Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/10/2021	1042 24HR	HYANNIS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# HIGH SCHOOL RD Direction Name of Roadway/Street (1 1)

At

Route# SOUTH ST Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street (2 1)

NOT AT INTERSECTION:

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

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

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

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-849-AC (3)

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

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

Operator BLAIR, RACQUEL (Last First Middle) (4 6)

Address 749 E 5TH

City BRONX State NY Zip 10466

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S ☒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)

Reg # 2KMH93 Reg Type PC Reg State MA

Veh Year 2012 Veh Make VOLVO Veh Config. 1 21 (12 1)

Owner SIMPSON, KENNETH A (Last First Middle)

Address 50 MASSASOIT ST

City HYDE PARK State MA Zip 02136-6724

Vehicle Action Prior to Crash 4 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: 7 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32 (13 1)

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

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

Sex F Lic. Class 19 D 19 Lic. Restrictions 20 CDL Endorsement

Operator DION, KRISTINE S (Last First Middle) (8 4)

Address 98 CAPE DR

City MASHPEE State MA Zip 02649-3053

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 # 2MHK17 Reg Type PC Reg State MA

Veh Year 2019 Veh Make MAZDA Veh Config. 1 21

Owner DION, KRISTINE S (Last First Middle)

Address 98 CAPE DR

City MASHPEE State MA Zip 02649-3053 (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: 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	

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

Crash Diagram:

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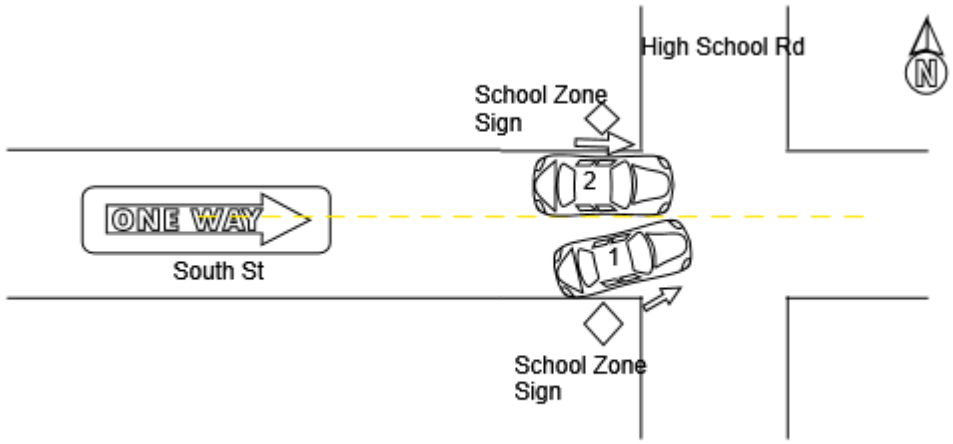


If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

veh#1 Driver stated she was traveling east on South St. Driver stated she stopped at what she believed was a stop sign to make a left turn. Driver stated veh#2 had changed lanes from the right lane to the left lane at a high rate of speed and struck her vehicle.

Veh#2 Driver stated she was traveling east on South St. Stated she was in the left lane. Stated the driver of veh#1 turned in front of her to make a left turn and struck her vehicle.

GIST: Both vehicles traveling east on South St. Driver of veh#1 slowed/stopped for what she believed was a stop sign. (The signs were in fact school zone signs). Driver of veh#1 began to turn left onto High School Rd and struck veh#2.

No injuries/ No vehicles towed.

779

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

PTL. DAVID D HEISE		302	Barnstable Police Department		10/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/10/2021	1704 24HR	HYANNIS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

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

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# 21-850-AC

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

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

Operator FERNANDES, DOUGLAS ROSA (Last First Middle)

Address 147 CEDAR ST

City HYANNIS State MA Zip 02601

Insurance Company

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

Citation # (If Issued) [redacted]

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

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

Reg # 1XKH38 Reg Type PC Reg State MA

Veh Year 2007 Veh Make DODGE Veh Config. 1 21

Owner FERNANDES, DOUGLAS ROSA (Last First Middle)

Address 147 CEDAR ST

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 10 25 3 25

Driver Distracted by 99 26

Damaged Area Code: 8 27 27 27

Test Status: 3 28

Type of Test: 2 29

BAC Test Result: 5 30

Susp. Alcohol: 1 31 Susp. Drug: 99 32

Towed from scene? 3 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	99	0	0	10	1	

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

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

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

Operator CLAYTON, FREDERICK (Last First Middle)

Address 19 MARIGOLD RD

City W YARMOUTH State MA Zip 02673-0000

Insurance Company

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 # 95AZ53 Reg Type PC Reg State MA

Veh Year 2007 Veh Make FORD Veh Config. 1 21

Owner CLAYTON, FREDERICK (Last First Middle)

Address 19 MARIGOLD RD

City W YARMOUTH State MA Zip 02673-0000

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 2 27 8 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

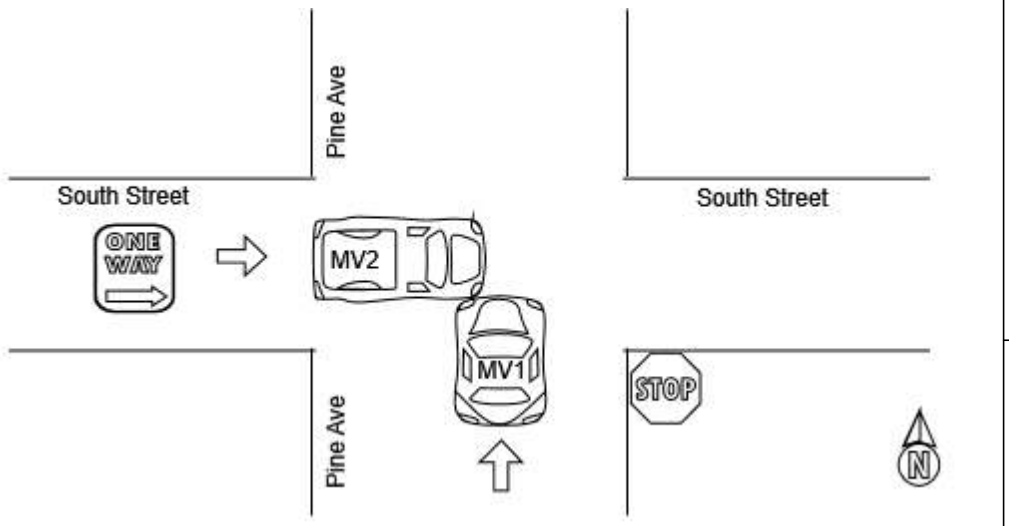
Please fill out for operator/non-motorist and all occupants involved

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

Crash Narrative:

MV1 was traveling northbound on Pine Ave onto the South Street intersection. MV2 was traveling eastbound on South Street through the Pine Ave intersection. The front drivers side of MV1 collided with the front passenger side MV2.

Operator of MV2 and a witness stated MV1 failed to stop at the stop sign at the intersection and collided with his vehicle.

Operator of MV1 stated he did not see the stop sign or MV2 traveling on South Street.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

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

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	
10/10/2021	1819 24HR	HYANNIS	2	0	Speed Limit ____ Latitude ____ Longitude ____

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

LOCATION

AT INTERSECTION:

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

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: HIGH SCHOOL 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

10: 2 — 11: 4 — 12: 1 — 13: 1 — 14: 1

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-851-AC

Vehicle 1

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

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

Operator BOWDEN, CHRISTINE M (Last First Middle)

Address 3 WILLIAMS ST

City BEVERLY State MA Zip 01915-2323

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 1LH671 Reg Type PC Reg State MA

Veh Year 2015 Veh Make SUBARU Veh Config. 1 (21)

Owner BOWDEN, CHRISTINE M (Last First Middle)

Address 3 WILLIAMS ST

City BEVERLY State MA Zip 01915-2323

Vehicle Action Prior to Crash 5 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 9 (25) 25

Driver Distracted by 0 (26)

Damaged Area Code: 1 (27) 27 27

Test Status: 1 (28)

Type of Test: 99 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

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

Vehicle 2

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

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

Operator SEARS, JANICE E (Last First Middle)

Address 309 CAMP

City WEST YARMOUTH State MA Zip 02673

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 # 61DT32 Reg Type PC Reg State MA

Veh Year 2000 Veh Make Jeep Veh Config. 1 (21)

Owner STPIERRE, RONALD J (Last First Middle)

Address 5 KAREN WAY

City S YARMOUTH State MA Zip 02664-4445

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: 99 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

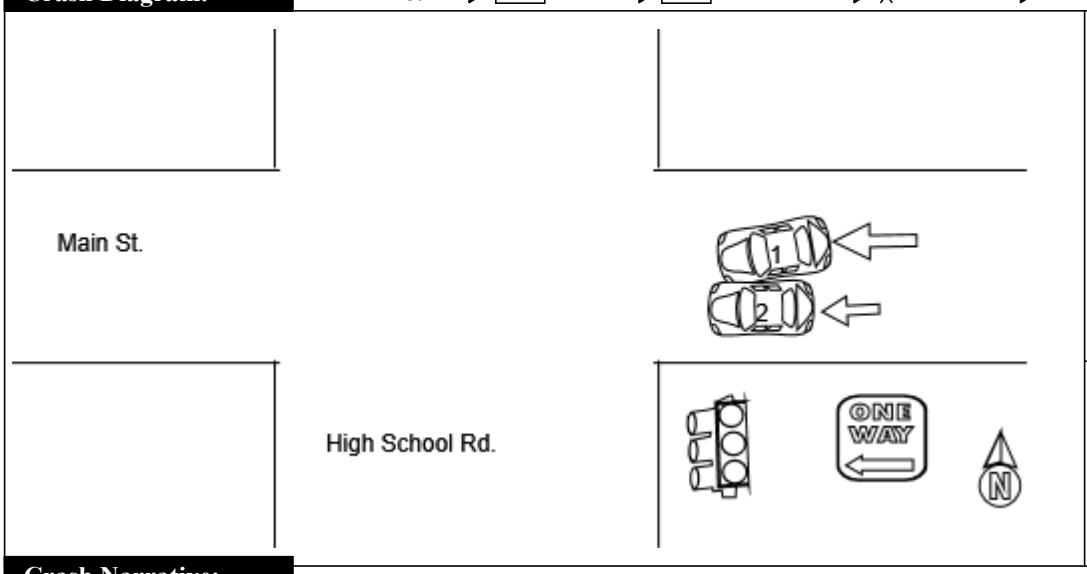
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → 🚶 → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

Operator#1 "We were just going along and we were going to take a left and they just came flying up next to us."

Operator#2- "We were in our lane going straight and they slammed right into the side of us."

Gist- Both vehicles were traveling Westerly on Main St. Hyannis which is a one way street. Vehicle#1 attempted to enter into the left lane to take a left onto High School Rd. and neglected to see Vehicle#2 traveling straight ahead in their lane of travel.Vehicle#1 struck Vehicle#2 in the passenger side causing minor damage. Vehicle#1 sustained minor damage to the front bumper area. No injuries reported at the time of the accident. Both vehicles left under their own power.

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. JEFFREY JACKSON		216	Barnstable Police Department		10/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/10/2021	1833 24HR	HYANNIS	2	1	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street (15)

At

Route# | Direction | Name of Intersecting Roadway/Street (22)

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 60 Address # | LINCOLN RD Name of Roadway/Street (2 / 10)

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

_____ Feet N S E W of Route# _____ Intersecting Roadway/Street (3 / 11)

_____ Feet N S E W of _____ Landmark

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

Crash Report ID# 21-852-AC

Vehicle 1

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

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

Operator WILLIAMS, LUDIE (Last / First / Middle)

Address 38 SHADY LN

City HYANNIS State MA Zip 02601-3694

Insurance Company THE COMMERCE INSURANCE CO

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 # 726TG2 Reg Type PC Reg State MA

Veh Year 2002 Veh Make CHEVROLET Veh Config. 1 (21) (1 / 12)

Owner SPENCER, PHILLIP L (Last / First / Middle)

Address 23 OLANDER DR

City HYANNIS State MA Zip 02601-2330

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) 2 (27) 8 (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32) (1 / 13)

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

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

Vehicle 2

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

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

Operator DINES, `ALEXANDER (Last / First / Middle)

Address 45 RANTOUL ST

City BEVERLEY State MA Zip 01915

Insurance Company AMICA MUTUAL INSURANCE CO

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

Citation # (If Issued) _____

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

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

Reg # 366ZA7 Reg Type PC Reg State MA

Veh Year 2014 Veh Make SUBARU Veh Config. 1 (21) (1 / 14)

Owner DINES, AMY L (Last / First / Middle)

Address 5 PILGRIM HTS

City BEVERLY State MA Zip 01915-4161

Vehicle Action Prior to Crash 6 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 4 (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: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

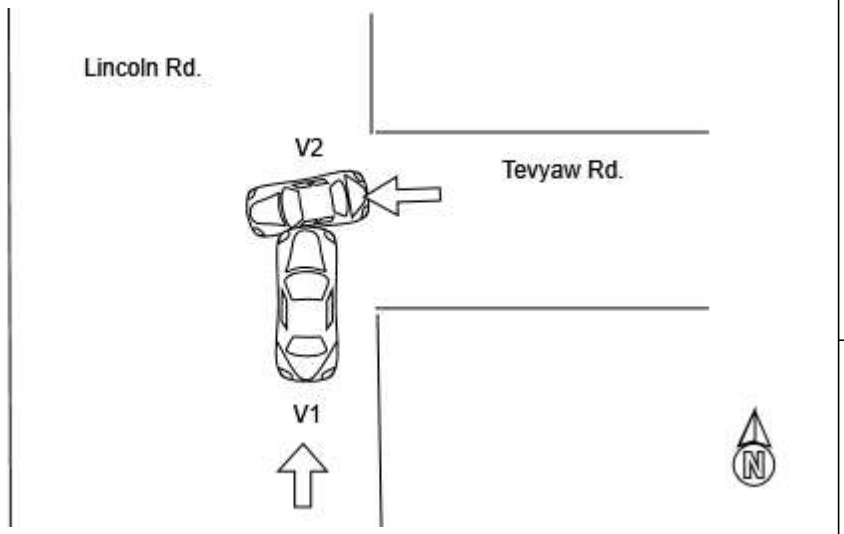
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	8	1	
STEPHANIE MCDEVITT	45 RANTOUL ST BEVERLEY, MA 01915	[redacted]	F	3	99	4	0	0	10	1	
GRACE DINES	45 RANTOUL ST BEVERLEY, MA 01915	[redacted]	F	6	4	4	0	0	10	1	
COURTNEY SULLIVAN	21 LEEWOOD RD WELLSLEY, MA 21	[redacted]	F	4	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:

Op1 stated that he was driving straight when Op2 pulled out in front of him and he could not stop in time.

