



APPENDIX

MOTOR VEHICLE CRASH DATA

GROWTH RATE WORKSHEET

BACKGROUND PROJECT WORKSHEETS

TRIP GENERATION DATA

SIGHT DISTANCE WORKSHEETS



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MOTOR VEHICLE CRASH DATA



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Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/15/2015	Time of Crash 1329 24HR	City/Town SALISBURY	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"/> Other _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 Route# Direction <u>LAFAYETTE RD</u> Name of Roadway/Street At Route# Direction <u>GERRISH RD</u> Name of Intersecting Roadway/Street Also at Intersection with Route# Direction _____ Name of Intersecting Roadway/Street			2 10 Route# Direction Address # _____ Name of Roadway/Street Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street Landmark							
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 15-54-AC							
4 1 License # <u>S11918134</u> St <u>MA</u> DOB/Age <u>06/14/1946</u> Sex <u>M</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>BRADY, ROBERT J</u> Last First Middle Address <u>195 SEVEN STAR RD</u> City <u>GROVELAND</u> State <u>MA</u> Zip <u>01834-2307</u> Insurance Company <u>COMMERCE INSURANCE</u>			Reg # <u>VT518</u> Reg Type <u>MCV</u> Reg State <u>MA</u> Veh Year <u>2001</u> Veh Make <u>HARLEY-DAVIDSON</u> Veh Config. <u>1</u> Owner <u>BRADY, ROBERT J</u> Last First Middle Address <u>195 SEVEN STAR RD</u> City <u>GROVELAND</u> State <u>MA</u> Zip <u>01834-2307</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>23 23 23 23</u> Most Harmful Event <u>51</u> Driver Contributing Code <u>1 25 25</u> Driver Distracted by <u>0</u>							
5 Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			6 1 Damaged Area Code: <u>7 27 27 27</u> Test Status: <u>1 28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1 33</u>							
Please fill out for operator and all occupants involved			42 13							
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 5 5 3 0 5 1							
7 1 Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			97 14							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Event Sequence <u>23 23 23 23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25 25</u> Driver Distracted by <u>26</u>							
8 1			9 2							
Please fill out for operator/non-motorist and all occupants involved			42 13							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Non-Motorist See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

M/C TRAVELING SOUTH ON LAFAYETTE ROAD WHEN THE OPERATOR SLID ON A SANDY SHOULDER AND LOST CONTROL. SLIGHT DAMAGE TO THE M/V. OPERATOR WAS TREATED BY EMT'S AT THE SCENE.

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

PATROLMAN MICHAEL A ALDER-101

ALDM

Salisbury Police Department 04/15/2015

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Date of Crash

05/19/2016

Time of Crash

1701

24HR

City/Town

SALISBURY

Commonwealth of Massachusetts

Motor Vehicle Crash

Police Report

RMV Document Number

Speed Limit

State Police

Latitude

Local Police

Longitude

Other

Number Vehicles

2

Number Injured

0

State Police

Local 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

1

S

59

LAFAYETTE RD

Route#

Direction

Address #

Name of Roadway/Street

Feet

NSEW

of

Mile Marker

or

Exit Number

Feet

NSEW

of

Route#

Intersecting Roadway/Street

Feet

NSEW

of

Landmark

Please Select One of the Following:

Vehicle

1

#Occupants

Hit/Run

Moped

Crash Report ID#

16-76-AC

License #

S94669885

St

MA

DOB/Age

10/15/1936

Sex

M

Lic. Class

D

Lic. Restrictions

20

CDL

Endorsement

Operator

ROMANO, RICHARD C

Address

188 BEACH RD APT 5

City

SALISBURY

State

MA

Zip

01952-2250

Insurance Company

STATE FARM MUTUAL

Vehicle Travel Direction:

NSEW

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 #

663EN6

Reg Type

PC

Reg State

MA

Veh Year

2014

Veh Make

NISSAN

Veh Config.

1

21

Owner

ROMANO, RICHARD C

Address

188 BEACH RD APT 5

City

SALISBURY

State

MA

Zip

01952-2250

Vehicle Action Prior to Crash

2

22

Damaged Area Code:

5

27

4

27

6

27

Event Sequence

1

23

23

23

23

Test Status:

28

Most Harmful Event

1

24

Type of Test:

29

Driver Contributing Code

1

25

25

BAC Test Result:

30

Driver Distracted by

0

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

X

X

1

99

99

0

0

5

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 #

S26116577

St

MA

DOB/Age

01/11/1999

Sex

M

Lic. Class

D

Lic. Restrictions

20

CDL

Endorsement

Operator

HEDBERG, MARTIN A

Address

103 THURLOW ST

City

GEORGETOWN

State

MA

Zip

01833-1132

Insurance Company

LIBERTY MUTUAL INS

Vehicle Travel Direction:

NSEW

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 #

RW8146

Reg Type

PC

Reg State

MA

Veh Year

1994

Veh Make

FORD

Veh Config.

1

21

Owner

HEDBERG, GAIL E

Address

103 THURLOW ST

City

GEORGETOWN

State

MA

Zip

01833-1132

Vehicle Action Prior to Crash

1

22

Damaged Area Code:

1

27

27

27

Event Sequence

1

23

23

23

23

Test Status:

28

Most Harmful Event

1

24

Type of Test:

29

Driver Contributing Code

19

25

1

25

BAC Test Result:

30

Driver Distracted by

99

26

Susp. Alcohol:

31

Susp. Drug:

32

Towed from scene?

2

33

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

Name (Last First Middle)

Address

DOB/Age

Sex

34 Seat Pos.

35 Safety System

36 Airbag Status

37 Eject Code

38 Trap Code

39 Injury Status

40 Transp. Code

Medical Facility

Operator/Non-Motorist

See Above

X

X

1

99

99

0

0

5

1

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Gerrish Rd

True Rd



Lafayette Rd (Rt. 1) South



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1, approaching S-curve and small intersecting roadways, slowed to use caution.
Vehicle 2, struck V1 from behind (inattention). V1 sustained significant damage to rear,
V2, minor damage to front.

No injuries, no tows.

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

PATROLMAN MICHAEL R TULLERCASH-107

Police Officer Name (Please Print)

Signature

TULM

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

05/19/2016

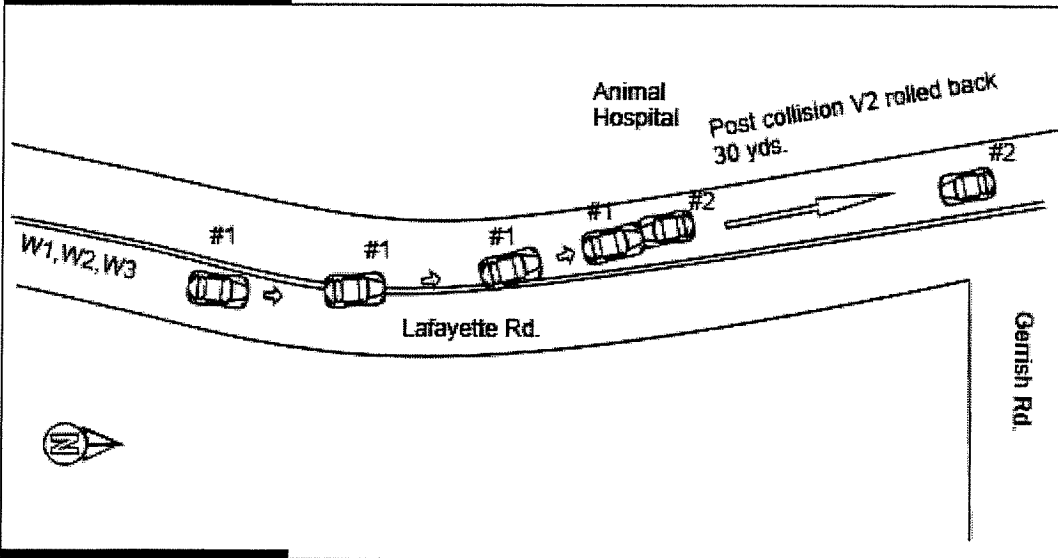
Date

Police Use Only
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report
RMV Document Number
Date of Crash 08/04/2016 Time of Crash 1658 City/Town SALISBURY
Number Vehicles 2 Number Injured 2 Speed Limit State Police Local Police MBTA Police Other:
AT INTERSECTION: LOCATION NOT AT INTERSECTION:
Route# Direction Name of Roadway/Street
Route# Direction Address # Name of Roadway/Street
Route# Direction Name of Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street
Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 16-159-AC
License # 12CXX87021 St NH DOB/Age 12/02/1987 Reg # 2840387 Reg Type PC Reg State NH
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator COX, KALEIGH B Owner COX, KALEIGH B
Address 6 FLORAL AVE Address 6 FLORAL AVE
City DOVER State NH Zip 03820 City DOVER State NH Zip 03820
Insurance Company NONE
Vehicle Travel Direction: X S E W Responding to Emergency? 2
Citation # (If Issued) R7621689
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub
Please fill out for operator and all occupants involved
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility
Operator See Above 1 1 1 0 0 3 2 Anna Jaques
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped
License # 01PEC50191 St NH DOB/Age 01/19/1950 Reg # 3253151 Reg Type PC Reg State NH
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator PLOURDE, CYNTHIA J Owner PLOURDE, CYNTHIA J
Address 6 MEETING PLACE DR APT # 30 Address 6 MEETING PLACE DR APT # 30
City EXETER State NH Zip 03833 City EXETER State NH Zip 03833
Insurance Company GMM
Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub
Please fill out for operator/non-motorist and all occupants involved
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility
Operator/Non-Motorist See Above 1 1 1 0 0 3 2 Anna Jaques

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

Crash Diagram:

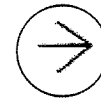
ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V2 traveling southbound on Lafayette Rd within the designated lane. V1 was traveling northbound on Lafayette Rd. V1 crossed completely over the painted centerline into the path of V2 resulting in head-on collision. Heavy front end damage sustained to both vehicles. Both operators transported with non-life threatening injuries. V1 stated sun glare was issue that resulted in collision.

