

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

1984-1992 XJ

Consumer Complaints

DEPARTMENT OF PUBLIC SAFETY—DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVENUE, BOSTON 02215

Fill in This Report
in Your Own Words

Massachusetts CASUALTY REPORT

FP33

LAYOUT 2

Page _____
of _____

A	FDID 50	Incident No. 13085	Exp. No. 261NA	Mo. 06	Day 2	Year 1994
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Casualty Number	001	1 <input type="checkbox"/> Delete
		2 <input type="checkbox"/> Change

GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address					Telephone
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death	AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian		
GD	Familiarity With Structure	Location of Ignition	Condition Before Injury			
GE	Condition Preventing Escape	Activity at Time of Injury	Cause of Injury			
GF	Nature of Injury	Part of Body Injured	Disposition			

See Remarks on Back See Additional Report

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See Remarks on Back See Additional Report

EA12-005 Chrysler-013303	Officer in Charge (Name, Position, Assignment)	Date
	Member Making Report (If Different From Above)	Date

WHITE COPY - FIRE DEPARTMENT RECORD

CANARY COPY - FIRE MARSHAL'S OFFICE

CASUALTY 1

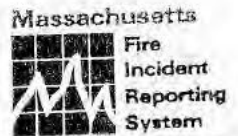
CASUALTY 2

CASUALTY 3



MASSACHUSETTS FIRE INCIDENT REPORT

DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL
1010 Commonwealth Avenue Boston, Massachusetts 02215



FDID# 130-85		Department EAST LONGMEADOW		Revised Report	FORM FP-32
Incident # 201	If Exposure Fire Only	DATE 06-27-94	Day Of Week	1 Sun 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri 7 Sat 2	Alarm Time 1615 Arrival Time 1618 Back in Service 2007
SITUATION FOUND		SEE MANUAL FOR OTHER CALLS		ACTION TAKEN	MUTUAL AID
<input type="checkbox"/> Structure fire <input checked="" type="checkbox"/> Vehicle fire <input type="checkbox"/> Brush, grass, leaves <input type="checkbox"/> Trash, rubbish <input type="checkbox"/> Explosion, No after fire		<input type="checkbox"/> Outside spill with fire <input type="checkbox"/> Other fires not classified <input type="checkbox"/> Chemical spill <input type="checkbox"/> Power line down <input type="checkbox"/> Arcing electric equipment		<input checked="" type="checkbox"/> Extinguishment <input type="checkbox"/> Rescue or Assistance <input type="checkbox"/> Investigation only <input type="checkbox"/> Remove Hazard	<input type="checkbox"/> Stand by <input type="checkbox"/> Salvage <input type="checkbox"/> Ambulance <input type="checkbox"/> Fill in, Move up
FIXED PROPERTY USE (Occupancy)		IGNITION FACTOR			
Parked Public Street		962 Collision		71	
CORRECT ADDRESS (Up to maximum of 21 characters)				ZIP CODE	CENSUS TRACT
48 Shaker Road				01028	813400
OCCUPANT NAME (LAST, FIRST, MI)			TELEPHONE	ROOM or APT.	
[REDACTED]			N/A	N/A	
OWNER NAME (LAST, FIRST, MI)			ADDRESS	TELEPHONE	
[REDACTED]			W. 16	[REDACTED]	UNLISTED
METHOD OF ALARM		CO. INSPECTION DISTRICT	NO. FIRE SERVICE PERSONNEL RESPONDED	NO. ENGINES RESPONDED	NO. AERIAL APPARATUS RESPONDED
4		N/A	24	3	0
HAZARDOUS MATERIAL PRESENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SHIFT	SUBSTANCE		
02		01	Gasoline		
NO. ALARMS		Special Equipment Used?		USE FP 33 FOR ALL CASUALTIES	
01		3RD ALAR			
FIRE SERVICE	NUMBER OF INJURIES	NUMBER OF FATALITIES	NUMBER OF INJURIES	NUMBER OF FATALITIES	RESCUES
0	0	0	0	2	0
MOBILE PROPERTY TYPE		VEHICLE STOLEN?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11		ESTIMATED TOTAL DOLLAR LOSS		Insurance Co. ARBELLA Mutual	
11		67000		Total Insurance \$ 5 Claim Paid \$ 5	
YEAR MAKE MODEL	COLOR	LICENSE NO.	VIN#		
1988 JEEP CHEROKEE	[REDACTED]	[REDACTED]	1JCMT783J1T		
IF EQUIPMENT INVOLVED IN IGNITION	YEAR MAKE MODEL	SERIAL NO.			
40	[REDACTED]	[REDACTED]			
COMPLEX	AREA OF ORIGIN	EQUIPMENT INVOLVED IN IGNITION			
ROAD	96	Vehicle	916		
FORM OF HEAT IGNITION	MATERIAL IGNITED	FORM	TYPE		
[REDACTED]	Fuel	65	Gasoline	23	
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	Number of Stories	CONSTRUCTION TYPE		
5	1	N/A	N/A		
EXTENT OF DAMAGE	Flame	Smoke	DETECTOR PERFORMANCE		
9	9	9	8 N/A		
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	MATERIAL GENERATING MOST SMOKE	FORM	TYPE		
98	98	98	98		
WEATHER CONDITIONS	AVENUE OF SMOKE TRAVEL		DATE		
Warm, Humid, Cloudy 80°F	8		06/28/94		
MEMBER MAKING REPORT	DATE		ENTRIES CONTAINED IN THIS REPORT ARE INTENDED FOR THE SOLE USE OF THE STATE FIRE MARSHAL. ESTIMATIONS AND EVALUATIONS MADE BY THE REPORTER ARE THE MOST PROBABLE CAUSE AND EFFECT. ANY REPRESENTATION AS TO THE VALIDITY OR ACCURACY OF REPORTED CONDITIONS OUTSIDE THE STATE FIRE MARSHAL'S OFFICE, IS NEITHER INTENDED NOR IMPLIED.		
Carl Brian A. Fair	06/28/94		8		

ALL INCIDENTS

MOBILE PROPERTY

STRUCTURES

EAST LONGMEADOW FIRE DEPARTMENT INCIDENT REPORT

CENSUS 8134.00 FDID # 130-85 YEAR 1994 INCIDENT # 261

DATE OF ALARM 6-27-94 DAY OF WEEK Monday

TIME OF ALARM 16:15 TIME OF ARRIVAL 16:18

LOCATION SHARKE RD @ Family Hobby

TYPE OF ALARM Multiple vehicle accident with injuries

SITUATION FOUND Fully involved car fire with trapped victims

PROBABLE CAUSE Vehicle accident

EQUIPMENT INVOLVED N/A

TIME OF RETURN 19:02 IN SERVICE 19:33 SIGN-OFF 20:07

NAME OF OWNER N/A PHONE # N/A

ADDRESS OF OWNER N/A

NAME OF OCCUPANT N/A PHONE # N/A

ADDRESS OF OCCUPANT N/A

HOW ALARM RECEIVED: POLICE - 5430 - OTHER Reported by Capt Howley

REPORTED BY Capt Howley ADDRESS Same Rd. PHONE# 525-2452

APPARATUS: E1 ✓ E2 ✓ E3 ✓ L1 RS ✓ C1 ✓ C2 S.C.B.A. 5

CHEMICALS USED 10 gallons of 3% foam HOSE USED 200 ft. 1 1/2 inch (E-2)

