Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/01/2021	1211 (24HR)	MARSTONS MILLS	3	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# SANTUIT-NEWTOWN RD — Direction — Name of Roadway/Street

At

2 1 — Route# ASA MEIGS RD — Direction — Name of Intersecting Roadway/Street

Also at Intersection with

Route# — Direction — Name of Intersecting Roadway/Street

2 10 — Route# — Direction — Address # — Name of Roadway/Street

Feet N S E W of — Mile Marker — or Exit Number

3 11 — Feet N S E W of — Route# — Intersecting Roadway/Street

Feet N S E W of — Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — Crash Report ID# 21-826-AC

License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator LIPPARD, JILLIAN ZOE (Last First Middle)

4 2 — Address 92 CRANBERRY RIDGE RD

City MARSTONS MILLS State MA Zip 02648-1309

Insurance Company THE COMMERCE INSURANCE CO

5 1 — Vehicle Travel Direction: N S ☒E W — Responding to Emergency? 2

Citation # (If Issued)

6 1 — Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 2ESH74 Reg Type PC Reg State MA

12 1 — Veh Year 2017 Veh Make HONDA Veh Config. 1

Owner LIPPARD, DEBORAH JEAN (Last First Middle)

Address 92 CRANBERRY RIDGE RD

City MARSTONS MILLS State MA Zip 02648-1309

Vehicle Action Prior to Crash 6

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 99

Damaged Area Code: 1 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

13 1 — Towed from scene? 1 33

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

7 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants — ☐ Non-Motorist A — Type 15 — Action 16 — Location 17 — Condition 18 — ☐ Hit/Run — ☐ Moped

License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

8 1 — Operator MCSORLEY, JAMES TYLER (Last First Middle)

Address 52 ASA MEIGS RD

City MARSTONS MILLS State MA Zip 02648

Insurance Company GEICO GENERAL INSURANCE C

9 2 — Vehicle Travel Direction: ☒S E W — Responding to Emergency? 1

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 2DNH39 Reg Type PC Reg State MA

Veh Year 2018 Veh Make CHEVROLET Veh Config. 1

Owner MCSORLEY, JAMES TYLER (Last First Middle)

Address 52 ASA MEIGS RD

City MARSTONS MILLS State MA Zip 02648

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 8 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

14 1 — Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/01/2021	1211 (24HR)	MARSTONS MILLS	3	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# SANTUIT-NEWTOWN RD — Direction — Name of Roadway/Street

At

2 1 — Route# ASA MEIGS RD — Direction — Name of Intersecting Roadway/Street

Also at Intersection with

Route# — Direction — Name of Intersecting Roadway/Street

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

Feet N S E W of — Mile Marker — or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

2 10 — 3 11

3 — Please Select One of the Following: ☒ Vehicle 3 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-826-AC

License # [redacted] St MA DOB/Age [redacted] — Reg # 4HB174 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement — Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 21 — 1 12

4 2 — Operator MORIN, THOMAS R (Last First Middle) — Owner MORIN, THOMAS R (Last First Middle)

Address 81 LOVELL'S LN — Address 81 LOVELL'S LN

City MARSTONS MILLS State MA Zip 02648 — City MARSTONS MILLS State MA Zip 02648

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N ☒ E W — Responding to Emergency? 2

5 1 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 25

Driver Distracted by 0 26

Damaged Area Code: 3 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33 — 1 13

6 1 — Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	☒	☒	1	0	4	0	0	10	1	

7 2 — Please Select One of the Following: ☐ Vehicle 4 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # St DOB/Age — Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year Veh Make Veh Config. 21

8 1 — Operator (Last First Middle) — Owner (Last First Middle)

Address — Address

City State Zip — City State Zip — 1 14

Insurance Company

Vehicle Travel Direction: N S E W — Responding to Emergency?

9 2 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

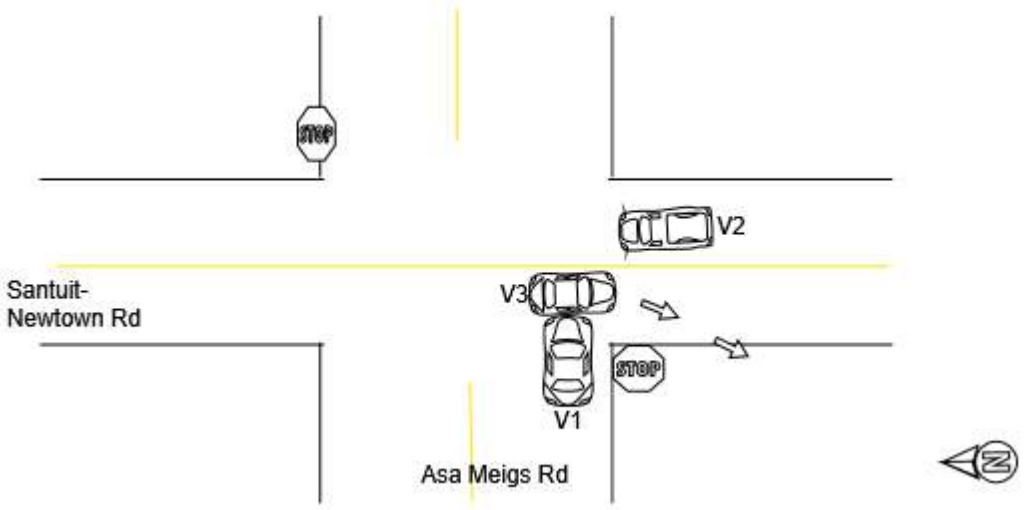
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	☒	☒	1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Vehicle 1 was stopped at the stop sign on Asa Meigs Rd. Vehicle 2 was stopped on Santuit-Newtown Rd and was about to turn left onto Asa Meigs Rd. Vehicle 3 was traveling straight ahead going south bound on Santuit-Newtown Rd.

Vehicle 1 saw vehicle 2 but didn't see vehicle 3 so she proceeded through the stop sign and collided into vehicle 3. Vehicle 3 coasted to the shoulder of the road as a result of the collision and vehicle 1 continued moving into vehicle 2 causing minor damage to vehicle 2.

Both Vehicles 1 and 3 were towed from the scene by Capeway towing. COMM FD evaluated all operators and all refused to go to CCH. 851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. MAXWELL S MORROW		288	Barnstable Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude
10/01/2021	1501 (24HR)	CENTERVILLE	2	0	30		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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

Route# | Direction | Address # | Name of Roadway/Street: 139 PHINNEY'S LN

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-827-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator MUNSILL, LILY CHARLOTTE (Last, First, Middle)
Address 78 FOX HOLLOW LN
City OSTERVILLE State MA Zip 02655-1368
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1AJM89 Reg Type PC Reg State MA
Veh Year 2007 Veh Make AUDI Veh Config. 1
Owner MUNSILL, LILY CHARLOTTE (Last, First, Middle)
Address 78 FOX HOLLOW LN
City OSTERVILLE State MA Zip 02655-1368
Vehicle Action Prior to Crash 2
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 1
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene? 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

Vehicle 2

License # [redacted] St RI DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator GOMEZ, JONATTAN VALOIS (Last, First, Middle)
Address 232 BAKER ST APT 1
City PROVIDENCE State RI Zip 02905
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 42286 Reg Type CO Reg State RI
Veh Year 2012 Veh Make INTERNATIONAL Veh Config. 10
Owner ARACENA DISTIBTION LLC (Last, First, Middle)
Address 372 PONTIAC AVE
City CRANSTON State RI Zip 02910
Vehicle Action Prior to Crash 10
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 99
Driver Distracted by 99
Damaged Area Code: 0
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene? 2

Please fill out for operator/non-motorist and all occupants involved

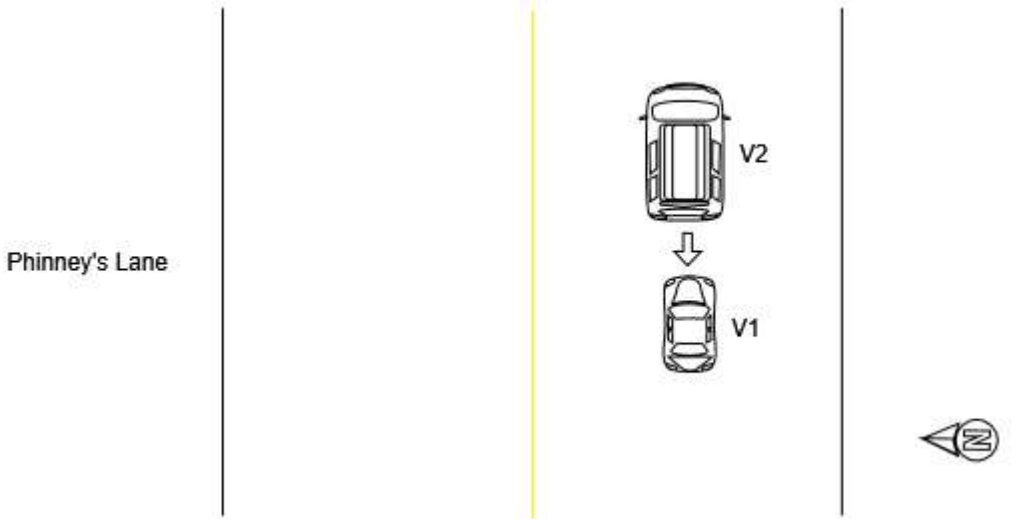
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V2 stopped in the roadway and backed into the front end of V1. Damage to front end of V1 and later towed by Capeway. No damage to V2. No injuries reported and crash report taken. Nothing further to report at this time.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. BRANDON V SANDERS		324	Barnstable Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/01/2021	1713 (24HR)	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTH ST

At

Route# | Direction | Name of Intersecting Roadway/Street: PLEASANT ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — — Mile Marker or Exit Number

Feet [N S E W] of Route# Intersecting Roadway/Street:

Feet [N S E W] of Landmark:

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — **Crash Report ID#** 21-828-AC

License # [redacted] St MA DOB/Age [redacted]

Sex F — Lic. Class D — Lic. Restrictions — CDL Endorsement

Operator FREEDMAN, ALISON L (Last, First, Middle)

Address 31 ELDON ST

City ROSLINDALE — State MA — Zip 02131

Insurance Company VERMONT MUTUAL INSURANCE

Vehicle Travel Direction: [X] S E W — Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 1JZE73 — Reg Type PC — Reg State MA

Veh Year 2020 — Veh Make TOYOTA — Veh Config. 1

Owner FREEDMAN, ALISON L (Last, First, Middle)

Address 31 ELDON ST

City ROSLINDALE — State MA — Zip 02131

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 0

Damaged Area Code: 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 — Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants — ☐ Non-Motorist A — Type — Action — Location — Condition — ☐ Hit/Run — ☐ Moped

License # [redacted] St MA DOB/Age [redacted]

Sex M — Lic. Class D — Lic. Restrictions — CDL Endorsement

Operator RICHARD, SPENCER RAY (Last, First, Middle)

Address 83 N MAIN ST EXT

City HARWICH — State MA — Zip 02645-0000

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S [X] W — Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # R92959 — Reg Type CO — Reg State MA

Veh Year 2015 — Veh Make FORD — Veh Config. 2

Owner GONZALES, DENNIS R (Last, First, Middle)

Address 83 NORTH MAIN ST EXT

City N HARWICH — State MA — Zip 02645-2316

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 — Susp. Drug: 2

Towed from scene? 2

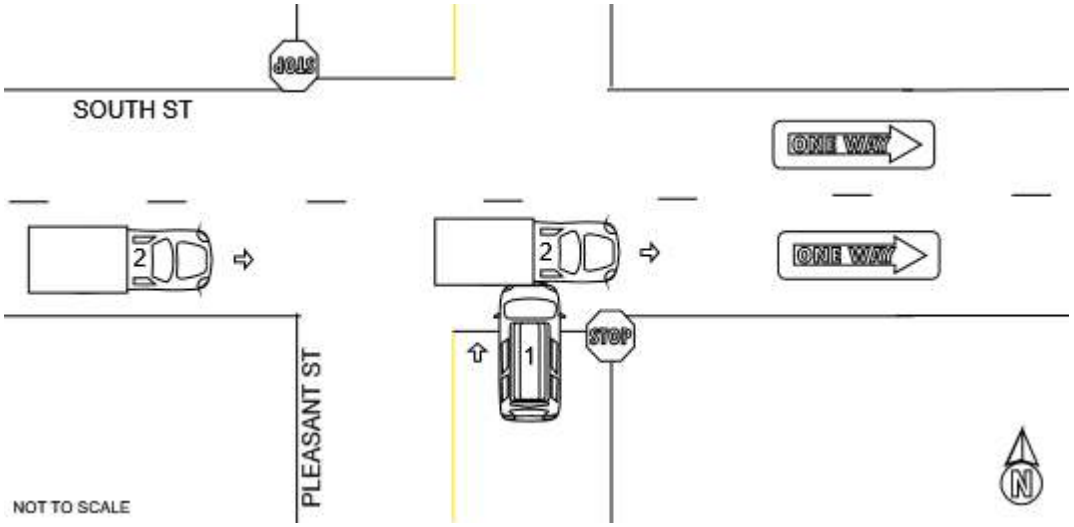
Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

OP1 STATED THAT SHE HAD JUST COME OFF THE BOAT FROM NANTUCKET AND WAS ON PLEASANT ST STOPPED AT THE INTERSECTION TO SOUTH ST. SHE STATED THAT SHE OBSERVED V2 COMING TOWARDS HER ON SOUTH ST AND THOUGHT THAT IT WAS A FOUR WAY STOP INTERSECTION SO SHE ASSUMED THAT V2 WAS GOING TO STOP SO SHE PROCEEDED INTO THE INTERSECTION AND WAS STRUCK BY V2 WHO HAD THE RIGHT OF WAY.

