

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

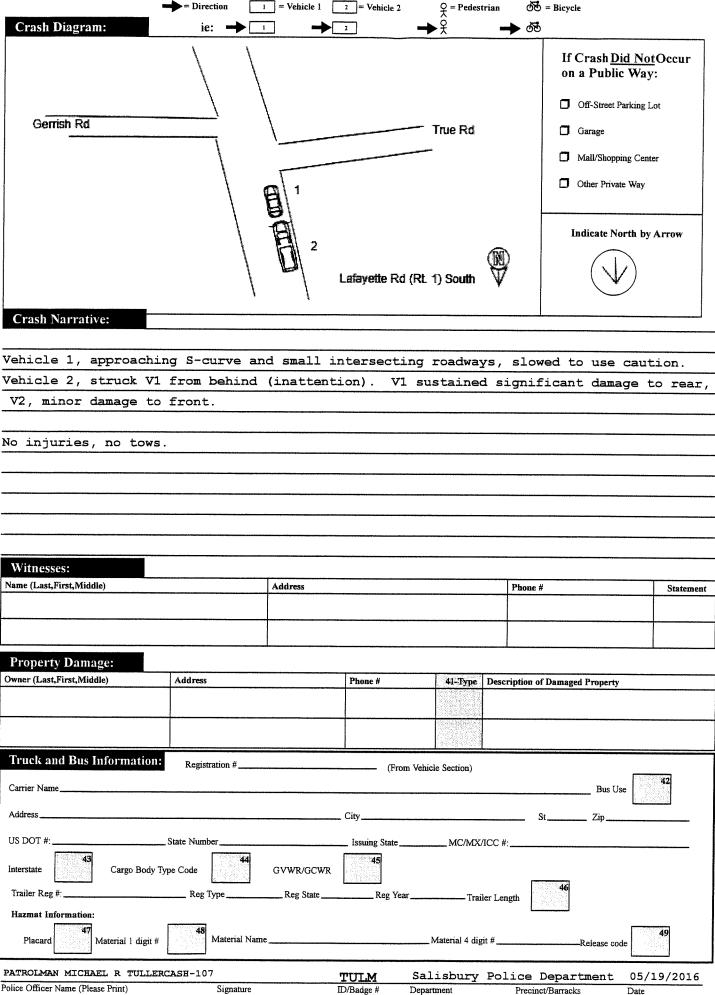


	Police Use Only	Comm	ommonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash 04/15/2015 1329 SAL:		Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	t	State Police Local Police	}
	04/15/2015 1329 SALL. 24HR	ISBURY	Police	Report	1	0	Latitude Longitude _		MBTA Police Other:	<u> </u>
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	
	LAFAYET	TE RD								
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadwa	y/Street	10
		At		Feet N S	E W of			or		2
	Route# Direction GERRISH Nar	RD ne of Intersecting Roadway	y/Street			Mile M	arker		Exit Number	-
		Also at Intersection with	1	Feet N S		Route#	Inters	ecting Ro	padway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadway	//Street	Feet N S	E W of					_ 1 11
3	Please Salant Over 57			<u> </u>				andmark		1
3	Please Select One of the Following: Vehicle 11	#Occupants Hit/Ru	ın Moped	Crash Repor	1D# 15	-54	-AC			
		A DOB/Age 06/14	/1946 Reg	* <u>VT518</u>		Reg Typ	e MCV	Reg		
	Sex M Lic. Class D 19 Lic. I	Restrictions Z0 CDL	Veh '	Year <u>2001</u>	Veh Make H	ARLEY-I	DAVIDSO	N Veh C	Config. 1 21	
⁴ 1	Operator BRADY , ROBERT	J		er BRADY, R	OBERT	J First		Middi	la	. 12
	Address 195 SEVEN STAF			ess 195 SEVE	N STAI			Middi	16	. 💾
	City GROVELAND State	• MA Zip 01834-	·2307 City	GROVELAND		Sta	nte MA 2	Zip 01	834-2307	
	Insurance Company COMMERCE	INSURANCE	Vehic	ele Action Prior to Crasi	1 1	222 D	amaged Area	Code: 7		
5	Vehicle Travel Direction: N E W	Responding to Emerger	ncy? 2 Even	t Sequence 40 23	23 23		est Status:	1	28 29	
	Citation # (If Issued)		Most	Harmful Event 51	24	•	ype of Test: AC Test Res	nlt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol:	0.0000000000000000000000000000000000000	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from so	ene? 1	25	
	Please fill out for opera	ator and all occupants invol	ved ddress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	42 ¹³
	Operator	<u> </u>	Above	No.	1 5	5 3	0 5	1	PRODUCT PROTECT	
								\vdash	***************************************	-
	4						-			-
							<u> </u>	-		-
7 .			- Feet				- Income to the	ļ	Y.	4
⁷ 1	Please Select One of the Following: Vehicle 2	_#Occupants Non-M	lotorist A Type	Action 16	Location	17 Condi	tion 18	Hi	t/Run Moped	
	License # St	DOB/Age	Reg #	f		Reg Type		Reg	State	97 ¹⁴
	Sex Lic. Class 19 19 Lic. F		Veh \	/ear	Veh Make			Veh C	onfig. 21	
⁸ 1	Operator		orsement Own	er					- h	
	Last Address	First N	Addre Addre	Last		First		Middle	t	
	CityState	: Zip	City_	,		Sta	te 2	Zip		
	Insurance Company		Vehic	le Action Prior to Crash	ı .	22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergen	icy? Event	Sequence 23	23 23	23 Te	est Status:	7 to 10 to 1	28	
⁹ 2	Citation # (If Issued)	****	Most	Harmful Event	24	•	pe of Test:	.1.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Resu sp. Alcohol:	Same and	Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub		r Distracted by	26		wed from sc	J-5, 5,99-3	38	
	Please fill out for operator/nor	•			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap injury	40 Transp.		-
	Name (Last First Middle) Operator/Non-Motorist	<u> </u>	A hove	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Ivon-Motorist	See A	Above					-		-
										4

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	n 🐠 = Bicycle	<u> </u>	
Crash Diagram:	ie: 👈	→ [2	→ ♀	→ №		
						Crash <u>Did Not</u> Occur a Public Way:	
					0	Off-Street Parking Lot	
						Garage	
						Mall/Shopping Center	
	***************************************	**************************************	700			Other Private Way	
			. 4		II	ndicate North by Arrow	***************************************
				· · · · · · · · · · · · · · · · · · ·	l		
Crash Narrative:					······································		
W/C MDATET TAC COTING	ON TARRATIONS	DOAD ENTEN	MILE OPEN	AMOD OT TO O	N 2 C2NTN		
M/C TRAVELING SOUTH							
LOST CONTROL. SLIGH	T DAMAGE TO TE	HE M/V.OPE	RATOR WAS	TREATED BY	EMT'S AT	THE SCENE.	

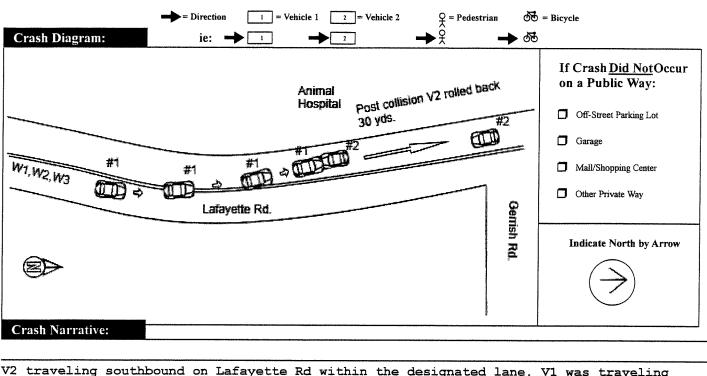
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		·					
· · · · · · · · · · · · · · · · · · ·							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	States	ment
	<u>,</u>						
				<u></u>			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damage	d Property	
		***************************************		A STATE OF THE STA			
							·····
Truck and Bus Information	n: Registration #		(From	m Vehicle Section)			
Carrier Name						Bus Use 42	
Address			City	~~~	St	Zip	-
US DOT #:	State Number		Issuing State	MC/MX/IC	C#-		
45	44		45		O		•
Interstate Cargo Body	y Type Code	GVWR/GCWR			F		
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ırTrailer	Length 46		
Hazmat Information:							
Placard 447 Material 1 digit	# 48 Material Nan	me		Material 4 digit #	ř	Release code	
PATROLMAN MICHAEL A A	LDER-101		ALDM	Salisbury P	Police Depar	tment 04/15/20	 15
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barrack		

	Police Use Only	Com	nonwealth	of Massa	chuse	etts			RM	V Doc	ument Number	1944	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h N		Number Injured	1 *	l Limit		State Police Local Police		
	05/19/2016 1701 SAL 24HR	ISBURY	Police :	Report	2	O	-	Latitu			MBTA Police	ä	
	AT INTERSECT	ION:	< LOCA			N	OT A			SEC	TION:	_	
			1										
<u></u>				<u>1 s</u>	<u>59</u>		LAF2						
¹ 1	Route# Direction	Name of Roadway/St	eet	Route# Direction	n Addr	ess #		Na	ime of	Roadv	vay/Street	2	10
L		At		Feet N	SEW	of —				or _		F	
	Route# Direction Na	me of Intersecting Roadw	/ay/Street				Mile M	arker			Exit Number	_	
		Also at Intersection w	ith	Feet N	SEW	of R	oute#		Interse	ecting 1	Roadway/Street	-	
² 1	Route# Direction Na	no of Internating Books	way/Stroot	Feet N	S E W		Julia		11110131		coadway, ou ool	2	11
L	Route# Direction Na	me of Intersecting Roadw	ay/Street						La	ndmar	k		
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Rep	oort ID#	16-	76	-A	.C				
L	License # S94669885 St M	1A DOB/Age 10/1	5/1936 Reg	663EN6			Reg Typ	e PC		R	eg State MA		
	Sex M Lic. Class D Lic.	Restrictions 20 CI	DL Veh '	Year 2014	Veh Ma	ake NI	SSAN	ī		Veh	Config. 1	a	
[<u>a</u>	Operator ROMANO, RICHA	Er	ndorsement	er ROMANO,								"	12
⁴ 1	Address 188 BEACH RD	First APT 5	Middle	ESS 188 BEA	t		First PT	E		M	iddle	_ 1	12
L						<u>, , , , , , , , , , , , , , , , , , , </u>					1050 005		
	City SALISBURY Stat		<u>-2250</u> City	SALISBUR	ſ						1952-225		
	Insurance Company STATE FAR	M MUTUAL	Vehic	ele Action Prior to C		2 22				Code:	5 27 4 27 6 28		
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	Sequence 23	23	23 22	Ί	est Stat ype of			29		
	Citation # (If Issued)		Most	Harmful Event	- 24			AC Te:		alt.	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	26	usp. Al			Susp. Drug:	32	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			owed fi	1		2 33		
		ator and all occupants inv		<u> </u>	34 Sent	35 3 Safety Airl		38 Trap	39 Injury	40 Transp.		_	13
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Sta	has Code	Code	Status	Code	Medical Facility	_[1	
	Operator	Se	e Above		$\sqrt{1}$	99 99	0	0	5	1			
					_		-	-					
⁷ 1			E-E-gray	PRINCE EVENINGEN		DECEMBER 1	<u> </u>	Fass	escionist.)				
1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 1	Locatio	n I	Condi	tion	18		Hit/Run 🔲 Mo	ped	
	License # S26116577 St M	A DOB/Age 01/1	1/1999 Reg #	RW8146			Reg Typ	PC		Re	eg State MA		14
	19 19	20		ear 1994							Config. 1	TL	
R	Operator HEDBERG, MART	En	dorsement	r HEDBERG						ven	Coming.		
⁸ 1	Last	First	Middle	Last	•		First			Mi	ddle	-	
	Address 103 THURLOW ST			ess 103 THU		ST						-	
	City GEORGETOWN State		-1132 City	GEORGETO	VIN	and and					L833-113	I	
	Insurance Company LIBERTY M	UTUAL INS	Vehic	le Action Prior to Cr	ash	1 22				Code:	27 27 : 28	7	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Event	Sequence 23	23	23 23	1	est Stat			29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		•	/pe of T AC Tes		,. l	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	²⁵ 1	25	ac ies isp. Ald	F	31	لتف	32	
	·	Viol. 4: Ch/Sec/Sub		Distracted by	9 26			owed fr	L.	10.9967.0	333 2	ا	
	Please fill out for operator/no			T T	34	35 36 Sector Aid	37	38	39	40		\dashv	
	Name (Last First Middle)	·	Address	DOB/Age S	Seat Pos.	Safety Airb System Stat		Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	. Se	e Above		1	99 99	0	0	5	1			
				†	\dashv		-					\dashv	
				-	\dashv	_	-	-	-			_	



	Police Use Only Commonwealth of Massachusetts RMV Document Number																	
	Date of Crash	Time of Crash	•	/Town	Mote	or Veh	icle Ci	rash	N: Ve	umber hicles		a lope	ed Lim	it	Sta	ite Police cal Police BTA Police		
	08/04/2016	1658 S	ALISB	URY	F	Police	Report	t	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	Lau	tude gitude _		MI Otl	BTA Police	ä	
		AT INTERSE	ECTION	:	<	LOCA	TION	>			NOT	AT II	TE	RSEC	TIO	٧:		

¹ 1	Route# Dire	ction	Nan	ne of Roadway/Si	treet		Route# Di	rection	59 Addr	ess #	LA	FAYE			way/Stre	et		
1				At													2	10
							Fe	et N S	E W	of	— — Mile	Marker	•	- ог _	Exi	it Number	- -	
	Route# Dire	ction		ntersecting Road			Fee	et N S	EW	of							7	
² 1	-							et NS			Route#		Inter	secting 1	Roadwa	y/Street	_	1
1	Route# Direc	ction	Name of I	ntersecting Roads	way/Street		rot	CI [11] 2	1711	OI.	ANI	MAL		SPIT andmar			[6	
³ 97	Please Select (of the Followi		#Occ	cupants Hit	/Run	Moped	Cras	h Report	t ID#	16	-1	59-						
		CXK87021	St NH	OOB/Age 12/0	02/1987	7 Reg	# <u>28403</u>	87			Reg T	ype P	<u> </u>	R	eg State	<u>NH</u>		
	Sex F Lic.	Class D 19 19	Lic. Restrict		DL	Veh	Year 2012		Veh Ma	ake <u>V</u>	OLK	SWAG	EN	Veh	n Config	. 1 21		
⁴ 1	1	X, KALEIG	зн в		Endorsement Middle	Own	er COX ,	KAL	EIG	H E	3						1	2
1		Last LORAL AVI			Middle	Addr	ess 6 FL	Last ORAL	AV	E	First			М	iddle		1	
	City DOVE	₹	State NH	Zip 0382	0	_ City	DOVER					State N	Н	Zio O.	3820)		
	Insurance Comp			1		-	cle Action Prior	r to Crash	, [1	22			a Code:		27 B 2	7	
⁵ 1	· ·	Direction: S E	EW Res	sponding to Emer	gency? 2			23	23	23	23	Test St	atus:		28]	
1		sued) R762168		sponding to take	.geney :		Harmful Even	1,500	24		1453	Туре о	f Test:		29			
	,	Sub 90 24		8	2			(2-14m2)		25 0	9 ²⁵		est Res		30	Commercia	,	
⁶ 1	1						er Contributing	20000000	1 1 1 1 1 1	حال	3			99 31	Susp.	Drug 99 37		
l	Viol. 3: Ch/Sec/	Sub Please fill out for				Drive	r Distracted by	99	34	35	36	Towed	from s	cene?	1 33			_
	Name (Last First M		operator and	u an occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag E	ject Traj ode Cod	njury injury	Transp.		edical Facility	1 1	3
	Operate	or		S	ee Above		\rightarrow		1	1	1 0	0	3	2	Anna J	aques		
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				······		***************************************			-				-					
⁷ 1								Щ.								1		
1	Please Select C of the Followin		1 _#Occ	upants Non	-Motorist A	Туре	15 Action	16	Locatio	n	17 Co	dition	18	0	Hit/Run	Море	ed	
	License # 011	PEC50191	St NH D	OB/Age 01/1	9/1950	Reg #	32531	51		<u> </u>	Reg T	vne PO	3	Re	eg State	NH		4
	Sex F Lic. (10 10	Lic. Restrict	20	DL		ear 2010		Veh Ma	ke K) p =			Config.	_ 21	_ [
⁸ 1	Operator PLO		NTHIA	E E	ndorsement		r PLOUR				IA .	T			COMIG.	g Mug kindaga		
1		Last EETING PI	First		Middle # 30		es 6 MER	Last			First		יווים ו	# 3	ddle		-	
	City EXETE					_	EXETER		G E							······································	-	
	,		State INA	Zip <u>0383</u>	3	. , -				grajači	22			-	3833 27	27 8 27	-	
	Insurance Compa	,					le Action Prior	to Crash	L L	221	<u>]</u> 23	Test Sta		Coue.	1 28	2 8	1	
⁹ 2	Vehicle Travel D	Pirection: N E	W Res	sponding to Emer	gency? 2	_ Event	Sequence 1	4		23		Type of		ŀ	29			
2	Citation # (If Iss	ued)				Most	Harmful Event	1	24		15.01E-1	BAC To	est Res	ult:	30			
	Viol. 1: Ch/Sec/S	Sub	Viol. 2:	Ch/Sec/Sub		Drive	r Contributing	Code		25	25	Susp. A	Jcohol:	2 31	Susp.	Drug: 2 32		
	Viol. 3: Ch/Sec/S	Sub	Viol. 4:	Ch/Sec/Sub		Drive	r Distracted by	0	26			Towed	from so	ene?	1 33			
	Ple Name (Last First Mi	ase fill out for operate	or/non-motor	rist and all occupa	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag E	7 38 ect Trap xde Code			Me	dical Facility	7	
		or/Non-Moto	rist	Se	ee Above		SOUTH THE PROPERTY OF THE PROP	Ť	1		1 0	0	3		Anna Ja		7	
	- F							+	+-			+-	+				\dashv	
}								_				-	 		<u> </u>		_	



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 Inform	Registration #		(From Ve	ehicle Section)		
Carrier Name						Bus Use 42
Address			_ City		St	_ Zip
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Carg	o Body Type Code	GVWR/GCWR	45		[200000007p]	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	

PATROLMAN PATRICK L SZYMKOWSKI-105

Material 1 digit #

SZYP ID/Badge # Salisbury Police Department

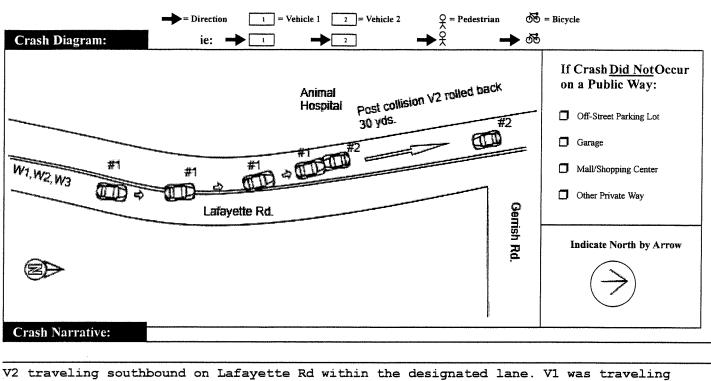
08/04/2016

Hazmat Information:

Placard

Material Name

Material 4 digit #



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.

