

Date of Crash
10/24/2021

Time of Crash
0219
24HR

City/Town
MARSTONS MILLS

Motor Vehicle Crash
Police Report

Number
Vehicles
1

Number
Injured
0

Speed Limit **50**
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

FALMOUTH RD RTE 28

Route# Direction Name of Roadway/Street

At

MAIN ST

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

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

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

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

Landmark

Please Select One of the Following:

Vehicle **1** #Occupants

Hit/Run

Moped

Crash Report ID# **21-898-AC**

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**

Operator **unknown**
Last First Middle

Owner _____
Last First Middle

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 27**

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

Event Sequence **20 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____

Most Harmful Event **23 24** Type of Test: **29**

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

Driver Contributing Code **99 25 25** BAC Test Result: **30**

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

Driver Distracted by **99 26** 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

~~DOB/Age Sex~~ **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 _____

Reg # _____ Reg Type _____ Reg State _____

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

Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____
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**

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**

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

Driver Contributing Code **25 25** BAC Test Result: **30**

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

Driver Distracted by **26** 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

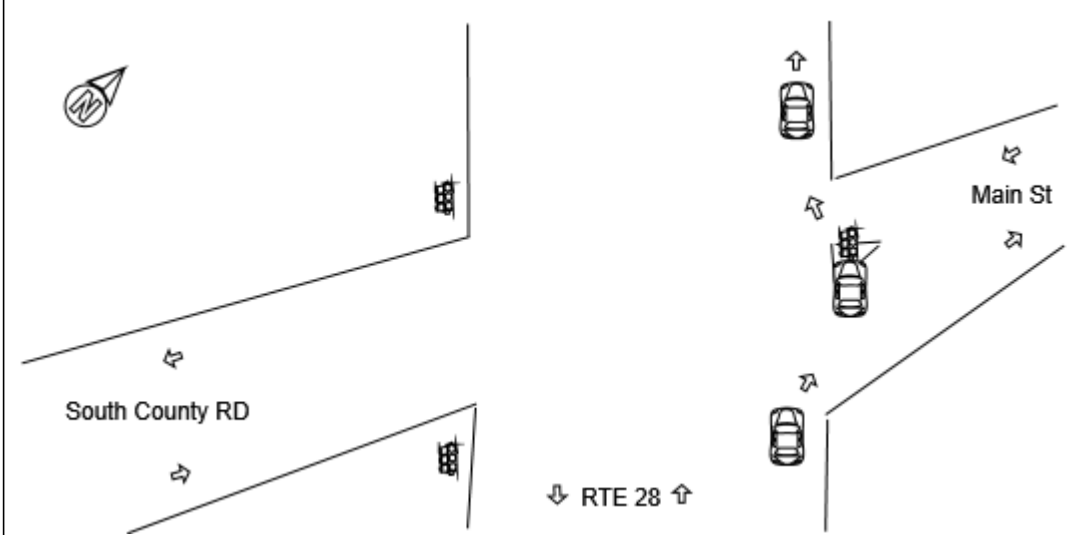
See Above

~~DOB/Age Sex~~ **1**

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Person] = Pedestrian [Bicycle] = Bicycle

Crash Diagram:

ie: ➔ [1] ➔ [2] ➔ [Person] ➔ [Bicycle]



If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

MV1 driven by an unknown operator was heading North on RTE 28 and struck a signal light pole on the median at the intersection of RTE 28 and Main St. Marstons Mills. MV1 then left the area heading North on RTE 28 and was not found. Unknown on damage or injuries. Photos of the damage were taken by Barnstable County Sheriffs CIO.

851

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|-----------------------|---------|---------|---------------------------------|
| MASS DOT | 10 PARK PLZ BOSTON MA | | 1 | SIGNAL LIGHT POLE |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

PTL. NELSON J SOUVE **227** **Barnstable Police Department** **10/24/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 10/24/2021 Time of Crash 1145 24HR City/Town HYANNIS

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 21-899-AC

License # St MA DOB/Age Reg # 2LFV89 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ASHLEY, BRETT A Owner ASHLEY, BRETT A Address 123 LA FRANCE AVE City HYANNIS State MA Zip 02601-2435

Table with 10 columns: Name, 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

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

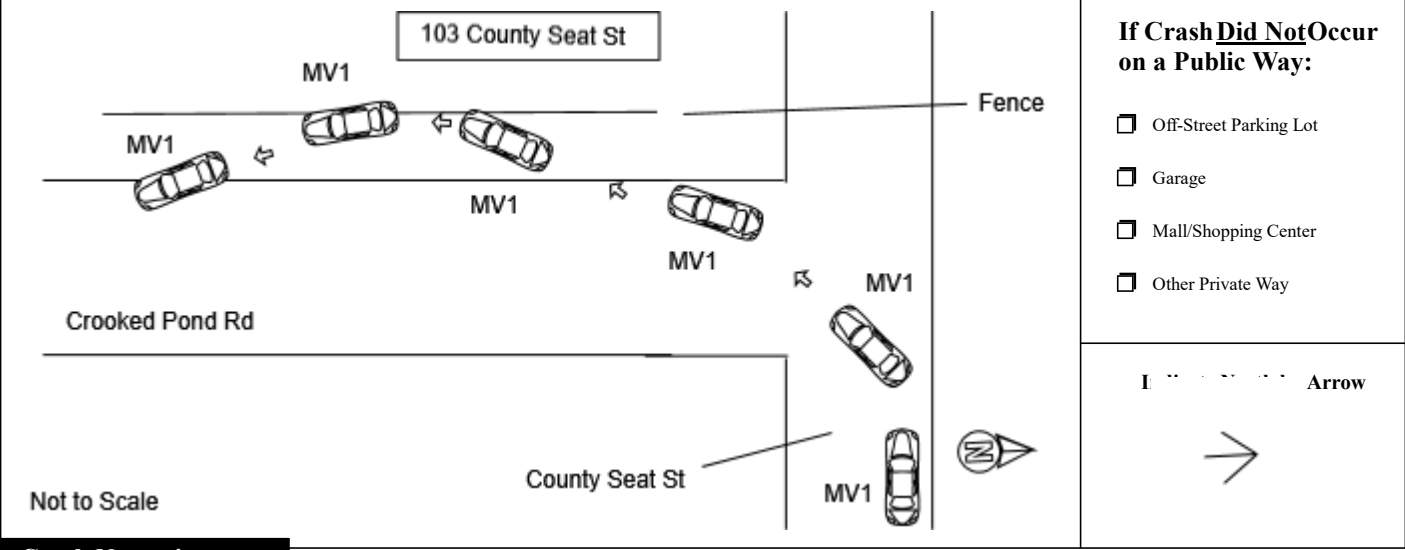
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Table with 10 columns: Name, 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

➔ = 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

Arrow



Crash Narrative:

MV1 was traveling West on County Seat St. MV1 attempted to turn South on Crooked Pond Rd. MV1 ran off the roadway to the right and struck the fence of 103 County Seat Street. MV1 left the scene traveling South down Crooked Pond Rd. Car parts matching the damage to MV1 were laying on the ground next to the broken fence at 103 County Seat.