OTHER EQUIPMENT Multiple salvage covers off all units, All burst power tools, air chisel, rope, bio-hugs, surgical gloves

ADDITIONAL INFO none

INSURANCE CO AGENT PHONE ESTIMATED LOSS \$ CONTENTS \$ PROPERTY SAVED \$ CONTENTS \$ VEHICLE VIN # COLOR YEAR REGISTRATION# MAKE

WEATHER 80°F, cloudy MUTUAL AID REC'D none

EA12-005-Chrysler-013307

NO IDENTIFIERS

FIREFIGHTERS

CHIEF P. WALLACE C-1 4
 ___ D.CHIEF R. BUTLER ___
 CAPT. R. HAWLEY 4
 CAPT. B. FALK E-2 4
 CAPT. J. PUGLIANO 4
 CAPT. R. BRADY 4
 ___ LT. J. PICANO ___
 ___ LT. G. SAVARIA ___
 ___ LT. P. SILENSKY ___
 LT. S. RYBACKI E-1 4
 ___ FF. J. RINTOUL ___
 ___ FF. J. HEBERT ___
 ___ FF. A. ZAMPICENI ___
 FF. D. VILLAMAINO E-3 4
 FF. M. COMMISSO 4
 FF. F. FALCONE 4
 FF. S. MINAHAN In at 17:00 4
 FF. S. MERCIERI 4
 ___ FF. T. MCGOWAN ___
 FF. S. STROHMAN 4
 FF. L. RICH out at 18:49 3

FF. S. KEATINGE In at 18:38 2
 FF. F. SANTANIELLO 4
 FF. B. MINAHAN out at 18:50 3
 FF. P. CHAPMAN 4
 FF. P. MORRISSETTE 4
 ___ FF. J. GARVEY ___
 FF. R. LEETE R-1 4
 FF. S. LECLAIR 4
 FF. G. FALCONE 4
 FF. M. MANSUR 4
 FF. R. LOUGHMAN 4
 ___ FF. D. BROWN ___
 ___ FF. B. HILL ___
 ___ FF. K. TAYLOR ___
 FF. B. TORREY 4
 ___ FF. P. GEORGANTAS ___
 ___ FF. ALEX IKONOMIDIS ___
 ___ FF. ROBERT FANCY ___
 ___ FF. ___
 ___ FF. ___

ALARMROOM OPERATOR G. Falcone SAFETY OFFICER CAPT BRADY

INJURIES none

TONE ALERT: NONE - ALL CALL TOTAL PERSONNEL 24

INCIDENT COMMANDER Chief Wallace APPROVED _____
 (34 F.F.) (I.C. OR DESIGNEE)

OUTGOING LOG SHEET

FIRE REPORT # 261

FRADD

DATE: 6-27-94

MESSAGE TIME	ALARM ROOM OPERATOR INTL.	ORIGINATOR	MESSAGE
16:40	GJF	(GJF)	paged M. Me Muzzu @ 292-3506 and left message.
16:41	GJF	(M. Me Muzzu)	M. Me Muzzu returned call and said he would be on scene in 20 - 30 minutes.
17:18	GJF	Chief Wallace	Mass State Trooper Percy and Trooper Muzzu on scene. Med. cal examiner also on scene.
17:23	GJF	Chief Wallace	Chief noticed fire head pumper that in approximately 15 minutes the victims would be extricated from the vehicle. He also indicated that he would like E-2 (how in service) to respond back to the accident scene.

ADDITIONAL INFORMATION:

OUTGOING LOG SHEET

FIRE REPORT / 261

PRADD

DATE: 6-27-77

MESSAGE TIME	ADAP ROOM OPERATOR INT.	ORIGINATOR	MESSAGE
18:27	GTF	Chief Wallace	Extrication of victims completed. E-2, E-3, E-1, and reserve will be returning in approximately 15 to 20 minutes.
↓	↓	↓	
18:32	GTF	Charter Ambulance Dispatcher	Dispatcher notified Fire Headquarters that a Holyoke priest was on his way to the accident scene.
↓	↓	↓	
18:50	GTF	GTF	Priest arrived at Fire Headquarters.
↓	↓	↓	
19:01	GTF	Chief Wallace	Command terminated.

ADDITIONAL INFORMATION:



FIRE REPORT

NATIONAL FIRE PROTECTION ASSOCIATION

Fire Analysis Division, Batterymarch Park, Quincy, MA 02269

VEHICLE FIRE MVA-SPEAR VEHICLE & TRUCK EAST LONGMEADOW FIRE DEPT DATE 06/28/94 TIME = ? HOURS 01280-13-00741-MA	Use this space to correct label and provide missing information Time - 16:15 Hours Address - 46 Shaker Road
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What was property used for? (Single family dwg., Apt. (How many units), Dept. store, Mfg. plant (include type), etc.)
 Public Street

DETECTION AND ALARM

How was fire detected? (Occupant, passerby, automatic detection, etc.) Still Alarm - Off duty Fire Captain	How was fire department notified? Radio
Time from ignition of fire to detection - If delay, explain. No Delay	Time from detection to notification of fire department - If delay, explain. No Delay
Was automatic detection system present? Describe type of system. No	
Location and coverage of detectors N/A	
Was performance of detection system satisfactory? Explain. N/A	

ORIGIN AND DEVELOPMENT

Where did fire start? (Area and level of fire origin) Rear of vehicle - Grade level	
What material (Fuel) was first ignited Gasoline	Describe the ignition sequence and the spread of the fire in detail The vehicle (Jeep Cherokee) in which the two girls were riding, was struck from behind by a refuse truck. Upon impact, the vehicle was compressed to approximately 1/2 its length, trapping the girls inside. Almost immediately, it burst into flame as the fuel tank ruptured and ignited, either from the sparks created by the metal dragging on the roadway or from the hot exhaust system. Note: The refuse truck was the type, that picks up and empties dumpsters, into the rear of the vehicle.
What supplied the heat for the ignition Sparks or hot exhaust system	
Describe how the heat and fuel came together: (Check one and explain) <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Other	

BUILDING CONSTRUCTION

Type of construction (Wood fram, ordinary, heavy timber, etc.) N/A	Length	Width	Ground floor area (sq ft)	Height/number of stories
Walls (Wood, brick, concrete, etc.)	Floor framing (Wood joist, Heavy timber, etc.)	Roof framing (Wood, steel, etc.)		
Roof deck (Wood, concrete, metal, etc.)	Roof covering (Asphalt shingle, built-up, etc.)			
Was property operating, closed for the night, vacant, under construction or demolition etc.?				