OP2 STATED THAT HE WAS HEADING EAST ON SOUTH ST AND V1 PULLED OUT IN FRONT OF HIM. OP2 STATED HE ATTEMPTED TO SWERVE TO AVOID THE COLLISION BUT DID NOT DO IT IN TIME.

NO INJURIES REPORT. V1 WAS TOWED FROM THE SCENE BY CAPEWAY TOWING.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
10/01/2021	1942 (24HR)	HYANNIS	1	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14 = 4

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

21 = 1

Route# | Direction | Name of Intersecting Roadway/Street

10 = 2

Route# | Direction | Address # | Name of Roadway/Street: 141 | | | BASSETT LN

_____ Feet [N S E W] of — — — • — — or _____
Mile Marker | Exit Number

11 = 1

_____ Feet [N S E W] of Route# | Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark

31 = 99 **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-829-AC

License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator MONIZ, VENILDO D (Last, First, Middle)

41 = 1 Address 21 JENNIE'S PATH

City HYANNIS State MA Zip 02601

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N X E W Responding to Emergency? 2

5 = Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

61 = 1

Reg # 747DP2 Reg Type PC Reg State MA

Veh Year 2006 Veh Make BMW Veh Config. 1 21

Owner MONIZ, VENILDO D (Last, First, Middle)

Address 21 JENNIE'S PATH

City HYANNIS State MA Zip 02601

Vehicle Action Prior to Crash 1 22

Event Sequence 35 23 23 23 23

Most Harmful Event 35 24

Driver Contributing Code 19 25 25

Driver Distracted by 99 26

Damaged Area Code: 1 27 10 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

12 = 3 13 = 25

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	3	0	0	9	2	Cape Cod Hospital

71 = 7 **Please Select One of the Following:** ☐ **Vehicle 2** _____ #Occupants ☐ **Non-Motorist A** Type 15 Action 16 Location 17 Condition 18 ☐ **Hit/Run** ☐ **Moped**

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

84 = 4 **Operator** _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

92 = 2 Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

14 = 1

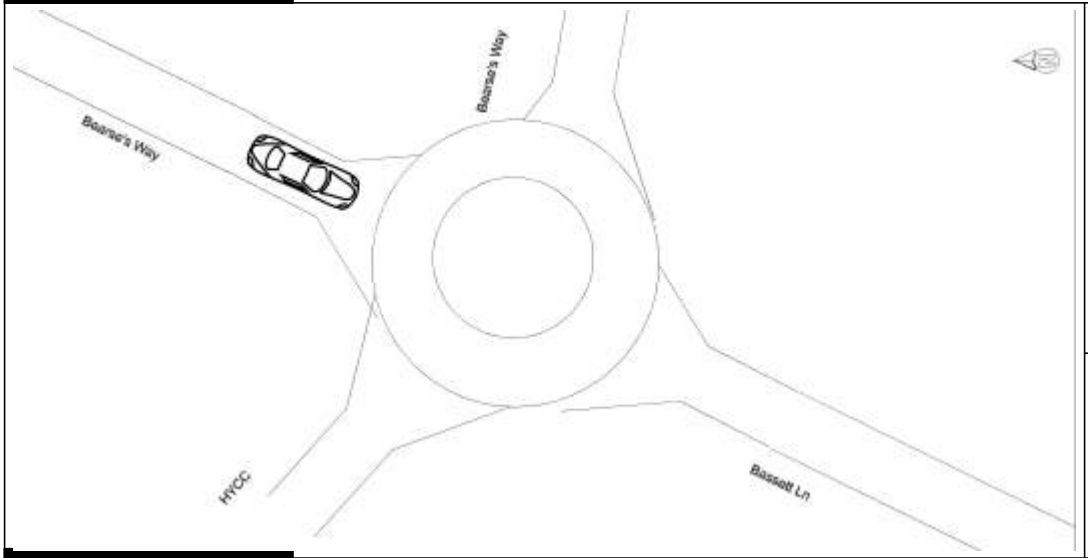
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

On the above date and time Vehicle #1 was traveling south on Bearse's Way approaching the roundabout. It failed to navigate the roundabout and collided with the curbing located at the center.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. MARK S MCWILLIAMS		233	Barnstable Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/01/2021	2119 (24HR)	HYANNIS	2	1		☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | 1225 Address # | IYANNOUGH RD RTE 132 Name of Roadway/Street
Feet N S E W of Mile Marker — or Exit Number
Feet N S E W of Route# | Intersecting Roadway/Street
Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — Crash Report ID# 21-830-AC

Vehicle 1

License # [redacted] St NY DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions — CDL Endorsement
Operator MCLEAN, SHAFANE SABATEEN (Last, First, Middle)
Address 269 STEVENS ST APT A
City HYANNIS State MA Zip 02601-3740
Insurance Company COMMERCE INS
Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

Reg # V75400 Reg Type CO Reg State MA
Veh Year 2021 Veh Make ISUZU Veh Config. 1
Owner PENSKE LEASING AND RENTAL CO (Last, First, Middle)
Address 2675 MORGANTOWN RD
City READING State PA Zip 19607
Vehicle Action Prior to Crash 3
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 4 —
Driver Distracted by 0
Damaged Area Code: 7 — — —
Test Status: 1
Type of Test: 99
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants — ☐ Non-Motorist A Type — Action — Location — Condition — ☐ Hit/Run — ☐ Moped

Vehicle 2

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator BALHE, LUIZ B (Last, First, Middle)
Address 17 POTTER AVE
City HYANNIS State MA Zip 02601
Insurance Company PROGRESSIVE DIRECT INS
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

Reg # 54P510 Reg Type PC Reg State MA
Veh Year 2012 Veh Make HONDA Veh Config. 1
Owner BALHE, LUIZ B (Last, First, Middle)
Address 17 POTTER AVE
City HYANNIS State MA Zip 02601
Vehicle Action Prior to Crash 4
Event Sequence 1 — — — —
Most Harmful Event 1
Driver Contributing Code 1 —
Driver Distracted by 0
Damaged Area Code: 7 1 — —
Test Status: 1
Type of Test: 99
BAC Test Result: 1
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 1

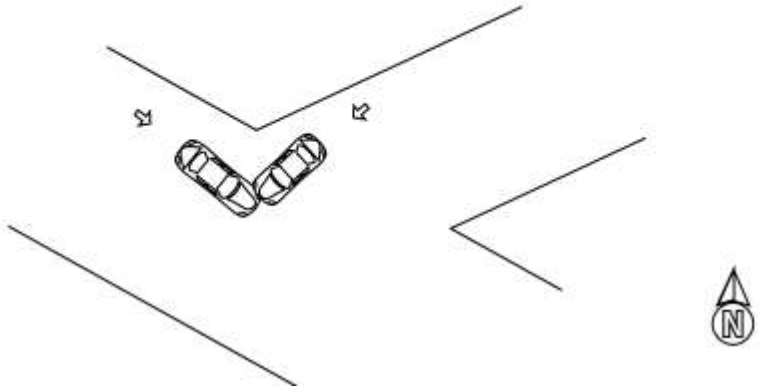
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4	0	0	9	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram: ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Statements: Op#1" I took the right off Rte 132 onto Bearse's Way and I felt a bump but thought I struck the curb. I kept going and then when I got to the light at Rt 28 some guy had followed me and told me I had struck a black car(Mv#2) so I came back."

Op#2" I was coming from Stop & Shop and when the light turned green I crossed and was entering Bearse's Way she(Mv#1) struck me and completely spun me around and then just took off down Bearse's Way.

Gist: Mv#1 failed to yield with visible traffic yield sign and struck Mv#2

Citations: None

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. STEVEN EVERETT		215	Barnstable Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/02/2021	1000 (24HR)	HYANNIS	2	0		State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# / Direction / Name of Roadway/Street: IYANNOUGH RD RTE 28

At

Route# / Direction / Name of Intersecting Roadway/Street: YARMOUTH RD

Also at Intersection with

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

NOT AT INTERSECTION:

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

Feet N S E W of — — — • — Mile Marker or Exit Number

Feet N S E W of Route# / Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-831-AC

Operator: License # [redacted] St OH DOB/Age [redacted] Sex F Lic. Class D Lic. Restrictions CDL Endorsement

STEVA, DIANE ELAINE (Last / First / Middle)

Address: 4604 STRAIGHT CREEK RD

City WAVERLY State OH Zip 45690

Insurance Company

Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Owner: Reg # JHF7801 Reg Type PC Reg State OH

Veh Year 2010 Veh Make HYUNDAI Veh Config. 1

HINTON, JOHN E (Last / First / Middle)

Address: 4604 STRAIGHT CREEK RD

City WAVERLY State OH Zip 45690

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene? 1

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
JOHN HINTON	4604 STRAIGHT CREEK RD WAVERLY, OH 45690	[redacted]	U	3	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

Operator: License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class D Lic. Restrictions CDL Endorsement

PEREIRA, LINCOLN (Last / First / Middle)

Address: 20 INDEPENDENCE RD

City WEST YARMOUTH State MA Zip 02673-1516

Insurance Company NGM INSURANCE COMPANY

Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2

Citation # (If Issued) T2699886

Viol. 1: Ch/Sec/Sub 720 906 Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Owner: Reg # S88374 Reg Type CO Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 2

LINCOLN AND SON LANDSCAPING INC (Last / First / Middle)

Address: 20 INDEPENDENCE RD

City W YARMOUTH State MA Zip 02673-1516

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 99

Damaged Area Code: 1 2

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

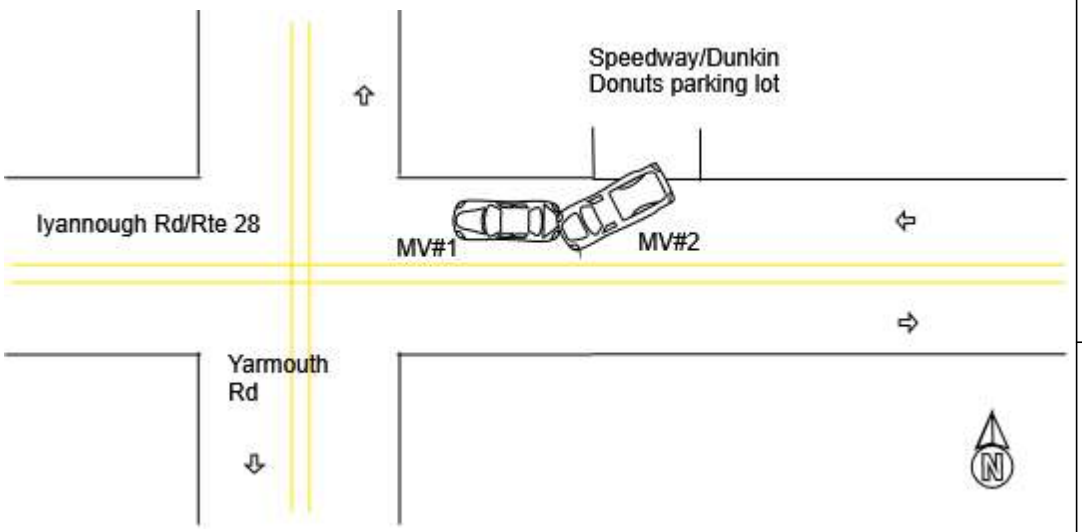
Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

MV#1 was traveling west on Iyannough Rd/Rte 28; slowing to a stop at the intersection with Yarmouth Rd.

MV#2 was exiting the parking lot of Speedway, turning west onto Iyannough Rd/Rte 28.

