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	
11/14/2021	1237 (24HR)	MARSTONS MILLS	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 #: 2070 | Name of Roadway/Street: MAIN ST
_____ Feet [N S E W] of — — — • — — Mile Marker or Exit Number: _____
5 11 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street: LOVELL'S LN
_____ Feet [N S E W] of Landmark: _____

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-979-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D (19) (19) Lic. Restrictions 1 (20) CDL Endorsement _____
Operator STAMPFL, DENNIS (Last, First, Middle)
4 1 — Address 1200 PHINNEY'S LN
City HYANNIS State MA Zip 02601
Insurance Company ARGONAUT
Vehicle Travel Direction: ☒ 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 # MP5809 Reg Type DC Reg State MA
Veh Year 2017 Veh Make FORD Veh Config. 1 (21)
Owner TOWN OF BARNSTABLE (Last, First, Middle)
Address 1200 PHINNEY'S LN
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 9 (25) (25)
Driver Distracted by 5 (26)

1 12 — Damaged Area Code: 7 (27) (27) (27)
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
1 13 — Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

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

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

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D (19) (19) Lic. Restrictions B (20) CDL Endorsement _____
8 1 — **Operator** BERRY, HANNAH LOUISE (Last, First, Middle)
Address 57 SANDY VALLEY RD
City MARSTONS MILLS State MA Zip 02648-1571
Insurance Company PROGRESSIVE CASUALTY INSU
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 # 9DG229 Reg Type PC Reg State MA
Veh Year 2018 Veh Make TOYOTA Veh Config. 1 (21)
Owner BERRY, HANNAH LOUISE (Last, First, Middle)
Address 57 SANDY VALLEY RD
City MARSTONS MILLS State MA Zip 02648-1571
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)

1 14 — Damaged Area Code: 7 (27) 8 (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)

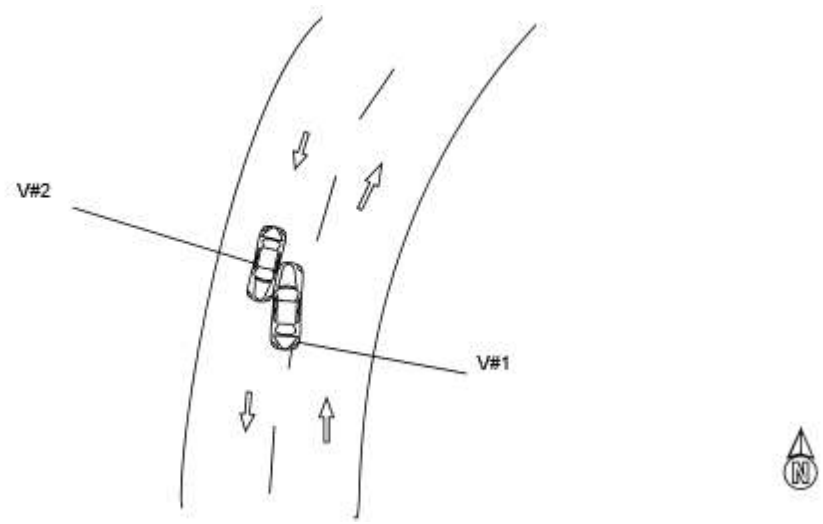
Please fill out for operator/non-motorist and all occupants involved

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			1	1	4	0	0	10	1	
CHRISTOPHER PHILBROOK	57 SANDY VALLEY RD MARSTONS MILLS, MA 02648	[redacted]	M	3	1	4	0	0	10	1	
BOWIE PHILBROOK	57 SANDY VALLEY RD MARSTONS MILLS, MA 02648	[redacted]	M	6	4	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:

V1 and V2 were travelling in opposite directions (North and South) on Main St. when V1 entered the Southbound lane sideswiping V2. D1 stated that he was enroute to assist another officer at a non-emergency fire call and briefly manipulated his cruisers mobile data terminal to locate an intersecting St. D1 stated that he drifted into the oncoming lane striking V2. D#1 stated that his emergency lights and siren were not activated. D#2 stated that she was driving towards Rte. 28 when she observed V#1 enter her lane. D#1 further stated that she attempted to swerve as far to the shoulder of the road to avoid the accident but was sideswiped by V#1.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

SGT. MARK BUTLER		241	Barnstable Police Department		11/14/2021
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
11/14/2021	1713 (24HR)	CENTERVILLE	1	0	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
21 — Route# | Direction | Name of Intersecting Roadway/Street

10 — Route# | Direction | 2126 Address # | FALMOUTH RD RTE 28 Name of Roadway/Street
Feet N S E W of Mile Marker or 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#** 21-980-AC

3

License # [redacted] St MA DOB/Age [redacted]
Sex U Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator DRISCOLL, BRUCE PATRICK (Last First Middle)
41 — Address 6 MANNI CIR
City CENTERVILLE State MA Zip 02632-2708
Insurance Company NORFOLK & DEDHAM MUTUAL F
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
61 — Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 481NN0 Reg Type PC Reg State MA
12 — Veh Year 2015 Veh Make NISSAN Veh Config. 2 21
Owner DRISCOLL, BRUCE PATRICK (Last First Middle)
Address 6 MANNI CIR
City CENTERVILLE State MA Zip 02632-2708
Vehicle Action Prior to Crash 1 22
Event Sequence 5 23 23 23 23
Most Harmful Event 5 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
13 — Damaged Area Code: 8 27 7 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

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 3

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

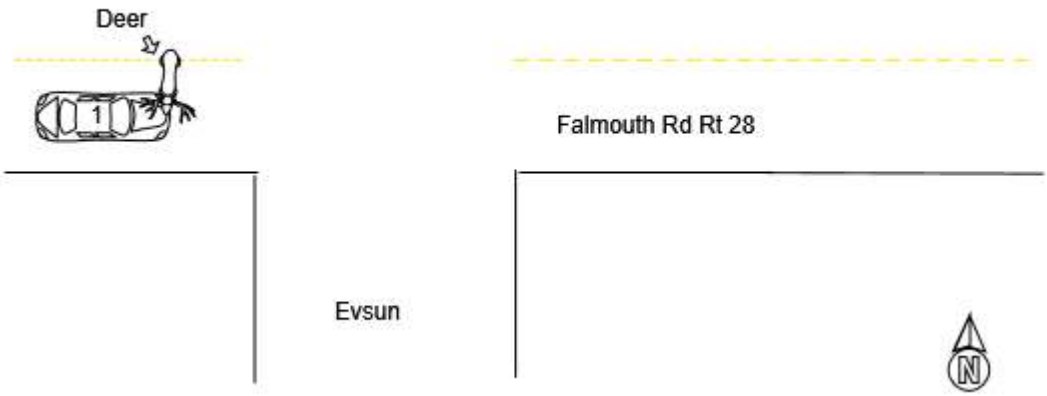
Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. 21
Owner (Last First Middle)
Address
City State Zip
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26
14 — Damaged Area Code: 27 27 27
Test Status: 28
Type of 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:

Operator of vehicle 1 stated he was traveling east on Rt 28 when a deer ran out into the road and his vehicle struck it. The deer struck the left front/left side of vehicle 1. The deer was removed from roadway by animal control.

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. JACOB M WHITE		305	Barnstable Police Department		11/14/2021
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
11/15/2021	0850 (24HR)	MARSTONS MILLS	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# — Direction — RACE LN — Name of Roadway/Street

At

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

Also at Intersection with

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

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

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

11 3 — 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#** 21-981-AC

Vehicle 1

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

Operator GANAPATHY, LUCIE (Last First Middle)

4 2 Address 36 GLENWOOD AVE

City CENTERVILLE State MA Zip 02632-2855

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued) —

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

Reg # 65DW98 Reg Type PC Reg State MA

Veh Year 2014 Veh Make HONDA Veh Config. 1 21

12 1 **Owner** GANAPATHY, LUCIE (Last First Middle)

Address 36 GLENWOOD AVE

City CENTERVILLE State MA Zip 02632-2855

Vehicle Action Prior to Crash 6 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 25

Driver Distracted by 99 26

Damaged Area Code: 7 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

13 1 Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

Vehicle 2

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

Operator BRUMFIELD, BRETT JAMES (Last First Middle)

8 1 Address 101 BLACKTHORN RD

City MARSTONS MILLS State MA Zip 02648-1026

Insurance Company ARBELLA INDEMNITY INSURAN

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 # 601 Reg Type CO Reg State MA

Veh Year 2018 Veh Make FORD Veh Config. 2 21

14 1 **Owner** BRUMFIELD, BRETT JAMES (Last First Middle)

Address 101 BLACKTHORN RD

City MARSTONS MILLS State MA Zip 02648-1026

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: 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? 2 33

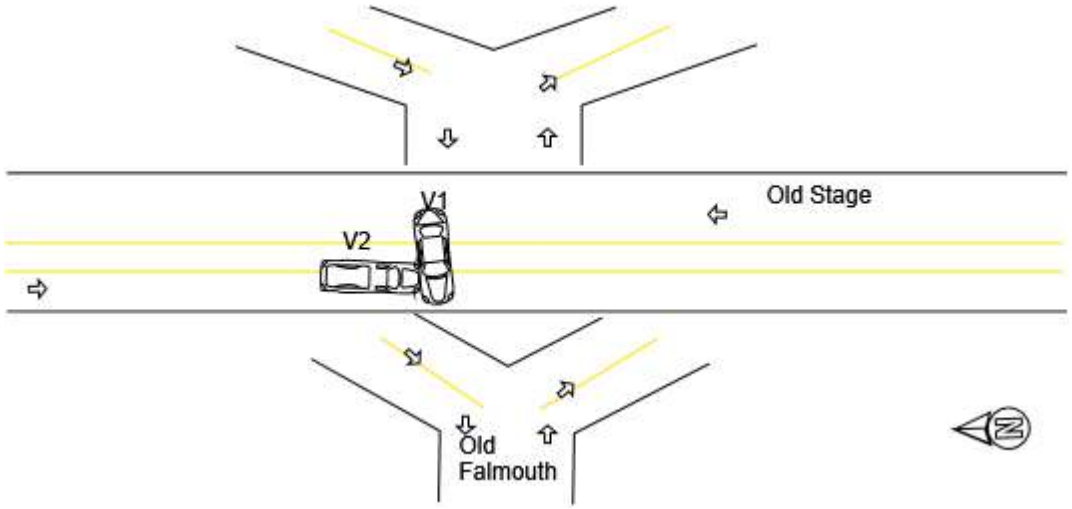
Please fill out for operator/non-motorist and all occupants involved

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:

V1 was attempting to merge onto Old Stage.
V2 was traveling down Old Stage heading south.
V1 was struck on the drivers side causing air bag deployment and damages to the driverside.
The operator of V1 did not have any injuries.
V1 was towed from the scene.
V2 had front end damage no air bag deployment and no injuries.
V1 was driven from the scene.
The operator of V1 stated that she was struck while merging onto old Stage.
The operator of V2 stated that he did not have enough time to break and struck V1 on the driverside then called 911 to report. 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. OWEN J MURRAY		320	Barnstable Police Department		11/15/2021
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
11/16/2021	0812 (24HR)	HYANNIS	2	1		☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# / Direction / Name of Roadway/Street: _____ At _____

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

2 10 — Route# / Direction / Address # / Name of Roadway/Street: _____ / _____ / 1220 / IYANNOUGH RD RTE 132