Op2 stated that Op1 flashed his lights at him and he thought Op1 was letting him out onto Lincoln Rd.

Gist - Op1 was traveling northbound on Lincoln Rd. Op2 was turning left off Tevyaw Rd. to go south on Lincoln Rd. Op2 failed to yield the right of way and Op1 was unable to stop. Op1 struck the driver's side of Op2's vehicle. V2 sustained heavy damage to the driver's side. V1 sustained moderate damage to the front end. V1 was driven from the scene. V2 was towed by Davis Towing. Op1 and his infant daughter were evaluated by HYFD but were not transported.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

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

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/10/2021	1907 24HR	MARSTONS MILLS	1	0

Speed Limit 30
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 # Name of Roadway/Street: 831 OLD FALMOUTH RD
Feet N S E W of Mile Marker — — — • — or Exit Number
Feet N S E W of Route# Intersecting Roadway/Street: WALNUT ST
Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-853-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator MACVEIGH-FIERRO, KEELAN C (Last First Middle)
Address 277 OLD BASS RIVER RD
City SOUTH DENNIS State MA Zip 02660-2776
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 # 1AKP49 Reg Type PC Reg State MA
Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21
Owner FIERRO-MACVEIGH, GERMANIA RAQUEL (Last First Middle)
Address 350 OLD BARNSTABLE R APT 2
City E FALMOUTH State MA Zip 02536-0000
Vehicle Action Prior to Crash 1 22
Event Sequence 21 23 23 23 23
Most Harmful Event 21 24
Driver Contributing Code 22 25 25
Driver Distracted by 99 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 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	

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

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

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

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

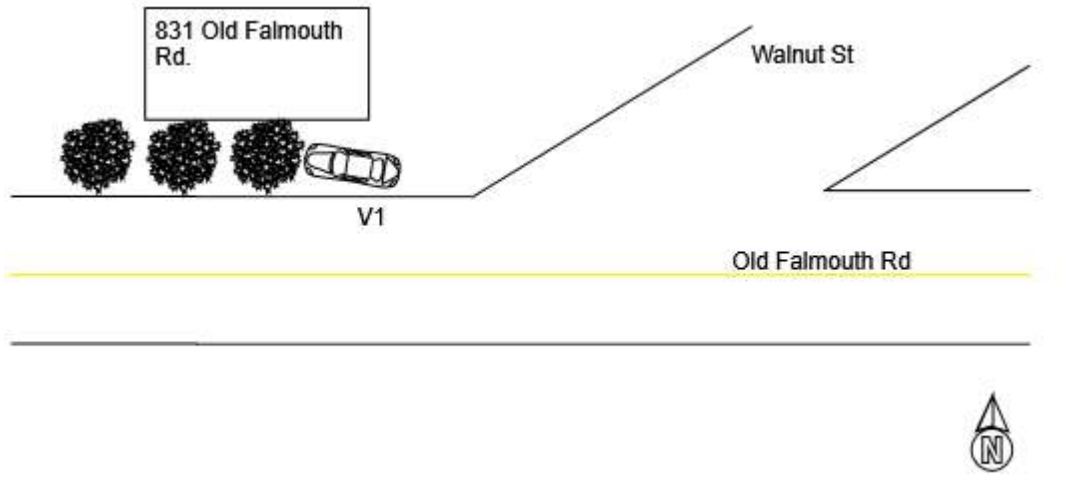
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Form No. 10364 CRA-65 09/18

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

Crash Diagram:

ie: → 1 → 2 → 🚶 → 🚲



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

↑

Crash Narrative:

V1 was traveling west on Old Falmouth Rd. As V1 was passing Walnut St on the right Op.1 lost control of the wheel and struck a small sized tree in the front yard of 831 Old Falmouth Rd. Roadway conditions were wet due to rain and the Op.1 stated that the tires of V1 were bald/balding. Op.1 reported no injury and declined rescue. Davis Towing arrived and towed V1 to Op.1's friends home. V1 suffered significant damage and was not driveable. Owner of 831 Old Falmouth Rd declined to give name and stated they will handle property damage repairs with Op.1.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

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

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/10/2021	1930 24HR	MARSTONS MILLS	2	0

Speed Limit 30
Latitude
Longitude

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

LOCATION

AT INTERSECTION:

Route# | Direction | OLD STAGE RD — Name of Roadway/Street (1 4)

At

Route# | Direction | RACE LN — Name of Intersecting Roadway/Street

Also at Intersection with

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

NOT AT INTERSECTION:

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

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

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

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-854-AC (3)

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator NAILOR, PAIGE ELIZABETH (Last First Middle) (4 2)
Address 253 BOG RD
City MARSTONS MILLS State MA Zip 02648-1421
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub (5 1)
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub (6 1)

Reg # 1AEY39 Reg Type PC Reg State MA
Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21 (12 1)
Owner NAILOR, PAIGE ELIZABETH (Last First Middle)
Address 253 BOG RD
City MARSTONS MILLS State MA Zip 02648-1421
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: 7 27 1 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 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			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 2)

License # [redacted] St GA DOB/Age [redacted]
Sex F Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator HOHENKIRK, ANDREA (Last First Middle) (8 1)
Address 86 STRAIGHTWAY
City HYANNIS State MA Zip 02601
Insurance Company LIBERTY MUTUAL PERSONAL I
Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub (9 2)
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1TBJ35 Reg Type PC Reg State MA
Veh Year 2020 Veh Make KIA Veh Config. 1 21
Owner HENRY, HORACE H (Last First Middle)
Address 86 STRAIGHTWAY
City HYANNIS State MA Zip 02601
Vehicle Action Prior to Crash 3 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 25 25
Driver Distracted by 99 26
Damaged Area Code: 1 27 8 27 2 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32 (14 1)
Towed from scene? 1 33

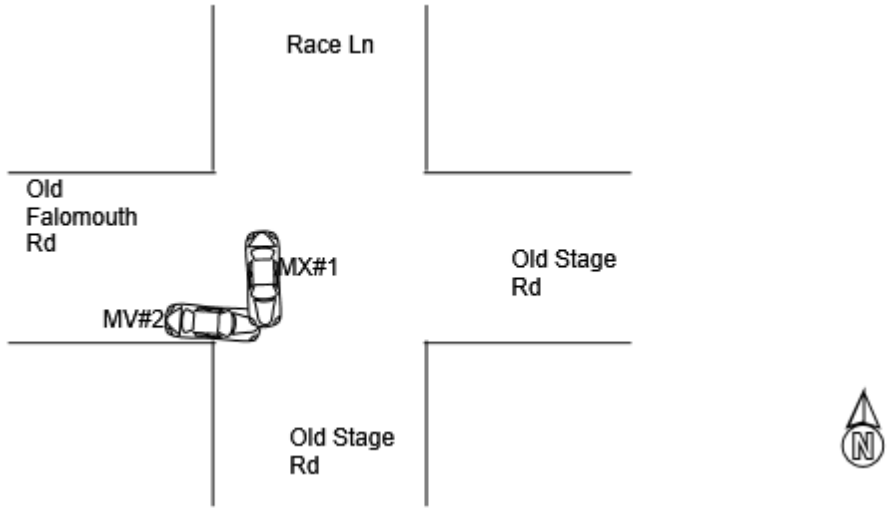
Please fill out for operator/non-motorist and all occupants involved

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

Indicate North Arrow

Crash Narrative:

Op of MV#1 stated that she was traveling straight when the vehicle came out of Old Falmouth Rd and she was not able to stop or avoid the vehicle. She then struck the vehicle.

Op of MV#2 stated that she was making a right hand turn off Old Falmouth Rd. on Old Stage Rd. When she looked left she thought she could go and she did. Then she struck the vehicle.

No injuries were reported at the scene. Both vehicles was towed from the scene by Davis Towing.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

PTL. ARMANDO FELICIANO		247	Barnstable Police Department		10/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/12/2021	0448 24HR	CENTERVILLE	2	0

Speed Limit ____ Latitude ____ Longitude ____

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

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: PHINNEY'S LN (12)

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: LOOMIS LN (21)

Also at Intersection with

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

NOT AT INTERSECTION:

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

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

____ Feet N S E W of Route# ____ Intersecting Roadway/Street ____ (3 / 11)

____ Feet N S E W of ____ Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-855-AC (3)

License # [redacted] St MA DOB/Age [redacted] (4 / 1)

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

Operator KUZNAROWIS, BRADLEY JAMES (Last, First, Middle)

Address 32 BELDAN LN

City CENTERVILLE State MA Zip 02632-2878

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2 (5 / 2)

Citation # (If Issued) ____

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

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ (6 / 1)

Reg # 258R20 Reg Type PC Reg State MA (12 / 1)

Veh Year 2002 Veh Make FORD Veh Config. 1 21

Owner KUZNAROWIS, BRADLEY JAMES (Last, First, Middle)

Address 32 BELDAN LN

City CENTERVILLE State MA Zip 02632-2878

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 2 27 97 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32 (13 / 1)

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # [redacted] St NY DOB/Age [redacted] (8 / 1)

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

Operator VELOSO, MATHEUS G (Last, First, Middle)

Address 3428 110TH ST APT 1

City CORONA State NY Zip 11368

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ 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 # R80079 Reg Type PC Reg State MA

Veh Year 2009 Veh Make CHEVROLET Veh Config. 8 21

Owner A AND A CUSTOM HOMES LLC (Last, First, Middle)

Address BX 1667

City S DENNIS State MA Zip 02660-1607 (14 / 1)

Vehicle Action Prior to Crash 3 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 5 26

Damaged Area Code: 1 27 97 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

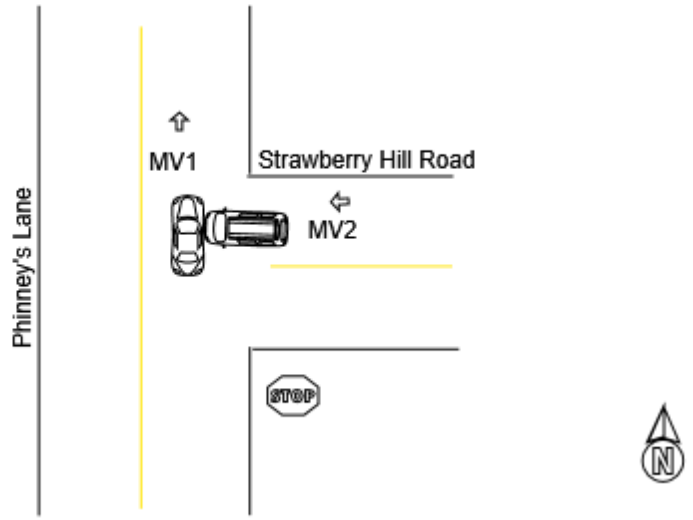
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: 1 2



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

On October 12, 2021, at approximately 0500 hours I was dispatched to the intersection of Phinney's Lane and Strawberry Hill road for the report of a two car MVA. When I arrived on scene I observed MV1 MA 258R20 and MV2 MA R80079. OP1 of MV1 stated he was traveling North on Phinney's Lane when MV2 attempted to turn onto Phinney's and collided with his MV. OP2 of MV2 stated he attempted to turn onto Phinney's Lane and didn't see MV1 and collided with his vehicle. There was no apparent injuries and neither vehicle had to be towed 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. MARCUS B CUNNINGHAM		318	Barnstable Police Department		10/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only	Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	RMV Document Number
	10/12/2021	1056 24HR	BARNSTABLE	2	0	

