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
10/17/2021	0123 (24HR)	MARSTONS MILLS	1	1	45			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

10 — Route# | Direction | Address # | Name of Roadway/Street: 3072 FALMOUTH RD RTE 28
Feet [N S E W] of — — — • — or Mile Marker / Exit Number
11 — 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# 21-874-AC

3

License # [redacted] St UT DOB/Age [redacted]
Sex M Lic. Class D (19 19) Lic. Restrictions (20) CDL Endorsement
Operator EDWARDS, JAVAN (Last First Middle)
43 — Address 68 SANTUIT POND
City MASHPEE State MA Zip 02649
Insurance Company GEICO GENERAL INSURANCE C
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
51 — 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
62 —

Reg # 859WF3 Reg Type PC Reg State MA
Veh Year 2019 Veh Make HONDA Veh Config. (21) 1
Owner HARVEY WILLIAMS, PAULINE (Last First Middle)
Address 68 SANTUIT POND RD UPPR
City MASHPEE State MA Zip 02649-2421
Vehicle Action Prior to Crash (22) 3
Event Sequence (23) 22 (23) 45 (23) (23)
Most Harmful Event (24) 22
Driver Contributing Code (25) 7 (25) 2
Driver Distracted by (26) 99
Damaged Area Code: (27) 11 (27) (27) 0 (27)
Test Status: (28) 3
Type of Test: (29) 97
BAC Test Result: (30)
Susp. Alcohol: (31) 1 Susp. Drug: (32) 2
Towed from scene? (33) 1
12 — 7
13 — 22

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	3	0	0	9	1	

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

72 —

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

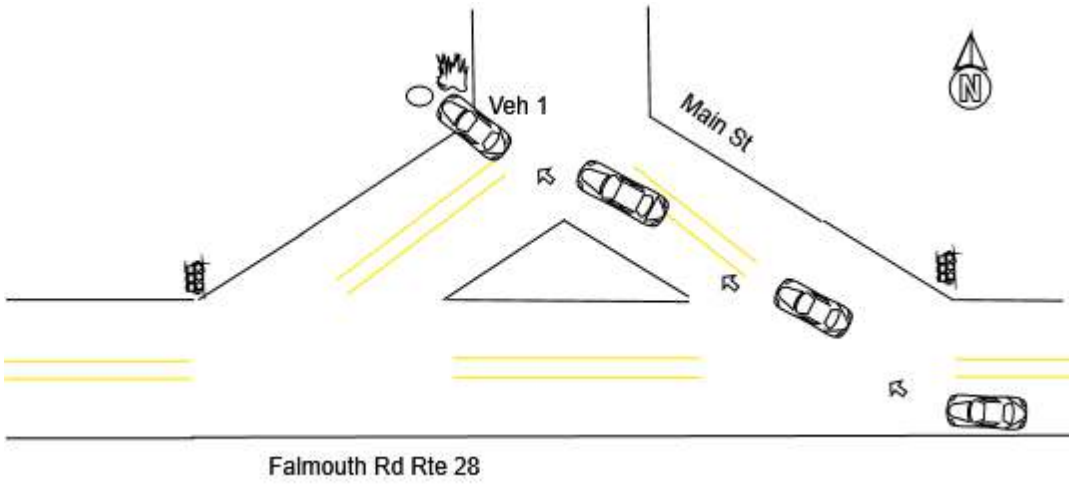
Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. (21)
Owner (Last First Middle)
Address
City State Zip
Vehicle Action Prior to Crash (22)
Event Sequence (23) (23) (23) (23)
Most Harmful Event (24)
Driver Contributing Code (25) (25)
Driver Distracted by (26)
Damaged Area Code: (27) (27) (27)
Test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

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:

On 10/17/21 I responded to a single car MVA at the intersection of Falmouth Rd Rte 28 and Main St Marston's Mills. Upon arrival I observed a vehicle off of the roadway on its roof, fully engulfed in flames. The vehicle had left the roadway, collided with a utility pole, and flipped onto its roof. There was no operator on scene. I later located the operator and had rescue respond to his location. Oper 1 stated that he had been driving down Rte 28 Falmouth Rd and turned right at the intersection with Main St. He stated he was going approximately 65 MPH and lost control. He stated that he hit the utility pole and flipped the vehicle onto its roof before crawling out. Gist: Oper 1 caused the collision by driving too fast for conditions and losing control of his vehicle.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	3072 FALMOUTH RD RTE 28 MARSTONS M			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. DAVID J VALIGA		296	Barnstable Police Department		10/17/2021
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
10/17/2021	0206 (24HR)	CENTERVILLE	1	0	50			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: 2009 | | FALMOUTH RD RTE 28

_____ 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# 21-875-AC

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

Sex F Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator PEREIRA, ANGELA K (Last First Middle)

Address 6 CAMMETT WAY APT 2

City MARSTONS MILLS State MA Zip 02648

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 # 3FCR39 Reg Type PC Reg State MA

Veh Year 2008 Veh Make MERCEDES-BENZ Veh Config. 1 (21)

Owner PEREIRA, ANGELA K (Last First Middle)

Address 6 CAMMETT WAY APT 2

City MARSTONS MILLS State MA Zip 02648

Vehicle Action Prior to Crash 1 (22)

Event Sequence 24 (23) (23) (23) (23)

Most Harmful Event 24 (24)

Driver Contributing Code 15 (25) (25)

Driver Distracted by 99 (26)

Damaged Area Code: 11 (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? 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	1	0	0	10	1	

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) (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)

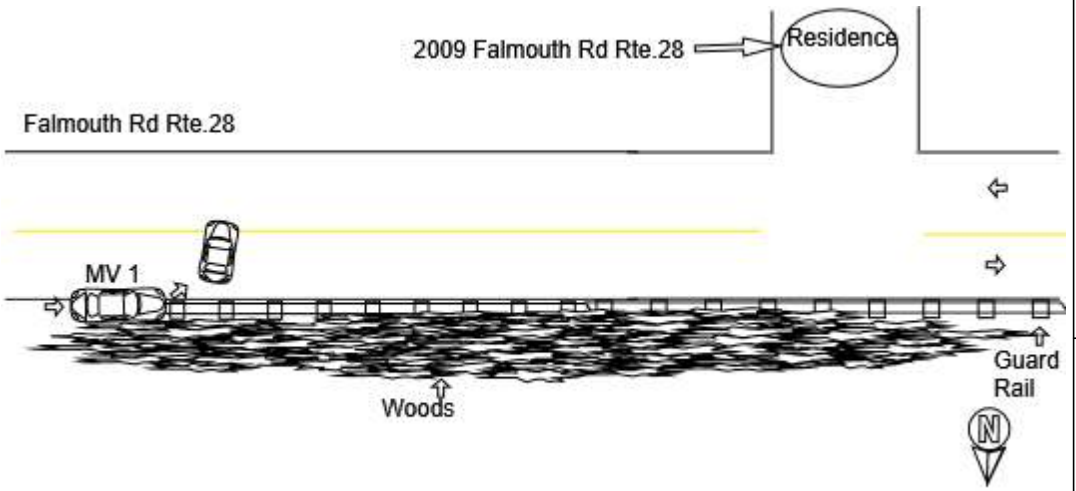
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

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:

Op of Mv1 stated she had just left her friend's residence located in Harwich, Ma. Op stated that she was traveling straight ahead on Falmouth Rd Rte.28 headed back to her residence. Op of Mv1 stated that she was stressed. Op of Mv1 later went off the roadway and struck the guard rail prior to coming to a stop.

BCI was notified and arrived on scene. CIO Wallace took photographs of the damaged guard rail.

Gist: Op of Mv1 was traveling straight ahead on Falmouth Rd Rte. 28 when she went off the roadway and struck a guard rail prior to coming to a complete stop in the West bound travel Ln of Falmouth Rd Rte.28. MV1 sustained major damage and was totaled. Op was evaluated by COMM Rescue but signed a refusal form. Mv1 was totaled and later towed via Bucklers Towing. 851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASSACHUSETTS DEPARTMENT OF TRANS	10 PARK PLZ Apt. #4160 BOSTON MA 0	[redacted]	1	GUARD RAIL

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. JOHN A YORK		316	Barnstable Police Department		10/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/17/2021	0502 (24HR)	HYANNIS	1	0

Speed Limit 30 | Latitude | Longitude

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

10 Route# | Direction | Address # | PITCHER'S WAY (Name of Roadway/Street)
Feet N S E W of — — — • — (Mile Marker) or (Exit Number)
11 Feet N S E W of Route# MITCHELL'S WAY (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#** 21-876-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class 99 Lic. Restrictions 1 CDL Endorsement
Operator SMITH, KYLE C (Last, First, Middle)
41 Address 24 JUPITER LN
City SOUTH YARMOUTH State MA Zip 02664
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N S E ☒ 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

Reg # 7LD746 Reg Type PC Reg State MA
Veh Year 2018 Veh Make HONDA Veh Config. 1
Owner CARTER, CASSTASSIA (Last, First, Middle)
Address 6B MIACOMET RD
City NANTUCKET State MA Zip 02554-4449
Vehicle Action Prior to Crash 1
Event Sequence 36
Most Harmful Event 36
Driver Contributing Code 99
Driver Distracted by 99
Towed from scene? 2
Damaged Area Code: 5 7
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: | Susp. Drug:

12 99
13 30

62 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	2	0	0	10	1	

Vehicle 2

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)
82 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.
Owner (Last, First, Middle)
Address
City State Zip
Vehicle Action Prior to Crash
Event Sequence
Most Harmful Event
Driver Contributing Code
Driver Distracted by
Towed from scene?
Damaged Area Code:
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: | Susp. Drug:

14 4

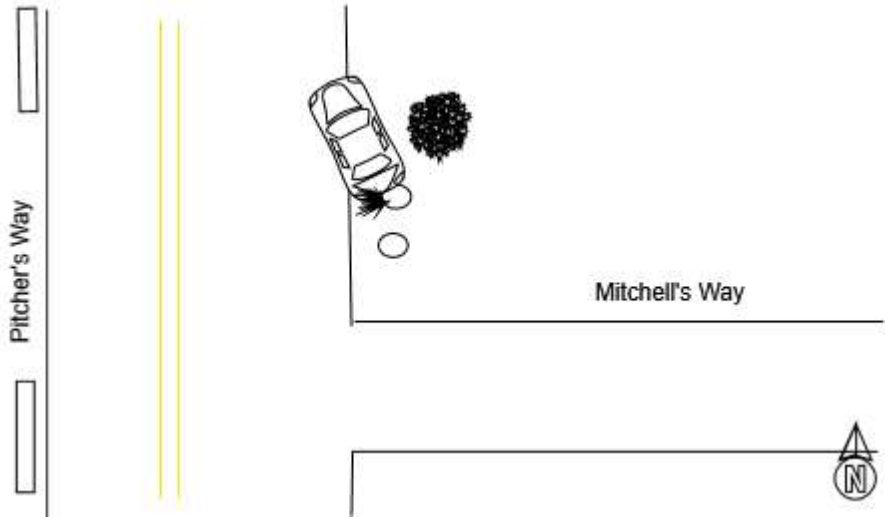
Please fill out for operator/non-motorist and all occupants involved

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 10/17/21, I responded to 635 Pitcher's Way for a report of a single-car MVA. Upon my arrival, I observed V1 to have sustained extensive and driver side damage. Op1 was offered medical assistance several times, but declined. It was unclear exactly what V1 had struck, but Op1 stated that he had been travelling on Pitcher's Way in the area of Mitchell's Way, when he lost control of the vehicle and "spun out." Based on the damage in the area, it is unclear exactly what the rear of the vehicle collided with, however a piece of the bumper was lodged underneath a small boulder on the corner. There are several trees and telephone poles in the immediate area. Op1 then drove the damaged vehicle to the residence at 635 Pitcher's way. Op1 did not appear impaired, and the area where the accident occurred is on a curve.

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. BRAILA C ROY		313	Barnstable Police Department		10/17/2021
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
10/17/2021	0818 24HR	HYANNIS	1	1	10		

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: 625 WEST MAIN ST

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# 21-877-AC

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

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

Operator MARSH, ROGER DEAN JR (Last, First, Middle)

Address 90 JOHN NELSON WAY

City HARWICH State MA Zip 02645

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 # 8DHA80 Reg Type PC Reg State MA

Veh Year 2013 Veh Make DODGE Veh Config. 1

Owner FOLEY, SANDY ANN (Last, First, Middle)

Address 201 OLD STRAWBERRY HILL RD

City HYANNIS State MA Zip 02601

Vehicle Action Prior to Crash: 1

Event Sequence: 23

Most Harmful Event: 23

Driver Contributing Code: 13

Driver Distracted by: 99

Damaged Area Code: 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 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	8	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?

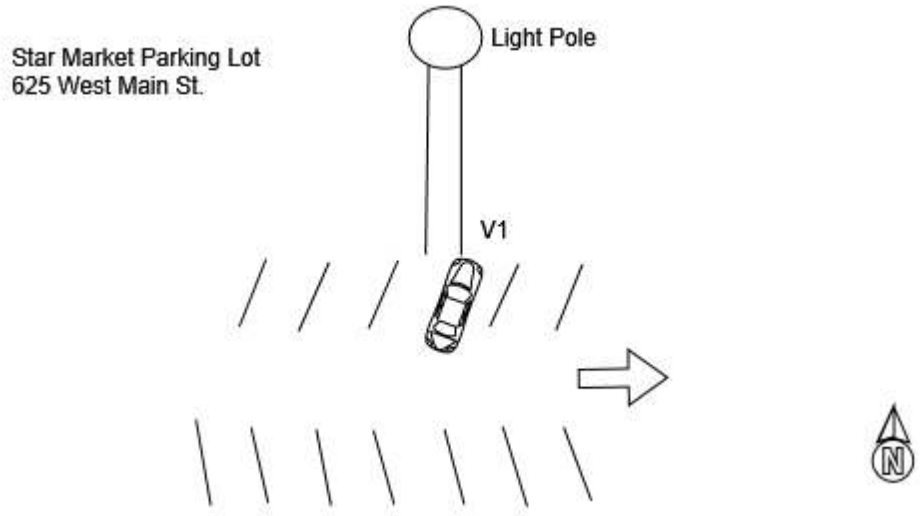
Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

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:

V1 was traveling east in the Star Market parking lot (625 West Main St). V1 moved out of the way of a vehicle traveling west in the opposite direction. Op.1 stated he could not see due to the glare of the sun which resulted in him hitting a light pole in the parking lot after he attempted to move out of the way. Op.1 had minor injuries and was evaluated by HFD. Op.1 was transported to CCH. V1 had significant damage to its front left bumper and front left tire. V1 was towed from the scene by Rotary Collision. Owner of V1 was on scene and notified of incident.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
STAR MARKET	625 W MAIN ST HYANNIS MA 02601			LIGHT 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. LORNE W FELLOWS		330	Barnstable Police Department		10/17/2021
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
10/17/2021	1827 (24HR)	CENTERVILLE	1	1	45		

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

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

< LOCATION >

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 1815 | | FALMOUTH RD RTE 28

_____ 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#** 21-879-AC

Vehicle 1

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

Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement

Operator BARSELOW, MICHAEL S JR (Last, First, Middle)

Address 2 LEESHORE DR

City MASHPEE State MA Zip 02649-3737

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 5LK661 Reg Type PC Reg State MA

Veh Year 2016 Veh Make CHEVROLET Veh Config. 1

Owner BARSELOW, MICHAEL S JR (Last, First, Middle)

Address 2 LEESHORE DR

City MASHPEE State MA Zip 02649-3737

Vehicle Action Prior to Crash: 1

Event Sequence: 4

Most Harmful Event: 4

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 9

Test Status: 1

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	99	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 _____ #Occupants — ☒ Non-Motorist A — Type 2 — Action 2 — Location 4 — Condition 99 — ☐ Hit/Run — ☐ Moped

Non-Motorist A

License # unknown St _____ DOB/Age [redacted]

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

Operator BEST, RAYMOND R (Last, First, Middle)

Address 89 LAKE SHORE DR

City MARSTONS MILLS State MA Zip 02648

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: 27 27 27

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

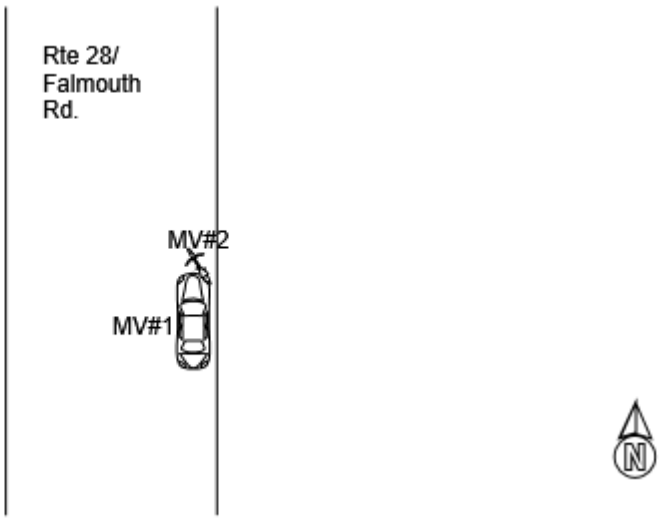
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	6				9	2	Cape Cod Hospital

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:

Op of MV#1 stated that he was traveling straight and a bicyclist suddenly came onto the road and he hit him. He was not able to avoid him.

Op of bicycle was very disoriented and not able to provide a statement for me at the scene. COMM rescue treated cyclist for a [redacted] [redacted] and they transported him to Cape Cod Hospital. Cyclist did have on reflective equipment on his bike and person and was wearing a helmet.

Rotary Towing towed the vehicle from the scene.