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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

L				
Property Damage:				
Owner (Last,First,Middle)	Address	Phone #	41-Type Description	on of Damaged Property
			2505-0015-0000-000 2505-0015-0015-0015-0015-0015-0015-0015-	
Truck and Bus Information	Registration #	(From Vel	nicle Section)	
Carrier Name				Bus Use 42
		City.		. St Zip
Address		City		St
US DOT #:	State Number	Issuing State	MC/MX/ICC #:	
Interstate 43 Cargo Body	Type Code GVWR/GCW	7R 45		
Trailer Dec #:	Reg Type Reg State	Pag Voor		46
	Reg Type Reg State_	Reg real	Trailer Length	
Hazmat Information:	70			49
Placard Material 1 digit #	Material Name		Material 4 digit #	
<u> </u>				

PATROLMAN PATRICK L SZYMKOWSKI-105

SZYP

Salisbury Police Department

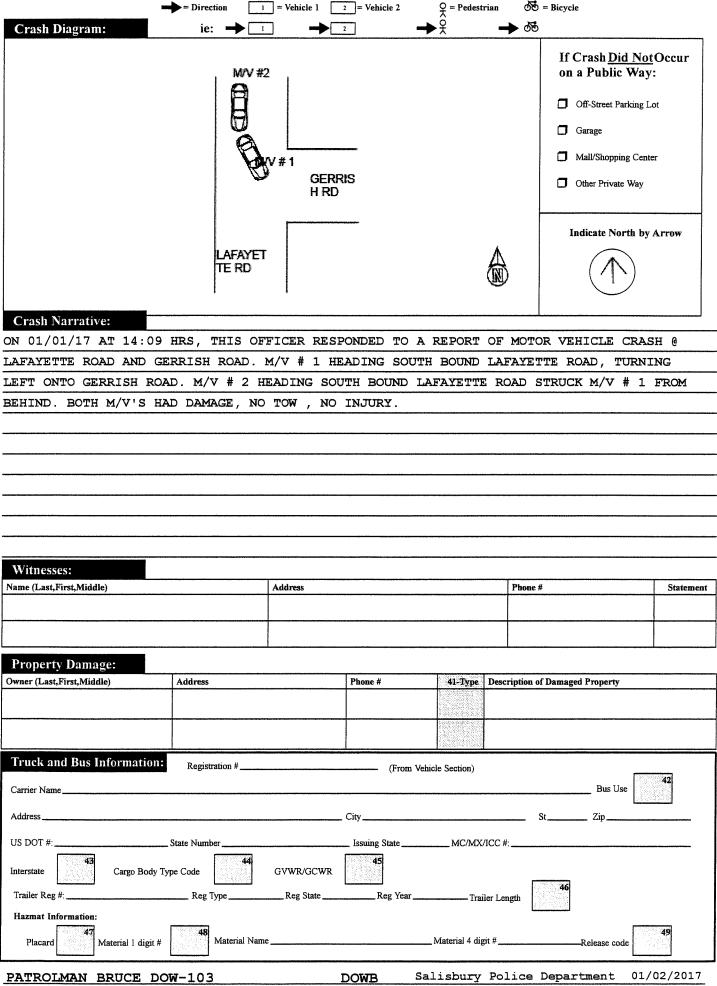
08/04/2016

	Police Use Only	Comr	monwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	Motor Ve	hicle Crash	Number Vehicles		Speed Lim	it	State Police Local Police MBTA Police	1	
	11/02/2016 1801 SALI	SBURY	Police	Report	2	0	Latitude Longitude _		MBTA Police Other:	
	AT INTERSECTI	ON:		ATION >		NOT A	T INTE	RSEC		1
										1
	LAFAYETT									.]
¹ 4	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	f Roadw	ay/Street	2 10
	GERRISH			Feet N S	E W of			- or _		
		e of Intersecting Roadw	vay/Street	-		Mile M	arker		Exit Number	-
		Also at Intersection w	rith	Feet N S		Route#	Inter	secting R	Loadway/Street	
² 1	Route# Direction Nam	e of Intersecting Roadw	vav/Street	Feet N S	E W of			•		2 11
	Trouble Direction Trans			<u> </u>			L	andmark		\vdash
3	Please Select One of the Following: Vehicle 11	_#Occupants Hit/	Run Moped	Crash Report	1D# 1 6	-22	8-A0	C		
		A DOB/Age 09/2	7/1992	# 1FF499		D T	. PC	D -	. S M7	1
	Security Security	20							21	
	Managada Sacarana	Er	ndorsement	Year 2010				Veh	Config.	<u> </u>
⁴ 1	Operator GAUTHIER, SAV	ANAH LEE First	Middle	ner GAUTHIER Last	•	First	EE	Mid	idle	1 12
	Address 204 MAIN ST AV			iress 204 MAIN	ST A		·····			
	City MONSON State	MA Zip 01057	7-0000 City	MONSON					.057-0000	
	Insurance Company SAFETY INS	SURANCE	Veh	icle Action Prior to Crash	ı 1	22 D	amaged Are	a Code:		
5	Vehicle Travel Direction: N X E W	Responding to Emerg	gency? 2 Eve	nt Sequence 23	23 23	23 To	est Status:		28	
	Citation # (If Issued)	_	Mo	st Harmful Event 1	24		ype of Test:		29 30	
	Viol. 1: Ch/Sec/Sub ———— V	iol. 2: Ch/Sec/Sub	Driv	/er Contributing Code	99 25	25	AC Test Resusp. Alcohol	7		
⁶ 1				ver Distracted by 99			owed from s		39 39	
т	Viol. 3: Ch/Sec/Sub V Please fill out for operat			J. J	34 35	36 37	38 39	40		<u> </u>
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap injury Code Status		Medical Facility	1 13
	Operator	Se	ee Above	\times X	1 99	4 0	0 5	1		I
					 	 	 	+		
7			protection			<u></u>				
⁷ 3	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	н 🛄	lit/Run Moped	
		r_ _{DOB/Age_} 06/2	6/1990 Pag	#ESS558	Litera	Dog Tres	, PC	Po	g State VT	14
	19 19	20							21	1
	₩ (mag mag see		dorsement	Year 2007			<u>. </u>	Veh (Config.	
⁸ 1	Operator BROWN , CATHER	First	Middle	ner BROWN , CA		First		Midd	dle	
	Address PO159 S STRAFF	ORD APT V		ress PO159 S	STRAF	FORD	APT V	VT_		
	City SALISBURY State	MA Zip 01952	2 City	SALISBURY			te MA			
	Insurance Company PROGRESSIY	/E	Veh	icle Action Prior to Crash	4	1433	amaged Area	a Code: 4		
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Ever	nt Sequence 1 23	23 23		est Status:		28 20	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event 1	24	-	pe of Test:		29 30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	AC Test Res isp. Alcohol:	F	Susp. Drug: 32	
		iol. 4: Ch/Sec/Sub		er Distracted by	26		wed from so	V managa	34sp. Drug.	
	Viol. 3: Ch/Sec/Sub V Please fill out for operator/non-	 		U. Distriction of	34 35	36 37	38 39	40	.: (X.11)	
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist	Se	e Above	$>\!\!<$ X	1 99	4 0	0 5	1		
							 	+		
								-		

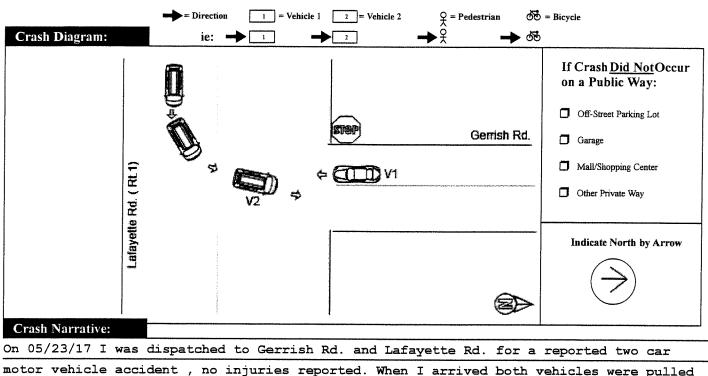
-	= Direction 1 = Vehicle 1	2 = Vehicle 2	♀ Pedestrian	OO = Bicycle	
Crash Diagram:	ie: → 1 →	2	▶ }	→ 656	
				If Crash <u>Did</u> on a Public V	
	Gernish Rd.			Off-Street Park	ting Lot
				☐ Garage	
				☐ Mall/Shopping	Center
				Other Private V	Vay
	V2	Lafa	yette Rd.		
				Indicate Nort	h by Arrow
	V 3		∢	3 ()	
Crash Narrative:					
V2, traveling south on	Lafavette Rd was to	rming left	on Cerris	th Rd VI did not	stop in
time and rear ended V2.				**************************************	Scop III
			· · · · · · · · · · · · · · · · · · ·		
Operator of V2 complain	ned of head and neck	pain but r	efused tre	eatment at the sc	ene, but
stated that she would s	seek treatment on her	own. Oper	ator of VI	believed that he	er brakes
malfunctioned and had h	er vehicle towed by	AAA, as sh	e felt uns	afe driving it f	urther.
	The state of the s				

Witnesses:	***				
Name (Last, First, Middle)	Address			Phone #	Statement
			· · · · · · · · · · · · · · · · · · ·	A AOICE //	Satement
D					
Property Damage: Owner (Last, First, Middle)	ddress	Phone #	41-Type De:	scription of Damaged Property	
				or paid of paining a rioporty	
	The second secon				
Truck and Bus Information:	Registration #				
Carrier Name	Registration #	(From Ve	nicle Section)	Bus Use	42
Address		City		St Zip	
US DOT #:State	e Number	Issuing State	MC/MX/ICC	#:	
Interstate Cargo Body Type C	Code GVWR/GCWR	45			
Trailer Reg #:		Reg Year	Trailer L	ength 46	
Hazmat Information:				1 (1 1 1 1 1 1 1	
Placard Material 1 digit #	Material Name		_Material 4 digit #_	Release code	49
PATROLMAN CRAIG GOODRICH	-127	GOOC Sa	alisbury Po	lice Department	11/02/2016
	Signature I	D/Badge # Der	partment	Precinct/Barracks I	

	Police	Use Only		C	nmonwealth of Massachusetts							RMV Document Number									
	1	ime of Crash		SBURY Motor V						sh		umber chicles			Speed	d Limit	40	Stat	te Police cal Police STA Police		
	01/01/2011	24HR		DONI		Po	olice l	Repoi	rt		2		0		Longi			MB Oth	TA Police er:		
	A	T INTERS	ECTION	٧:		<	LOCA	TION	>	>			NO	Γ Α Ί	L IN	TER	SEC	TION	I:		
		T.A #'A	YETTE	ΒD																	
¹ 1	Route# Direction			ame of Roa	adway/Street			Route#	Directi	ion	Addr	ess#			Na	me of	Roadw	ay/Stree	et .		10
L		2222	TAN 5 1		A t				Feet [N S	EW	of					or				
	Route# Direction		ISH RI Name of		ng Roadway/St	reet							Mi	le Ma	irker			Exit	t Number	\Box	
			Al	lso at Inter	section with				Feet [Route	#		Inters	ecting R	loadwa	y/Street	- L	
² 1	Route# Direction	n	Name of	Intersection	ng Roadway/St	reet			Feet 1	N S	EW	of					-			_ 2	2 11
3	Di Ci (O			I													ndmark			\dashv	
3	Please Select One of the Following:		1 <u>2</u> #0	ccupants	Hit/Run		Moped	Cr	ash Re	eport	ID#	17	-1	-7	AC						
	License # S477	-	7	DOB/Age	02/29/1	1992	Reg #	7VEB	50				Reg	у Турс	PC		Re	g State		_]	
	Sex M Lic. Clas	SS D 19 19	Lic. Restri	ictions	CDL Endorse	ment	Veh Y	ear <u>200</u>	7	\	veh M	ake <u>C</u>	HEV	RO	LET	r	Veh	Config.	99 21		
⁴ 1	Operator NELS	SON, ER	IC JU	STIN	Midd		Owne	r NELS	ON	<u>, F</u>	RI	C J	<u> </u>	IN	<u> </u>		Mic	idie		_	12
	Address <u>387</u>]	NORTHEN	ND BLV	7D			Addre	ss <u>387</u>	NO	RTI	HEN	D I	BLV	<u>D</u>						_ [‡]	
	City SALISB	URY	State M7	A Zip C	1952-2	109	City _	SALIS	BUF	Y							-		-2109	2	
	Insurance Company	GOVT E	MPLOY	EE I	NS		Vehic	le Action Pr	ior to (Crash		4	22				Code:	_	27 2]	
5	Vehicle Travel Dire	ction: N	E W R	esponding	to Emergency	? 2	Event	Sequence	1. 2	3	23	23	23		st Stat		ļ	28 29			
	Citation # (If Issued	i)					Most	Harmful Ev	ent [1	24				/pe of ' AC Te:		uit:	30			
	Viol. 1: Ch/Sec/Sub		Viol.	2: Ch/Sec/	'Sub		Drive	Contributi	ng Cod	le	1	25	25		ısp. Al	1	Compression 1	Susp.	Drug: 32	2	
⁶ 1	Viol. 3: Ch/Sec/Sub		Viol.	4: Ch/Sec/	'Sub		_ Driver	Distracted	by [0	26			To	wed fi	rom sc	ene?	2 33		1	
	Name (Last First Middle	Please fill out fe	or operator a	nd all occu	pants involved			DOB/A		Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	N4-	dical Facility	_ 	13
	Operator	· · · · · · · · · · · · · · · · · · ·			See Abo		 			Ż	1	1		0	0	5	1	IVIC	dical racinty	╬	
	CHARLES FIZPA	ATRICL		25 PIKE S	T , MA 01952			05/30/	1989	м	3	1	4	0	0	5	1				
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								 							ļ			***************************************		_	
⁷ 3							Market .		Control			- Institute			Former					_	
3	Please Select One of the Following:	Vehicle	2 1 #00	ccupants [Non-Moto	rist A	Туре	15 Action	ı	16 L	ocatio	n 📗	17 C	ondit	ion	18	В	lit/Run	Mope	ed	
	License # 04WN	rs38011	St NH	DOB/Age	04/01/1	.938	Reg#	1219					Reg	Туре	PC		Re	g State			14
	Sex M Lic. Clas	19 19 SS D.	Lic. Restric	ctions	20 CDL_ Endorse	mont	Veh Y	ear <u>200</u>	5	v	eh Ma	ke F	ORD				Veh (Config.	99 ²¹	F	
⁸ 2	Operator WOOL	MAN, S'	TEPHEI	N	- Endorse		Owne	WOOD	MAN	1,_	ST	EPH	EN Fin				Mid			_	
	Address 144 (GARDEN	ST		Mikiti		Addre	ss 144	GA	RDE	EN	ST	rin	st			MIG	aie		_	
	City SEABRO	OK	State <u>NF</u>	I Zip 0	3874		City_	EABR	<u>ook</u>	<u>. </u>				_ Stat	te NF	<u> </u>	ip <u>03</u>	874		_	
	Insurance Company	PROGRE	SSIVE				Vehicle	e Action Pr	ior to C	Crash		1.	22	Da	mageo	i Area	Code:	A 40 P. 100	27 27		
	Vehicle Travel Direc	ction: NX	E W Re	esponding	to Emergency?	2	Event	Sequence	1. 2	3	23	23	23		st Stat		<u>.</u>	28		ı	
⁹ 2	Citation # (If Issued))					Most I	Harmful Eve	ent	1	24			-	pe of T AC Tes		ılır.	30		i	
	Viol. 1: Ch/Sec/Sub		Viol. 2	2: Ch/Sec/	Sub		Driver	Contributin	g Code	e	99	25	25		sp. Ald		31	Susp. I	Orug: 32		
	Viol. 3: Ch/Sec/Sub		Viol. 4	4: Ch/Sec/	Sub	······································	Driver	Distracted	by [99	26			To	wed fr	om sce	ene? 2	33		1	
	Please Name (Last First Middle)	fill out for opera	ator/non-mot	torist and a	ll occupants in			DOB/A		Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	140-	dical Facility		
	Operator/		orist		See Abo			LOBIA		Ž					O		1	Med	uses recently	\dashv	
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	Police Use Only	Comn	monwealth of Massachusetts							RMV Document Number				
	1 1	SATITORITO			Nur Veb	nber Numb	4 Popul	d Limit_	30	State Police Local Police	3			
	05/23/2017 1615 SALI	SBURY	Police	Report	2	0	Lann	ide itude		MBTA Police C	֡֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			
	AT INTERSECTION	ON:		TION >		NOT	AT IN				1			
	GERRISH										_			
1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Addres	ss #	Na	ame of R	oadway/	Street	2 10			
	LAFAYETT			Feet N	SEW						_F_			
		of Intersecting Roadwa	y/Street	,			Marker			Exit Number	4			
		Also at Intersection wit	h	Feet N	S E W	of Route#		Intersect	ting Road	dway/Street	· L			
² 1	Route# Direction Name	of Intersecting Roadwa	v/Street	Feet N	SEW	of					3 ¹¹			
	Route# Differion Name	of Intersecting Roadwa	y/Street					Land	lmark					
3	Please Select One of the Following:	Occupants Hit/R	un Moped	Crash Repo	ort ID# 1	7-89	9-A	C						
		05/26	2/1000											
	10000000000000000000000000000000000000	DOB/Age 05/28	_	# 242545		_			_	91	-			
	Sex M Lic. Class D Lic. Res	strictions CD	lorsement	Year <u>1997</u>					Veh Co	nfig. 1				
⁴ 2	Operator HORVITZ, JOSHU	A A	Middle Own	er ROBINSON	I, DA	VID A			Middle		- 12			
-	Address 128 RAILROAD AV	E APT 5	Addr	ess 20 BLAC	KSTON						_ 💾			
	City SALISBURY State 1	MA Zip 01952	City	HUDSON			State N	H Zip	030	51	_			
	Insurance Company UNKNOWN		Vehic	ele Action Prior to Cra	sh 2	. 22	Damage	d Area C	ode:	27 27 27				
5 1	Vehicle Travel Direction: NXEW	Responding to Emerge		t Sequence 2 23		23 23	Test Stat	tus:	1	28				
1		responding to Emerge	•	Piro	24		Type of	Test:	1196	29				
	Citation # (If Issued)	•		Harmful Event 1	20074	5 25		st Result	1884	30				
<u> </u>	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99		Susp. Al	cohol: 2		1sp. Drug 2 32				
⁶ 1	Viol. 3: Ch/Sec/Sub Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26		Towed fi	rom scen	e? 2	33				
	Please fill out for operato Name (Last First Middle)	•	lved	DOB/Age Se	Seat S	Safety Airbag E	37 38 ect Trap ode Code	Injury Ti	40 ransp. Code	Medical Facility	1 13			
	Operator		Above	DOBIA _S . S.		9 4 0	0	5 1		Wichida Pasinty				
	oporato.				1			-	_		-			
⁷ 3	Please Select One Vivil 22 #	<u></u>		15 16		17		18	<u>_</u>					
	of the Following: Vehicle 22 #	Occupants Non-M	Notorist A Type	Action	Location	Сот	dition	L	Hit/I	Run Moped	<u>'</u>			
	License # S31322425 St MA		1/1993 Reg #	MVR722		Reg T	уре АТ	N	_ Reg Si	tate MA	14			
	Sex M Lic. Class D 19 Lic. Res	trictions 20 CDI	Veh Y	ear 2015	Veh Mak	e FORD			Veh Con	_{ifig.} 5 21				
 8 1	Operator HALL, JALEN D		Own	mERRIMACK	VALLE	Y REGIO	NAL I	TRANS	IT AU	JTHORITY				
Τ	Last Fr	PT C105	Middle	ess 85 RAILI		First			Middle					
	City SALISBURY State N			HAVERHILL			MZ	A 7:-	018	35-7265				
	•	-	•		[2]	20	Damage	_	,					
	Insurance Company TRAVELERS			le Action Prior to Cra			Test Stat		-	28				
)	Vehicle Travel Direction: NSW	Responding to Emerger	ncy? 2 Event	Sequence 1 43		3 23	Type of		1	29				
2	Citation # (If Issued)		Most	Harmful Event 1	24		BAC Tes			30				
	Viol. 1: Ch/Sec/Sub Vio	l. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 ²⁵	25	Susp. Alc	cohol:	31 Su	sp. Drug: 2 32				
	Viol. 3: Ch/Sec/Sub — Vio	l. 4: Ch/Sec/Sub	Drive	r Distracted by	3 ²⁶		Towed fr	-	598eSi	33				
	Please fill out for operator/non-n	notorist and all occupant	s involved		Seat S	35 36 3 afety Airbag Ei			40 ansp.		1			
	Name (Last First Middle)	T	ddress	DOB/Age Sex	Pos. Sy	ystem Status Co	de Code	Status C	ode	Medical Facility	-			
	Operator/Non-Motorist		Above	$\nearrow \nearrow$	1 1	4 0	0	5 1			_			
	MELANIE NESTOR	21 GERRISH RD SALISBURY, MA 0195	2	11/11/1974 F	97 1	4 0	0	5 1						
	······································										1			
			· · · · · · · · · · · · · · · · · · ·		+-+		-		+-		-			