MV#2 failed to stop in time and the front of MV#2 struck the rear of MV#1.

All parties were evaluated on scene by HFD and all refused transport.

MV#1 was towed from the scene by Cape Way Towing.

Operator of MV#2 was issued MA Uniform Citation #T2699886 for 720 CMR 9.06: Fail to use caution - turning.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NICHOLAS P ATCHESON		307	Barnstable Police Department		10/02/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude
10/02/2021	1539 (24HR)	HYANNIS	2	0	30		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # 46 | Name of Roadway/Street: LOUIS ST — 2 10
Feet [N S E W] of — — — • — — Mile Marker | or Exit Number
4 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 21-832-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator TIRADO-BAEZ, WILBER LUIS (Last First Middle)
4 1 — Address 51 LOUIS ST
City HYANNIS State MA Zip 02601-5515
Insurance Company CITIZENS INSURANCE COMPAN
Vehicle Travel Direction: N S E W Responding to Emergency? 2
5 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub
6 1

Reg # 8PG985 Reg Type PC Reg State MA
Veh Year 2007 Veh Make MITSUBISHI Veh Config. 1 21 — 1 12
Owner BAEZ CRUZ, ARABELLYS YOHANNA (Last First Middle)
Address 51 LOUIS ST APT A
City HYANNIS State MA Zip 02601-5515
Vehicle Action Prior to Crash 6 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 99 25 25
Driver Distracted by 99 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33
1 13

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

7 1 — **Please Select One of the Following:** ☒ **Vehicle 2** 1 #Occupants | ☐ **Non-Motorist A** Type 15 Action 16 Location 17 Condition 18 | ☐ **Hit/Run** | ☐ **Moped**

Vehicle 2

License # [redacted] St VA DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator HAMPTON, OLIVIA (Last First Middle)
8 1 — Address 413 GOODES FERRY RD
City SOUTH HILL State VA Zip 23970
Insurance Company UNKNOWN
Vehicle Travel Direction: N S E W Responding to Emergency? 2
9 2 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

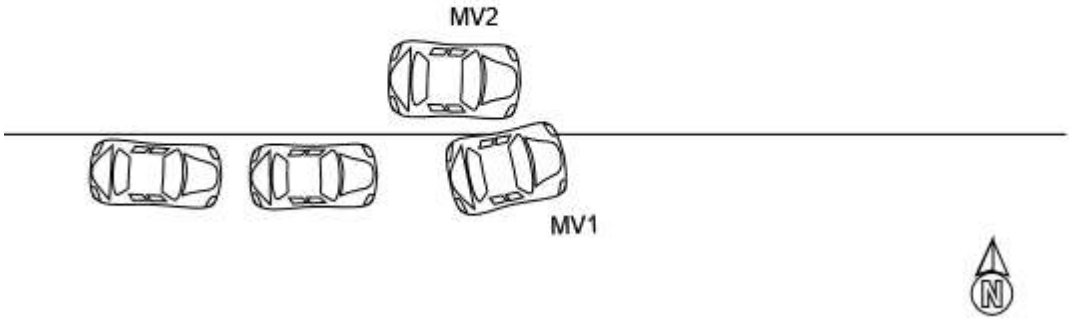
Reg # LIVLIVS Reg Type PC Reg State VA
Veh Year 2007 Veh Make HONDA Veh Config. 1 21
Owner HAMPTON, OLIVIA (Last First Middle)
Address 413 GOODES FERRY RD
City SOUTH HILL State VA Zip 23970 — 1 14
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 2 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

MV1/OP1 stated he was turning into the travel lane from being parked when he was struck by MV2 causing severe damage to his front bumper.

MV2/OP2 stated she was traveling straight ahead when MV1 began to pull in front of her, causing her to strike MV1. MV2 sustained significant damage to the front right tire and front right side of the bumper. MV2 was towed form the scene

No PI reported.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NATALIE A FACHADA		325	Barnstable Police Department		10/02/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/04/2021	0646 (24HR)	MARSTONS MILLS	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street: 1037 RACE LN

Feet N S E W of — — — • — — Mile Marker | or Exit Number

Feet N S E W of Route# | Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 21-833-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions B CDL Endorsement

Operator SOUZA, MATTHEW A (Last, First, Middle)

Address 18 BRIARWOOD AVE

City HYANNIS State MA Zip 02601-4308

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 4CJ253 Reg Type PC Reg State MA

Veh Year 2013 Veh Make FORD Veh Config. 1

Owner SOUZA, ELIZABETH F (Last, First, Middle)

Address 18 BRIARWOOD AVE

City HYANNIS State MA Zip 02601-4308

Vehicle Action Prior to Crash: 1

Event Sequence: 40, 35, —, —

Most Harmful Event: 35

Driver Contributing Code: 7

Driver Distracted by: 99

Damaged Area Code: 11, 0, —

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 ____ #Occupants | ☐ Non-Motorist A Type — Action — Location — Condition — | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator (Last, First, Middle)

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config.

Owner (Last, First, Middle)

Address

City State Zip

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

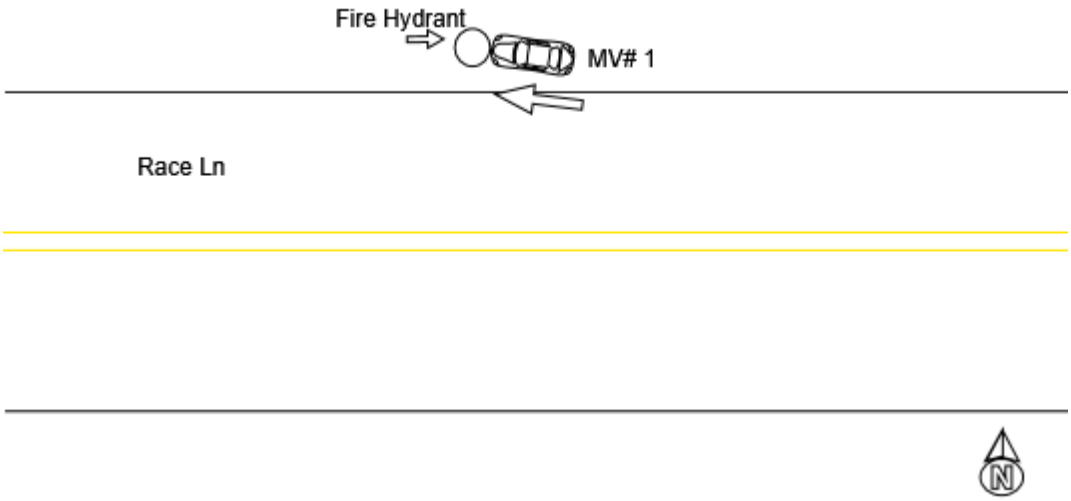
Towed from scene?

Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

OPER#1: Driving the speed limit and hydroplaned off the right side of the road, into the fire hydrant.

GIST: Heavy rain and flooded shoulder of Race Ln at time of accident. MV#1 was traveling West on Race Ln, at a speed faster than what was necessary for the prevailing weather conditions. MV#1 began to hydroplane and traveled off the right side of the roadway, into the grass, creating a collision with a fire hydrant. COMM FD responded and evaluated OPER #1, who refused further treatment. BCI took photos of the accident scene. MV#1 was towed from the scene by CapeWay Towing. COMM Water Dept. responded and removed the damaged fire hydrant.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
COMM WATER DEPT	1138 MAIN ST OSTERVILLE MA 02655			FIRE HYDRANT

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. THOMAS M FULLAM		319	Barnstable Police Department		10/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude
10/04/2021	2032 (24HR)	HYANNIS	1	0	35		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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

2 10 Route# | Direction | 81 Address # | RIDGEWOOD AVE Name of Roadway/Street
_____ Feet N S E W of — — — • — Mile Marker or _____ Exit Number
1 11 _____ Feet N S E W of Route# | Intersecting Roadway/Street
_____ Feet N S E W of Landmark

3 **Please Select One of the Following:** ☒ **Vehicle** 1 #Occupants 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 21-834-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator MCGAFFIGAN, GREGORY P (Last First Middle)
41 Address 15 SHEEP MEADOW RD
City WEST BARNSTABLE State MA Zip 02668-1205
Insurance Company USAA CASUALTY INSURANCE C
5 Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
62 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 1YTJ77 Reg Type PC Reg State MA
Veh Year 2003 Veh Make CHEVROLET Veh Config. 2 21
5 12
Owner MCGAFFIGAN, GREGORY P (Last First Middle)
Address 15 SHEEP MEADOW RD
City WEST BARNSTABLE State MA Zip 02668-1205
Vehicle Action Prior to Crash 1 22
Event Sequence 21 23 23 23 23 23
Most Harmful Event 21 24
Driver Contributing Code 22 25 25
Driver Distracted by 0 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
21 13 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	☒	☒	1	1	4	0	0	10	1	

73 **Please Select One of the Following:** ☐ **Vehicle** 2 #Occupants _____ | ☐ **Non-Motorist A** Type 15 Action 16 Location 17 Condition 18 | ☐ **Hit/Run** | ☐ **Moped**

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator _____ (Last First Middle)
81 Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
92 Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
4 14 Towed from scene? 33

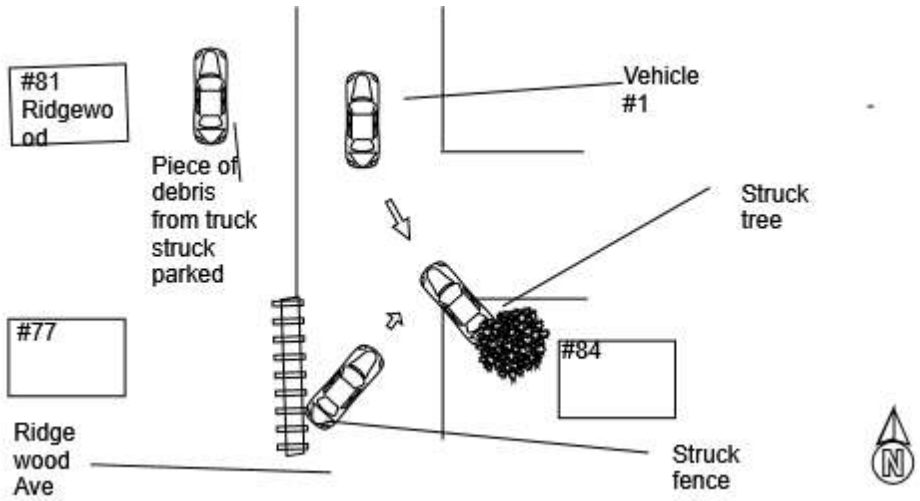
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	☒	☒	1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

One vehicle accident: Vehicle #1 traveling south on Ridgewood Ave. lost control of vehicle and struck a tree head on in the front of #84 Ridgewood Ave. located on east side of Ridgewood Ave then bounced off tree and traveled backwards colliding with a fence on the west side of Ridgewood Ave. in the front yard of #77 Ridgewood Ave. Parts of Vehicle #1 after colliding with the tree and fence came dislodged from the truck and struck Massachusetts Registration 3CH875 parked in front of #81 Ridgewood Ave. Hyannis, Ma

Owner:Chen Yuanxin, 81 Ridgewood Ave. Hyannis, Ma.

Vehicle: 2015 Honda Accord Damage: scratch operators side.

