ 2	6		Towe	d fron	n scene	? 2 3	3	
		r operator and all occupant	'S			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	Medical	
-	Name (Last First Middle)	Address		DOB/Age	Sex		System	Status	Code		Status	Code	Facility	
	Operator 5	See Above 83 OSTERVILLE W BARNSTABLE RD	MADSTONE		-	1	99	4	0	0	5	1		
		IILLS MA 02648	, ITANO I UNO	20	М	3	99	4	0	0	5	1		
L	, , , , ,	L 10/14/2014 0 F0 ***												
	Last Mod	1: 10/14/2014 9:59 AM		Page 1							L-14	. 1 1	achlogic com	

	= Direction	1 = Vehicle	e 1 2 = Vehicle	$\frac{Q}{h} = Pedestrian$	₫ = Bicycle	14-977-AC
Crash Diagram:	ie: 📫	1	2	→ } =	ĕ	
	Ocean St.	1	8-11			on a Public Way:
		Old Colony			[Off-Street Parking Lot
		, O	332.//			Garage
		0.6				Mall/Shopping Center
South St.	17.	/j's			[Other Private Way
	8 JE	2				
185 185 N	J. Same		300 300			
	πĽ					
						North

Both vehicles were on Ocean street on opposite sides of the traffic signal. They both had a green light. Vehicle 2 had the right of way since she was traveling straight across. Vehicle 1 turned on to South street with out yielding to oncoming traffic. Vehicle 1 crashed into vehicle 2.

The operator of vehicle 1 stated that he thought that the other side of the road had a red light so he proceeded to turn. He was wrong because they both had green light and what he saw was the red light for the South street traffic.

Vehicle 1 is at fault for the accident

Witnesses:							
Name (Last, First, I	Middle)	Address			Phone #		Statement
Property Dam	age:						
Owner (Last, First,	Middle)	Address	Phon	e #	41-Type	Description of D	amaged Property
Truck and Due	Tufavaatia						
Truck and Bus	Information:	Reg	istration #			_(From Vehicle	
Carrier Name							Bus Use 42
Address			City		Stat	e Zip	
USDOT #	Sta	e Number	Issuing S	tate	MC/MX/IC#		
Interstate 43	Cargo Body Type	e Code 44	GVWR\GCWR	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Informa	tion:						
Placard 47 M	aterial 1 digit#	Material Name			Material 4 digit#		Release code 49
MAXWELL MORR	ow		MSM/28 8	Barnstable	PD		10/10/2014
Police Officer Name	(Please Print) Last Mod: 10/14/201	Signature 4 9:59 AM	ID/Badge#	Department	Precino	t/Barracks	Date https://www.crashlogic.com

	15-779-AC	monwealth	of Ma	assa	chi	ısetts							
	Date of Crash Time of Crash	City/Town	Motor Ve			sh	Number Vehicles	Inj	ured	Speed Lat.	d Limit	Lo	ate Police ocal Police BTA Police
		arnstable		Repo	rt		2	_	0	Lon.		Ot	ner
	AT INTERSEC	LITON	< LOCA	ATION	>			NO	ГАТ	INT	ERSE	CTION	
1	SOUTH S	ST											
1	Route# Direction	Name of Roadway,	/Street	Route#	D	irectic	n Addre	ess#		Name	e of Ro	adway/S	Street
		At			Feet	NSI	E W of			or			
	OLD COI	LONY RD			CCC			Mile 1	Marker			Exit Nu	mber
	Route# Direction Na	me of Intersecting Roa			حمدآآ	NGI	E 14/						
		Also at intersection	n with	Feet NSEW of Route# Intersecting Roadway/Stre									
² 1			- 1	-	Feet	NSI	E W of						
3	Discourse Colonton	me of Intersecting Roa		1							andma	ark	
	of the Following:	1 #Occupants	Hit/Run Mop	ed				15	-77	'9- /	AC		
	License# S92158880		22 R	eg# 1	YR57	0		R	eg Typ	e P	AN	Reg	State MA
	Sex M Lic. Class D 19	Lic. Restrictions 1 ²⁰	CDL Ve	eh Year 2	004	Vel	h Make I	NISS				Veh C	onfig. 21
	Operator SCHOFIELD, ALFREI	, D	Endorsement Ov	wner SC	HOF	– IELD.	ALFREI	D P					ات
	Last	First	Middle	-		Last			First			Middle	
⁴ 3	Address 131 KETTLEHOLE RI		Ac	idress 13	1 KE	ITLE	HOLE RI	D					
	City WEST BARNSTABLE				BARI					_	IA Zi		58-1209
	Insurance Company Safety Ins	urance	V	ehicle Actio	n Prio	r to C	rash 2 2	.2					²⁷ 5 ²⁷ 6 ²⁷
⁵ 1	Vehicle Travel Direction NSEV	Responding to Em	ergency? 2 Ev	ent Sequer	nce 1	23	23 23	23		Statu			28
1	Citation # (if Issued)		Me	Most Harmful Event 1 24 Type of Test: 29 BAC Test Result: 30									
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub		iver Contrib		_	251	25				110	
_	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Contributing Code 1 Susp. Alcohol: 31 Susp. Drug: Driver Distracted by 26 Towed from scene? 2 33									
6 1		erator and all occupan		34 35 36 37 38 39 40									1
	Name (Last First Middle)	Address	1	DOB/Age	Sex	Seat Pos.		Airbag Status	Ejec	Trap		y Transp	Medical Facility
	Operator	See Above		-	-	1	99	4	0	0	5	1	racincy
						<u> </u>	-			1	Ť	1	
	Please Select One Vehicle 2	1 #Occupants	Non-Motorist Ty	pe 15 A	ction	16	Location	17	Condit		18	Liih/D	Пи
⁷ 2	of the following.			·			Location	<u></u> _				Hit/Run	
			18 Re	g# 3 1	1G26	4		Re	у Тур	e <u>PA</u>	N.	_	State MA
	Sex M Lic. Class 19 19	1 - 1		h Year 20	009	Veh	Make M	IITS				Veh Co	onfig. 21
	Operator NELSON, JAMES A		Endorsement Ow	ner NE	LSON	, DEI	BRA A						
	Last Address 24 MATES WAY	First	Middle	dress 24		Last	AV	F	irst			Middle	
	Address 24 MATES WAY City BREWSTER	State MA Zip 02	2631 Cit		MATI EWS1		AT		Ct-	to MA	a Zin	0262	1 0000
	Insurance Company Commerce	- · -		hicle Action			ach = 22	7	_	_	A Zip		1-0000 7 2 ²⁷ 8 ²⁷
4		_			7	-		23		Status		-	8
	Vehicle Travel Direction NSEW	Responding to Eme		ent Sequen				23	Туре	of Te	st:	2	9
	Citation # (if Issued)	Mo	Most Harmful Event 1 24 BAC Test Result: 30							0			
- 1	Viol. 1 (Ch/Sec/Sub)	Dri	ver Contrib	uting	Code	5 ²⁵ 2 (²⁵	Susp	. Alcol	nol:	31 Susp.		
2	Viol. 3: Ch/Sec/Sub						6		Towe	d fror	n scen	e? 2 ³	3
4	Please fill out for ope	rator and all occupant	s			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transn	Medical
	Name (Last First Middle)	Address		OOB/Age	Sex	Pos.	System	Status			Status		Facility
	Operator	See Above		-	-	1	99	4	0	0	5	1	
	Last Mod: 8/1	7/2015 3:25 PM	Par	je 1							https	/ /vanamas C	rashlogic.com

-	= Direction		1	= Vehicle 1	2	= Vehicle 2	= Pedestrian	ල්ති = Bicycle	15-779-AC
Crash Diagram:	ie:	-	1	-	2	-	₹ 📑	₫	20 770 740
									If Crash Did Not Occur on a Public Way:
								ī	Off-Street Parking Lot
Old Colony Road			00	ean St				[Garage
.,,][Mall/Shopping Center
	(B)								Other Private Way
South Street	∰MV.#1		Sales and					≪ 3	North

MV #1 was heading east on South Street approaching the Old Colony Road intersection and was stopped in heavy traffic at the signal light. MV #2 was behind MV #1. OP #2 said he became distracted and looked down for a quick second. When OP #2 looked back up, MV #1 was stopped in traffic. MV #2 struck the back-end of MV #1,causing the accident. MV #1 sustained damage to the rear bumper and possibly to the exhaust pipe. MV #2 sustained heavy front-end damage.