No other injuries reported at 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. ARMANDO FELICIANO		247	Barnstable Police Department		10/17/2021
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
10/18/2021	1444 (24HR)	HYANNIS	2	0	10			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

2 10 — Route# 360 | Direction | Address # | BARNSTABLE RD Name of Roadway/Street

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

10 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#** 21-881-AC

4 1 — License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator NOWAK, JANET A (Last, First, Middle)

Address 55 LOOMIS LN

City CENTERVILLE State MA Zip 02632-2503

Insurance Company THE COMMERCE INSURANCE CO

5 — 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 # ICEV45 Reg Type PC Reg State MA

7 12 — Veh Year 2013 Veh Make MERCEDES-BENZ Veh Config. 1 21

Owner NOWAK, STANLEY PETER (Last, First, Middle)

Address 142 SALT ROCK RD

City BARNSTABLE State MA Zip 02630-1612

Vehicle Action Prior to Crash 10 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: 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	[redacted]	[redacted]	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**

8 1 — License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator PEARSON, MARTHA J (Last, First, Middle)

Address 2 OSPREY LN

City EAST SANDWICH State MA Zip 02537-0000

Insurance Company GEICO GENERAL INSURANCE C

9 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 _____

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

Reg # 676DG2 Reg Type PC Reg State MA

Veh Year 2009 Veh Make NISSAN Veh Config. 1 21

Owner PEARSON, MARTHA J (Last, First, Middle)

Address 2 OSPREY LN

City EAST SANDWICH State MA Zip 02537-0000

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 99 26

Damaged Area Code: 3 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

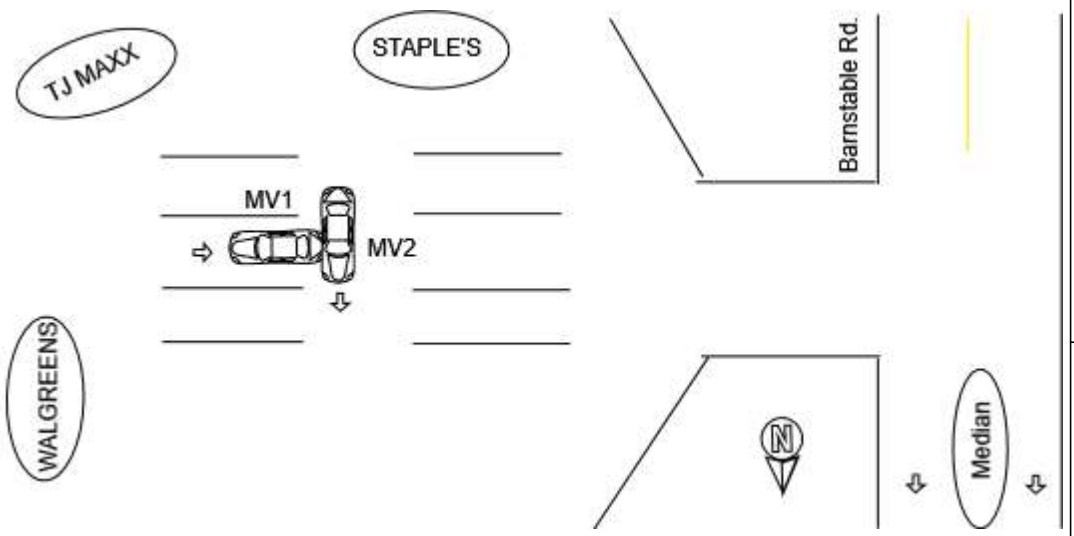
1 14

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 MV1 stated she had just left TJ MAXX and had returned to her MV. Op of MV1 stated she was backing out of the parking space when MV2 was traveling in the opposite direction. Op of MV1 stated MV2 then struck her MV.

Op of MV2 stated she had left Staple's and was traveling straight ahead through the parking lot. Op of MV2 stated she then heard a "bang" on the right side of her MV.

Gist: Op of MV1 was backing out of her parking space when she was struck by MV2 who was traveling straight ahead through the parking lot. MV1 sustained minor damage to the center rear while MV2 sustained minor damage to the right side. Both MVs were operable. Op of MV1 and Op of MV2 refused medical treatment. 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. JOHN A YORK		316	Barnstable Police Department		10/18/2021
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
10/18/2021	1706 (24HR)	HYANNIS	2	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 | Address # | Name of Roadway/Street: — | — | 4 | RIDGEWOOD AVE

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

1 1 | 2 1 | 2 10 | 2 11

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 21-882-AC

3

Vehicle 1

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

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

Operator MARTIN, WILLIAM C (Last First Middle)

4 1 Address 14 HIDDEN POND CIR

City HARWICH State MA Zip 02645-2170

Insurance Company THE STANDARD FIRE INSURAN

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

5 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 # N51498 Reg Type CO Reg State MA

Veh Year 2019 Veh Make CHEVROLET Veh Config. 2 (21)

Owner MARTIN, WILLIAM C (Last First Middle)

Address 14 HIDDEN POND CIR

City HARWICH State MA Zip 02645-2170

Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

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

Driver Distracted by (26): 0

Damaged Area Code (27): 4 | (27) | (27)

Test Status (28): 1

Type of Test (29):

BAC Test Result (30):

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

Towed from scene? (33): 2

1 12 | 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	[redacted]	[redacted]	1	99	4	0	0	10	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

Vehicle 2

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

Sex F Lic. Class 99 (19) (19) Lic. Restrictions 99 (20) CDL Endorsement

8 1 Operator OCONNOR, NICOLE MARIE (Last First Middle)

Address 11 IVEST DR

City EAST FALMOUTH State MA Zip 02536

Insurance Company PROGRESSIVE AMERICAN INS

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 # GVGT21 Reg Type PC Reg State FL

Veh Year 2004 Veh Make TOYOTA Veh Config. 2 (21)

Owner OCONNOR, NICOLE MARIE (Last First Middle)

Address 11 IVEST DR

City EAST FALMOUTH State MA Zip 02536

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

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

Driver Distracted by (26): 0

Damaged Area Code (27): 1 | (27) | (27)

Test Status (28): 1

Type of Test (29):

BAC Test Result (30):

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

Towed from scene? (33): 1

1 14

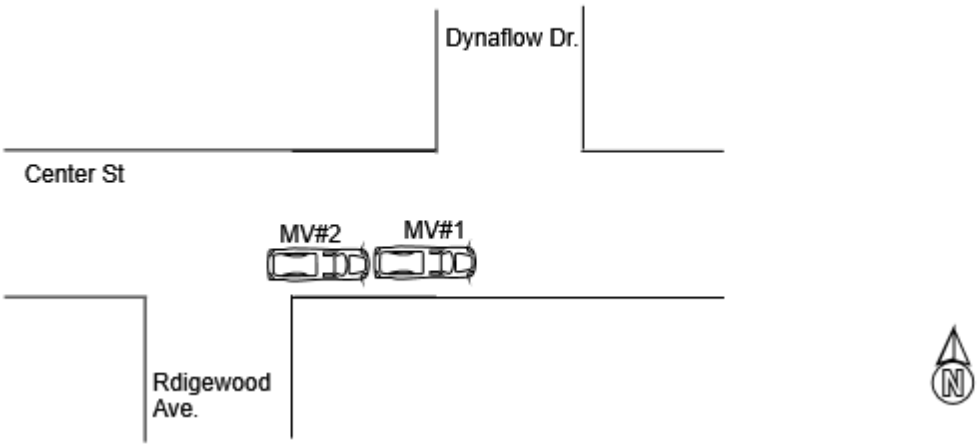
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4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

Form No. 10364 CRA-65 09/18

= 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 that he had just taken a right off of Ridgewood Ave onto Center St. He then was waiting to a take a left hand turn onto Dynaflow when he was rear ended.

Op of MV#2 stated that the vehicle cut her off when it came onto Center St. and she was not able to stop in time because he had stopped short to take a left.

No injuries were reported at the scene.

MV#2 was towed by Buckler's Towing to the owner home address.

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. ARMANDO FELICIANO		247	Barnstable Police Department		10/18/2021
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
10/19/2021	1044 (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

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 200 YARMOUTH RD
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#: 21-883-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M | Lic. Class D (19/19) | Lic. Restrictions (20) | CDL Endorsement
Operator FERNANDES, JOHN J (Last First Middle)
4 3 — Address 167 CENTER ST APT 37
City S DENNIS State MA Zip 02660-0000
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N X E W | Responding to Emergency? 2
5 1 — Citation # (If Issued) T2739746
Viol. 1: Ch/Sec/Sub 89 9 | Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub
6 1 —

Reg # 9PL732 Reg Type PC Reg State MA
Veh Year 1998 Veh Make CHEVROLET Veh Config. 1 (21)
1 12 — Owner FERNANDES, JOHN J (Last First Middle)
Address 167 CENTER ST APT 37
City S DENNIS State MA Zip 02660-0000
Vehicle Action Prior to Crash (22): 1
Event Sequence (23): 1 | | | |
Most Harmful Event (24): 1
Driver Contributing Code (25): 3 | (25)
Driver Distracted by (26): 99
Damaged Area Code (27): 1 | 27 | 27
Test Status (28):
Type of Test (29):
BAC Test Result (30):
Susp. Alcohol (31): 99 Susp. Drug (32): 99
Towed from scene? (33): 2
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	99	4	0	0	99	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 D (19/19) | Lic. Restrictions (20) | CDL Endorsement
Operator SANTAS, STEVEN SCOTT (Last First Middle)
8 1 — Address 10 HERITAGE DR
City ORLEANS State MA Zip 02653-4602
Insurance Company AMICA MUTUAL INSURANCE CO
Vehicle Travel Direction: N S X 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