Speed Limit 5
Latitude
Longitude
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 | 767 Address # | INDEPENDENCE DR 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#** 21-856-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class 19 D 19 Lic. Restrictions 20 B CDL Endorsement
Reg # V96556 Reg Type CO Reg State MA
Veh Year 2021 Veh Make DODGE Veh Config. 21 2
12 1

4 1 **Operator** GONCALVES, ALEXANDER H (Last First Middle)
Address 767C INDEPENDENCE DR APT 103
City BARNSTABLE State MA Zip 02630
Owner EAN HOLDINGS LLC (Last First Middle)
Address 14002 EAST 21ST ST ST APT 1500
City TULSA State OK Zip 74134-0000

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

Vehicle Action Prior to Crash 22 10
Event Sequence 23 1 23 23 23
Most Harmful Event 24 1
Driver Contributing Code 25 18 25
Driver Distracted by 26 0

Damaged Area Code: 27 6 27 27
Test Status: 28 1
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33 2
13 1

5 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	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]
Sex F Lic. Class 19 D 19 Lic. Restrictions 20 1 CDL Endorsement
Reg # 6GC712 Reg Type PC Reg State MA
Veh Year 2016 Veh Make CHEVROLET Veh Config. 21 1

8 1 **Operator** SIMS, JAAMIA A (Last First Middle)
Address 767 INDEPENDENCE DR APT B208
City BARNSTABLE State MA Zip 02630
Owner SIMS, JAAMIA A (Last First Middle)
Address 767 INDEPENDENCE DR APT B208
City BARNSTABLE State MA Zip 02630
14 1

Insurance Company GEICO GENERAL INSURANCE C
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

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

Damaged Area Code: 27 2 27 3 27 4
Test Status: 28 1
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33 2

9 2

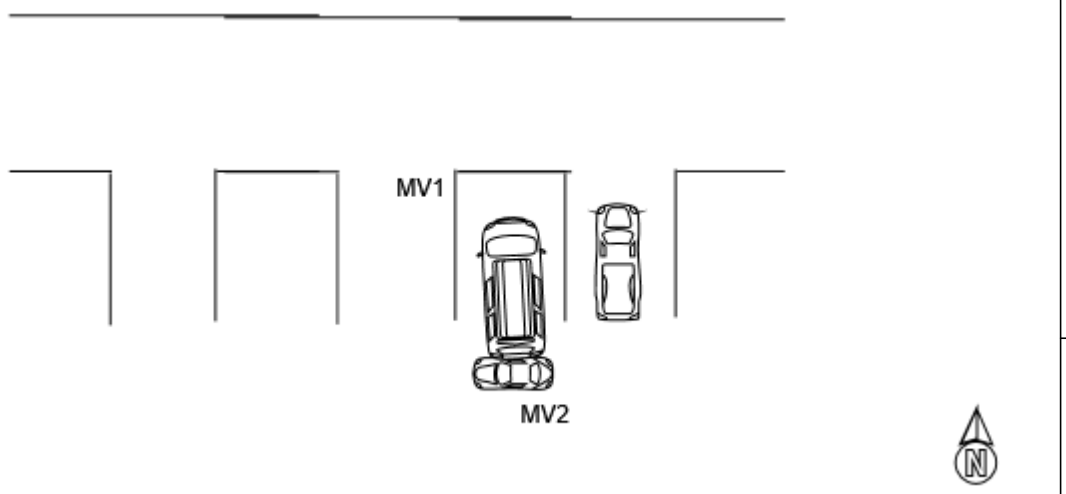
Please fill out for operator/non-motorist and all occupants involved

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	

= 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:

Op1 (Goncalves)/MV1 stated he was backing up and did not see other MV (MV2) as his view was obstructed by MV (Jeep) parked next to him, and due to the fact his MV (cargo vehicle) does not have any side windows. Op2 (Sims)/MV2 stated she was driving straight when he (Op1/MV1) backed into her as she was driving past. No reported injuries. Minor damage to rear drivers side of MV1. Damage to MV2 was to the passenger side front, middle and rear. Neither MV 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. WAYNE A ELLIS		232	Barnstable Police Department		10/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/12/2021	1141 24HR	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | PITCHER'S WAY — Name of Intersecting Roadway/Street

Also at Intersection with

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

NOT AT INTERSECTION:

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

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

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

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-857-AC (3)

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

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

Operator OCONNOR, STEVEN J (Last First Middle) (4 3)

Address 25 GREENBUSH RD

City WORCESTER State MA Zip 01604-3409

Insurance Company GOVERNMENT EMPLOYEES INSU

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

Citation # (If Issued) T2850186 (5 1)

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub (6 1)

Reg # V77833 Reg Type CO Reg State MA

Veh Year 2013 Veh Make NISSAN Veh Config. 1 (21) (12 1)

Owner RELIABLE CAR SERVICES (Last First Middle)

Address 26 MAHAGONEY RN

City LEOMINSTER State MA Zip 01453

Vehicle Action Prior to Crash 1 (22)

Event Sequence 40 (23) 20 (23) 1 (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) (13 20)

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 1 #Occupants ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) ☐ Hit/Run ☐ Moped (7 2)

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

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

Operator LINDBLOM, ERIC M (Last First Middle) (8 1)

Address 30 OCEAN AVE

City HALIFAX State MA Zip 02338-1367

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued) (9 2)

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

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

Reg # N49896 Reg Type CO Reg State MA

Veh Year 2017 Veh Make GMC Veh Config. 2 (21) (14 1)

Owner CLIMATE CONTROL SPECIALISTS (Last First Middle)

Address BX 275

City RANDOLPH State MA Zip 02368

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: 1 (30)

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

Towed from scene? 2 (33)

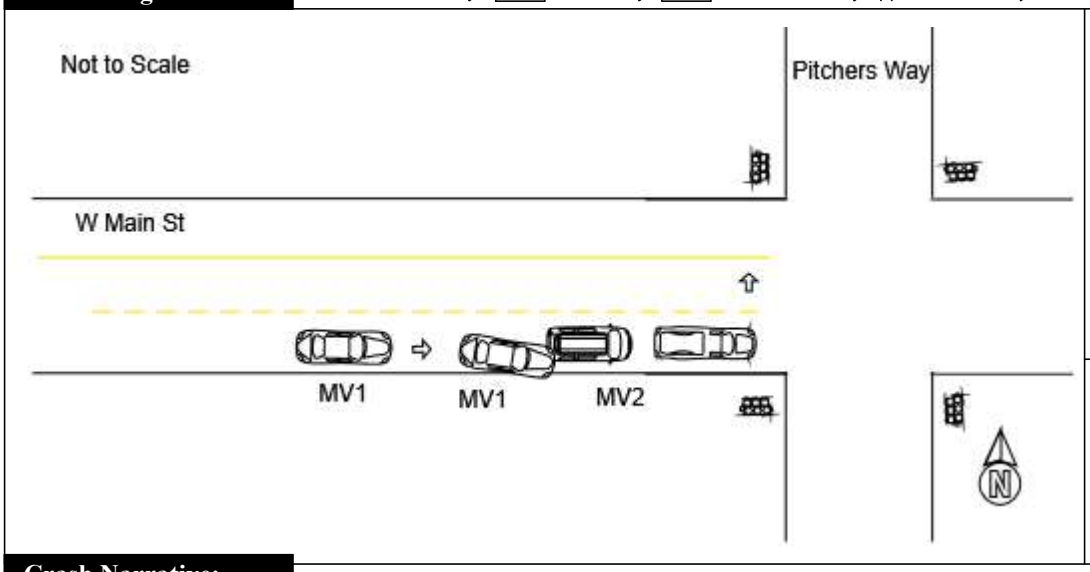
Please fill out for operator/non-motorist and all occupants involved

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

= 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:

MV2 was traveling East on W Main Street. MV2 slowed and came to a stop at the intersection of W Main Street and Pitchers Way. MV1 was traveling East on W Main Street. MV1 was unable to stop in time, ran off the road right striking the curb, and collided with the rear of MV2. OP1 stated he ran off the road right in an attempt to avoid collision with MV2. MV1 was towed from the scene. Both operators denied medical attention.

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		10/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
10/12/2021	1456 24HR	HYANNIS	2	0		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 | 990 Address # | IYANNOUGH RD RTE 132 Name of Roadway/Street
_____ Feet N S E W of — — — • — Mile Marker or _____ Exit Number
3 11 — _____ Feet N S E W of Route# _____ Intersecting Roadway/Street
_____ Feet N S E W of _____ Landmark

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants ☐ **Hit/Run** ☐ **Moped** **Crash Report ID#** 21-858-AC

License # [redacted] St MA DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator SCANLON, RICHARD ANTHONY (Last, First, Middle)
4 1 — Address 52 JASPER RD
City MARSTONS MILLS State MA Zip 02648-0000
Insurance Company NGM INSURANCE COMPANY
5 — Vehicle Travel Direction: N S ☒ 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 # 2DFY85 Reg Type PC Reg State MA
Veh Year 2005 Veh Make HONDA Veh Config. 1 21
Owner LANOUE, MELISSA A (Last, First, Middle)
Address 52 JASPER RD
City MARSTONS MILLS State MA Zip 02648-1032
Vehicle Action Prior to Crash 10 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: 4 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

7 12 — 1 13

Please fill out for operator and all occupants involved

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

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

License # [redacted] St MA DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator JELEAPOVA, IULIA (Last, First, Middle)
8 1 — Address 8 KING ARTHUR DR
City OSTERVILLE State MA Zip 02655
Insurance Company GOVERNMENT EMPLOYEES 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 # 2EWJ89 Reg Type PC Reg State MA
Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1 21
Owner VERESHCHYNSKYY, VOLODYMYR (Last, First, Middle)
Address 8 KING ARTHUR DR
City OSTERVILLE State MA Zip 02655-1327
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: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

1 14

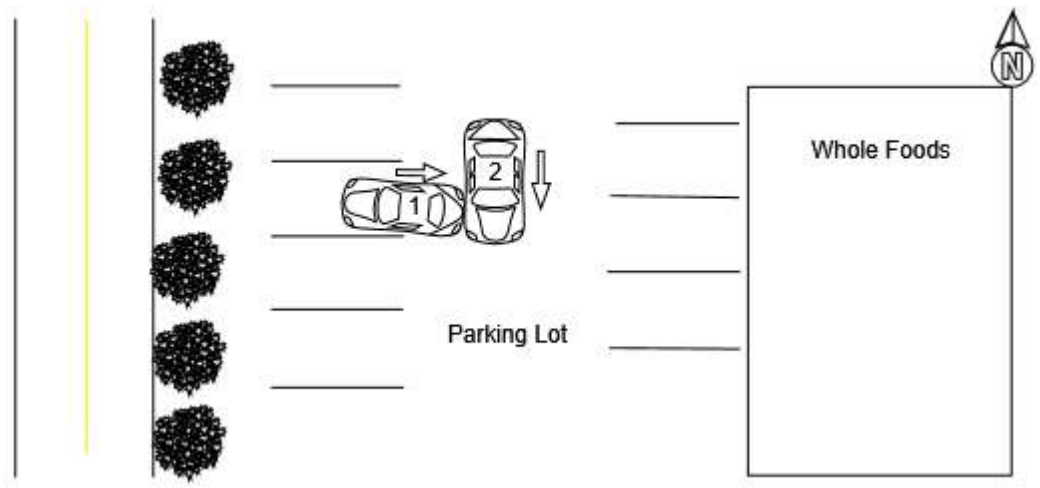
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → 🚶 → 🚲



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

↑

Crash Narrative:

Veh#1 Driver stated he was backing out of a parking spot and was struck by veh#2. Stated he looked both ways and did not see any vehicles.

Veh#2 Driver stated she was traveling through the parking lot and veh#1 backed into her car.

GIST. Veh#1 was backing out of a parking spot in the Whole Foods lot and struck veh#2 as she was driving through the lot.