Witnesses:					
Name (Last. First. Middle)	Address		Phone #		Statement
Property Damage:	TO A				
Owner (Last, First, Middle)	Address	Phone #	41-Tvpe	Description of D	amaged Property
Truck and Bus Inform	ation: Re	egistration #		(From Vehicle	Section)
Carrier Name					Bus Use 42
Address		City	Sta	te Zip	
USDOT #	State Number	Issuing State	MC/MX/IC#	#	
Interstate 43 Cargo	Body Type Code 44	GVWR\GCWR 45			
Trailer Reg#	Reg Type	Reg State	Reg Year	V	Trailer Length 46
Hazmat Information:					
Placard 47 Material 1 di	git# 48 Material Name		Material 4 digit#		Release code 49
JENNIFER ELLIS		JPE/220 Barnstable	e PD		8/11/2015
Police Officer Name (Please Pri Last Mod	nt) Signature : 8/17/2015 3:25 PM	ID/Badge# Department Page 2	Precin	ct/Barracks	Date https://www.crashlogic.com

	15-699-AC	Com	ımonwealth	nwealth of Massachusetts										7
	Date of Crash Time of Crash	City/Town Barnstable	Motor Vo			sh	Number Vehicles	Inj	ured	Speed Lat.	i Limit	Lo	ate Police cal Police 7	
				Repor	T		2		0	Lon.		Oth	ner	2
	AT INTERS	ECTION	< LOC/	ATION	>	ų_		NOT	AT.	INTE	RSE	CTION		12
¹ 1	SOUTH	I ST												
1	Route# Direction	Name of Roadway	/Street	Route#	Di	rectio	n Addre	ess#		Name	of Ro	adway/S	treet	
		At			eet	NSE	Wof			or				
		DLONY RD						Mile N	1arker			Exit Nu	mber	
	Route# Direction	Name of Intersecting Ro		-	eet	NSE	W of							3
² 1		Also at intersectio	n with		_			Route	#	Inter	sectino	Roadwa	y/Street	
3	Please Select One	lame of Intersecting Roa												-
	of the Following:		Hit/Run Mop						-69					
	License# S96188921	St MA DOB/Age		eg# 6 9)61L	K		Re	eg Typ	e P/	AN .	Reg	State MA	-
	Sex M Lic. Class D	Lic. Restrictions 20	CDL V	eh Year 20)11	_ Vel	n Make 🤦	CHEV				Veh C	onfig. 21	1
	Operator SIVES, MICHAEL J			wner SI\			IAEL J							
⁴ 1	Last Address 110 CRANBERRY I	First N	Middle A	ddress 110		Last Anbe	RRY LN		First			Middle		
1	Address 110 CRANBERRY LN Address 110 CRANBERRY LN City BARNSTABLE State MA Zip 02630 City BARNSTABLE State MA Zip 02630													
		nce Company LIBERTY MUTUAL Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 4 2												
	Vehicle Travel Direction NSE			ent Sequen	/		23 23	23		Statu			2.8	
5	Citation # (if Issued)	Troopenang to En			_		24		Туре	of Te	est:	2	29	
				Most Harmful Event 1 24 BAC Test Result: 30										
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub		Susp. Alcohol: 31 Susp. Drug: 3										1
1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub		Driver Distracted by 26 Towed from scene? 1 33									3	
_		operator and all occupar				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injur	40 y Transp.	Medical	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System		Code	Code	Statu	s Code	Facility	
	Operator	See Above		-	-	1	1	4	0	0	5	1		
												-		
									_	-	-	-		
	Places Salact One			15]		16		17			18		-	
1	of the Following:	2 1 #Occupants	Non-Motorist Ty	pe Ac	tion		Location	1/	Condit	ion	10	Hit/Run	Moped	
	License# S75410788	St MA DOB/Age	45 Re	g# 2E	L813	<u> </u>		Re	д Тур	PA	N	Reg S	State MA	
	Sex F Lic. Class 19 1			h Year 20	15	Veh	Make C	HEV				_ Veh Co	nfig. 21 1	
	Operator MINGO, LISA		Endorsement Ov	vner EAN	НОІ	LDIN	GS LLC							
	Last Address 660 THACHER ST #	First	Middle	dress 692		ast KEM	000 41		irst			Middle		
						VE AA	OOD AV	ESIT		to OK	Zip	7411	7-0000	
_	City ATTLEBORO Insurance Company SAFE CO	State MA Zip 0		hicle Action		to Cr	och - 22			_	\rea Co	T 33		14
4		184 Documenting to Fire						23		Status		2	3	
	Vehicle Travel Direction NSE	W Responding to Em		ent Sequenc		<u> </u>	ᆜ		Туре	of Te	st:	2:	7	
	Citation # (if Issued)			st Harmful I		<u></u>		32	BAC	Гest R		30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Dri	ver Contribu	iting (13	25	Susp.	Alcoh	nol:	31 Susp.		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		ver Distract	ed by	_					n scene	e? 2 3:]	
=		perator and all occupant	ts			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	Medical	
	Name (Last First Middle)	Address		OOB/Age	Sex	Pos.	System	Status			Status		Facility	
	Operator	See Above		-	-	1	1	4	0	0	5	1		
-												-		
Ĺ	Last Mod- R	3/17/2015 3:21 PM	Par	ne 1							htter	- Hansen	ashlogic com	

	= Directio	n	1	= Vehicle 1	2	= Vehicle 2	Pedestrian	₫ = Bicycle	15-699-AC
Crash Diagram:		e: ⇒	1	-	2	-	· Ř •	∳ \$	
									If Crash Did Not Occur on a Public Way:
									Off-Street Parking Lot
	G.								Garage
	3	1	277					(N) (Mali/Shopping Center
		G.	Ste					V ₁	Other Private Way
	13.	Gas Station	Ocean Sirees						
	Ceviter Street	Ĉ 88	Ó						
	Ö								North

Both vehicles were traveling north on Center St. Vehicle 1 was in the inside travel lane. Vehicle 2 had just entered Center St and was attempting to make a left turn into the gas station parking lot from the outside travel lane. Center street in two lane one way traffic at this section of the road. Operator 2 stated that she made a quick turn to enter the gas station and did not see vehicle 1. Operator 2 did not yield the right of way to vehicle 1 which was traveling in a proper travel lane.

Witnesses:						
Name (Last. First. Middle)	Address			Phone #		Statement
Property Damage:	- W-1					
Owner (Last. First. Middle)	Address	Phone	# 4	1-Tvpe	Description of D	amaged Property
Truck and Bus Inform	nation:	Registration #	-		(From Vehicle	Section)
Carrier Name					- Communication	Bus Use 42
Address		City		Sta	te Zip	
USDOT #	State Number	Issuing St	tate M	C/MX/IC#		
Interstate 43 Cargo	Body Type Code 44	GVWR\GCWR (45		-	
Trailer Reg#	Reg Typ	e Reg	State	Reg Year		Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 d	ligit# 48 Material Name		Materia	al 4 digit#		Release code 49
CHRISTOPHER KELSEY		CCK/212	Barnstable PD			8/7/2015
Police Officer Name (Please Pr Last Mo	rint) Signature d: 8/17/2015 3:21 PM	ID/Badge# Page 2	Department	Precin	ct/Barracks	Date https://www.crashlogic.com