AUTOMATIC SUPPRESSION SYSTEMS

Was an automatic sprinkler system present? Describe type of system. (Wet, dry, pre-action, etc.) None		
Where was alarm received? (F. D., central station, etc.) Fire Station	No. of sprinklers that opened	Describe coverage of system. EA12-005- Chrysler -013315

AUTOMATIC SUPPRESSION SYSTEMS (cont.-)

Was sprinkler system effective? Explain.

N/A

Were other fire protection systems present? If yes, describe type of system, how activated, coverage, effectiveness. (Halon, CO₂, extinguishers, fire walls etc.)

N/A

CASUALTIES: (Please provide information on each individual casualty. Check the appropriate box to indicate whether the individual was a FATALITY or an INJURY and if he was a CIVILIAN or a FIRE FIGHTER. List FATALITIES first. If more space is needed please list additional information on separate sheet.)

Fatality	Injury	Civilian	Fire Fighter	Age	Sex	Causes of Death/Injury	Were there physical conditions that prevented escape? (Handicapped, intoxicated, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	F	Burns	Trapped by damage to
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	F	Burns	Their vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

DIRECT PROPERTY DAMAGE (DOLLARS)

Value of buildings N/A	Value of contents N/A	Total value N/A
Estimated building loss N/A	Estimated contents loss N/A	Estimated total loss N/A
Insurance carrier		Insurance paid

REMARKS

Use this space to give narrative details that will contribute to an understanding of factors responsible for this fire. Please include information on fire department operations at the incident and sketches of the incident scene.

Although the fire department was on scene within two minutes of the alarm, and had the fire extinguished within two minutes of arrival, there was no chance of saving either of the occupants. In addition to the Jeep and the rubbish truck, there were three other vehicles involved in the accident portion of this fire call. There damage, though not fire related, was extensive. The third vehicle in the chain reaction was a full size pickup truck. This vehicles frame was split in two. Speculation was that the refuse truck driver, did not have his eyes on the road, but instead was watching the nearby carnival rides being setup. He struck the Jeep with the forks of the truck, pushing the Jeep into the pickup truck, which hit another car.

Brian A. Falk Captain East Longmeadow Fire Dept. (413)525-5430

Reporting Official Rank or Title Organization Telephone (area code and number)















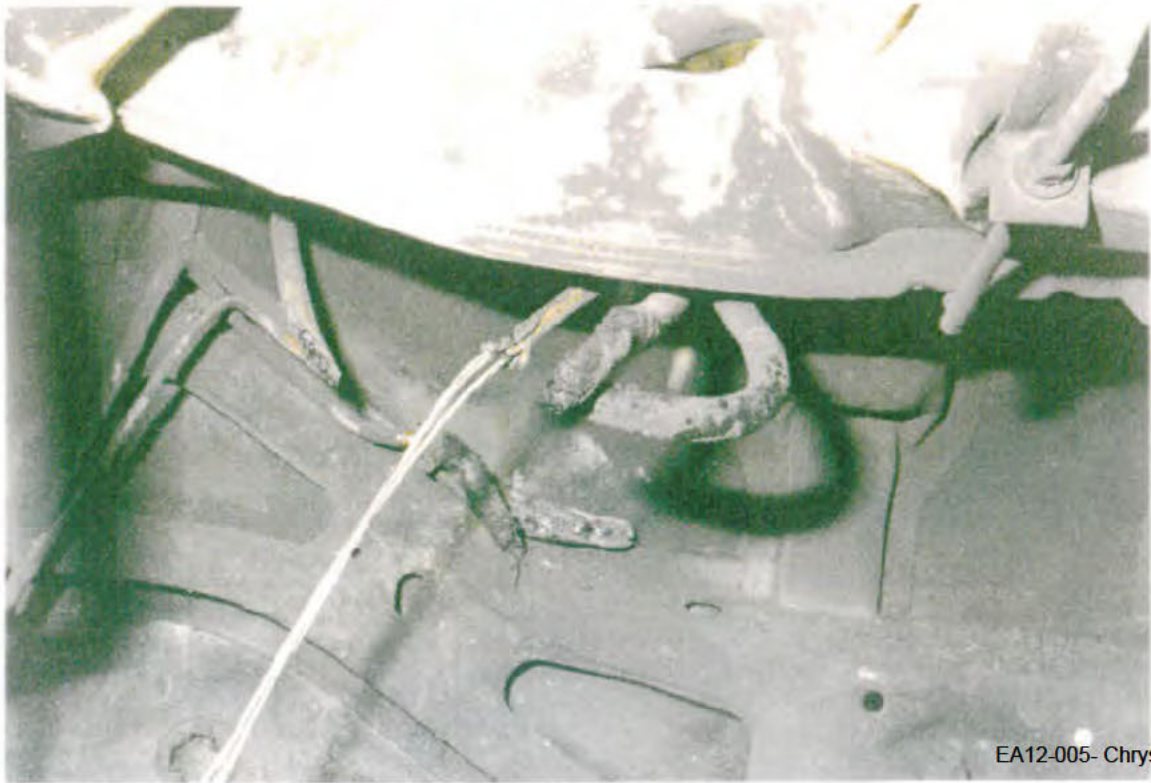
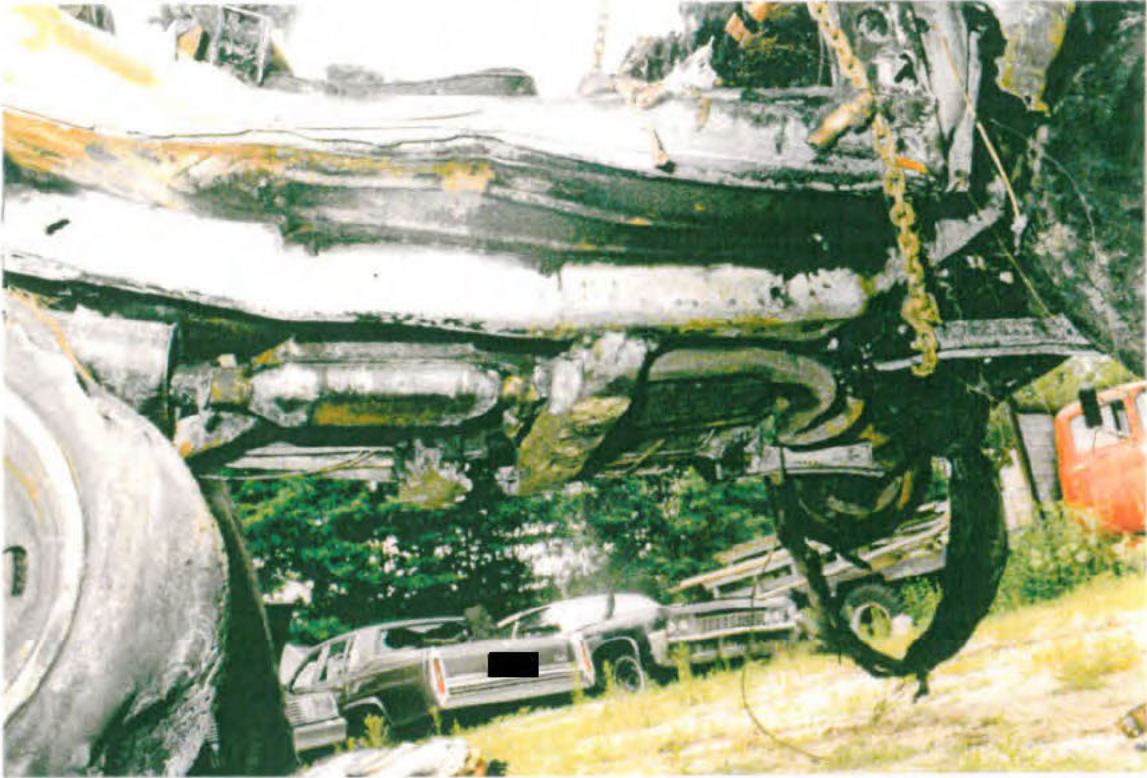