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

4 11 — _____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street _____

_____ Feet [N S E W] of Landmark _____

3 — Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-982-AC

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

Reg # J24307 Reg Type CO Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 8 21

4 1 — Operator ADAMS, MATTHEW J (Last First Middle) Address 620 MAIN ST RTE 6A City WEST BARNSTABLE State MA Zip 02668

Owner RUSTYS INC (Last First Middle) Address 222 MID TECH DR City W YARMOUTH State MA Zip 02673-2580

1 12

Insurance Company TRAVELERS CASUALTY INSURA

5 2 — Vehicle Travel Direction: [N X E W] Responding to Emergency? 2 Citation # (If Issued) _____

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

Vehicle Action Prior to Crash 3 22 | Event Sequence 1 23 23 23 23 | Most Harmful Event 1 24 | Driver Contributing Code 99 25 25 | Driver Distracted by 0 26

Damaged Area Code: 3 27 27 27 | Test Status: 28 | Type of Test: 29 | BAC Test Result: 30 | Susp. Alcohol: 2 31 | Susp. Drug: 2 32 | Towed from scene? 2 33

1 13

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	NOT TRANSPORTED
CHRISTOPHER ROGAN	101 HAMBLIN'S HAYWAY MARSTONS MILLS, MA 02648	[redacted]	M	3	1	4	0	0	10	1	NOT TRANSPORTED

7 1 — Please Select One of the Following: ☒ Vehicle 2 — 4 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

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

Reg # 8ZH351 Reg Type PC Reg State MA Veh Year 2007 Veh Make NISSAN Veh Config. 1 21

8 1 — Operator RODRIQUEZ, TATIANA R (Last First Middle) Address 767. INDEPENDENCE DR APT D210 City BARNSTABLE State MA Zip 02630

Owner RODRIQUEZ, TATIANA R (Last First Middle) Address 767. INDEPENDENCE DR APT D210 City BARNSTABLE State MA Zip 02630

1 14

Insurance Company FOREMOST PROPERTY AND CAS

9 2 — Vehicle Travel Direction: [N X E W] Responding to Emergency? 2 Citation # (If Issued) _____

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

Vehicle Action Prior to Crash 3 22 | Event Sequence 1 23 23 23 23 | Most Harmful Event 1 24 | Driver Contributing Code 99 25 25 | Driver Distracted by 0 26

Damaged Area Code: 8 27 7 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

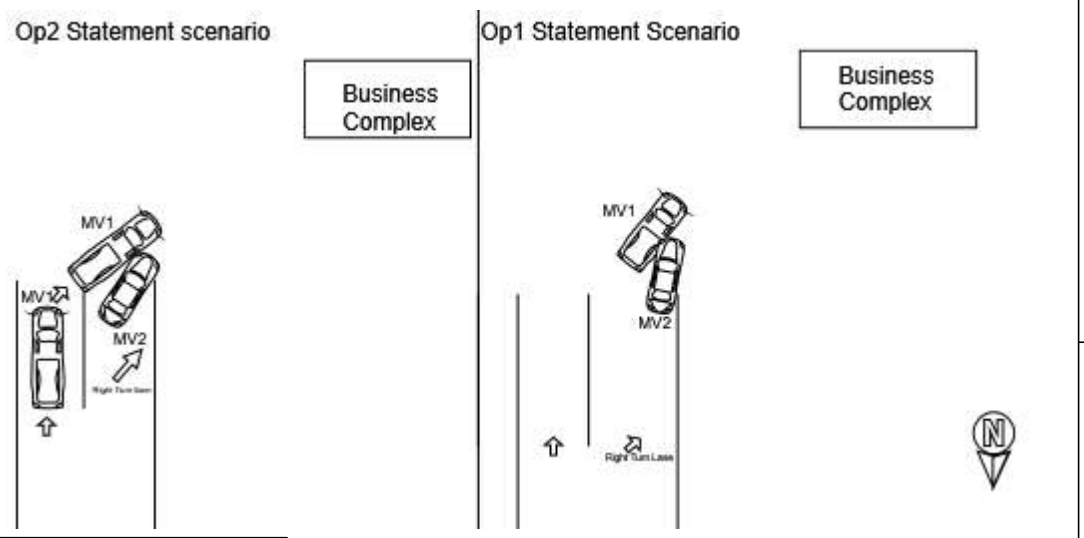
Please fill out for operator/non-motorist and all occupants involved

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	NOT TRANSPORTED
LUCAS REYES	767 INDEPENDENCE DR BARNSTABLE, MA 02630	[redacted]	M	6	5	4	0	0	10	1	NOT TRANSPORTED
NOAH REYES	767 INDEPENDENCE DR BARNSTABLE, MA 02630	[redacted]	M	4	4	4	0	0	9	2	Cape Cod Hospital
ISAAC REYES	767 INDEPENDENCE DR BARNSTABLE, MA 02630	[redacted]	M	7	1	4	0	0	10	1	NOT TRANSPORTED

= 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:

Both MVs were travelling south bound on access road from Attucks Ln towards Rte 132. There are two lanes in south bound lane at time of accident. Left lane is straight and right lane is right turn only into Dunkin Donuts back parking lot. OP of MV1 stated he was in the right lane turning right into the parking lot. OP1 further stated MV2 struck right side of his vehicle as he was turning. OP of MV2 stated that she was attempting to take a right into the parking lot as she was in right turn lane. OP2 further stated MV1 was in left hand lane and cut in front of her to turn right into parking lot from left hand lane.

Damage to left side of MV1/ side view mirror broken off.

Damage to left front end of MV2

No witnesses on 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. MATTHEW J MELIA		306	Barnstable Police Department		11/16/2021
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	
11/16/2021	0755 24HR	MARSTONS MILLS	2	0	5			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: 730 | OSTERVILLE W BARNSTABLE RD

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

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

_____ Feet [N S E W] of BARNSTABLE UNITED ELEMENTARY SCHOOL Landmark

---

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 21-983-AC

Vehicle 1

License # [redacted] St NJ DOB/Age [redacted] Sex F Lic. Class 99 Lic. Restrictions 99 CDL Endorsement

Operator RAE, MARGARET M (Last First Middle)

Address 29 GARRY AVE

City FALMOUTH State MA Zip 02540

Insurance Company USAA CASUALTY INS. CO.

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

Citation # (If Issued) _____

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

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

Reg # HVA5521 Reg Type PC Reg State OH

Veh Year 2018 Veh Make VOLKSWAGEN Veh Config. 1

Owner RAE, MARGARET M (Last First Middle)

Address 29 GARRY AVE

City FALMOUTH State MA Zip 02540

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 4 | |

Driver Distracted by: 0

Damaged Area Code: 8 | 1 | | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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

Please Select One of the Following: ☒ Vehicle 2 — 23 #Occupants | ☐ Non-Motorist A Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class B Lic. Restrictions 99 CDL Endorsement S

Operator ROY, ASHLEY MARIE (Last First Middle)

Address 6 ABLE WAY

City MARSTONS MILLS State MA Zip 02648

Insurance Company NATIONAL INTERSTATE INSUR

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

Citation # (If Issued) _____

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

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

Reg # SB44260 Reg Type SB Reg State MA

Veh Year 2018 Veh Make _____ Veh Config. 4

Owner FIVE STAR TRANSPORTATION INC (Last First Middle)

Address 809 COLLEGE HWY

City SOUTHWICK State MA Zip 01077-9690

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

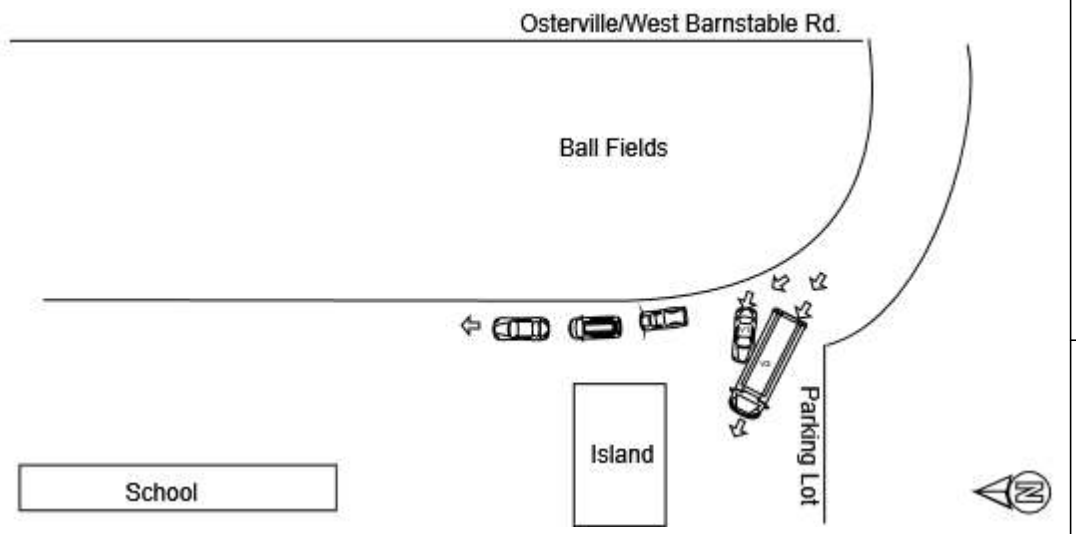
Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]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

Form No. 10364 CRA-65 09/18

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I... Arrow

Crash Narrative:

STATEMENT OP.#1:"I was on the way to work at the school. I got caught in the parent drop off line. I went to turn left out of the line, and into the parking lot. I did not even see her come from behind me, and never realized she was there. I turned right into the side of the bus. I wasn't going fast at all." STATEMENT OP.#2:"I came down the entrance way and was headed towards where the kids are dropped off. As I was passing by her on the left, she suddenly turned left and struck the passenger side of the bus. I barely felt the bump, and none of us on the bus were hurt in any way. I checked out the side of the bus and could not find any damage except for maybe a small scuff mark. The children were let off the bus and into school as normal." GIST:V1 was on the entrance way into the school parking lot. V2 was also on the entrance way to the school. As V2 was passing V1 on the left, V1 struck V2 on the passenger side. 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. THOMAS J HARMON		238	Barnstable Police Department		11/16/2021
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
11/16/2021	0958 24HR	HYANNIS	2	0	35			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street: IYANNOUGH RD RTE 132
At
Route# | Direction | Name of Intersecting Roadway/Street: PHINNEY'S LN
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 — #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 21-984-AC

Vehicle 1

License # [redacted] St: MA DOB/Age [redacted]
Sex: F Lic. Class: D 19 19 Lic. Restrictions: I 20 CDL Endorsement
Operator: SULLIVAN, AMELIA ROSE (Last First Middle)
4 3 — Address: 2 STAGECOACH CIR APT 3A
City: PLYMOUTH State: MA Zip: 02360
Insurance Company: ESURANCE INSURANCE COMPAN
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 # 7VY183 Reg Type: PC Reg State: MA
Veh Year: 2007 Veh Make: AUDI Veh Config: 1 21
1 12
Owner: COUGHLIN, GRETCHEN D (Last First Middle)
Address: 2 STAGDCOACH CIR APT 2
City: PLYMOUTH State: MA Zip: 02360-0000
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: 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
1 13
Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