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 |
|---------------------------|------------------------------------|------------|---------|---------------------------------|
| MAZHEIKA ANDREI V | 128 WINDING COVE RD MARSTONS MILLS | [REDACTED] | | HOUSE FENCE |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

PTL. CHRISTOPHER J LOBIANCO 331 Barnstable Police Department 10/24/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **10/24/2021** Time of Crash **1511** City/Town **COTUIT** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SANTUIT-NEWTOWN RD
Route# Direction Name of Roadway/Street
At
FALMOUTH RD RTE 28
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-900-AC**

License # [redacted] St **MA** DOB/Age [redacted] Reg # **35WE64** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement
Operator **HURLEY, ROBERT JOHN JR** Owner **HURLEY, ROBERT JOHN JR**
Address **23 HIGH ST** Address **23 HIGH ST**
City **COTUIT** State **MA** Zip **02635-0000** City **COTUIT** State **MA** Zip **02635-0000**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **N** **X** **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**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **2** **33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # [redacted] St **MA** DOB/Age [redacted] Reg # **1VML33** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement
Operator **DO NASCIMENTO, LUCAS MOREIRA** Owner **DO NASCIMENTO, LUCAS MOREIRA**
Address **68 CENTER ST** Address **68 CENTER ST**
City **HYANNIS** State **MA** Zip **02601-5574** City **HYANNIS** State **MA** Zip **02601-5574**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
Vehicle Travel Direction: **N** **S** **E** **X** 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**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash 10/24/2021, Time of Crash 1526, City/Town CENTERVILLE, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 0, Speed Limit, Latitude, Longitude, State Police, Local Police, MBTA Police, Campus Police, Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details for LUMBERT MILL RD and FALMOUTH RD RTE 28, including route numbers, directions, and landmarks.

Please Select One of the Following: [X] Vehicle 12 #Occupants, [] Hit/Run, [] Moped, Crash Report ID# 21-901-AC

Operator and Owner information for GARAFOLA, EMILY, including license #, address, insurance, and vehicle details.

Table with columns: 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.

Please Select One of the Following: [X] Vehicle 22 #Occupants, [] Non-Motorist A, Type 15, Action 16, Location 17, Condition 18, [] Hit/Run, [] Moped

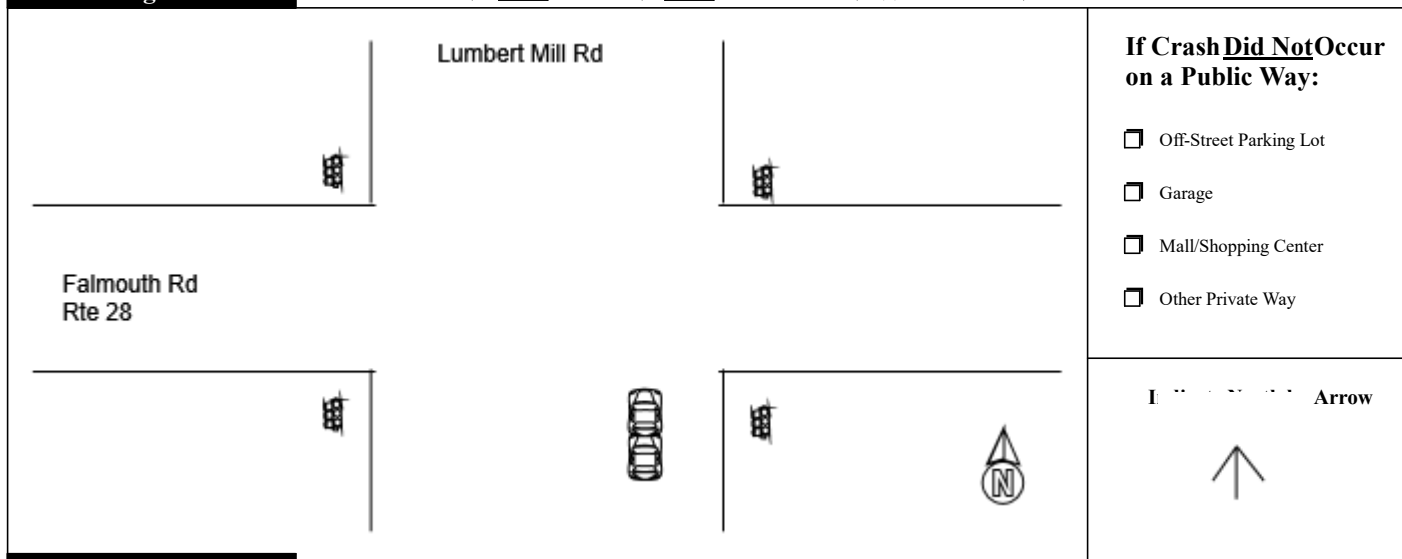
Operator and Owner information for CASTLE, BARBARA J and BAKER, MARION BETH, including license #, address, insurance, and vehicle details.

Table with columns: 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.

→ = 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

Insert Arrow



Crash Narrative:

Castle - "I was completely stopped when she crashed into me."

Garafola - "I put my foot all the way down on the brake pedal and it would not stop."

Gist - OP # 1 did not stop properly at the traffic light. MV # 1 crashed into the rear of MV # 2. The crash caused moderate damage to the rear of MV # 2 and minor damage to the front of MV # 1.

No reported injuries at the time of the report.

MV # 1 was towed by Buckler's Towing due to the operator's statement of not having brakes that function correctly.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. DENNIS M STAMPFL

269

Barnstable Police Department

10/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **10/25/2021** Time of Crash **1141** City/Town **CENTERVILLE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **45** 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# **1734** Direction _____ Address # **FALMOUTH RD RTE 28** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# **OLD STAGE RD** Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-902-AC**

License # _____ St **MA** DOB/Age _____ Reg # **USAG53** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **1 21**
 Operator **MELLO, JOHN THOMAS** Owner **MELLO, JOHN THOMAS**
 Address **27 OXFORD RD** Address **27 OXFORD RD**
 City **EAST SANDWICH** State **MA** Zip **02537** City **EAST SANDWICH** State **MA** Zip **02537**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **3 27 99 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **20 23 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **27 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

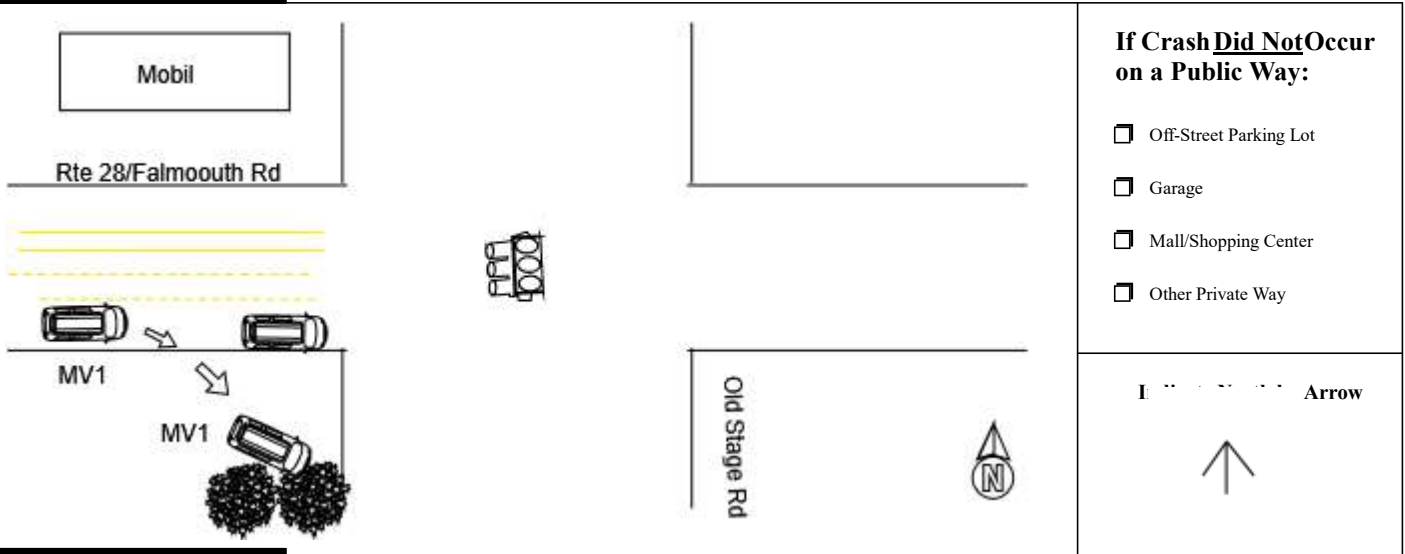
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | X | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ☺