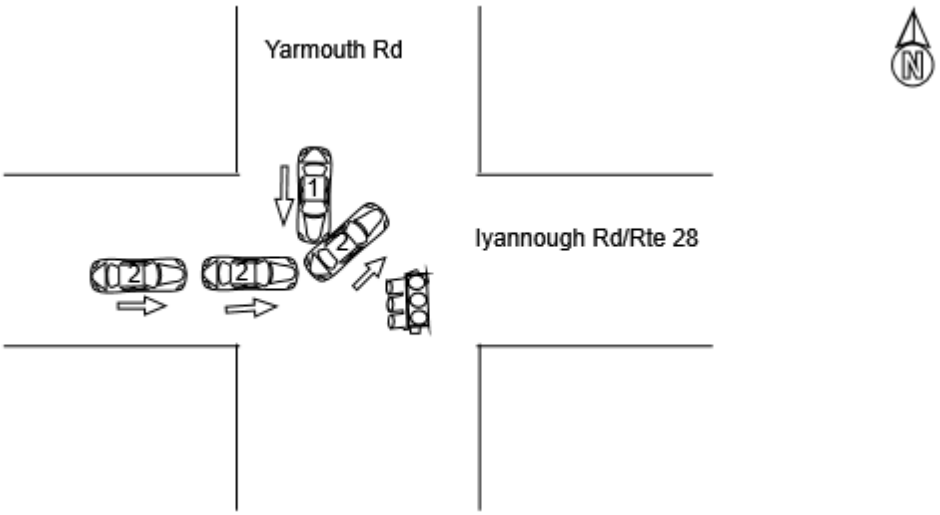
Reg # 7TT259 Reg Type PC Reg State MA
Veh Year 2014 Veh Make TOYOTA Veh Config. 1 (21)
1 14 — Owner SANTAS, STEVEN SCOTT (Last First Middle)
Address 10 HERITAGE DR
City ORLEANS State MA Zip 02653-4602
Vehicle Action Prior to Crash (22): 4
Event Sequence (23): 1 | | | |
Most Harmful Event (24): 1
Driver Contributing Code (25): 1 | (25)
Driver Distracted by (26): 0
Damaged Area Code (27): 7 | 27 | 27
Test Status (28):
Type of Test (29):
BAC Test Result (30):
Susp. Alcohol (31): 2 Susp. Drug (32): 2
Towed from scene? (33): 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	

= 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:

VEh#2 Driver stated he was traveling East on Iyannough Rd/Rte 28. Stated he was in the left turn lane making a left turn onto Yarmouth Rd. Stated he had the green arrow. Stated veh#1 ran the red light and struck his vehicle and then left the scene.

GIST: Veh#2 traveling East on Iyannough Rd. VEh#2 had the green light to make a left turn onto Yarmouth Rd. Veh#1 failed to stop at the red light and struck veh#2. Veh#1 left the scene of the accident and was located at Cape Cod Hospital.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ABRUZZESE MICHAEL D	161 LOVELL'S LN MARSTONS MILLS MA 02648-5700	[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. DAVID D HEISE		302	Barnstable Police Department		10/19/2021
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
10/19/2021	1248 (24HR)	BARNSTABLE	1	0	40			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: 4083 MAIN ST RTE 6A

2 10

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 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 21-885-AC

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

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

Operator CROWELL, MICHAEL ALLAN (Last First Middle)

4 1 Address 37 SHADY LN

City HYANNIS State MA Zip 02601-3628

Insurance Company LIBERTY MUTUAL PERSONAL I

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

5 Citation # (If Issued) T0312056

Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub

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

6 1

Reg # 2NST39 Reg Type PC Reg State MA

7 12

Veh Year 2005 Veh Make FORD Veh Config. 2 (21)

Owner CROWELL, MICHAEL ALLAN (Last First Middle)

Address 37 SHADY LN

City HYANNIS State MA Zip 02601-3628

Vehicle Action Prior to Crash 1 (22)

Event Sequence 42 (23) 41 (23) 35 (23) (23)

Most Harmful Event 35 (24)

Driver Contributing Code 9 (25) 20 (25)

Driver Distracted by 4 (26)

Damaged Area Code: 1 (27) (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (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	1	1	0	0	10	1	

7 1 **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)

8 1 Address

City State Zip

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. (21)

Owner (Last First Middle)

Address

City State Zip

1 14

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)

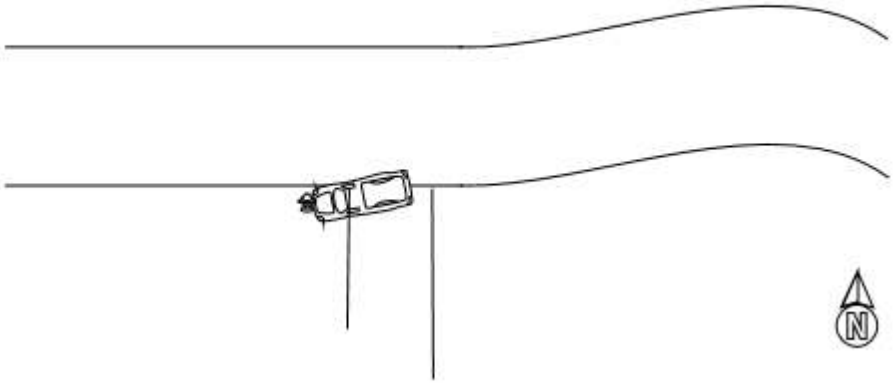
Towed from scene? (33)

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... N... Arrow

Crash Narrative:

MV1/Op1 - Stated he was returning from the Yarmouth Dump when his cell phone fell on floor. He stated he reached down for it and the next thing he knew he hit the fire hydrant.

779

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BARNSTABLE WATER	1841 PHINNEY'S LN BARNSTABLE MA 02		3	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. WAYNE A ELLIS		232	Barnstable Police Department		10/19/2021
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
10/19/2021	1429 (24HR)	COTUIT	2	0	45			Local Police

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

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street: ANCHOR 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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 21-886-AC

Vehicle 1

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

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

Operator ENSLIN, NOAH T (Last, First, Middle)

Address 29 MOUNTAIN ASH RD

City MARSTONS MILLS State MA Zip 02648-1536

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 252H10 Reg Type PC Reg State MA

Veh Year 2002 Veh Make GMC Veh Config. 1

Owner ENSLIN, NOAH T (Last, First, Middle)

Address 29 MOUNTAIN ASH RD

City MARSTONS MILLS State MA Zip 02648-1536

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 99

Damaged Area Code: 1

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

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 LOZADA, CARLOS MIGUEL (Last, First, Middle)

Address 22 PHEASANT HILL CIR

City COTUIT State MA Zip 02635-2540

Insurance Company GEICO

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 # 1PMK74 Reg Type PC Reg State MA

Veh Year 2008 Veh Make BUICKS Veh Config. 1

Owner LOZADA, CARLOS MIGUEL (Last, First, Middle)

Address 22 PHEASANT HILL CIR

City COTUIT State MA Zip 02635-2540

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: | Susp. Drug:

Towed from scene? 2

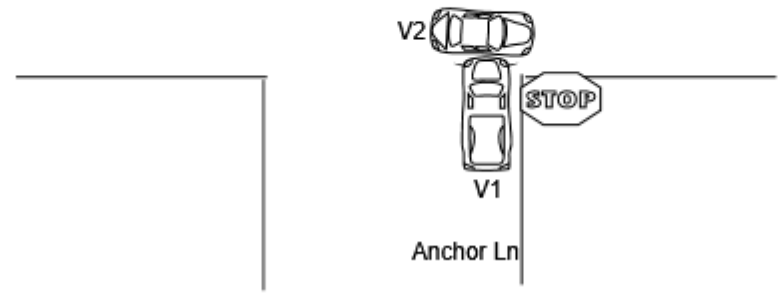
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4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

Vehicle 1 was stopped at the stop sign on Anchor Ln. Vehicle 2 was traveling eastbound on Falmouth Rd. The operator of vehicle 1 thought that vehicle 2 was slowing down to let him pull out onto Falmouth Rd. Vehicle 2 had the right of way and didn't stop for Vehicle 1. Vehicle 1 pulled out and collided with vehicle 2.

No injuries reported and both vehicles were able to drive from the scene.

779

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		10/19/2021
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
10/19/2021	1424 (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

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 176 NORTH ST
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#** 21-887-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions CDL Endorsement
Operator DA COSTA, CELIO W (Last, First, Middle)
4 3 — Address 104 PLEASANT ST APT C
City HYANNIS State MA Zip 02601-4041
Insurance Company UNITED FINANCIAL CASUALTY
5 1 — Vehicle Travel Direction: [X] 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 # 2TXS67 Reg Type PC Reg State MA
Veh Year 2013 Veh Make FORD Veh Config. 1
1 12 — Owner DA COSTA, CELIO W (Last, First, Middle)
Address 104 PLEASANT ST APT C
City HYANNIS State MA Zip 02601-4041
Vehicle Action Prior to Crash 4
Event Sequence 1 — —
Most Harmful Event 1
Driver Contributing Code 4 —
Driver Distracted by 99
Damaged Area Code: 1 3
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
1 13 — 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	1	4	0	0	10	1	

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

Vehicle 2

License # [redacted] St RI DOB/Age [redacted]
Sex U Lic. Class D Lic. Restrictions CDL Endorsement
Operator ROONEY, THOMAS E (Last, First, Middle)
8 1 — Address 10 MODENA DR
City WARWICK State RI Zip 02886
Insurance Company
Vehicle Travel Direction: N S E [X] | 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 # TR116 Reg Type PC Reg State RI
Veh Year 2012 Veh Make FORD Veh Config. 1
Owner ROONEY, THOMAS E (Last, First, Middle)
Address 10 MODENA DR
City WARWICK State RI Zip 02886
Vehicle Action Prior to Crash 1
Event Sequence 1 — —
Most Harmful Event 1
Driver Contributing Code 1 —
Driver Distracted by 0
Damaged Area Code: 1
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
1 14 — Towed from scene? 1