Vehicle 2

License # [redacted] St: MA DOB/Age [redacted]
Sex: F Lic. Class: D 19 19 Lic. Restrictions: B 20 CDL Endorsement
8 1 — Operator: MURPHY, CAITLYN MARIE (Last First Middle)
Address: 150 OLD COUNTY RD
City: EAST SANDWICH State: MA Zip: 02537-1488
Insurance Company: USAA
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 # CI35XI Reg Type: PC Reg State: MA
Veh Year: 2011 Veh Make: NISSAN Veh Config: 1 21
Owner: MURPHY, PAUL D (Last First Middle)
Address: 150 OLD COUNTY RD
City: EAST SANDWICH State: MA Zip: 02537-1488
Vehicle Action Prior to Crash: 2 22
Event Sequence: 1 23 23 23 23
Most Harmful Event: 1 24
Driver Contributing Code: 1 25 25
Driver Distracted by: 0 26
Damaged Area Code: 5 27 4 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
1 14
Towed from scene? 2 33

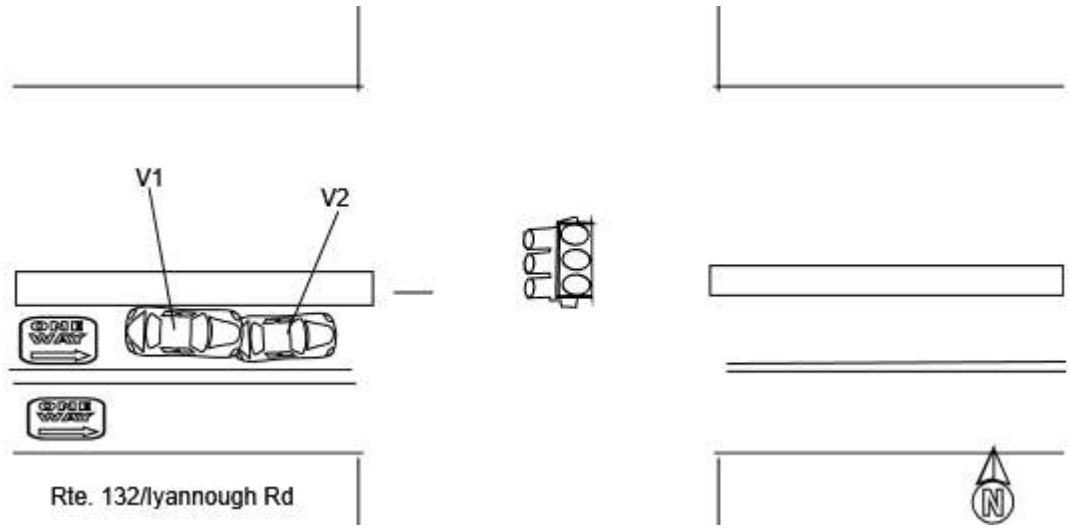
Please fill out for operator/non-motorist and all occupants involved

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 Arrow

Crash Narrative:

V1 AND V2 WERE TRAVELLING EASTERLY ON RTE. 132/IYANNOUGH RD. V2 SLOWED AT THE TRAFFIC SIGNAL AND WAS REAR ENDED BY V1. OP1 AND OP2 EXCHANGED PARTIAL INFORMATION IN ABSENCE OF POLICE AND DEPARTED WAYS. OP1 DROVE AS FAR AS THE CAPE CODDER RESORT WHERE VEHICLE BECAME DISABLED. OP1 STATED THAT SHE REAR ENDED V2 AT THE TRAFFIC LIGHT. ROTARY TOWING ARRIVED AND TOWED V1. LATER, OP2 ARRIVED AT THE POLICE DEPARTMENT AND STATED SHE WAS REARENDED AT THE TRAFFIC LIGHT BY V1. NEITHER OP1 OR OP2 REPORTED INJURY. DAMAGE SUSTAINED TO REAR OF V2 AND FRONT OF V1

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

SGT. MARK BUTLER		241	Barnstable Police Department		11/16/2021
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
11/16/2021	0830 24HR	HYANNIS	2	0	0		

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: 27 PARK 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: CAPE COD HOSPITAL

1 1 | 2 1 | 10 2 | 11 10

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 21-985-AC

3

Vehicle 1

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

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

Operator LOPARDO, MICHAEL R (Last First Middle)

4 1 Address 65 VAN DALE AVE APT 1

City EASTHAM State MA Zip 02642

Insurance Company PROGRESSIVE CASUALTY INS

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

5 Citation # (If Issued)

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

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

6 1

Reg # 2332JX Reg Type PC Reg State MA

Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21

7 12

Owner LOPARDO, MICHAEL R (Last First Middle)

Address 65 VAN DALE AVE APT 1

City EASTHAM State MA Zip 02642

Vehicle Action Prior to Crash 10 22

Event Sequence 2 23 | 23 | 23 | 23

Most Harmful Event 2 24

Driver Contributing Code 12 25 | 25

Driver Distracted by 0 26

Damaged Area Code: 4 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	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

Vehicle 2

License # — St — DOB/Age —

Sex — Lic. Class 19 | 19 Lic. Restrictions 20 CDL Endorsement

Operator Driverless M.V. (Last First Middle)

8 1 Address —

City — State — Zip —

Insurance Company PROGRESSIVE CASUALTY INS

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 # 2MRC53 Reg Type PC Reg State MA

Veh Year 2021 Veh Make DODGE Veh Config. 1 21

Owner OBERG, KRISTIAN M (Last First Middle)

Address 67 LEATHER LEAF LN

City MASHPEE State MA Zip 02649

Vehicle Action Prior to Crash 11 22

Event Sequence 1 23 | 23 | 23 | 23

Most Harmful Event 1 24

Driver Contributing Code 25 | 25

Driver Distracted by 26

Damaged Area Code: 8 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

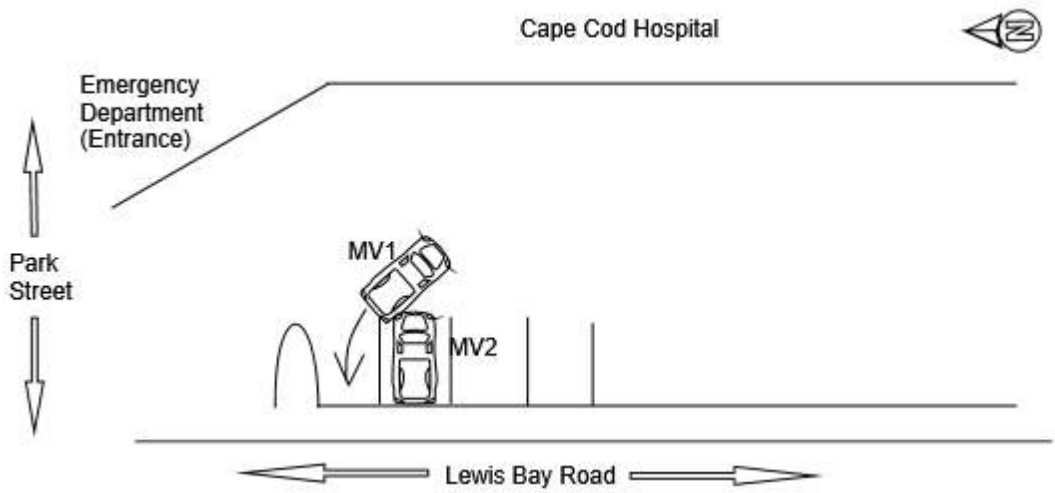
1 14

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 Arrow

Crash Narrative:

OWNER OF MV2 (OBERG) REPORTED THAT WHEN HE CAME OUT OF THE HOSPITAL, HE NOTICED SOME DAMAGE TO HIS PARKED AND UNATTENDED TRUCK AND A NOTE LEFT BY OP1 (LOPARDO). OP1 STATED HE WAS BACKING INTO A PARKING SPACE AND MISJUDGED IT, MAKING CONTACT WITH MV2. HE SAID HE GOT OUT AND NOTICED THE DAMAGE, SO HE LEFT A NOTE ON MV2. WI (BERTLING) SAID THE MVA WAS NOT CAPTURED ON SURVEILLANCE, BUT THAT HE AND ANOTHER SECURITY OFFICER WITNESSED IT. HE SAID OP1 GOT OUT AND LEFT A NOTE. MV1 SUSTAINED MINOR DAMAGE TO PASSENGER-SIDE REAR QUARTER PANEL AREA AND MV2 SUSTAINED DAMAGE TO THE DRIVERS-SIDE FRONT CORNER. NO PHOTOS, WRECKERS, INJURIES, OR CITATIONS.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BERTLING PETER	115 LEWIS BAY RD 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

SGT. JOHN M ALEXANDER		187	Barnstable Police Department		11/16/2021
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
11/16/2021	1507 (24HR)	WEST BARNSTABLE	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

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

Route# | Direction | Address # | Name of Roadway/Street: 114 | | | MAIN ST RTE 6A
_____ Feet [N S E W] of — — — • — Mile Marker or Exit Number
_____ Feet [N S E W] of Route# | Intersecting Roadway/Street
_____ Feet [N S E W] of Landmark

2 10 — 2 11

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 21-986-AC

3

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator CHAPMAN, WILLIAM GEORGE (Last First Middle)
4 1 — Address 39 MEADOW LN
City W BARNSTABLE State MA Zip 02668-1044
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N S E [W] Responding to Emergency? 2
5 — Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
6 1

Reg # 5VF798 Reg Type PC Reg State MA
Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21
Owner CHAPMAN, WILLIAM GEORGE (Last First Middle)
Address 39 MEADOW LN
City W BARNSTABLE State MA Zip 02668-1044
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 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	99	4	0	0	10	1	

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

7 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator FRANCIS, CASON (Last First Middle)
8 1 — Address 70 LEWIS BAY RD
City HYANNIS State MA Zip 02601-5623
Insurance Company GOVERNMENT EMPLOYEES INSU
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 # 7XK698 Reg Type PC Reg State MA
Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Owner FRANCIS, CASON (Last First Middle)
Address 70 LEWIS BAY RD
City HYANNIS State MA Zip 02601-5623
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 99 25 25
Driver Distracted by 99 26
Damaged Area Code: 2 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 14

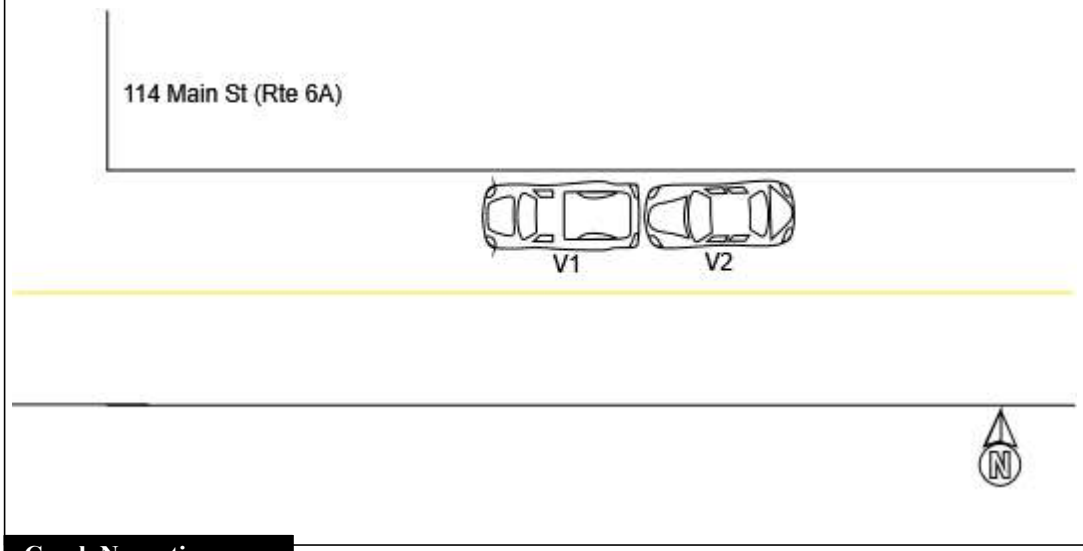
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

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 and vehicle 2 were traveling westbound on RTE 6A. After going over a small hill vehicle 1 slowed down and vehicle 2 didn't notice in time and rear ended vehicle 1.