EA12-005 - Chrysler - 013326



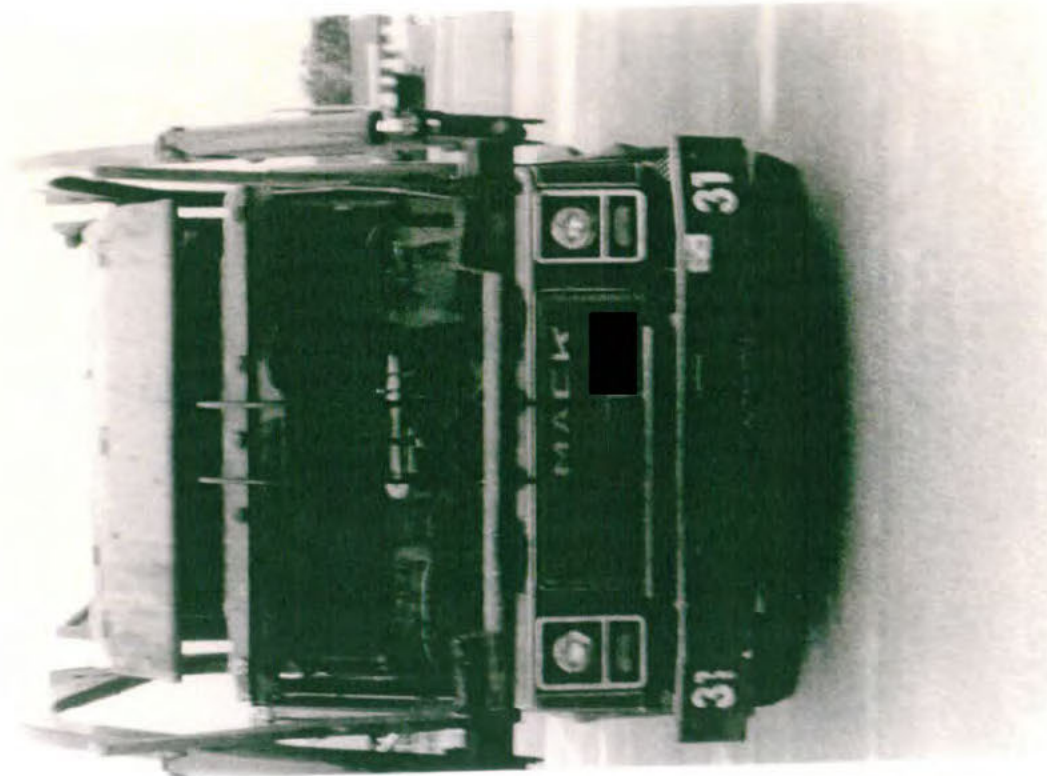


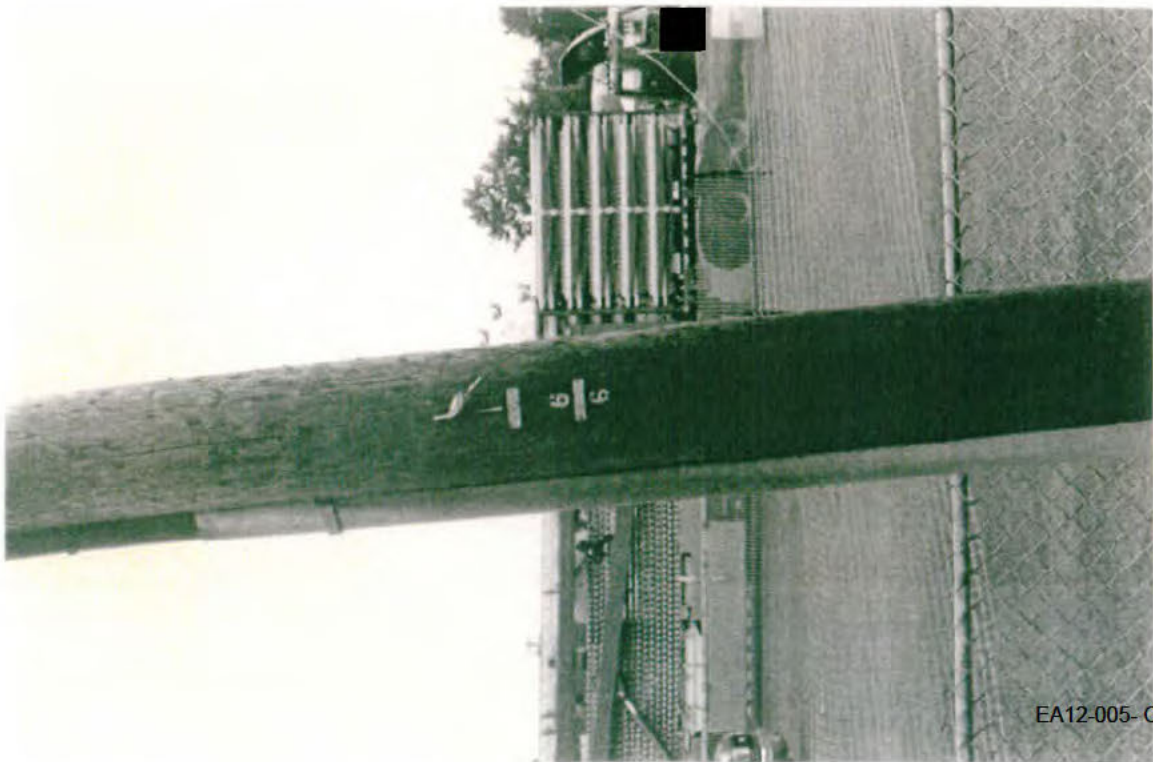
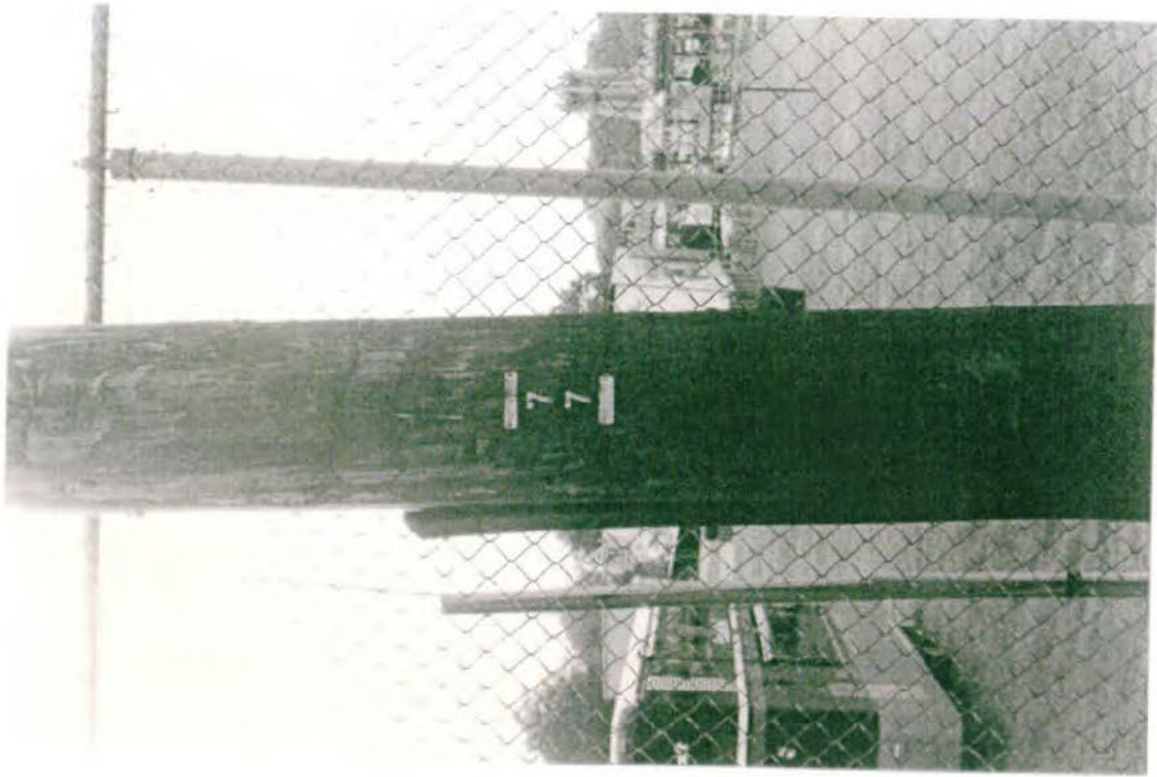