Crash Narrative:

OP1MV1 stated that he was traveling straight ahead and attempted to stop. OP1 stated that he was unable to and in order to avoid striking the MV in front of him he attempted to pull to the side of the road, going off of the road into the woods. Minor front damage, two flat tires right passenger side. NO PI. 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. CAILIN WHITE
Police Officer Name (Please Print)

Signature

310
ID/Badge #

Barnstable Police Department
Department

Precinct/Barracks

10/25/2021
Date

Date of Crash 10/25/2021 Time of Crash 1220 City/Town HYANNIS

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, and Intersecting Roadway/Street.

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 21-903-AC

Operator and Owner information including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table with columns: 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.

Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

Operator and Owner information for the second vehicle, including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table with columns: 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.

Date of Crash **10/25/2021** Time of Crash **1220** 24HR City/Town **HYANNIS** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

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

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

Route# **201** Direction _____ Address # **YARMOUTH RD** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ **IYANNOUGH RD RTE 28** Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped Crash Report ID# **21-903-AC**

License # _____ St **MA** DOB/Age _____ Reg # **8YA734** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **SVARCZKOPF, LISA MARIE** Owner **SVARCZKOPF, LISA MARIE**
 Address **15 OAK NECK RD APT 24** Address **15 OAK NECK RD APT 24**
 City **HYANNIS** State **MA** Zip **02601-4584** City **HYANNIS** State **MA** Zip **02601-4584**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N X 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** **33**

| Please fill out for operator and all occupants involved | | 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 | 0 | 0 | 10 | 1 |
| KENDRAL MATTHEWS-GOINS | 168 BARNSTABLE RD HYANNIS, MA 02601-2970 | | F | 3 | 99 | 4 | 0 | 0 | 10 | 1 | |
| ALICIA COEN | 8 SEAGRASS WAY WEST YARMOUTH, MA 02673 | | F | 6 | 99 | 4 | 0 | 0 | 10 | 1 | |

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

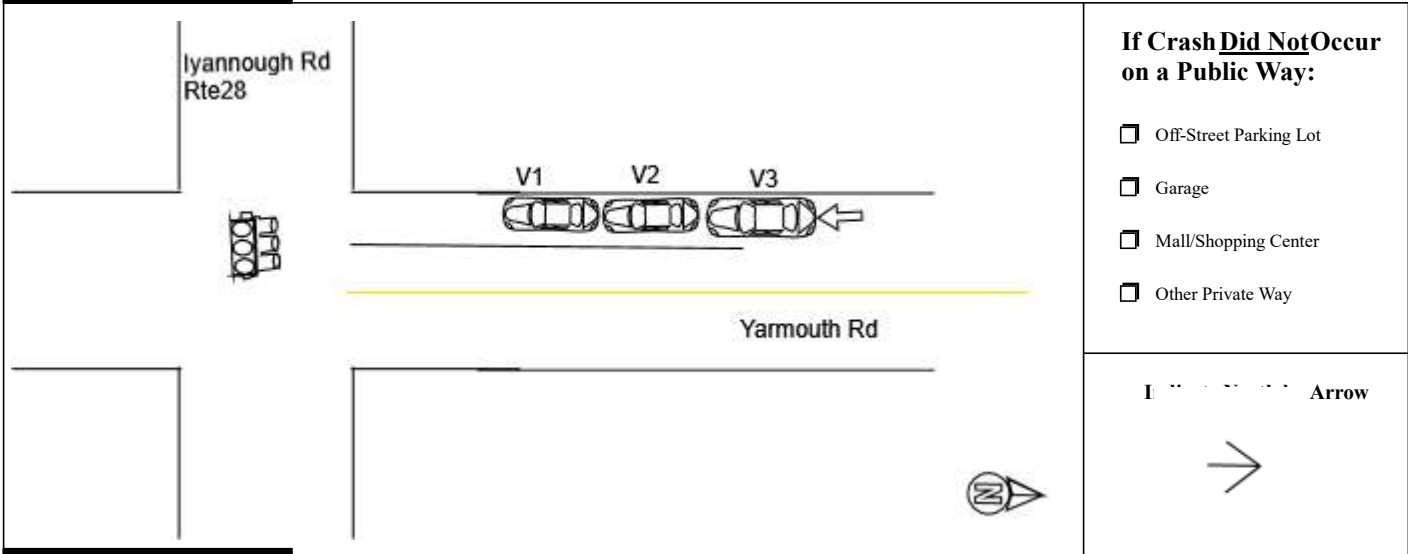
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 Direction of Arrow



Crash Narrative:

Vehicle 1 was stopped in traffic at the red light. Operator of vehicle 2 stated that he was coming to a stop behind Vehicle 1 and then Vehicle 3 rear ended him causing him to hit vehicle 1.

Operator of Vehicle 3 stated that vehicle 2 had his left directional on and was in the left turn lane and suddenly turned into the right lane and stopped short which caused her to have to slam on her brakes. She ended up rear ending vehicle 2.

No injuries. Vehicle 2 was towed from the scene by Ziggy's towing. Vehicles 1&2 were able to drive away.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. MAXWELL S MORROW

Police Officer Name (Please Print)

Signature

288

ID/Badge #

Barnstable Police Department

Department

Precinct/Barracks

10/25/2021

Date

| | | | | | | | | | | | |
|-----------------------------|-------------------------------|--------------------------------|--|----------------------|---------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|
| Date of Crash 10/25/2021 | Time of Crash 1537 24HR | City/Town OSTERVILLE | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 0 | Speed Limit 50 | State Police <input type="checkbox"/> | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |
|-----------------------------|-------------------------------|--------------------------------|--|----------------------|---------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|

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

| | |
|---|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | 28 E 2823 FALMOUTH RD RTE 28 |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____ |

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-904-AC**

| | |
|---|--|
| License # _____ St MA DOB/Age _____ | Reg # 7FKH60 Reg Type PC Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ | Veh Year 2013 Veh Make LEXUS Veh Config. 1 21 |
| Operator ENOS, ANN M Last First Middle | Owner ENOS, ANN M Last First Middle |
| Address 120 SEA ST APT B | Address 120 SEA ST APT B |
| City HYANNIS State MA Zip 02601-4570 | City HYANNIS State MA Zip 02601-4570 |
| Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> 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: 1 29 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: 1 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code 5 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 |
| | Driver Distracted by 99 26 Towed from scene? 2 33 |