Both operators transported. Both vehicles towed.

Three named witnesses observed erratic operation of V1 prior to and at time of collision.

Refer to 16-438-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WENDELL TRENTON	22 MACE RD HAMPTON NH 03842	978-406-2015	
BROWN LISA	202 N HAVERHILL RD KENSINGTON NH NH 03833	603-969-2052	

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

PATROLMAN PATRICK L SZYMOWSKI-105

Police Officer Name (Please Print)

Signature

SZYP

ID/Badge #

Salisbury Police Department

Department

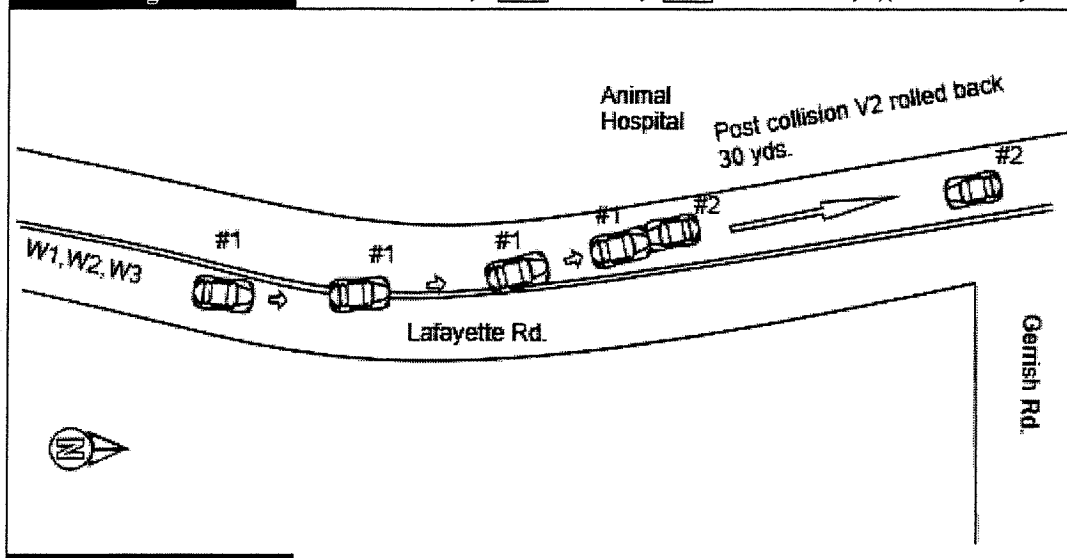
Precinct/Barracks

08/04/2016

Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V2 traveling southbound on Lafayette Rd within the designated lane. V1 was traveling northbound on Lafayette Rd. V1 crossed completely over the painted centerline into the path of V2 resulting in head-on collision. Heavy front end damage sustained to both vehicles. Both operators transported with non-life threatening injuries. V1 stated sun glare was issue that resulted in collision.

Both operators transported. Both vehicles towed.

Three named witnesses observed erratic operation of V1 prior to and at time of collision.

Refer to 16-438-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LAMOTHE PATRICIA L	16A COLLINS ST SEABROOK NH 03874	978-914-8347	

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

PATROLMAN PATRICK L SZYMKOWSKI-105

SZYP

Salisbury Police Department

08/04/2016

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/02/2016	Time of Crash 1801 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police Local Police MBTA Police Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 4 Route# Direction LAFAYETTE RD Name of Roadway/Street At Route# Direction GERRISH RD Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark 2 11							
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 16-228-AC							
4 1 License # S67835528 St MA DOB/Age 09/27/1992 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GAUTHIER, SAVANAH LEE Last First Middle Address 204 MAIN ST AVE City MONSON State MA Zip 01057-0000 Insurance Company SAFETY INSURANCE 5 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) 6 1 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 1FF499 Reg Type PC Reg State MA Veh Year 2010 Veh Make KIA Veh Config. 1 21 Owner GAUTHIER, SAVANAH LEE Last First Middle Address 204 MAIN ST AVE City MONSON State MA Zip 01057-0000 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 3 33							
Please fill out for operator and all occupants involved			1 13							
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 5 1							
7 3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 14							
8 1 License # 2184352 St VT DOB/Age 06/26/1990 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BROWN, CATHERINE Last First Middle Address PO159 S STRAFFORD APT VT City SALISBURY State MA Zip 01952 Insurance Company PROGRESSIVE 9 2 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # ESS558 Reg Type PC Reg State VT Veh Year 2007 Veh Make PONTIAC Veh Config. 1 21 Owner BROWN, CATHERINE Last First Middle Address PO159 S STRAFFORD APT VT City SALISBURY State MA Zip 01952 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Damaged Area Code: 4 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33							
Please fill out for operator/non-motorist and all occupants involved			1 13							
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 5 1							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Gerrish Rd.

V1

V2

Lafayette Rd.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V2, traveling south on Lafayette Rd, was turning left on Gerrish Rd. V1 did not stop in time and rear ended V2. There was minor damage to both vehicles.

Operator of V2 complained of head and neck pain but refused treatment at the scene, but stated that she would seek treatment on her own. Operator of V1 believed that her brakes malfunctioned and had her vehicle towed by AAA, as she felt unsafe driving it further.

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

PATROLMAN CRAIG GOODRICH-127

Police Officer Name (Please Print)

Signature

GOOC

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

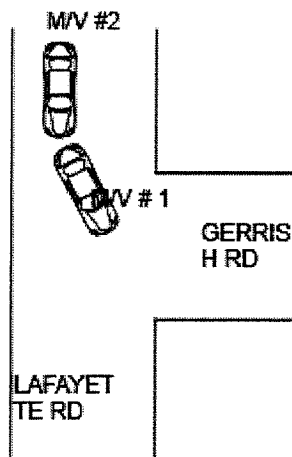
11/02/2016

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/01/2017	Time of Crash 1409 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other _____	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 1 Route# Direction <u>LAFAYETTE RD</u> Name of Roadway/Street At Route# Direction <u>GERRISH RD</u> Name of Intersecting Roadway/Street Also at Intersection with Route# Direction _____ Name of Intersecting Roadway/Street			2 10 Route# Direction Address # _____ Name of Roadway/Street ____ Feet <u>N S E W</u> of _____ or _____ Mile Marker Exit Number ____ Feet <u>N S E W</u> of _____ Route# Intersecting Roadway/Street ____ Feet <u>N S E W</u> of _____ Landmark							
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 17-1-AC							
4 1 License # <u>S47763474</u> St <u>MA</u> DOB/Age <u>02/29/1992</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>NELSON, ERIC JUSTIN</u> Last First Middle Address <u>387 NORTHEND BLVD</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952-2109</u> Insurance Company <u>GOVT EMPLOYEE INS</u>			Reg # <u>7VEB50</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>99</u> <u>21</u> Owner <u>NELSON, ERIC JUSTIN</u> Last First Middle Address <u>387 NORTHEND BLVD</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952-2109</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
5 Vehicle Travel Direction: <u>N</u> <u>X</u> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			1 13 Please fill out for operator and all occupants involved Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility Operator See Above <u>X</u> <u>X</u> <u>1</u> <u>1</u> <u>4</u> <u>0</u> <u>0</u> <u>5</u> <u>1</u> CHARLES FITZPATRICK 25 PIKE ST SALISBURY, MA 01952 05/30/1989 M <u>3</u> <u>1</u> <u>4</u> <u>0</u> <u>0</u> <u>5</u> <u>1</u>							
7 3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 14 License # <u>04WNS38011</u> St <u>NH</u> DOB/Age <u>04/01/1938</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>WOODMAN, STEPHEN</u> Last First Middle Address <u>144 GARDEN ST</u> City <u>SEABROOK</u> State <u>NH</u> Zip <u>03874</u> Insurance Company <u>PROGRESSIVE</u> Vehicle Travel Direction: <u>N</u> <u>X</u> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____							
8 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 <u>X</u> <u>X</u> <u>1</u> <u>1</u> <u>4</u> <u>0</u> <u>0</u> <u>5</u> <u>1</u>			9 2 Reg # <u>1219</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2005</u> Veh Make <u>FORD</u> Veh Config. <u>99</u> <u>21</u> Owner <u>WOODMAN, STEPHEN</u> Last First Middle Address <u>144 GARDEN ST</u> City <u>SEABROOK</u> State <u>NH</u> Zip <u>03874</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 01/01/17 AT 14:09 HRS, THIS OFFICER RESPONDED TO A REPORT OF MOTOR VEHICLE CRASH @ LAFAYETTE ROAD AND GERRISH ROAD. M/V # 1 HEADING SOUTH BOUND LAFAYETTE ROAD, TURNING LEFT ONTO GERRISH ROAD. M/V # 2 HEADING SOUTH BOUND LAFAYETTE ROAD STRUCK M/V # 1 FROM BEHIND. BOTH M/V'S HAD DAMAGE, NO TOW, NO INJURY.