Damage to Vehicle #1 totaled

Injuries None

Vehicle towed by Bucklers No Citation 851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MERLESENA STEVE	84 RIDGEWOOD AVE HYANNIS MA 02601	[redacted]		TREE
RODRIQUEZ FAUSTO	77 RIDGEWOOD AVE HYANNIS MA 02601	[redacted]		FENCE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL BRIAN GUINEY		170	Barnstable Police Department		10/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/05/2021	0745 (24HR)	HYANNIS	2	1	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: FALMOUTH RD RTE 28
At
Route# | Direction | Name of Intersecting Roadway/Street: WHITEHALL WAY

2 2 — Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street:

Not at intersection: Route# | Direction | Address # | Name of Roadway/Street
Feet N S E W of Mile Marker — or Exit Number

2 11 — Feet N S E W of Route# | Intersecting Roadway/Street
Feet N S E W of Landmark

2 10

3 3 — **Please Select One of the Following:** ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 21-835-AC

License # [redacted] St MA DOB/Age [redacted] — Reg # VT39686 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement — Veh Year 2019 Veh Make TOYOTA Veh Config. 2 21

4 1 — **Operator** BLONDIN, MATTHEW E (Last First Middle) — **Owner** BLONDIN, MATTHEW E (Last First Middle)
Address 20 HALYARD WAY — Address 20 HALYARD WAY
City CENTERVILLE State MA Zip 02632 — City CENTERVILLE State MA Zip 02632

1 12

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

5 1 — Vehicle Action Prior to Crash 2 22
Event Sequence 97 23 | 23 | 23 | 23
Most Harmful Event 97 24
Driver Contributing Code 1 25 | 25
Driver Distracted by 0 26

Damaged Area Code: 5 27 | 27 | 27
Test Status: 1 28
Type of Test: 97 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

1 13

6 2 — Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	8	1	

7 3 — **Please Select One of the Following:** ☒ Vehicle 2 — 2 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # unknown St DOB/Age [redacted] — Reg # 8PD525 Reg Type PC Reg State MA
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year 2008 Veh Make HONDA Veh Config. 1 21

8 1 — **Operator** RIBEIRO, NATIELI M (Last First Middle) — **Owner** NASCIMENTO, WHARLESON L (Last First Middle)
Address 67 SEA ST APT L2 — Address 10 HEMEON DR
City HYANNIS State MA Zip 02601 — City WEST YARMOUTH State MA Zip 02673

4 14

Insurance Company PROGRESSIVE
Vehicle Travel Direction: N S E ☒ W — Responding to Emergency? 2
Citation # (If Issued) [redacted]
Viol. 1: Ch/Sec/Sub [redacted] — Viol. 2: Ch/Sec/Sub [redacted]
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

9 2 — Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 | 23 | 23 | 23
Most Harmful Event 1 24
Driver Contributing Code 10 25 | 25
Driver Distracted by 99 26

Damaged Area Code: 1 27 | 2 27 | 8 27
Test Status: 1 28
Type of Test: 97 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

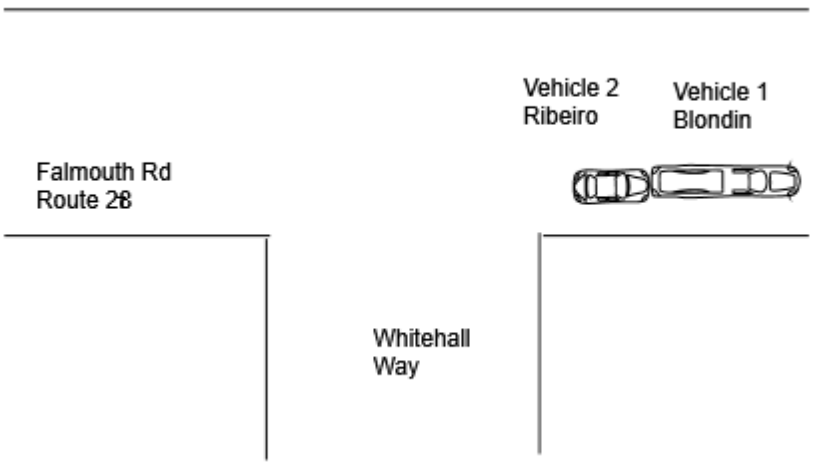
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
NEIDE SILVA	102 IYANNOUGH RD RTE 28 HYANNIS, MA 02601	[redacted]	F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Statements- Operator 1 Blondin- "I was going straight ahead in traffic, traffic in front of me stopped so I stopped, I got hit from behind"

Operator 2 Ribeiro- (through use of phone translate app) "the car in front braked, I couldn't stop and I hit him".

Photos- taken by Lt. Clark

Wreckers- vehicle 1 driven from scene, vehicle 2 towed by Capeway

Witnesses- none [redacted]

Injuries- Operator 2 and her passenger (Silva) stated that they were not injured.

Gist- Op 1 was stopped in traffic and struck from behind by op 2 851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

LT. MICHAEL J CLARK		197	Barnstable Police Department		10/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/05/2021	1206 (24HR)	BARNSTABLE	1	0	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: ATTUCKS LN

At

Route# | Direction | Name of Intersecting Roadway/Street: IYANNOUGH RD RTE 132

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street:

Feet [N S E W] of Landmark:

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID#: 21-836-AC

License #: [redacted] St: MA DOB/Age: [redacted]

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement:

Operator: COELHO, JOEL P (Last First Middle)

Address: 237 HINCKLEY RD

City: HYANNIS State: MA Zip: 02601-5612

Insurance Company: UNITED FINANCIAL CASUALTY

Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued): T2813458

Viol. 1: Ch/Sec/Sub: 90 7 Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg #: V46657 Reg Type: CO Reg State: MA

Veh Year: 2004 Veh Make: FORD Veh Config.: 13 (21)

Owner: COELHO, JOEL P (Last First Middle)

Address: 237 HINCKLEY RD

City: HYANNIS State: MA Zip: 02601-5612

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 28

Most Harmful Event (24): 28

Driver Contributing Code (25): 22

Driver Distracted by (26): 0

Damaged Area Code (27): 1

Test Status (28):

Type of Test (29):

BAC Test Result (30):

Susp. Alcohol (31): Susp. Drug (32): 30

Towed from scene? (33): 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Vehicle 2

Please Select One of the Following: ☐ Vehicle 2 — #Occupants ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) ☐ Hit/Run ☐ Moped

License #: St: DOB/Age:

Sex: Lic. Class: (19) (19) Lic. Restrictions: (20) CDL Endorsement:

Operator: (Last First Middle)

Address:

City: State: Zip:

Insurance Company:

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg #: Reg Type: Reg State:

Veh Year: Veh Make: Veh Config.: (21)

Owner: (Last First Middle)

Address:

City: State: Zip:

Vehicle Action Prior to Crash (22):

Event Sequence (23):

Most Harmful Event (24):

Driver Contributing Code (25):

Driver Distracted by (26):

Damaged Area Code (27):

Test Status (28):

Type of Test (29):

BAC Test Result (30):

Susp. Alcohol (31): Susp. Drug (32):

Towed from scene? (33):

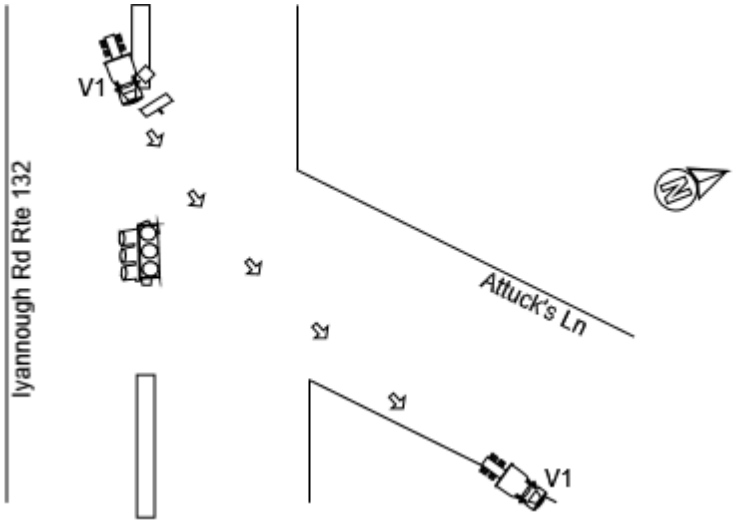
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V1 traveling south on Iyannough Rd approaching Attucks Ln. As V1 attempted to stop Op1 noticed the vehicle's brakes were not operating as intended and the vehicle was not slowing. V1 cross over the median at Iyannough and Attucks striking several signs and turned left onto Attucks Ln. V1 did so to avoid striking other vehicles and came to rest on the road shoulder of Attucks Ln. W1 listed provided same statement as Op1. BCI photographed scene for property damage documentation. V1 removed by Bucklers Heavy Tow.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GRANT RYAN	4 SHIPS ANCHOR DR MASHPEE MA 02649	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF BARNSTABLE	IYANNOUGH RD RTE 132 HYANNIS MA 02			SIGNS

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. KEVIN R MCNAMARA		333	Barnstable Police Department		10/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/05/2021	1727 (24HR)	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 — Route# — Direction — Name of Roadway/Street: IYANNOUGH RD RTE 132
At
Route# — Direction — Name of Intersecting Roadway/Street: PHINNEY'S LN
Also at Intersection with
2 — Route# — Direction — Name of Intersecting Roadway/Street:

10: 2
Route# — Direction — Address # — Name of Roadway/Street:
Feet — N S E W — of — Mile Marker — or — Exit Number:
11: 2
Feet — N S E W — of — Route# — Intersecting Roadway/Street:
Feet — N S E W — of — Landmark:

3 — 99

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — **Crash Report ID#** 21-837-AC

License # [redacted] St RI DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator SMITH, DANIEL RICHARD (Last First Middle)
4 — 3 — Address 51 JOHN MOWRY RD
City SMITHFIELD State RI Zip 02917
Insurance Company MET LIFE
5 — 2 — Vehicle Travel Direction: N S E W — Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
6 — 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # AI280 Reg Type PC Reg State RI
Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Owner SMITH, WILLIAM R (Last First Middle)
Address 51 JOHN MOWRY RD
City SMITHFIELD State RI Zip 02917
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 5 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

12: 1
13: 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants — ☐ Non-Motorist A — Type 15 — Action 16 — Location 17 — Condition 18 — ☐ Hit/Run — ☐ Moped

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator TAUSEVICH, NIKKI ANNE (Last First Middle)
8 — 3 — Address 42 SANDY VALLEY RD
City MARSTONS MILLS State MA Zip 02648-1568
Insurance Company GEICO GENERAL INSURANCE C
7 — 2 — Vehicle Travel Direction: N S E W — Responding to Emergency? 2
Citation # (If Issued)
9 — 2 — Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 1DZL67 Reg Type PC Reg State MA
Veh Year 2010 Veh Make KIA Veh Config. 1 21
Owner TAUSEVICH, NIKKI ANNE (Last First Middle)
Address 42 SANDY VALLEY RD
City MARSTONS MILLS State MA Zip 02648-1568
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 99 25 25
Driver Distracted by 99 26
Damaged Area Code: 0 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

14: 1

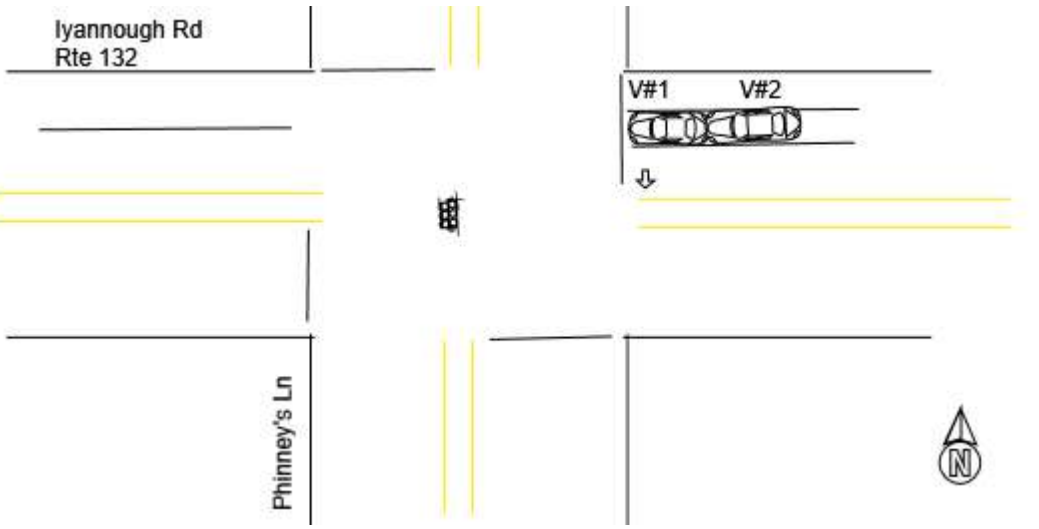
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

No injuries. V#1 pulled off road in parking lot. V#2 not on scene. OP#1 stated he was traveling West on Iyannough Road at the intersection of Phinney's Ln. When he came to a stop for the red light V#2 rear-ended his vehicle. He attempted to wave OP#2 over to a parking lot, but OP#2 continued down the road. I spoke with OP#2 at her residence. OP#2 stated she lightly rear-ended V#1 and thought OP#1 was waiving her away due to minor damage. I observed no damage to V#2 and damage to the rear bumper of V#1.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. BRUCE E MARNEY		285	Barnstable Police Department		10/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/05/2021	1834 (24HR)	MARSTONS MILLS	1	1		State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 1084 (Address #) | RACE LN (Name of Roadway/Street)

Feet [N S E W] of — — — • — (Mile Marker) or (Exit Number)

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of

Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 21-838-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator MCPHERSON, CONNOR THOMAS (Last First Middle)

Address 1593 RACE LN

City MARSTONS MILLS State MA Zip 02648-1003

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: N S E [W] Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 314RR4 Reg Type PC Reg State MA

Veh Year 2007 Veh Make HONDA Veh Config. 1

Owner CROWELL, RUTH M (Last First Middle)

Address 1100 RTE 134 APT 201

City S DENNIS State MA Zip 02660-2019

Vehicle Action Prior to Crash: 1

Event Sequence: 41 21

Most Harmful Event: 21

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 11

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 3

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	1	0	0	8	2	Cape Cod Hospital

Please Select One of the Following: ☐ Vehicle 2 ____ #Occupants ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

Vehicle 2

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator (Last First Middle)

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config.