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 initital investigation was unfounded and could not determine clear fault. I checked for any independant 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 Des	cription of Damag	ed Property	
Truck and Bus Information: Carrier Name	A CONTRACTOR OF THE PARTY OF TH		(From Vel	hicle Section)		Bus Use	49
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:		
Interstate 43 Cargo Body Ty	ype Code	GVWR/GCWR	45		·		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength 46		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name			_Material 4 digit #_		-Release code	49
DAMBOT VANA VEGUS DE DESTE DE							

PATROLMAN MICHAEL R TULLERCASH-107

TULM ID/Badge # Salisbury Police Department

05/23/2017

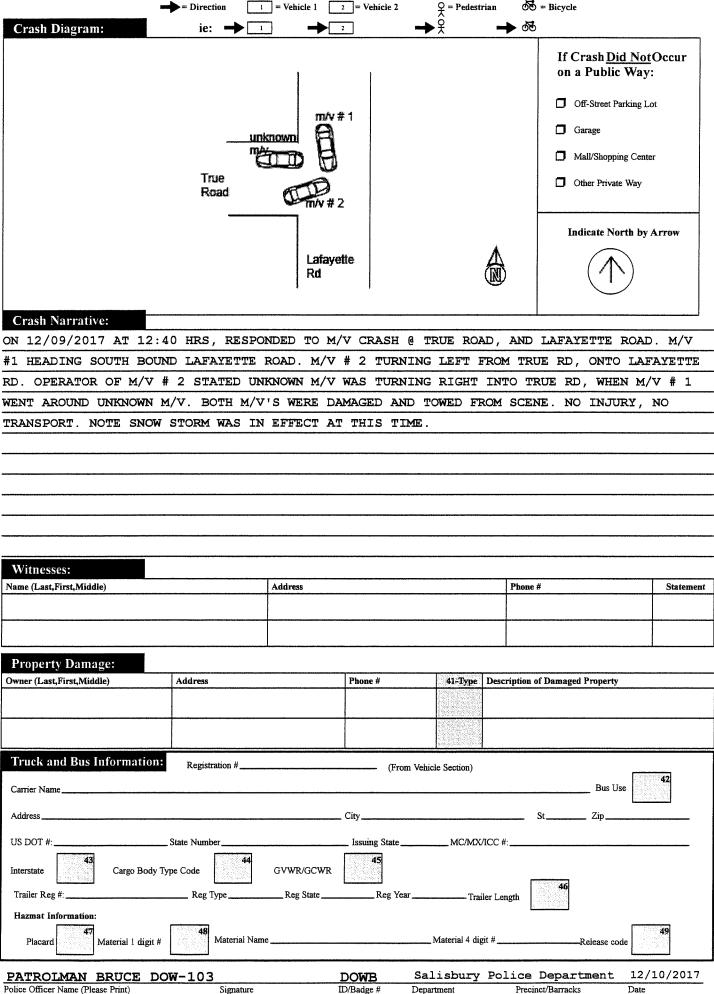
Po	lice Use Only			Comn			of Mas			ett	S		l iê	RA	AV Do	cumer	at Numi	er	
10/07/2017 1320 SAT.TSBITRY							otor Vehicle Crash		. ;	Numbe Vehicle		umber ijured	1 -	d Lim	it	S	State Pol Local Po	lice 🔲 blice 💆 bolice 🔲	
	24HR				P	olice	Report		2	2	0		1	gitude			MBTAP Other:	olice 🔲	
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Route# Dire		EST R		oadway/Stre	eet		Route# Dir	ection	Add	dress #			N	ame o	f Road	lway/S	treet		- 10
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				****			Fee	t NS	EV	v of	Rou	ıte#		Inters	secting	Road	way/Stre	et	3
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Please Select of the Followi		e 1 4	#Occupants	Hit/R	tun 🗀	Moped	Crash	Repor	t ID#	17	7 – 2	23	1-	·A	3				
License # 07	KYH65151	L St NH	_ DOB/A	ge 07/15	5/1965	Reg	# <u>343690</u>)1			R	eg Tvo	e PC			Reg St	ate NH		1
Sex M Lic.	10	10	strictions	20 CD		_	Year 2011									-	1255	21	
	ANEY, H	لند	L.	Enc	dorsement		er KEANE									a con		Constant	<u></u>
Address 26	Last	PT 2	irst		Middle		ess 26 K	Last		PT	<u> </u>	First)	Middle			1 12
City HAMP!			TE 7:-	03842)	_	HAMPTOI			<u> </u>		ο.	. BT	T.J	∩	20/	12	***************************************	
		State_	ALL Zip	03042	<u> </u>						22				Zip <u>U</u> a Code	384	7 27	27	
Insurance Comp		T_ K.ZI			- 0	-	cle Action Prior	to Cras	h 23	23	23		est Sta		a Couc		8	32556	
Vehicle Travel I	<u> </u>	E	Respondin	ng to Emerge	ency?_2	_	t Sequence 1						ype of			2	9		
Citation # (If Iss	ued)		•			Most	Harmful Event	1	24	a el	eriografika		AC Te	st Res	ult:	3	10		l
Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Se	c/Sub		Drive	r Contributing (Lander-Ass	18	25	2	Si	ısp. A	lcohol	3		p. Drug:	32	
Viol. 3: Ch/Sec/				c/Sub		_ Drive	r Distracted by	0	26			To	owed i	from so		2 3	3]
Name (Last First M	Please fill out	for operato	r and all oc	-	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System			38 Trap Code	39 Injury Status			Medical Fa	cility	1 13
Operate	or			See	Above			X	1	99	4	0	0	5	1	1			
ANDREA KNOW	VLES		2 FOREST	RD RY, MA 019	52-1619		05/02/197	6 F	3	99	4	0	0	5	1				-
BRYLAN KNOW	VLES			YETTE RD NH 03842		***************************************	07/05/200	5 M	4	99	4	0	0	5	1				
AIDEN DALTO	ON			ELDER RD	4		01/08/201	5 M	6	4	4	0	0	5	1				
Please Select C		2 <u>2</u> #	Occupants	Non-N	Motorist A	Туре	15 Action	16	Locati	on	17	Condit	ion	18		Hit/R	un 🗀	Moped	
License # S42	2670414	St MA	_ DOB/Ag	e 01/08	3/1992	Reg #	797HV8				Rε	ед Туре	PC		l R	leg Sta	ite MA		14
Sex F Lic. (70 7		100	20 CDI		_	ear 2010		Veh M	lake I		OTA			•	n Confi	46.00	21	
Operator <u>CU</u>	RRAN, ME	= ELISS	A ANN	E	orsement		r CURRAI		DAV		P						- <u>F. 1821</u>	internets.	
Address 26	FAY ST	Fi	rst		Middle	Addre	ess 26 FA	Last Y S	T		F	irst			М	liddle			
City WILMI	NGTON	State N	IA Zip	01887-	-1807		WILMING					Sta	te M Z	A 2	Zin O	188	7-1	807	
Insurance Compa	any INTEGO	ON NA	TIONA	L		•	le Action Prior t			1	22				Code				
Vehicle Travel D		1E W		g to Emerge	ncv? 2		Sequence 1	23	23	23	23	Te	st Stat	us:		28	8		
Citation # (If Issu	طت	[[2]**]	responding	g to Lineige	noy:		Harmful Event	1	24	10 (S) 10 (S)	<u> </u>	Ту	pe of	Test:		25	9		
· ` ` `	,									25	25	5		st Resu	* premieri	3(<u> </u>		
Viol. 1: Ch/Sec/S			l. 2: Ch/Sec				Contributing C	Fee System	1 26		Engly (V] Su	-	cohol:		33	p. Drug:	32	
Viol. 3: Ch/Sec/S	ase fill out for ope		l. 4: Ch/Sec		te involved	_ Drive	Distracted by	0	34	35	36	To	wed fr	om sc	ene?	2 3]		
Name (Last First Mi	•	aut/non-m	OUTSI and	•	ddress		DOB/Age	Sex	Seat Pos.	Safety System	Airbag		Trap Code	Injury Status	Transp. Code		Medical Fac	ility	
Operato	r/Non-Mo	torist		See .	Above		$>\!\!<$	X	1	99	4	0	0	5	1				
CRAIG BASSE	TT		43 SEABRO	OOK RD Y, MA 0195	2-1615		03/27/1990	м	3	99	4	0	0	5	1				
<u> </u>							1	+	 		-								
1																		l	

→ :	= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestrian	n	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □		→ ĝ	→ 55		
5			1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868			If Crash <u>Did Not</u> on a Public Way	
	- Assessed					Off-Street Parking L	ot
		/EWAY rrest Rd.	SULPANIE CONTROL OF THE SULPAN			☐ Garage	
	210	Hore the	A I A RESIDENCE AND A SECOND A SECOND AND A SECOND AND A SECOND AND A SECOND AND A SECOND A SECO			☐ Mall/Shopping Cente	er
			A A A A A A A A A A A A A A A A A A A			Other Private Way	
Forrest Rd.		V1		\triangleleft	3	Indicate North by	Arrow
Crash Narrative:							

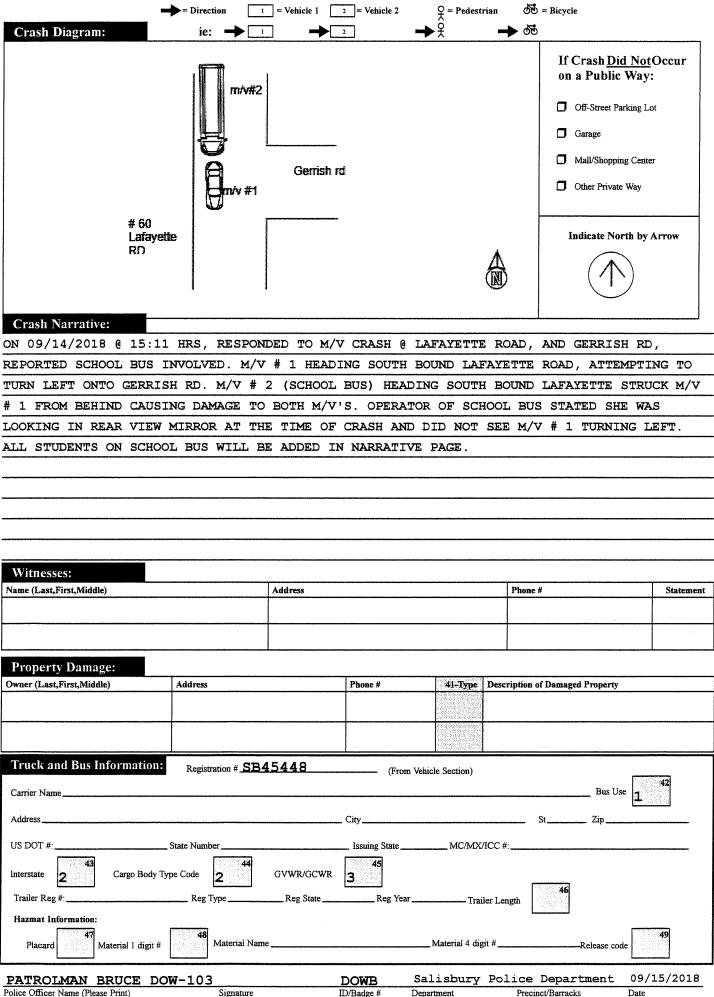
Vehicle 1 was exiting d							
south on Forrest Rd., p	-						
drove into the side of	Vehicle 2	as it atte	mpted to	pull out o	f the	driveway and t	urn
south.	3					***************************************	
-No injuries were repor -No vehicle were towed			<u>k</u>				
-No vericie were towed	irom the sc	cene					
			······································				

Witnesses:			· · · · · · · · · · · · · · · · · · ·	*****			
Name (Last,First,Middle)		Address			Phone #		Statement
							1
Property Damage: Owner (Last,First,Middle) A	ddress		Phone #	41-Type De	acarintian of	Damaged Property	
Owner (Last, Pitst, Wildlie)	uurcs		1 Rolle #	43.13th 21	escription of	Damaged 1 Toperty	
					······································		
Truck and Bus Information:	Registration #		(From	Vehicle Section)		Bus Use	42
Address			City			t Zip	e5(5.i1)
US DOT #:Stat	e Number		Issuing State	MC/MX/IC	C #:		
43 Interstate Cargo Body Type (44	GVWR/GCWR	45				
Trailer Reg #:	V 2 45 90 40 8		Reg Year_	Trailer	Length	46	
Hazmat Information:			-	- 1161161			
Placard 47 Material 1 digit #	48 Material Name	2		Material 4 digit #	ŧ	Release code	49
PATROLMAN CRAIG GOODRICH	1–127		300C	Salisbury P	olice :	Department 10/	07/2017
Police Officer Name (Please Print)	Signature			Department	Precino	t/Barracks Date	