No injuries/no vehicles 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. DAVID D HEISE		302	Barnstable Police Department		10/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/13/2021	0723 24HR	HYANNIS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

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

1 1 2 1 2 10 2 11

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-859-AC

3

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

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

Operator SCARDUA-NEGOSIA, LEONARDO (Last First Middle)

Address 11 BELMONT CIR APT 2FL

City DANBURY State CT Zip 06810

Insurance Company PROGRESSIVE CASUALTY INSU

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 # 1ZEC37 Reg Type PC Reg State MA

Veh Year 2017 Veh Make INFINITI Veh Config. 1 21

Owner JUSTINO-MOLINA, VERIDIANA (Last First Middle)

Address 97 OLD TOWN RD

City HYANNIS State MA Zip 02601-3543

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: 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

4 3 5 1 6 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			1	1	4	0	0	99	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 2

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

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

Operator CARABALLO, ADADIN JR (Last First Middle)

Address 110 HIGH SCHOOL RD APT A

City HYANNIS State MA Zip 02601-4540

Insurance Company ALLSTATE INSURANCE COMPAN

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 # 837NN2 Reg Type PC Reg State MA

Veh Year 2012 Veh Make CADILLAC Veh Config. 2 21

Owner CARABALLO, ADADIN JR (Last First Middle)

Address 110 HIGH SCHOOL RD APT A

City HYANNIS State MA Zip 02601-4540

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 11 25 25

Driver Distracted by 0 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

8 1 9 2 14 1

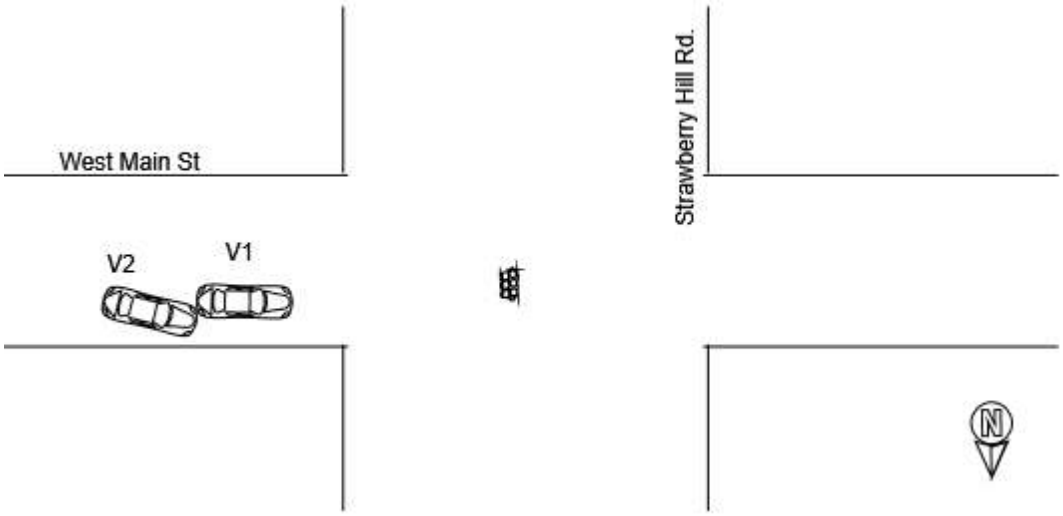
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → 🚶 → 🚲



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

V1 was traveling W/B on West Main St, approaching the light at Strawberry Hill Rd. While in transport the traffic light turned yellow and V1 stopped. V2 was also traveling West Bound on West Main St, also seeing the yellow light but assumed V1 would continue traveling through the yellow. V2 rear-ended V1. No injuries reported. No tow needed.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

PTL. DAVID J DOWNS		254	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/13/2021	0848 24HR	BARNSTABLE	1	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

1 1 — Route# | Direction | MARY DUNN RD — Name of Roadway/Street
At
Route# | Direction | MAIN ST RTE 6A — Name of Intersecting Roadway/Street

2 1 — 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# 21-860-AC

4 2 — License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator KELLY, SUZANNE (Last, First, Middle)
Address 3941 MAIN ST RTE 6A
City BARNSTABLE State MA Zip 02630
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2
5 1 — 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 # 496NB0 Reg Type PC Reg State MA
Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21 — 12 1
Owner KELLY, SUZANNE (Last, First, Middle)
Address 3941 MAIN ST RTE 6A
City BARNSTABLE State MA Zip 02630
Vehicle Action Prior to Crash 4 22
Event Sequence 4 23 23 23 23
Most Harmful Event 4 24
Driver Contributing Code 4 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: 31 Susp. Drug: 32 — 13 4
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 2 — **Please Select One of the Following:** ☐ Vehicle 2 #Occupants ☒ Non-Motorist A Type 2 15 Action 2 16 Location 2 17 Condition 1 18 ☐ Hit/Run ☐ Moped

8 1 — License # unknown St DOB/Age [redacted] Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator FAVREAU, JOHN (Last, First, Middle)
Address 9960 103RD LN
City OCALA State FL Zip 34470
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 # Reg Type Reg State
Veh Year Veh Make Veh Config. 21
Owner (Last, First, Middle)
Address
City State Zip — 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: 97 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 99 33

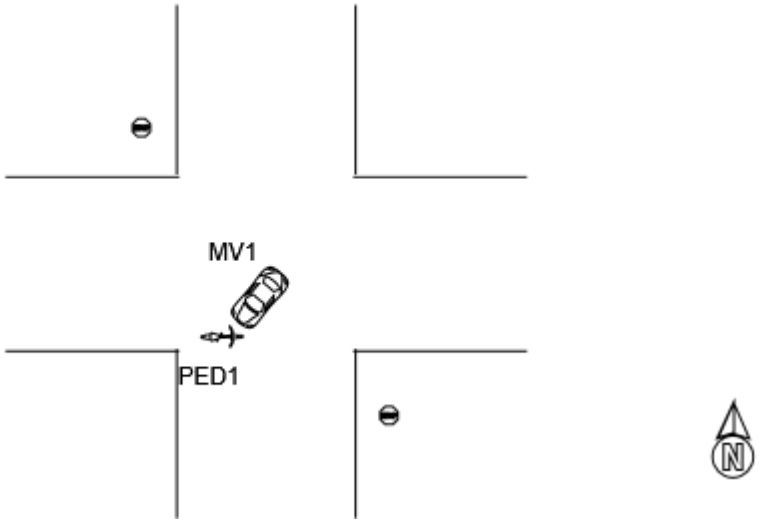
Please fill out for operator/non-motorist and all occupants involved

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	6				8	1	

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

Crash Diagram:

ie: 1 2



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

Op1/MV1 - Stated she was travelling westbound on RTE 6A and turned left (on to Mary Dunn Rd) when the cyclist (PED1) suddenly appeared in front of her. She stated that she did not see him coming. PED1/Cyclist - Stated he was travelling eastbound on RTE 6A when she Op1/MV1 turned in front of him. PED1/Cyclist stated his bicycle (Canyon electric) was hit broadside causing him (his body) to hit the front edge and hood of Op1's vehicle (MV1). PED1/Cyclist had minor injuries but declined to be transported to hospital. The impact with the MV broke both sides of the front fork of PED1/Cyclist's bicycle.

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. WAYNE A ELLIS		232	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/13/2021	1041 24HR	MARSTONS MILLS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

1 1 — Route# OLD FALMOUTH RD Direction — Name of Roadway/Street
At
Route# FLINT ST Direction — 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 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#** 21-861-AC

4 2 — License # [redacted] St MA DOB/Age [redacted] Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator OCONNOR, DONNA P (Last First Middle)
Address 80 OLD FALMOUTH RD
City MARSTONS MILLS State MA Zip 02648-1529
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N S ☒E W Responding to Emergency? 2
5 1 — 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 # 9538AS Reg Type PC Reg State MA
Veh Year 2008 Veh Make TOYOTA Veh Config. 2 21
Owner OCONNOR, DONNA P (Last First Middle)
Address 80 OLD FALMOUTH RD
City MARSTONS MILLS State MA Zip 02648-1529
Vehicle Action Prior to Crash 6 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 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: 31 Susp. Drug: 32
Towed from scene? 2 33
12 1 — 13 1

Please fill out for operator and all occupants involved

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

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

8 1 — License # [redacted] St MA DOB/Age [redacted] Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator KEANEY, WILLIAM F (Last First Middle)
Address 252 PEARL ST
City GARDNER State MA Zip 01440-2416
Insurance Company FEDERAL INSURANCE COMPANY
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 # R11488 Reg Type CO Reg State MA
Veh Year 2014 Veh Make HONDA Veh Config. 2 21
Owner BUNCE INDUSTRIES LLC (Last First Middle)
Address BX 720
City STOW State MA Zip 01775-0720
Vehicle Action Prior to Crash 6 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: 4 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
14 1

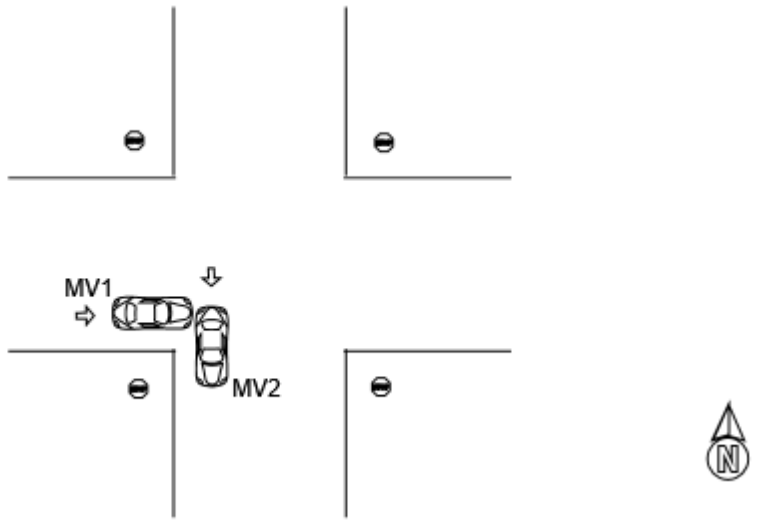
Please fill out for operator/non-motorist and all occupants involved

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	2	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

Indicate North Arrow

Crash Narrative:

MV1 Stated "I guess we both started through the intersection at the same time. MV2 Stated they were all stopped at the intersection (4 way stop signs) and after the other side went he thought it was his turn to go. Based on the location of the damage to both MV's, (MV1 had front end damage, MV2 had rear passenger side damage), MV2 was almost through the intersection when the front of MV1 struck the rear passenger side of his MV.

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. WAYNE A ELLIS		232	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Other
10/13/2021	1359 24HR	HYANNIS	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐

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 438 STRAWBERRY HILL RD
Address # Name of Roadway/Street

Feet N S E W of — — — • — or
Mile Marker 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#** 21-862-AC

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

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

Operator DEAN, CHRISTOPHER P (Last First Middle)

4 1

Address 29 OLD FIELDS RD

City SANDWICH State MA Zip 02563-2515

Insurance Company GEICO GENERAL INSURANCE C

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

5 2

Citation # (If Issued) T2813643

Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub 720CMR 906

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

6 1

Reg # NE59MB Reg Type PC Reg State MA

Veh Year 2008 Veh Make BMW Veh Config. 1 21

Owner DEAN, CHRISTOPHER P (Last First Middle)

Address 29 OLD FIELDS RD

City SANDWICH State MA Zip 02563-2515

Vehicle Action Prior to Crash 1 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 13 25 25

Driver Distracted by 5 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 1 33

12 1

13 2

Please fill out for operator and all occupants involved

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

7 1

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

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

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

Operator FRANZ, VINCENT PAUL (Last First Middle)

8 1

Address 45 CROCKER ST

City CENTERVILLE State MA Zip 02632-2410

Insurance Company THE COMMERCE INSURANCE CO

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

9 2

Citation # (If Issued)

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

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

Reg # 24CB20 Reg Type PC Reg State MA

Veh Year 2008 Veh Make NISSAN Veh Config. 1 21

Owner FRANZ, VINCENT PAUL (Last First Middle)

Address 45 CROCKER ST

City CENTERVILLE State MA Zip 02632-2410

Vehicle Action Prior to Crash 11 22

Event Sequence 1 23 23 23 23

Most Harmful Event 2 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

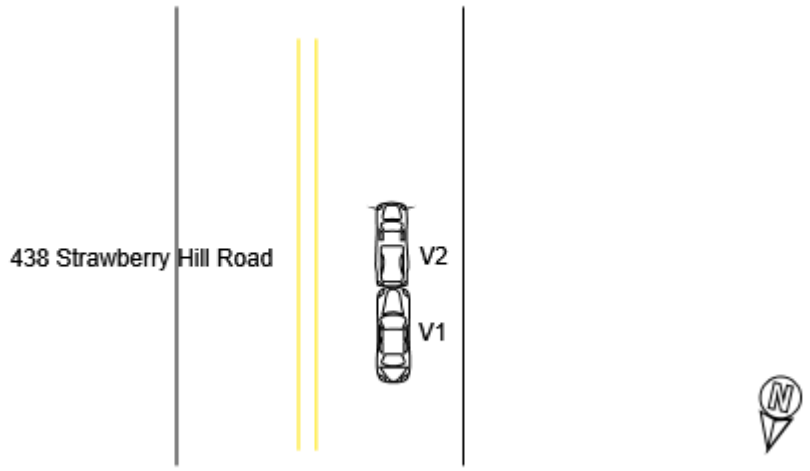
Please fill out for operator/non-motorist and all occupants involved

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	

= 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:

V1 was traveling south on Strawberry Hill Road when it rear ended V2. OP1 stated that V2 was stopped in the roadway, and OP1 did not see V2 due to the sun's glare. V2 left the scene and later located at OP2 residence. OP2 denied being stopped in the roadway, and stated he took off from the accident because he was scared of OP1 and potential retaliation due to accident. No injuries reported. V1 towed from 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. LIAM T LOISELLE		312	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Other
10/13/2021	1429 24HR	BARNSTABLE	2	3	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐

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 # 4429 | Name of Roadway/Street: 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

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

Crash Report ID# 21-863-AC

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

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

Operator GRAY, STEPHEN RAY (Last First Middle)