Owner (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene?

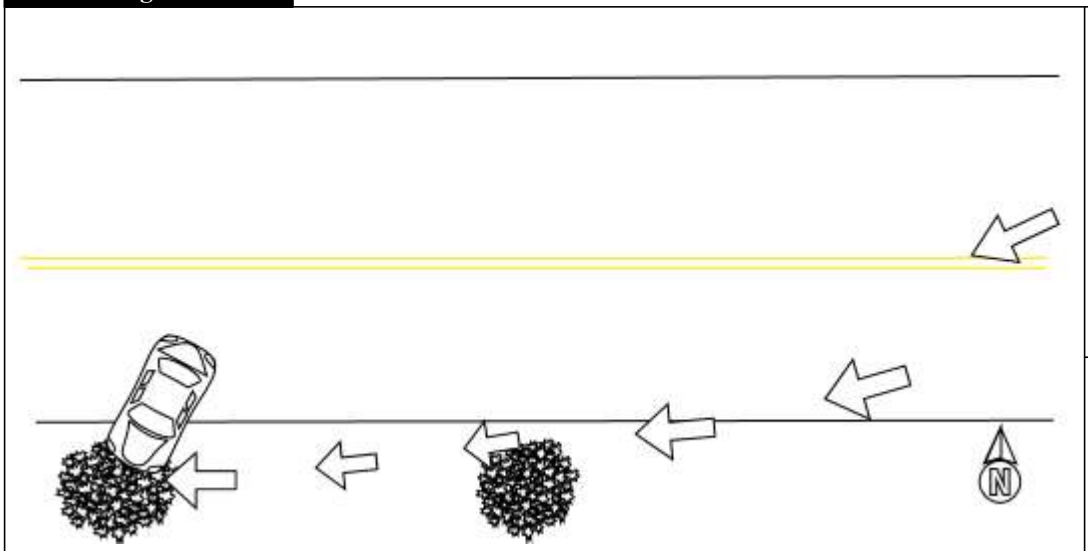
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

Gist - Op1 was traveling westbound on Race Ln when his vehicle veered off the left (south) side of the roadway. The vehicle traveled a short distance, narrowly missing a tree before striking another tree. Op1's vehicle was totalled in the crash. Op1 suffered apparent injuries in the crash and was transferred to CCH via COMM FD. CIO Percy took photos of the scene. Op1's vehicle was removed from the scene by Davis Towing.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. DAVID E FOLEY		264	Barnstable Police Department		10/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
10/06/2021	0627 (24HR)	HYANNIS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: IYANNOUGH RD RTE 132
At
Route# | Direction | Name of Intersecting Roadway/Street: INDEPENDENCE DR
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street:

2 10 — Route# | Direction | Address # | Name of Roadway/Street:
Feet [N S E W] of — — — • — or Mile Marker / Exit Number
4 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street:
Feet [N S E W] of Landmark:

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 21-839-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator (Last, First, Middle): KERKADO, JENNIFER KAREN
4 3 — Address: 32 PARSONAGE WAY
City: SANDWICH State: MA Zip: 02563

Insurance Company: ARBELLA PROTECTION INSURA
5 1 — Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued):
6 1 — Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub: Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # 1PLV46 Reg Type PC Reg State MA
Veh Year 2021 Veh Make AUDI Veh Config. 1 (21)

Owner (Last, First, Middle): VW CREDIT LEASING LTD
Address: 1401 FRANKLIN BLVD
City: LIBERTYVILLE State: IL Zip: 60048-0000

Vehicle Action Prior to Crash: 2 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 1 (25) (25)
Driver Distracted by: 0 (26)

Damaged Area Code: 7 (27) 8 (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 1 (33)

12 1 — 13 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

7 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class A (19) D (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator (Last, First, Middle): VUROVECZ, JOHN
8 2 — Address: 12 BIRCH HILL RD
City: BLANDFORD State: MA Zip: 01008-9540

Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N S E W Responding to Emergency? 2
9 2 — Citation # (If Issued):
Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub: Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # P941719 Reg Type AP Reg State IL
Veh Year 2017 Veh Make FREIGHTLINER Veh Config. 10 (21)

Owner (Last, First, Middle): ADVANCED DRAINAGE SYSTEMS
Address: 58 WYOMING ST
City: LUDLOW State: MA Zip: 01056

Vehicle Action Prior to Crash: 4 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 99 (25) (25)
Driver Distracted by: 99 (26)

Damaged Area Code: 0 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 2 (33)

14 1

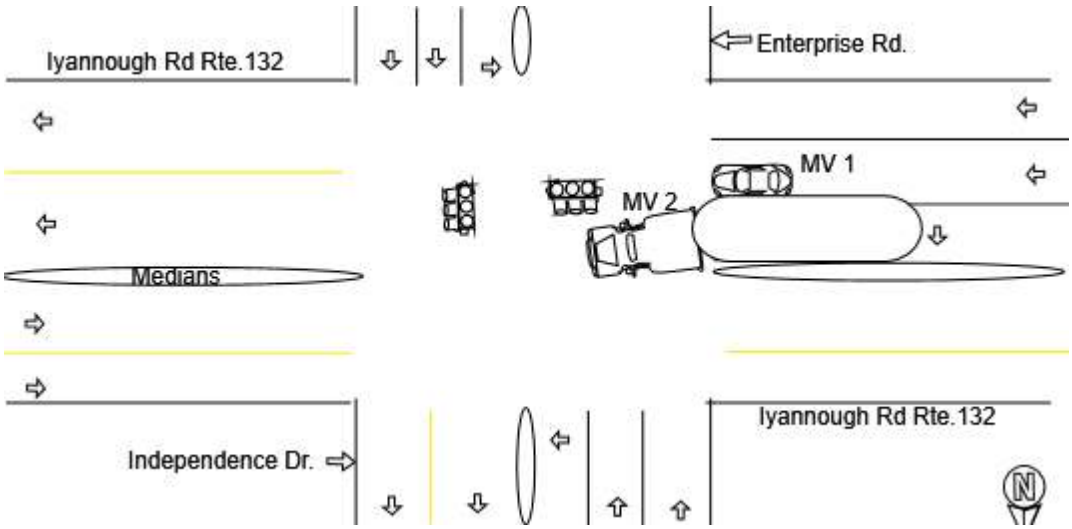
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → [1] → [2] → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Op of MV 1 stated she was stopped in the middle ln at a red light at the intersection of Iyannough Rd. Rte 132 and Independence Dr. MV 2 was in the left hand turn ln beside MV 1. Op of MV 1 stated the traffic signal displayed a green arrow to turn left. Op of MV 1 stated while MV 2 turned left onto Independence Dr, MV 2 struck MV 1. Note: the registration for the trailer attached to MV 2 is IL Reg#T522414. Op of MV 2 stated he had no recollection of being involved in an accident. Op of MV 2 stated he did not see any Mvs in the lane beside him. Gist: Op of MV 2 side swept the left side of MV 1 while making a left turn. Op of MV 1 and Op of MV 2 refused medical treatment. MV 2 sustained no damage while MV 1 sustained major damage. MV 1 was towed via Davis Towing.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # P941719 (From Vehicle Section)

Carrier Name Advanced Drainage Systems Bus Use [42]

Address 58 WYOMING ST City LUDLOW St MA Zip 01056

US DOT #: 0019949 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate [43] Cargo Body Type Code [97] GVWR/GCWR [45]

Trailer Reg #: T522414 Reg Type AP Reg State IL Reg Year 2017 Trailer Length [1]

Hazmat Information:

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

PTL. JOHN A YORK		316	Barnstable Police Department		10/06/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/06/2021	2042 (24HR)	MARSTONS MILLS	2	0

Speed Limit ____ Latitude ____ Longitude ____

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ____

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: MAIN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: LOVELL'S LN

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

____ Feet [N S E W] of — — — • — (Mile Marker) or ____ (Exit Number)

____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street: ____

____ Feet [N S E W] of Landmark: ____

Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 1 — ☐ Hit/Run — ☐ Moped

Crash Report ID#: 21-840-AC

Vehicle 1

License # [redacted] St: MA DOB/Age: [redacted]

Sex: F Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement: ____

Operator: CURRAN, CATHERINE ANN (Last, First, Middle)

Address: 100 RIVER RD

City: MARSTONS MILLS State: MA Zip: 02648-1779

Insurance Company: GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

Citation # (If Issued): [redacted]

Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub [redacted]

Viol. 3: Ch/Sec/Sub [redacted] Viol. 4: Ch/Sec/Sub ____

Reg # RSY840 Reg Type: PC Reg State: MA

Veh Year: 2010 Veh Make: TOYOTA Veh Config: 1 (21)

Owner: CURRAN, CATHERINE ANN (Last, First, Middle)

Address: 100 RIVER RD

City: MARSTONS MILLS State: MA Zip: 02648-1779

Vehicle Action Prior to Crash: 3 (22)

Event Sequence: 1 (23) (23) (23) (23)

Most Harmful Event: 1 (24)

Driver Contributing Code: 10 (25) 1 (25)

Driver Distracted by: 0 (26)

Damaged Area Code: 8 (27) (27) (27)

Test Status: 2 (28)

Type of Test: 2 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 1 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 — ☐ Non-Motorist A — Type (15) Action (16) Location (17) Condition (18) — ☐ Hit/Run — ☐ Moped

Vehicle 2

License # [redacted] St: MA DOB/Age: [redacted]

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement: ____

Operator: DIAMANTINO, ALMIRMIGUEL ALVES (Last, First, Middle)

Address: 17 WESTON CIR

City: HYANNIS State: MA Zip: 02601-2465

Insurance Company: ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2

Citation # (If Issued): ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # 8CX459 Reg Type: PC Reg State: MA

Veh Year: 2011 Veh Make: VOLKSWAGEN Veh Config: 1 (21)

Owner: DIAMANTINO, MARCOS O (Last, First, Middle)

Address: 17 WESTON CIR

City: HYANNIS State: MA Zip: 02601-2465

Vehicle Action Prior to Crash: 2 (22)

Event Sequence: 1 (23) (23) (23) (23)

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) (25)

Driver Distracted by: 0 (26)

Damaged Area Code: 8 (27) 7 (27) 6 (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

Towed from scene? 1 (33)

Please fill out for operator/non-motorist and all occupants involved

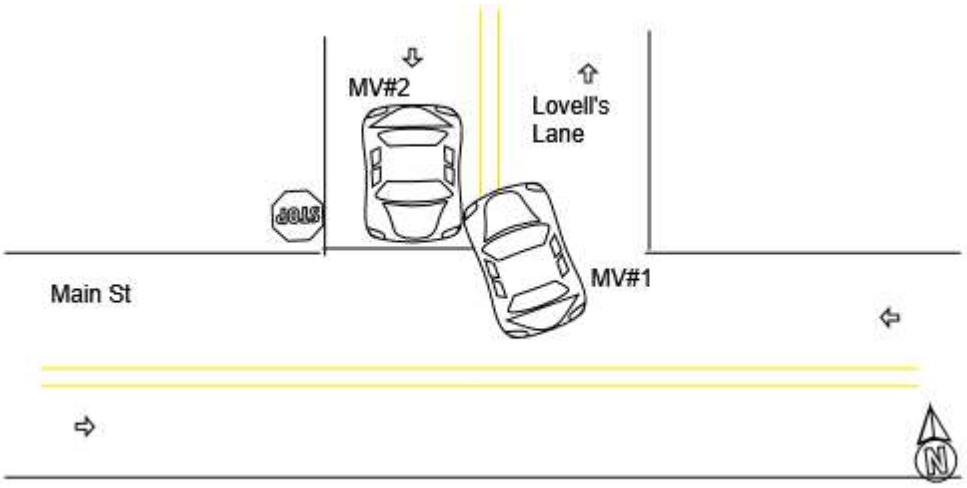
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