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

PATROLMAN BRUCE DOW-103

DOWB

Salisbury Police Department

01/02/2017

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

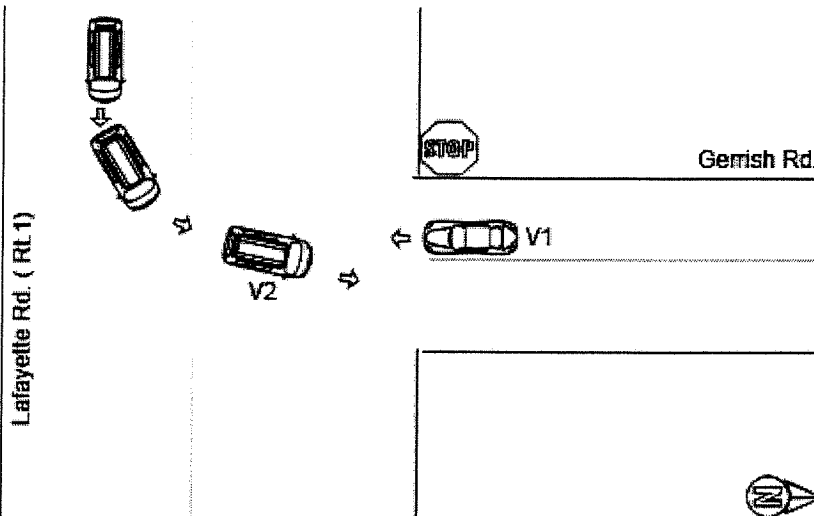
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/23/2017	Time of Crash 1615 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
1 <u>GERRISH RD</u>			2 10										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
At			Feet <u>N S E W</u> of . or Exit Number										
2 1 <u>LAFAYETTE RD</u>			3 11										
Route# Direction Name of Intersecting Roadway/Street			Feet <u>N S E W</u> of Route# Intersecting Roadway/Street										
Also at Intersection with			Landmark										
Route# Direction Name of Intersecting Roadway/Street													
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 17-89-AC										
License # <u>S83863790</u> St. <u>MA</u> DOB/Age <u>05/28/1989</u>			Reg # <u>242545</u> Reg Type <u>PC</u> Reg State <u>NH</u>										
Sex <u>M</u> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement			Veh Year <u>1997</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>										
4 2 Operator <u>HORVITZ, JOSHUA A</u>			1 12 Owner <u>ROBINSON, DAVID A</u>										
Last First Middle			Last First Middle										
Address <u>128 RAILROAD AVE APT 5</u>			Address <u>20 BLACKSTONE ST</u>										
City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u>			City <u>HUDSON</u> State <u>NH</u> Zip <u>03051</u>										
Insurance Company <u>UNKNOWN</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>										
5 1 Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>1</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>1</u> <u>24</u> Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>										
6 1 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>										
Please fill out for operator and all occupants involved			1 13										
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 5 1										
7 3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 14										
License # <u>S31322425</u> St. <u>MA</u> DOB/Age <u>06/23/1993</u>			Reg # <u>MVR722</u> Reg Type <u>ATN</u> Reg State <u>MA</u>										
Sex <u>M</u> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement			Veh Year <u>2015</u> Veh Make <u>FORD</u> Veh Config. <u>5</u> <u>21</u>										
8 1 Operator <u>HALL, JALEN D</u>			Owner <u>MERRIMACK VALLEY REGIONAL TRANSIT AUTHORITY</u>										
Last First Middle			Last First Middle										
Address <u>191 BEACH RD APT C105</u>			Address <u>85 RAILROAD AVE</u>										
City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u>			City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01835-7265</u>										
Insurance Company <u>TRAVELERS IND CO</u>			Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>1</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>1</u> <u>24</u> Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>										
9 2 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>										
Please fill out for operator/non-motorist and all occupants involved			1 14										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility													
Operator/Non-Motorist See Above			1 1 4 0 0 5 1										
MELANIE NESTOR 21 GERRISH RD SALISBURY, MA 01952			11/11/1974 F 97 1 4 0 0 5 1										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 05/23/17 I was dispatched to Gerrish Rd. and Lafayette Rd. for a reported two car motor vehicle accident, no injuries reported. When I arrived both vehicles were pulled off to the soft shoulder on Gerrish Rd. I spoke with both operators and they confirmed that there were no injuries. I first spoke to the operator of V1 (Horvitz) who stated that he was traveling on Gerrish Rd., stopped at the stop sign, and that V2 took the corner to sharp and struck the front end of his vehicle. I then spoke to the operator of V2, who stated that V1 had pulled out past the stop line, almost into the roadway and was slowly rolling forward as he was making the left turn. He stated that due to V1 rolling and not at a complete stop V1 struck him. The initial investigation was unfounded and could not determine clear fault. I checked for any independent witnesses and none were in the area. At this time it is only the recollection of events from both

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

PATROLMAN MICHAEL R TULLERCASH-107

Police Officer Name (Please Print)

Signature

TULM
ID/Badge #

Salisbury Police Department
Department

Precinct/Barracks

05/23/2017
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/07/2017	Time of Crash 1320 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
FOREST RD										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At										
LAFAYETTE RD										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		3 11					
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		3 11					
					Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 14 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 17-231-AC	
License # 07KYH65151 St NH DOB/Age 07/15/1965			Reg # 3436901 Reg Type PC Reg State NH							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2011 Veh Make MITSUBISHI Veh Config. 1 21							
Operator KEANEY, HUGH F			Owner KEANEY, HUGH F		1 12					
Address 26 K ST APT 2			Address 26 K ST APT 2							
City HAMPTON State NH Zip 03842			City HAMPTON State NH Zip 03842							
Insurance Company			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 18 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 and all occupants involved					1 13					
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 5 1							
ANDREA KNOWLES 2 FOREST RD SALISBURY, MA 01952-1619			05/02/1976 F 3 99 4 0 0 5 1							
BRYLAN KNOWLES 869 LAFAYETTE RD HAMPTON, NH 03842			07/05/2005 M 4 99 4 0 0 5 1							
AIDEN DALTON 24 BATCHELDER RD SEABROOK, NH 03874			01/08/2015 M 6 4 4 0 0 5 1							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # S42670414 St MA DOB/Age 01/08/1992			Reg # 797HV8 Reg Type PC Reg State MA							
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21							
Operator CURRAN, MELISSA ANNE			Owner CURRAN, DAVID P		1 14					
Address 26 FAY ST			Address 26 FAY ST							
City WILMINGTON State MA Zip 01887-1807			City WILMINGTON State MA Zip 01887-1807							
Insurance Company INTECON NATIONAL			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 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 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					1 14					
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 5 1							
CRAIG BASSETT 43 SEABROOK RD SALISBURY, MA 01952-1615			03/27/1990 M 3 99 4 0 0 5 1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:

DRIVEWAY
2 Forrest Rd.

Forrest Rd.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was exiting driveway of 2 Forest Rd. Vehicle 1 did not see Vehicle 2 traveling south on Forrest Rd., possibly because of a hedge at the end of the driveway. Vehicle 1 drove into the side of Vehicle 2 as it attempted to pull out of the driveway and turn south.

-No injuries were reported on scene

-No vehicle were towed from the scene

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

PATROLMAN CRAIG GOODRICH-127

Police Officer Name (Please Print)

Signature

GOOC

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

10/07/2017

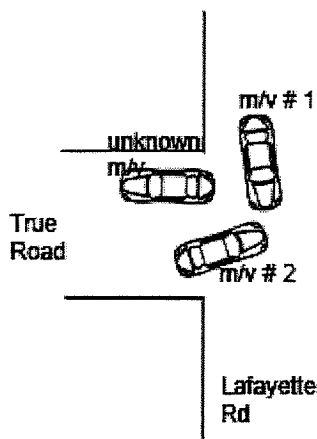
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/09/2017	Time of Crash 1240 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
1 TRUE RD Route# Direction Name of Roadway/Street At LAFAYETTE RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street 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											
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 17-274-AC											
4 2 License # 03SNP00071 St NH DOB/Age 03/07/2000 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator SANBORN, PETER A Address 12 PERKINS AVE City SEABROOK State NH Zip 03874 Insurance Company GEICO GENERAL INS Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			1 12 Reg # 3AK292 Reg Type PC Reg State MA Veh Year 1994 Veh Make TOYOTA Veh Config. 99 21 Owner WHITE, KATHRYN E Address 39 DOCK LN City SALISBURY State MA Zip 01952-2614 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33											
6 3 Please fill out for operator and all occupants involved			1 13											
Operator			See Above		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
VINUANUL NASTAIA			13 SALT MARSH RD SEABROOK, NH 03874		08/25/1999	M	3	1	1	0	0	5	1	
7 3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			4 14											
8 2 License # 02ONB53051 St NH DOB/Age 02/05/1953 Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator OHEARN, BARBARA L Address 41 HOLLY CIR City N HAMPTON State NH Zip 03862 Insurance Company UNKNOWN NH Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			1 13 Reg # 3678707 Reg Type PC Reg State NH Veh Year 2014 Veh Make JEEP Veh Config. 99 21 Owner OHEARN, BARBARA L Address 41 HOLLY CIR City N HAMPTON State NH Zip 03862 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 Damaged Area Code: 8 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33											
9 2 Please fill out for operator/non-motorist and all occupants involved			1 13											
Operator/Non-Motorist			See Above		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
							1	1	4	0	0	5	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 12/09/2017 AT 12:40 HRS, RESPONDED TO M/V CRASH @ TRUE ROAD, AND LAFAYETTE ROAD. M/V #1 HEADING SOUTH BOUND LAFAYETTE ROAD. M/V #2 TURNING LEFT FROM TRUE RD, ONTO LAFAYETTE RD. OPERATOR OF M/V #2 STATED UNKNOWN M/V WAS TURNING RIGHT INTO TRUE RD, WHEN M/V #1 WENT AROUND UNKNOWN M/V. BOTH M/V'S WERE DAMAGED AND TOWED FROM SCENE. NO INJURY, NO TRANSPORT. NOTE SNOW STORM WAS IN EFFECT AT THIS TIME.