Address 6855 SAN MARINO DR

City NAPLES State FL Zip 34108-5572

Insurance Company UNITED SERVICES AUTOMOBI

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

Citation # (If Issued) T0312055

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

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

Reg # XB9VU Reg Type PC Reg State FL

Veh Year 2017 Veh Make TOYOTA Veh Config. 1 (21)

Owner GRAY, STEPHEN RAY (Last First Middle)

Address 6855 SAN MARINO DR

City NAPLES State FL Zip 34108-5572

Vehicle Action Prior to Crash 97 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 9 (25) 25

Driver Distracted by 99 (26)

Damaged Area Code: 11 (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	3	0	0	9	2	Cape Cod Hospital

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 (19) (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator OLIVEIRA, DONNA E (Last First Middle)

Address 5 WADES WAY

City DENNIS State MA Zip 02638-1009

Insurance Company ELECTRIC 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 # RWAN25 Reg Type PC Reg State MA

Veh Year 2019 Veh Make BMW Veh Config. 1 (21)

Owner OLIVEIRA, DONNA E (Last First Middle)

Address 5 WADES WAY

City DENNIS State MA Zip 02638-1009

Vehicle Action Prior to Crash 11 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) 25

Driver Distracted by 0 (26)

Damaged Area Code: 11 (27) 27 27

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (33)

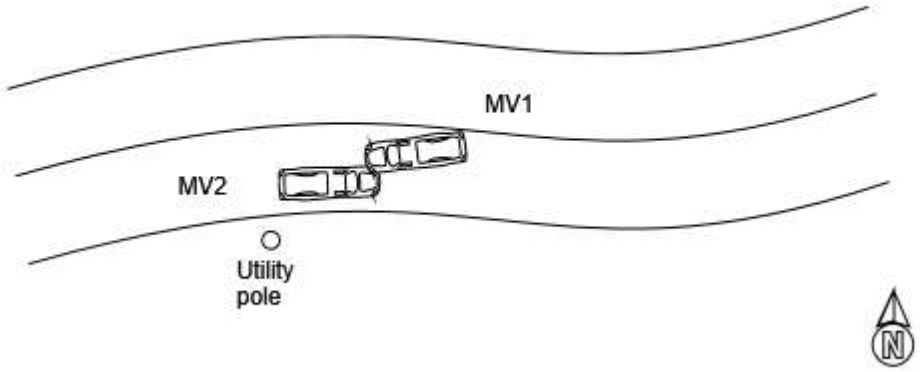
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	3	0	1	9	2	Cape Cod Hospital
HELENE SAVICKI	30 WADES WAY DENNIS, MA 02638-1007	[redacted]	F	3	1	3	0	1	9	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:

Op1/MV1 - Stated he was heading home (travelling westbound on RTE 6A) from the dump and suddenly felt a bang, he stated he did not remember the crash. Op2/MV2 - Stated she just left home and turned right on 6A (travelling eastbound on RTE 6A) when she saw him (Op1/MV1) come across the center line (solid yellow) into her lane. Op2/MV2 - Stated she pulled to her right as far as she could but there was a utility pole preventing her from pulling off the roadway and her vehicle (MV2) was struck by his vehicle (MV1). Witness (W1) Stated she was travelling (westbound) behind Op1/MV1 when he just started going into the other travel lane (eastbound on RTE 6A) and hit her (Op2/MV2) head on. 3 people were transported to CCH for evaluation / treatment, Op1/MV1, Op2/MV2, and passenger/MV2. BCI took photos of the scene. Rotary Towing removed both MV's from scene.

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BERTRAND RAMONA	7 COLBURNE PATH YARMOUTHPORT MA 02675	[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. WAYNE A ELLIS		232	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/13/2021	1415 24HR	COTUIT	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | SCHOOL ST — Name of Roadway/Street (1 1)

At

Route# | Direction | MAIN ST — Name of Intersecting Roadway/Street

Also at Intersection with

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

NOT AT INTERSECTION:

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

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

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

_____ Feet N S E W of _____ Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-864-AC (3)

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

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

Operator FEHON, JACQUELINE R (Last First Middle) (4 1)

Address 101 CENTER ST

City FAIRHAVEN State MA Zip 02719

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N ☒ 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 # 7SC340 Reg Type PC Reg State MA (12 1)

Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 (21)

Owner FEHON, JACQUELINE R (Last First Middle)

Address 101 CENTER ST

City FAIRHAVEN State MA Zip 02719

Vehicle Action Prior to Crash 1 (22)

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

Most Harmful Event 1 (24)

Driver Contributing Code 19 (25) (25)

Driver Distracted by 99 (26)

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

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32) (13 1)

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

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

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

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

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

Operator NEAL, RITA (Last First Middle) (8 1)

Address 20 PINEY RD

City COTUIT State MA Zip 02635

Insurance Company ECONOMIC MUTUAL INS

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

Citation # (If Issued) _____ (9 2)

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

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

Reg # ZHD811 Reg Type PC Reg State ON

Veh Year 2015 Veh Make CHRYSLER Veh Config. 1 (21)

Owner NEAL, RITA (Last First Middle)

Address 20 PINEY RD

City COTUIT State MA Zip 02635 (14 1)

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: 6 (27) (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 2 (33)

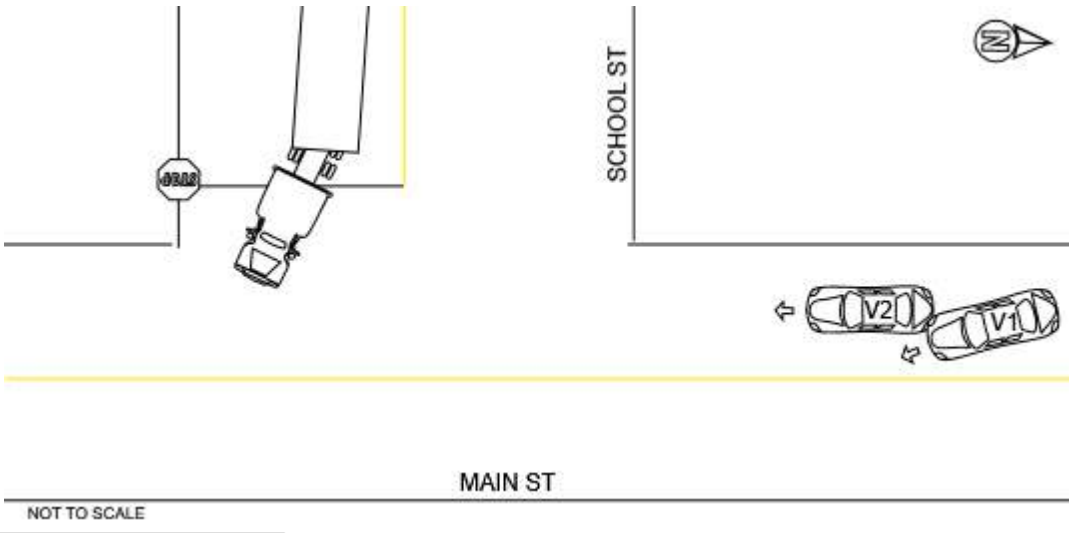
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: 1 2



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

OP1 STATED THAT SHE WAS HEADING SOUTH ON MAIN ST AND DID NOT SEE THAT V2 WAS STOPPED. OP1 ATTEMPTED TO AVOID V2 BUT WAS UNABLE TO AVOID IT AND CRASHED INTO THE LEFT REAR END OF V2. OP2 STATED THAT SHE WAS STOPPED JUST BEFORE THE INTERSECTION OF MAIN ST AND SCHOOL ST AND WAS SIGNALLING TO TURN RIGHT ONTO SCHOOL ST. OP2 STATED THERE WAS A LARGE TRACTOR TRAILER PULLING OUT AND SHE LET THEM TURN AND WAS REAR ENDED BY V1 WHILE SHE WAS STOPPED.

NO INJURIES, NO VEHICLES 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. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	
10/13/2021	2055 24HR	BARNSTABLE	1	1	Speed Limit ____ Latitude ____ Longitude ____

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

4 (1)

Route# ____ Direction ____ Name of Roadway/Street: MARY DUNN RD

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: INDEPENDENCE DR

Also at Intersection with

1 (2) Route# ____ Direction ____ Name of Intersecting Roadway/Street: ____

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

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

____ Feet N S E W of Route# ____ Intersecting Roadway/Street ____ 1 (11)

____ Feet N S E W of Landmark ____

3 **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-865-AC

License # [redacted] St MA DOB/Age [redacted] Reg # EV15EW Reg Type PC Reg State MA 7 (12)

Sex M Lic. Class 19 D 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2021 Veh Make ____ Veh Config. 21 1

4 (2) **Operator** BOURGEOIS, RONALD D (Last First Middle) **Owner** BOURGEOIS, RONALD D (Last First Middle)

Address 51 SAMANTHA DR Address 51 SAMANTHA DR

City YARMOUTHPORT State MA Zip 02675 City YARMOUTHPORT State MA Zip 02675

Insurance Company QUINCY MUTUAL FIRE INSURA

Vehicle Action Prior to Crash 22 1 Damaged Area Code: 27 11 27 27 27

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2 Event Sequence 23 24 23 21 23 23 23 Test Status: 28

5 (1) Citation # (If Issued) [redacted] Most Harmful Event 24 21 Type of Test: 29

BAC Test Result: 30

Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub [redacted] Driver Contributing Code 25 10 25 Susp. Alcohol: 31 1 Susp. Drug: 32 24 (13)

Viol. 3: Ch/Sec/Sub [redacted] Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 5 Towed from scene? 33 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	X	X	1	99	3	0	0	7	2	SOUTH SHORE HOSPITAL

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 ____ Reg # ____ Reg Type ____ Reg State ____

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

8 (2) **Operator** ____ (Last First Middle) **Owner** ____ (Last First Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____ 1 (14)

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

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

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

BAC Test Result: 30

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

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

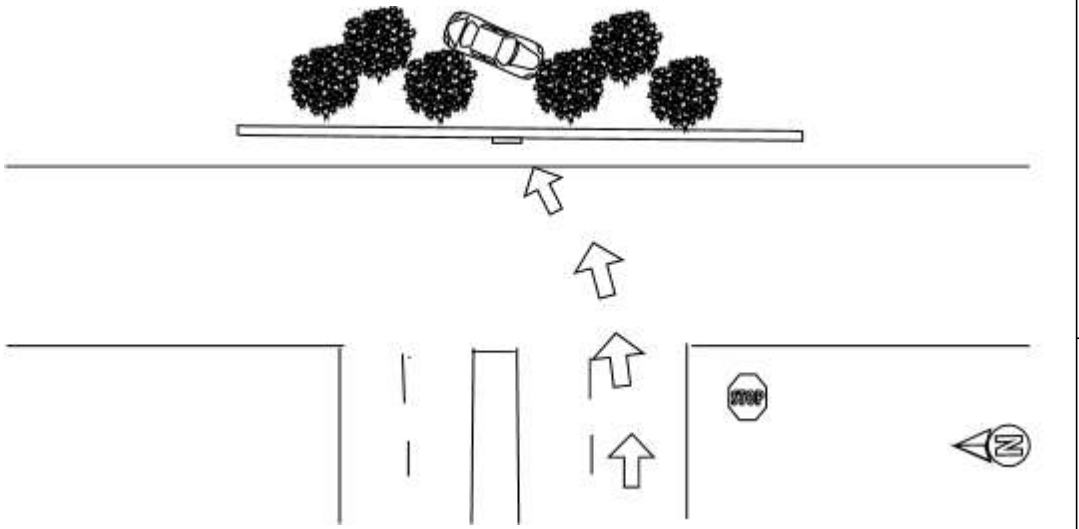
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

Gist - Op1 was traveling northbound on Independence Dr. at a high rate of speed and failed to stop at the stop sign at Independence Dr. at Mary Dunn Rd. Op1's vehicle crashed through the guardrail and several trees before coming to rest approximately forty feet off the roadway. Op1's vehicle was totaled in the accident. Op1 was transported to an off-Cape hospital by Barn Fd.

Photos taken by CIO Manfredi.

Op1 issued citation for listed charges.