MV#2 was stopped at the stop sign at the intersection of Lovell's Lane and Main St.
MV#1 was traveling west on Main St. turning north on Lovell's Lane.
MV#2 improperly turned and struck the left side of MV#2 with the front of MV#1.
MV#1 then fled the scene and was located at 100 River Road after being followed by MV#2
Both operators refused rescue and stated they were not injured.
Both MVs were towed from 100 River Road by Davis Towing.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NICHOLAS P ATCHESON		307	Barnstable Police Department		10/06/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/07/2021	0718 (24HR)	HYANNIS	2	0	15			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# | Direction | Address # | Name of Roadway/Street: AIRPORT ROTARY

_____ Feet [N S E W] of — — — • — Mile Marker or _____ Exit Number

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street _____

_____ Feet [N S E W] of _____ Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID#: 21-841-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator BELLEISLE, MERRITT E (Last First Middle)
Address 41 POND AVE
City PLYMOUTH State MA Zip 02360-1107
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: [N S E W] Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 7KY654 Reg Type PC Reg State MA
Veh Year 2013 Veh Make TOYOTA Veh Config. 1
Owner BELLEISLE, CARRIEANNE M (Last First Middle)
Address 41 POND AVE
City PLYMOUTH State MA Zip 02360-1107
Vehicle Action Prior to Crash 9
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 99 25 25
Driver Distracted by 0
Damaged Area Code: 3 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator YOUNG, JACQUELYN ROSE (Last First Middle)
Address 250 SOUTH MAIN ST
City RANDOLPH State MA Zip 02368-0000
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: [N S E W] Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 5BD259 Reg Type PC Reg State MA
Veh Year 2012 Veh Make Jeep Veh Config. 1
Owner YOUNG, JACQUELYN ROSE (Last First Middle)
Address 250 SOUTH MAIN ST
City RANDOLPH State MA Zip 02368-0000
Vehicle Action Prior to Crash 9
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 99 25 25
Driver Distracted by 0
Damaged Area Code: 7 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

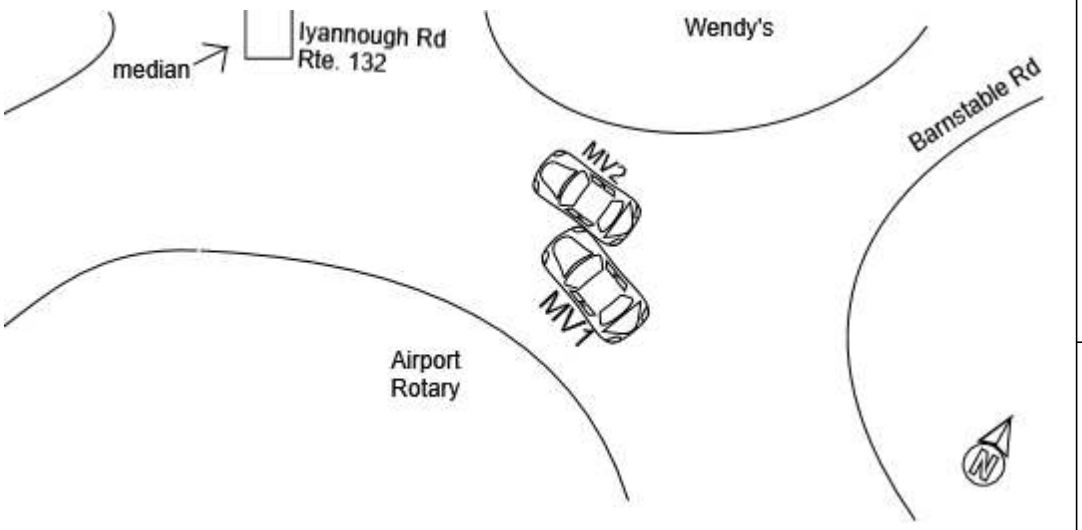
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

MV1 and MV2 were in the Airport Rotary. Oper MV2 stated just before the exit onto Rte 132 MV1 struck the side of MV2 and then continued driving onto Rte 132. Oper MV1 stated he was unaware there was contact between MV1 and MV2 but the vehicles did come close. MV1 had minor damage to the right side of the vehicle towards the front. MV2 had minor damage to the left side of the vehicle in the middle. Oper MV1 believes the vehicles never contacted each other. MV1 had minor damage with paint that appeared to be from MV2. MV2 had minor damage with paint that appeared to be from MV1.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. SEAN D CLEARY		326	Barnstable Police Department		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
10/07/2021	0756 (24HR)	MARSTONS MILLS	2	0	35			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OLD STAGE RD

At

Route# | Direction | Name of Intersecting Roadway/Street: OAK ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

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

_____ Feet [N S E W] of — — — • — (Mile Marker) or _____ (Exit Number)

_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street

_____ Feet [N S E W] of _____ Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 21-842-AC

License # [redacted] St MA DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator HOLT, DANIEL VOSS (Last, First, Middle)

Address 767 INDEPENDENCE DR APT A206

City BARNSTABLE State MA Zip 02630

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: N [X] E W | Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 3GRR51 Reg Type PC Reg State MA

Veh Year 2004 Veh Make OTHER Veh Config. 1

Owner HOLT, DANIEL VOSS (Last, First, Middle)

Address 767 INDEPENDENCE DR APT A206

City BARNSTABLE State MA Zip 02630

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 0

Damaged Area Code: 2 1

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A | Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

License # [redacted] St MA DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator SMITH, JEFFREY CHARLES (Last, First, Middle)

Address 53 GREENVILLE DR

City FORESTDALE State MA Zip 02644-1024

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S [X] W | Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # MRWKND Reg Type PC Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 1

Owner SMITH, JEFFREY DAVID (Last, First, Middle)

Address 53 GREENVILLE DR

City FORESTDALE State MA Zip 02644-1024

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 8

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

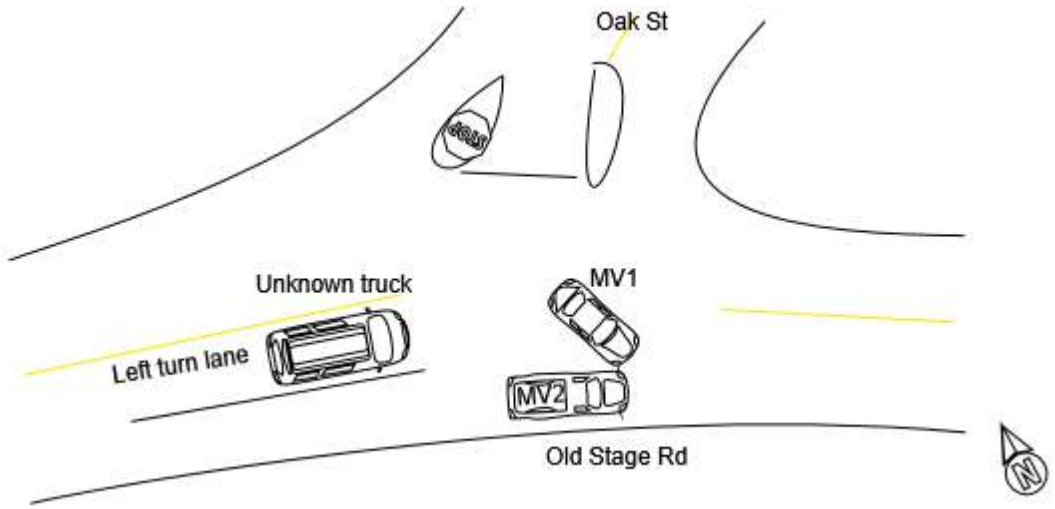
Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

MV1 one was turning left onto Old Stage Rd from Oak St. Oper MV1 stated a truck in the left turn lane waved him on. Oper MV1 states he was unable to see the traffic coming from behind the unknown truck. MV2 was travelling east on Old Stage Rd. MV1 struck MV2 at an angle as MV2 turned on to Old Stage Rd. Operators were offered rescue and declined. Photos taken. Vehicles secured by operators.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. SEAN D CLEARY		326	Barnstable Police Department		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
10/07/2021	1210 (24HR)	HYANNIS	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | 287 Address # | IYANNOUGH RD RTE 28 Name of Roadway/Street
Feet N S E W of — — — • — Mile Marker or Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 21-843-AC

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement
Operator MCCARTHY, MARGARET ELIZABETH (Last, First, Middle)
Address 22 PLEASANT ST
City SOUTH CHATHAM State MA Zip 02659-1526
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N S ☒E W Responding to Emergency? 2
Citation # (If Issued) [redacted]
Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 3HL169 Reg Type PC Reg State MA
Veh Year 2015 Veh Make VOLKSWAGEN Veh Config. 1
Owner MCCARTHY, MARGARET ELIZABETH (Last, First, Middle)
Address 22 PLEASANT ST
City SOUTH CHATHAM State MA Zip 02659-1526
Vehicle Action Prior to Crash 1
Event Sequence 35
Most Harmful Event 35
Driver Contributing Code 10 97
Driver Distracted by 5
Damaged Area Code: 1
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 1
Towed from scene? 1

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	☒	☒	1	99	4	0	0	99	2	Cape Cod Hospital

Please Select One of the Following: ☐ Vehicle 2 ____ #Occupants ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

License # St DOB/Age
Sex Lic. Class Lic. Restrictions CDL Endorsement
Operator (Last, First, Middle)
Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

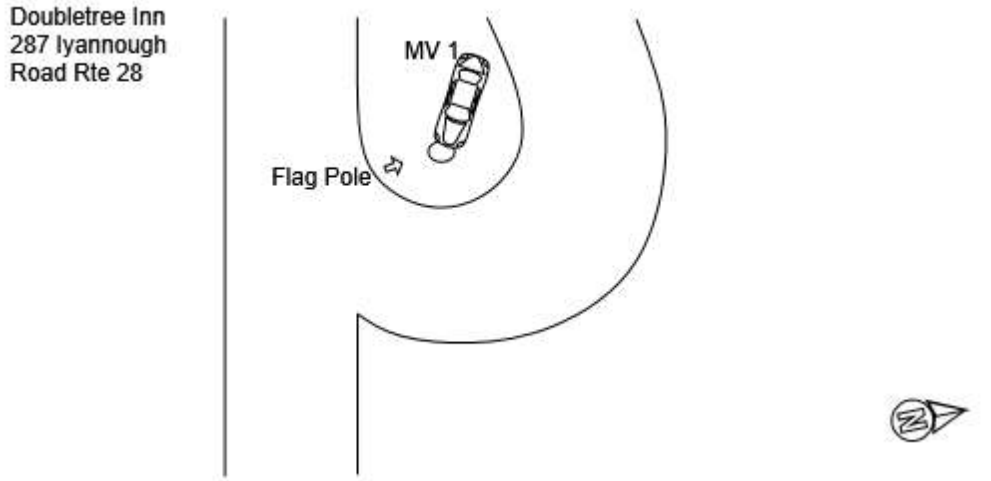
Reg # Reg Type Reg State
Veh Year Veh Make Veh Config.
Owner (Last, First, Middle)
Address
City State Zip
Vehicle Action Prior to Crash
Event Sequence
Most Harmful Event
Driver Contributing Code
Driver Distracted by
Damaged Area Code:
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene?