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

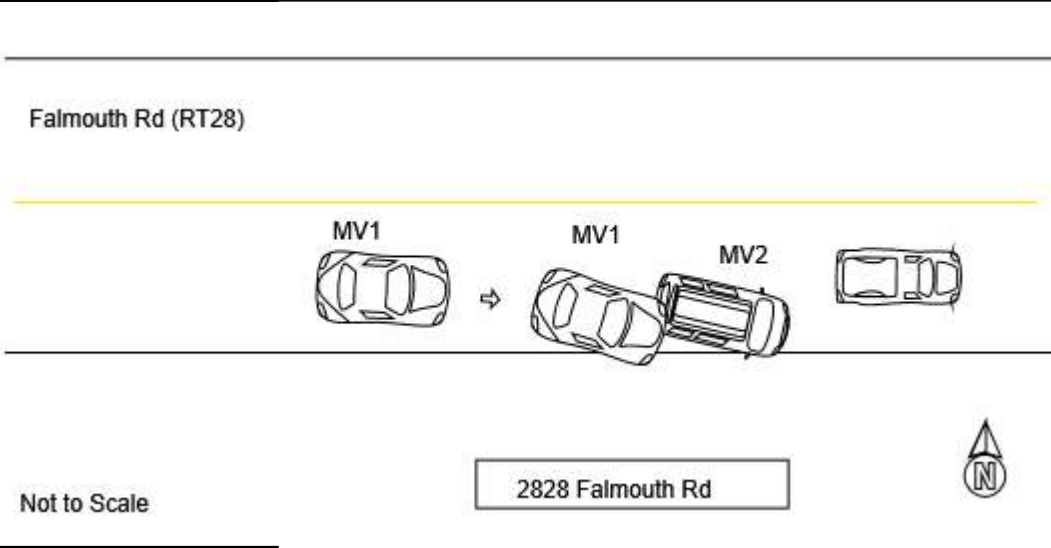
| | |
|---|--|
| License # _____ St MA DOB/Age _____ | Reg # 2BMX47 Reg Type PC Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____ | Veh Year 2015 Veh Make NISSAN Veh Config. 2 21 |
| Operator DEFEUDIS, AMY CAROLINE Last First Middle | Owner DEFEUDIS, AMY CAROLINE Last First Middle |
| Address 526 SKUNKNET RD | Address 526 SKUNKNET RD |
| City CENTERVILLE State MA Zip 02632-2738 | City CENTERVILLE State MA Zip 02632-2738 |
| Insurance Company PROGRESSIVE DIRECT INSURA | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 27 27 |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> 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: 1 29 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: 1 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 |
| | Driver Distracted by 0 26 Towed from scene? 1 33 |

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

↑ Arrow

Crash Narrative:

MV2 was traveling East on Falmouth Rd (RT28). MV2 stopped angled SE due to a stopped pickup truck. OP2 stated the truck stopped abruptly and she angled to avoid collision. MV1 was unable to stop in time and struck MV2.

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 10/25/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 10/26/2021 Time of Crash 1137 City/Town HYANNIS

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Mile Marker, Exit Number, Intersecting Roadway/Street, Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 21-905-AC

Operator and Owner information: License #, Sex, Lic. Class, Operator TENCZA, CATHERINE JOSEPHIN, Address 70 TOWNHOUSE TER, City HYANNIS, State MA, Zip 02601-3637.

Table with 10 columns: Name, 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.

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

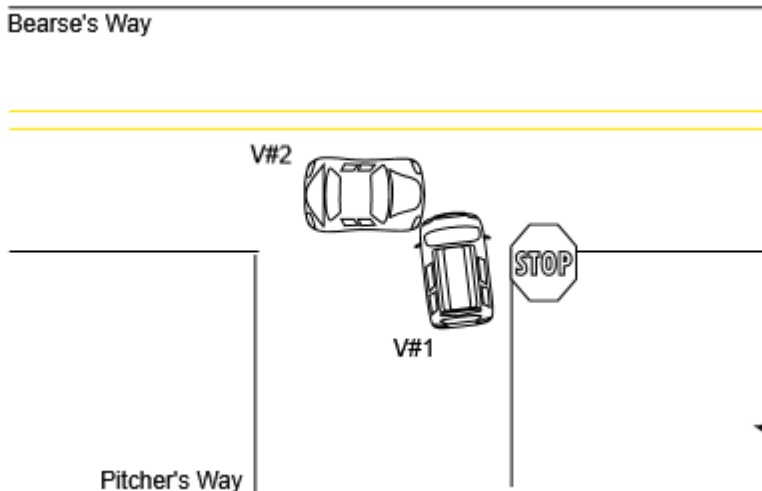
Operator and Owner information: License #, Sex, Lic. Class, Operator BRAHMS, JULIA M, Address 104 COTTONWOOD LN, City CENTERVILLE, State MA, Zip 02632-1911.

Table with 10 columns: Name, 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.

→ = 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

Intersection Arrow



Crash Narrative:

V#1 was travelling east bound on Pitcher's way at the intersection of Pitcher's and Bearse's. V#2 was travelling south bound on Bearse's Way. V#1 attempted to turn left onto Bearse's Way and struck V#2.

Op V#1 stated she was attempting to turn left. She tried to turn onto Bearse's Way and V#2 struck the front of her vehicle.

Op V#2 stated she was travelling straight on Bearse's Way, V#1 began to pullout of Pitcher's Way directly in front of her then came to a stop in her lane. She attempted to stop but could not and could not swerve into the other lane because of oncoming traffic.

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

PTL. SPENCER L JACKSON

Police Officer Name (Please Print)

Signature

279

ID/Badge #

Barnstable Police Department

Department

Precinct/Barracks

10/26/2021

Date

| | | | | | | | |
|-----------------------------|-------------------------------|----------------------|--|----------------------|---------------------|--|---|
| Date of Crash 10/26/2021 | Time of Crash 1308 24HR | City/Town HYANNIS | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 0 | Speed Limit _____ Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|----------------------|--|----------------------|---------------------|--|---|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|--|
| Route# <u>1</u> Direction _____ Name of Roadway/Street IYANNOUGH RD RTE 132 | Route# _____ Direction _____ Address # _____ Name of Roadway/Street |
| At _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street PHINNEY'S LN | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ |
| Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ |

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-906-AC**

| | |
|---|--|
| License # _____ St MA DOB/Age _____ | Reg # 1TSL29 Reg Type PC Reg State MA |
| Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ | Veh Year 2013 Veh Make HONDA Veh Config. 1 <u>21</u> |
| Operator PHELAN, KYLE S | Owner TOWN OF BARNSTABLE |
| Address 1200 PHINNEY'S LN | Address 1200 PHINNEY'S LN |
| City HYANNIS State MA Zip 02601 | City HYANNIS State MA Zip 02601 |
| Insurance Company DOWLING AND O'NEIL | Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2 | Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event 1 <u>24</u> Type of Test: 97 <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> |
| | Towed from scene? 2 <u>33</u> |

| Please fill out for operator and all occupants involved | | 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 | XXXX | XX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