No Injuries. Both vehicles were able to drive from the scene.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. MAXWELL S MORROW		288	Barnstable Police Department		11/16/2021
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
11/17/2021	1420 (24HR)	HYANNIS	2	1	30			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

Route# / Direction / Name of Intersecting Roadway/Street: OLD STRAWBERRY HILL RD

Also at Intersection with

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

NOT AT INTERSECTION:

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

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

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

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — Crash Report ID# 21-987-AC

Vehicle 1

License # unknown — St — DOB/Age [redacted] — Reg # 2SAR94 — Reg Type PC — Reg State MA

Sex F — Lic. Class 99 — Lic. Restrictions 1 — CDL Endorsement — Veh Year 1994 — Veh Make TOYOTA — Veh Config. 1

Operator SILVA, VANESSA S (Last, First, Middle)

Address 282 OLD STRAWBERRY HILL RD

City HYANNIS — State MA — Zip 02601

Insurance Company GEICO GENERAL INSURANCE C

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

Citation # (If Issued) [redacted]

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

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

Owner SANTOS, IGOR ARAUJO (Last, First, Middle)

Address 282 OLD STRAWBERRY HILL RD

City HYANNIS — State MA — Zip 02601

Vehicle Action Prior to Crash: 1 — Event Sequence: 1 — Most Harmful Event: 1 — Driver Contributing Code: 3 — Driver Distracted by: 99

Damaged Area Code: 1 — Test Status: 1 — Type of Test: — BAC Test Result: — Susp. Alcohol: 2 — Susp. Drug: 2 — Towed from scene? 2

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

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

Vehicle 2

License # [redacted] — St MA — DOB/Age [redacted] — Reg # 542PV2 — Reg Type PC — Reg State MA

Sex M — Lic. Class D — Lic. Restrictions 1 — CDL Endorsement — Veh Year 2015 — Veh Make KIA — Veh Config. 1

Operator RACHED, SIMON A (Last, First, Middle)

Address 67 SEA ST APT L6

City HYANNIS — State MA — Zip 02601-4452

Insurance Company PROGRESSIVE CASUALTY INSU

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

Citation # (If Issued)

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

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

Owner RACHED, SIMON A (Last, First, Middle)

Address 67 SEA ST APT L6

City HYANNIS — State MA — Zip 02601-4452

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

Damaged Area Code: 7, 6 — Test Status: 1 — Type of Test: — BAC Test Result: — Susp. Alcohol: 2 — Susp. Drug: 2 — Towed from scene? 1

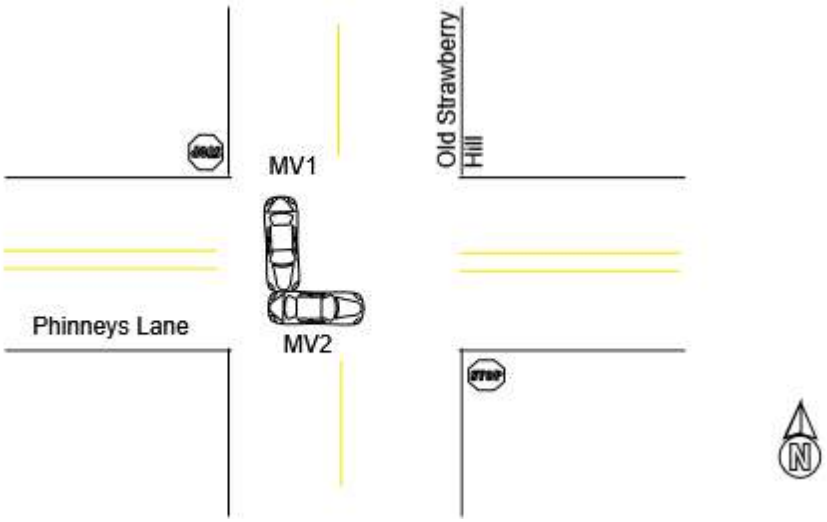
Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Non-Motorist — See Above	[redacted]	[redacted]	1	1	4	0	0	9	2	Cape Cod Hospital

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 MV2 stated that he was traveling East on Phinney's Lane when he was passing through where Old Strawberry Hill Rd. intersects when he was struck on the left side by MV1. OP of MV2 stated that he did not believe MV1 stopped at the stop sign and drove right through the intersection.

OP of MV1 stated that she was traveling on Old Strawberry Hill Rd. and drove through intersection as she believed it was clear and struck the side of MV2. OP of MV1 advised she is unfamiliar with the area and laws regarding traffic.

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. DENNIS A REDDY		309	Barnstable Police Department		11/17/2021
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
11/17/2021	1453 (24HR)	HYANNIS	2	1	25			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: — | — | 616 | 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

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 0 | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 21-988-AC

License # | St | DOB/Age

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

Operator: Driverless M.V. (Last First Middle)

Address

City | State | Zip

Insurance Company: PROGRESSIVE DIRECT INSURA

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 # 9YD492 | Reg Type: PC | Reg State: MA

Veh Year: 2019 | Veh Make: GMC | Veh Config.: 1

Owner: BLAKE, CHRISTOPHER N (Last First Middle)

Address: 16 JEANNES PATH

City: YARMOUTHPORT | State: MA | Zip: 02675-1911

Vehicle Action Prior to Crash: 11

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 8 7

Test Status: 1

Type of Test:

BAC Test Result:

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			1	0	5	3	0	7	1	

Vehicle 2

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

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

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement

Operator: WOJCIECHOWSKI, STEPHANIE ANNE (Last First Middle)

Address: 275 MAIN ST

City: WEST DENNIS | State: MA | Zip: 02670-2203

Insurance Company: CITATION INSURANCE COMPAN

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 # P78955 | Reg Type: CO | Reg State: MA

Veh Year: 2011 | Veh Make: FORD | Veh Config.: 97

Owner: TADDEI, KAREN M (Last First Middle)

Address: 145 RIVER RD

City: MARSTONS MILLS | State: MA | Zip: 02648-1719

Vehicle Action Prior to Crash: 1

Event Sequence: 2

Most Harmful Event: 2

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 99

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

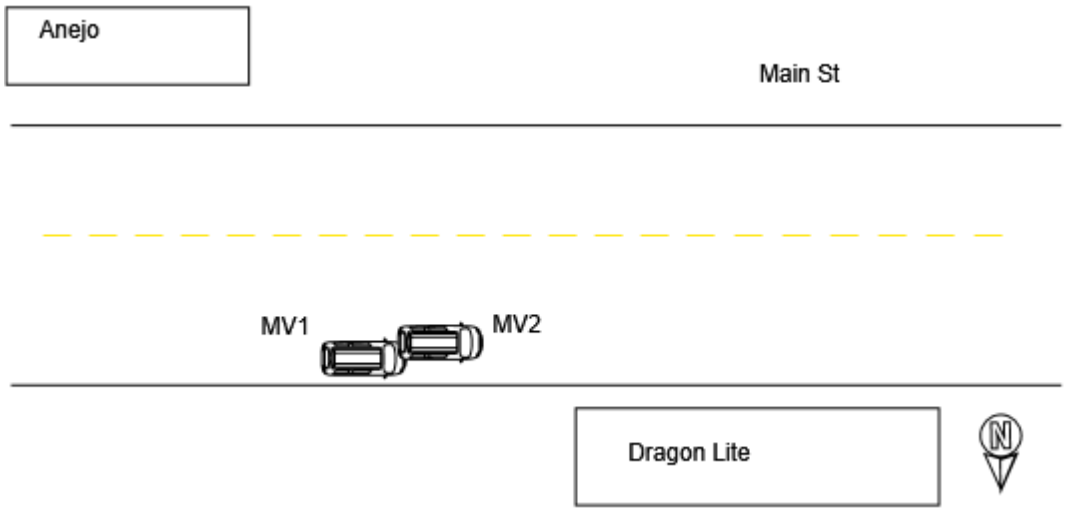
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

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:

On Wednesday 11/17/21 Owner MV1 reported his car was involved in a hit and run the previous night on Main St. Owner MV1 said MV1 was parked on the right hand side of Main St unoccupied while he ate at Anejo. Owner MV1 drove home and the next morning his wife observed moderate damage to the left front of MV1. Wife of MV1 later provided a photo of the license plate of the MV that struck MV1. A RMV inquiry revealed MA Commercial Reg P78955 attached to an in house call #21-64535 with the OP reporting that she had struck a parked MV1 on Main St and the Owner MV1 was attached to the call. OP2MV2 reported she was unable to locate the owner of MV1 and had left a note on the windshield. Unknown damage, NO PI. Attempted to contact OP2, no further information.

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. CAILIN WHITE		310	Barnstable Police Department		11/17/2021
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
11/18/2021	0746 24HR	CENTERVILLE	4	0

Speed Limit 50 | Latitude | Longitude

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 # 1875 | Name of Roadway/Street: 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: BIRCHILL RD

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 3 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 21-989-AC

Vehicle 3

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

Sex: U | Lic. Class: 99 | Lic. Restrictions: 99 | CDL Endorsement

Operator: MORAIS, LEANDRO D (Last, First, Middle)

Address: 72C WINTER ST

City: HYANNIS State: MA Zip: 02601-5554

Insurance Company: MAIN STREET AMERICA PROTE

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

Citation # (If Issued): [redacted]

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

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

Reg # T56100 Reg Type: CO Reg State: MA

Veh Year: 2017 Veh Make: CHEVROLET Veh Config: 8

Owner: E D S LANDSCAPING INC (Last, First, Middle)

Address: 34 LUMBERJACK TRL

City: W YARMOUTH State: MA Zip: 02673-2537

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

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			1	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 4 | #Occupants: 1 | ☐ Non-Motorist A | Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

Vehicle 4

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

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

Operator: SEARS, MICHAEL J (Last, First, Middle)

Address: 55 PAYSON PATH

City: WEST YARMOUTH State: MA Zip: 02673-1521

Insurance Company: THE STANDARD FIRE INSURAN

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 # R80065 Reg Type: CO Reg State: MA

Veh Year: 2006 Veh Make: GMC Veh Config: 1

Owner: SEARS, JAMES DAVID (Last, First, Middle)

Address: 68 VINE BROOK RD

City: SOUTH YARMOUTH State: MA Zip: 02664-1777

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

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/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	