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

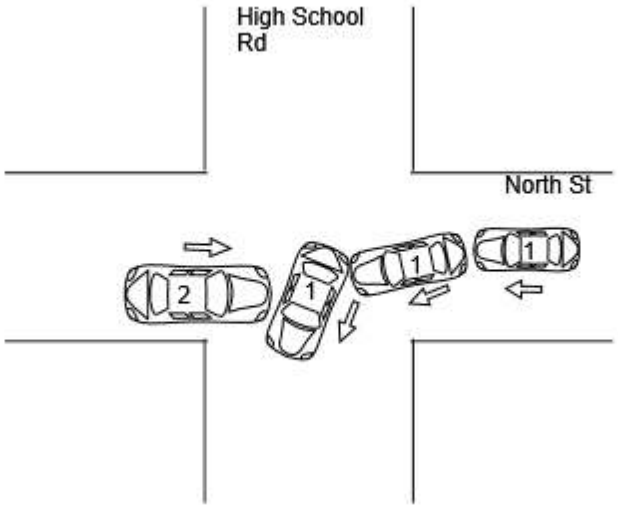
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
ROSEMARY REGO	16 MOSKALYK WEST WARWICK, RI 02893	[redacted]	F	3	1	4	0	0	10	1	

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:

Veh#1 Driver stated he was making a left turn onto High School Rd from North Street.
STated he had the green light and as he was turning, veh#2 struck him.

veh#2 Driver stated he was traveling on North St. Stated his light was green and veh#1 turned in front of him at the intersection.

GIST: Veh#1 failed to yield the right of way to veh#2 at the intersection. Veh#2 was proceeding through the intersection with a green light. Veh#1 was making a left turn at the intersection and turned in front of veh#2. There is not a green arrow from veh#1 position giving him the right of way.

779

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 D HEISE		302	Barnstable Police Department		10/19/2021
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
10/19/2021	1351 (24HR)	MARSTONS MILLS	2	0	25		

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: (1)

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: (2) 6

NOT AT INTERSECTION:

Route# | Direction | Address # 46 | Name of Roadway/Street: DORY CIR (10) 2

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

Feet [N S E W] of Route# | Intersecting Roadway/Street (11) 5

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 21-888-AC (3)

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

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

Operator OBRIEN, MATTHEW D (Last First Middle)

Address 83 SAMOSET ST APT B2 (4) 1

City PLYMOUTH State MA Zip 02360-4548

Insurance Company LIBERTY MUTUAL FIRE INSUR

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) 2

Reg # S68103 Reg Type CO Reg State MA

Veh Year 2017 Veh Make FREIGHTLINER Veh Config. 2 (21) (12) 1

Owner UNITED PARCEL SERVICE INC (Last First Middle)

Address 15 ARLINGTON ST

City WATERTOWN State MA Zip 02472-5002

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 2 (23) 23 23 23

Most Harmful Event: 2 (24)

Driver Contributing Code: 12 (25) 10 (25)

Driver Distracted by: 0 (26)

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) (13) 2

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 — 0 #Occupants | ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) | ☐ Hit/Run | ☐ Moped (7) 1

License # St DOB/Age

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

Operator Driverless M.V. (Last First Middle)

Address (8) 1

City State Zip

Insurance Company

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

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 # MFA319 Reg Type DC Reg State MA

Veh Year 2001 Veh Make Veh Config. (21)

Owner CENTERVILLE OSTERVILLE MARSTONS MILLS FIRE DI (Last First Middle)

Address 1875 FALMOUTH RD RTE APT 28 (14) 2

City CENTERVILLE State MA Zip 02632-3117

Vehicle Action Prior to Crash: 11 (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: 3 (27) 4 (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)

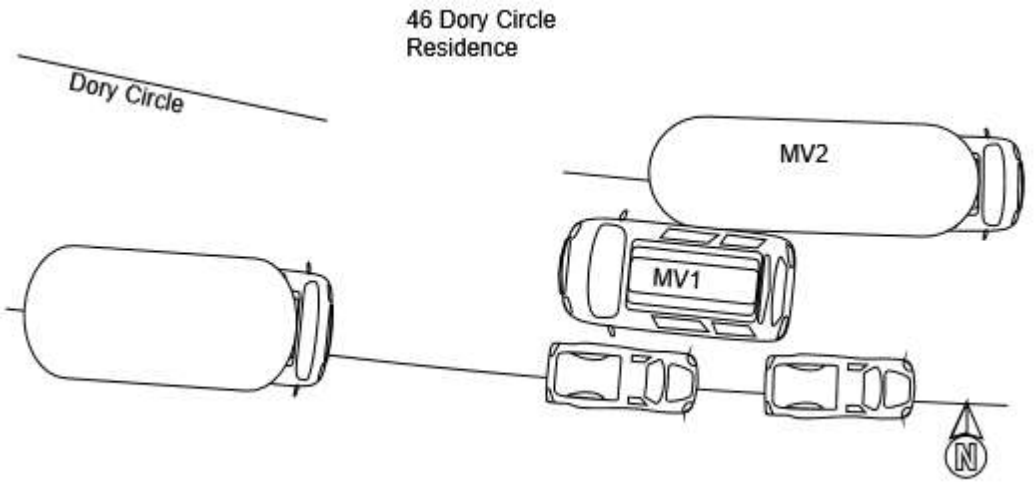
Please fill out for operator/non-motorist and all occupants involved

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	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... N... Arrow

Crash Narrative:

Officers on scene and witnessed the incident. MV2 is a firetruck that was parked as firefighters worked at the residence of 46 Dory Circle. MV1 is a UPS delivery truck. MV2 and other vehicles were parked along the road due to the emergency. MV1 was attempting to pass between the vehicles and struck the side of MV2. MV1 had a long scrape on the right side. MV2 had damage to one of the hand rails used to access the top of the vehicle. Oper MV1 refused rescue, MV2 unoccupied at the time. CSO Wallace already on scene to document.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROSS CHRISTOPHER	1200 PHINNEY'S LN HYANNIS MA 02601	[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. SEAN D CLEARY		326	Barnstable Police Department		10/19/2021
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
10/20/2021	1440 (24HR)	HYANNIS	3	1	35			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# / Direction / Name of Roadway/Street: LA FRANCE AVE
At
Route# / Direction / Name of Intersecting Roadway/Street: WEST MAIN ST
Also at Intersection with
2 1 — 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
2 10
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 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-890-AC

Vehicle 1

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

Operator ZINK, SARAH ROXANNA (Last First Middle)
4 1 — Address 45 WATERSIDE DR
City CENTERVILLE State MA Zip 02632-3262

Insurance Company ARBELLA MUTUAL INSURANCE
5 — 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
6 1

Reg # 8PX118 Reg Type PC Reg State MA
Veh Year 2010 Veh Make VOLKSWAGEN Veh Config. 1 (21)
1 12

Owner ZINK, ALICIA LOUISE (Last First Middle)
Address 45 WATERSIDE DR
City CENTERVILLE State MA Zip 02632-3262

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)
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	99	4	0	0	10	1	
JAOA VICTOR	134 PINE ST WEST BARNSTABLE, MA 02668	[redacted]	M	3	99	4	0	0	8	2	Cape Cod Hospital

7 1 — Please Select One of the Following: ☒ Vehicle 2 — 2 #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 D (19) (19) Lic. Restrictions 99 (20) CDL Endorsement

Operator KASTRINELIS, PETER G (Last First Middle)
8 1 — Address 31 MEADOW FARM RD
City CENTERVILLE State MA Zip 02632-3161

Insurance Company AMICA MUTUAL 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 # 977GN5 Reg Type PC Reg State MA
Veh Year 2013 Veh Make LEXUS Veh Config. 1 (21)

Owner KASTRINELIS, SHEILA D (Last First Middle)
Address 31 MEADOW FARM RD
City CENTERVILLE State MA Zip 02632-3161
2 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: 1 (27) 5 (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			1	99	4	0	0	10	1	
SHEILA KASTRINELIS	31 MEADOW FARM RD CENTERVILLE, MA 02632-3161	[redacted]	F	3	99	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
10/20/2021	1440 (24HR)	HYANNIS	3	1	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: LA FRANCE AVE
At
Route# | Direction | Name of Intersecting Roadway/Street: WEST MAIN ST
Also at Intersection with
2 1 — 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
2 10
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 3 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 21-890-AC

4 1 — License # [redacted] St MA DOB/Age [redacted] | Sex M | Lic. Class D 19 19 | Lic. Restrictions 99 20 | CDL Endorsement
Operator ROBERTS, EARL E (Last, First, Middle)
Address 270 WILLIMANTIC DR
City MARSTONS MILLS State MA Zip 02648-1929
Insurance Company THE STANDARD FIRE INSURAN
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 —
6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

Reg # 44WT64 Reg Type PC Reg State MA
Veh Year 2016 Veh Make FORD Veh Config. 1 21
1 12
Owner ROBERTS, EARL E (Last, First, Middle)
Address 270 WILLIMANTIC DR
City MARSTONS MILLS State MA Zip 02648-1929
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 99 26
Damaged Area Code: 1 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