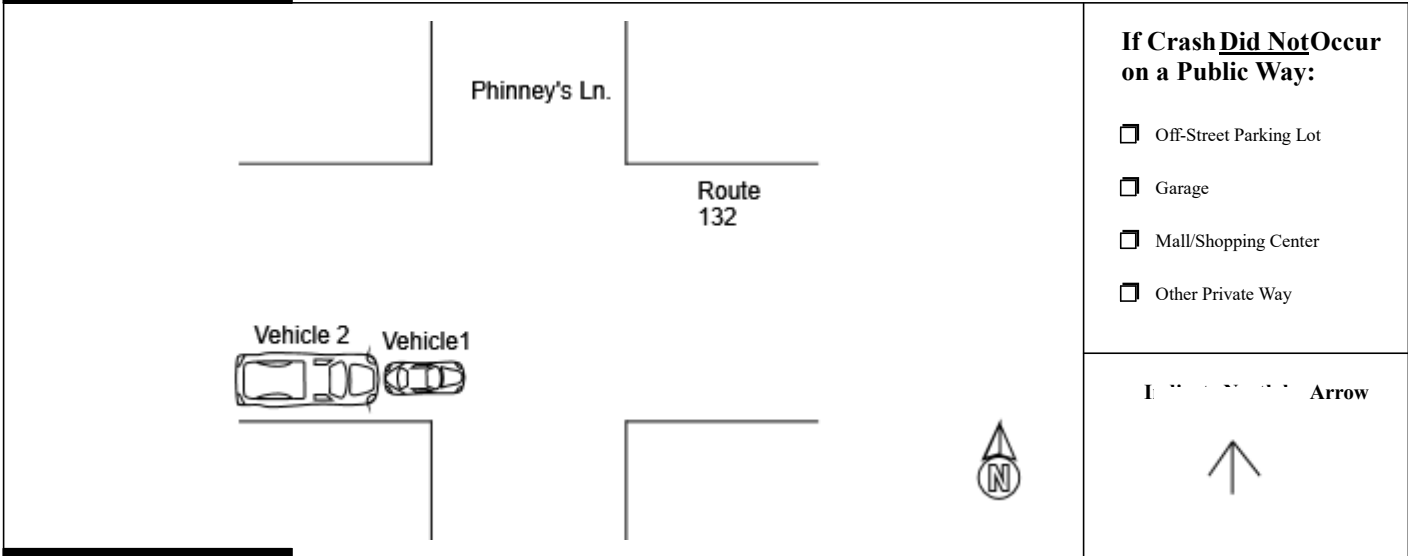
| | |
|---|--|
| License # _____ St MA DOB/Age _____ | Reg # 2574F Reg Type CO Reg State MA |
| Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ | Veh Year 2010 Veh Make FORD Veh Config. 8 <u>21</u> |
| Operator DURANTE, SCOTT WOODMAN | Owner DAVIS AUTO SALES |
| Address 1202 SANTUIT-NEWTOWN RD | Address 50 AIRPORT RD |
| City COTUIT State MA Zip 02635 | City HYANNIS State MA Zip 02601 |
| Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2 | Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u> |
| Citation # (If Issued) T2650456 | Most Harmful Event 1 <u>24</u> Type of Test: 99 <u>29</u> |
| Viol. 1: Ch/Sec/Sub 720 <small>CMR906</small> Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 20 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 99 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> |
| | Towed from scene? 2 <u>33</u> |

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXX | XX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☇ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☇



Crash Narrative:

Statements- Operator 1- "I was stopped at the red light in the right lane, when the light turned green I started to go and the truck hit me from behind." Operator 2- "I was stopped in traffic and when the light turned green I accidentally hit him from behind."

Gist-Operator 1 was travelling east in the right lane on Route 132, and stopped at a red light. Operator 2 was stopped behind operator 1. When signal turned green, operator 1 began to move forward and was struck from behind by operator 2.

Photos- taken at the scene by Lt. Clark

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

LT. MICHAEL J CLARK 197 Barnstable Police Department 10/26/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 10/26/2021 Time of Crash 1541 City/Town HYANNIS

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction IYANNOUGH RD RTE 28 At YARMOUTH RD

Route# Direction Address # Name of Roadway/Street

2 10

4 11

2

3

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 21-907-AC

4

License # [redacted] St MA DOB/Age [redacted] Reg # W59882 Reg Type CO Reg State MA Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement Operator MOREL, JOHN E Address 75 MULFORD ST City SOUTH YARMOUTH State MA Zip 02664 Insurance Company THE TRAVELERS INDEMNITY C Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

1 12

1 13

6

Table with columns: 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 row: Operator, See Above, [redacted], [redacted], 1, 1, 4, 0, 0, 10, 1, [redacted]

7

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

8

License # [redacted] St MA DOB/Age [redacted] Reg # 4CL216 Reg Type PC Reg State MA Sex F Lic. Class D M Lic. Restrictions 20 CDL Endorsement Operator GRINNELL, NANETTE J Address 976 NATHAN ELLIS HWY City EAST FALMOUTH State MA Zip 02536-4240 Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

2 14

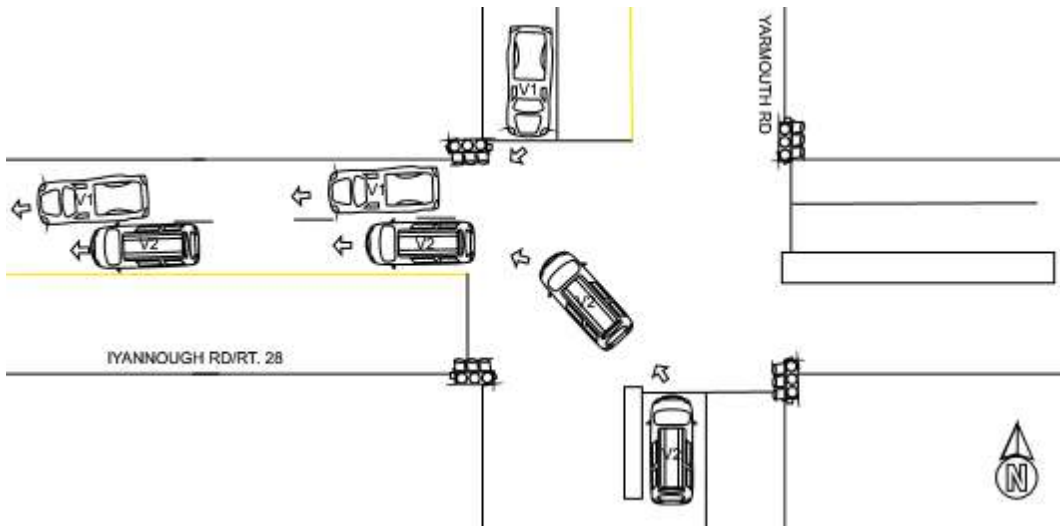
9

Table with columns: 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 row: Operator/Non-Motorist, See Above, [redacted], [redacted], 1, 1, 4, 0, 0, 10, 1, [redacted]

→ = 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

Insert Arrow



Crash Narrative:

OP1 STATED THAT HE WAS HEADING SOUTH ON YARMOUTH RD AND WAS TURNING RIGHT ONTO IYANNOUGH RD. HE STATED THAT V2 HAD PULLED UP NEXT TO HIM AFTER HE HAD TURNED AND BEGAN HONKING AT HIM. OP1 STATED HE BELIEVED THEY WERE UPSET BECAUSE HE WAS IN FRONT OF THEM.