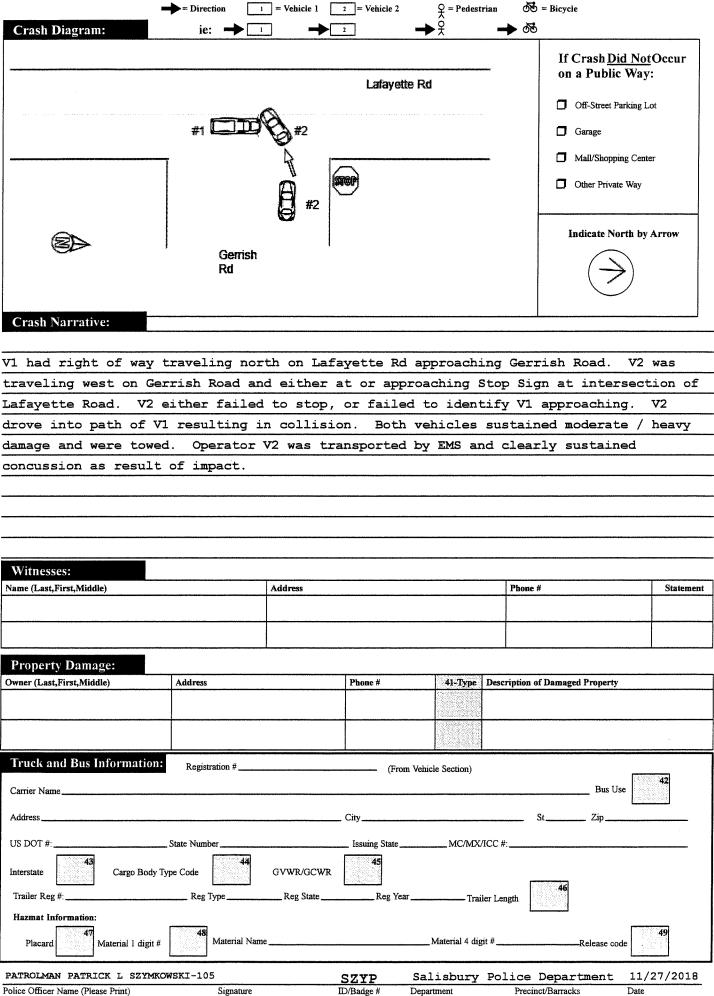
	Polic	e Use Only		(Comn	nony	wealth	of M	Iass	acł	nus	etts	S			RM	IV Doci	ument	Number	
	Date of Crash 12/09/2017	Time of Crash	1	City/Town		Mo	tor Vel	hicle	Cra	ash	1	lumber ehicle:		nber ired	١ '	d Limi	t40	St	tate Police Cocal Police BTA Police	
	12/09/2017	24HR	SALL	SBURY			Police	Rep	ort		2		0		Latitu				BTA Police	זֿ
		AT INTERS	SECTIO	N:		<	LOC	ATION		>			NO'	T A 7			SEC	1		
																				7
ſī	Route# Direct	TRUE		Name of D	oadway/Stro	not .		Route	Dire	ntine.	A 22 2	ress #			N.		m 4	(0)		_
¹ 1	Route# Direct	1011		ivaine of K	At			Routes	Dire	cnon	Ado	ress #			Na	ame or	Roadw	/ay/Str	eet	2 ¹⁰
		LAFA	YETTI	E RD					Feet	N S	EW	of				. —	or _	-	** > *	
	Route# Direct		Name	of Intersect	ing Roadw			<u> </u>			T		Mı	le Ma	rker			Ex	kit Number	-
C=				Also at Inte	rsection wi	th		l		N S		_	Route	e#		Inters	ecting F	Roadw	ay/Street	
² 4	Route# Directi	ion —	Name	of Intersect	ing Roadwa	ay/Street		<u> </u>	Feet	N S	EW	of of								6 11
			· · · · · · · · · · · · · · · · · · ·		T											La	ındmark	(1
3	Please Select Or of the Following		: 1 <u>2</u> #	Occupants	Hit/R	lun	Moped		Crash l	Report	t ID#	17	-2	7	4 –	AC	3			
L	License # 03S	NP00071	St NH	DOR/A	, 03/0°	7/200)0 _{Reg}	# 3AK	292	*********			Par	y Tyme	PC		De	ar Stat	. MZ	1
	Sex M Lic. C		o o	strictions	20		_	Year 19										_	71	•
	l .		1	1525		dorsemen	ıt.										Veh	Config	g. [99]	
⁴ 2	Operator SAN	Last	Fi	A. inst		Middle		ner WH		Last		KYI	Fi	rst			Mic	ddle		1 12
<u> </u>	Address 12 E							ress <u>39</u>			LN									.
	City SEABR	OOK	State	VH Zip	03874	<u> </u>	City	SALI	SBU	RY		Contraction of					-		2-2614	.
	Insurance Compar	ny GEICO	GENE	RAL I	NS		Vehi	icle Action	Prior to	Crash	1	1	22				Code:		[15, 184, 55 A 74, A 64, F	
⁵ 1	Vehicle Travel Dir	rection: NX	EW	Respondin	g to Emerge	ncy? 2	Ever	nt Sequence	æ 🔽	23	23	23	23		st Stat			28		
	Citation # (If Issue	ed)	······································				Mos	t Harmful	Event	1	24			-	pe of			29 30	1	
	Viol. 1: Ch/Sec/Su	ıb	Vio	l. 2: Ch/Sec	c/Sub		Driv	er Contrib	outing Co	ode	99	25	25		AC Tes		ut: 31	Tracoungi Tracoungi	Drug: 32	
⁶ 3	Viol. 3: Ch/Sec/Su							er Distrac	ted by	0	26	1000	188884108.00		wed fr			333	- 2.ug	
	Viol. 3. Cl/Sec/30	Please fill out i						7			34	35	36	37	38	39	40	1		
	Name (Last First Mide			1	•	Address		DC	B/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	N	Medical Facility	1 13
	Operator	<i>r</i>			See	Above			<	Х	1	1	1	0	0	5	1			
	VINUANUL NAS	TAIA			MARSH RD , NH 0387	4		08/2	5/1999	М	3	1	1	0	0	5	1			7
						·····					 	-								1
										-			-							-
7				<u> </u>						<u> </u>										
⁷ 3	Please Select On of the Following		21#	Occupants	Non-N	Aotorist .	A Type	15 Ac	tion	16 I	Locatio	on	17 c	onditi	on	18	Н	lit/Ru	n Moped	
	License # 020		e. NH	DOB/A ~	02/05	/195	3 p.s.	# <u>367</u>	8705	7		20000	P	т	PC	2198366	Re	- 01	NTLI	14
		10 10	Si ke	3/3	20								_					_	21	4
0	Sex F Lic. Cli		Lic. Rest	250	CD End	orsement	t	Year <u>20</u>									Veh (Config	. 99 📆	
⁸ 2	Operator OHE	Last	Fin	st		Middle		er <u>OHE</u>		Last			A L				Mide	dle		
	Address 41 H						Addr	ess <u>41</u>	HOI	LY	CI	R								
	City N HAM	PTON	State N	H Zip	03862		City	N HA	MPT	ON		2 10 m 11 c					ip <u>03</u>		2	
	Insurance Compan	y UNKNOW	N NH				Vehic	ele Action	Prior to	Crash		4	22	Dar	maged	l Area	Code: E		27 27	
	Vehicle Travel Dire	ection: N S	Xw :	Responding	to Emerge	ncy? 2	Even	t Sequenc	e 1	23	23	23	23		t Statu			28		
⁹ 2	Citation # (If Issue	d)					Most	Harmful :	Event	1	24				e of T		. [29 30		
	Viol. 1: Ch/Sec/Sul	b	Viol	. 2: Ch/Sec	/Sub		Drive	r Contrib	uting Co	de	99	25	25		C Tesi p. Alc	r	31		Drug: 32	
	Viol. 3: Ch/Sec/Sul			. 4: Ch/Sec				r Distract	ed by	0	26				ved fro	L	10463987 10	333	Drug	
		e fill out for oper				ts involve	····	1	,		34	35	36	37	38	39	40			4
	Name (Last First Midd	•			•	ddress		DOE	3/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap	injury Status	Transp. Code	м	edical Facility]
	Operator	:/Non-Mot	torist		See	Above				X	1	1	4)	0	5	1			
																				1
					······································		****	-					\dashv	\dashv	_	\dashv	_			1
							·····	+						\dashv						-



	Police Use Only	Com	nonwealth	of Massac	husett	S	RA	AV Docur	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	iicle Crash	Numbe Vehicle		Speed Lim	it <u>40</u>	State Police	
	09/14/2018 1511 SA	LISBURY	Police	Report	2	o Injured	Latitude Longitude		State Police Local Police MBTA Police Other:	Ö
	AT INTERSEC	TION:		ATION >			T INTE			
	AT INTERSEC	211014.	1 1007			NOTA	1 11 1 1 2 1	ADEC I	1011.	
					60	LAF	AYETTI	E RD		
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	-	Name o	f Roadwa	y/Street	2 10
	1	At		Feet N	S E W of			- or		
	Route# Direction	Name of Intersecting Roady	vay/Street			Mile M			Exit Number	
		Also at Intersection w	rith	Feet N	S E W of	D. 1-11	Total	D.	. 1 /6/	-
² 1			· · · · · · · · · · · · · · · · · · ·	Feet N	S E W of	Route#	Inter	secung Ro	oadway/Street	2 11
	Route# Direction	Name of Intersecting Roady	/ay/Street				L	andmark		-[
3	Please Select One	#Occupants Hit/	Run Moped	Crash Repo	- m 1 C	2_10	5-30	~		
L	of the Following:									
	License # 11DYD82091 S		9/1982 Reg	# <u>4118189</u>		Reg Typ	e <u>PC</u>	Reg		-
	Sex F Lic. Class D 19 L			Year <u>2016</u>	Veh Make	FORD		Veh C	Config. 99 21	
⁴ 1	Operator DUCEY, DEANI		ndorsement Own	er WARD, ED	WARD	T				12
1	Address 43 DEARBORN	First	Middle	ess 50 SNOW		First		Midd	te	1
	City SEABROOK S			SANDOWN		Ca	ate NH	7i 0 3	873	
	1	•	_				anaged Are			7
r <u>.</u>	Insurance Company UNKNOWN			cle Action Prior to Cras	<u> </u>		est Status:	2 0000.5	28	<u> </u>
5	Vehicle Travel Direction: N E	W Responding to Emerg	gency? 2 Even	t Sequence 1 23		4.0	ype of Test:		29	
	Citation # (If Issued)	· · · · · · · · · · · · · · · · · · ·	Most	Harmful Event 1	24		AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	. 25	usp. Alcohol	. 31	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	.26	Te	owed from s	cene? 1	33	1
		perator and all occupants inv			34 35 Seat Safet	36 37 y Airbag Eject	38 39 Trap Injury	40 Transp.		_ 13
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	m Status Code	Code Status	Code	Medical Facility	_[1]
	Operator	Se	e Above	X	1 1	4 0	0 5	1		
	***************************************						1 1			
				-	+	+	 	-		
7					<u></u>		<u> </u>			
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hi:	t/Run 🔲 Mope	ed
	6	M2 07/2	5/1983	CDAFAAS	<u>La</u>	(100 60d)	CDM			14
	10 10	MA DOB/Age 07/2				Reg Type			State MA 21	- 1 1
*************	Candill (Subbrigg)	En	dorsement					Veh C	onfig. 4	
⁸ 2	Operator WILSON, VICK	I LYN First	Middle Own	er NRT BUS	INC	First		Middle		-
	Address 194 LAFAYETTE	RD 13N HERITA	AGE PK Addr	ess 55 HAMPS	HIRE	RD				-
	City SALISBURY S	tate MA Zip 01952	-1542 City	METHUEN		Sta	te MA 2	Zip 018	344-1112	<u>.</u>
	Insurance Company PILGRIM	INSURANCE	Vehic	le Action Prior to Cras	h 1	22 D:	amaged Area	Code:	27 27 27]]
	Vehicle Travel Direction: NXEV	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23 Te	est Status:	1	28	
⁹ 1	Citation # (If Issued)	<u> </u>	•	Harmful Event 1	24		pe of Test:		29	
	, , , , , , , , , , , , , , , , , , , ,	rendentervo-				25.25	AC Test Res		30	,
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		r Contributing Code	<u> </u>	Su	sp. Alcohol:	10.00	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by 99			wed from so		33	_
	Please fill out for operator, Name (Last First Middle)	non-motorist and all occupa	nts involved	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motor		e Above		1 1	4 0	0 5	1		7
	-7			Y	+			++		-
										_
L		1								



	Police (Jse Only		Comr	nonv	wealth	of Mass	ach	lus	etts	3		RM	IV Doc	ument Number	
	1 1_	me of Crash	City/1	1	Mo	tor Vel	nicle Cra	ash		umber		DPO	ed Limi	t4.	5 State Police Local Police MBTA Police	
	11/27/2018	632 1	SALISBU	JRY		Police	Report		2	omoros	1	Laut	tude gitude _		MBTA Police Other:	ă
	A	T INTERS	ECTION:	· · · · · · · · · · · · · · · · · · ·	<	LOCA	ATION	>			NOT	I TA	TEF	RSEC	TION:	
								٠								
¹ 1	Route# Direction		YETTE F Name	RD of Roadway/Str	eet		Route# Dire	ction	Add	ress #		N	lame of	f Roadv	vay/Street	10
				At	***************************************			[v] o	ا جا احدا	7 .	,		***************************************			_ 2 ¹⁰
	Route# Direction		ISH RD	ersecting Roadw	av/Street		Feet	N S	EW	of	Mile I	/larker	•	- or _	Exit Number	_
	Acouton Discoulon			at Intersection w			Feet	N S	EW	of						-
² 2		-			<i>1</i> 0.		Feet	N S	EW	of	Route#		inters	secting	Roadway/Street	3 11
	Route# Direction		Name of int	ersecting Roadw	ay/Street					£			L	andmar	k	
³ 3	Please Select One of the Following:	Vehicle	1 1 #Occu	pants Hit/I	Run	Moped	Crash :	Report	ID#	18	-23	8-	-A(3		
	License #_ <u>\$890</u>			DB/Age 06/2	7/199	Reg	# <u>16X570</u>				Reg Ty	ре Р С		R		-
	Sex M Lic. Clas	S D. 19	Lic. Restriction		DL	Veh	Year <u>2007</u>		Veh M	ake H	ONDA			Veh	Config. 21	
⁴ 2	Operator THER	IAULT,	BENJAN First		Middle		er THERIA	AUL!	r,_	BEN	IJAMI First	N		M	iddie	1 12
	Address 2 PLE	EASANT	ST			Addı	ess 2 PLE	ASA	NT	ST	1 2 31					_
	City SALISB	URY	_ State MA	Zip 01952	-262	5 City	SALISBU	RY				tate M	A _	Zip 0	1952-2625	<u>i </u>
	Insurance Company.	SAFETY	INSUR	ANCE		Vehi	cle Action Prior to	o Crash	1	1				a Code:	Same in the State of the State of State	
⁵ 1	Vehicle Travel Direc	tion: S	E W Resp	onding to Emerg	ency? 2	Even	t Sequence	23	23	23		Test Sta			28 1 29	
	Citation # (If Issued)	I	/			Most	Harmful Event	1	24			Type of BAC To		nit-	30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: 0	Ch/Sec/Sub		Drive	er Contributing C	ode	1	25	25			2 31	Susp. Drug: ₂ 32	
⁶ 2	Viol. 3: Ch/Sec/Sub		Viol. 4: 0	Ch/Sec/Sub		Drive	er Distracted by	0	26			Towed			1 33	'
	Name (Last First Middle)		or operator and a	all occupants inv	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	1 13
	Operator				e Above		DOBINGE	Ż	1	99	1 0	0	5	1	Anna Jaques	╬
	F			······································	<u></u>		+	4				+	1			-
										<u> </u>		-				_
								_	ļ	ļ		-	-	ļ		_
7								<u> </u>		<u> </u>						_
⁷ 3	Please Select One of the Following:	Vehicle		1,100	Motorist	1 (12)	15 Action	16 I	Locatio	m	17 Cond	lition	18	ים	Hit/Run Mope	d ·
	License # 02HN	10 10	St.NH DO	B/Age 02/11	8/199		362370								eg State NH	- 1 14
	Sex M Lic. Class	ם ם	Lic. Restrictio	ns 1 CD End	Liorsement	t	řear <u>2000</u>							Veh	Config. 1	
⁸ 1	Operator HANS	st	First		Middle		er HANSON	Last			M First			Mic	idle	-
	Address 47 GR						ess 47 GR2									-
	City NORTH I			Zip 03862	·	City_	NORTH H	AMP	<u>IOT'</u>	2.00000000 10					3862	-
	Insurance Company_	PROGRES	SSIVE			Vehic	le Action Prior to		L L	4		Damage Test Sta		Code:	B. 27 ₇ 27 27 _ 28	
9	Vehicle Travel Direct	ion: NSI	E Respo	onding to Emerge	ncy? 2	Event	Sequence 1	23		23		ype of			29	
2	Citation # (If Issued)					Most	Harmful Event	1	24			BAC Te	st Resi	ult:	30	
	Viol. 1: Ch/Sec/Sub	***************************************	Viol. 2: C	h/Sec/Sub		Drive	r Contributing Co	Commonwer's	99	25	25	lusp. Al	lcohol:	2 31	Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub		Viol. 4: C	h/Sec/Sub		Drive	r Distracted by	99	26			owed f		1	1 33	
	Please f Name (Last First Middle)	fill out for opera	tor/non-motoris	t and all occupar	its involve Address	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/1	Non-Mote	orist	See	Above	-	\times	X	1	99	4 0	0	3	2	Anna Jaques	
												†	†		***************************************	7
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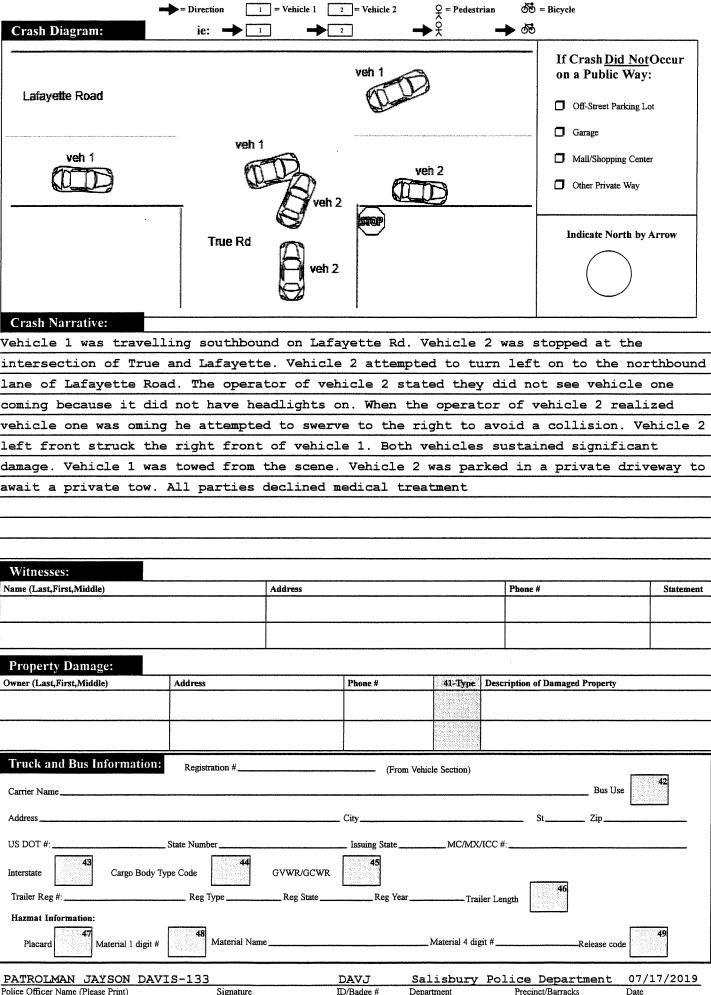