	15-503-AC	Com	monwealt	th of Ma	issa	icht	isetts							1
	Date of Crash Time of Crash		Motor V			sh	Number Vehicles		ured	Speed Lat.	d Limit	Lo	ate Police ocal Police STA Police	
		Barnstable		ce Repor	rt		2			Lon.		Otl	her	1 2
	AT INTER	SECTION	< L00	CATION	>			TON	AT.	INT	RSE	CTION		2
1							184	s	OUTH	H ST				
¹ 1	Route# Direction	Name of Roadway,	/Street	Route#	D	irectio	n Addre	ess#		Name	of Ro	adway/S	Street	
		At			Feet	NSE	W of			or				
							-1	Mile N	/larker			Exit Nu	mber	
	Route# Direction	Name of Intersecting Roa				NGE	W of							2
		Also at intersection	n with		reet[N S L		Route:	#	Inter	secting	Roadw	av/Street	
² 1				F	Feet	NSE	W of							
3	Places Calast Over	Name of Intersecting Roa						4 =			andma	rk		
	of the Following:			pped					-50					
	License# S36054635	St MA DOB/Age	51	Reg# 95	58R\	/9		_ Re	eg Typ	e P	AN	Reg	State MA	1
	Sex F Lic. Class D	Lic. Restrictions 20		Veh Year 20)13	Vel	Make <u>I</u>	HOND				_ Veh C	onfig. 21	1
	Operator MCGINNIS, COLI	LEEN M	Endorsement	Owner MC	GIN	NIS,	COLLEE	N M						
	Last	First	Middle			Last			First			Middle		
⁴ 3	Address 15 CIRCUIT EAS			S-1			EAST RI	D	-					
	City W YARMOUTH	State MA Zip 0				MOUT		2]			A Zip		73-3724	
	Insurance Company PROGR			Vehicle Action	_		rash 2 2 23 23			naged : Statu		ode: 1	28	
5	Vehicle Travel Direction NS	E W Responding to Em		Event Sequen		ᆜ		23		e of Te			29	
•	Citation # (if Issued) R614	45265	-	Most Harmful	Even	t 1 '	24		• • •		Result:		30	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub))I	Driver Contrib	uting	Code	19 ²⁵	25		. Alco		31 Susp	. Drug: 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub))	Driver Distract	ted b	y 2	26				∟ m scen			1
6 1	Please fill out fo	r operator and all occupan	ts			34	35 Safety	36	37	_38	39	40	Medical	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.		Airbag Status		t Trap	Injury Status	Transp Code	Facility	
	Operator	See Above		-	-	1	1	4	0	0	5	1		
1	TO THE PARTY OF TH		1	.4	М	3	1	4	0	0	5	1		
1	TEPHOLOR DARRING	CONTRACTOR AND VALUE OF THE	5		М	11	1	4	0	0	5	1		
1	INCHINGS ETELAN	and the survey of the survey of	3		М	11	4	4	0	0	5	1		
7_	Please Select One Vehicle	e 2 2 #Occupants	Non-Motorist	Type 15 Ac	ction	16	Location	17	Condit	ion	18	Hit/Run	Moped	
1	License# S67727380	St MA DOB/Age	53 F	Reg# FC	H51	17		Re	д Тур	e PC	_!_	Reg S	State PA	
		19 20					Make F		- /.			Veh Co	onfig 21	
		,	-ndorsement			-	-	VI(2)				=	//····9. _1	
	Operator BRANCO, DOLERI	First	Middle	SWIICI BIKA		D, ALI Last	CE P	F	irst			Middle		
	Address 25 LOWER FARMS	S RD		Address 151	4 CL	AUSE	R ST							
	City NORTHFIELD	State MA Zip 01	1360	City HEL	LER	TOWI	N		_		Zip	1805		14
4	Insurance Company ALL STA	ATE	\	Vehicle Action	Prior	to Cr	ash 2 22						⁷ 5 ²⁷ 6 ²⁷	
Ť	Vehicle Travel Direction NS	E W Responding to Eme	ergency? 2 E	vent Sequenc	e 1	23 2	3 23	23		Status		2	9	
	Citation # (if Issued)			ost Harmful I	-		4	_	• • •	of Te		3		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		Priver Contribu			1 25	25			esult:		Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Priver Distracto	_				-		n scene			
2		operator and all occupant				34	35	36	37	38	39	40		
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap	Injury Status		Medical Facility	
	Operator	See Above		=	-	1		4	0	0	5	1	. admity	
	D714D1/ 1/4-111	LOWER FARMS RD, NORTHFIELD	MA 01360 5 0	0	F	3		4	0	0	3	2	Cana Cod Hazarta	
	,					_			_	_	_		Cape Cod Hospital	
	Last Mod	: 6/15/2015 10:48 AM	P	ane 1		-			-		bttee	· //ranana: c	rachlogic com	

-			If Crash Did Not Octon a Public Way:
DEHI Mesi	(Typ)		Off-Street Parking L
1	$\begin{pmatrix} V1 \end{pmatrix} = \begin{pmatrix} V2 \\ V3 \end{pmatrix}$		Garage
			Mall/Shopping Cente
	SOUTH ST HYANNIS,MA	ų O	Other Private Way
OLD COLONY		A.	
100		0.305	North
ND MV2 IN THE LEF WIFE WERE SITTING STATED SHE WAS ST DREN IN THE CAR, A	RTED MVA WITH PI ON SOUTH STREET NEAR OLD (T HAND LANE OF A TWO LANE, NON-DIVIDED, ONI G AT THE TRAFFIC LIGHT WHEN THEY WERE HIT F TRANSPORTED TO CCH VIA HYANNIS FD. TOPPED, AND STARTED TO GO WHEN V2 WAS STIL ALL RESTRAINED, NO REPORTED INJURIES. H VEHICLES, WE MOVED INTO A NEARBY PARKING	E WAY ROAD, HEADED EAROM BEHIND. FRONT SEAL STOPPED AT LIGHT. SI	AST. OP2 STATED HER ANI AT PASSENGER COMPLAT HE HAD THREE YOUNG

Witnesses:	Service 1						
Name (Last, First	. Middle)	Add	lress		Phone #		Statement
	and the second						
Property Dai Owner (Last, Firs		Address		Phone #	41-Type	Description of	Damaged Property
Truck and Bu	ıs Information:	195-1151	Registration #			(From Vehicle	
Carrier Name						=	Bus Use 42
Address			City		Sta	te Zip	
USDOT #	Sta	te Number	Iss	suing State	MC/MX/IC#		
Interstate	Cargo Body Type	e Code 44	GVWR\GC\	VR 45			
Trailer Reg#		Reg	д Туре 	Reg State	Reg Year		Trailer Length 46
Hazmat Inforn	nation:						
Placard 47	Material 1 digit#	8 Material Nar	ne		Material 4 digit#		Release code 49
BRIAN JONES			ВМЗ	/290 Barnstable	PD		6/7/2015
Police Officer Nam	ne (Please Print) Last Mod: 6/15/2015	Signature 5 10:48 AM		adge# Department e ge 2	Precino	t/Barracks	Date https://www.crashlogic.com