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	

7 1 — Please Select One of the Following: ☐ Vehicle 4 — #Occupants | ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 | ☐ Hit/Run | ☐ Moped

8 1 — 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?
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 # — Reg Type — Reg State —
Veh Year — Veh Make — Veh Config. 21
Owner (Last, First, Middle)
Address
City State Zip
2 14
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

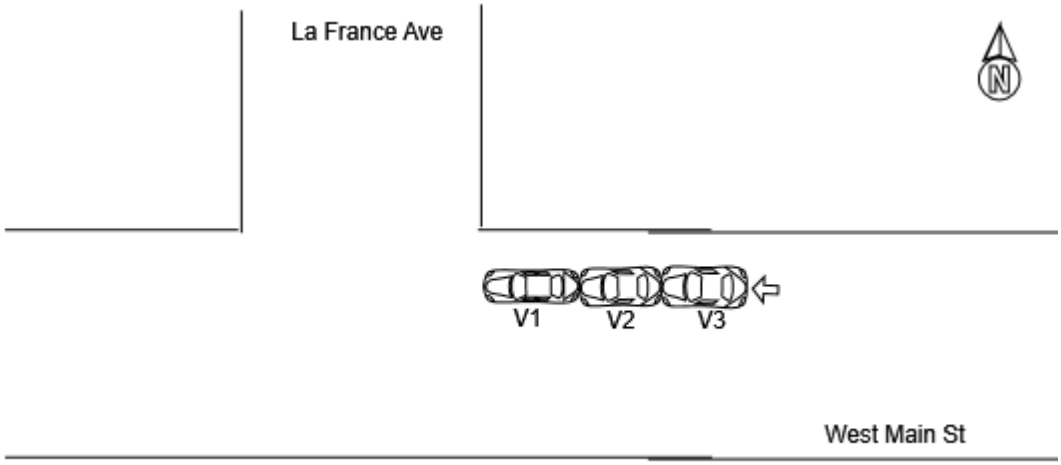
Please fill out for operator/non-motorist and all occupants involved

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 and vehicle 2 were stopped in traffic. Vehicle 3 rear ended vehicle 2 which pushed vehicle 2 into vehicle 1.

Vehicle 3 was towed from the scene by Bucklers towing.

The passenger in vehicle 1 was transported to CCH for minor injuries. No other injuries reported.

779

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		10/20/2021
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
10/20/2021	1453 (24HR)	HYANNIS	2	0		☐ 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: 332 | IYANNOUGH RD RTE 28

_____ 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#** 21-891-AC

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

Operator LEIDEN, ROBERT G (Last First Middle)

Address 3202 PORTOFINO PT APT A3

City COCONUT CREEK State FL Zip 33066

Insurance Company ELECTRIC INS. CO

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

Citation # (If Issued) T2485120

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

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

Reg # K1/UI Reg Type PC Reg State MA

Veh Year 2009 Veh Make TOYOTA Veh Config. 1

Owner LEIDEN, ROBERT G (Last First Middle)

Address 21 W WOODS

City WEST YARMOUTH State MA Zip 02673

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 6

Driver Distracted by: 99

Damaged Area Code: 2

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

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	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

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

Operator RICHARDS, MOLLY (Last First Middle)

Address 12 COLBURNE PATH

City WEST YARMOUTH State MA Zip 02673

Insurance Company THE STANDARD FIRE INS 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 # 2GFS74 Reg Type PC Reg State MA

Veh Year 2000 Veh Make Jeep Veh Config. 1

Owner RICHARDS, MOLLY (Last First Middle)

Address 12 COLBURNE PATH

City WEST YARMOUTH State MA Zip 02673

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: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

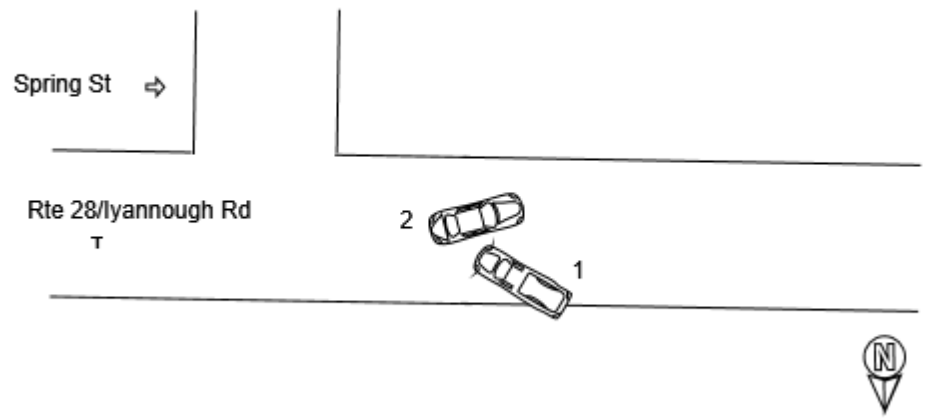
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	99	4	0	0	10	1	

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:

Oper #1: I was pulled out into the travel lane trying to make a left turn out of Autozone and she (#2) hit me.

Oper #2: I had just turned out onto Route 28 from Spring St. and was traveling straight ahead and he (#1) pulled out and hit me, I tried to swerve to avoid him.

Gist: Vehicle #2 was traveling west on Route 28 and vehicle #1 pulled out of Autozone onto Route 28 and collided with vehicle #2.

779

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

SGT. THOMAS J BIRD		188	Barnstable Police Department		10/20/2021
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
10/20/2021	1520 (24HR)	CENTERVILLE	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# — Direction — WEST MAIN ST — Name of Roadway/Street

At

— Route# — Direction — FALMOUTH RD RTE 28 — Name of Intersecting Roadway/Street

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

2 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#** 21-892-AC

License # [redacted] St MA DOB/Age [redacted] Sex U Lic. Class 99 (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator SMITH, JULIET ANN MARIE (Last First Middle)

4 3 Address 106 ARROWHEAD DR

City HYANNIS State MA Zip 02601-2449

Insurance Company GEICO GENERAL INSURANCE C

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

5 1 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 # 2SYS15 Reg Type PC Reg State MA

Veh Year 2022 Veh Make MITSUBISHI Veh Config. 1 (21)

Owner SMITH, JULIET ANN MARIE (Last First Middle)

Address 106 ARROWHEAD DR

City HYANNIS State MA Zip 02601-2449

Vehicle Action Prior to Crash 2 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 97 (25) (25)

Driver Distracted by 99 (26)

Damaged Area Code: 6 (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)

1 12

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** 1 #Occupants ☐ **Non-Motorist A** Type (15) Action (16) Location (17) Condition (18) ☐ **Hit/Run** ☐ **Moped**

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

Operator GALAVOTTI, GREGORY PAUL (Last First Middle)

8 1 Address 6651 SW 25TH ST

City MIRAMAR State FL Zip 33023-2738

Insurance Company PROGRESSIVE AMERICAN INS

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 # AGEX34 Reg Type PC Reg State FL

Veh Year 1988 Veh Make FORD Veh Config. 1 (21)

Owner GALAVOTTI, GREGORY PAUL (Last First Middle)

Address 6651 SW 25TH ST

City MIRAMAR State FL Zip 33023-2738

Vehicle Action Prior to Crash 1 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 5 (25) (25)

Driver Distracted by 99 (26)

Damaged Area Code: 2 (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)

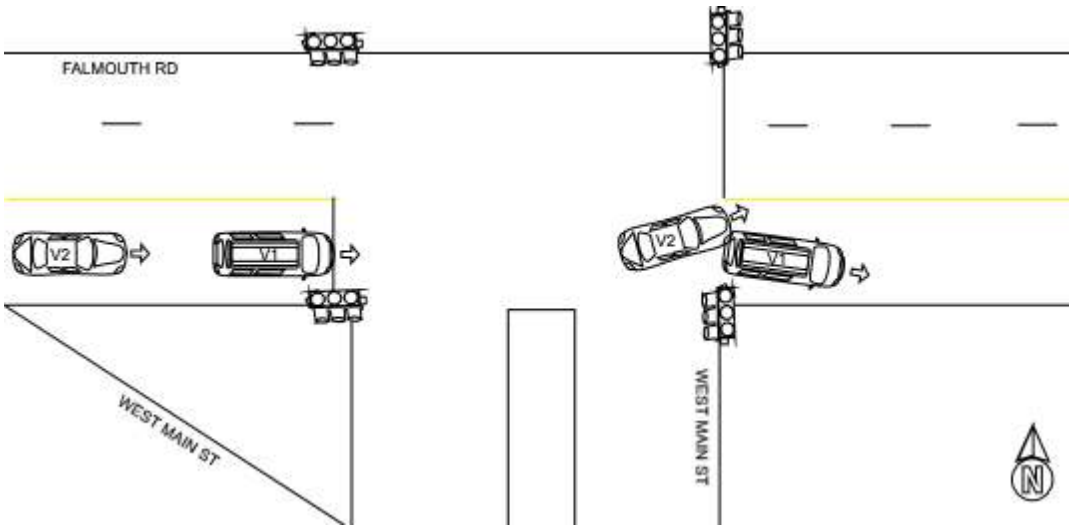
1 14

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[illegible] Arrow

Crash Narrative:

OP1 STATED THAT SHE WAS HEADING EAST ON FALMOUTH RD. AND THE TRAFFIC LIGHT AT WEST MAIN ST. HAD CHANGED TO RED. SHE STATED SHE STOPPED AND WAS REAR ENDED BY V2.