	Pol	ice Use Only		(Comm	onw	ealth	of Ma	ssacl	hus	etts	\$		RI	AV Do	cument	Number	
	Date of Crash	Time of Crash		City/Town		Moto	or Veh	icle C	rash		Vumber /ehicles	Numb	4]_b_	ed Lim	it3		ate Police]
	12/02/2018	1339 24HR	SALL	SBURY		P	olice	Repor	rt .	1		0	Lat	itude igitude _	******	— м	BTA Police	ן בֿ
		AT INTER	SECTI	ON:		<		TION	>		·················	NOT			RSEC			1
		" - " - " - " - " - " - " - " - " - " -																1
<u>. </u>		TRUE	E RD															_
¹ 1	Route# Direc	ction			oadway/Street At	t		Route#	Direction	Add	iress#]	Name o	f Road	way/Str	eet	2 10
		T.2A F72	YETT					1	Feet N S	EW	of			• -	- or .			. F—
	Route# Direc				ing Roadway	/Street						Mile	Marker			Ex	cit Number	4
				Also at Inte	rsection with			I	eet N S	EW	of	Route#		Inter	secting	Roadw	ay/Street	
² 3	Route# Direc	etion	Nam	e of Intercept	ing Roadway	/Street		F	eet N S	EW	of	14044					uj/20000	1 11
L	Koule# Direc	SHOIL	INAIII	e of finersect	mg Koadway	/Succi								L	andmar	rk		
³ 2	Please Select C of the Followi	One ng: Vehicle	ı <u>1</u>	_#Occupants	Hit/Ru	. <u>_</u>	Moped	Cr	ash Repor	t ID#	18	-24	15-	-A(C			
L	License # 01	4486441	St MZ	A DOB/A	e 03/25	/1957	Reg	362T	11			Reg T	vne P	C	R	eg Stat	e MA	1
	Sex M Lic. (10	9	estrictions	20 CDL		_	Year 200									93	1
	I .	Division Linearing	35.	700		rsement								-	ver	n Conng	g. <u>1</u>	L
⁴ 1	1	TES, KE		First	м	fiddle		er LUTE	Last			First			M	fiddle		1 12
L		ARTLETT						ess <u>4 B2</u>	ARTLE	TT	ST			************				.
	City SALIS	BURY	State	MA Zip	01952		. City.	SALIS	BURY				State <u>N</u>	1A_	Zip <u>0</u>	195		.
	Insurance Compa	any SAFETY	INS	SURANC	E		_ Vehic	le Action Pr	ior to Crasi	h	1	22	Damag	ged Are	a Code:		27 27	
⁵ 2	Vehicle Travel D	Direction: N S	Xw	Responding	g to Emergen	cy? 2	_ Even	Sequence	23 21 21	23 6	23	23	Test St			1 28		
	Citation # (If Iss	ued)					Most	Harmful Eve		24	·····		Type o			29 _ 30		
	Viol 1: Ch/Sec/5	Sub	v	iol 2: Ch/Sec	:/Sub		Drive	r Contributir	Li-	1	25	25		est Res	uit: 2 31			
⁶ 2	Viol. 3: Ch/Sec/S				:/Sub			r Distracted	Source	26	10,878 240	A Andrews		from s		Susp 33	. Drug 2 32	
	VIOL 3. CIVSEC/S	Please fill out						T	9	34	35	36 3			40	<u>U</u>		
	Name (Last First M				-	dress		DOB/Ag	je Sex	Seat Pos.	Safety System	Airbag Ej Status Co	ect Tra	p Injury		N	Aedical Facility	26 ¹³
	Operato	or			See A	Above		\rightarrow	<X	1	1	4 0	0	5	1			
																		1
													-	_	-			-
		W						-							-			-
7																		
⁷ 1	Please Select O		2	#Occupants	Non-Me	otorist A	Туре	15 Action	16	Locatio	on 🗔	17 Con	dition	18		Hit/Rus	n Moped	
		15.		1					642469598		411.00		L	Mar-AEMA				
	License #	19 1	9	DOB/Age	20		_						_			eg State	21	1 14
	Sex Lic. C	Class	Lic. Re	estrictions	CDL.	sement	_ Veh Y	ear		Veh M	ake				Veh	Config		
⁸ 2	Operator	Last]	First	Mi	iddle	Owne	r	Last			First			Mi	ddle		
	Address						_ Addre	ss	· · · · · · · · · · · · · · · · · · ·									
	City		State_	Zip			City_	 				S	tate	2	Zip			
	Insurance Compa	any					Vehic	e Action Pri	or to Crash	1		22	Damag	ed Area	Code:	14400-493	27 27	
	Vehicle Travel Di	irection: NS	EW	Responding	to Emergenc	y?	Event	Sequence	23	23	23		Test St		,	28		
⁹ 2	Citation # (If Issu	ıed)		_			Most	Harmful Eve	nt	24			Type of			29		1
	·	Sub		al 2: Ch/c	/Cub			Contributin	Lineare	Series Conjust	25	25		est Res	1000	30	_ ြ	
									- [75]	26			-	dcohol:		Susp.	Drug: 32	
		aub				1 ·	Drive	Distracted b	y [34	35	36 37		from so	ene?			ļ
	Plea Name (Last First Mic	ase fill out for oper	ator/non-	motorist and a	ail occupants Addi			DOB/Ag	: Sex	Seat Pos.	Safety	Airbag Eje Status Coo	t Trap	Injury	Transp. Code	М	edical Facility	
	Operato	r/Non-Mot	torist		See Al	bove		\sim		1								
				 					+			_	+	1	$\vdash \vdash$	***************************************		1
										-			-	+-			***************************************	-
																		-

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ Pedestrian	● Bicycle	
Crash Diagram:	ie: → [_ → [2	→ }	→ №	
					If Crash <u>I</u> on a Publ	Did NotOccur ic Way:
	True Rd				☐ Off-Street	Parking Lot
	**************************************	***************************************	***************************************		Garage	
					☐ Mail/Shop	ping Center
					Other Priva	
V#1					J Odd Tilv	ate way
	7 True Rd				Indicate N	orth by Arrow
Crash Narrative:						
Vehicle#1 Operator	states he was	traveling	g eastbound	d on True Ro	d, when he drov	e through a
curve area, his r					······································	to loose
control of his vel	nicle. Due to lo	st of con	trol oper	ator crashed	d into a tree.	
						*** · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		···			
			· · · · · · · · · · · · · · · · · · ·			
Witnesses:						
Name (Last,First,Middle)		Address		·	Phone #	Statement

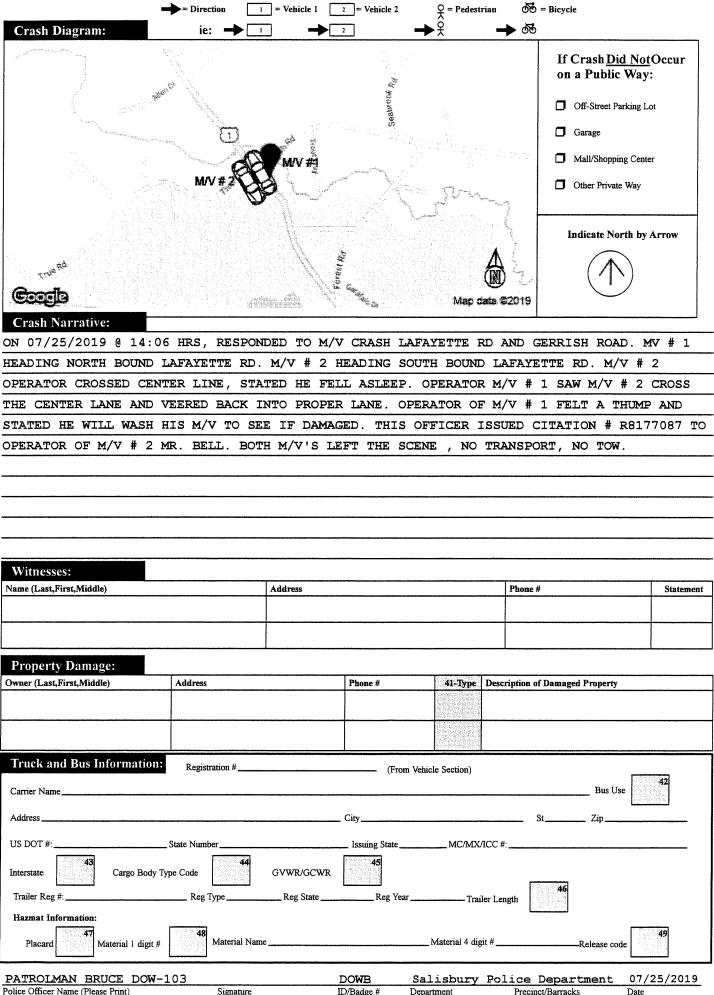
Property Damage:						
Owner (Last,First,Middle)	Address	<u></u>	Phone #	41-Type De	scription of Damaged Propert	y
Truck and Bus Informat	ion: Registration #		(From	Vehicle Section)		
Carrier Name			<u></u>		Bus 1	Use 42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	
Interstate 43 Cargo E	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	.ength 46	
Hazmat Information:					_ (6: CD)(8:)	
Placard 47 Material 1 d	igit # 48 Material Nan	ne	***	Material 4 digit #	Release c	ode 49
PATROLMAN JUAN R GUI	LLERMO-158		GUIJ	Salisburv Po	olice Department	12/03/2018
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	Date

	Police Use Only	Comi	nonwealth	of Massac	hus	etts	}		RM	V Doc	ument Number	
	1	City/Town	Motor Veh	nicle Crasl	h N	lumber ehicles		, opeo.	d Limit	4!	Local Police	2
	07/17/2019 2016 SALI	SBURY	Police	Report	2	CHICICS	0	Lann	ude itude _		MBTA Police Campus Police Other:	3
	AT INTERSECTION			ATION >			<u> </u>			SEC	TION:	-
	ATTIVIEROBETT	J11.	Loca				11011		1 2/2		. 110111	10
	LAFAYETT	E RD										2
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Add	ress#		N	ame of	Roadv	way/Street	_
¹ 3		At		Feet N	SEW	of		_ (or		
···· · · · · · · · · · · · · · · · · ·	Route# Direction TRUE RD Name	of Intersecting Roady	vav/Street	1001		J 01		/larker		V1 .	Exit Number	11
		Also at Intersection w		Feet N	SEW	of		-				3
				Feet N	SEW	of	Route#		Inters	ecting .	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roady	vay/Street					,	La	ındmar	k	
	Please Select One Vehicle 11	#Occupants xx:		Crash Rep		10	_1 =	2_				7
3	of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	ТЭ	_T2	3-	AC	_		
	License # NHL19730890 St NH		06/1973 Reg	# 4121510			Reg Ty	ре <u>РС</u>		R		- 12
	Sex F Lic. Class D Lic. Re	strictions 20	DL Veh	Year 1998	_ Veh M	lake <u>L</u>	EXUS			Veh	Config. 1	1
	Operator ROBBINS, ANDRE		ndorsement	er ROBBINS								
4 2	Last F	First PT B3#1	Middle	Last ress 47 WEAR	,		First APT I	2#1	***************************************	М	iddle	-
					E AL						0054	-
	City SEABROOK State]	NH Zip 0387	4 City	SEABROOK		to skedent					3874 - 27 27 27 27	-
	Insurance Company GEICO		Vehi	cle Action Prior to Cra	ash	1	26654			Code:	27 27 27 27 2 28	
5	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 23	23	23	المد	Test Sta			1 20 29	1
⁵ 1	Citation # (If Issued)	_	Mos	t Harmful Event 1	24			Type of BAC Te		.14.	30	
	Viol. 1: Ch/Sec/Sub ————— Vio	ol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1	25	ac	Susp. A			7686460	1 13
		ol. 4: Ch/Sec/Sub —		er Distracted by	26			Towed f			_ 33	
⁶ 1	Please fill out for operato				34	35	36 3	38	39	40		4
	Name (Last First Middle)	T und un oodupunu m	Address	DOB/Age S	Seat Pos.	Safety System	Airbag Eje Status Co	et Trap le Code		Transp. Code	Medical Facility	_
	Operator	Se	ee Above	>>>	1	1	4 0	0	10	1		
					<u> </u>							
		-						_	_			\dashv
									ļ			_
7	Please Select One Vehicle 22	#Occupants Non	-Motorist A Type	15 Action 16	Locati	on T	17 Con	lition	18	П	Hit/Run Moped	
' 3	of the Pollowing:					1100		200	VIII.Y			
•••••		DOB/Age 01/0	4/1948 Reg	# <u>J007</u>			Reg Ty	pe DI	N_	R	eg State VT	-
	Sex. M Lic. Class D 19 Lic. Res		OL Veh `	Year <u>2018</u>	_ Veh M	ake <u>J</u>	EEP			_ Veh	Config. 1	
0	Operator POSTERNAK, JAS	ON P		er BRATTLE	BORO	SU					. 1. 17	.
°1	Address 46 POPLAR COMMO	ONS		ess 1234 PU	TNEY	RI	First			Mı	ddle	
	City DUMMERSTON State V	VT Zip 0530:	L City	BRATTLEBO	RO		S	tate V	r 7	in 05	5301	1 14
	Insurance Company ZURICH AME	•	•	cle Action Prior to Cra		6		Damage		- ,		<u> </u>
	· -				23	23	25100	Test Stat			28	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? Z Even	i Sequence 1			G883	Type of	Test:		29	
2	Citation # (If Issued)	-	Most	Harmful Event 1	24	12.16.55		BAC Te	st Resu	ılt:	30	1
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	4	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed fi	rom sc	ene?	2 33	
	Please fill out for operator/non-r	motorist and all occupa			34 Scat	35 Safety	36 37 Airbag Ejec		39 Injury	40 Transp.		7
	Name (Last First Middle)	1	Address	DOB/Age Se	x Pos.	System	Status Cod	e Code	Status	Code	Medical Facility	-
	Operator/Non-Motorist		e Above		$\frac{1}{1}$	1	4 0	0	10	1		_
	ANNE POSTERNAK	46 POPLAR COMMON		02/24/1946 F	3	1	4 0	0	10	1		
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					+			+				-
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	Police Use Only	Comn	nonwealth	of Massa	chus	etts	}		RM	V Docus	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Number /ehicles		1 *	d Limit	40	State Police Local Police	0800
	07/25/2019 1354 SAL 24HR	ISBURY	Police	Report	2		O	Latitu	ide itude _		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:		TION >			NOT A			SECT		•
				· · ·			11012				10111	10
	LAFAYET	TE RD										2
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Directio	n Add	iress#		Na	ame of	Roadwa	y/Street	
		At		Feet N	SEW	of				or or		
	Route# Direction GERRISH	me of Intersecting Roadwa	ay/Street				Mile N				Exit Number	11
	***************************************	Also at Intersection wi	th	Feet N	SEW	of	D t -#		7	T	1 (6)	_ 5
<u> </u>				Feet N	SEW	of	Route#		Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadwa	ny/Street						La	ndmark		
3	Please Select One of the Following:	_#Occupants Hit/R	tun Moped	Crash Rep	ort ID#	19	-16	6-	AC	;		
L	License # S10636368 St N	A DOB/Age 11/0	9/1968 Reg	PPRENO	***	·····	Reg Tv	ne PC	!	Reo	State MA	
	19 19	Restrictions 20 CD		Year 2016							77	12
		En	dorsement								.onng. 33	
⁴ 1	Operator WILKINSON, RC	First	Middle	er WILKINS	-		First		<u>KI</u>	Midd	le	-
	Address 217 PAIL FACTO			ess 217 PAI		ACTO						-
	City TEMPLETON State	e MA Zip 01468	-1532 City	TEMPLETO	<u> 1</u>	F-32-2-3	-			_	468-153	1
	Insurance Company GREEN MOU	NTAIN INS	Vehic	cle Action Prior to Cr	ash	1	19564			Code: 0]
5	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23	23		est Stat			28 29	
]	Citation # (If Issued)		Most	Harmful Event 1	24			Type of			30	
<u> </u>	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		.25	25	BAC Te: Susp. Al	1	2222322	Susp. Drug: 3	2 7 13
		Viol. 4: Ch/Sec/Sub		er Distracted by	26			lowed fi		Susselements	38 Stag.	
⁶ 1		ator and all occupants invo			34	35	36 37	38	39	40		
	Name (Last First Middle)	•	Address	DOB/Age S	Seat Pos.	Safety System	Airbag Ejec Status Cod	t Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	See	: Above	>>>	$\langle 1$	1	4 0	0	10	1		
	SUSAN WILKINSON	217 PAIL FACTORY TEMPLETON, MA 014		01/15/1968 F	3	1	4 0	0	10	1		
			· · · · · · · · · · · · · · · · · · ·									
						-		-				_
			——————————————————————————————————————									_
⁷ 3	Please Select One of the Following:	#Occupants Non-I	Motorist A Type	Action 1	Locati	on	17 Cond	ition	18	☐ Hi	t/Run 🔲 Mope	ed
	License #_ S26920647 St M	A_DOB/Age_11/11	L/1956 Peg#	1PR155	<u> </u>	(Second)	Reg Typ	» PC	(See El Sel Sel Sel Sel Sel Sel Sel Sel Sel Se	Pag	State MA	_
	19 19	20		ear 2007	37.1.3.4	. n	ODGE	·			onfig. 99 21	Γl
	- character selected		lorsement					1.0		ven C	oning.	1
⁸ 2	Operator BELL, LAWRENC	First	Middle	er BOUROUE:			First	TAT		Middl	e	-
	Address 4 LINCOLN AVE			ess 4 LINCO		VE:						14
	City SALISBURY State	MA Zip 01952	City_	SALISBURY	<u> </u>	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					952-2030	- L
	Insurance Company GOVT EMPL	OYEE INS	Vehic	le Action Prior to Cr	ash	1	6691			Code: 0	27 27 27 28	
	Vehicle Travel Direction: NXEW	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23	23		est Stati			29	
⁹ 2	Citation # (If Issued) R8177087		Most	Harmful Event 1	24			ype of T AC Tes		de E	30	
2	Viol. 1: Ch/Sec/Sub 89 4A	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	21	25	25	usp. Ald	г	S. S	Susp. Drug: 32	2
	Viol. 3: Ch/Sec/Sub			r Distracted by	26			owed fr	L	100718-00 · ·	33	١ ـ ا
	Please fill out for operator/no			· (=	34	35 Safatu	36 37	38	39	40		7
	Name (Last First Middle)		ddress	DOB/Age S	Seat Pos.	Safety System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See	Above		1	1	4 0	0	10	1		