15-931-AC	Com	monwealth	of M	[assa	chu	setts						
Date of Crash Time of Crash	City/Town	Motor Vel			sh	Number Vehicles		mber ured	Speed (Limit	Lo	ate Police
	Barnstable	Police		ort		2		0	Lon.			BTA Police
AT INTERS	ECTION	< LOCA	TION	>	_		NOT	AT	INTE	RSEC	TION	
						184	S	OUTI	H ST			
Route# Direction	Name of Roadway/	Street	Route	# Dir	rectio	n Addre				of Roa	idway/S	treet
	At			Feet N	NS E	W of			or			
				_1 ccc[-	1 - 1 -	.122]0 _	Mile N	/larker			Exit Nu	mber
Route# Direction	Name of Intersecting Roa			Foot N	JSF	W of						
	Also at intersection	with					Route	_ =	Interse	ecting	Roadw	av/Street
Pouto# Direction	Name of Interception Dec	d		_Feet	SE	W of						
Bloom Cale 4 C	Name of Intersecting Roa						4.5	05		ndmai	rk	
of the Following:		Hit/Run Mopeo							31-A			
License# S86176142	St MA DOB/Age			P40910)		R	eg Typ	oe COI	N		State MA
Sex M Lic. Class	Lic. Restrictions	CDL Veh	Year .	2012	Veh	Make 1	OYT				Veh C	onfig. 2 1
Operator SMITH, BRANDON	11	Owi	ner F			np; SOI			E			
Last Address 48 KNOTT AVE	First	Middle Add	iress 3	ا [AM 85	Last IN ST			First			Middle	
City SANDWICH	State MA Zip 0:	2563 City		YANNI				St	ate MA	Zip		
Insurance Company PHILADI			nicle Acti			ash 🗚 2	2	-	naged A	_ `	ode: 2	27 27 27
Vehicle Travel Direction NS E			nt Seque			3 23	23		Status:		-	28
Citation # (if Issued)	- 1		st Harmf			4		Туре	e of Tes	t:		29
-	Vial 2 (Ch (Caa/Cah)					351	25		Test Re			30
/iol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	-	er Contr	_		1 ²³			. Alcoh		200	. Drug: 32
/iol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub) operator and all occupant		er Distra	acted by	34	35	36	Tow 37	ed from	scene		33
Name (Last First Middle)	operator and all occupant Address		OB/Age	Cov	Seat	Safety	Airbag	Eject	Trap	Injury		
Operator Operator	See Above		-	Sex -	Pos.	System 1	Status 4	Code		Status 5	Code 1	Facility
Орегасог	Sec 71507C				-	_	7	-	0		1	
Please Select One Vehicle 2	2 1 #Occupants	Non-Motorist Type	e 15	Action	16	_ocation	17	Condit	ion 18		lit/Run	Moped
icense# \$70415550	St MA DOB/Age 3	3 Reg	# g	26XV5			Re	a Type	e PAN	<u> </u>		State MA
	10 20		-	2008		Make N		3 176	IAI		Veh Co	24
perator WILSON, LASFORE		ndorsement Own	_			_	133				ven o	""'ig
Last	First	Middle	ici w	ILSON,	, LAS ast	FUKD	F	irst		M	1iddle	
ddress 800 BEARSE'S WA	Y3WB	Addr	ress 80	O BEAI	RSE'S	WAY3	WB					
ity HYANNIS		601 City	H	YANNIS	<u> </u>			_	ite <u>MA</u>	- '	0260	
nsurance Company LM GENE	RAL	Vehi	icle Actio	on Prior t	to Cra	sh 4 22			aged Ar	ea Co	_	
ehicle Travel Direction NSE	W Responding to Eme	rgency? 2 Even	nt Seque				23		Status:		2	1
		Most	: Harmfu	I Event	1 24				of Test: Test Res		3	
itation # (ir issued)		Drive	er Contri				25					Drug: 32
	Viol. 2 (Ch/Sec/Sub)			_					d from	L	ينے ل	
iol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub) Viol. 4 (Ch/Sec/Sub)		er Distra	cted by	26				u 110111		, l	'i I
itation # (if Issued) iol. 1 (Ch/Sec/Sub) iol. 3: Ch/Sec/Sub Please fill out for o		Drive	er Distra	T	34	35	36	37	38	39	40	
iol. 1 (Ch/Sec/Sub)	Viol. 4 (Ch/Sec/Sub)	Drive	er Distra OB/Age			35	36 Airbag Status	37 Eject	38 Trap I	39 injury	<u> </u>	Medical Facility
iol. 1 (Ch/Sec/Sub) iol. 3: Ch/Sec/Sub Please fill out for o	Viol. 4 (Ch/Sec/Sub)	Drive			34 Seat Pos.	35 Safety System	Airbag	37 Eject Code	38 Trap I	39 Injury Status	40 Transp.	Medical
iol. 1 (Ch/Sec/Sub) iol. 3: Ch/Sec/Sub Please fill out for o Name (Last First Middle)	Viol. 4 (Ch/Sec/Sub) perator and all occupants Address	Drive	DB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag Status	37 Eject Code	38 Trap I Code S	39 Injury Status	40 Transp. Code	Medical
iol. 1 (Ch/Sec/Sub) iol. 3: Ch/Sec/Sub Please fill out for o Name (Last First Middle)	Viol. 4 (Ch/Sec/Sub) perator and all occupants Address	Drive	DB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag Status	37 Eject Code	38 Trap I Code S	39 Injury Status	40 Transp. Code	Medical

	15-931-AC
Old Colony	If Crash Did Not Occur on a Public Way:
MV 2	Off-Street Parking Lot
MV 1	Mall/Shopping Center
	Other Private Way
South Street	North

Responded to the intersection of South St and Old Colony for a minoe MVA No injuries Statement Op # 1 " I was turning left from South Street he cut the turn to sharp and ran into me". Statement Op # 2 " I made the turn from the right lane on South Street and ran into him." Gist MV # 2 made an improper left turn from the right lane on South Street onto Old Colony and collided with MV # 1
Based on the statements and my investigation Oper # 2 was at fault do to an improper turn.

Witnesses:						
Name (Last, First, Mid	dle)	Address		Phone #		Statement
Property Damag	je:					1.
Owner (Last, First, Mic		F	hone #	41-Type	Description of D	amaged Property
Truck and Bus I	nformation:	Registration #			(From Vehicle	Section)
Carrier Name						Bus Use 42
Address		City		Stat	e Zip	
USDOT #	State Number	Issu	ng State	MC/MX/IC#		
Interstate 43	Cargo Body Type Code	GVWR\GCWF	45			
Trailer Reg#		Reg Type	Reg State	Reg Year		Trailer Length 46
Hazmat Informatio	en:					<u></u>
Placard 47 Mate	erial 1 digit# 48 Material	Name		Material 4 digit#		Release code 49
ANDREW MCKENNA		AM/1	86 Barnstable	PD		9/23/2015
Police Officer Name (Pl	lease Print) Signature Last Mod: 9/24/2015 8:02 AM	ID/Bad Pag	lge# Department e 2	Precino	t/Barracks	Date https://www.crashlogic.com

	15-967-AC	Con	ımonwea	lth of Ma	assa	chuse	etts					_	
	Date of Crash Time of Crash	City/Town		Vehicle (mber hicles	Number Injured	Speed Lat.	d Limit	Lo	ate Police cal Police TA Police	
	10/02/2015 21:45 RB	arnstable		ice Repo	rt		2	1	Lon.		Oti	ner	1 2
	AT INTERSE	CTION	< L0	CATION	>	- II		TA TO	INTE	RSE	CTION		2
1	-						184	SOUT	H ST				
11	Route# Direction	Name of Roadway	/Street	Route#	Dir	ection				of Roa	adway/S	treet	
		At			East N	SEV	1		0.5				
					reetli	13 E V	_	lile Marke	or r		Exit Nu	mher	
	Route# Direction Na	ame of Intersecting Ro	adway/Street		[احاساء		iiio i idiiko			EXIC 140	THID CI	4
		Also at intersection	n with		Feet	SEV		oute#	Inter	cocting	Doodus	ay/Street	Ť
² 2	<u></u>				Feet N	SEW		ute#	Titter	Security	Noauw	ay/Screet	
3	Rodde# Direction No	ame of Intersecting Ro	adway/Street							andma	rk		
	Please Select One of the Following:	2 #Occupants	Hit/Run .	Moped			1	L5-96	57- <i>/</i>	AC			
	License# S97673652	St MA DOB/Age	35	Reg# 1	89VS6	5		Reg Ty	pe PA	AN	Reg	State MA	
	Sex M Lic. Class D 19	9 Lic. Restrictions 120	CDL	Veh Year 2	013	Veh Ma	ake ME	RZ			– Veh C	onfig. 21	1
	Operator BODAMER, BENTON	RPOOKS	Endorsement	Owner Bo	DAMI	- ER, BEN					-	الله	
	Last	First	Middle	Ownie, Be		ast	TON B	First			Middle		
⁴ 1	Address 84 OLD KINGS HWY	Υ		Address 84	OLD	KINGS	HWY						
_	City YARMOUTHPORT	State MA Zip (2675-1710	City YA	RMOL	JTHPOF	RT			A Zip		75-1710	
	Insurance Company ALLSTATE	INSURANCE		Vehicle Actio	n Prior	to Crash	1 22	Dan	naged .	Area C	ode: 2	²⁷ 3 ²⁷ 27	
5	Vehicle Travel Direction NSE	W Responding to En	nergency? 2	Event Seque	nce 1 2	3 23	23 23	1	t Statu			28	
J	Citation # (if Issued)		 -	Most Harmfu	_			,,	e of Te			29	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub	1)	Driver Contrib			25 25	il	Test F			30	4.
		Viol. 4 (Ch/Sec/Sub			_				p. Alco		31 Susp		1
⁶ 2	-	perator and all occupar		Driver Distrac	ted by	34	35	36 37		m scen	e? 2 3	7	
	Name (Last First Middle)	Address	ils	DOD/A	C	Seat S	afety A	irbag Ejec	t Trap	Injury	/ Transp		
	Operator Operator	See Above		DOB/Age	Sex					Status		Facility	
				26	-	1 1	4	0	0	5	1		
	BODAMER, JESSICA B 84 OL	D KINGS HWY, YARMOUTHPO	DRT MA 02675	36	F	3 1	4	0	0	4	1		
							-	-					
	Please Select One			_ [15] .	إحلا	16		17		18	ļ		
⁷ 1	of the Following:	1 #Occupants	Non-Motorist	Type	ction	Loc	ation	Condi	tion	ا 🗆 🗀	Hit/Run	Moped	
	License# S86101281	St MA DOB/Age	23	Reg# 13	H684			Reg Typ	e PA	N	Reg S	State MA	
	Sex M Lic. Class D 19	Lic. Restrictions 1 ²⁰	CDL	Veh Year 20)14	Veh Ma	ke TOY	т			Veh Co	nfig. 21	
	Operator PARAJULI, SUMAN		Endorsement	Owner PA	RAJUL	I, SUM	AN				-,	التا	
	Last	First	Middle		Lä	est		First		1	Middle		
	Address 15 THEATER COLON	Y RD				TER CO	LONY R	RD					
	City S YARMOUTH		2664-4483		ARMO				ate MA		-	4-4483	14
4	Insurance Company PLYMOUTI	H ROCK ASSU		Vehicle Action	Prior 1	to Crash	4 ²²		_		de: 7 2		-
	Vehicle Travel Direction NSEV	Responding to Em	ergency? 2	Event Sequen	ce 1 23	23	23 23		Status of Tes		29	4 0	
	Citation # (if Issued)			Most Harmful	Event	1 24			Test R		30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub))	Driver Contrib	uting C	ode 1	²⁵ 97 ²⁵		. Alcoh		31 Susp.	1	
)	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		Driver Distract	_	26		-		n scene			
2		erator and all occupan			П			36 37	38	39	40		
	Name (Last First Middle)	Address		DOB/Age		Seat Sa	fety Air	bag Eject	Trap	Injury Status	Transp.	Medical Facility	
İ	Operator	See Above			-	1 1	4	0	0	56165	1	, definey	
							1		_	_	_		
Ì													
Ì													
į	Last Mod: 10	/30/2015 8:27 AM		Page 1						htter	. //sananar m	rable sie sevi	