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

PATROLMAN BRUCE DOW-103

DOWB

Salisbury Police Department

12/10/2017

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

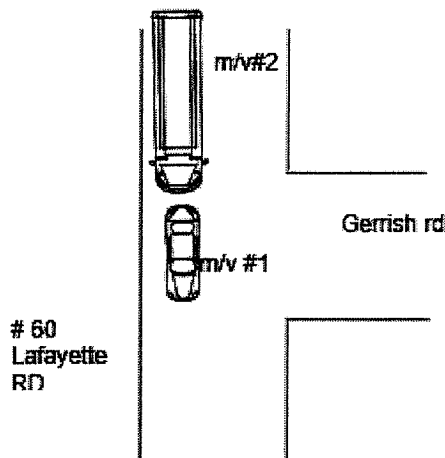
Date

[illegible]

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

Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 09/14/2018 @ 15:11 HRS, RESPONDED TO M/V CRASH @ LAFAYETTE ROAD, AND GERRISH RD, REPORTED SCHOOL BUS INVOLVED. M/V # 1 HEADING SOUTH BOUND LAFAYETTE ROAD, ATTEMPTING TO TURN LEFT ONTO GERRISH RD. M/V # 2 (SCHOOL BUS) HEADING SOUTH BOUND LAFAYETTE STRUCK M/V # 1 FROM BEHIND CAUSING DAMAGE TO BOTH M/V'S. OPERATOR OF SCHOOL BUS STATED SHE WAS LOOKING IN REAR VIEW MIRROR AT THE TIME OF CRASH AND DID NOT SEE M/V # 1 TURNING LEFT. ALL STUDENTS ON SCHOOL BUS WILL BE ADDED IN NARRATIVE PAGE.

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 # **SB45448** (From Vehicle Section)

Carrier Name _____ Bus Use **1** ⁴²

Address _____ City _____ St _____ Zip _____

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

Interstate **2** ⁴³ Cargo Body Type Code **2** ⁴⁴ GVWR/GCWR **3** 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**

PATROLMAN BRUCE DOW-103

DOWB

Salisbury Police Department

09/15/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

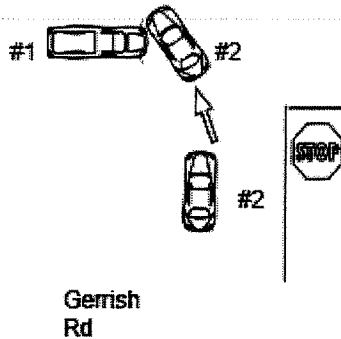
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/27/2018	Time of Crash 0632 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 45 Latitude Longitude	State Police Local Police MBTA Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction LAFAYETTE RD Name of Roadway/Street At Route# Direction GERRISH RD Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number 3 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark					10		
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 18-238-AC							
4 License # S89012384 St MA DOB/Age 06/27/1996 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator THERIAULT, BENJAMIN Address 2 PLEASANT ST City SALISBURY State MA Zip 01952-2625 Insurance Company SAFETY INSURANCE 5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) 6 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			1 Reg # 16X570 Reg Type PC Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 2 21 Owner THERIAULT, BENJAMIN Address 2 PLEASANT ST City SALISBURY State MA Zip 01952-2625 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33					12		
Please fill out for operator and all occupants involved			1 Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility Operator See Above 1 99 1 0 0 5 1 Anna Jaques					13		
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 License # 02HNC96181 St NH DOB/Age 02/18/1996 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HANSON, COREY M Address 47 GRANITE DR City NORTH HAMPTON State NH Zip 03862 Insurance Company PROGRESSIVE 8 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E Responding to Emergency? 2 Citation # (If Issued) 9 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					14		
Please fill out for operator/non-motorist and all occupants involved			1 Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility Operator/Non-Motorist See Above 1 99 4 0 0 3 2 Anna Jaques							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lafayette Rd



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 had right of way traveling north on Lafayette Rd approaching Gerrish Road. V2 was traveling west on Gerrish Road and either at or approaching Stop Sign at intersection of Lafayette Road. V2 either failed to stop, or failed to identify V1 approaching. V2 drove into path of V1 resulting in collision. Both vehicles sustained moderate / heavy damage and were towed. Operator V2 was transported by EMS and clearly sustained concussion as result of impact.

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

PATROLMAN PATRICK L SZYMKOWSKI-105

SZYP

Salisbury Police Department

11/27/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/02/2018	Time of Crash 1339 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 TRUE RD					2					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
LAFAYETTE RD					10					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		11					
					Landmark					
2 Please Select One of the Following:			Hit/Run		Moped		Crash Report ID# 18-245-AC			
Vehicle 1 Occupants										
License # 014486441 St MA DOB/Age 03/25/1957			Reg # 362TH1 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2001 Veh Make BUICK Veh Config. 1 21							
Operator LUTES, KEITH A			Owner LUTES, KEITH A					12		
Address 4 BARTLETT ST			Address 4 BARTLETT ST							
City SALISBURY State MA Zip 01952			City SALISBURY State MA Zip 01952							
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 21 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 21 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					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator See Above			1 1 4 0 0 5 1					26 13		
7 Please Select One of the Following:			Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		Hit/Run Moped			
Vehicle 2 Occupants										
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					14		
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					
Please fill out for operator/non-motorist and all occupants involved					Towed from scene? 33					
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator/Non-Motorist See Above			1 1							

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

Crash Diagram:

ie: → 1 → 2 → ○

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



True Rd

V#1



\$

True Rd



Crash Narrative:

Vehicle#1 Operator states he was traveling eastbound on True Rd, when he drove through a curve area, his right tires drove on top of wet leafs and sand prompting him to loose control of his vehicle. Due to lost of control operator crashed into a tree.

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

PATROLMAN JUAN R GUILLERMO-158

GUIJ

Salisbury Police Department

12/03/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts			RMV Document Number			
Date of Crash 07/17/2019	Time of Crash 2016 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:			
Route# Direction LAFAYETTE RD Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street			Feet N S E W of . or Mile Marker Exit Number			10
Route# Direction TRUE RD Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street			11
Also at Intersection with			Landmark						
Route# Direction Name of Intersecting Roadway/Street									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 19-153-AC						
License # NHL19730890 St NH DOB/Age 07/06/1973			Reg # 4121510 Reg Type PC Reg State NH						12
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 1998 Veh Make LEXUS Veh Config. 1 21						
Operator ROBBINS, ANDREA S Last First Middle			Owner ROBBINS, ANDREA S Last First Middle						
Address 47 WEARE RD APT B3#1			Address 47 WEARE RD APT B3#1						
City SEABROOK State NH Zip 03874			City SEABROOK State NH Zip 03874						
Insurance Company GEICO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 3 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 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			13
Please fill out for operator and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator See Above			1 1 4 0 0 10 1						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # 5098258A St VT DOB/Age 01/04/1948			Reg # J007 Reg Type DLN Reg State VT						
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make JEEP Veh Config. 1 21						
Operator POSTERNAK, JASON P Last First Middle			Owner BRATTLEBORO SUBARU Last First Middle						
Address 46 POPLAR COMMONS			Address 1234 PUTNEY RD						
City DUMMERSTON State VT Zip 05301			City BRATTLEBORO State VT Zip 05301						14
Insurance Company ZURICH AMERICAN			Vehicle Action Prior to Crash 6 22			Damaged Area Code: 8 27 7 27 27			
Vehicle Travel Direction: X 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 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			
Please fill out for operator/non-motorist and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator/Non-Motorist See Above			1 1 4 0 0 10 1						
ANNE POSTERNAK 46 POPLAR COMMONS DUMMERSTON, VT 05301			02/24/1946 F 3 1 4 0 0 10 1						

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

Lafayette Road

True Rd

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was travelling southbound on Lafayette Rd. Vehicle 2 was stopped at the intersection of True and Lafayette. Vehicle 2 attempted to turn left on to the northbound lane of Lafayette Road. The operator of vehicle 2 stated they did not see vehicle one coming because it did not have headlights on. When the operator of vehicle 2 realized vehicle one was coming he attempted to swerve to the right to avoid a collision. Vehicle 2 left front struck the right front of vehicle 1. Both vehicles sustained significant damage. Vehicle 1 was towed from the scene. Vehicle 2 was parked in a private driveway to await a private tow. All parties declined medical treatment