OP2 STATED THAT HE WAS HEADING EAST ON FALMOUTH RD. BEHIND V1 WHO SLAMMED ON THEIR BRAKES AFTER GOING THROUGH THE INTERSECTION AT WEST MAIN ST. CAUSING V2 TO REAR END V1.

OP1 STATEMENT IS INCONSISTENT WITH POINT OF IMPACT IN THE ROAD WHERE DEBRIS IS 3/4 OF THE WAY THROUGH THE INTERSECTION. OP1 SHOULD NOT HAVE STOPPED AFTER SHE HAD TRAVELED THROUGH THE INTERSECTION EVEN AFTER SHE CLAIMS THE LIGHT HAD TURNED RED.

OP1 ISSUED CITATION.

NO INJURIES.

NO VEHICLES TOWED.

779

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		10/20/2021
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
10/21/2021	1351 (24HR)	HYANNIS	2	0	15		

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

10 2 — Route# 1070 | Direction | Address # | IYANNOUGH RD RTE 132 Name of Roadway/Street
Feet N S E W of Mile Marker — or Exit Number
11 7 — 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#** 21-893-AC

4 1 — License # [redacted] St MA DOB/Age [redacted] | Sex F | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement
Operator SCHUSTER, MORGAN ANN (Last First Middle)
Address 105 SKATING RINK RD
City HYANNIS State MA Zip 02601-5339
Insurance Company FARMERS PROPERTY & CASUAL
5 2 — 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 # 9PSF70 Reg Type PC Reg State MA
Veh Year 2015 Veh Make MAZDA Veh Config. 1
12 99 — **Owner** SCHUSTER, MORGAN ANN (Last First Middle)
Address 105 SKATING RINK RD
City HYANNIS State MA Zip 02601-5339
Vehicle Action Prior to Crash 10
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 1 | 25
Driver Distracted by 0
Damaged Area Code: 5 | 27 | 27 | 27
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 | Susp. Drug:
Towed from scene? 2
13 1

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	1	4	0	0	10	1	

7 99 — **Please Select One of the Following:** ☒ Vehicle 2 | 1 #Occupants | ☐ Non-Motorist A | Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

8 99 — License # [redacted] St MA DOB/Age [redacted] | Sex F | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement
Operator COSTA, NICOLE CONCETTA (Last First Middle)
Address 49 BLACK FLATS RD
City DENNIS State MA Zip 02638-1713
Insurance Company LM GENERAL INSURANCE COMP
9 2 — 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 # 76T150 Reg Type PC Reg State MA
Veh Year 2020 Veh Make Jeep Veh Config. 1
Owner COSTA, NICOLE CONCETTA (Last First Middle)
Address 49 BLACK FLATS RD
City DENNIS State MA Zip 02638-1713
Vehicle Action Prior to Crash 10
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 1 | 25
Driver Distracted by 0
Damaged Area Code: 5 | 27 | 27 | 27
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 | Susp. Drug:
Towed from scene? 2
14 1

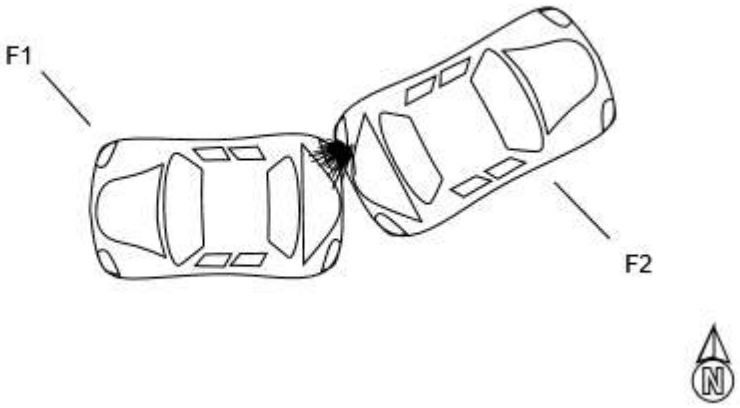
Please fill out for operator/non-motorist and all occupants involved

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	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:

Operator of V1 stated she was backing out of the parking space when she suddenly collided with V2. Minor damages to V1 and no injuries claimed. Information was exchanged.

Operator of V2 stated she was backing out of the parking space when she suddenly collided with V1. Minor damages to vehicle and no injuries were claimed. Information exchanged.

779

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. ERIC J ROGORZENSKI		317	Barnstable Police Department		10/21/2021
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
10/21/2021	2112 (24HR)	HYANNIS	1	0	20			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 4
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street: 21

NOT AT INTERSECTION:

Route# | Direction | Address # 775 | Name of Roadway/Street: MAIN ST — 2 (10)
Feet [N S E W] of Mile Marker — or Exit Number
Feet [N S E W] of Route# | Intersecting Roadway/Street — 1 (11)
Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 21-894-AC — 3

Operator
License # [redacted] St MA DOB/Age [redacted]
Sex M | Lic. Class 99 | Lic. Restrictions | CDL Endorsement
Operator: ESQUIVEL PEREZ, BORIS ESTUARDO (Last First Middle)
Address: 83 SEA ST
City: HYANNIS State: MA Zip: 02601
Insurance Company: GEICO GENERAL INSURANCE 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 — 6 1

Owner
Reg # 2ZHP37 Reg Type PC Reg State MA
Veh Year 2013 Veh Make SUBARU Veh Config. 1 (21) — 7 (12)
Owner: ESQUIVEL PEREZ, BORIS ESTUARDO (Last First Middle) — 4 1
Address: 83 SEA ST
City: HYANNIS State: MA Zip: 02601
Vehicle Action Prior to Crash: 2 (22)
Event Sequence: 35 (23) | 23 | 23 | 23
Most Harmful Event: 35 (24)
Driver Contributing Code: 97 (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: 1 (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32) — 30 (13)
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 ____ #Occupants | ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) | ☐ Hit/Run | ☐ Moped — 7 1

Operator
License # St DOB/Age
Sex Lic. Class | Lic. Restrictions | CDL Endorsement
Operator (Last First Middle) — 8 99
Address
City State Zip
Insurance Company
Vehicle Travel Direction: [N S E W] Responding to Emergency?
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

Owner
Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. (21)
Owner (Last First Middle)
Address
City State Zip — 1 (14)
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)

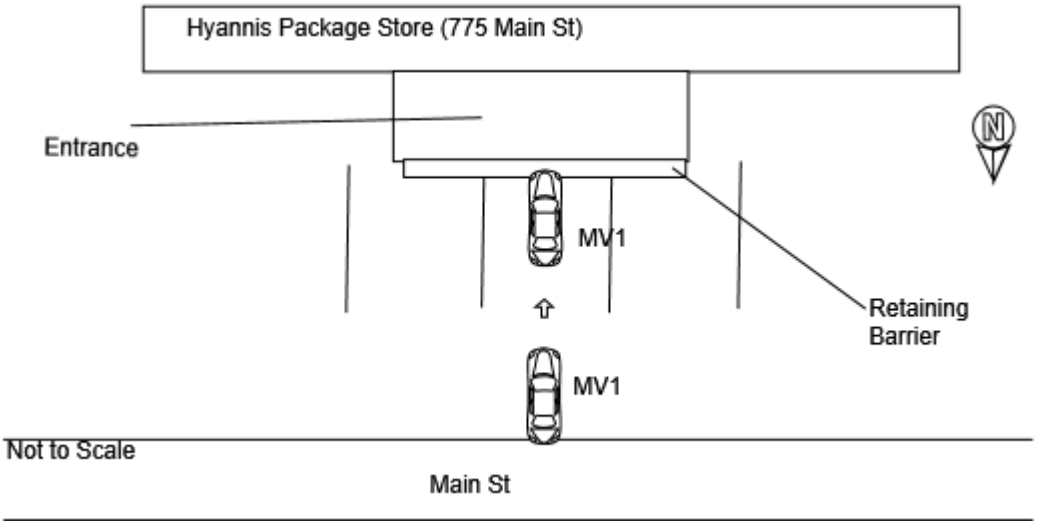
Please fill out for operator/non-motorist and all occupants involved

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:

MV1 was pulling into the parking lot to park in front of 775 Main Street (Hyannis Package Store). MV1 failed to stop and struck the barrier in front of the building pushing it into the store causing damage to the store front. OP1 stated he hit the gas instead of the brake by accident.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HYANNIS PACKAGE STORE	775 MAIN ST HYANNIS MA 02601	[redacted]		STORE FRONT AND RETAINING BARRIER

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 J LOBIANCO		331	Barnstable Police Department		10/21/2021
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
10/22/2021	0932 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

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 460 BEARSE'S WAY
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

3 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-895-AC

4 2 — License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator TEJADA-DIAZ, DOUGLAS ALEXANDER (Last First Middle)
Address 7 FRANKLIN AVE
City HYANNIS State MA Zip 02601-2622
Insurance Company GOVERNMENT EMPLOYEES INSU
5 2 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
Citation # (If Issued) [redacted]
6 1 — Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub [redacted] Viol. 4: Ch/Sec/Sub