Crash Diagram: ie:	1 = Vehicle	1 2 = Vehicle 2	Pedestrian	ල්ති = Bicycle ම්ති	15-967-AC
Old Colony Rd. Ocean St.	South St.	Ocean St.		; C C	If Crash Did Not Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way

OP of MV#1 stated that he was driving straight and then MV#2 hit him on the left side of the car.

OP of MV#2 stated that he was trying to make a left hand turn onto old Colony but did not see MV#1 in the lane.

Passenger of MV#1 reported see Hyannis rescue evaluated and she refused transportation to the Hospital.

795

Witnesses:						
Name (Last, First, Middle)		Address		Phone #		Statement
Property Damage:						
Owner (Last. First. Middle)	Address		Phone #	41-Type	Description of D	amaged Property
Truck and Bus Inforn	nation:	Registration #			(From Vehicle	Section)
Carrier Name						Bus Use
						Du3 03C
Address		City		Sta	te Zip	
USDOT #	State Number	Iss	uing State	MC/MX/IC#	ŧ	
Interstate 43 Cargo	Body Type Code 4	4 GVWR\GCV	VR 45			
Trailer Reg#		Reg Type	Reg State	Reg Year		Trailer Length
7=		02			-	
Hazmat Information:						
Placard 47 Material 1 o	digit# 48 Material	Name		Material 4 digit#		Release code
ARMANDO FELICIANO		AF/	247 Barnstab	ole PD		10/4/2015
Police Officer Name (Please P		ID/B	adge# Departme	nt Precin	ct/Barracks	Date
Last Mo	od: 10/30/2015 8:27 AM	Pa	ge 2			https://www.crashlogic.co

	15-109-AC	Com	monwealth	of Ma	ssa	chu	setts		ĺ					
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle C	ras		Number Vehicles	Nun		Speed	Limit		ate Police]
	02/06/2015 11:01 ^{24H} R	Barnstable	Police	Renor	•ተ		2	,	.	Lat.		MB	TA Police	
	AT INTERS		< LOCA							Lon. INTE	RSF	Oth		10 2
								,,,,,	,,,,			011011		
¹ 1	Route# Direction	Name of Roadway	Street	Route#	— <u>—</u>	rection	n Addre							
	Directori	At	Street	· ·									ueec	
	SOUT	'H ST		Feet NSEW of or Exit Number										
		Name of Intersecting Roa	dway/Street										ilibei	211
		Also at intersection	with	Feet NSEW of									v/Stroot	
² 1		COLONY RD		f	eet	SE	W of	Noute#		Triters	securiq	Noduwa	ay/Su eet	
3	Bloose Felect One	Name of Intersecting Roa									andma	rk		
Ľ	of the Following:		Hit/Run Mope	d				15-	·10	9-/	4C			
	License# 158502077	22 Re	g# 2 9	ER8	0		Re	g Typ	e PA	N.		State MA	12	
	Sex F Lic. Class D		n Year <u>20</u>	05	Veh	Make F	ORD				_ Veh C	onfig. 21	112	
	Operator GALLOWAY, ASH		ner LE I			DERIC								
⁴ 3	Last Address 39 CLIFDON DR	Middle Ad	dress 420		Last FTTN:	GHAM D		irst			Middle			
3	City SIMSBURY	6070 Cit	-	NTER				Sta	ate M	A Zip	0263	32		
	Insurance Company METRO		hicle Action				2	_	_		1	²⁷ 5 ²⁷ 6 ²⁷		
-	Vehicle Travel Direction NS	E W Responding to Em		ent Sequen	_		3 23	23		Statu		2	28	
⁵ 1	Citation # (if Issued)			st Harmful	_		4			of Te			29	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contrib			1 ²⁵	25			Result:	11	Drug: 32	13
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distract	_		6			. Alcol	noi: [_ m scen	³¹ Susp e? 2		1 ¹³
⁶ 1	-	operator and all occupan				34	35	36	37	38	39	40		
	Name (Last First Middle)	Address		OB/Age	Sex	Seat Pos.	Safety System	Airbag Status			Injury Status		Medical Facility	
	Operator	See Above		-	-	1	1	4	0	0	5	1		
	LEPORE, MICHAEL R 84	NOTTINGHAM DR, CENTERVILLE	MA 02632 25		М	3	1	4	0	0	5	1		
											<u>L</u> ,			
⁷ 2	Please Select One of the Following:	2 1 #Occupants	Non-Motorist Typ	e ¹⁵ Ad	tion	16	Location	¹⁷ C	onditi	ion	¹⁸	Hit/Run	Moped	
	License# S19117416	St MA DOB/Age	55 Reg	# 1K	L695			Reg	ј Туре	PA	N	Reg S	State MA	
	Sex F Lic. Class D 19	19 Lic. Restrictions 20	CDL Veh	Year 20	01	Veh	Make B	UIC				Veh Co	onfig. 21	
	Operator BROGAN, MARSH	A J	Endorsement Own	ner BR (OGAN	, MA	RSHA J							
	Last	First	Middle			ast			rst		ı	Middle		
- 1	Address 101 STRAWBERRY				ITER		ERRY H	ILL KI		to M A	Zip	0262	2-3749	
- 1	CENTERVILLE Insurance Company GOVERN			icle Action]				-	7 2 27 8 27	14
3	Vehicle Travel Direction NS] 23		Status		2		
	<u> </u>	Nesponding to Eme		nt Sequenc					Туре	of Tes	st:	2	1	
	Citation # (if Issued)	\n \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		t Harmful I				25		Test R		3	3	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contribu	_	Code	<u> </u>			Alcoh		Susp.		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distract	ed by						scene		1	
	Please fill out for Name (Last First Middle)	operator and all occupant Address		OB/4a-	C	34 Seat		36 Airbag	37 Eject		39 Injury		Medical	
t	Operator Operator	See Above		OB/Age -		Pos.		Status 4			Status		Facility	
	Operacoi	SEE ADOVE		-	-	1	1	-	0	0	5	1		
t														
L.	Last Mod:	2/27/2015 8:55 AM	Pag	0.1							httns	·//www.c	rashlogic.com	