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	☒	☒	1							

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

On October 07, 2021 MV 1 left the roadway in the entrance to the Doubletree Inn at 287 Iyannough Road Rte 28 crashing into the Inn's Flag Pole. The flag pole was struck by MV1 at the base, causing it to crack and lean over. OP1 of MV1 was transported to CCH by Hyannis Fire. MV1 was removed from the scene by Davis Towing. The Doubletree Inn was notified about the damaged flag pole.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DOUBLETREE INN	287 IYANNOUGH RD RTE 28 HYANNIS MA			FLAG POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. LIAM T LOISELLE		312	Barnstable Police Department		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/07/2021	1542 (24HR)	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street: 97 | | OLD TOWN RD

10: 2

Feet [N S E W] of — — — • — Mile Marker or Exit Number

11: 1

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-844-AC

4 1 — License # | St | DOB/Age | Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator: unknown (Last First Middle)

Address

City | State | Zip

Insurance Company: SAFETY INSURANCE

5 — Vehicle Travel Direction: [N X E W] Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

6 1 — Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 1AD48G | Reg Type TL | Reg State MA

Veh Year 1999 | Veh Make PETERBILT | Veh Config. 10 (21)

7 (12)

Owner: LAMIM TRUCKING CORP (Last First Middle)

Address: 50 JENNIES WAY

City: TEWKSBURY | State: MA | Zip: 01876

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 51 (23) | | | |

Most Harmful Event: 51 (24)

Driver Contributing Code: 99 (25) | (25)

Driver Distracted by: 99 (26)

Damaged Area Code: 99 (27) | (27) | (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 99 (31) Susp. Drug: 99 (32)

Towed from scene? 2 (33)

30 (13)

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1							

7 3 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) ☐ Hit/Run ☐ Moped

8 1 — License # unknown | St | DOB/Age | Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator: unknown (Last First Middle)

Address

City | State | Zip

Insurance Company: SAFETY INSURANCE

9 2 — Vehicle Travel Direction: [N X E W] Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # SM19G9 | Reg Type TL | Reg State MA

Veh Year 2001 | Veh Make OTHER | Veh Config. 10 (21)

Owner: LAMIM TRUCKING CORP (Last First Middle)

Address: 50 JENNIES WAY

City: TEWKSBURY | State: MA | Zip: 01876

14: 97

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 51 (23) | | | |

Most Harmful Event: 51 (24)

Driver Contributing Code: 99 (25) | (25)

Driver Distracted by: 99 (26)

Damaged Area Code: 99 (27) | (27) | (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 99 (31) Susp. Drug: 99 (32)

Towed from scene? 2 (33)

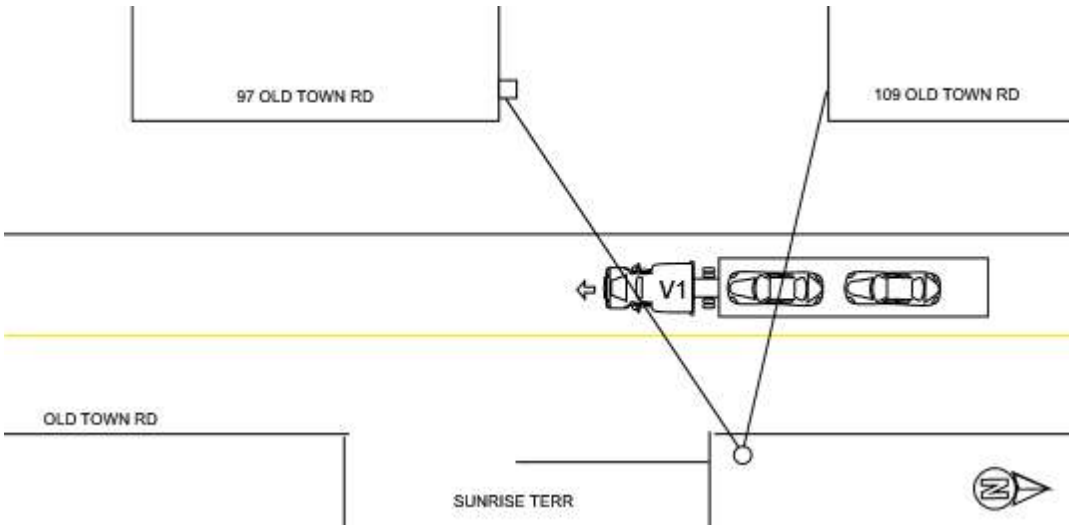
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V1 WAS TRAVELING SOUTH ON OLD TOWN ROAD AND STRUCK THE SECONDARY POWER LINES THAT WENT TO 109 AND 97 OLD TOWN ROAD TEARING THEM OFF THE UTILITY POLE AND TEARING OFF THE ELECTRICAL METER OFF THE SIDE OF 97 OLD TOWN RD. V1 CONTINUED SOUTH ON OLD TOWN RD AND STOPPED A SHORT TIME LATER AND THE OPERATOR REMOVED SOME DEBRIS FROM THE TRAILER FROM THE COLLISION AND CONTINUED TO LEAVE THE SCENE (WITNESS OBSERVATION).

MULTIPLE ATTEMPTS TO LOCATE AND IDENTIFY THE OPERATOR OF THE TRUCK THROUGH COMPUTER DATABASES AND TEWKSBURY PD HAVE HAD NEGATIVE RESULTS.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GEGGATT SHERRY A	104 OLD TOWN RD Apt. #8B HYANNIS MA 02601-1870	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BARCELO JIAN C	97 OLD TOWN RD HYANNIS MA 02601	[redacted]	97	ELECTRICAL METER TORN OF SIDE OF HOUSE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/07/2021	1651 (24HR)	HYANNIS	2	0		☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# BEARSE'S WAY — Direction — Name of Roadway/Street
At
Route# WALTON AVE — Direction — Name of Intersecting Roadway/Street
2 1 — Route# — Direction — Name of Intersecting Roadway/Street
Also at Intersection with

Route# — Direction — Address # — Name of Roadway/Street — 2 10
Feet N S E W of — Mile Marker — or Exit Number
Feet N S E W of — Route# — Intersecting Roadway/Street — 2 11
Feet N S E W of — Landmark

3 1 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-845-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 97 20 CDL Endorsement
Operator CRAWFORD, MICHEAL SEBASTAN (Last First Middle)
4 1 — Address 52 HIRAMAR RD
City HYANNIS State MA Zip 02601
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N ☒ E W — Responding to Emergency? 2
5 — Citation # (If Issued) [redacted]
Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub
6 1

Reg # 2TYR78 Reg Type PC Reg State MA
Veh Year 2007 Veh Make ACURA Veh Config. 1 21 — 1 12
Owner BURKE, CARMEN JACQUELINE (Last First Middle)
Address 52 HIRAMAR RD
City HYANNIS State MA Zip 02601-2701
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 0 26
Damaged Area Code: 1 27 8 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33 — 1 13

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	☒	☒	1	1	4	0	0	10	1	

7 3 — Please Select One of the Following: ☒ Vehicle 2 6 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator GAUVIN, MELISSA ANN (Last First Middle)
8 1 — Address 89 PLEASANT ST
City HYANNIS State MA Zip 02601-4007
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N ☒ E W — Responding to Emergency? 2
9 2 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 3EC874 Reg Type PC Reg State MA
Veh Year 2015 Veh Make HONDA Veh Config. 1 21
Owner GAUVIN, MELISSA ANN (Last First Middle)
Address 89 PLEASANT ST
City HYANNIS State MA Zip 02601-4007 — 1 14
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 5 27 4 27 6 27
Test Status: 2 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	☒	☒	1	1	4	0	0	10	1	
ARYSSA GAUVIN	89 PLEASANT ST HYANNIS, MA 02601	[redacted]	F	3	1	4	0	0	10	1	
CHARLOTTE GAUVIN	89 PLEASANT ST HYANNIS, MA 02601	[redacted]	F	4	4	4	0	0	10	1	
ABBY GAUVIN	89 PLEASANT ST HYANNIS, MA 02601	[redacted]	F	5	4	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/07/2021	1651 (24HR)	HYANNIS	2	0		☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# BEARSE'S WAY — Direction — Name of Roadway/Street

At

Route# — Direction WALTON AVE — Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# — Direction — Name of Intersecting Roadway/Street

Route# — Direction — Address # — Name of Roadway/Street (2 10)

Feet N S E W of — Mile Marker — or Exit Number

Feet N S E W of Route# — Intersecting Roadway/Street (2 11)

Feet N S E W of Landmark

3 — Please Select One of the Following: ☒ Vehicle 2 6 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-845-AC

License # [redacted] St MA DOB/Age [redacted] — Reg # 3EC874 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year — Veh Make HONDA Veh Config. 21 (1 12)

4 1 — Operator GAUVIN, MELISSA ANN (Last First Middle) — Owner GAUVIN, MELISSA ANN (Last First Middle)

Address 89 PLEASANT ST — Address 89 PLEASANT ST

City HYANNIS State MA Zip 02601-4007 — City HYANNIS State MA Zip 02601-4007

Insurance Company — Vehicle Action Prior to Crash 22 — Damaged Area Code: 27 27 27

5 — Vehicle Travel Direction: N S E W — Responding to Emergency? — Event Sequence 23 23 23 23 — Test Status: 28

Citation # (If Issued) — Most Harmful Event 24 — Type of Test: 29

BAC Test Result: 30

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 25 25 — Susp. Alcohol: 31 Susp. Drug: 32 (1 13)

6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 26 — Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1							
ISAIAH BRITO	89 PLEASANT ST HYANNIS, MA 02601	[redacted]	M	6	4	4	0	0	10	1	
DYLAN GAUVIN	89 PLEASANT ST HYANNIS, MA 02601	[redacted]	M	9	1	4	0	0	10	1	

7 3 — Please Select One of the Following: ☐ Vehicle 4 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # — St — DOB/Age — Reg # — Reg Type — Reg State

Sex — Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year — Veh Make — Veh Config. 21

8 1 — Operator (Last First Middle) — Owner (Last First Middle)

Address — Address

City State Zip — City State Zip (1 14)

Insurance Company — Vehicle Action Prior to Crash 22 — Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W — Responding to Emergency? — Event Sequence 23 23 23 23 — Test Status: 28

9 2 — Citation # (If Issued) — Most Harmful Event 24 — Type of Test: 29

BAC Test Result: 30

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 25 25 — Susp. Alcohol: 31 Susp. Drug: 32

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 26 — Towed from scene? 33

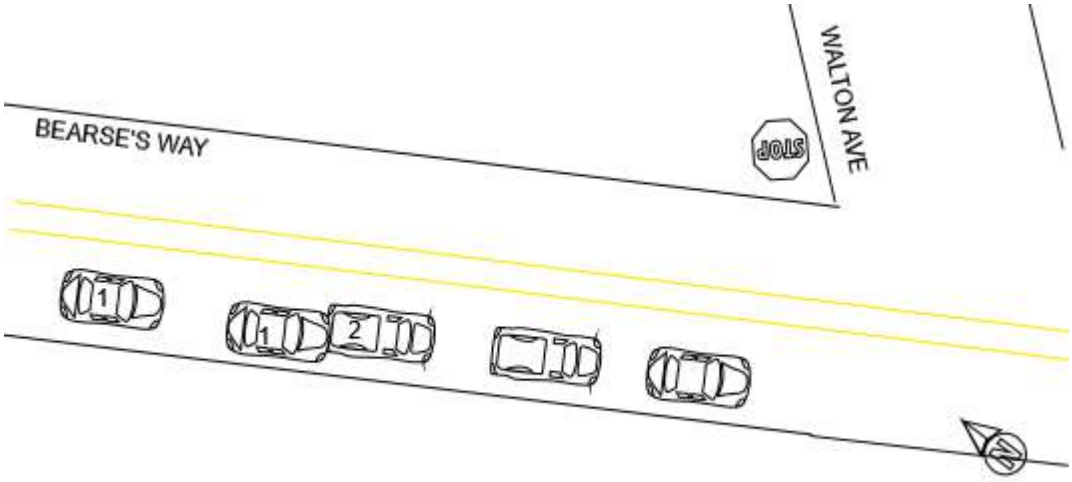
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

Op MV1 stated he was traveling S on Bearse's Way approaching Walton Ave when MV2 came to a stop. Op MV1 stated he attempted to apply the brakes in time but was unable to do so with out rear ending MV2. Op MV2 stated she was slowing to a stop in traffic while traveling S on Bearse's Way approaching Walton Ave. Op MV2 came to a stop at which time she was rear ended by MV1.

Minor Damage

No Tow

No PI

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NOLAN R O'MELIA		292	Barnstable Police Department		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/08/2021	1515 (24HR)	BARNSTABLE	3	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: OLD JAIL LN

At

Route# | Direction | Name of Intersecting Roadway/Street: MAIN ST RTE 6A

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street:

Feet [N S E W] of

Landmark:

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 21-846-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator: JONES, RYAN DC (Last First Middle)

Address: 54 CARRIAGE LN

City: BARNSTABLE State: MA Zip: 02630

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # V11626 Reg Type CO Reg State MA

Veh Year 2019 Veh Make FORD Veh Config. 1

Owner: EARTHDAY LANDSCAPING INC (Last First Middle)

Address: 54 CARRIAGE LN

City: BARNSTABLE State: MA Zip: 02630-1505

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 5

Driver Distracted by: 0

Damaged Area Code: 1

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # [redacted] St MA DOB/Age [redacted]

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator: SANCES, BRIAN VINCENT (Last First Middle)

Address: 96 WINTER ST

City: YARMOUTH PORT State: MA Zip: 02675-1246

Insurance Company: THE HANOVER INSURANCE COM

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # 51PG27 Reg Type PC Reg State MA

Veh Year 2008 Veh Make DODGE Veh Config. 1

Owner: SANCES, BRIAN VINCENT (Last First Middle)

Address: 96 WINTER ST

City: YARMOUTH PORT State: MA Zip: 02675-1246

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5 8

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/08/2021	1515 (24HR)	BARNSTABLE	3	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# / Direction / Name of Roadway/Street: OLD JAIL LN

At

Route# / Direction / Name of Intersecting Roadway/Street: MAIN ST RTE 6A

Also at Intersection with

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

NOT AT INTERSECTION:

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

Feet N S E W of — — — • — (Mile Marker) or (Exit Number)

Feet N S E W of Route# / Intersecting Roadway/Street

Feet N S E W of Landmark

Vehicle 3

Please Select One of the Following: ☒ Vehicle 3 (2 #Occupants) ☐ Hit/Run ☐ Moped

Crash Report ID#: 21-846-AC

License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator: SPARROW, ROBERT MARTIN (Last First Middle)

Address: 8 SONGBIRD CIR

City: ORLEANS State: MA Zip: 02653-3125

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # 477VL4 Reg Type PC Reg State MA

Veh Year 2016 Veh Make VOLVO Veh Config. 1

Owner: SPARROW, MARJORIE K (Last First Middle)

Address: 8 SONGBIRD CIR

City: ORLEANS State: MA Zip: 02653-3125

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 4

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	
MARJORIE SPARROW	8 SONGBIRD CIR ORLEANS, MA 02653-3125	[redacted]	F	3	99	4	0	0	10	1	

Vehicle 4

Please Select One of the Following: ☐ Vehicle 4 (#Occupants) ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator: (Last First Middle)

Address:

City: State: Zip:

Insurance Company:

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: Viol. 2: Ch/Sec/Sub:

Viol. 3: Ch/Sec/Sub: Viol. 4: Ch/Sec/Sub:

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config.