779

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF BARNSTABLE	200 MAIN ST HYANNIS MA 02601		3	GUARDRAIL

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

PTL. DAVID E FOLEY		264	Barnstable Police Department		10/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/14/2021	0809 24HR	HYANNIS	1	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

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

At

Route# | Direction | LINCOLN RD — 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 — 10: 2

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

Feet N S E W of Route# Intersecting Roadway/Street — 11: 1

Feet N S E W of Landmark

3 97 — **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 21-866-AC

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

Sex M Lic. Class 19 B 19 Lic. Restrictions 20 CDL Endorsement

Operator PUZO, JOHN J (Last First Middle)

4 6 — Address 35 PONDVIEW AVE

City W YARMOUTH State MA Zip 02673-3217

Insurance Company SELF INSURED

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

5 1 — Citation # (If Issued) T2813512

Viol. 1: Ch/Sec/Sub 89 11 Viol. 2: Ch/Sec/Sub

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

6 1

Reg # M7636A Reg Type MN Reg State MA — 12: 1

Veh Year 2019 Veh Make CHEVROLET Veh Config. 8 21

Owner BARNSTABLE TOWN OF DPW (Last First Middle)

Address 382 FALMOUTH RD RTE 28

City HYANNIS State MA Zip 02601-2553

Vehicle Action Prior to Crash 4 22

Event Sequence 3 23 1 23 23 23

Most Harmful Event 3 24

Driver Contributing Code 19 25 18 25

Driver Distracted by 99 26

Damaged Area Code: 0 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32 — 13: 3

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

License # unknown St DOB/Age [redacted]

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

Operator SILVA, JENNIFER (Last First Middle)

8 1 — Address 44 TEVYAW RD APT A

City HYANNIS State MA Zip 02601

Insurance Company

Vehicle Travel Direction: N S ☒ 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 # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner (Last First Middle)

Address

City State Zip — 14: 1

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

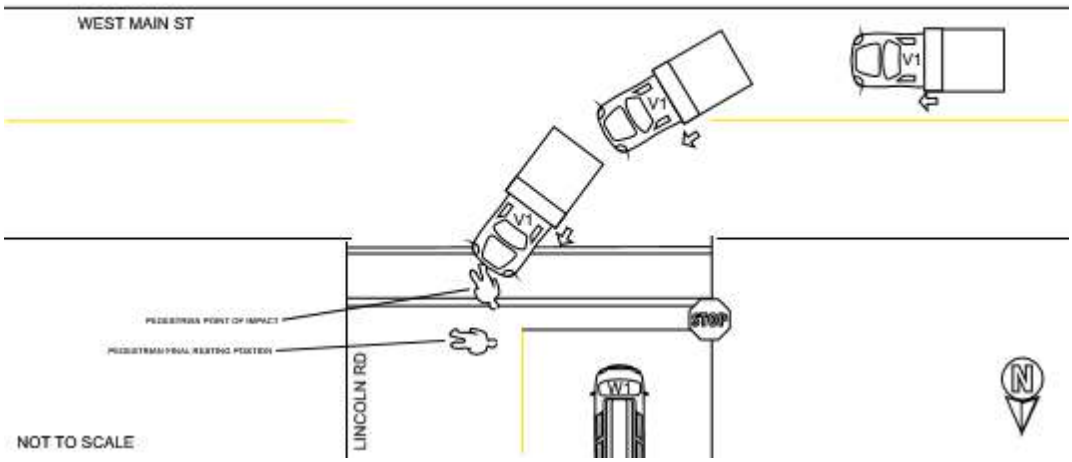
Please fill out for operator/non-motorist and all occupants involved

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	0				7	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:

OP1 STATED THAT HE WAS TRAVELING EAST ON WEST MAIN ST. HE STATED THAT HE WAS MAKING A LEFT HAND TURN ONTO LINCOLN RD. OP1 STATED WHEN HE TOOK THE LEFT TURN HE STRUCK A PEDESTRIAN WHO WAS ALMOST HALF WAY THROUGH THE MARKED CROSSWALK. OP1 STATED THAT HE WAS NOT ABLE TO SEE HER IN THE CROSSWALK DUE TO THE SUN GLARE THAT WAS FACING WEST WHEN HE WAS TURNING LEFT. OP1 REMAINED ON SCENE UNTIL EMERGENCY PERSONELL ARRIVED.

OP1 ISSUED CITATION T2813512.
PEDESTRIAN TRANSPORTED TO CAPE COD HOSPITAL.
CCTV VIDEO OF ACCIDENT SECURED FROM THE WALGREENS AND ATTACHED TO REPORT (21-1728-PR).

851

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NORTHUP ASHLEE FRANCIS	263 FAWCETT LN HYANNIS MA 02601-0000	[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]

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
PTL. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/14/2021

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	
10/14/2021	1552 24HR	COTUIT	2	1	Speed Limit ____ Latitude ____ Longitude ____

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# ____ Direction ____ Name of Roadway/Street: ANCHOR LN

At

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

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 — — — • — (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 2 — **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-867-AC

4 1 — License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class 19 B 19 Lic. Restrictions 20 1 CDL Endorsement ____

Operator SHEEHAN, PATRICK J (Last First Middle)

Address 104 BERRY ST

City WRENTHAM State MA Zip 02675

Insurance Company ARBELLA INDEMNITY INS

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

Citation # (If Issued) ____

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

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

Reg # L53901 Reg Type CO Reg State MA

Veh Year 2000 Veh Make KAWASAKI Veh Config. 21 10

Owner SHEPLEY WOOD PRODUCTS (Last First Middle)

Address 216 THORNTON DR

City BARNSTABLE State MA Zip 02630

Vehicle Action Prior to Crash 22 1

Event Sequence 23 1 23 23 23

Most Harmful Event 24 1

Driver Contributing Code 25 5 25

Driver Distracted by 26 0

Damaged Area Code: 27 3 27 27

Test Status: 28 1

Type of Test: 29 99

BAC Test Result: 30 1

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

Towed from scene? 33 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			1	99	5	0	0	10	1	

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

8 1 — License # [redacted] St MA DOB/Age [redacted]

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

Operator HUNTER, KEVIN A (Last First Middle)

Address 28 IVANHOE AVE

City WEST YARMOUTH State MA Zip 02673-1468

Insurance Company GEICO GENERAL

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 # 6TW531 Reg Type PC Reg State MA

Veh Year 2011 Veh Make HYUNDAI Veh Config. 21 1

Owner HUNTER, KEVIN A (Last First Middle)

Address 28 IVANHOE AVE

City WEST YARMOUTH State MA Zip 02673-1468

Vehicle Action Prior to Crash 22 2

Event Sequence 23 1 23 23 23

Most Harmful Event 24 1

Driver Contributing Code 25 1 25

Driver Distracted by 26 0

Damaged Area Code: 27 4 27 27

Test Status: 28 1

Type of Test: 29 99

BAC Test Result: 30 1

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

Towed from scene? 33 1

14 1

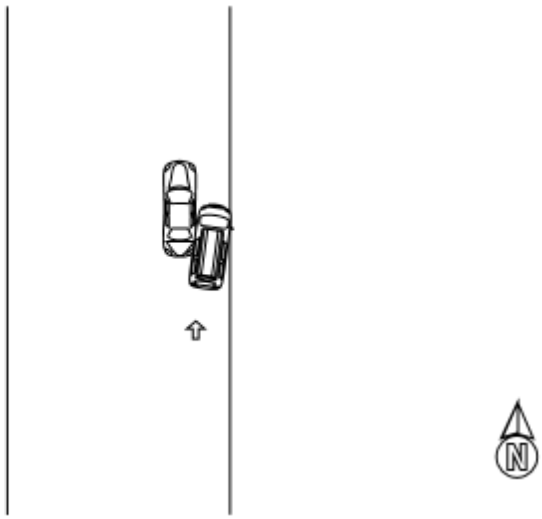
Please fill out for operator/non-motorist and all occupants involved

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

Statements: Op#1" There was a Fedex truck in front of me but its brake lights were broken along with sun glare so I couldn't stop in time. I tried to avoid him(Mv#2) by going to the right but my front driverside tire touched his bumper and it fell."

Op#2" I was slowed in traffic and I saw a car trying to take a left out of the Arts center. I stopped to let him out and he(Mv#1) rear ended me."

Gist: Mv#1 rear ended Mv#2 and struck a utility pole

Citations; None

851

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	FALMOUTH RD RTE 28 COTUIT MA 02635			UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. STEVEN EVERETT		215	Barnstable Police Department		10/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/14/2021	1600 24HR	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

At

Route# | Direction | BRISTOL AVE — 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 — — — • — 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# 21-868-AC

License # unknown St ____ DOB/Age [redacted]

Sex M Lic. Class 19 99 19 Lic. Restrictions 20 1 CDL Endorsement ____

Operator TORIBIO PERALTA, MODESTO (Last First Middle)

4 1 — Address 210 COMPASS CIR

City HYANNIS State MA Zip 02601

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N S ☒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 —

Reg # 3EFN84 Reg Type PC Reg State MA

Veh Year 2014 Veh Make FORD Veh Config. 21 1

12 1 —

Owner TORIBIO PERALTA, MASSIEL (Last First Middle)

Address 210 COMPASS CIR

City HYANNIS State MA Zip 02601-2741

Vehicle Action Prior to Crash 22 1

Event Sequence 23 1 23 23 23

Most Harmful Event 24 1

Driver Contributing Code 25 5 25

Driver Distracted by 26 0

Damaged Area Code: 27 1 27 27

Test Status: 28 1

Type of Test: 29

BAC Test Result: 30 1

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

Towed from scene? 33 1

13 1 —

Please fill out for operator and all occupants involved

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

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

License # UNKNKOWN St NH DOB/Age [redacted]

Sex M Lic. Class 19 D 19 Lic. Restrictions 20 99 CDL Endorsement ____

Operator RICCIO, MICHAEL JOSEPH (Last First Middle)

8 1 — Address 25 LITTLE PINE LN

City EXETER State NH Zip 03833

Insurance Company GEICO

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 # 104023 Reg Type PC Reg State NH

Veh Year 2019 Veh Make CHEVROLET Veh Config. 21 1

Owner RICCIO, MICHAEL JOSEPH (Last First Middle)

Address 25 LITTLE PINE LN

City EXETER State NH Zip 03833

Vehicle Action Prior to Crash 22 2

Event Sequence 23 1 23 23 23

Most Harmful Event 24 1

Driver Contributing Code 25 1 25

Driver Distracted by 26 0

Damaged Area Code: 27 5 27 6 27 4

Test Status: 28 1

Type of Test: 29

BAC Test Result: 30 1

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

Towed from scene? 33 2

14 1 —

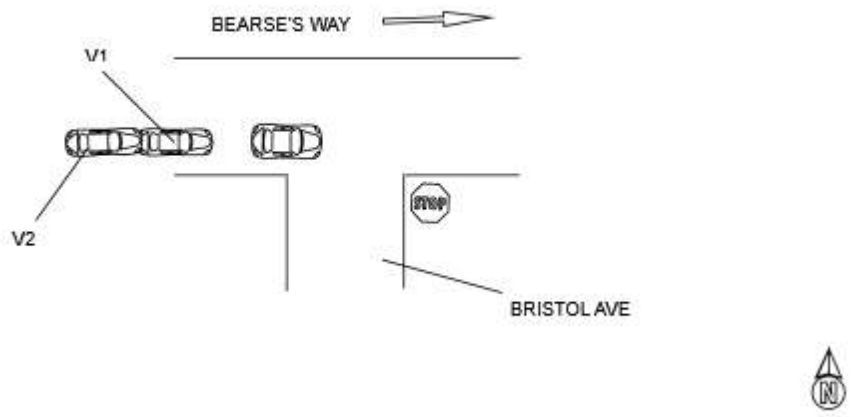
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	99	1	
NANCY RICCIO	25 LITTLE PINE DR EXETER, NH 038333109	[redacted]	F	3	99	4	0	0	99	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:

VI AND V2 WERE TRAVELLING EAST ON BEARSE'S WAY. V2 STOPPED ABRUPTLY DUE TO A VEHICLE IN FRONT IF IT STOPPING TO LET CARS ENTER ONTO BEARSE'S WAY FROM BRISTOL AVE. V1 THEN REAR ENDED VEHICLE #2. THE ROADWAY WAS DRY. OP1 WAS EVALUATED ON SCENE BY HYANNIS RESCUE AND NOT TRANSPORTED. VEHICLE #1 WAS TOWED BY ROTARY COLLISION.