= Direction	1 = Vehicle 1 2 = Vehicle 2 $\frac{Q}{\lambda}$ = Pedestrian	- Dimula
Crash Diagram: ie: 🖈	1	5 = Bicycle 15-109-AC
	of order	If Crash Did Not Occur on a Public Way:
	, S. C.	Off-Street Parking Lot
		Garage
		Mall/Shopping Center
SOUTH ST	्र श्रष्ट /south st	Other Private Way
OLD COLONY	CEAN	North

OP#1: Ms. Ashley Galloway stated- We were driving on Ocean Street, toward South St. and Old Colony Road. Upon approaching the intersection with South and Ocean Streets, the traffic light turned red. I applied my brakes and started slowing down coming to a stop at the intersection. We were just stopped when all of a sudden the car behind us just kept coming and did not stop and rear-ended us. The lady got out, we spoke and I told her I was pulling over and calling the police, and when we turned into the Hess Gas station, she just kept going. OP#2: Ms. Marsha Brogan Stated: (Did Not wait for police.)(Not comment as of yet.) Gist: M/V#1 while stopped at the traffic light at intersection of Ocean and South Street, was rear-ended by M/V#2. There were no reported injuries, no wreckers needed no citations at this time. 795

Witnesses:						
Name (Last, First, Mi	ddle)	Address		Phone #		Statement
Property Dama	no:					
Owner (Last, First, Mi		F	Phone #	41-Tvpe	Description of	Damaged Property
Truck and Bus I	nformation:	Registration #			/m	
Carrier Name		ixegistration #			(From Vehicle	Bus Use 42
Address		City		Stat	te Zip	LJ
USDOT #	State Number	Issui	ing State	MC/MX/IC#		
Interstate 43	Cargo Body Type Code	GVWR\GCWR	45			
Trailer Reg#		Reg Type	Reg State	Reg Year		Trailer Length 46
Hazmat Information	on:					
Placard 47 Mate	erial 1 digit# 48 Material	Name		Material 4 digit#		Release code 49
BRIAN MORRISON		BDM/	20 Barnstable	PD		2/11/2015
Police Officer Name (P	lease Print) Signature Last Mod: 2/27/2015 8:55 AM		ge# Department	Precinc	t/Barracks	Date https://www.crashlogic.com

16-600-AC	Com	monwealth	of Massa	chuse	tts					7
Date of Crash Time of Crash	41	Motor Vel		C IA I		mber Spe jured Lat	ed Limit	Lo	ate Police cal Police / TA Police]
07/13/2016 19:08	R Barnstable		Report	:	2	0 Lor).	Oth		1
AT INTE	RSECTION	< LOCAT	TION >		NO	F AT IN	TERSE	CTION		2
50	OUTH ST									
1 Route# Direction	Name of Roadway	/Street	Route# D	rirection A	ddress#	Na	me of Ro	adway/St	troot	-
	At				•	,,,,	ine or ito	uuvuy, S	deec	
	TAN OT		Feet	NSEW			or			
Route# Direction	EAN ST Name of Intersecting Roa	adway/Stroot			Mile I	Marker		Exit Nur	mber	+1
- Directori	Also at intersection		Feet	NSEW	of					99
_	7 100 de medioceloi	T WIGH			Route	# In	tersectino	Roadwa	ıy/Street	
1 Route# Direction	Name of Intersecting Roa	adway/Stroot	Feet	NSEW	of		#15-tations90	Senton		
Please Select One		_			4.0	600	Landma	ark		1
of the following.		Hit/Run Mope			10	-600	-AC			
License# S48879813	St MA DOB/Age	42 Reg	# 1T639	4	R	eg Type	MCN	Reg S	State MA	1
Sex M Lic. Class D	M Lic. Restrictions 99	CDL Veh	Year 2004	Veh Mal	ke HD			Veh Co	onfig. 3	12
Operator LALICATA, JAN	MES V	Endorsement Own	ner LALICA	 TA, JAME	s v				ب ا	
Last	First	Middle		Last		First		Middle		
Address 67 SEA STM1		Add	ress 67 SEA	STM1						
City HYANNIS	State MA Zip 0	2601 City	HYANN	IS		State	MA Zip	0260	1	
Insurance Company PRO	GRESIVE CASUALTY	Veh	icle Action Prio	r to Crash	1 22	Damage	ed Area C	Code: 1 2	7 27 27	
Vehicle Travel Direction N	S E W Responding to Em	ergency? 2 Eve	nt Sequence 5	23 23	23 23	Test Sta	itus:	2	8	
Vehicle Travel Direction N Citation # (if Issued)	<u> </u>		t Harmful Ever			Type of	Test:	2	9	
					25 25	BAC Tes	st Result:		0	
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)) Driv	er Contributing	Code 1	23 23	Susp. A	cohol:	31 Susp.	Drug: 32	42
Viol. 3: Ch/Sec/Sub Please fill out	Viol. 4 (Ch/Sec/Sub)) Driv	er Distracted b	y 26	.,.	Towed 1	rom scer	ne? 1 3	3	
Please fill out	for operator and all occupan	ts			35 36 fety Airbag		38 39 rap Injur	40 y Transp.	Medical	
Name (Last First Middle)	Address	D	OB/Age Sex		stem Status		ode Statu		Facility	
Operator	See Above			1 5	5	3 0	5	1		
TAMASH, ALAINA	67 SEA STM1, HYANNIS MA 02601	22	F	4 5	5	3 0	5	1		
Please Select One	cle 2 1 #Occupants	Non-Motorist Typ	e 15 Action	16 Loca	tion 17	Condition	18	Hit/Run	□ Manad	
of the Following:										
License# X12897326		Reg	# 29EN9	4	Re	g Type <u>I</u>	PAN	Reg S	tate MA	
Sex M Lic. Class 999			Year 2004	Veh Mak	e FORD			Veh Co	nfig. 21 2	
Operator VASQUEZ, CAR	LOS S	Endorsement Own	er VASQUE	Z, CARLO	SS					
Last	First	Middle		Last		irst		Middle		
Address 322 YARMOUT	i RD	Addı		RMOUTH	RD	-				
City HYANNIS		2601 City	HYANN			State I	MA Zip	-		14
Insurance Company ARBE	LLA MUTUAL	Vehi	cle Action Prior	to Crash	4 ²²	_	d Area Co			
Vehicle Travel Direction N	Responding to Eme	ergency? 2 Ever	t Sequence 51	23 23 2	3 23	Test Stat		28	1	
Citation # (if Issued)	11506	Most	Harmful Event	51 ²⁴		Type of		29	1 1	
Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		er Contributing		⁵ 6 ²⁵	BAC Test		310	J	
			_		0	Susp. Ald	_	31 Susp. 1		
Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		er Distracted by		F 36	Towed fr				
Please fill out i	or operator and all occupant	П		34 3: Seat Safe	ety Airbag		ap Injury	40 Transp.	Medical	
Name (Last First Middle)	Address	DC	OB/Age Sex	Pos. Syst					Facility	
Operator	See Above		- -	1 99	5	0 0	5	1		
	od: 7/20/2016 2:05 PM									

Crash Diagram:	= Direction	1 = Vehicle 1 2	= Vehicle 2 $\frac{9}{1}$ =	Pedestrian ♂ = Bicycle	16-600-AC
_		South St.	7	1	f Crash Did Not Occur on a Public Way:
					Off-Street Parking Lot
					Garage
		EQ.	Ocean St		Mall/Shopping Center
	Celony Ref.	2-			Other Private Way
	1) Mais	H	33		
			2.0		
				1	
		South St		46	North
Crack Navyativa					

Motorcycle operator: " The light turned green and we started to go straight, all of a sudden he just took a left and cut us off, I had to lay the bike down so he didnt hit me."

Truck Operator: " I dont speak good english"

Gist:Both vehicles are stopped at the red light at the corner of South St. and Old Colony Rd. When the light turns green the motorcycle proceeds straight ahead and the truck leaves the far lane and attempts to make a left turn onto Old Colony and turns right in front of the motorcycle. Motorcycle operator has to lay the bike down to avoid being hit by the truck. Truck and motorcycle did not actually colide. Motorcycle sustained minor damage to the handlebars.