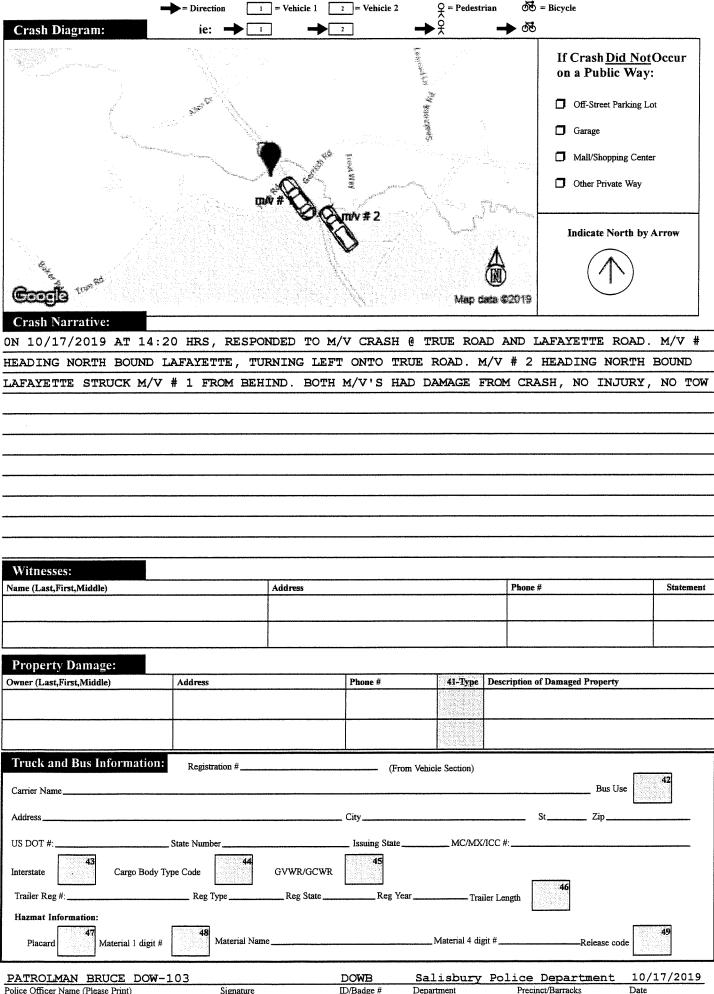
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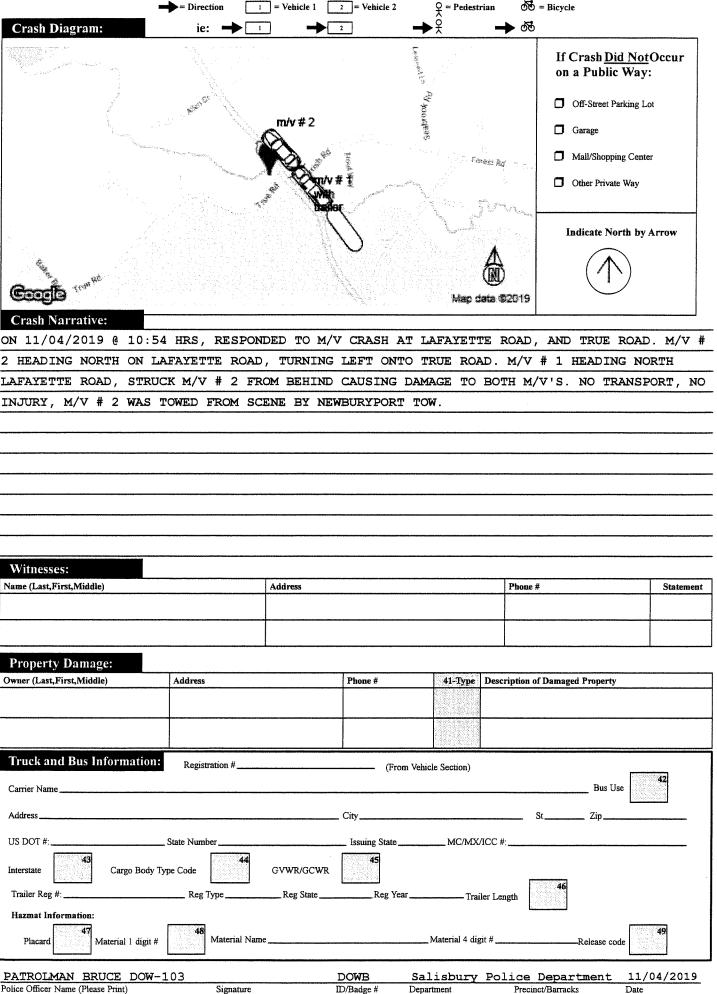
Police Officer Name (Please Print)

Signature

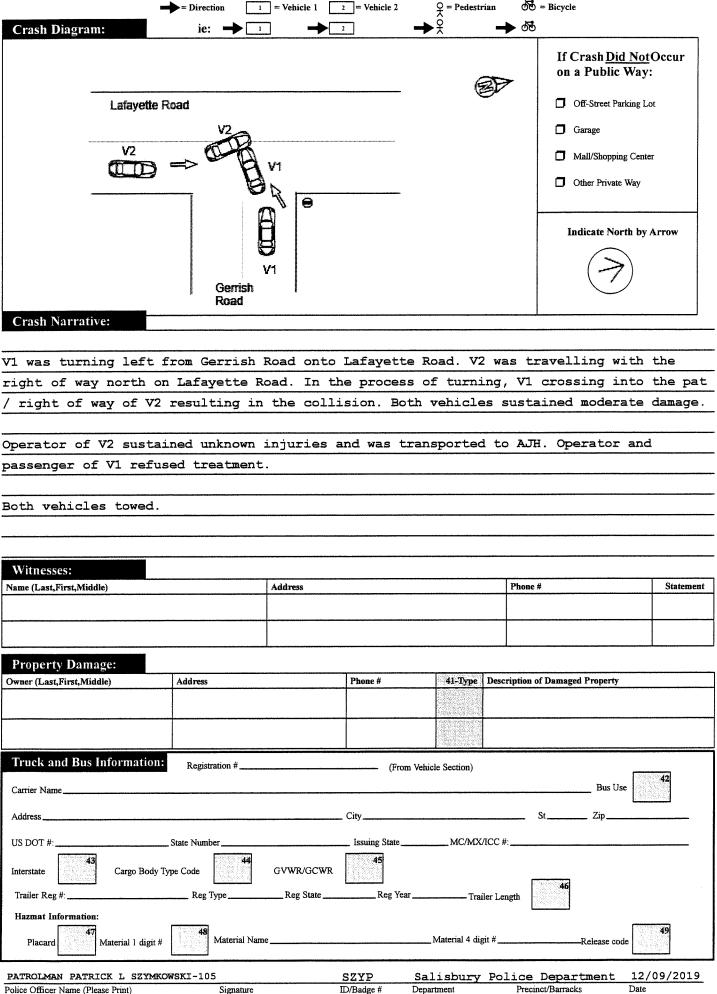
	Police Use	Only	Co	mmony	vealth	of Mass	ach	ıus	etts	S		RI	MY Do	cument	Number	
	1 1	of Crash	City/Town	Mo	tor Vel	nicle Cra	ash		lumber ehicle		ہ ا	ed Lim	uit <u>4</u>	Loc	te Police cal Police BTA Police	
	10/17/2019 140	6 SALI	SBURY		Police	Report		2		0	Lau	itude igitude .	····	Car	TA Police Empus Police Emer:	3
	AT I	NTERSECTI	ON:	<		TION	>							CTIO		\dashv
								L		1,01				21101		10
		LAFAYETI								-						2
¹ 1	Route# Direction		Name of Roadw	vay/Street		Route# Direc	ction	Add	ress #]	Name o	of Road	way/Stre	eet	_
	_	TRUE RD	Ai			Feet	N S	EW	of				- ог			
	Route# Direction		e of Intersecting l	Roadway/Street						Mile	Marker			Ex	it Number	2 11
			Also at Intersec	tion with		Feet	NS	EW	of	Route#		Inter	eecting	Roadwa	ny/Street	
2	Route# Direction	Non	e of Intersecting I	Donders /Chrost		Feet	N S	EW	of	Kouton		mo	scome	Roadwa	ly/Bucct	
² 3	Route# Direction	INAIII	e of intersecting i	Koadway/Street								I	andma	rk		_
3	Please Select One of the Following:	Vehicle 11	#Occupants	Hit/Run	Moped	Crash I	Report	t ID#	19	-22	28-	-A(2			
3		1000		0 /01 /105												
	License # <u>S33187</u>	10 10	-	20 20	_	# <u>RW76KJ</u>				_	-			-	71	1 12
	Sex F Lic. Class D	Lic. Re	estrictions	CDL Endorsemen	Veh	Year <u>2003</u>		Veh M	íake 📘	COYO	'A		Ve	h Config	99 🗂	
	Operator AYVAZ	AN, DIAN	INE First	Middle	Own	er AYVAZI	AN	, D	IAI	NE First				⁄iiddle		.
⁴ 1	Address 55 MAR	KET ST	APT 2		Addr	ess <u>55 MA</u> J	RKE	T S	ST	APT	2			Aldale		
	City AMESBURY	State	MA Zip 01	913-000	O City	AMESBUR	Y				State N	íA_	Zip 0	191	3-0000	
	Insurance Company A					ele Action Prior to	Crash	1	4	22	Damag			Francisco F	27 27	
	Vehicle Travel Direction			Emergency? 2		t Sequence	23	23	23	23	Test St			28	Comment Section 2019.	
5		SIEIW	Responding to	Emergency :		19-1-12		24			Туре о	f Test:		29		
	Citation # (If Issued)		-			Harmful Event	1		25		BAC T	est Res	sult:	30		13
	Viol. 1: Ch/Sec/Sub —	V	iol. 2: Ch/Sec/Sul	b	Drive	er Contributing Co	ode	1		25	Susp. A	Alcohol	: 31	Junp.	Drug: 32	1 "
⁶ 2	Viol. 3: Ch/Sec/Sub —	Vi	ol, 4: Ch/Sec/Sub	b ———	Drive	er Distracted by	0	26			Towed	from s	cene?	2 33		
2	Pleas Name (Last First Middle)	se fill out for operate	or and all occupa	nts involved		DOB/Age	p	34 Seat	35 Safety	Airbag E	7 38 ect Tra	p Injury			0.190.90	
	Operator Operator			See Above		DOB/Age	Sex	Pos.	System 1	Status C	de Cod	E Statu	s Code	М	ledical Facility	-
	Operator			000710040			ho	<u> </u>	 -	-	+	+	 		·	-
							<u> </u>	<u> </u>								
						1										
							1									
	Please Select One			·	23	<u> </u>	16		100	17		18	+	<u> </u>	I	1
⁷ 3	of the Following:	Vehicle 2.1	#Occupants	Non-Motorist	A Type	Action	I I	Locatio	n	Соп	dition			Hit/Run	Moped	
	License # <u>\$52641</u>	253 St MZ	DOB/Age 0	4/23/198	7 Reg #	3913715	5			Reg T	ре РС	-	R	eg State	NH	1
	Sex M Lic. Class	19 19 Lic. Re	strictions 2	CDL	Veh Y	ear 2002	1	Veh M	_{ake} F	ORD			Veh	Config.	99 21	
	Operator MCINTO	State of Street Street	[interfaceart	Endorsemen	t	r MCINTO									3	
⁸ 2	Last Address 50 FORE	·	irst	Middle		ess <u>227 WZ</u>	Last			First AP			М	iddle		
·····			m 016	052 162	_			OIN	KU					0054		14
	City SALISBUR			952-1622	City_	SEABROO!	<u>K</u>		Signine()	-			-	3874	7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Insurance Company UN	IKNOWN NH			Vehic	le Action Prior to	Crash		1	22			a Code:	8 ²⁷	27 27	
	Vehicle Travel Direction:	SEW	Responding to I	Emergency? 2	Event	Sequence 1	23	23	23	.23	Test Sta			29		
2	Citation # (If Issued)				Most	Harmful Event	1	24			Type of BAC To		l+·	30		
2	Viol. 1: Ch/Sec/Sub	Vie	ol. 2: Ch/Sec/Sub)	Drive	r Contributing Co	de	99	25	25	Susp. A			34050	Drug 32	
	Viol. 3: Ch/Sec/Sub		ol. 4: Ch/Sec/Sub			Distracted by	0	26			Towed			2 33		
		ut for operator/non-i				1		34	35	36 3	38	39	40	<u>د</u>		4
	Name (Last First Middle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Eje Status Co				Me	dical Facility	_
	Operator/No	n-Motorist		See Above		> <	X	1	1	4 0	0	10	1			
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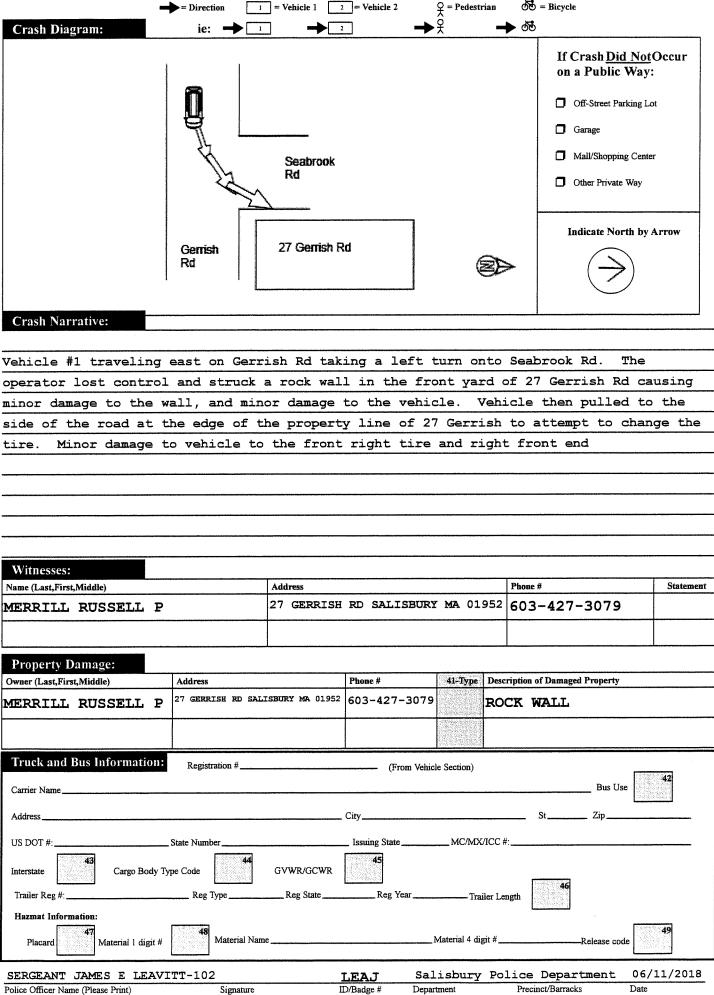
	Police Use Only	Com	nonwealth	of Massac	chus	etts	5		RM	IV Docu	unent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crasi	h [N	lumber ehicles		Open	d Limi	t <u>4</u> 0	State Police Local Police	
	11/04/2019 1047 SA 24HR	LISBURY	Police	Report	2		0	Latiti	ude ritude _		MBTA Police Campus Police Other:	占
	AT INTERSEC	TION:		ATION >			NOT A			RSEC		
												2 10
		TTE RD									···	_ 2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Add	ress #		N	ame of	Roadwa	ay/Street	_
	TRUE R			Feet N	SEW	of				- or _		_ .
		Name of Intersecting Roady	vay/Street				Mile N	larker			Exit Number	2 11
		Also at Intersection w	ith	Feet N	SEW	of	Route#		Inters	ecting R	Loadway/Street	- 🗀
2	Route# Direction	Name of Intersecting Roady	uns/Stront	Feet N	SEW	of	120407				oud nay ou ou	
² 1	Route# Direction	value of intersecting Roady	ay/oueer						L	andmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	19	-24	5-	AC	3		
		2577	4/1004									-
	License # 0 6BTA8 4 2 4 1 St	int .		# <u>4596624</u>							21	1 12
	Sex M Lic. Class D Li	c. Restrictions C	DL Veh	Year <u>2006</u>	Veh M	lake <u>C</u>	MC			Veh	Config. 99	
<u> </u>	Operator BENNETT , ADA	M L First	Own	er COLONIA	L ST	ONE	WORK	SL	LC	Mid	ldle	-
41	Address 142 CASTLE H	LL	Addr	ess 142 CAS	TLE	HI	LL RD	,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
L	City WINDHAM S	tate NH Zip 03087	7-0000 City	WINDHAM			S	ate N	H _ :	Zip <u>03</u>	087	_
	Insurance Company PROGRESS	IVE	Vehic	cle Action Prior to Cr	ash	1	22	Damage	ed Area	a Code:	2 27 27 27]
	Vehicle Travel Direction: SEV			t Sequence 23	23	23	23	est Sta	itus:	1000000	28	']
5		responding to Linear		- <u> </u>	24	(included see		ype of	Test:	CONSTRUCTION	29	
L	Citation # (If Issued)			t Harmful Event	*******	25	25	BAC Te	st Res	ult:	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code	99			usp. A	lcohol:	31	Susp. Drug: 32	1 1
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	9 26		7	owed f	from so	ene?	2 33	
	Please fill out for or Name (Last First Middle)	perator and all occupants inv	olved Address	DOB/Age S	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above	DOBIAGE	1	1	4 0	O	10	1	Medical Facility	_
	operato.				1	ļ		 		\vdash		
						<u> </u>			ļ		·····	
	Please Select One Xakinla 2 1		100	15 16	3		17		18			1
⁷ 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action	Location	on	Cond	ition		│ ┩ [₩]	lit/Run Mope	d
L	License # <u>S32082328</u> St.	MA DOB/Age 09/2	8/1998 Reg#	1ASB48			Reg Typ	e PC		Re	g State MA	-1
	Sex.M Lic. Class D 19 19 Lic	. Restrictions 20 CI	DL Veh 3	Year <u>2008</u>	_ Veh M	ake <u>S</u>	UBARI	J		Veh (Config. 99 21	
	Operator HUGHES, BRYA		dorsement Own	er HUGHES,	BRY	AN	RICH	ARD				
⁸ 2	Address 57 BAKER RD	First	Middle	ess 57 BAKE			First			Midd	lle	-
	City SALISBURY S	MD = 01952		SALISBURY	-			. 147	۸ -	. n1	952-1442	14
							2000			Code:		-
	Insurance Company COMMERCE		Vehic	ele Action Prior to Cra		4		est Stat		Code. 5	28	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Event	Sequence 1 23	23	23		ype of			29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24			AC Tes		ult:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25 S	usp. Al	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		т	owed fi	rom sc	ene? 1	33	
	Please fill out for operator/		nts involved		34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Trensp.		-
	Name (Last First Middle)		Address	DOB/Age Se	Pos.	System	Status Code	Code	Status	Code	Medical Facility	_
	Operator/Non-Motori	St Se	Above		1	1	4 0	0	10	1		
					1							7
			······································		-							-
								<u>L</u> _				