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		10/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/14/2021	1730 24HR	HYANNIS	2	1	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

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

At

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

Also at Intersection with

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

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

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

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

Feet N S E W of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 2 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-869-AC

4 3 — License # [redacted] St MA DOB/Age [redacted] Reg # 2GJK33 Reg Type PC Reg State MA — 1 12

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21

Operator PEDERZANI, AMANDA LYNN (Last, First, Middle) **Owner** PEDERZANI, AMANDA LYNN (Last, First, Middle)

Address 5 FACTORY ST Address 5 FACTORY ST

City SANDWICH State MA Zip 02563-2005 City SANDWICH State MA Zip 02563-2005

Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

5 1 — Vehicle Travel Direction: N S ☒E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

BAC Test Result: 30

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

6 1 — Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
DEBRA MERRIAM	5 FACTORY ST SANDWICH, MA 02563	[redacted]	F	3	1	4	0	0	9	1	

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

8 1 — License # [redacted] St MA DOB/Age [redacted] Reg # 2VKA51 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21

Operator PAGE, SHARI LEE (Last, First, Middle) **Owner** PAGE, SHARI LEE (Last, First, Middle)

Address 265 COMMUNICATION WAY APT 440 Address 265 COMMUNICATION WAY APT 440

City HYANNIS State MA Zip 02601-1971 City HYANNIS State MA Zip 02601-1971 — 1 14

Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S ☒E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28

9 2 — Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

BAC Test Result: 30

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 2 33

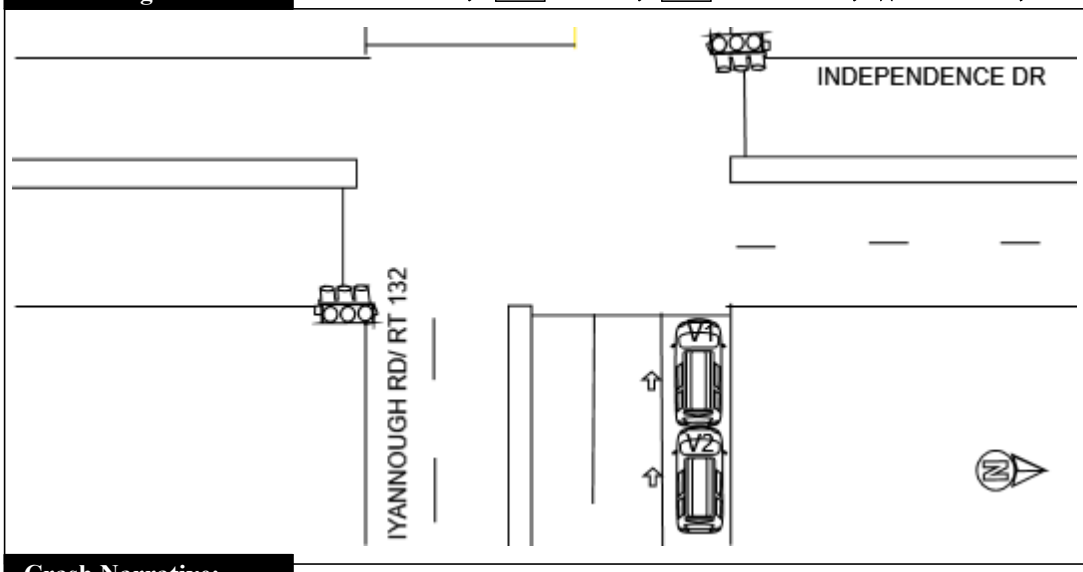
Please fill out for operator/non-motorist and all occupants involved

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	

= 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:

OP1 STATED THAT SHE WAS STOPPED AT THE TRAFFIC LIGHT AT RT 132 AND INDEPENDENCE DR HEADING WEST. OP1 STATED THAT SHE WAS REAR ENDED BY V2. MINOR DAMAGE TO REAR BUMPER AND LIFT GATE. OP2 STATED THAT SHE WAS BEHIND V1 AND SNEEZED CAUSING HER FOOT TO COME OFF THE BRAKE AND REAR END 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]

PTL. CHRISTOPHER A BOTSFORD		275	Barnstable Police Department		10/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/14/2021	1745 24HR	HYANNIS	2	0

Speed Limit ____ Latitude ____ Longitude ____

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

LOCATION

AT INTERSECTION:

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

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 (1 #Occupants) ☒ Hit/Run ☐ Moped ☐ — Crash Report ID# 21-870-AC

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

Sex M Lic. Class D (19) (19) Lic. Restrictions 99 (20) CDL ____ Endorsement

Operator KULLAS, MARK RICHARD (Last / First / Middle)

Address 40 ROSEMARY LN

City CENTERVILLE State MA Zip 02632-2650

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 # 4MV823 Reg Type PC Reg State MA

Veh Year 2019 Veh Make GMC Veh Config. 1 (21)

Owner KULLAS, JULIANNE M (Last / First / Middle)

Address 40 ROSEMARY LN

City CENTERVILLE State MA Zip 02632-0000

Vehicle Action Prior to Crash 2 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) 25

Driver Distracted by 0 (26)

Damaged Area Code: 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)

Please fill out for operator and all occupants involved

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

Vehicle 2 (1 #Occupants) ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) ☐ Hit/Run ☐ Moped

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

Sex M Lic. Class D (19) (19) Lic. Restrictions 99 (20) CDL ____ Endorsement

Operator RONDEAU, DAVID A (Last / First / Middle)

Address 11 CHARTWELL DR

City BUZZARDS BAY State MA Zip 02532-2352

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued) ____

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

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

Reg # 2DV423 Reg Type PC Reg State MA

Veh Year 2004 Veh Make INFINITI Veh Config. 1 (21)

Owner RONDEAU, DAVID A (Last / First / Middle)

Address 11 CHARTWELL DR

City BUZZARDS BAY State MA Zip 02532-2352

Vehicle Action Prior to Crash 2 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 97 (25) 25

Driver Distracted by 0 (26)

Damaged Area Code: 1 (27) 27 27

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (33)

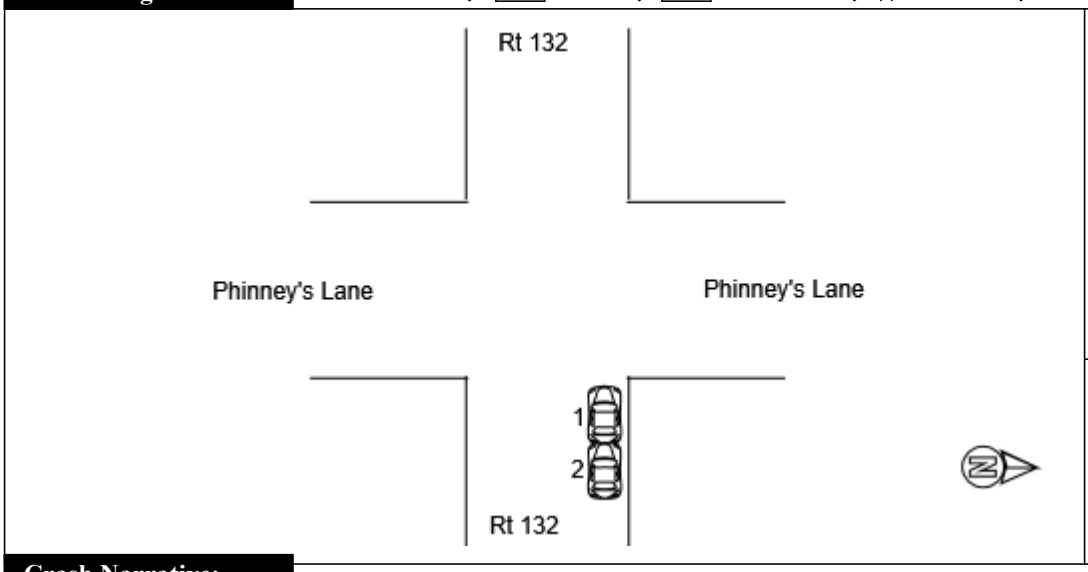
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: 1 2



If Crash Did Not Occur on a Public Way:

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

I[illegible] Arrow

Crash Narrative:

Both vehicles were traveling west on Rt 132 near the intersection of Rt 132 in Hyannis.
Vehicle 1 had stopped in traffic for the red traffic signal at the intersection
Operator 2 stated that he was slowing in traffic when his foot slipped off the brake.
Vehicle 2 struck vehicle 1 from behind.
Operator 2 stated that he was going no faster then 15 MPH
Operator 2 was given a verbal warning for failing to use caution while stopping.

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 C KELSEY		212	Barnstable Police Department		10/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Other
10/14/2021	1946 24HR	HYANNIS	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

4 (1) — Route# | Direction | Name of Roadway/Street: AIRPORT ROTARY

At

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

Also at Intersection with

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

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

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

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

Feet N S E W of Landmark

2 (10) 8 (11)

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-871-AC

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

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

Operator MULLEN, CAROL M (Last First Middle)

Address 324 BISHOPS TER

City HYANNIS State MA Zip 02601

Insurance Company LIBERTY MUTUAL INS 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 # CI619K Reg Type PC Reg State MA

Veh Year 2014 Veh Make TOYOTA Veh Config. 1 (21)

Owner MULLEN, CAROL M (Last First Middle)

Address 324 BISHOPS TER

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 20 (25) (25)

Driver Distracted by 99 (26)

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

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (33)

3 — 4 (5) — 5 (1) — 6 (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			1	99	4	0	0	10	1	

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

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

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

Operator SILVA, REBECALOHARA R (Last First Middle)

Address 4 HIRAMAR RD

City HYANNIS State MA Zip 02601

Insurance Company THE COMMERCE INS 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 # S62349 Reg Type CO Reg State MA

Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 (21)

Owner SUMMERS HOME AND OFFICE (Last First Middle)

Address BX 633 N CHATHAM

City CHATHAM State MA Zip 02650

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: 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)

7 — 8 (3) — 9 (2) — 14 (1)

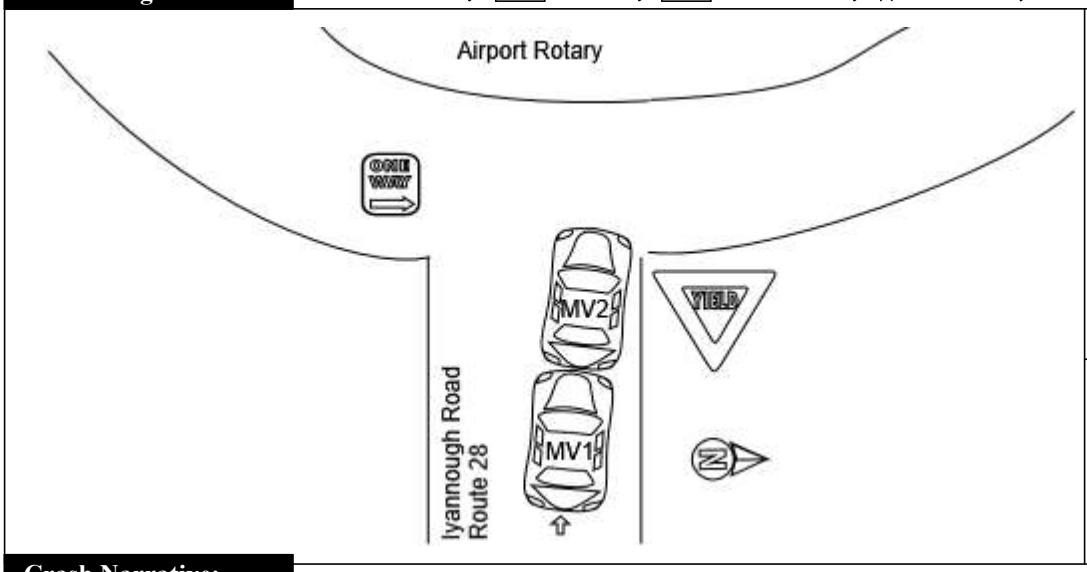
Please fill out for operator/non-motorist and all occupants involved

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

MV1 was traveling behind MV2. Both vehicles were traveling westbound on Iyannough Road Route 28 onto the Airport Rotary. MV1 collided with MV2 as MV2 was attempting to enter the rotary. MV1 had severe damage to the front of the vehicle and MV2 had moderate damage to the rear.

The operator of MV1 stated the vehicle drove in front of her unexpectedly. The operator of MV2 stated the traffic entering the rotary continually was stop and go. Operator of MV2 stated she had to stop the vehicle due to traffic stopping, and at this time MV1's collided with MV2.

Rotary Collision Center towed MV2 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. KEVIN R MCNAMARA		333	Barnstable Police Department		10/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/15/2021	1719 24HR	HYANNIS	4	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

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

NOT AT INTERSECTION:

Route# | Direction | Address # 686 | Name of Roadway/Street: IYANNOUGH RD RTE 132 (10 2)

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

_____ Feet N S E W of Route# _____ Intersecting Roadway/Street (11 1)

_____ Feet N S E W of _____ Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 21-872-AC (3)

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

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

Operator GIBBS, TAMMY ANN (Last, First, Middle) (4 1)

Address 10 GEORGES ROCK RD

City SANDWICH State MA Zip 02563-2002

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 # 5XG787 Reg Type PC Reg State MA

Veh Year 2008 Veh Make DODGE Veh Config. 21 1 (12 7)

Owner GIBBS, TAMMY ANN (Last, First, Middle)

Address 10 GEORGES ROCK RD

City SANDWICH State MA Zip 02563-2002

Vehicle Action Prior to Crash 22 1

Event Sequence 23 48 23 2 23 23 23 23

Most Harmful Event 24 2

Driver Contributing Code 25 1 25 25

Driver Distracted by 26 0

Damaged Area Code: 27 0 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32 (13 2)

Towed from scene? 33 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 2 0 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped (7 1)

License # _____ St _____ DOB/Age _____

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

Operator Driverless M.V. (Last, First, Middle) (8 1)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____ (9 2)

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

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

Reg # 909Q Reg Type PC Reg State MA

Veh Year 2015 Veh Make MERCEDES-BENZ Veh Config. 21 1

Owner TRACY VOLKSWAGEN (Last, First, Middle)

Address 686 IYANNOUGH RD RTE 132

City HYANNIS State MA Zip 02601 (14 1)

Vehicle Action Prior to Crash 22 11

Event Sequence 23 1 23 23 23 23

Most Harmful Event 24 1

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code: 27 9 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33 2

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	5	3	0	10	1	

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only	Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	RMV Document Number
	10/15/2021	1719 24HR	HYANNIS	4	0	