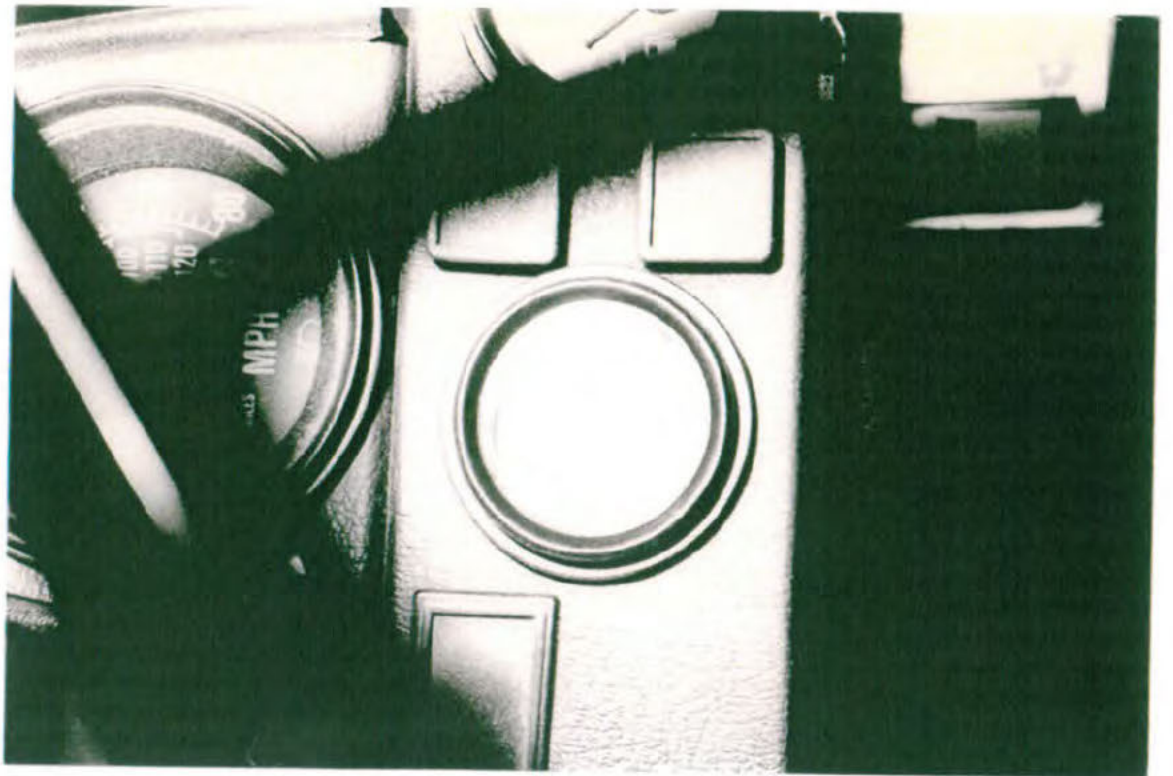


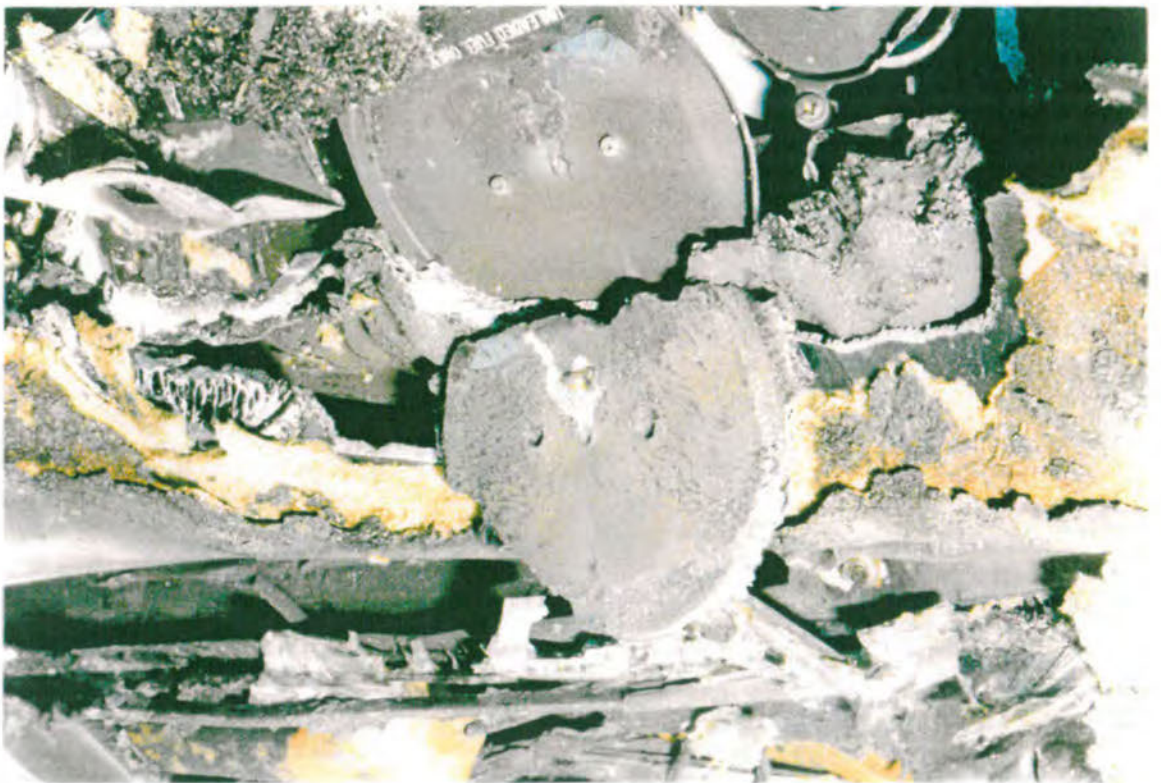
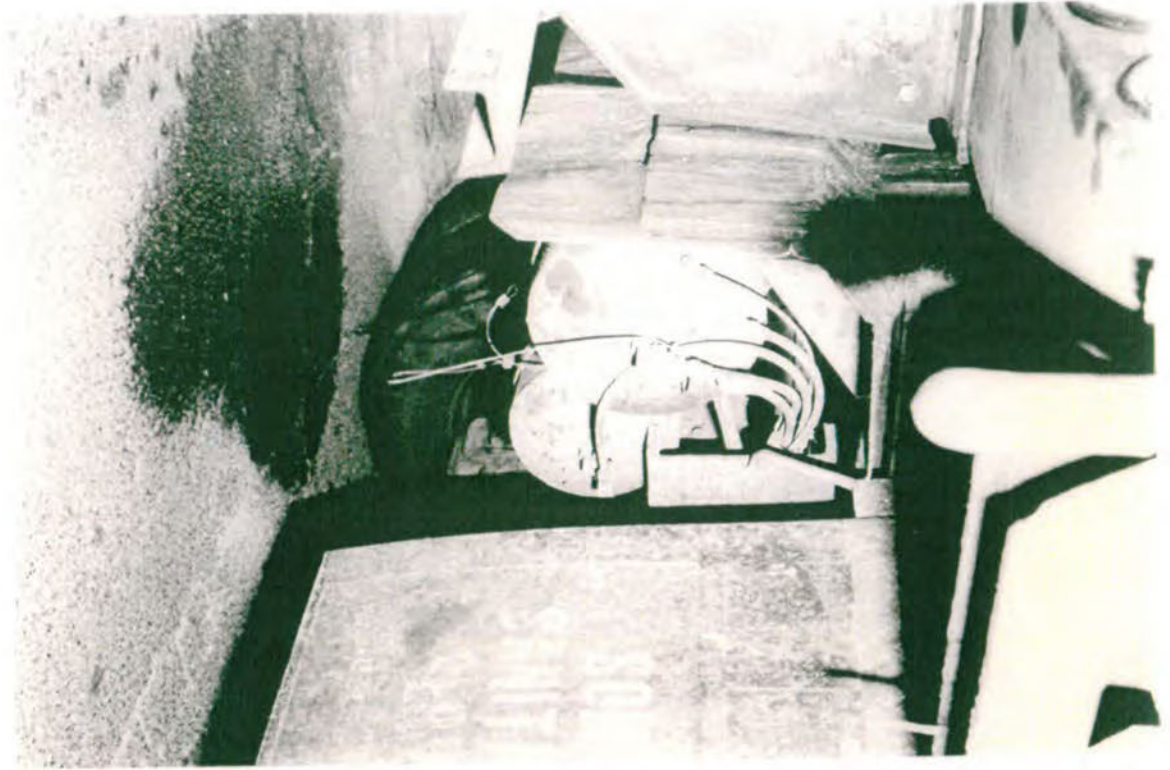