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

PATROLMAN JAYSON DAVIS-133

DAVJ

Salisbury Police Department

07/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

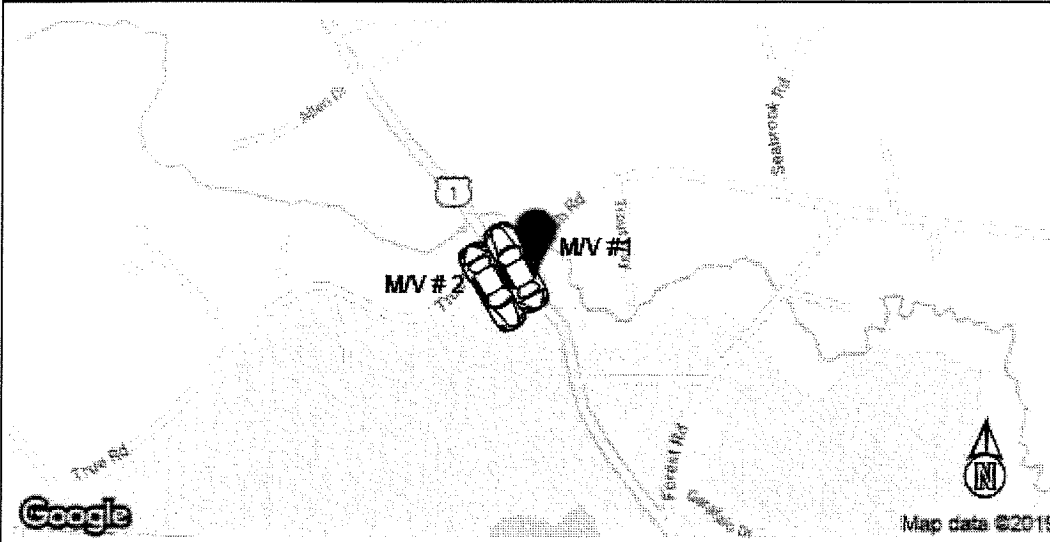
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 07/25/2019	Time of Crash 1354 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude Longitude	State Police Local Police MBTA Police Campus Police Other															
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																				
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of 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: <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 19-166-AC																						
License # S10636368 St MA DOB/Age 11/09/1968 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator WILKINSON, ROBERT HENRY V Address 217 PAUL FACTORY RD City TEMPLETON State MA Zip 01468-1532 Insurance Company GREEN MOUNTAIN INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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 # PPRENO Reg Type PC Reg State MA Veh Year 2016 Veh Make DODGE Veh Config. 99 21 Owner WILKINSON, ROBERT HENRY V Address 217 PAUL FACTORY RD City TEMPLETON State MA Zip 01468-1532 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																						
Please fill out for operator and all occupants involved																									
Name (Last First Middle)			Address			DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator			See Above							1		1		4		0		0		10		1			
SUSAN WILKINSON			217 PAUL FACTORY RD TEMPLETON, MA 01468			01/15/1968		F		3		1		4		0		0		10		1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																				
License # S26920647 St MA DOB/Age 11/11/1956 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator BELL, LAWRENCE W Address 4 LINCOLN AVE City SALISBURY State MA Zip 01952 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) R8177087 Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 1PR155 Reg Type PC Reg State MA Veh Year 2007 Veh Make DODGE Veh Config. 99 21 Owner BOURQUE-BELL, ANNE M Address 4 LINCOLN AVE City SALISBURY State MA Zip 01952-2030 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 21 25 25 Driver Distracted by 5 26 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																						
Please fill out for operator/non-motorist and all occupants involved																									
Name (Last First Middle)			Address			DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Non-Motorist			See Above							1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 07/25/2019 @ 14:06 HRS, RESPONDED TO M/V CRASH LAFAYETTE RD AND GERRISH ROAD. M/V # 1 HEADING NORTH BOUND LAFAYETTE RD. M/V # 2 HEADING SOUTH BOUND LAFAYETTE RD. M/V # 2 OPERATOR CROSSED CENTER LINE, STATED HE FELL ASLEEP. OPERATOR M/V # 1 SAW M/V # 2 CROSS THE CENTER LANE AND VEERED BACK INTO PROPER LANE. OPERATOR OF M/V # 1 FELT A THUMP AND STATED HE WILL WASH HIS M/V TO SEE IF DAMAGED. THIS OFFICER ISSUED CITATION # R8177087 TO OPERATOR OF M/V # 2 MR. BELL. BOTH M/V'S LEFT THE SCENE, NO TRANSPORT, NO TOW.

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

PATROLMAN BRUCE DOW-103

Police Officer Name (Please Print)

Signature

DOWB

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

07/25/2019

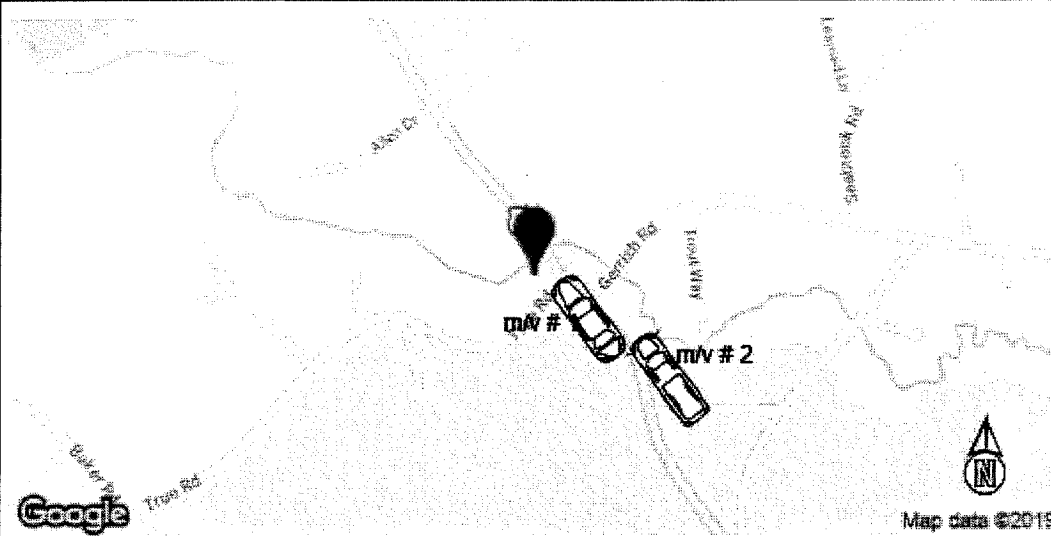
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/17/2019	Time of Crash 1406 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction LAFAYETTE RD Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				10			
Route# Direction TRUE RD Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				11			
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 19-228-AC							
License # S33187332 St MA DOB/Age 02/01/1951			Reg # RW76KJ Reg Type PC Reg State MA							
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2003 Veh Make TOYOTA Veh Config. 99 21							
Operator AYVAZIAN, DIANNE Last First Middle			Owner AYVAZIAN, DIANNE Last First Middle							
Address 55 MARKET ST APT 2			Address 55 MARKET ST APT 2							
City AMESBURY State MA Zip 01913-0000			City AMESBURY State MA Zip 01913-0000							
Insurance Company AMICA MUTUAL INS			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # S52641253 St MA DOB/Age 04/23/1987			Reg # 3913715 Reg Type PC Reg State NH							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2002 Veh Make FORD Veh Config. 99 21							
Operator MCINTOSH, JAMES C Last First Middle			Owner MCINTOSH, ROBERT R Last First Middle							
Address 50 FOREST RD			Address 227 WALTON RD APT A							
City SALISBURY State MA Zip 01952-1622			City SEABROOK State NH Zip 03874							
Insurance Company UNKNOWN NH			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 0 26 Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Non-Motorist See Above			1 1 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 10/17/2019 AT 14:20 HRS, RESPONDED TO M/V CRASH @ TRUE ROAD AND LAFAYETTE ROAD. M/V #1 HEADING NORTH BOUND LAFAYETTE, TURNING LEFT ONTO TRUE ROAD. M/V #2 HEADING NORTH BOUND LAFAYETTE STRUCK M/V #1 FROM BEHIND. BOTH M/V'S HAD DAMAGE FROM CRASH, NO INJURY, NO TOW

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

PATROLMAN BRUCE DOW-103 DOWB Salisbury Police Department 10/17/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/04/2019	Time of Crash 1047 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction LAFAYETTE RD			Route# Direction Address # Name of Roadway/Street				2 10			
At			Feet N S E W of or Mile Marker Exit Number				2 11			
Route# Direction TRUE RD			Route# Direction Address # Name of Roadway/Street				2 11			
Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				2 11			
Also at Intersection with			Feet N S E W of				2 11			
Route# Direction Name of Intersecting Roadway/Street			Landmark				2 11			
Please Select One of the Following:			Crash Report ID# 19-245-AC				2 11			
<input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
License # 06BTA84241 St NH DOB/Age 06/24/1984			Reg # 4596624 Reg Type PC Reg State NH				2 11			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006 Veh Make GMC Veh Config. 99 21				2 11			
Operator BENNETT, ADAM L			Owner COLONIAL STONEWORKS LLC				2 11			
Address 142 CASTLE HILL			Address 142 CASTLE HILL RD				2 11			
City WINDHAM State NH Zip 03087-0000			City WINDHAM State NH Zip 03087				2 11			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 22				2 11			
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				2 11			
Citation # (If Issued)			Most Harmful Event 1 24				2 11			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25				2 11			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26				2 11			
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved				2 11			
Name (Last First Middle) Address			DOB/Age Sex				2 11			
Operator See Above			1 1 4 0 0 10 1				2 11			
							2 11			
							2 11			
							2 11			
							2 11			
Please Select One of the Following:			Type Action Location Condition				2 11			
<input checked="" type="checkbox"/> Vehicle 2 Occupants			<input type="checkbox"/> Non-Motorist A				2 11			
License # S32082328 St MA DOB/Age 09/28/1998			Reg # 1ASB48 Reg Type PC Reg State MA				2 11			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008 Veh Make SUBARU Veh Config. 99 21				2 11			
Operator HUGHES, BRYAN RICHARD			Owner HUGHES, BRYAN RICHARD				2 11			
Address 57 BAKER RD			Address 57 BAKER RD				2 11			
City SALISBURY State MA Zip 01952-1442			City SALISBURY State MA Zip 01952-1442				2 11			
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 4 22				2 11			
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				2 11			
Citation # (If Issued)			Most Harmful Event 1 24				2 11			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				2 11			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26				2 11			
Please fill out for operator/non-motorist and all occupants involved			Please fill out for operator/non-motorist and all occupants involved				2 11			
Name (Last First Middle) Address			DOB/Age Sex				2 11			
Operator/Non-Motorist See Above			1 1 4 0 0 10 1				2 11			
							2 11			
							2 11			
							2 11			