Speed Limit 30
Latitude
Longitude
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 686 Address # IYANNOUGH RD RTE 132 Name of Roadway/Street
Feet N S E W of — — — • — Mile Marker or Exit Number
11 1 Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark

3 **Please Select One of the Following:** ☒ Vehicle 3 0 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 21-872-AC

License # St DOB/Age
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator Driverless M.V. (Last First Middle)
4 1 Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
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 # 7JJ628 Reg Type PC Reg State MA
Veh Year 2015 Veh Make GMC Veh Config. 1 21
Owner TRACY VOLKSWAGEN (Last First Middle)
Address 686 IYANNOUGH RD RTE 132
City HYANNIS State MA Zip 02601
Vehicle Action Prior to Crash 11 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

12 7 13 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	X	X	1	99	4	3	0	10	1	

7 1 **Please Select One of the Following:** ☒ Vehicle 4 0 #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 Driverless M.V. (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 # A11400 Reg Type Reg State MA
Veh Year 2018 Veh Make OTHER Veh Config. 21
Owner COASTAL EQUIPMENT RENTALS INC (Last First Middle)
Address 1574 OLD POST RD
City MARSTONS MILLS State MA Zip 02648
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

14 1

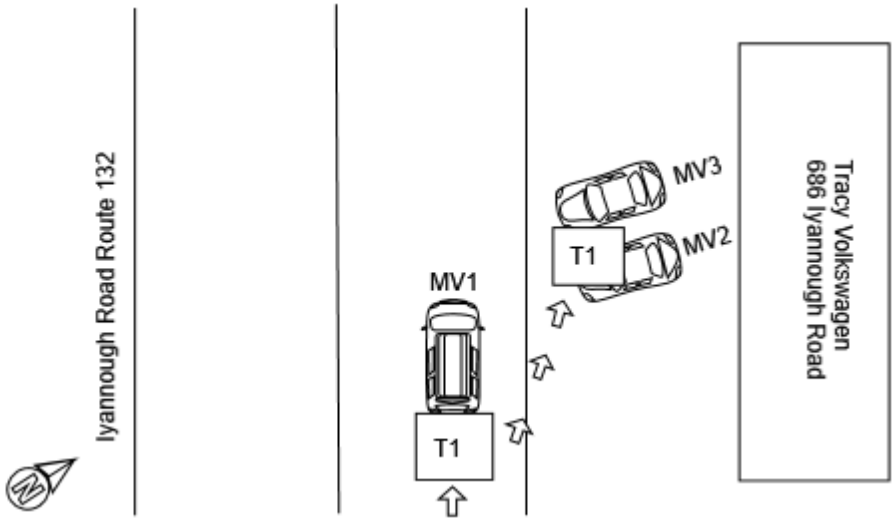
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: 1 2



If Crash Did Not Occur on a Public Way:

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

Indicate North Arrow

Crash Narrative:

1. MV1 was traveling westbound on Iyannough Road / Route 132. MV1 had a trailer (T1) attached to the vehicle's trailer hitch. T1 dismounted from MV1 and collided with MV2 and MV3, landing on MV2. MV2 and MV3 are for sale dealership vehicles parked in front of the Tracy Volkswagen dealership. The collision also caused damage to the front grass area of the dealership. It appeared T1 was not properly attached to MV1, resulting in it becoming detached.

More information is available. Please call Barnstable Police Records at 508-775-5466.

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
TRACY VOLKSWAGEN	686 IYANNOUGH RD RTE 132 HYANNIS M			LANDSCAPING

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

PTL. KEVIN R MCNAMARA		333	Barnstable Police Department		10/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

NARRATIVE FOR PTL. KEVIN R MCNAMARA

Ref: 21-872-AC

Entered: 10/17/2021 @ 2008 Entry ID: 333
Modified: 10/22/2021 @ 1205 Modified ID: 851

2. Operator of MV1 stated she was coming from Coastal Equipment Rental Inc after the staff attached T1 to MV1. Operator of MV1 stated the staff member's name was Robert, later identified as Robert Burrill, and that he attached the trailer completely by himself. The operator of MV1 stated T1 unexpectedly dismounted from MV1 while traveling west on Iyannough Road Route 132. The operator of MV1 further stated T1 collided with the parked vehicles in front of the dealership after it detached. Tracy Volkswagen manager confirmed the operator of MV1's statements regarding the collision.

3. The Coastal Equipment Rental Inc manager, William Johnson [redacted] was contacted via telephone. He stated his company's policy is for staff to instruct customers how to attach equipment; however, it is not their responsibility to physically attach the rented equipment for customers.

4. T1 is a 2018 Trime LED Light Tower bearing MA registration A11400 attached owned by Coastal Equipment Rental. [redacted]

851

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/15/2021	1917 24HR	CENTERVILLE	2	0	45			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street ____ (14)

At

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

Also at Intersection with

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____ (21)

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # 2300 Name of Roadway/Street FALMOUTH RD RTE 28 (10)

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

____ Feet N S E W of Route# ____ Intersecting Roadway/Street LUMBERT MILL RD (11)

____ Feet N S E W of Landmark ____

Please Select One of the Following: ☐ Vehicle 1 1 #Occupants ☒ Hit/Run ☐ Moped **Crash Report ID#** 21-873-AC (3)

License # ____ St ____ DOB/Age ____ Reg # unknown Reg Type ____ Reg State ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____ Veh Year ____ Veh Make ____ Veh Config. 21 (12)

Operator unknown (Last / First / Middle) (43)

Owner ____ (Last / First / Middle)

Address ____ Address ____

City ____ State ____ Zip ____ City ____ State ____ Zip ____

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

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

Citation # (If Issued) ____ Most Harmful Event 24 Type of Test: 29 (51)

BAC Test Result: 30

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

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 Towed from scene? 33 (61)

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							

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped (72)

License # [redacted] St MA DOB/Age [redacted] Reg # 71HJ05 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement ____ Veh Year 2008 Veh Make FORD Veh Config. 1 21

Operator MCKINNEY, PATRICIA (Last / First / Middle) (81)

Owner MCKINNEY, PATRICIA (Last / First / Middle)

Address 476 OLD CRAIGVILLE RD Address 476 OLD CRAIGVILLE RD

City CENTERVILLE State MA Zip 02632-3736 City CENTERVILLE State MA Zip 02632-3736 (14)

Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: N S ☒ W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) ____ Most Harmful Event 1 24 Type of Test: 29 (92)

BAC Test Result: 30

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

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 0 26 Towed from scene? 1 33

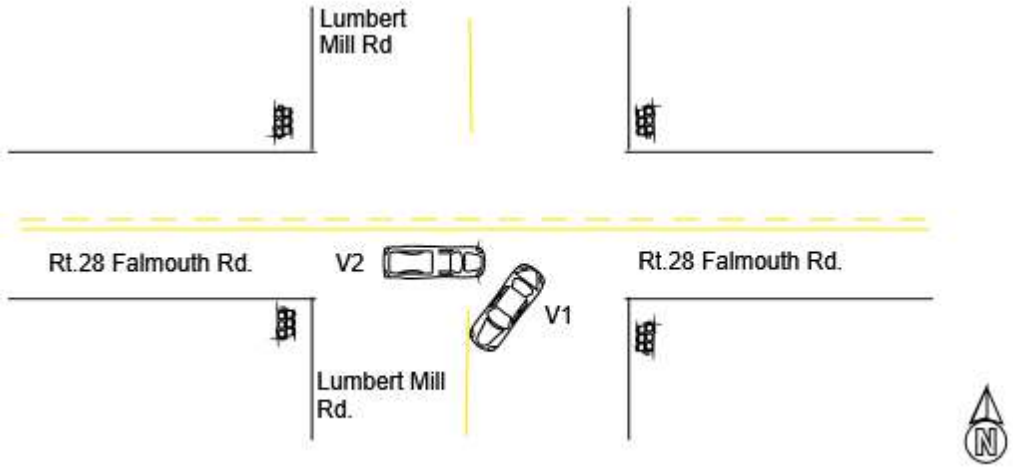
Please fill out for operator/non-motorist and all occupants involved

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

Indicate North Arrow

Crash Narrative:

V2 was traveling east on Rt.28 Falmouth Rd. V1 was attempting to make a left hand turn onto Lumbert Mill Rd. while traveling west on Rt. 28 Falmouth Rd. V2 had a green light and proceeded with traffic. V1 attempted the left hand turn and V1's right rear bumper struck V2's front right bumper. V1 fled the scene with no description of the vehicle. Op.2 remained on scene. V2 was not driveable and was towed away from the scene by Rotary Collision. Op.2 declined medical treatment and was picked up by a friend and driven away from the scene.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. LORNE W FELLOWS		330	Barnstable Police Department		10/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/16/2021	1045 24HR	HYANNIS	2	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

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

10 2 — Route# | Direction | Address # 489 | Name of Roadway/Street: BEARSE'S WAY
Feet N S E W of — — — • — (Mile Marker) or Exit Number
11 5 — 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# 21-878-AC

License # ____ St ____ DOB/Age ____ Reg # ____ Reg Type ____ Reg State ____
Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____ Veh Year ____ Veh Make ____ Veh Config. 21
12 7
4 1 — **Operator** unknown (Last First Middle) — **Owner** ____ (Last First Middle)
Address ____ Address ____
City ____ State ____ Zip ____ City ____ State ____ Zip ____
Insurance Company ____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
5 — Vehicle Travel Direction: N S E W Responding to Emergency? ____ Event Sequence 23 23 23 23 Test Status: 28
Citation # (If Issued) ____ Most Harmful Event 24 Type of Test: 29
BAC Test Result: 30
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32
13 2
6 1 — Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 26 Towed from scene? 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							

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 # 4BZ353 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement ____ Veh Year 2016 Veh Make CADILLAC Veh Config. 1 21
8 1 — **Operator** BARONE, MARY A (Last First Middle) — **Owner** BARONE, MARY A (Last First Middle)
Address 266 MEGAN RD Address 266 MEGAN RD
City HYANNIS State MA Zip 02601-2511 City HYANNIS State MA Zip 02601-2511
14 1
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) ____ Most Harmful Event 2 24 Type of Test: 29
BAC Test Result: 30
9 2 — Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____ Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____ Driver Distracted by 0 26 Towed from scene? 2 33

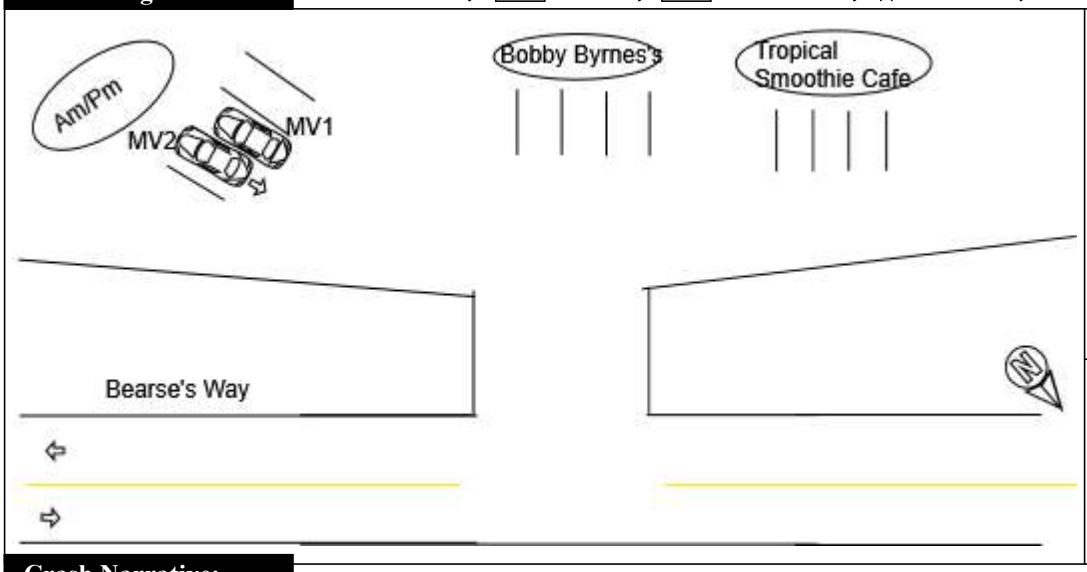
Please fill out for operator/non-motorist and all occupants involved

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	0	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:

Op of MV2 stated she parked her MV in a parking space in front of Am/Pm Convenient Store. Op of MV2 stated she then purchased items from the store and upon return to her MV, she observed a black sedan park in the spot beside her. Op of MV2 stated that the unknown black sedan(MV1) then struck her MV while parking. Note: Op of MV2 did not notice the damage until later that night on 10/16/21.

I reviewed video surveillance of the incident at Am/Pm Convenient Store. I observed MV2 park in front of the store when MV1 parked halfway in the space beside MV2. I then observed Op of MV2 back up and appeared to have struck the left front of MV1. I was unable to obtain any info of MV1. Gist:Op of MV2 was backing up out of her parking space and appeared to have struck the left front of MV1.MV2 had minor damage but operable. Op of MV2 declined medical treatment. 851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

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

CDP1 11-24-00