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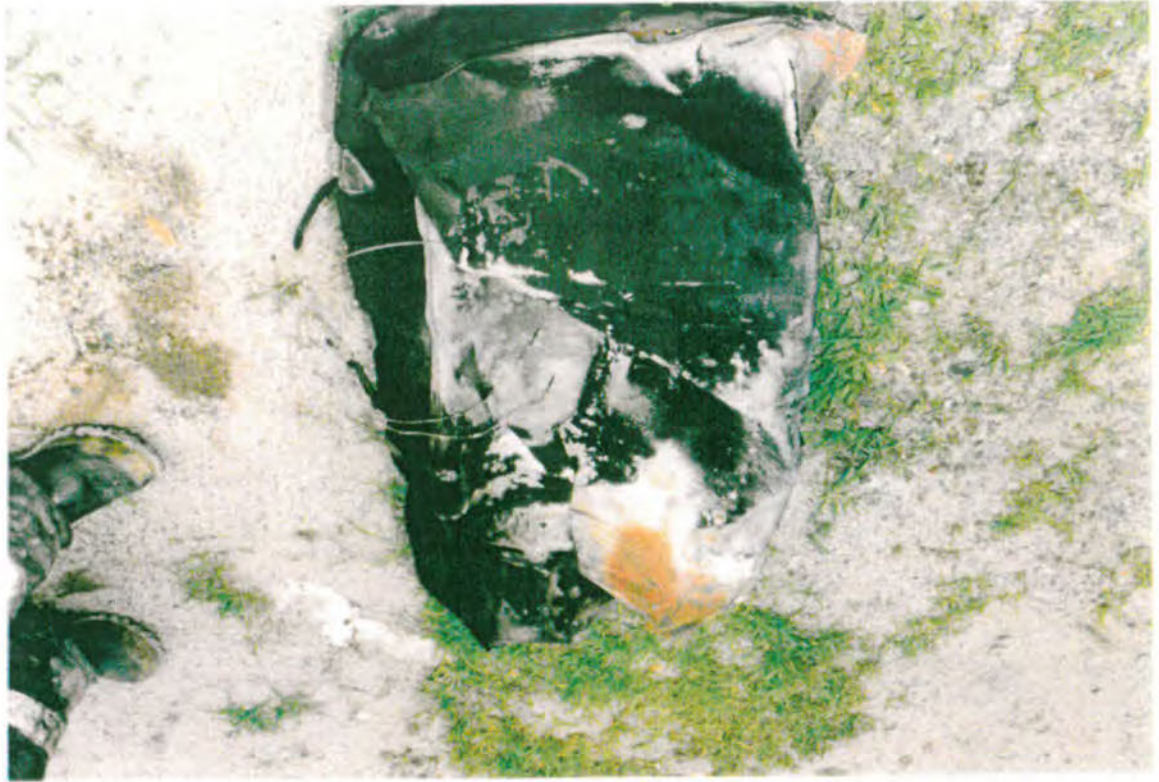