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

Crash Diagram:

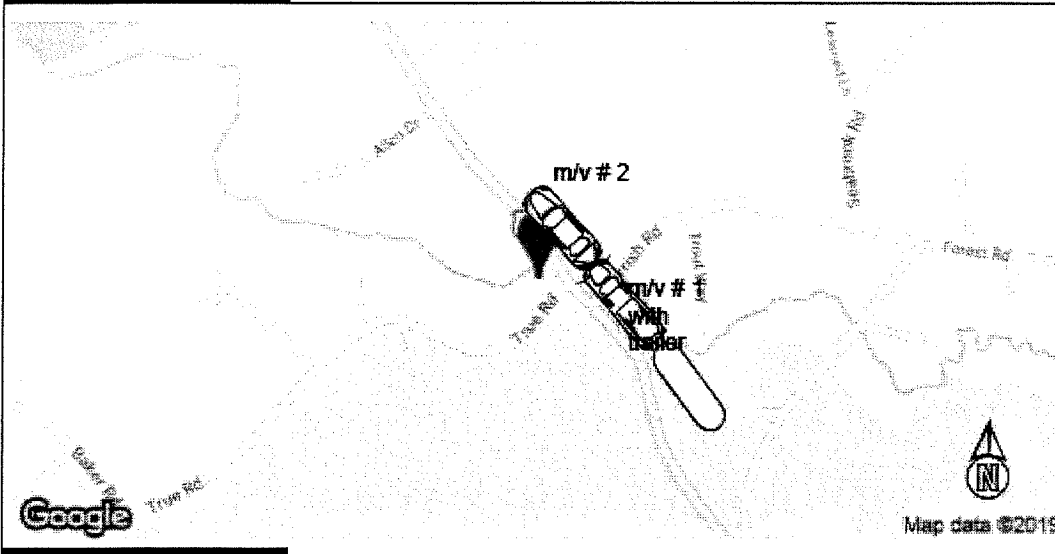
ie: →

1

→ 2

→ OK

→



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

ON 11/04/2019 @ 10:54 HRS, RESPONDED TO M/V CRASH AT LAFAYETTE ROAD, AND TRUE ROAD. M/V # 2 HEADING NORTH ON LAFAYETTE ROAD, TURNING LEFT ONTO TRUE ROAD. M/V # 1 HEADING NORTH LAFAYETTE ROAD, STRUCK M/V # 2 FROM BEHIND CAUSING DAMAGE TO BOTH M/V'S. NO TRANSPORT, NO INJURY, M/V # 2 WAS TOWED FROM SCENE BY NEWBURYPORT TOW.

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

PATROLMAN BRUCE DOW-103

Police Officer Name (Please Print)

Signature

DOWB

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

11/04/2019

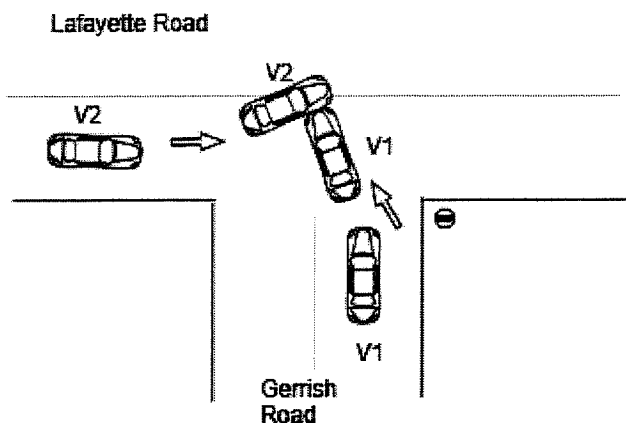
Date

Police Use Only				Commonwealth of Massachusetts				RMV Document Number																			
Date of Crash 12/09/2019		Time of Crash 1040 24HR		City/Town SALISBURY		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit <u>45</u> Latitude _____ Longitude _____		<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input 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 <u>LAFAYETTE RD</u> At Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>GERRISH RD</u> Also at Intersection with Route# _____ Direction _____ Name of Intersecting Roadway/Street				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <u>N S E W</u> of _____ Landmark																							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 19-264-AC																							
License # <u>NHL15182971</u> St <u>NH</u> DOB/Age <u>09/16/1951</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>HEWLETT, RICHARD</u> Address <u>221 S MAIN ST</u> City <u>SEABROOK</u> State <u>NH</u> Zip <u>03874</u> Insurance Company <u>Mutual Insurance</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>4511955</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2003</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HEWLETT, FLORA M</u> Address <u>221 S MAIN ST</u> City <u>SEABROOK</u> State <u>NH</u> Zip <u>038744619</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>99</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>																							
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				<u>X</u>		<u>X</u>		<u>1</u>		<u>1</u>		<u>1</u>		<u>0</u>		<u>0</u>		<u>10</u>		<u>1</u>		Anna Jaques	
PETER STORY				32 NEWBURY NECK RD NEWBURY, MA 01951-2403				03/27/1962		M		3		1		1		0		0		10		1		Anna Jaques	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants <input type="checkbox"/> Non-Motorist A				Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>				<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																			
License # <u>S54648991</u> St <u>MA</u> DOB/Age <u>06/23/1991</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 _____ Operator <u>ROBINSON-LAWSON, HANNAH AVIS</u> Address <u>7A WEAVER ST APT 3</u> City <u>W WAREHAM</u> State <u>MA</u> Zip <u>02576-0000</u> Insurance Company <u>LM GENERAL INSURANCE COMP</u> Vehicle Travel Direction: <u>X S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>9CZD70</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ROBINSON-LAWSON, HANNAH AVIS</u> Address <u>7A WEAVER ST APT 3</u> City <u>W WAREHAM</u> State <u>MA</u> Zip <u>02576-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>																							
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				<u>X</u>		<u>X</u>		<u>1</u>		<u>1</u>		<u>1</u>		<u>0</u>		<u>0</u>		<u>10</u>		<u>1</u>		Anna Jaques	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was turning left from Gerrish Road onto Lafayette Road. V2 was travelling with the right of way north on Lafayette Road. In the process of turning, V1 crossing into the pat / right of way of V2 resulting in the collision. Both vehicles sustained moderate damage.

Operator of V2 sustained unknown injuries and was transported to AJH. Operator and passenger of V1 refused treatment.

Both vehicles towed.

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

PATROLMAN PATRICK L SZYMOWSKI-105

SZYP

Salisbury Police Department

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

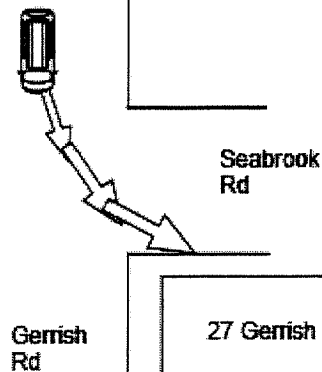
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/11/2018	Time of Crash 0117 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 4 Route# Direction <u>GERRISH RD</u> Name of Roadway/Street At Route# Direction <u>SEABROOK RD</u> Name of Intersecting Roadway/Street Also at Intersection with Route# Direction _____ Name of Intersecting Roadway/Street			2 10 Route# Direction Address # _____ Name of Roadway/Street Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street Feet <u>N S E W</u> of _____ Landmark							
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>13</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 18-91-AC							
4 1 License # <u>NHL16407675</u> St <u>NH</u> DOB/Age <u>06/30/1996</u> Sex <u>M</u> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SICKEL, AARON T</u> Address <u>1 SQUIRE DR</u> City <u>ATKINSON</u> State <u>NH</u> Zip <u>03811</u> Insurance Company <u>HARVARD PILGRIM</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			3 12 Reg # <u>4133263</u> Reg Type <u>PAN</u> Reg State <u>NH</u> Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SICKEL, ARTHUR E</u> Address <u>1 SQUIRE DR</u> City <u>ATKINSON</u> State <u>NH</u> Zip <u>03811</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
5 Please fill out for operator and all occupants involved			30 13							
Operator			See Above							
CHANCE PATRICK			21 SEABROOK RD SALISBURY, MA 01952							
JOSEPH PARISEAU			39 GREENOUGH RD PLAISTOW, NH 03865							
7 3 Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 14							
8 1 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			9 2 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>							
Please fill out for operator/non-motorist and all occupants involved										
Operator/Non-Motorist			See Above							