Form No. 10364 CRA-65 09/18

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
11/18/2021	0746 24HR	CENTERVILLE	4	0	50			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# / Direction / Name of Roadway/Street: _____ At _____

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

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

2 10 — Route# / Direction / Address # / Name of Roadway/Street: _____ / _____ / 1875 / FALMOUTH RD RTE 28

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

2 11 — _____ Feet N S E W of Route# BIRCHILL RD (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# 21-989-AC

License # [redacted] St MA DOB/Age [redacted] — Reg # 2MKY93 Reg Type PC Reg State MA

Sex F Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement _____ — Veh Year 2021 Veh Make HONDA Veh Config. 1 (21)

1 12

4 1 — Operator HARDEN, NORA B (Last First Middle) — Address 19 OLD JAIL LN — City BARNSTABLE State MA Zip 02630-1416

Owner HARDEN, NORA B (Last First Middle) — Address 19 OLD JAIL LN — City BARNSTABLE State MA Zip 02630-1416

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 _____

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 99 (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

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

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

License # [redacted] St MA DOB/Age [redacted] — Reg # P89817 Reg Type CO Reg State MA

Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement _____ — Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 (21)

8 1 — Operator WILSON, LINFORD A (Last First Middle) — Address 93 GREAT WESTERN RD — City HARWICH State MA Zip 02645-2411

Owner R AND S LAFLEUR LLC (Last First Middle) — Address 45 PLANT RD — City HYANNIS State MA Zip 02601-1922

Insurance Company SELECTIVE INSURANCE COMPA

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 _____

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

Damaged Area Code: 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)

4 14

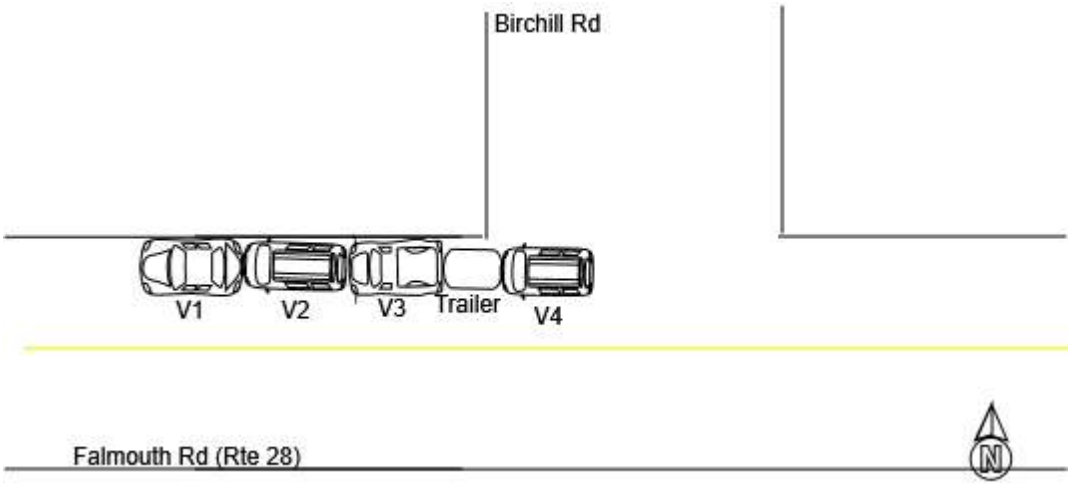
Please fill out for operator/non-motorist and all occupants involved

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	

= 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:

All Vehicles involved were traveling westbound on Rte 28. As traffic was slowing, vehicle 3 rear ended vehicle 2 which pushed vehicle 2 into vehicle 1. As a result of the sudden stop, vehicle 4 drove into the trailer attached to vehicle 3.

The roadway was wet at this time.

No Injuries.

All vehicles were able to drive from the scene.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. MAXWELL S MORROW		288	Barnstable Police Department		11/18/2021
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	
11/18/2021	0752 24HR	MARSTONS MILLS	2	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: — | — | 3600 | 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 — #Occupants: 1 — ☐ Hit/Run — ☐ Moped

Crash Report ID#: 21-990-AC

Vehicle 1

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

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

Operator: DRISCOLL, JOHN PATRICK (Last, First, Middle)

Address: 153 ANTLERS SHORE DR

City: EAST FALMOUTH State: MA Zip: 02536-6208

Insurance Company: USAA CASUALTY INSURANCE C

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

Citation # (If Issued):

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

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

Reg # 8NJ717 Reg Type: PC Reg State: MA

Veh Year: 2002 Veh Make: TOYOTA Veh Config.: 1

Owner: DRISCOLL, JOHN PATRICK (Last, First, Middle)

Address: 153 ANTLERS SHORE DR

City: EAST FALMOUTH State: MA Zip: 02536-6208

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19 | 25:

Driver Distracted by: 99

Damaged Area Code: 1 | 27: 27 | 27

Test Status: 1 | 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 1 | 33

Please fill out for operator and all occupants involved

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

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

Vehicle 2

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

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

Operator: LAVOIE, JOSEPH (Last, First, Middle)

Address: 1209 E FLORIDA AVE

City: URBANA State: IL Zip: 61801

Insurance Company: FIREMENS INSURANCE COMPAN

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 # W38667 Reg Type: CO Reg State: MA

Veh Year: 2020 Veh Make: FORD Veh Config.: 13

Owner: R P MARZILLI AND CO INC (Last, First, Middle)

Address: 21A TROTTERS DR

City: MEDWAY State: MA Zip: 02053

Vehicle Action Prior to Crash: 1

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 | 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

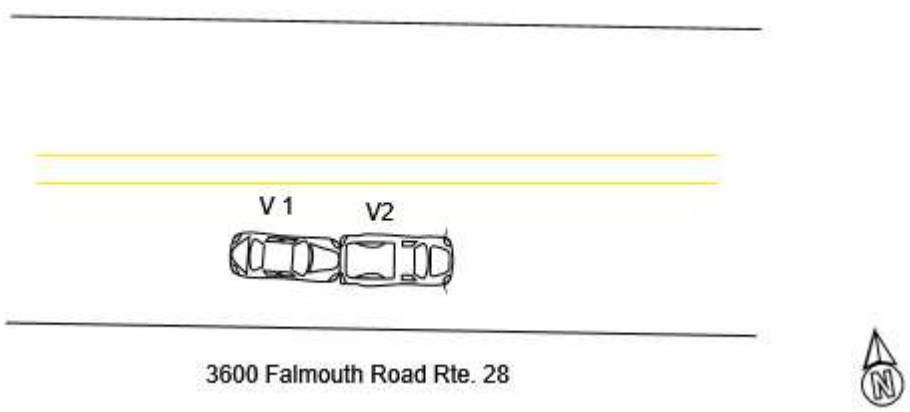
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

V1 and V2 were traveling East on Falmouth Road Rte. 28. In the area of 3600 Falmouth Road Rte. 28 V1 rear ended V2. No injuries were reported. V1 sustained substantial damage to the front bumper, and was towed by Rotary Towing. V2 sustained minor damage to the rear bumper. No photos.

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		11/18/2021
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	
11/18/2021	0956 24HR	HYANNIS	1	1	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
Route# | Direction | Name of Intersecting Roadway/Street

2 1

2 10

Route# | Direction | 700 Address # | ATTUCKS LN Name of Roadway/Street

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

3 11

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

_____ Feet N S E W of _____ Landmark

Please Select One of the Following: ☒ **Vehicle** 1 #Occupants 1 ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-991-AC

3

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator CESTARO, NICHOLAS M (Last First Middle)
Address 586 MASSASOIT RD
City EASTHAM State MA Zip 02642-1509
Insurance Company ARBELLA PROTECTION INSURA
Vehicle Travel Direction: N S E W Responding to Emergency? 2
4 3
5 1 Citation # (If Issued) T2499497
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 89 9
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
6 1

Reg # V63757 Reg Type CO Reg State MA
Veh Year 2019 Veh Make FORD Veh Config. 97 21
Owner OVERLAND LOGISTICS INC (Last First Middle)
Address 3 DIAMONDS PATH APT 1
City S DENNIS State MA Zip 02660-3463
Vehicle Action Prior to Crash 1 22
Event Sequence 4 23 23 23 23
Most Harmful Event 4 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26

1 12

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

4 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	

Please Select One of the Following: ☐ **Vehicle** 2 #Occupants _____ ☒ **Non-Motorist A** Type 2 15 Action 2 16 Location 2 17 Condition 99 18 ☐ **Hit/Run** ☐ **Moped**

7 2

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator SISCOE, LESLIE JEAN (Last First Middle)
8 1 Address 50 YARMOUTH RD
City HYANNIS State MA Zip 02601
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 _____
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

1 14

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

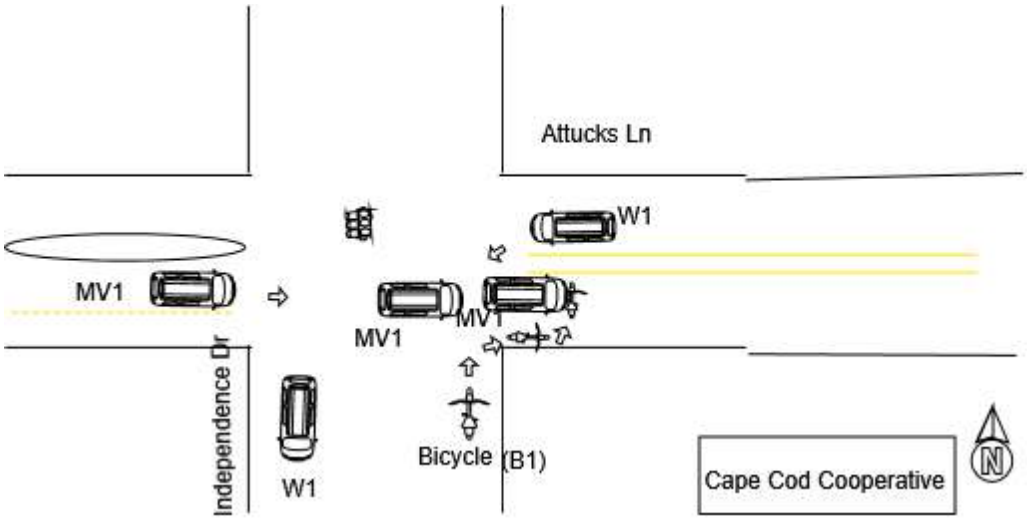
Please fill out for operator/non-motorist and all occupants involved

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	[redacted]	[redacted]	1	0				8	2	Cape Cod Hospital

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

Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

OP1MV1 stated he was travelling straight ahead through the intersection and had a green light.OP1 said he was going approx 25-30mph and the bicyclist(B1) crossed in front of him and he slammed on his brakes but struck the B1.W1 said she was travelling from Attucks turning left onto Independence and stopped to let MV1 go because he had the right of way since he was travelling straight and she was turning. W1 said she observed B1 travelling down Independence approaching the red light.W1 said after she turned she heard MV1 brakes and pulled over to help.B1 stated she came to the intersection and that MV1 had a green light and he was on the other side of Attucks.B1 said she contemplated waiting the light was changing and almost stopped to let 2 MVs go and go behind them,didn't realize MV1 was coming and was struck. Bike damage. Bicyclist minor to mod injuries,transported by Barn FD MV1 moderate front hood,windshield damage,towed. BCI photos. 851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PERRUD ANNA BEATRIZ	73 ADAMS RD WEST YARMOUTH MA 02673-2403	[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. CAILIN WHITE		310	Barnstable Police Department		11/18/2021
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	Police
11/18/2021	2025 24HR	HYANNIS	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