	Police Use Only	Commoi	nwealth	of Massa	chu	setts			RMV	V Docu	ment Number	
	Date of Crash Time of Crash		otor Veh	icle Cras	sh [Number Vehicles	Number Injured	Speed	Limit_	45	Local Police	
	12/09/2019 1040 SALI	SBURY	Police	Report		2	0	Latitud			MBTA Police Campus Police Other:	8
	AT INTERSECTI	ON:			,		NOT A			SECT		
												2 10
	<u>LAFAYETT</u>											
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Directi	ion A	ddress #		Na	me of l	Roadwa	ay/Street	
<u> </u>	GERRISH			Feet	N S E	w of			_	or		_
		e of Intersecting Roadway/Str	eet				Mile N	1arker			Exit Number	3 11
		Also at Intersection with		Feet [N S E	w of	Route#		Interse	cting R	oadway/Street	- [
2	Route# Direction Nam	e of Intersecting Roadway/Str		Feet [1	N S E	w of						
² 2	Route# Direction Name	e of intersecting Roadway/Su	CCI						Lar	ndmark		
Гэ	Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash Re	eport ID	19	-26	4 –	AC	ı ,		
³ 3	of the Following:	- 00/16/1	051									
	License # NHL15182971 St NI	1 DOB/Age 09/16/1		# <u>4511955</u>							21	1 12
	Sex. M Lic. Class D Lic. Ro	estrictions 1 CDL_ Endorser	ment	Year <u>2003</u>				LN		Veh	Config. 1	
	Operator HEWLETT , RICHA	ARD First Middle	Own	er HEWLET	r, F	LORA	M First			Mid	die	
⁴ 2	Address 221 S MAIN ST			ess 221 S		ST						_
L	City SEABROOK State	NH Zip 03874	City	SEABROOK	ζ		s	tate NE	I z	ip 03	8744619	_
	Insurance Company Mutual Ins			cle Action Prior to (Crash	4	22	Damageo	d Area	Code:	27 27 2	7
	Vehicle Travel Direction: N S E	Responding to Emergency?		t Sequence 7 2	3 23	23		Test Stat	us:		28 L	-
⁵ 1					T 2º			Type of T	Test:	The state of the s	29	
	Citation # (If Issued)			Harmful Event	<u>+</u>		72	BAC Tes	_		30	13
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	Pro- 11	eldenino de la co	9 ²⁵	Susp. Ald	cohol:	2 31	Susp. Drug: 2 3	2 1
⁶ 2	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²¹			Towed fr	rom sce	ene?	58 L	
2	Please fill out for operat	or and all occupants involved		DOB/Age	Sex Po	at Safety	36 37 Airbag Eje Status Coo	nt Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Abo		DOBINGE	V 1		1 0	0			Anna Jaques	
	Орегию	32 NEWBURY NECK RD							\vdash	2	Anna Jaques	
	PETER STORY	NEWBURY, MA 01951-2403	3	03/27/1962	м 3	1	1 0	0	10	1		
	Please Select One Viving 1			15	16		17		18	<u> </u>	- I	-
⁷ 3	Please Select One of the Following:	#Occupants Non-Motor	rist A Type	Action	Loca	ation	Con	lition		H	lit/Run Mop	ed
	License # S54648991 St M7	DOB/Age 06/23/1	991 Reg	9CZD70			Reg Ty	pe <u>PC</u>		Re	g State MA	
	Sex F Lic. Class D 19 Lic. Re	estrictions 1 CDL_	Veh '	Year 2016	Veh	Make C	HEVR	OLET	7	_ Veh (Config. 1 21	1
	Operator ROBINSON-LAWSO	Endorser		er ROBINSO	ON-L	AWSC	N. H	ANNZ	AH Z	AVI	S	1
⁸ 1	Last	First Middle APT 3	:	ess 7A WEA	ist		First APT	3		Midd		_
						<u> </u>			٠	. 02	576-000¢	1 14
	•	MA Zip 02576-00		W WAREHA	MAT	(2589)				-	576-000 27 27 2	¬
	Insurance Company LM GENERAL	INSURANCE CO	OMP Vehic	cle Action Prior to C		1		Damaged Test Stati		Code: C) [] [] [] [] [] [] [] [] [] [
	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	t Sequence 2	3 23	23		Type of T		1	29	
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	1 24			BAC Tes		lt.	30	
2	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le 1	25	25	Susp. Alc	C.		Susp. Drug: ₂ 3	2
	Viol. 3: Ch/Sec/Sub Vi	iol, 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed fr	<u></u>	-	33	<u> </u>
	Please fill out for operator/non-		volved		3		36 37 Airbag Ejec	38 Tren	39 Injury	40 Transp.		-
	Name (Last First Middle)	Address	·····	DOB/Age	Sex Po		Airbag Ejec Status Cod	t Trap e Code	Injury Status	Code	Medical Facility	_
	Operator/Non-Motorist	See Abov	ve		X 1	1	1 0	0	10	1 /		
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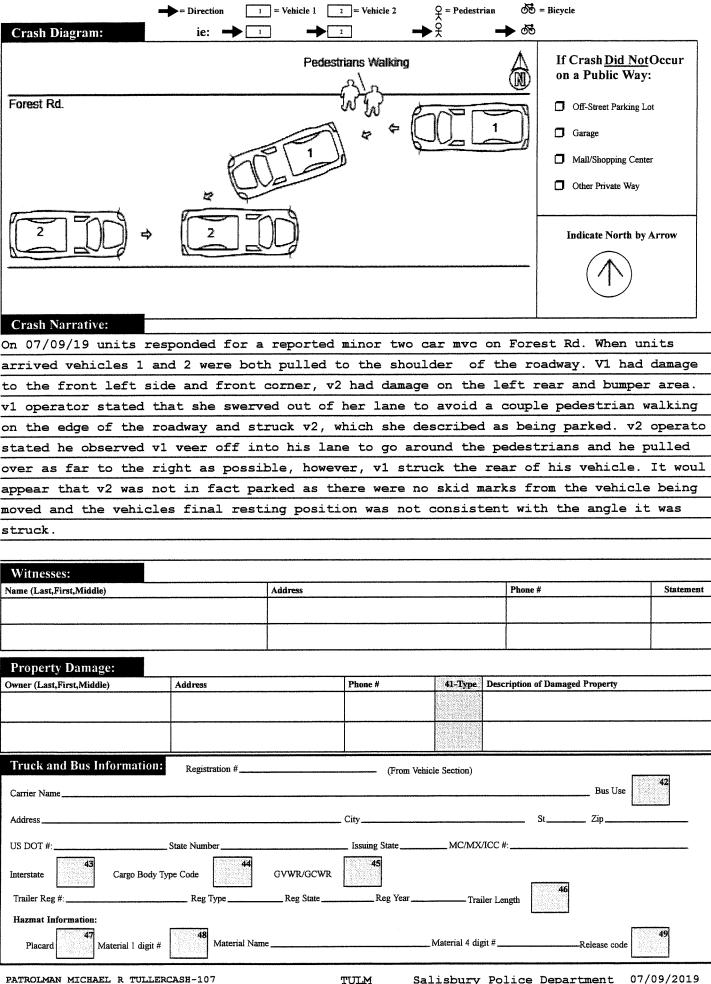
	Police Use O	nly	(Common	wealth	of Mass	ach	use	etts			RM	V Doc	ument N	lumber	
	Date of Crash Time of		City/Town		tor Vel	iicle Cra	ısh		mber hicles	Numb Injure	, 5000	d Limi	25	State	e Police Cal Police TA Police	2
	06/11/2018 0117	24HR SAL	ISBURY		Police	Report		1	moics	0	Lant	ude gitude _		MB Othe	TA Police	֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	AT IN	TERSECT	ION:	<			>	!		NOT						7
											-					1
		GERRISH												10 :		_
¹ 4	Route# Direction		Name of Re	oadway/Street At		Route# Direc	tion	Addre	ess#		N	ame of	Roadv	/ay/Stree	±	2 10
		SEABROO	מ א	AL		Feet	N S	E W	of ·		_	• —	or _			_
	Route# Direction			ting Roadway/Street						Mile	Marker			Exit	Number	_
			Also at Inte	ersection with		Feet	N S	E W	of .	Route#		Inters	ecting l	Roadway	v/Street	·
² 1	B. H. Disstin	No	of Intersect	ina Dandunu/Street		Feet	N S	E W	of	210410					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 11
	Route# Direction	Nar	ne of intersect	ting Roadway/Street								La	ndmarl	ζ		
3	Please Select One	Vehicle 13	_#Occupants	Hit/Run	Moped	Crash I	Report	ID# 🗍	18	-91	L-A	C				
WIII	of the Following:	-		06/30/10	1	L										_
	License # NHL1640				_	# <u>413326</u> :									721	-
	Sex M Lic. Class		-	CDL Endorseme	nt	Year <u>2010</u>							Veh	Config.	1	
⁴ 1	Operator SICKEL	, AARON	First	Middle	Own	er SICKEI	Last Z	RTI	HUR	First			Mi	iddle		a 12
	Address 1 SQUIR				Add	ess 1 SQU	IRE	DR						• • • • • • • • • • • • • • • • • • • •		
	City ATKINSON	State	e NH Zip	03811	City	ATKINSO	N				State N	H :	Zip 0 .	3811	£	_
	Insurance Company HA					cle Action Prior to	Crash		4	22	Damage				27 27	
5	· ·			ig to Emergency? 2					23	23	Test Sta	atus:		1 28		
_	Vehicle Travel Direction:		-	ig to Emergency!			G2002.5000	24		1,000	Type of	Test:		29		
	Citation # (If Issued)					t Harmful Event	35		ael		BAC To			1 30		.
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Se	c/Sub ———	Driv	er Contributing Co	Harter and	<u> </u>	25	25	Susp. A	dcohol:	2 31		Drug: ₂ 32	
⁶ 1	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Se	c/Sub	Driv	er Distracted by	5	26			Towed	from so	ene?	2 33		
		e fill out for opera	ator and all oc	cupants involved		DOD!		34 Seat	35 Safety	36 E	7 38 ect Trap ode Code	39 Injury Status	40 Transp. Code		edical Facility	30 ¹³
	Name (Last First Middle) Operator			Address See Above		DOB/Age	Sex		System 1	Status C	O Code	5	1	Me	dicai raciity	
	Operator		21 SEABI				\triangle				_		-			_
	CHANCE PATRICK			RY, MA 01952		09/14/1996	M	3	1	4 0	0	5	1			
	JOSEPH PARISEAU		39 GREEN PLAISTON	NOUGH RD V, NH 03865		02/14/1997	M	5	1	4 0	0	5	1			
⁷ 3	Bi Gi G				938	16	16		80808	17		18			T	-
3	Please Select One of the Following:	Vehicle 2	_#Occupants	Non-Motoris	t A Type	Action	L	ocation	n	Cor	dition			Hit/Run	Mope	i
	License #	St	DOB/A	re	Reg	#				_ Reg T	/pe		R	eg State	<u> </u>	14
		19 19	Restrictions	20 CDL		Year				_	-			_	21	
R	Africa	Lie. 1	Controllons [5]	Endorseme	nt		······································	011 1711						oonag.		
81	OperatorLast		First	Middle			Last			First		***********	Mi	ddle		<u> </u>
	Address					ess										-
	City	State	Zip_		City				0.50000		State		· 1			-
	Insurance Company				Vehi	cle Action Prior to	Crash	1		22	Damage		Code:	27	27 27	
	Vehicle Travel Direction:	N S E W	Respondin	g to Emergency?	Even	t Sequence	23	23	23	23	Test Sta			29		
⁹ 2	Citation # (If Issued)				Mos	Harmful Event		24			Type of		.]4.	30		
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/See	c/Sub	Drive	er Contributing Co	ode		25	25	BAC Te Susp. A			Susp. I	Drug 32	
						er Distracted by		26		Contract Page 648	Towed:		zinegą.	333	~1 u 5	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			all occupants involv		2.2.2.2.2.0,	Prostation.	34	35	36 3	7 38	39	40	s seep Norte		-
	Name (Last First Middle)	a tor operator/HOI	, mourist and	Address		DOB/Age	Sex	Seat	Safety	Airbag Ej Status Co	ect Trap	Injury	Transp. Code	Me	dical Facility	_ •
	Operator/Not	n-Motorist		See Above			X	1								
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		····									_	-				4