EA12-005-Chrysler-013337

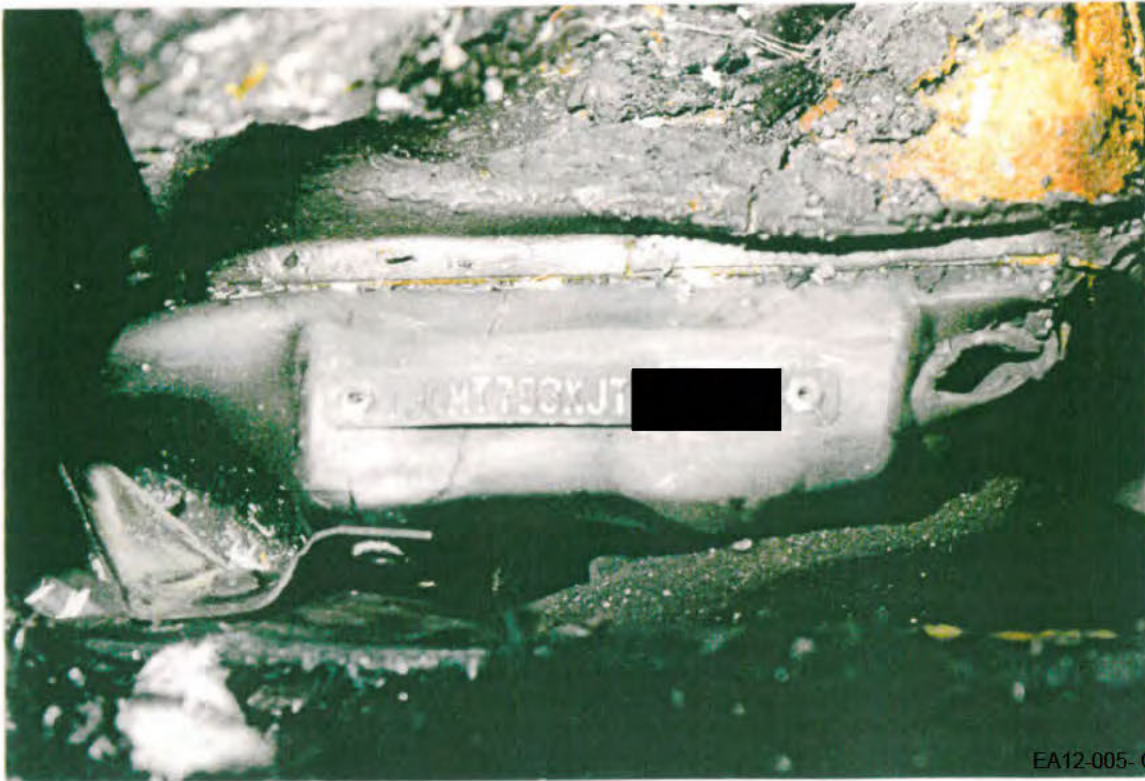


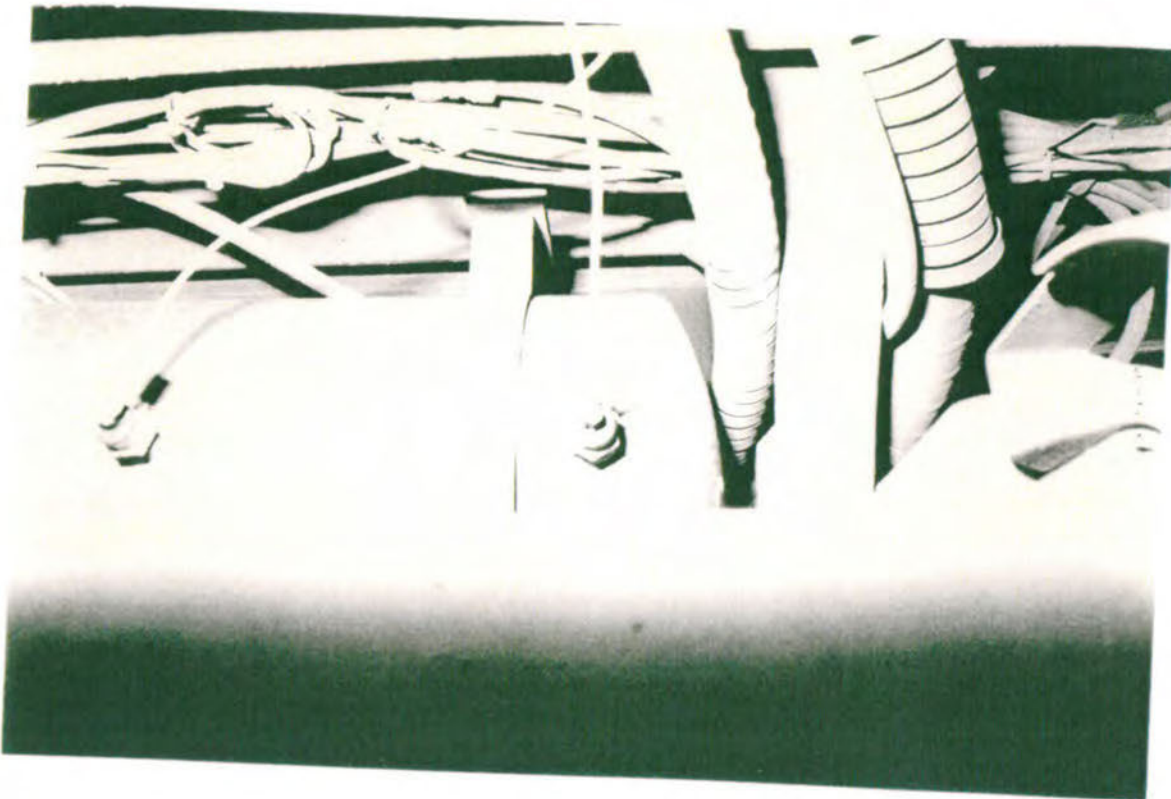