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

Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle #1 traveling east on Gerrish Rd taking a left turn onto Seabrook Rd. The operator lost control and struck a rock wall in the front yard of 27 Gerrish Rd causing minor damage to the wall, and minor damage to the vehicle. Vehicle then pulled to the side of the road at the edge of the property line of 27 Gerrish to attempt to change the tire. Minor damage to vehicle to the front right tire and right front end

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MERRILL RUSSELL P	27 GERRISH RD SALISBURY MA 01952	603-427-3079	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MERRILL RUSSELL P	27 GERRISH RD SALISBURY MA 01952	603-427-3079		ROCK WALL

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

SERGEANT JAMES E LEAVITT-102

LEAJ

Salisbury Police Department

06/11/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/09/2019		Time of Crash 1914 24HR		City/Town SALISBURY		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit <u>25</u> Latitude _____ Longitude _____		<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input 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# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Route# <u>28</u> Direction _____ Address # _____ Name of Roadway/Street <u>FOREST RD</u> _____ Feet <u>N S E W</u> of _____ or _____ Exit Number _____ _____ Feet <u>N S E W</u> of _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ _____ Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 19-143-AC									
License # <u>S35522941</u> St <u>MA</u> DOB/Age <u>06/05/1966</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>DREW, PAMELA J</u> Address <u>6 RED PENNIMAN DR</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u> Insurance Company <u>SAFETY INSURANCE</u> Vehicle Travel Direction: <u>N S E</u> <input checked="" type="checkbox"/> Responding to Emergency? <u>99</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Reg # <u>19ED94</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DREW, PAMELA J</u> Address <u>6 RED PENNIMAN DR</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>11</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>									
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				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A															
Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # <u>S17925204</u> St <u>MA</u> DOB/Age <u>01/31/1956</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>WILSON, HENRY L</u> Address <u>1 CORPORAL PATTEN WAY</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u> Insurance Company <u>QUINCY MUTUAL FIRE</u> Vehicle Travel Direction: <u>N S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____															
Reg # <u>6967EZ</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WILSON, HENRY L</u> Address <u>1 CORPORAL PATTEN WAY</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>															
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				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			

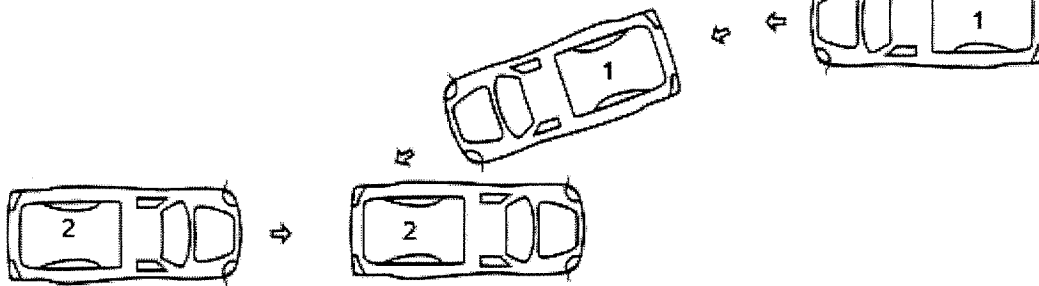
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Forest Rd.

Pedestrians Walking



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 07/09/19 units responded for a reported minor two car mvc on Forest Rd. When units arrived vehicles 1 and 2 were both pulled to the shoulder of the roadway. V1 had damage to the front left side and front corner, v2 had damage on the left rear and bumper area. v1 operator stated that she swerved out of her lane to avoid a couple pedestrian walking on the edge of the roadway and struck v2, which she described as being parked. v2 operator stated he observed v1 veer off into his lane to go around the pedestrians and he pulled over as far to the right as possible, however, v1 struck the rear of his vehicle. It would appear that v2 was not in fact parked as there were no skid marks from the vehicle being moved and the vehicles final resting position was not consistent with the angle it was struck.

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

PATROLMAN MICHAEL R TULLERCASH-107

TULM

Salisbury Police Department

07/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

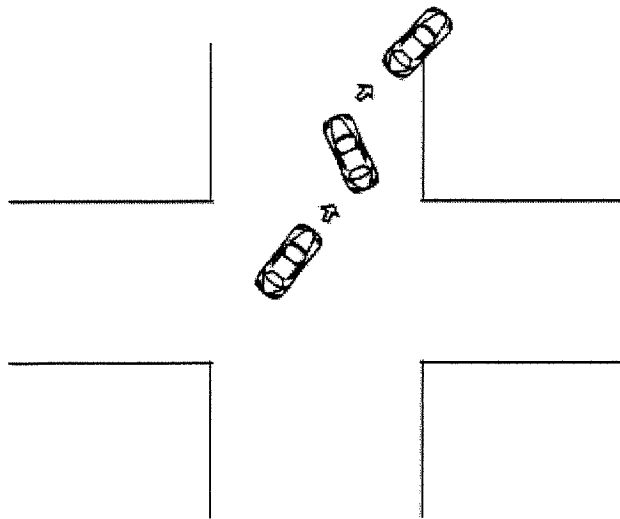
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/17/2019	Time of Crash 1859 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street GERRISH RD			Route# Direction Address # Name of Roadway/Street										
At			Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street SEABROOK RD			Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with			Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 19-273-AC										
License # 03FEJ00261 St NH DOB/Age 03/26/2000			Reg # 4601679 Reg Type PC Reg State NH										
Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 1997 Veh Make CHEVROLET Veh Config. 1 21										
Operator FILIPPONE, JOESPH Last First Middle			Owner FILIPPONE, JOSEPH M Last First Middle										
Address 65 WORTHLEY AVE			Address 65 WORTHLEY AVE										
City SEABROOK State NH Zip 03874			City SEABROOK State NH Zip 03874										
Insurance Company NONE			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 97 27 27 27										
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 10 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)			Type of Test: 29 BAC Test Result: 30										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 10 24 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 Towed from scene? 1 33										
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				1	99	4	0	0	10	1	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> 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)			Type of Test: 29 BAC Test Result: 30										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 Towed from scene? 33										
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above				1							

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

Crash Diagram:

ie: → 1 → 2 → ○ X ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Single vehicle crash - operator stated he was turning left when the vehicle began sliding on slush and snow. Operator was unable to recover and slid off the right shoulder coming to rest on two large boulders. There was approximately 1-2 inch of slush/ice covering the roadway. There was no apparent property damage at the time.

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

PATROLMAN BRIAN T VERNEY-109

VERB

Salisbury Police Department

12/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



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GROWTH RATE WORKSHEET



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Salisbury, MA Growth Rate

Location ID	Location	Year	AADT	Projection	Rate
240897	Route 1 over Merrimack River	2016	17189	2016-2019	0.9652 Negative Growth
		2017	16169	2017-2019	0.9777 Negative Growth
		2018	17085	2018-2019	0.9046 Negative Growth
		2019	15455		
257581	Route 1 north of Interstate 95 Connector	2006	9000	2006-2016	0.9927 Negative Growth
		2016	8361		
225926	Route 1 south of Toll Road Exit	2006	13400	2006-2016	0.9858 Negative Growth
		2016	11613		
257581	Route 1 north of Interstate 95 Connector	2013	9635	2013-2017	0.9930 Negative Growth
		2017	9368		
3372837	Route 1 north of Gardner Street	2019	12388		
				Say Use	0.00% per year AADT = 12,388



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BACKGROUND PROJECT WORKSHEETS



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Proposed Single-Family Houses, Salisbury, MA

9 Gerrish Road, Salisbury, MA

Land Use Code (LUC) 210 - Single-Family Detached Housing

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 10

WEEKDAY DAILY

$$\ln T = 0.92 \ln (X) + 2.71 \quad R^2 = 0.95$$

$$\ln T = 0.92 \ln (10) + 2.71$$

$$\ln T = 4.83$$

$$T = 125.01$$

$$T = 126 \quad \text{vehicle trips}$$

with 50% (63 vpd) entering and 50% (63 vpd) exiting.

WEEKDAY MORNING PEAK HOUR OF ADJACENT STREET TRAFFIC

$$T = 0.71 * (X) + 4.80 \quad R^2 = 0.89$$

$$T = 0.71 * (10) + 4.80$$

$$T = 11.90$$

$$T = 12 \quad \text{vehicle trips}$$

with 25% (3 vph) entering and 75% (9 vph) exiting.

WEEKDAY MORNING PEAK HOUR OF GENERATOR

$$\ln T = 0.91 \ln (X) + 0.20 \quad R^2 = 0.89$$

$$\ln T = 0.91 \ln (10) + 0.20$$

$$\ln T = 2.30$$

$$T = 9.93 \quad \text{vehicle trips}$$

$$T = 10$$

with 26% (3 vph) entering and 74% (7 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

$$\ln T = 0.96 \ln (X) + 0.20 \quad R^2 = 0.92$$

$$\ln T = 0.96 \ln (10) + 0.20$$

$$\ln T = 2.41$$

$$T = 11.14$$

$$T = 11 \quad \text{vehicle trips}$$

with 63% (7 vph) entering and 37% (4 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF GENERATOR

$$\ln T = 0.94 \ln (X) + 0.34 \quad R^2 = 0.92$$

$$\ln T = 0.94 \ln (10) + 0.34$$

$$\ln T = 2.50$$

$$T = 12.24$$

$$T = 12 \quad \text{vehicle trips}$$

with 64% (8 vph) entering and 36% (4 vph) exiting.