OP2 STATED SHE WAS HEADING NORTH ON YARMOUTH RD AND WAS TAKING A LEFT TURN ONTO IYANNOUGH RD FROM YARMOUTH RD AND STATED THAT V1 WAS NOT LETTING HER MERGE WITH TRAFFIC AND WAS GETTING CLOSER TO HER VEHICLE. OP2 STATED SHE COULD NOT MOVE ANY FARTHER LEFT OR SHE WOULD BE IN ONCOMING TRAFFIC. OP2 STATED HER PASSENGER MIRROR MADE CONTACT WITH THE DRIVER'S SIDE OF V1 SCRAPING THE REAR END OF THE TRUCKS PAINT.

GIST: VEHICLES DID NOT YIELD FOR ONE ANOTHER MERGING INTO A SINGLE LANE FROM A DOUBLE LANE.

NO INJURIES. NO VEHICLES TOWED. 779

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. CHRISTOPHER A BOTSFORD

Police Officer Name (Please Print)

Signature

275

ID/Badge #

Barnstable Police Department

Department

Precinct/Barracks

10/26/2021

Date

Date of Crash 10/26/2021 Time of Crash 2036 City/Town HYANNIS

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

BEARSE'S WAY Route# Direction Name of Roadway/Street At FALMOUTH RD RTE 28 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 21-908-AC

License # WA St WA DOB/Age Reg # 3EKJ41 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MENDES, IVANIA J Owner ALVES CANEIRO JUNIOR, PAULO CESAR Address 50 LOUIS ST APT 4 City HYANNIS State MA Zip 02601

Table with 10 columns: Name, 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 row filled with data.

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

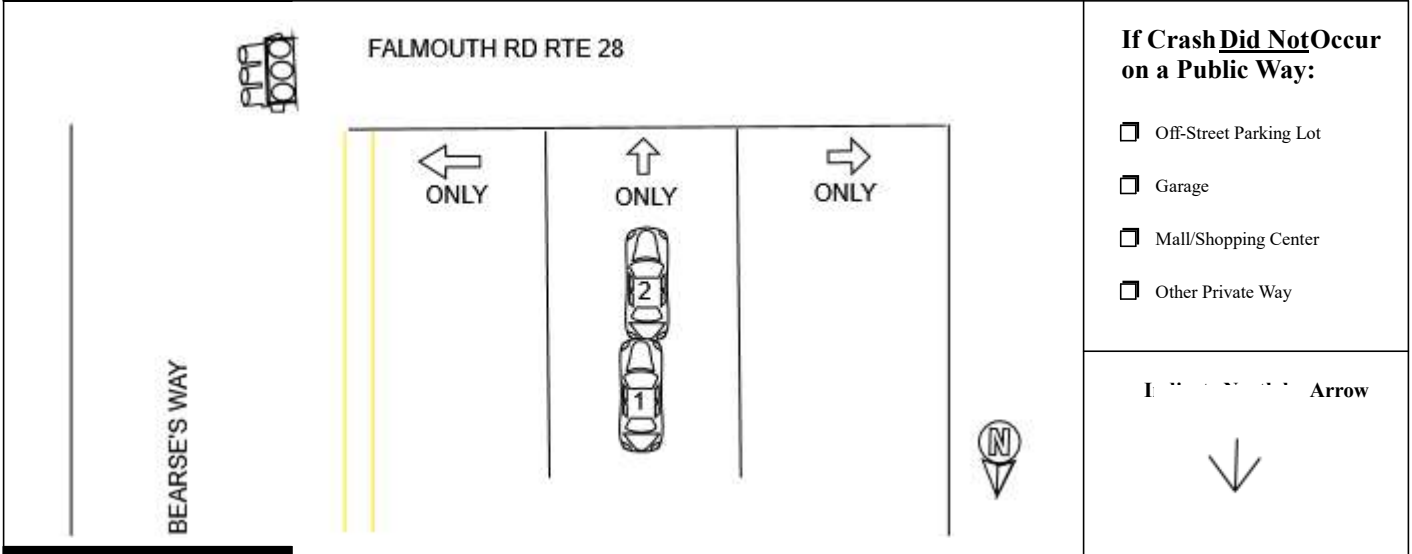
License # MA St MA DOB/Age Reg # 1LT291 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WHITE-FLYNCH, ROSEMARIE Owner WHITE-FLYNCH, ROSEMARIE Address 18 QUAKER RD City HYANNIS State MA Zip 02601-2729

Table with 10 columns: Name, 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 row filled with data.

→ = 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

↓ Arrow

Crash Narrative:

Op MV2 stated she was stopped in the middle lane traveling S on Bearse's Way at the intersection of Falmouth Rd Rte 28. Op MV2 stated MV1 then rear ended her at which time she exited her vehicle. Op MV2 took a picture of the plate and MV1 proceeded to turn left on Falmouth Rd Rte 28 traveling E. Op MV1 stated she was stopped in the left turn lane, traveling S on Bearse's Way to turn E on Falmouth Rd Rte 28 behind MV2. Op MV2 then placed the vehicle in reverse, backing into MV1. Op MV2 exited, took a picture and then traveled into the middle lane and went through the intersection continuing on Bearse's Way. Conflicting stories between both operators, unable to determine who is being truthful.

No Tow

No PI

851

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

PTL. NOLAN R O'MELIA
Police Officer Name (Please Print)

Signature

292
ID/Badge #

Barnstable Police Department
Department

Precinct/Barracks

10/26/2021
Date

| | | | | | | | |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|--|---|
| Date of Crash 10/26/2021 | Time of Crash 2359 24HR | City/Town BARNSTABLE | Motor Vehicle Crash Police Report | Number Vehicles 1 | Number Injured 0 | Speed Limit _____ Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|--|---|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# <u>2495</u> Direction _____ Address # <u>MAIN ST RTE 6A</u> Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____ |

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
Crash Report ID# **21-909-AC**

| | |
|--|---|
| License # _____ St <u>MA</u> DOB/Age _____ | Reg # <u>2AAX16</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2014</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>BERGER, INGRID A</u> Last First Middle | Owner <u>BERGER, INGRID A</u> Last First Middle |
| Address <u>246 MAIN ST APT N</u> | Address <u>246 MAIN ST APT N</u> |
| City <u>SOUTH YARMOUTH</u> State <u>MA</u> Zip <u>02664-2010</u> | City <u>SOUTH YARMOUTH</u> State <u>MA</u> Zip <u>02664-2010</u> |
| Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> | Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>99</u> <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>21</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Towed from scene? <u>2</u> <u>33</u> |
| Driver Distracted by <u>0</u> <u>26</u> | |

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

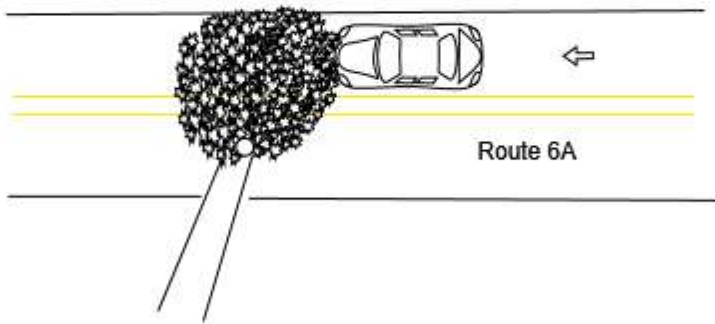
| | |
|--|--|
| License # _____ St _____ DOB/Age _____ | Reg # _____ Reg Type _____ Reg State _____ |
| Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Veh Year _____ Veh Make _____ Veh Config. <u>21</u> |
| Operator _____ Last First Middle | Owner _____ Last First Middle |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Insurance Company _____ | Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code <u>25</u> <u>25</u> Towed from scene? <u>33</u> |
| Driver Distracted by <u>26</u> | |

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

↓ Arrow

Crash Narrative:

Veh#1 was traveling (E) on Route 6A
 Due to Weather Conditions (Hurricane Force Winds)
 Tree uprooted and fell directly in front of car. Branches engulfed vehicle.
 Power Line under vehicle.