16 — 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

2 10 — Route# | Direction | 356 Address # | SCUDDER AVE Name of Roadway/Street
_____ Feet [X] 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

Please Select One of the Following: [X] **Vehicle** 1 #Occupants 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 21-992-AC

3

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class 19 D 19 Lic. Restrictions 20 1 CDL Endorsement
Operator DROZDA, MARY E (Last First Middle)
41 Address 780 CRAIGVILLE BEACH RD APT A4
City CENTERVILLE State MA Zip 02632
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
5 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 _____
61

Reg # 2HF690 Reg Type PC Reg State MA
3 12 — Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21
Owner DROZDA, MARY E (Last First Middle)
Address 780 CRAIGVILLE BEACH RD APT A4
City CENTERVILLE State MA Zip 02632
Vehicle Action Prior to Crash 22 1
Event Sequence 22 23 23 23 23 23
Most Harmful Event 22 24
Driver Contributing Code 10 25 25
Driver Distracted by 5 26
Damaged Area Code: 27 0 27 27
Test Status: 28 1
Type of Test: 29 1
BAC Test Result: 30 1
Susp. Alcohol: 31 1 Susp. Drug: 32 99
Towed from scene? 33 1
22 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	3	0	0	10	2	Cape Cod Hospital

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

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 _____
Vehicle Action Prior to Crash 22
Event Sequence 23 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

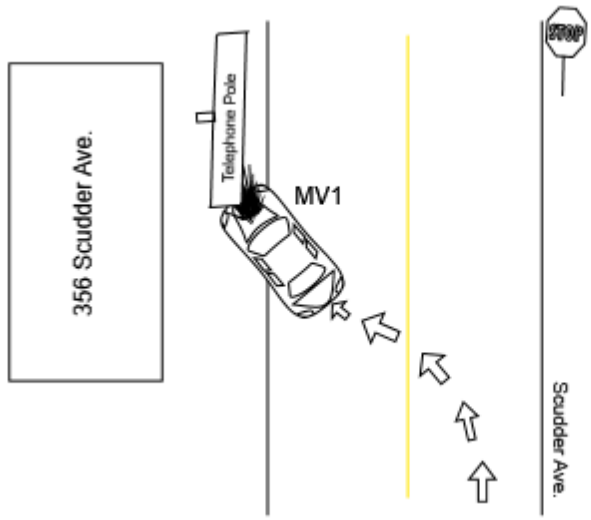
Please fill out for operator/non-motorist and all occupants involved

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	[redacted]	[redacted]	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:

Single vehicle crash.

Operator of MV1 stated she does not remember the accident.

Witness stated he observed MV1 swerving to the right and driving on to the sidewalk of CapeWay towing. Then, MV1 swerved to the left, sped up and struck the telephone pole.

Operator of MV1 was transported to CCH.

BCI arrived at the scene and took photos of the incident.

MV1 was towed by CapeWay towing.

[redacted]

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF BARNSTABLE	356 SCUDDER AVE HYANNIS MA 02601			TELEPHONE 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. DENISE A BALDNER		329	Barnstable Police Department		11/18/2021
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	
11/19/2021	1110 24HR	CENTERVILLE	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

| | | WEST MAIN ST
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

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

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

Feet N S E W of Landmark

Vehicle 1

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

Crash Report ID# 21-993-AC

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

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

Operator WEINER, SUSAN G (Last First Middle)

Address 88 PLAIN ST

City MEDFIELD State MA Zip 02052-3303

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E ☒ 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 # EV595H Reg Type PC Reg State MA

Veh Year 2018 Veh Make Veh Config. 1

Owner WEINER, MICHAEL WINSTON (Last First Middle)

Address 88 PLAIN ST

City MEDFIELD State MA Zip 02052-3303

Vehicle Action Prior to Crash 9

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99 | |

Driver Distracted by 99

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 — See Above			1	1	4	0	0	10	1	

Vehicle 2

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

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

Sex M Lic. Class B Lic. Restrictions 1 CDL X Endorsement

Operator HERSEY, ERIC C (Last First Middle)

Address 10 MUSKEGAT CIR

City SANDWICH State MA Zip 02563-0000

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E ☒ 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 # W62158 Reg Type CO Reg State MA

Veh Year 2010 Veh Make INTERNATIONAL Veh Config. 7

Owner CAPE COD SEPTIC SERVICES INC (Last First Middle)

Address BX 143

City W BARNSTABLE State MA Zip 02668-0143

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99 | |

Driver Distracted by 99

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

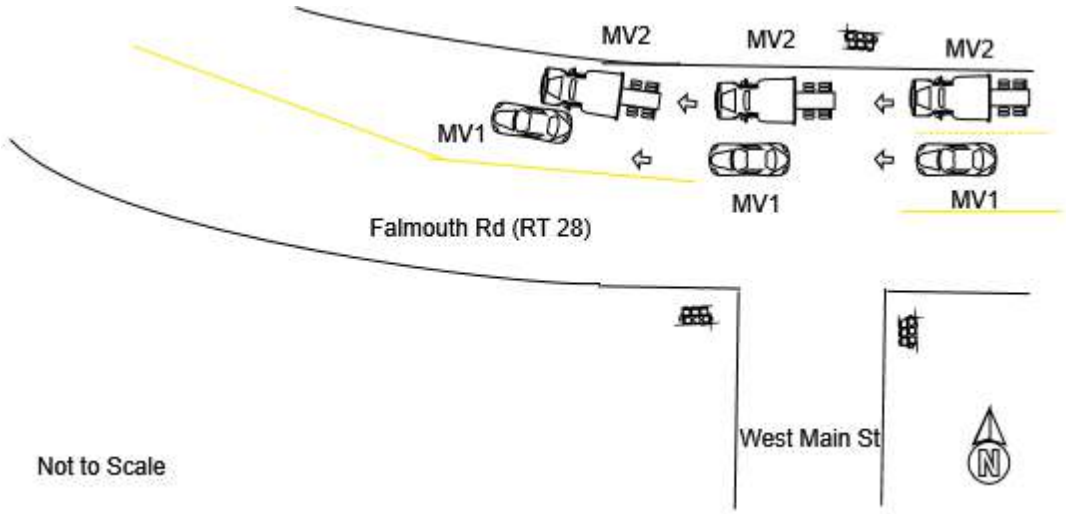
Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist — See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

MV1 and MV2 were traveling West through the intersection of Falmouth Rd (RT28) and West Main Street. MV2 was traveling in the right most lane and MV1 was traveling in the left most lane. Falmouth Rd West bound(RT 28) merges into one lane after the intersection of West Main Street. While merging the passenger rear corner of MV1 made contact with the drivers front corner of MV2. OP1 stated MV2 struck her from behind but was unsure where in the roadway it occurred. OP2 stated MV1 attempted to pass him entering the merge and struck the side of his vehicle when the road narrowed.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. CHRISTOPHER J LOBIANCO		331	Barnstable Police Department		11/19/2021
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	
11/19/2021	1150 (24HR)	MARSTONS MILLS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# RTE 149 — Direction — Name of Roadway/Street

At

2 1 — Route# LOVELL'S LN — Direction — Name of Intersecting Roadway/Street

Also at Intersection with

Route# — Direction — Name of Intersecting Roadway/Street

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

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

11 3 — 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# 21-994-AC

License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement

Reg # 57NZ30 Reg Type PC Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1

12 1

4 2 — Operator REID, GERDA B (Last First Middle)
Address 1124 OSTERVILLE W BARNSTABLE RD
City MARSTONS MILLS State MA Zip 02648-0000

Owner REID, GERDA B (Last First Middle)
Address 1124 OSTERVILLE W BARNSTABLE RD
City MARSTONS MILLS State MA Zip 02648-0000

Insurance Company NGM INSURANCE COMPANY

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

5 1 — Citation # (If Issued)

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

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

6 1

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 0 (26)

Damaged Area Code: 2 (27) 1 27 8 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)

13 1

Please fill out for operator and all occupants involved

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

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

License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement

Reg # 3FYD69 Reg Type PC Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 1

8 1 — Operator COHEN, JUDITH E (Last First Middle)
Address 295 LONG POND RD
City MARSTONS MILLS State MA Zip 02648-0000

Owner COHEN, JARED P (Last First Middle)
Address 295 LONG POND RD
City MARSTONS MILLS State MA Zip 02648-1364

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S E ☒ — 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

14 1

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: 3 (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)

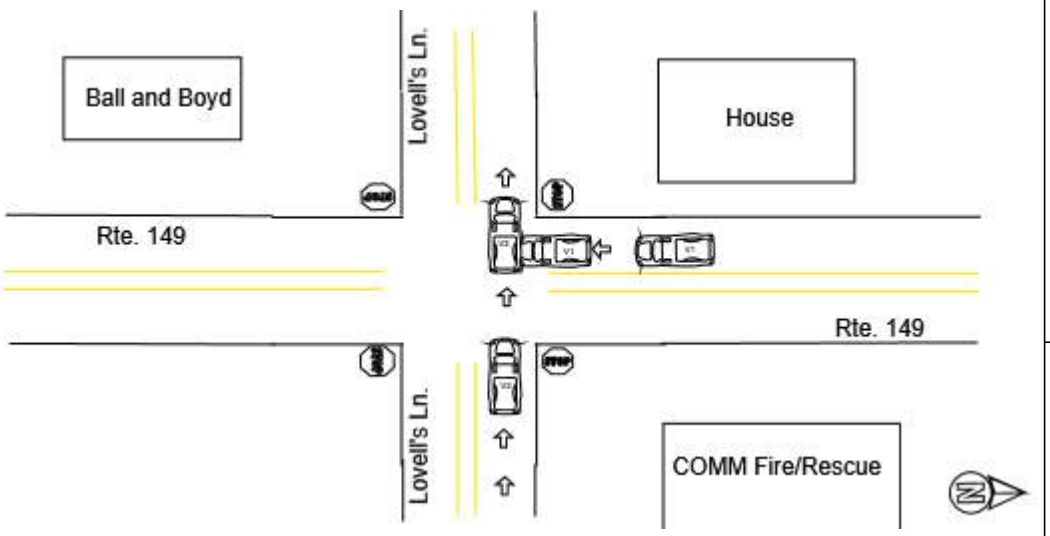
Please fill out for operator/non-motorist and all occupants involved

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	
ALLAN COHEN	295 LONG POND RD MARSTONS MILLS, MA 02648	[redacted]	M	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

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

I... Arrow

Crash Narrative:

STATEMENT OP.#1:"I was heading toward Rt.28. I came to a stop, then I thought it was my turn to go, so I proceeded into the intersection. All of the sudden she was there in front of me and there was nothing I could do. We collided in the intersection."

STATEMENT OP.#2:"We came down the hill to the intersection, and came to a stop at the stop sign. After coming to a stop, I went to go straight across Rt.149. We were on our way, when out of no where she slammed into us on the passenger side rear."

GIST:V1 was traveling south on Rt.149 approaching the intersection with Lovell's Ln. V2 was traveling west on Lovell's Ln. approaching the intersection with Rt.149. V1 came to a stop at the 4 way stop sign, then entered the intersection. V2 also came to a stop, then proceeded into the intersection. V1 collided with V2 in the middle of the intersection.