Owner: (Last First Middle)

Address:

City: State: Zip:

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene?

Please fill out for operator/non-motorist and all occupants involved

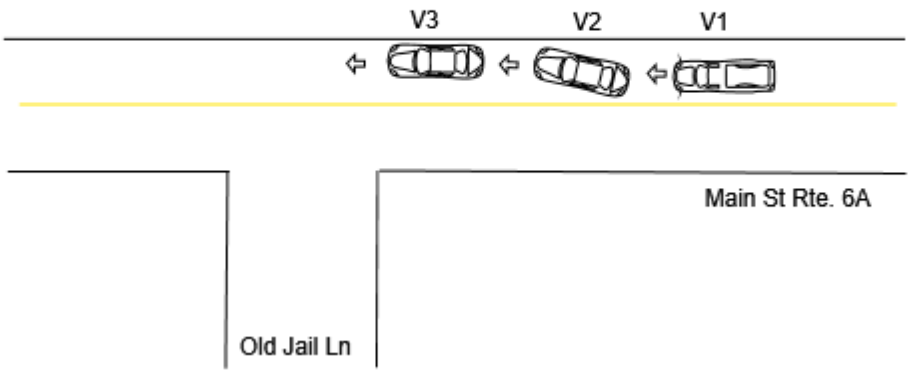
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V1, V2, and V3 were all traveling west on Main St. Rte.6A approaching the intersection of Old Jail Ln in West Barnstable. As all three vehicles were approaching Old Jail Ln V3 stopped to make a left hand turn. V2 stopped appropriately behind V3. V1 traveled around a bend in the road and failed to stop accordingly. V1 then struck the center rear of V2 causing V2's left front bumper to collide with the right rear bumper of V3. V3 and V2 after being struck moved off to the side of Main St Rte.6A. All operators were able to move off to the side of the road safely. V2 was towed by Davis Towing due to damages caused from the MV accident. All operators exchanged information. Op3 and Op1 drove V3 and V1 away from the scene with minor damages to the right rear of V3 and center front of V1. Op2 received a ride from a friend away from the scene.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. LORNE W FELLOWS		330	Barnstable Police Department		10/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/08/2021	1731 (24HR)	CENTERVILLE	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 1060 CRAIGVILLE BEACH RD

_____ Feet [N] [S] [E] [W] of — — — • — Mile Marker or _____ Exit Number

_____ Feet [N] [S] [E] [W] of Route# _____ Intersecting Roadway/Street

_____ Feet [N] [S] [E] [W] of _____ Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 21-847-AC

License # [redacted] St MA DOB/Age [redacted]

Sex F Lic. Class D Lic. Restrictions _____ CDL Endorsement _____

Operator THOMPSON, SARAH G (Last, First, Middle)

Address 282 OLD MILL RD

City OSTERVILLE State MA Zip 02655

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 3AL411 Reg Type PC Reg State MA

Veh Year 2017 Veh Make HYUNDAI Veh Config. 1

Owner THOMPSON, OWEN F (Last, First, Middle)

Address 282 OLD MILL RD

City OSTERVILLE State MA Zip 02655

Vehicle Action Prior to Crash 6

Event Sequence 22 | | | |

Most Harmful Event 22

Driver Contributing Code 11 | _____

Driver Distracted by 99

Damaged Area Code: 1 | | |

Test Status: _____

Type of Test: _____

BAC Test Result: _____

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 _____ #Occupants ☐ Non-Motorist A Type | Action | Location | Condition ☐ Hit/Run ☐ Moped

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class | Lic. Restrictions | CDL Endorsement

Operator _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config.

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash

Event Sequence | | | |

Most Harmful Event

Driver Contributing Code | _____

Driver Distracted by

Damaged Area Code: | | |

Test Status: _____

Type of Test: _____

BAC Test Result: _____

Susp. Alcohol: Susp. Drug:

Towed from scene?

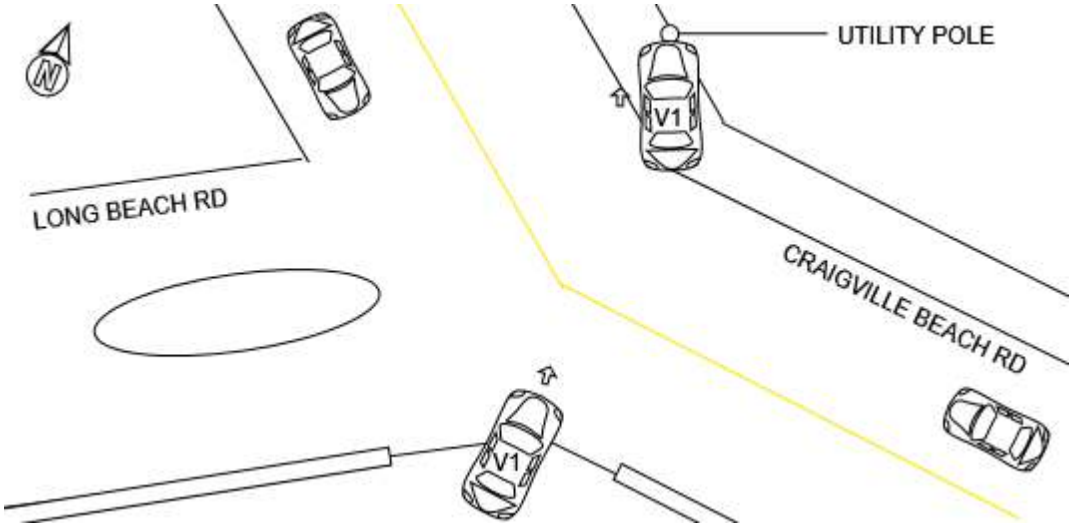
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

OP1 STATED THAT SHE WAS PULLING OUT OF THE WEST ENTRANCE TO CRAIGVILLE BEACH AND OVER ACCELERATED TO GET OUT INTO TRAFFIC AND WHEN SHE SAW VEHICLES APPROACHING FROM BOTH SIDES SHE PANICKED AND DROVE UP OVER THE SIDEWALK AND CRASHED INTO THE UTILITY POLE IN FRONT OF 1060 CRAIGVILLE BEACH RD.

NO INJURIES. VEHICLE TOWED BY DAVIS TOWING.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	CRAIGVILLE BEACH RD CENTERVILLE MA			UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
10/08/2021	1857 (24HR)	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 1019 | IYANNOUGH RD RTE 132

_____ Feet [N S E W] of — — — • — Mile Marker or _____ Exit Number

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street: _____

_____ Feet [N S E W] of Landmark: _____

Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 1 — ☐ Hit/Run — ☐ Moped

Crash Report ID#: 21-848-AC

Vehicle 1

License # [redacted] St: MA DOB/Age: [redacted]
Sex: M Lic. Class: D (19) (19) Lic. Restrictions: B (20) CDL Endorsement: _____

Operator: PARENT, DAVID R (Last, First, Middle)
Address: 212 CHUCKLES WAY
City: MARSTONS MILLS State: MA Zip: 02648-1590
Insurance Company: PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
Citation # (If Issued): [redacted]
Viol. 1: Ch/Sec/Sub: [redacted] Viol. 2: Ch/Sec/Sub: 90 24
Viol. 3: Ch/Sec/Sub: [redacted] Viol. 4: Ch/Sec/Sub: _____

Reg # 58LS69 Reg Type: PC Reg State: MA
Veh Year: 2013 Veh Make: TOYOTA Veh Config: 1 (21)

Owner: HAUCK, CHRISTINE (Last, First, Middle)
Address: 212 CHUCKLES WAY
City: MARSTONS MILLS State: MA Zip: 02648-1590
Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 9 (25) 19 (25)
Driver Distracted by: 0 (26)

Damaged Area Code: 2 (27) (27) (27)
Test Status: 2 (28)
Type of Test: 2 (29)
BAC Test Result: 1 (30)
Susp. Alcohol: 1 (31) Susp. Drug: (32)
Towed from scene? 1 (33)

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 2 — ☐ Non-Motorist A — Type (15) Action (16) Location (17) Condition (18) — ☐ Hit/Run — ☐ Moped

Vehicle 2

License # [redacted] St: MA DOB/Age: [redacted]
Sex: F Lic. Class: D (19) (19) Lic. Restrictions: 1 (20) CDL Endorsement: _____

Operator: CUELLODELOPES, LAURA A (Last, First, Middle)
Address: 3 FLAX POND RD
City: E FALMOUTH State: MA Zip: 02536-5219
Insurance Company: SAFETY INSURANCE COMPANY
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
Citation # (If Issued): _____
Viol. 1: Ch/Sec/Sub: _____ Viol. 2: Ch/Sec/Sub: _____
Viol. 3: Ch/Sec/Sub: _____ Viol. 4: Ch/Sec/Sub: _____

Reg # 258W40 Reg Type: PC Reg State: MA
Veh Year: 2017 Veh Make: FORD Veh Config: 1 (21)

Owner: JOHN LOPES AND SONS CONSTRUCTION CORP (Last, First, Middle)
Address: 3 FLAX POND RD
City: EAST FALMOUTH State: MA Zip: 02536-5219
Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 1 (25) (25)
Driver Distracted by: 0 (26)

Damaged Area Code: 6 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33)

Please fill out for operator/non-motorist and all occupants involved

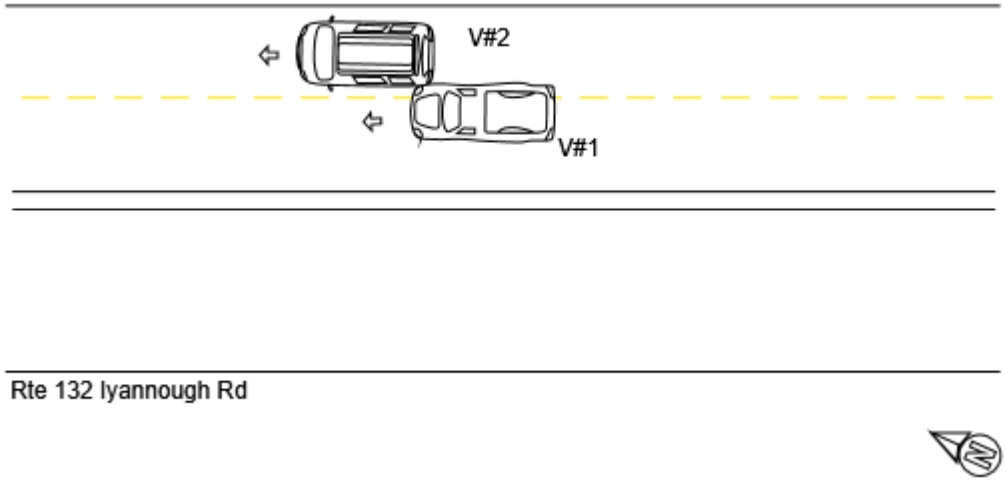
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
ELIAS LOPES	3 FLAX POND RD FALMOUTH, MA 02540	[redacted]	M	5	4	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V#1 and V#2 were travelling North bound on Rte 132. The front passengers side of V#1 struck the driver's side rear of V#2.

Op V#2 stated she was travelling straight and was struck in the rear by V#1.

Op V#1 stated he was unsure how the accident happened. Op V#1 later stated he believed both his vehicle and V#2 collided as they were both changing lanes.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. SPENCER L JACKSON		279	Barnstable Police Department		10/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date