Signature

Precinct/Barracks

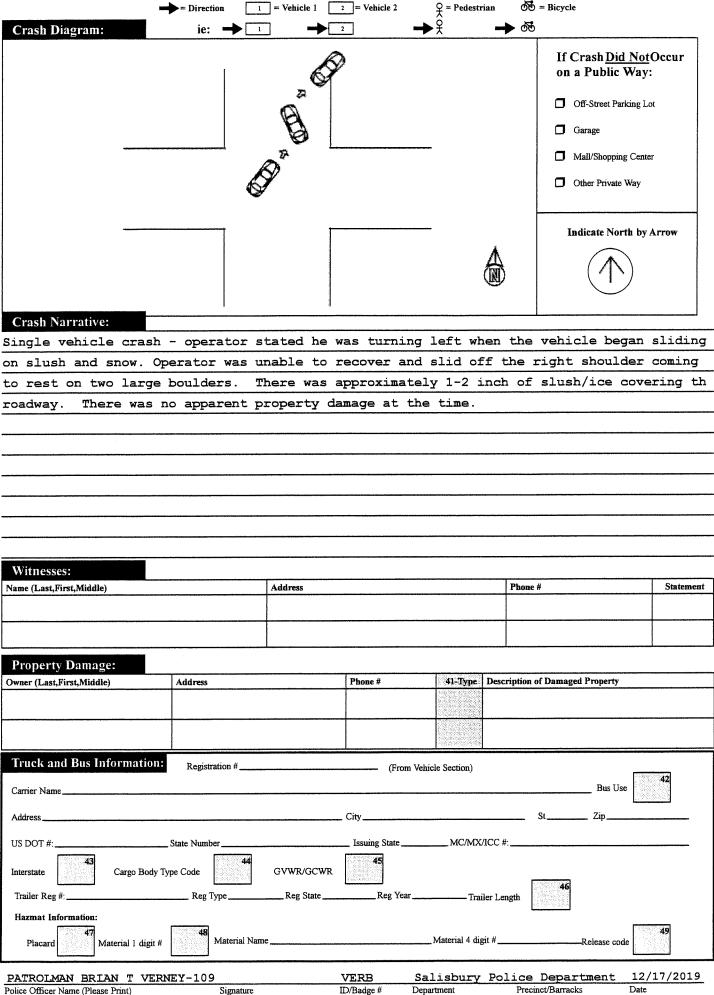
	Pol	ice Use Only		C	Common	wealth	of Mas	sach	lus	etts	3		RN	IV Do	cument l	Yumber	
	Date of Crash	Time of Crash		ity/Town	Mo	otor Vel	iicle Ci	rash		umber ehicles		حوا د	ed Limi	it2	Loca	e Police al Police TA Police npus Police	
	07/09/2019	1914 S	SALIS:	BURY		Police	Report	t	2	JILCICS	0	Lau	itude igitude _			TA Police	3
		AT INTERS	ECTIO	V:	<		TION	>			NOT			RSEC	CTION		7
									-								2 10
									28		FO	REST					
¹ 1	Route# Direc	ction	- Na		adway/Street At		Route# Di	irection	Addı	ress #			Name o	f Road	way/Stre	et	-
				•	AL		Fe	et N S	EW	of			• —	- or			_
	Route# Direc	ction	Name of	f Intersecti	ng Roadway/Stree	et					Mile	Marker			Exi	t Number	3 11
			A	lso at Inter	rsection with		Fe	et N S	EW	of	Route#		Inters	secting	Roadwa	v/Street	
2	D. 1-# Di-		NT4	CT	D 4/64		Fe	et NS	E W	of	Routen		Inter.	ж	1.coud.vu	<i>y</i> /8 400 t	
² 1	Route# Direc	ction	Name of	intersecu	ng Roadway/Stree								L	andmaı	rk		
3	Please Select (1 _#0	ccupants	Hit/Run	Moped	Cras	h Report	t ID#	19	-1	43-	-A(3			
3	of the Followi	ng.		1			<u> </u>										-
		San San	•	DOB/Age	e 06/05/19 		# 19ED9				_				-	71	12
	Sex_F Lic.	Class D 19 19	Lic. Restr	ictions	CDL Endorsem	Veh	Year <u>2004</u>	<u> </u>	Veh M	ake <u>H</u>	OND	7		Ve	h Config.	. 1	
	Operator <u>DR</u>	EW, PAME	LA J		Middle	Own	er DREW	PAI	MEL	A J	F irst				fiddle		.
⁴ 1	Address 6 R	ED PENNI	MAN I	DR		Add	ess 6 RE	D PE	INN	MAJ					HILL.		
	City SALIS	BURY	_ State M	A Zip	01952	City	SALISE	URY				State 1	1A_	Zip 0	1952	2	
	Insurance Comp	any SAFETY	INSU	RANC	E	Vehi	cle Action Prior	r to Crash	1	1	22	Damag	ged Are	a Code	7 27	B 27 27	
	Vehicle Travel I	_			g to Emergency?		t Sequence	23	23	23	23	Test Si			1 28		
5				cesponding	g to Emergency:		. 6	L	24			Туре	of Test:		29		
	Citation # (If Iss	sued)					Harmful Even	10 11311		25	e e		Test Res		30		13
	Viol. 1: Ch/Sec/	Sub ———	Viol.	2: Ch/Sec.	/Sub	Drive	er Contributing	en concesso	Zony State Op		9 ²⁵	Susp. A	Alcohol	2 3		Drug: ₂ 32	1
⁶ 1	Viol. 3: Ch/Sec/	Sub ———	Viol.	4: Ch/Sec.	/Sub	Drive	er Distracted by	y 99	26			Towed	from s	cene?	2 33		
1	Name (Last First M	Please fill out fo	or operator a	and all occ	upants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag I	37 38 ject Tra	p Injury			edical Facility	
	Operate				See Above		DOB/Age	$\sqrt{}$	1	1	4 0	0	10	1	Nic	Sitest Facility	7
	Орегин	<i>//</i>			DEC ABOVE			$ \leftarrow $	+-	<u> </u>	-			╀	ļ		_
												Ì					
	Dlance Salare			T		ISS.	15 [16		1:20	17	L	18		<u> </u>	T	1
⁷ 1	Please Select C of the Followin		2 1 #O	ccupants	Non-Motoris	st A Type	Action]	Locatio	ac	C₀	ndition			Hit/Run	Moped	
	License # S1	7925204	St MA	DOB/Age	01/31/19	56 Reg	6967E	Z			Reg 7	уре Р	C	R	eg State	MA	.]
	Sex M Lic. (19 19 19	Lic. Restri	188	20 CDL		Year 2004	,	Veh Ma	ake F	ORD			Vel	Config.	1 21	
		LSON, HE		50.00	Endorseme	ent	er WILSC									a seek Wilsen	
⁸ 1	•	Last	First		Middle		es 1 COI	Last			First	TATA 1		М	liddle		`
		ORPORAL							<u>A.L.</u>	PA.					1050		14
	City SALIS				1952	City	SALISB	URY		Tay is a				-	1952		
	Insurance Comp	any QUINCY	MUTU	AL F	IRE	Vehic	le Action Prior	to Crash	1	1	22			a Code:	6 ²⁷ 7	<u> </u>	
	Vehicle Travel D	oirection: NS	W R	esponding	to Emergency? 2	Even	Sequence	23	23	23	23	Test St			29		
9	Citation # (If Iss	ued)				Most	Harmful Even	t 1	24			Type o	est Res	nde.	30		
⁹ 2	Viol. 1: Ch/Sec/	Sub	Viol.	2: Ch/Sec/	/Sub	Drive	r Contributing	Code	1	25	25		Alcohol:		242753	Drug 2 32	
	Viol. 3: Ch/Sec/S			4: Ch/Sec/			r Distracted by	, lo	26				from so	-	2 33	21.4612	
		ase fill out for opera					1		34	35		7 38	39	40			-
	Name (Last First M	•	1		Address		DOB/Age	Sex	Seat Pos.	Safety System		ect Trap ode Cod			Ме	edical Facility	_
	Operato	or/Non-Mot	orist		See Above		\rightarrow	JX	1	1	4 0	0	10	1			
								,									7
				··········				-				+	+	 			1
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MJIJT

Salisbury Police Department

	Police	e Use Only		(Comn	nonv	wealth	of M	Lass	ach	lus	etts	5			RM	V Doc	ument,	Number		
	1	Time of Crash		City/Town		Mo	tor Vel	iicle	Cra	ısh		umber			-	Limit	30	Loc	te Police al Police	080	
	12/17/2019	1.859 24HR	SALI	SBURY			Police	Rep	ort		1	cincics	0		Latitu Longi				TA Police npus Police	ᆸ	
		AT INTERS	SECTIO	ON:		<		ATION		>	Γ		NO'	ΓΑΊ			SEC	TIO		_	
											L										2 10
		GERR	ISH	RD				 	-												2
¹ 4	Route# Directi	on		Name of Ro	<u>-</u>	eet		Route	Direc	ction	Add	ress #			Na	me of	Roadw	vay/Stre	et		
4		CE3.0	DOO#	DD	At				Feet	N S	EW	of			•		or _				
	Route# Directi		ROOK Name	of Intersect	ing Roadwa	ay/Street							Mi	le Ma	rker			Ex	it Number		1 11
				Also at Inte	ersection wi	th			Feet	N S	EW	of	Route	**		Interes	acting I	2 oadur	ıy/Street	_	
5		····			· D 1	101			Feet	N S	EW	of	Roun	J.T		mers	vome i	COLUWE	iy/Bucci		
² 4	Route# Directi	on	Name	of Intersect	ing Koadwa	ay/Street										La	ndmari	ĸ			
	Please Select Or		. 11	#Occupants	☐ Hit/R	tun	Moped		Crash I	Report	t ID#	19	-2	7	3 –	AC	•				
³ 5	of the Following						<u> </u>	L													
L	License # 03F	0.33593262 F0.76-32	_	L DOB/A	ge 03/2 20	6/200	_	# <u>460</u>										eg State	2	可	3 12
	Sex_M_ Lic. Cl	lass D 19 1	Lic. Re	strictions 9) 9 CI	L dorsemer		Year 19	97		Veh M	ake <u>C</u>	HEV	/RO	LE'	<u> </u>	Veh	Config	, 1		
	Operator FIL	IPPONE,	JOE	SPH		Middle		ier FI	LIPE	ON	E,	JOS		H M			Mi	iddle		1	
41	Address 65 V	ORTHLE:	Y AVE	<u> </u>			Add	ress <u>65</u>	WOI		LEY	'A		151			Nu	ouic .			
L	City SEABRO	OOK	State	NH Zip_	03874	<u> </u>	City	SEA	BROO	K				_ Sta	te NI	<u>. </u>	ip 0 3	3874	4		
	Insurance Compar							cle Action	ı Prior to	Crash	1	4	22	D	amage	d Area	Code:	97 ²⁷	27	27	
	Vehicle Travel Dir		Mw	Respondin	a to Emera	ancu? 2		nt Sequen		23	23	23	23		st Stat			1 28 1			
5				Respondin	g to Emerg	oney :		-		1000984	24	12.00		Ту	pe of	Test:		29		ı	
<u> </u>	Citation # (If Issue	ed)		•				t Harmful		10	(MARK)	25	25		AC Te			30		_	13
	Viol. 1: Ch/Sec/Su	ıb	Vi	ol. 2: Ch/Ser	c/Sub		Driv	er Contril	outing Co	3154,386	99			Su	sp. Al	cohol:	2 31		Drug:2	32	10 ¹³
⁶ 3	Viol. 3: Ch/Sec/Su	ıb ———	Vi	ol. 4: Ch/Sed	c/Sub —		Driv	er Distrac	ted by	99	26			To	wed fi	rom sc	ene?	1 38		[
3	Name (Last First Mide	Please fill out	for operato	or and all occ	•	oived Address		Dr.)B/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		fedical Facility		
	Operator	· · · · · · · · · · · · · · · · · · ·				Above)B/Age	V	1	99		0	0	10	1	IV	lection recitity		
	- Operation		·····	-				+	_		├	-									
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,	Please Select On	e (-)		10 .			0.027 6.037	15	\$1,000 0,000 0,000	16	<u> </u>	28	17			18	<u></u>		10		
⁷ 2	of the Following		2	Occupants !	Non-l	Motorist	A Type	Ac	tion		Locatio	n	C	Condit	ion		'	Hit/Ru	Mo _l	ped	
L	License #		St	DOB/Ag	re		Reg	#					Reg	у Туре			Re	eg State			
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	Operator		<u></u>	L	Enc	iorsemen	_	er												_	
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GROWTH RATE WORKSHEET



Salisbury, MA Growth Rate

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

0.00% per year AADT = 12,388

Say Use





BACKGROUND PROJECT WORKSHEETS



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

$$Ln T = 0.92 Ln (X) + 2.71 R^2 = 0.95$$

$$Ln T = 0.92 Ln (10) + 2.71$$

$$Ln T = 4.83$$

$$T = 125.01$$

$$T = 126 vehicle trips$$

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

WEEKDAY MORNING PEAK HOUR OF ADJACENT STREET TRAFFIC

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

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

$$T = 11.90$$

$$T = 12 \qquad \text{vehicle trips}$$
 with 25% (3 vph) entering and 75% (9 vph) exiting.

WEEKDAY MORNING PEAK HOUR OF GENERATOR

Ln T = 0.91 Ln (X) + 0.20
$$R^2 = 0.89$$

Ln T = 0.91 Ln (10) + 0.20
Ln T = 2.30 vehicle trips
T = 10 with 26% (3 vph) entering and 74% (7 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

```
\label{eq:LnT} \begin{split} & Ln\ T = 0.96\ Ln\ (X) + 0.20 & R^2 = 0.92 \\ & Ln\ T = 0.96\ Ln\ (\quad 10\quad) + 0.20 \\ & Ln\ T = 2.41 & \\ & T = 11.14 & \\ & T = 11 & \text{vehicle trips} \\ & \text{with } 63\%\ (\quad 7\quad \text{vph) entering and } 37\%\ (\quad 4\quad \text{vph) exiting.} \end{split}
```

WEEKDAY EVENING PEAK HOUR OF GENERATOR

$$\label{eq:LnT} \begin{array}{ll} Ln\,T = 0.94\,Ln\,(X) + 0.34 & R^2 = 0.92 \\ Ln\,T = 0.94\,Ln\,(& 10 &) + 0.34 \\ Ln\,T = 2.50 & \\ T = 12.24 & \\ T = 12 & vehicle trips \\ & with 64\% \,(& 8 & vph) \, entering \, and \, 36\% \,(& 4 & vph) \, exiting. \end{array}$$

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 R² = 0.91
Ln T = 0.94 Ln (10) + 2.56
Ln T = 4.72
T = 112.67
T = 112 vehicle trips

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

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

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

$$T = 26.39$$

$$T = 26 vehicle trips$$
with 54% (14 vph) entering and 46% (12 vph) exiting.

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

SUNDAY DAILY

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

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

$$T = 23.58$$

$$T = 24 vehicle trips$$
 with 50% (12 vpd) entering and 50% (12 vpd) exiting.

SUNDAY PEAK HOUR OF GENERATOR

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

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

$$T = 18.92$$

$$T = 19 vehicle trips$$
with 53% (10 vpd) entering and 47% (9 vpd) exiting.

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 R² = 0.95
Ln T = 0.92 Ln (3) + 2.71
Ln T = 3.72
T = 41.29
T = 42 vehicle trips
with 50% (21 vpd) entering and 50% (21 vpd) exiting.

WEEKDAY MORNING PEAK HOUR OF ADJACENT STREET TRAFFIC

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

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

$$T = 6.93$$

$$T = 7 \qquad \text{vehicle trips}$$
 with 25% (2 vph) entering and 75% (5 vph) exiting.

WEEKDAY MORNING PEAK HOUR OF GENERATOR

Ln T = 0.91 Ln (X) + 0.20
$$R^2 = 0.89$$

Ln T = 0.91 Ln (3) + 0.20
Ln T = 1.20 vehicle trips
T = 4 with 26% (1 vph) entering and 74% (3 vph) exiting.

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

```
\label{eq:LnT} \begin{split} & Ln\ T = 0.96\ Ln\ (X) + 0.20 & R^2 = 0.92 \\ & Ln\ T = 0.96\ Ln\ (\quad 3\quad) + 0.20 \\ & Ln\ T = 1.25 \\ & T = 3.51 \\ & T = 4 & \text{vehicle trips} \\ & \text{with } 63\%\ (\quad 3\quad \text{vph})\ \text{entering and } 37\%\ (\quad 1\quad \text{vph})\ \text{exiting.} \end{split}
```

WEEKDAY EVENING PEAK HOUR OF GENERATOR

$$\label{eq:LnT} \begin{split} & Ln \ T = 0.94 \ Ln \ (X) + 0.34 & R^2 = 0.92 \\ & Ln \ T = 0.94 \ Ln \ (& 3 &) + 0.34 \\ & Ln \ T = 1.37 & \\ & T = 3.95 & \\ & T = 4 & vehicle \ trips & \\ & with \ 64\% \ (& 3 & vph) \ entering \ and \ 36\% \ (& 1 & vph) \ exiting. \end{split}$$

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

$$Ln T = 0.94 Ln (X) + 2.56 R^2 = 0.91$$

$$Ln T = 0.94 Ln (3) + 2.56$$

$$Ln T = 3.59$$

$$T = 36.33$$

$$T = 36 vehicle trips$$

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

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

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

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

$$T = 20.51$$

$$T = 21 vehicle trips$$
 with 54% (11 vph) entering and 46% (10 vph) exiting.

SUNDAY DAILY

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

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

$$T = -38.51$$

$$T = -39 vehicle trips$$
with 50% (-20 vpd) entering and 50% (-19 vpd) exiting.

SUNDAY PEAK HOUR OF GENERATOR

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

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

$$T = 13.39$$

$$T = 13 vehicle trips$$
with 53% (7 vpd) entering and 47% (6 vpd) exiting.



TRIP GENERATION DATA



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 R2 = 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

WEEKDAY MORNING PEAK HOUR OF GENERATOR

WEEKDAY EVENING PEAK HOUR OF ADJACENT STREET TRAFFIC

WEEKDAY EVENING PEAK HOUR OF GENERATOR

```
T = 0.66 * (X) + 1.41 \qquad 35 \text{ Studies, Avg size} = 146 \text{ units} \\ T = 0.66 * ( 76 ) + 1.41 \qquad R^2 = 0.94 \text{ AR} = 0.67 \\ T = 51.57 \\ T = 52 \qquad \text{vehicle trips} \\ \text{with 59\% (} 31 \text{ vph) entering and 41\% (} 21 \text{ vph) exiting.} \\ 0.41 \qquad 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

$$T = 14.01 * (X) - 521.69 \qquad 5 \text{ Studies, Avg size} = 89 \text{ units} \\ T = 14.01 * (76) - 521.69 \qquad R^2 = 0.93 \text{ AR} = 8.14 \\ T = 543.07 \\ T = 544 \qquad \text{vehicle trips} \qquad 7.16 \\ \text{with } 50\% \ (272 \text{ vpd}) \text{ entering and } 50\% \ (272 \text{ vpd}) \text{ exiting.} \\ 3.58 \qquad 3.58 \qquad 3.58$$

SATURDAY MIDDAY PEAK HOUR OF GENERATOR

$$T = 1.08 * (X) - 33.24 \qquad 5 \text{ Studies, Avg size} = 89 \text{ units} \\ T = 1.08 * (76) - 33.24 \qquad R^2 = 0.92 \text{ AR} = 0.70 \\ T = 48.84 \\ T = 48 \qquad \text{vehicle trips} \\ \text{with 50\% (24 vph) entering and 50\% (24 vph) exiting.} \\ 0.32 \qquad 0.32$$



SIGHT DISTANCE WORKSHEETS



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/s² Direction 2 = Forest Road Southbound 85% Speed = 30 mph Grade = 0 t= 2.5 s a= 11.2 ft/s²

Left: $t_g = 7.5 \text{ s}$ Right: $t_g = 6.5 \text{ s}$

SSD = Reaction Distance + Braking Distance

Reaction Distance = 1.47 x V x 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_q = time gap for minor road vehicle to enter the major road

V= travel speed (mph)
G= roadway grade

a= deceleration rate (ft/s²)

Calculations

		eaction tance (ft)	<u>Di</u>	Brake stance (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		

Source: AASHTO Geometric Design of Highways and Streets; FHWA; Washington, D.C.; 2011