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. THOMAS J HARMON		238	Barnstable Police Department		11/19/2021
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
11/19/2021	1638 (24HR)	HYANNIS	2	0	30		

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

At

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

Also at Intersection with

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

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

Feet [N S E W] of — — — • — or Mile Marker / 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#: 21-995-AC

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

Sex: F Lic. Class: D Lic. Restrictions: 1 CDL Endorsement:

Operator: ROTH, KAREN M (Last First Middle)

Address: 7 HOLLY LN

City: EAST SANDWICH State: MA Zip: 02537-1703

Insurance Company: GOVERNMENT EMPLOYEES INSU

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 # 422TS4 Reg Type: PC Reg State: MA

Veh Year: 2014 Veh Make: Jeep Veh Config: 1

Owner: ROTH, KAREN M (Last First Middle)

Address: 7 HOLLY LN

City: EAST SANDWICH State: MA Zip: 02537-1703

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 5

Damaged Area Code: 1, 2, 8

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

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

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

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

Operator: MAGEE, ANDREW FRANK (Last First Middle)

Address: 500 OCEAN ST APT 142

City: HYANNIS State: MA Zip: 02601

Insurance Company: THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S ☒ 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 # 6YN524 Reg Type: PC Reg State: MA

Veh Year: 2013 Veh Make: BMW Veh Config: 1

Owner: MAGEE, ANDREW FRANK (Last First Middle)

Address: 500 OCEAN ST APT 142

City: HYANNIS State: MA Zip: 02601

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5, 6, 3

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

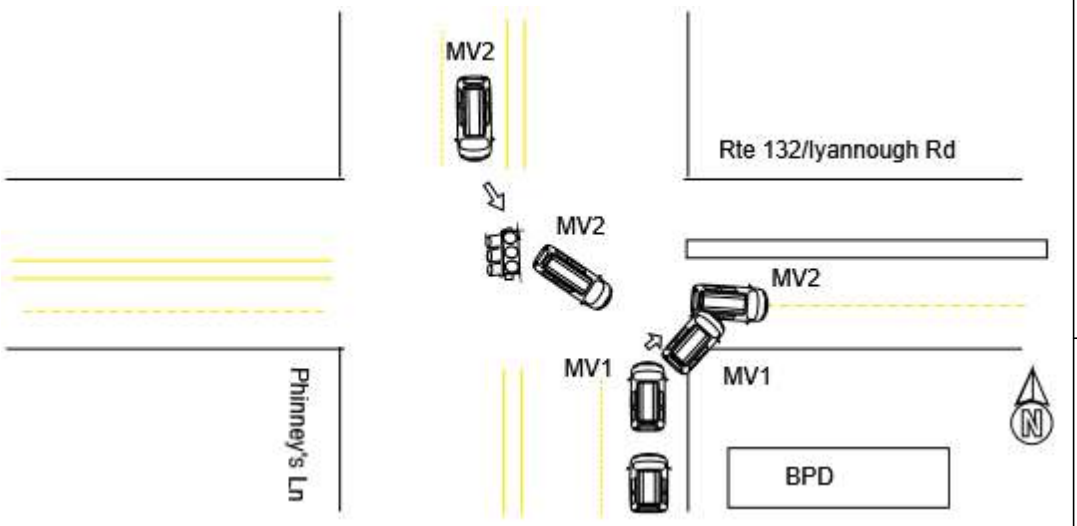
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

OP1MV1 stated she was stopped at a red light waiting to turn right when the MV behind her beeped the horn and startled her. OP1 stated she began to turn right and did not see MV2 and struck MV1. OP2MV2 stated he was traveling south from Phinney's Ln turning left onto Rte 132. OP2 stated he had a green light and proceeded to turn when MV1 struck him. MV1 moderate front end damage, bumper off. MV2 moderate damage left side, left rear, left rear tire. NO PI, no MVs towed.

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. CAILIN WHITE		310	Barnstable Police Department		11/19/2021
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
11/19/2021	1957 (24HR)	HYANNIS	2	0

Speed Limit ____ Latitude ____ Longitude ____

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

At

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

Also at Intersection with

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

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

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

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

____ Feet [N S E W] of Landmark ____

Please Select One of the Following: ☒ Vehicle 1 — 3 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 21-996-AC

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

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

Operator BENNER, EVELYN R (Last First Middle)

Address 50 MENDELL RD

City ROCHESTER State MA Zip 02770-2001

Insurance Company THE COMMERCE INSURANCE CO

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 # 251WN2 Reg Type PC Reg State MA

Veh Year 2008 Veh Make CADILLAC Veh Config. 1

Owner BENNER, EVELYN R (Last First Middle)

Address 50 MENDELL RD

City ROCHESTER State MA Zip 02770-2001

Vehicle Action Prior to Crash 4

Event Sequence 1 — — — —

Most Harmful Event 1

Driver Contributing Code 4 19

Driver Distracted by 0

Damaged Area Code: 2 3 —

Test Status: 1

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
DANIELLA SEGURA	75 MOUNTAIN ASH RD MARSTONS MILLS, MA 02648	[redacted]	F	4	1	4	0	0	10	1	
CLAYTON SEGURA	75 MOUNTAIN ASH RD MARSTONS MILLS, MA 02648	[redacted]	M	6	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 2 #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 1 CDL Endorsement

Operator BOUCHER, ANNE P (Last First Middle)

Address 374 PUTNAM AVE

City COTUIT State MA Zip 02635

Insurance Company TRUMBULL INSURANCE COMPAN

Vehicle Travel Direction: N S E [X] 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 # 659NP2 Reg Type PC Reg State MA

Veh Year 2015 Veh Make TOYOTA Veh Config. 1

Owner BOUCHER, MASON (Last First Middle)

Address 374 PUTNAM AVE

City COTUIT State MA Zip 02635-0000

Vehicle Action Prior to Crash 1

Event Sequence 1 — — — —

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 8 7 1

Test Status: 1

Type of Test: —

BAC Test Result: —

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

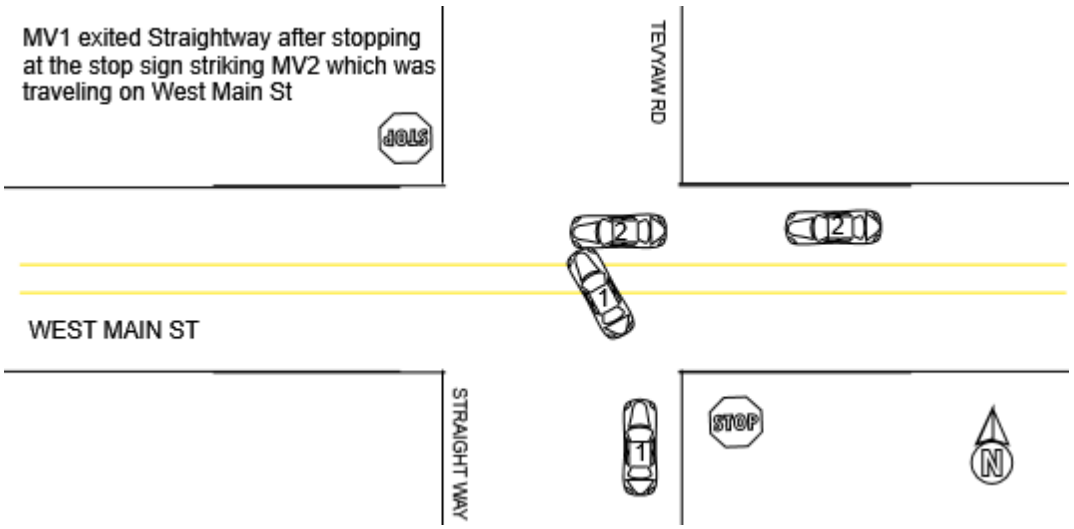
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	
MASON BOUCHER	374 PUTNAM AVE COTUIT, MA 02635-0000	[redacted]	M	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:

Op MV1 stated she was traveling N on Straightway and came to a stop at the intersection of Straightway and West Main St. Op MV1 stated she did no observe any vehicles and proceeded into the intersection to turn left and struck MV2. Op MV2 stated she was traveling W on West Main St at which time MV1 briefly stopped and pulled out of Straightway into MV2. Op MV2 stated she had no time to avoid collision as MV1 entered travel lane. Op MV1 cited being unfamiliar with the area as a contributing factor.

No PI

No Tow

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NOLAN R O'MELIA		292	Barnstable Police Department		11/19/2021
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
11/20/2021	1024 (24HR)	HYANNIS	1	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
Route# | Direction | Name of Intersecting Roadway/Street

2 1

Route# | Direction | Address # | Name of Roadway/Street: 137 SEAGATE LN

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

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

Feet [N S E W] of Landmark

2 10

1 11

3 **Please Select One of the Following:** ☒ **Vehicle** 1 #Occupants 1 | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 21-997-AC

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

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

Operator ARCEBUCHE, VINCENT R (Last, First, Middle)

4 1 Address 107 SEAGATE LN

City HYANNIS State MA Zip 02601-3486

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: ☒ 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 # E61681 Reg Type TL Reg State MA

Veh Year 2001 Veh Make OTHER Veh Config. 8 21

3 12

Owner REIS, LAURA FM (Last, First, Middle)

Address 1271 SHOOTFLYING HILL RD

City CENTERVILLE State MA Zip 02632-2861

Vehicle Action Prior to Crash 3 22

Event Sequence 35 23 | 23 | 23 | 23

Most Harmful Event 35 24

Driver Contributing Code 1 25 | 25

Driver Distracted by 0 26

Damaged Area Code: 10 27 | 27 | 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 1 33

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	4	0	0	10	1	

7 3 **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

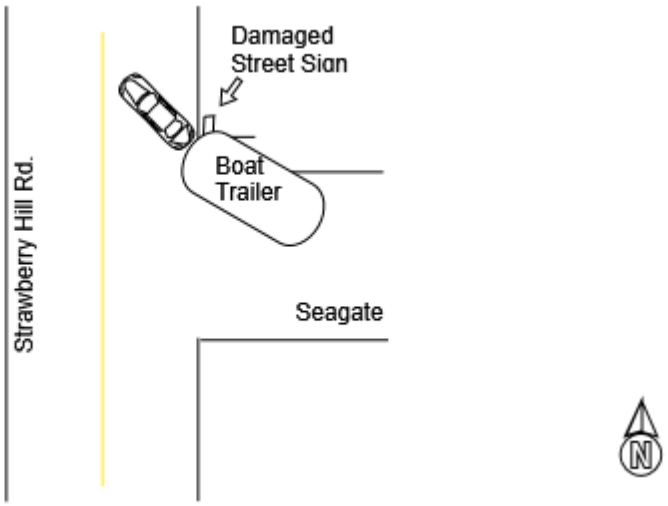
Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

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 and Trailer advised that as he was taking a right hand turn onto Strawberry Hill Rd. from Seagate the springs and axle components on the trailer broke causing the trailer to pull right and run over the Street sign. Street sign removed from ground and flattened, DPW notified.