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. TRAVIS M BROWN
 Police Officer Name (Please Print)

Signature

289
 ID/Badge #

Barnstable Police Department
 Department

Precinct/Barracks

10/27/2021
 Date

Date of Crash **10/27/2021** Time of Crash **0637** City/Town **HYANNIS** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# **451** Direction _____ Address # **IYANNOUGH RD RTE 28** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **21-910-AC**

License # _____ St **MA** DOB/Age _____ Reg # **S47286** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **2 21**
 Operator **BROOKS, FRANK JOHN** Owner **B B AND T EQUIPMENT FINANCE CORP**
 Address **100 KELLEY RD** Address **5130 PARKWAY PLAZ BLVD**
 City **HYANNIS** State **MA** Zip **02601-2631** City **CHARLOTTE** State **NC** Zip **28217**
 Insurance Company **ACE AMERICAN INS CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S E X** 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**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St **MA** DOB/Age _____ Reg # **2MLN33** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1 21**
 Operator **CHAUDHRY, AHAD** Owner **CHAUDHRY, AHAD**
 Address **758 FALMOUTH RD RTE 28 APT A** Address **758 FALMOUTH RD RTE 28 APT A**
 City **HYANNIS** State **MA** Zip **02601-2338** City **HYANNIS** State **MA** Zip **02601-2338**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S X 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**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | X | 1 | 99 | 3 | 0 | 0 | 9 | 2 | Cape Cod Hospital |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian Ⓡ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → Ⓡ

Crash Narrative:

MV#1 stated he was traveling west when MV#2 suddenly drifted into his lane and collided with his vehicle.

MV#2 stated he was traveling west when Mv#1 suddenly drifted into his lane and collided with his vehicle.

the operator of MV#2 was transported by hyannis rescue to CCH.

both vehicle were unable to drive and towed 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. ANDREW A LONGMORE

Police Officer Name (Please Print)

Signature

332

ID/Badge #

Barnstable Police Department

Department

Precinct/Barracks

10/27/2021

Date

Date of Crash **10/27/2021** Time of Crash **0803** City/Town **HYANNIS** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ State Police Local Police Latitude _____ MBTA Police Longitude _____ Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **ENTERPRISE RD**
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
1 **1** **IYANNOUGH RD RTE 132**
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
2 **1** _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Feet **N S E W** of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____ of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **1** Crash Report ID# **21-911-AC**

1 License # _____ St **MA** DOB/Age _____ Reg # **2FTT61** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1 21**
3 Operator **PIEPER, SILVIO IRI** Owner **PIEPER, SILVIO IRI**
Address **25 NEWTON ST** Address **25 NEWTON ST**
City **HYANNIS** State **MA** Zip **02601-4479** City **HYANNIS** State **MA** Zip **02601-4479**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **97 27 3 27 2 27**
5 **2** Vehicle Travel Direction: **S E 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**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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 | XXXXXX | XXXX | 1 | 1 | 3 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

8 **1** License # _____ St _____ DOB/Age _____ Reg # **1JHH82** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1 21**
Operator **SCOTT, TYRONE** Owner **FERGUSON, RENAE**
Address **307 W MAIN APT 7** Address **307 W MAIN ST APT 7**
City **HYANNIS** State **MA** Zip **02601** City **HYANNIS** State **MA** Zip **02601-3657**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 9 27 27**
9 **2** Vehicle Travel Direction: **N S E 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**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3 25 19 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** 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 | XXXXXX | XXXX | 1 | 1 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | | | | | | |
|-----------------------------|-------------------------------|----------------------|--|-------------------------|------------------------|--|---------------------------------------|--|
| Date of Crash 10/27/2021 | Time of Crash 1036 24HR | City/Town HYANNIS | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 1 | Speed Limit 30 | State Police <input type="checkbox"/> | |
| | | | | Latitude _____ | Longitude _____ | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# 921 Direction _____ Address # IYANNOUGH RD RTE 132 Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet N S E W of _____ Route# ENTERPRISE RD Intersecting Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet N S E W of _____ Landmark _____ |

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **21-912-AC**

| | |
|--|---|
| License # _____ St FL DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Operator FELIX, NEYSSA Address 4648 GOLDEN GATE PKWY APT A City NAPLES State FL Zip 34116 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) T2813846 Viol. 1: Ch/Sec/Sub 720CMR906 A Viol. 2: Ch/Sec/Sub 89 9 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # 2YFE77 Reg Type PC Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21 Owner FELIX, DAVID Address 29 AVERY LN City SOUTH YARMOUTH State MA Zip 02664-1908 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 4 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 3 25 BAC Test Result: 1 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33 |
|--|---|

| Please fill out for operator and all occupants involved | | 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 | 9 | 2 | Cape Cod Hospital |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

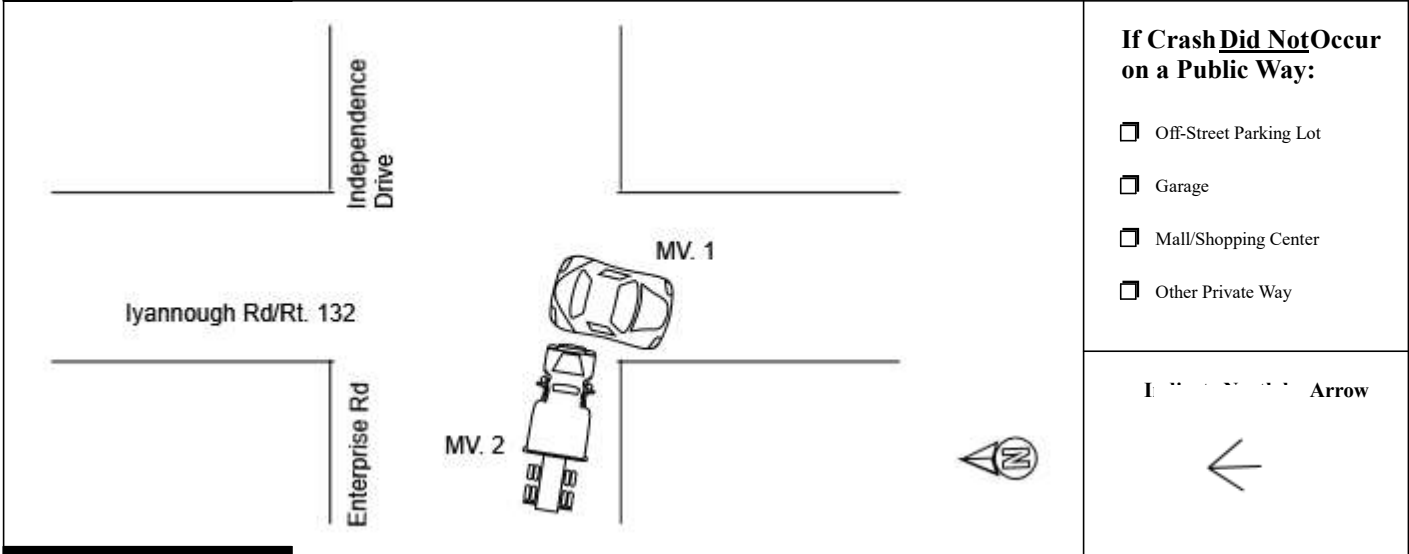
| | |
|--|--|
| License # _____ St TN DOB/Age _____ Sex M Lic. Class A 19 19 Lic. Restrictions 99 20 CDL T Operator CARPENTER, PEYTON ACE Address 235 ROWLEY AVE City MEDINA State TN Zip 38355 Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # E741HT Reg Type CO Reg State TN Veh Year 2016 Veh Make FREIGHTLINER Veh Config. 97 21 Owner BROADWAY ELECTRIC SERVICE CORPORATION Address 1800 N CENTRAL ST City KNOXVILLE State TN Zip 37917 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33 |
|--|--|

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

Insert Arrow



Crash Narrative:

Op. 1 was turning left from Independence Drive onto Rt. 132 when she collided with MV. 2 who was turning right from Enterprise Rd onto Rt. 132. I observed damage to the right side/rear of MV. 1. Op. 1 was transported to CCH by HYFD.