Witnesses:							
Name (Last. First, Midd	dle)	Address			Phone #		Statement
Property Damag	e:		.,				
Owner (Last, First, Mid	dle) Addre	SS	Phone	e #	41-Tvpe	Description of D	amaged Property
Truck and Bus In	formation:	Registra	ation #			(From Vehicle	Section)
Carrier Name			-			_	Bus Use 42
Address			City		Sta	te Zip	-
USDOT #	State Num	ber	Issuing S	tate	MC/MX/IC#	#	
Interstate 43	Cargo Body Type Code		VK(GCVVK	45			
Trailer Reg#		Reg Type	Reg	State	Reg Year	=	Trailer Length 46
Hazmat Information	n:						
Placard 47 Mate	rial 1 digit# 48 Mat	erial Name			Material 4 digit#		Release code 49
JEFFREY JACKSON			JJ/216	Barnstable	PD		7/14/2016
Police Officer Name (Ple	ease Print) Signate Last Mod: 7/20/2016 2:05 Pl		ID/Badge# Page 2	Department	Precin	ct/Barracks	Date https://www.crashlogic.com

	16-591-AC	Com	monwealth	of Mass	sachu	isetts					
	Date of Crash Time of Cras		Motor Vel	nicle Cr	ash	Number Vehicles	Number Injured	Speed Limit Lat.	Loc	ate Police Cal Police	
		R Barnstable	Police	Report		2	0	Lon.	MB Oth	TA Police er	10
	AT INTER	RSECTION	< LOCAT	ION >			NOT AT	INTERSE	CTION		10 2
	OCE	EAN ST									
¹ 1	Route# Direction	Name of Roadway/	'Street	Route#	Directio	n Addres	s#	Name of Ro	adway/St	reet	
		At		East	et NSI	E W -		0.5			
	sou	JTH ST					Mile Marke	or	Exit Nur	mber	
	Route# Direction	Name of Intersecting Roa	,,	Гол	t NSE	- W					4 1
		Also at intersection	n with	ree	TINDIE		oute#	Intersecting	g Roadwa	v/Street	
² 1	David W. Diversi			Fee	NSE					,, = , = ,	
³ 2	Route# Direction Please Select One of the Following: Vehic	Name of Intersecting Roa	Hit/Run Mopeo				16-59	Landma D1-AC	ark		
	License# S61434172	St MA DOB/Age	56 Reg	# 2KL	739		Reg Ty	pe PAN	Reg 5	State MA	
	Sex F Lic. Class D		CDL Veh	Year 201	3 Vel	Make H	run		Veh Co	onfig. 21	1 ²
	Operator HORAN, JUNE A	First	Owi	ner HORA	AN, JUN Last	IE A	Cinet		64:JJI_		
⁴ 1	Address 124 SEAGATE LI		Middle Add	ress 124 9	EAGAT	E LN	First		Middle		
1	City HYANNIS	State MA Zip 0	2532-3017 City	HYAN	INIS		S	tate MA Zip	0253	2-3017	
	Insurance Company govt e			icle Action P	rior to C	rash 1 22		naged Area C			
_	Vehicle Travel Direction N S	Responding to Em	ergency? 2 Ever	nt Sequence	1 23	23 23 2	Tes	t Status:	2		
⁵ 2	Citation # (if Issued)	-,		t Harmful Ev			BAC	e of Test: Test Result:	30		
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)	Driv	er Contributi	ng Code	1 25 2	5 Sus	o. Alcohol:	31 Susp.	Drug: 32	13 1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracted	l by	26	Tow	ed from scer		3	_
1		or operator and all occupant	ts		34 Seat	35 Safety	36 37 Airbag Ejec	38 39 t Trap Injur	40 y Transp.	Medical	
	Name (Last First Middle)	Address	D	DOB/Age Sex Pos. System Status Code Code Status Code Facility							
	Operator	See Above		-	- 1	1 4	0	0 5	1		
						-					
Л					_						
	Please Select One			15	16		17	[10]			
71	of the Following:	le 2 1 #Occupants	Non-Motorist Type	e Actio	n 16	Location	17 Condi	tion 18	Hit/Run	Moped	
	License# S22877237	St MA DOB/Age 3	S Reg	# IC35	EC		Reg Typ	e PAN	Reg S	tate MA	
	Sex M Lic. Class D 19	19 Lic. Restrictions 20	CDL Veh	Year 2008	Veh	Make FO	RD		Veh Cor	nfig. 21	
	Operator BREHAUT, MICH	IAEL P	indorsement Own	er LENTE	ELL, W I	PATRICK				ري	
	Last	First	Middle	225	Last		First		Middle		
	Address 33 BROOKSHIRE City HYANNIS		Addr 2601-3021 City	COTU	AIN ST		Ct-	sto M.A. Zin	02621	. 2422	
	City HYANNIS Insurance Company comme			cle Action Pr		ach - 22		ate MA Zip aged Area Co	1 27	1	14
4	Vehicle Travel Direction NS			r			Took	Status:	28		
- 1			t Sequence			1	of Test:	29			
	Citation # (if Issued)			Harmful Eve	<u> </u>			Test Result:	30	J []	
- 1	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		r Contributin		19 ²⁵ 25	Susp		31 Susp. I		
2	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		r Distracted				ed from scene			
\exists		r operator and all occupants			34 Seat		36 37 irbag Eject		40 Transp.	Medical	
-	Name (Last First Middle)	Address	DC		Pos,	System S	tatus Code	Code Status	Code	Facility	
-	Operator	See Above			1	99 4	0	0 5	1		
									-		
L	Last Mod	d: 7/20/2016 2:02 PM	Page	1				httns	://www.cr:	ashlogic.com	

➡ = Di	rection	1	= Vehicle 1	2	= Vehicle 2	X	= Pedestrian	ල්ති = Bicycl	16-591-AC
Crash Diagram:	ie: 🗪	1	-	2	-	3	=	₽	10 331 AC
									If Crash Did Not Occur on a Public Way:
									Off-Street Parking Lot
\$133 A11	2010/2								Garage
dera det	a parallelia								Mall/Shopping Center
									Other Private Way
									North

On July 12, 2016, I was dispatched to 50 Ocean Street for a report of a two car MVA. Upon my arrival vehicle 1 was the only vehicle on scene. She advised me that vehicle two left her with his information but had to get back to work. Operator of vehicle 1 said that she was traveling on South Street approaching the set of lights at Ocean Street. She advised me that vehicle 2 was parked off the roadway to her left and appeared to be placing signs out for an event. She said that vehicle 2 then started to pull into her lane of travel and crashed into the driver side of her vehicle.

I attempted to locate the other vehicle and operator with negative results. The information that the operator of vehicle one provided to vehicle two was relayed to me and added to this report.

Witnesses:	115.0						
Name (Last, Firs	t. Middle)	Address			Phone #		Statement
Property Da	mage:						
Owner (Last, Firs		Address	Phon	e #	41-Tvpe	Description of D	amaged Property
Truck and B	us Information:	Regi	stration #			(From Vehicle	
Carrier Name							Bus Use 42
Address			City		Stat	e Zip	
USDOT #	Stat	e Number	Issuing S	state	MC/MX/IC#	<u></u>	
Interstate	43 Cargo Body Type	Code 44	SVWR\GCWR	45		-	
Trailer Reg#		Reg Type	Reg	State	Reg Year		Trailer Length 46
Hazmat Infor	mation:						
Placard 47	Material 1 digit#	Material Name			Material 4 digit#		Release code 49
CORBIN FRIES			CJF/287	Barnstable	PD		7/17/2016
Police Officer Nar	ne (Please Print) 5 Last Mod: 7/20/2016	Signature 2:02 PM	ID/Badge# Page 2	Department	Precino	t/Barracks	Date https://www.crashlogic.com