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF BARNSTALBE	382 FALMOUTH RD RTE 28 HYANNIS MA			STREET SIGN

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		11/20/2021
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
11/20/2021	1232 (24HR)	CENTERVILLE	2	3	45		

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# | Direction | Address # 1734 | Name of Roadway/Street: FALMOUTH RD RTE 28
Feet [N S E W] of Mile Marker — or Exit Number

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

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-998-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator CURRAN, KEITH ROBERT (Last First Middle)
4 3 — Address 11 PALM ST
City FALMOUTH State MA Zip 02536
Insurance Company GOVERNMENT EMPLOYEES INSU
5 2 — Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1VDT13 Reg Type PC Reg State MA
Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21
Owner CURRAN, KEITH ROBERT (Last First Middle)
Address 11 PALM ST
City FALMOUTH State MA Zip 02536
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: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 32
Towed from scene? 2 33

12 1 — 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	8	1	

7 2 — **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 MURPHY, DAVID CHARLES (Last First Middle)
8 1 — Address 41A LAGOON RD
City OAK BLUFFS State MA Zip 02557-0478
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 # FLOOOR Reg Type PC Reg State MA
Veh Year 2017 Veh Make GMC Veh Config. 1 21
Owner MURPHY, DAVID CHARLES (Last First Middle)
Address 41A LAGOON RD
City OAK BLUFFS State MA Zip 02557-0478
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: 5 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 32
Towed from scene? 2 33

14 1 — 1

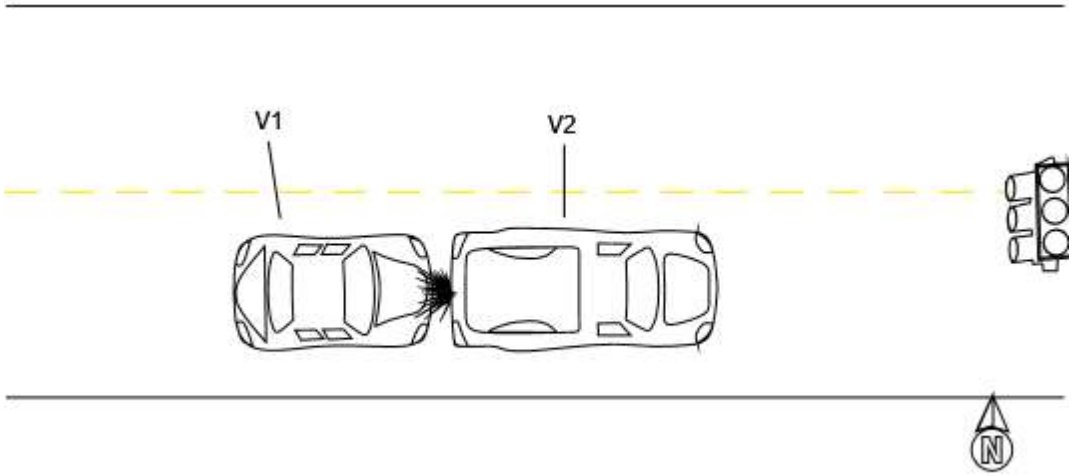
Please fill out for operator/non-motorist and all occupants involved

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	8	1	
HEIDI WHITE	17 BAYVIEW AVE OAK BLUFFS, MA 02557-0000	[redacted]	F	3	1	4	0	0	8	2	Cape Cod Hospital

= 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:

Operator of V2 stated that he was stopped at the stop light at the intersection of Falmouth Rd and Old Stage when he suddenly was struck from behind from V1. Operator stated that he immediately pulled to the side of the roadway and called for assistance due to and injured passenger (attached). V1 sustained minor damages and was able to operate. Operator was evaluated with possible minor injuries and the passenger was transported to CCH for [redacted].

Operator of V1 stated that he was stopped at the stop light when he observed the light turn green. He then accelerated with traffic when he stated V2 suddenly braked. Operator of V1 stated he could not stop in time and collided with V2. V1 had minor damages to the front center of vehicle. Operator was evaluated with no injuries.

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. ERIC J ROGORZENSKI		317	Barnstable Police Department		11/20/2021
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
11/20/2021	1524 (24HR)	MARSTONS MILLS	2	0	50		

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# | Direction | Address # 2095 | Name of Roadway/Street: MAIN ST
Feet [N S E W] of — Mile Marker — or Exit Number

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

3 — Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 3 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 21-999-AC

Vehicle 1

License # [redacted] St: MA DOB/Age [redacted]
Sex: F Lic. Class: D (19) (19) Lic. Restrictions: 99 (20) CDL Endorsement
Operator: TANGNEY, NICOLE MARIE (Last First Middle)
4 1 — Address: 141 JAMES CIR
City: MASHPEE State: MA Zip: 02649-4909
Insurance Company: FOREMOST INSURANCE COMPAN
5 1 — Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 3WJW71 Reg Type: PC Reg State: MA
Veh Year: 2010 Veh Make: FORD Veh Config.: 1 (21)
Owner: TANGNEY, NICOLE MARIE (Last First Middle)
Address: 141 JAMES CIR
City: MASHPEE State: MA Zip: 02649-4909
Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) (23) (23) (23)
Most Harmful Event: 1 (24)
Driver Contributing Code: 20 (25) 19 (25)
Driver Distracted by: 6 (26)

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

12 1 — 13 1

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
EMMA TANGNEY	141 JAMES CIR MASHPEE, MA 02649	[redacted]	F	6	1	4	0	0	10	1	
ALEX TANGNEY	141 JAMES CIR MASHPEE, MA 02649	[redacted]	M	4	1	4	0	0	10	1	

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

Vehicle 2

License # [redacted] St: FL DOB/Age [redacted]
Sex: F Lic. Class: D (19) (19) Lic. Restrictions: 99 (20) CDL Endorsement
Operator: CEDERGREN, KARIN M (Last First Middle)
8 1 — Address: 100 VILLABELLA DR
City: ISLAMORADA State: FL Zip: 33036
Insurance Company
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 # GWKP35 Reg Type: PC Reg State: FL
Veh Year: 2020 Veh Make: GMC Veh Config.: 1 (21)
Owner: THE HERTZ CORPORATION (Last First Middle)
Address: PO BOX 24130
City: OKLAHOMA CITY State: OK Zip: 73134-4130
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: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 2 (33)

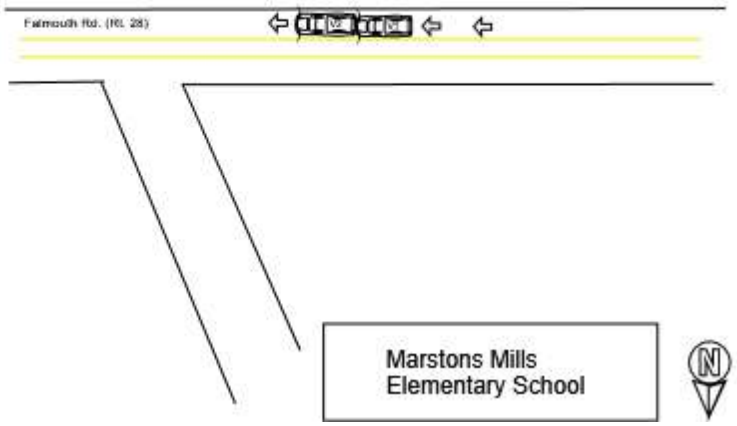
14 1

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
ISABELLA CEDERGREN	100 VILLABELLA DR ISLAMADORA, FL 33036	[redacted]	F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

I Arrow

Crash Narrative:

STATEMENT OP.#1:"It was my fault, I was trying to entertain my kids playing "I Spy". I took my eyes off the road for a moment and when I looked back the traffic was stopped. I couldn't react in time and crashed into the back of her."

STATEMENT OP.#2:"We were driving towards Centerville. The car in front of me stopped, so I stopped. The next thing I know she slams into the back of us.

GIST: V1 was traveling east on Rt. 28. V2 was also traveling east on Rt. 28, directly in front of V1. V2 came to a stop in traffic. V1 was distracted and did not notice the traffic in front of her had stopped. V1 slammed into the rear of V2.

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. THOMAS J HARMON		238	Barnstable Police Department		11/20/2021
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
11/20/2021	2032 (24HR)	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14 — Route# | Direction | Name of Roadway/Street: MAIN ST
At
Route# | Direction | Name of Intersecting Roadway/Street: YARMOUTH RD
Also at Intersection with
21 — Route# | Direction | Name of Intersecting Roadway/Street:

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

32 — Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 21-1000-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement
Operator HAMMOND, STEVEN RICHARD (Last First Middle)
42 — Address 22 SCHOOL ST APT 3
City HYANNIS State MA Zip 02601-0000
Insurance Company GOVERNMENT EMPLOYEES INSU
52 — Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued) [redacted]
Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub [redacted]
Viol. 3: Ch/Sec/Sub [redacted] Viol. 4: Ch/Sec/Sub
61 — Driver Distracted by 5

Reg # 8WD331 Reg Type PC Reg State MA
Veh Year 2017 Veh Make NISSAN Veh Config. 1
Owner SWIFT, TIFFANY RENE (Last First Middle)
Address 150 BARLOWS LANDING RD
City POCASSET State MA Zip 02559-1954
Vehicle Action Prior to Crash 1
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 19
Damaged Area Code: 1
Test Status: 3
Type of Test: 97
BAC Test Result: 1
Susp. Alcohol: 1 Susp. Drug: 99
Towed from scene? 1
12 — 1 — 13 — 1

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	99	99	0	0	10	1	
TIFFANY SWIFT	150 BARLOWS LANDING RD POCASSET, MA 02559-1954	[redacted]	F	3	99	99	0	0	10	1	

73 — 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 # unknown St DOB/Age [redacted]
Sex F Lic. Class 99 Lic. Restrictions 99 CDL Endorsement
81 — Operator ZUCOLOTO, EMILLYN (Last First Middle)
Address 69 LINDEN ST
City HYANNIS State MA Zip 02601
Insurance Company OCCIDENTAL FIRE AND CASUA
Vehicle Travel Direction: N S E X Responding to Emergency? 2
92 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub
Driver Distracted by 0

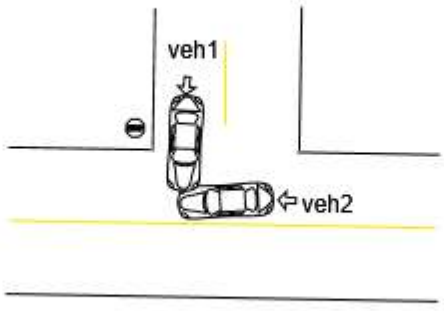
Reg # 1GWT15 Reg Type PC Reg State MA
Veh Year 2015 Veh Make CHEVROLET Veh Config. 1
Owner SEGOLINI, WILMAR (Last First Middle)
Address 122 CENTER ST APT 4
City HYANNIS State MA Zip 02601-5571
Vehicle Action Prior to Crash 1
Event Sequence 1
Most Harmful Event 1
Driver Contributing Code 1
Damaged Area Code: 1
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: 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	[redacted]	[redacted]	1	1	99	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:

On this date and time I responded to a two car crash in the area of Yarmouth Road and Main Street.

Operator of veh 1 was traveling south on Yarmouth Road approaching the stop sign. Veh 1 went through the stop sign crashing into veh 2. Veh 2 had the right of way traveling west on Main Street.

Vehicles towed 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. CORBIN J FRIES		287	Barnstable Police Department		11/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date