Reg # T48381 Reg Type PC Reg State MA
Veh Year 2013 Veh Make FORD Veh Config. 1 21
1 12 — Owner MENDES, ROSEVELTE GOMES (Last First Middle)
Address 193 CAMP ST APT A4
City WEST YARMOUTH State MA Zip 02673
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 99 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
1 13 — 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	[redacted]	[redacted]	1	1	4	0	0	10	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 # [redacted] St VT DOB/Age [redacted] Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator MORAN, STEVEN (Last First Middle)
Address 79 LINDEN ST
City HYANNIS State MA Zip 02601
Insurance Company
9 2 — 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

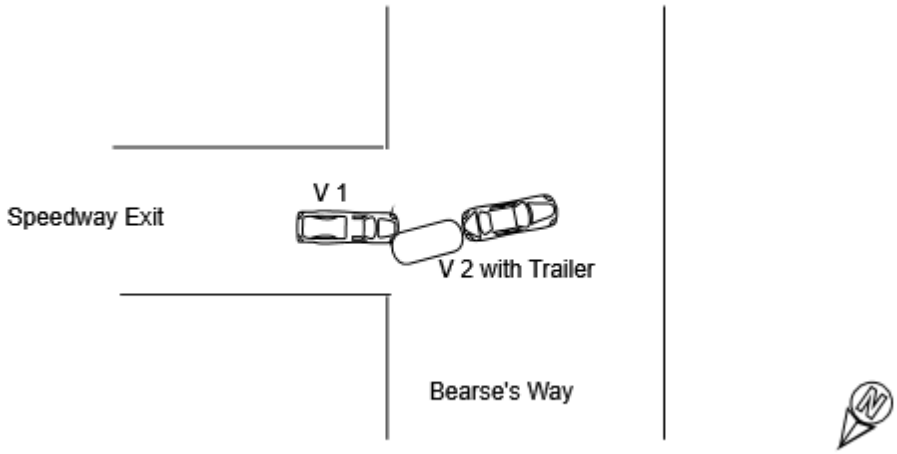
Reg # AH15452 Reg Type CO Reg State NY
Veh Year 2000 Veh Make OTHER Veh Config. 8 21
Owner U-HAUL (Last First Middle)
Address BEARSE'S WAY
1 14 — City HYANNIS State MA Zip 02601
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 6 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 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	[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:

V2 was exiting the Speedway parking lot taking a left onto Bearses Way when V1 struck the side of V2 UHaul trailer. Trailer sustained minor to no damage. V1 sustained minor damage to front passenger side bumper. Vehicles operable, no injuries 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. LIAM T LOISELLE		312	Barnstable Police Department		10/22/2021
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
10/21/2021	2111 (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

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

10 2 Route# | Direction | 800 Address # | BEARSE'S WAY Name of Roadway/Street

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#** 21-896-AC

41 License # ____ St ____ DOB/Age ____ Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____

Operator unknown (Last First Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

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

Citation # (If Issued) ____

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

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

Reg # unknown 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

12 1 13 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							

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

81 License # ____ St ____ DOB/Age ____ Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____

Operator ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

92 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 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

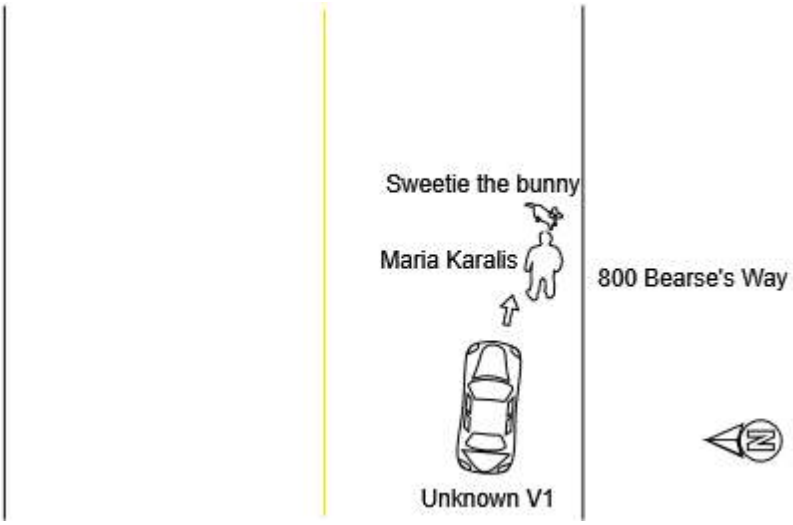
1 14

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:

Karalis was walking on Bearse's Way pushing a carriage full of belongings when it was struck by an unknown vehicle. Vehicle fled prior to arrival with no leads, unknown damages. Karalis had her pet bunny, Sweetie, in the carriage who sustained injuries [redacted]. Bunny taken by Animal Control, Karalis later transported to CCH by Barnstable FD for unrelated medical treatment.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KARALIS MARIA G	HOMELESS HYANNIS MA 02601		

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		10/22/2021
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
10/23/2021	1509 (24HR)	HYANNIS	2	0	35			Local Police

Police Agency: ☐ 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: 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#:** 21-897-AC

Vehicle 1

License # [redacted] St: MA DOB/Age: [redacted]
Sex: F Lic. Class: D Lic. Restrictions: 99 CDL Endorsement:
Reg #: 2PKY61 Reg Type: PC Reg State: MA
Veh Year: 2018 Veh Make: HONDA Veh Config: 1

Operator: WHALEN, PATRICIA ANN (Last, First, Middle)
Address: 84 WESTCLIFF DR
City: PLYMOUTH State: MA Zip: 02360-1477

Owner: WHALEN, PATRICIA ANN (Last, First, Middle)
Address: 84 WESTCLIFF DR
City: PLYMOUTH State: MA Zip: 02360-1477

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 _____

Vehicle Action Prior to Crash: 3
Event Sequence: 1, 20
Most Harmful Event: 1
Driver Contributing Code: 4
Driver Distracted by: 0

Damaged Area Code: 4, 3
Test Status: 1
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: 1 — ☐ Non-Motorist A — Type: — Action: — Location: — Condition: — ☐ Hit/Run — ☐ Moped

Vehicle 2

License # [redacted] St: NJ DOB/Age: [redacted]
Sex: F Lic. Class: D Lic. Restrictions: 1 CDL Endorsement:
Reg #: A22LCR Reg Type: PC Reg State: NJ
Veh Year: 2015 Veh Make: VOLVO Veh Config: 1

Operator: DART, TRACY (Last, First, Middle)
Address: 64 FARRAND RD
City: PRINCETON State: NJ Zip: 08540

Owner: DART, TRACY (Last, First, Middle)
Address: 64 FARRAND RD
City: PRINCETON State: NJ Zip: 08540

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 _____

Vehicle Action Prior to Crash: 3
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 1
Driver Distracted by: 0

Damaged Area Code: 7, 8
Test Status: 1
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

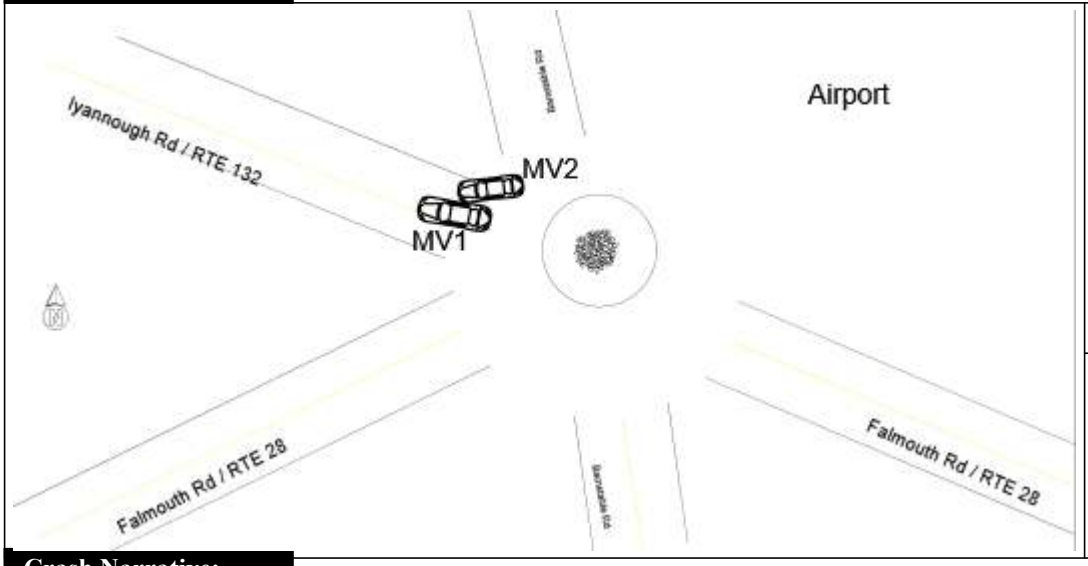
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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:

OP of MV2 stated that she was in the outside lane of the Airport Rotary signaling to take a right hand turn onto RTE 132 headed west when MV1 came from behind her and cut in front of her to also take a right turn. OP of MV2 stated that when MV1 cut in front of her she was unable to brake quickly enough resulting in her striking the right rear side of MV1.

OP of MV1 stated that she was traveling through the rotary when she signaled to take a right hand turn onto RTE 132 when MV2 came from her rear and struck the side of her vehicle as she was exiting the rotary. OP of MV1 stated that she did not see MV2 until she was struck.

779

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. DENNIS A REDDY		309	Barnstable Police Department		10/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date