Op. 2 was turning right onto Rt. 132 from Enterprise Rd when MV. 2 turned in front of him and collided with the front of MV. 2. I observed minor damage to the front of MV. 2.

Gist: The traffic signals at this intersection were not functioning due to a storm at this time. The intersection should be treated as a four way stop due to the conditions. Op. 1 disregarded this and did not stop before turning onto Rt. 132. Op. 2 had come to a complete stop and had the right of way to turn. Op. 1 caused the MVA, failed to yield/stop at the intersection. Op. 1 was issued a citation.

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**

Date of Crash **10/27/2021** Time of Crash **1129** City/Town **CENTERVILLE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** 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# **1734** Direction _____ Address # **FALMOUTH RD RTE 28** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-913-AC**

License # _____ St **MA** DOB/Age _____ Reg # **9JVV80** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2015** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **HARRIS, SHANE TYLER** Owner **HARRIS, GLENN R**
 Address **42 EVELYN CIR** Address **42 EVELYN CIR**
 City **CENTERVILLE** State **MA** Zip **02632-0000** City **CENTERVILLE** State **MA** Zip **02632-3438**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N X E 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # _____ St **MA** DOB/Age _____ Reg # **3HC832** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2002** Veh Make **GMC** Veh Config. **1 21**
 Operator **DASILVA, LEANDRO ROBERTO** Owner **POSSA, VIVIANE CRISTINE**
 Address **22 EBEN SMITH RD** Address **22 EBEN SMITH RD**
 City **CENTERVILLE** State **MA** Zip **02632-2184** City **CENTERVILLE** State **MA** Zip **02632-2184**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E X** 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash **10/27/2021** Time of Crash **1308** City/Town **WEST BARNSTABLE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SPRUCE ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
MAIN ST RTE 6A
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 _____
Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-914-AC**

License # _____ St **NJ** DOB/Age _____ Reg # **AX628K** Reg Type **TL** Reg State **NJ**
Sex **M** Lic. Class **99 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2010** Veh Make **PETERBILT** Veh Config. **10 21**
Operator **FUNEZ-HERNANDEZ, JARVIN A** Owner **J&F LOGISTIC LLC**
Address **1 ADELLA AVE** Address **243 40TH ST APT 2**
City **EGG HARBOR TWP** State **NJ** Zip **08234** City **SEA ISLE CITY** State **NJ** Zip **08243**
Insurance Company **KNIGHT SPECIALTY** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **3 27 27 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **T2699518** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9 25 1 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | XXXX | 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 **NY** DOB/Age _____ Reg # **PKM7730** Reg Type **PC** Reg State **OH**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1 21**
Operator **HALL, DANIEL LEWIS** Owner **ENTERPRISE TRUST**
Address **92 MOELLER ST** Address **600 CORPORATE PARK DR**
City **BINGHAMTON** State **NY** Zip **13904** City **ST LOUIS** State **MO** Zip **63132**
Insurance Company _____ Vehicle Action Prior to Crash **4 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: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash **10/27/2021** Time of Crash **1348** City/Town **CENTERVILLE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# **834** Direction _____ Address # **PHINNEY'S LN** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

2 10

1 11

2 3

3 7

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-915-AC**

4 2

License # _____ St **MA** DOB/Age _____ Reg # **2WGB24** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **SPEIGHT, SYDNEY M** Owner **SPEIGHT, JODI L**
 Address **101 STRAWBERRY HILL RD** Address **101 STRAWBERRY HILL RD**
 City **CENTERVILLE** State **MA** Zip **02632-3749** City **CENTERVILLE** State **MA** Zip **02632-3749**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **10 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **10 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **10 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

1 12

5 2

6 2

10 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 | XXXXXX | XXXX | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 1

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

8 1

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

4 14

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 | XXXXXX | XXXX | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash **10/27/2021** Time of Crash **1819** City/Town **HYANNIS** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

ENTERPRISE RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
IYANNOUGH RD RTE 132
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-916-AC**

License # _____ St **MA** DOB/Age _____ Reg # **1HTE90** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Endorsement _____
Veh Year **2010** Veh Make **NISSAN** Veh Config. **1** **21**
Operator **HILLER, HILLIARD JR** Owner **HILLER, HILLIARD JR**
Address **26 SAIL A WAY APT WAY** Address **26 SAIL A WAY APT WAY**
City **CENTERVILLE** State **MA** Zip **02632-2556** City **CENTERVILLE** State **MA** Zip **02632-2556**
Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: N 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**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2** **33**

| Please fill out for operator and all occupants involved | | 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 | XXXXXX | XXXX | 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 **MA** DOB/Age _____ Reg # **9GG732** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1** **21**
Operator **CARD, VANESSA J** Owner **CARD, VANESSA J**
Address **6 NORTHWOOD DR** Address **6 NORTHWOOD DR**
City **ORLEANS** State **MA** Zip **02653-0000** City **ORLEANS** State **MA** Zip **02653-0000**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **4** **27** **27**
Vehicle Travel Direction: N 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**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2** **33**

| Please fill out for operator/non-motorist and all occupants involved | | 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 | XXXXXX | XXXX | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash **10/27/2021** Time of Crash **2052** City/Town **COTUIT** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **4738** Direction _____ Address # **FALMOUTH RD RTE 28** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-917-AC**

License # _____ St **NH** DOB/Age _____ Reg # **6C0465** Reg Type **CO** Reg State **ME**
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **2** **21**
 Operator **STUDER, SETH JOSHUA** Owner **JOHN LUCAS TREE EXPERTS CO**
 Address **55 GRAVES RD** Address **PO BOX 958**
 City **KEENE** State **NH** Zip **03431** City **PORTLAND** State **ME** Zip **04104**
 Insurance Company _____ Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **4** **27** **27** **27**
 Vehicle Travel Direction: **S E 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** 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** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St **MA** DOB/Age _____ Reg # **CI24HL** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Operator **FERRETTI, LOUIS** Owner **FERRETTI, LOUIS**
 Address **243 SEACOAST SHORES BLVD** Address **243 SEACOAST SHORES BLVD**
 City **EAST FALMOUTH** State **MA** Zip **02536-6608** City **EAST FALMOUTH** State **MA** Zip **02536-6608**
 Insurance Company **NGM INSURANCE COMPANY** Vehicle Action Prior to Crash **3** **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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **6** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** 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 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