Proposed Single-Family Houses, Salisbury, MA

9 Gerrish Road, Salisbury, MA

Land Use Code (LUC) 210 - Single-Family Detached Housing

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 10

SATURDAY DAILY

$$\ln T = 0.94 \ln (X) + 2.56 \quad R^2 = 0.91$$

$$\ln T = 0.94 \ln (10) + 2.56$$

$$\ln T = 4.72$$

$$T = 112.67$$

T = 112 vehicle trips

with 50% (56 vpd) entering and 50% (56 vpd) exiting.

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

$$T = 0.84 * (X) + 17.99 \quad R^2 = 0.87$$

$$T = 0.84 * (10) + 17.99$$

$$T = 26.39$$

T = 26 vehicle trips

with 54% (14 vph) entering and 46% (12 vph) exiting.

SUNDAY DAILY

$$T = 8.87 * (X) - 65.12 \quad R^2 = 0.94$$

$$T = 8.87 * (10) - 65.12$$

$$T = 23.58$$

T = 24 vehicle trips

with 50% (12 vpd) entering and 50% (12 vpd) exiting.

SUNDAY PEAK HOUR OF GENERATOR

$$T = 0.79 * (X) + 11.02 \quad R^2 = 0.91$$

$$T = 0.79 * (10) + 11.02$$

$$T = 18.92$$

T = 19 vehicle trips

with 53% (10 vpd) entering and 47% (9 vpd) exiting.

Proposed Single-Family Houses, Salisbury, MA

15 Forest Road, Salisbury, MA

Land Use Code (LUC) 210 - Single-Family Detached Housing

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 3

WEEKDAY DAILY

$$\ln T = 0.92 \ln (X) + 2.71 \quad R^2 = 0.95$$

$$\ln T = 0.92 \ln (3) + 2.71$$

$$\ln T = 3.72$$

$$T = 41.29$$

$$T = 42 \quad \text{vehicle trips}$$

with 50% (21 vpd) entering and 50% (21 vpd) exiting.

WEEKDAY MORNING PEAK HOUR OF ADJACENT STREET TRAFFIC

$$T = 0.71 * (X) + 4.80 \quad R^2 = 0.89$$

$$T = 0.71 * (3) + 4.80$$

$$T = 6.93$$

$$T = 7 \quad \text{vehicle trips}$$

with 25% (2 vph) entering and 75% (5 vph) exiting.

WEEKDAY MORNING PEAK HOUR OF GENERATOR

$$\ln T = 0.91 \ln (X) + 0.20 \quad R^2 = 0.89$$

$$\ln T = 0.91 \ln (3) + 0.20$$

$$\ln T = 1.20$$

$$T = 3.32 \quad \text{vehicle trips}$$

$$T = 4$$

with 26% (1 vph) entering and 74% (3 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

$$\ln T = 0.96 \ln (X) + 0.20 \quad R^2 = 0.92$$

$$\ln T = 0.96 \ln (3) + 0.20$$

$$\ln T = 1.25$$

$$T = 3.51$$

$$T = 4 \quad \text{vehicle trips}$$

with 63% (3 vph) entering and 37% (1 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF GENERATOR

$$\ln T = 0.94 \ln (X) + 0.34 \quad R^2 = 0.92$$

$$\ln T = 0.94 \ln (3) + 0.34$$

$$\ln T = 1.37$$

$$T = 3.95$$

$$T = 4 \quad \text{vehicle trips}$$

with 64% (3 vph) entering and 36% (1 vph) exiting.

Proposed Single-Family Houses, Salisbury, MA

15 Forest Road, Salisbury, MA

Land Use Code (LUC) 210 - Single-Family Detached Housing

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 3

SATURDAY DAILY

$$\ln T = 0.94 \ln (X) + 2.56 \quad R^2 = 0.91$$

$$\ln T = 0.94 \ln (3) + 2.56$$

$$\ln T = 3.59$$

$$T = 36.33$$

$$T = 36 \text{ vehicle trips}$$

with 50% (18 vpd) entering and 50% (18 vpd) exiting.

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

$$T = 0.84 * (X) + 17.99 \quad R^2 = 0.87$$

$$T = 0.84 * (3) + 17.99$$

$$T = 20.51$$

$$T = 21 \text{ vehicle trips}$$

with 54% (11 vph) entering and 46% (10 vph) exiting.

SUNDAY DAILY

$$T = 8.87 * (X) - 65.12 \quad R^2 = 0.94$$

$$T = 8.87 * (3) - 65.12$$

$$T = -38.51$$

$$T = -39 \text{ vehicle trips}$$

with 50% (-20 vpd) entering and 50% (-19 vpd) exiting.

SUNDAY PEAK HOUR OF GENERATOR

$$T = 0.79 * (X) + 11.02 \quad R^2 = 0.91$$

$$T = 0.79 * (3) + 11.02$$

$$T = 13.39$$

$$T = 13 \text{ vehicle trips}$$

with 53% (7 vpd) entering and 47% (6 vpd) exiting.



TRIP GENERATION DATA



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Proposed Townhouses, Salisbury, MA

Land Use Code (LUC) 220 - Multifamily Housing (Low-Rise)_

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 76

AVERAGE WEEKDAY DAILY

$T = 7.56 * (X) - 40.86$ 29 Studies, Avg size = 168 units

$T = 7.56 * (76) - 40.86$ $R^2 = 0.89$ AR = 7.32

$T = 533.70$

$T = 534$ vehicle trips 7.03

with 50% (267 vpd) entering and 50% (267 vpd) exiting.

WEEKDAY MORNING PEAK HOUR OF ADJACENT STREET TRAFFIC

$\ln T = 0.95 \ln (X) - 0.51$ 42 Studies, Avg size = 199 units

$\ln T = 0.95 \ln (76) - 0.51$ $R^2 = 0.90$ AR = 0.46

$\ln T = 3.60$

$T = 36.75$

$T = 37$ vehicle trips

with 23% (9 vph) entering and 77% (28 vph) exiting.

0.12

0.37

WEEKDAY MORNING PEAK HOUR OF GENERATOR

$\ln T = 0.94 \ln (X) - 0.29$ 36 Studies, Avg size = 161 units

$\ln T = 0.94 \ln (76) - 0.29$ $R^2 = 0.91$ AR = 0.56

$\ln T = 3.78$

$T = 43.86$

$T = 44$ vehicle trips

with 28% (12 vph) entering and 72% (32 vph) exiting.

0.16

0.42

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

$\ln T = 0.89 \ln (X) - 0.02$ 50 Studies, Avg size = 187 units

$\ln T = 0.89 \ln (76) - 0.02$ $R^2 = 0.86$ AR = 0.56

$\ln T = 3.83$

$T = 46.26$

$T = 46$ vehicle trips

with 63% (29 vph) entering and 37% (17 vph) exiting.

0.38

0.22

WEEKDAY EVENING PEAK HOUR OF GENERATOR

$T = 0.66 * (X) + 1.41$ 35 Studies, Avg size = 146 units

$T = 0.66 * (76) + 1.41$ $R^2 = 0.94$ AR = 0.67

$T = 51.57$

$T = 52$ vehicle trips

with 59% (31 vph) entering and 41% (21 vph) exiting.

0.41

0.28

Proposed Townhouses, Salisbury, MA

Land Use Code (LUC) 220 - Multifamily Housing (Low-Rise)_

Source: Institute of Transportation Engineers (ITE) - 10th Edition

Average Vehicle Trips Ends vs: Dwelling units

Independent Variable (X): 76

SATURDAY DAILY

$T = 14.01 * (X) - 521.69$ 5 Studies, Avg size = 89 units

$T = 14.01 * (76) - 521.69$ $R^2 = 0.93$ AR = 8.14

T = 543.07

T = 544 vehicle trips 7.16

with 50% (272 vpd) entering and 50% (272 vpd) exiting.

3.58

3.58

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

$T = 1.08 * (X) - 33.24$ 5 Studies, Avg size = 89 units

$T = 1.08 * (76) - 33.24$ $R^2 = 0.92$ AR = 0.70

T = 48.84

T = 48 vehicle trips

with 50% (24 vph) entering and 50% (24 vph) exiting.

0.32

0.32



SIGHT DISTANCE WORKSHEETS



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Sight Distance Calculations

Forest Road and Proposed Site Driveway, Salisbury, MA

Inputs

Posted Speed Limit = 30 mph NB & SB

Direction 1 =	Forest Road Northbound	85% Speed =	30	mph	Grade =	0	t =	2.5 s	a =	11.2 ft/s ²
Direction 2 =	Forest Road Southbound	85% Speed =	30	mph	Grade =	0	t =	2.5 s	a =	11.2 ft/s ²
							Left: t _g =	7.5 s		
							Right: t _g =	6.5 s		

SSD = Reaction Distance + Braking Distance

Reaction Distance = $1.47 \times V \times t$

Braking Distance = $V^2 / (30 \times ((a/32.2) + G))$

ISD = $1.47 \times V \times t_g$

Where

- t = reaction time (sec)
- t_g = time gap for minor road vehicle to enter the major road
- V = travel speed (mph)
- G = roadway grade
- a = deceleration rate (ft/s²)

Calculations

	Reaction Distance (ft)	Brake Distance (ft)	SSD (ft)
Forest Road Northbound	110.3	86.3	197
Forest Road Southbound	110.3	86.3	197

For 30 mph:

Left Turn ISD =	331	ft
Right Turn ISD =	287	ft

For 30 mph:

Left Turn ISD =	331	ft
Right Turn ISD =	287	ft



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