	16-502-AC	Com	monwealth	of Ma	ssa	chu	setts							1
	Date of Crash Time of Crash	City/Town	Motor Ve			h	Number Vehicles		mber ured	Speed Lat.	d Limit	Lo	ate Police ocal Police ocal Police	
		arnstable		Repor	<u>t</u>		2		0	Lon.		Oti		-
	AT INTERSE	CTION	< LOCA	TION :	>	d		NOT	AT	INT	ERSE	CTION		2
la .	SOUTH	ST												
11	Route# Direction	Name of Roadway/	'Street	Route#	Dir	rectio	n Addre	ess#		Name	of Ro	adway/S	treet	
		At		1	B		- 107							
	OLD CO	LONY RD			eet	4 5 E	W of	Mile N	/larkor	or ·	<u> </u>	Exit Nu	mho-	
		me of Intersecting Roa	dway/Street					Pille I	TO! NC!			LXIL IVU	ilibei	3
		Also at intersection	with	F	eet N	I S E	W of	D. I		T 1		D 1	la:	٦
² 2					eet	SE	W of	Route	#	Inter	sectino	Roadwa	ay/Street	
	Route# Direction Na	me of Intersecting Roa	dway/Street							L	andma	ark		
3	Please Select One of the Following:	1 #Occupants	Hit/Run Mope	ed				16	-50	2-/	AC			
	License# S24775287	St MA DOB/Age	47 Re	g# 82	281SF	2		Re	eg Typ	e P	AN	Reg	State MA	
	Sex F Lic. Class D 19	Lic. Restrictions 120	CDL Ve	h Year 20	04	Veh	Make I	PONT				Veh C	onfig. 21	1
	Operator VACHER, LESLIE	ر ـــــــ	Endorsement Ov	vner VA	CHER	. LES	SLIE							
	Last	First	Middle	-		ast			First			Middle		
⁴ 3	Address 58 STERLING RD		Ad	dress 58	STER	LIN	G RD							
	City HYANNIS		2601 Cit	y HY	ANNI	S						0260		
	Insurance Company PLYMOUT	H ROCK ASSU	Ve	hicle Action	Prior	to Cr	ash 4 2	2				ode: 7		
5_	Vehicle Travel Direction NSE	Responding to Em	ergency? 2 Ev	ent Sequen	ce 1 2	:3 2	23 23	23		Statu			28	
1	Citation # (if Issued)	_		st Harmful	-		24		• • •	e of Te		-	29	
	Viol. 1 (Ch/Sec/Sub)	Viol. 2 (Ch/Sec/Sub)		ver Contribi			75	25			Result:			11
	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)		ver Distract			16			o. Alco		31 Susp	. Drug: 32	13
⁶ 1		erator and all occupant		vei Distract	.eu by	34	35	36	37	38	m scer	ne? 1	75	
	Name (Last First Middle)	Address		OOB/Age	Sex	Seat	Safety	Airbag	Eject	Trap	Injur	y Transp		
	Operator Operator	See Above		JOB/Age	Sex	Pos.	System 1	Status 2	O	Code	Statu 5		Facility	
	Орегисы	See Above		_	-	_		_	U	-	3	1		
										-	+-	+		
										+		+		
	Please Select One			15]		16		17		_	18			
⁷ 8	of the Following: Venicle 2	1 #Occupants	Non-Motorist Ty _l	pe Ac	tion	╝	Location		Condit	ion		Hit/Run	Moped	
		St MA DOB/Age 6	Reg	# RW	/476	/		Re	д Тур	e <u>P</u> A	N_	Reg S	State MA	
	Sex F Lic. Class D 19	Lic. Restrictions 20	CDL Vel	Year 20 :	14	Veh	Make V	OLV				Veh Co	nfig. 21	
	Operator DILK, MARSHA L		indorsement Ow	ner DIL I	K, MA	\RSH	IA L							
	Last	First	Middle			ast		F	irst			Middle		
	Address 59 FIFTH AVE				IFTH									
	City W HYANNISPORT		2672-0223 City	-	IYANI						Zip		2-0223	14
4	Insurance Company COMMERC			nicle Action	_					agea <i>i</i> Status		ode: 7 2		
	Vehicle Travel Direction NSEV	Responding to Eme	ergency? 2 Eve	nt Sequenc	e 1 23	23	3 23	23		of Te		25		
	Citation # (if Issued) R760674	Mos	t Harmful E	ent	1 24	1			Test R		30]		
	Viol. 1 (Ch/Sec/Sub) 89/4A	Viol. 2 (Ch/Sec/Sub)	Driv	er Contribu	ting C	ode	9 ²⁵	25			_	31 Susp.	Drug: 32	
)	Viol. 3: Ch/Sec/Sub	Viol. 4 (Ch/Sec/Sub)	Driv	er Distracte	ed by	26		_			n scen		- 1	
2	Please fill out for ope	erator and all occupants			Ť	34	35	36	37	38	39	40		
	Name (Last First Middle)	Address	D	OB/Age		Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status		Medical Facility	
	Operator	See Above		-	-					0	5	1		
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Ī														
L	Last Mod: 6/3	0/2016 1:02 PM	Pan	0.1							http:	: //vanana/ c	ashlogic com	

fod: 6/30/2016 1:02 PM

Crash Diagram:	= Direction	1 = Vehicle 1 2 = Ve	7000 -	र्केर्ल = Bicycle ▶र्केर्ल	16-502-AC
			a Colema Ro	I	f Crash Did Not Occur on a Public Way:
,		d	a ^{cc}		Off-Street Parking Lot
]Garage
		(MVI)			Mall/Shopping Center
		MV2 South St			Other Private Way
	Oostan St				North

OPER #1: I was driving straight and she just turned into me from the other lane. OPER #2: I don't really remember, I was driving and made a left turn to go down the road and she hit me. MV #1 was in the left lane driving east on South St. MV #2 was in the right lane on South St. driving east. MV #2 turned left to try and go down Old Colony Rd. from the right hand lane of South St. MV #2 left side of car struck the right side of MV #1. MV #2 made an unsafe lane change attempting to make a left turn from the right lane. Warning citation issued to OPER #2(Dilk). No injuries, MV #2 towed due to side airbag deployment.

Witnesses:						
Name (Last, First, Middle)	Ac	ldress		Phone	#	Statement
Property Damage:	7 P					
Owner (Last. First. Middle)	Address		Phone #	41-Type	Description of I	Damaged Property
Truck and Bus Information	on:	Registration	#		(From Vehicle	Section)
Carrier Name			-			Bus Use 42
Address		City		Sta	ate Zip	
USDOT #	State Number	I	ssuing State	MC/MX/IC	#	
Interstate 43 Cargo Body	y Type Code 44	GVWR\G0	CWR 45		-	
Trailer Reg#	Re	ед Туре	Reg State	Reg Yea	r	Trailer Length 46
Hazmat Information:						
Placard 47 Material 1 digit#	48 Material Na	me		Material 4 digita	#	Release code 49
MATTHEW LOUNSBURY		МЭ	L/218 Barnstal	ble PD		6/24/2016
Police Officer Name (Please Print) Last Mod: 6/30	Signature 0/2016 1:02 PM	-	Badge# Departme 'age 2	ent Precir	ct/Barracks	Date https://www.crashlogic.com



Town of Barnstable Police Department

P.O. Box B annis/MA 0260 Administration:



Main Number: Main Fax:

508-775-0387 508-790-4167

Admin. Fax:

508-775-0920 508-790-6317

www.barnstablepolice.com

Matthew K. Sonnabend, Chief of Police Sean E. Balcom, Deputy Chief of Police Mark J. Cabral, Deputy Chief of Police

Attached is your accident/incident report from the Barnstable Police Department.

The Massachusetts Public Records Law (M.G.L. Chapter 66 & Chapter 4, Section 7(26)) provides that every person has a right to access public information.

Portions of this report have been redacted due to exemptions within the Public Records Law. The portion (s) that have been redacted in the following report are exempt and fall under Exemption C which applies to records that are:

"personnel and medical files or information; also any other materials or data relating to a specifically named individual, the disclosure of which may constitute an unwarranted invasion of personal privacy"

If you have any questions on Public Records Law and its exemptions please refer to the following website. http://www.sec.state.ma.us



Town of Bainstable Police Department



Matthew K. Sonnabend, Chief of Police

Sean E. Balcom, Deputy Chief of Police Mark J. Cabral, Deputy Chief of Police P.O. Box B Hyannis, MA 02601

Main Number: 508-775-0387 Main Fax: 508-790-4167 Administration: 508-775-0920 Admin. Fax: 508-790-6317

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"Specifically or by necessary implication exempted from disclosure by statute"

If you have any questions on Public Records Law and its exemptions please refer to the following website. http://www.sec.state.ma.us