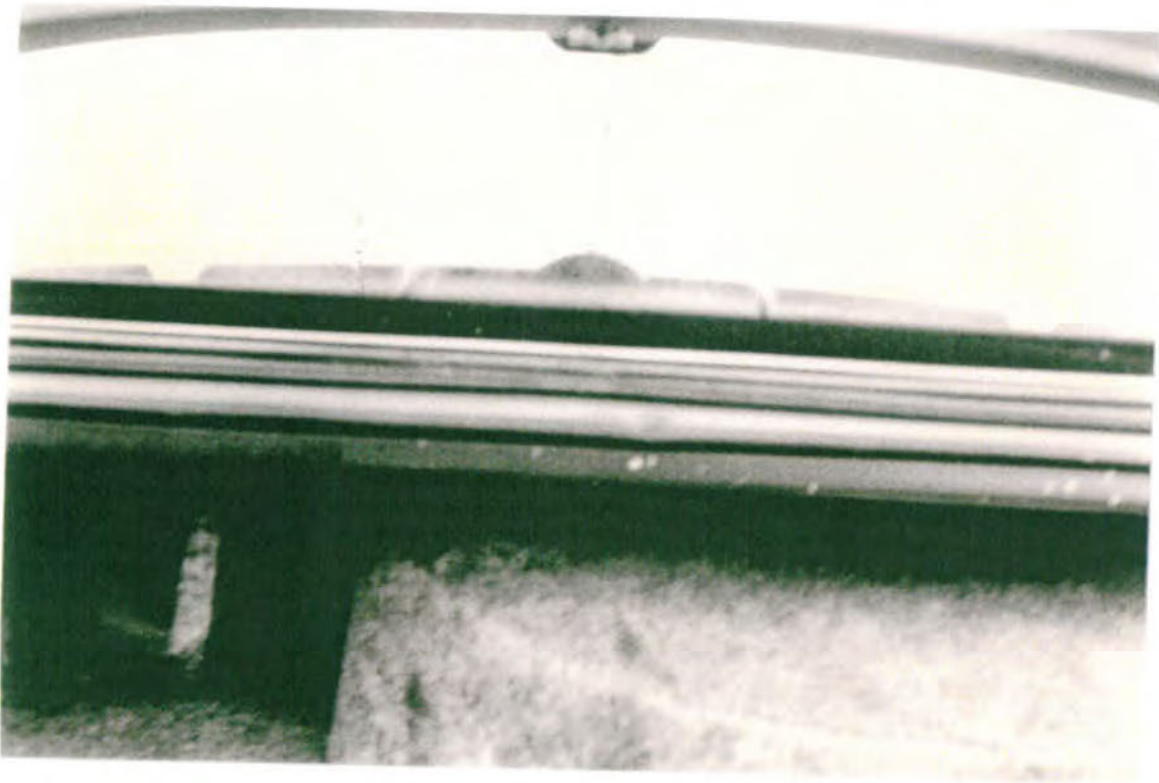
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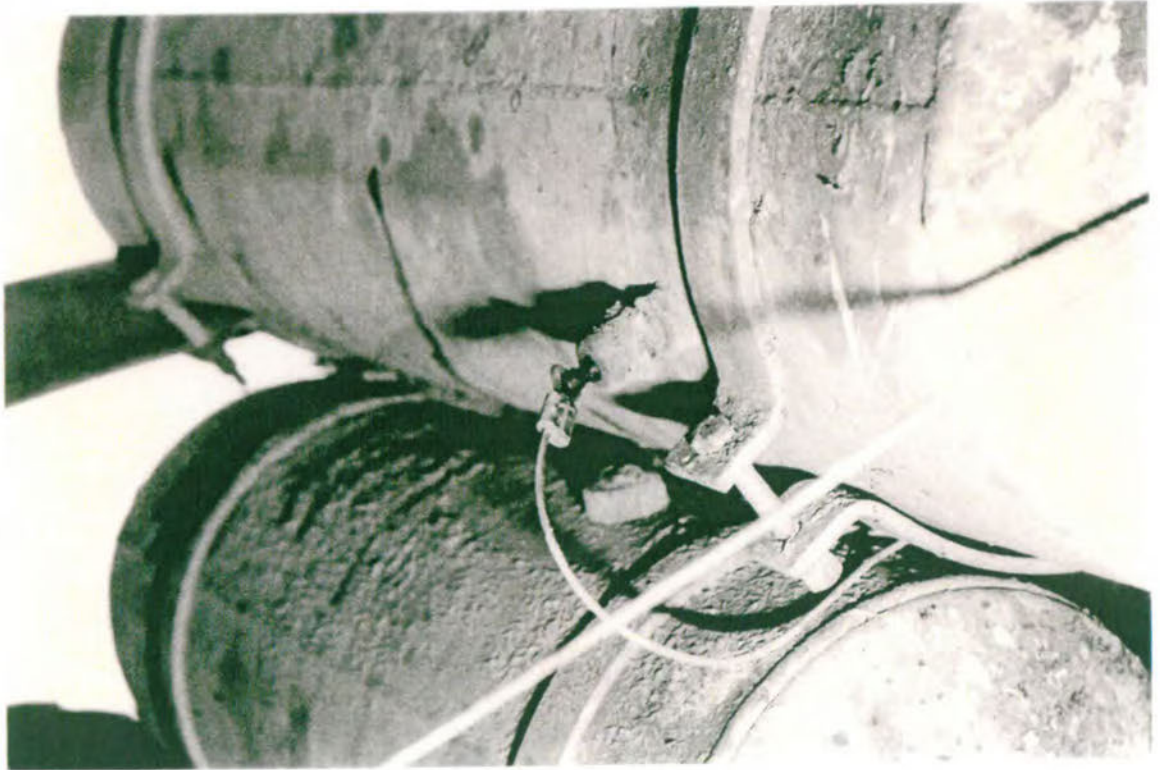


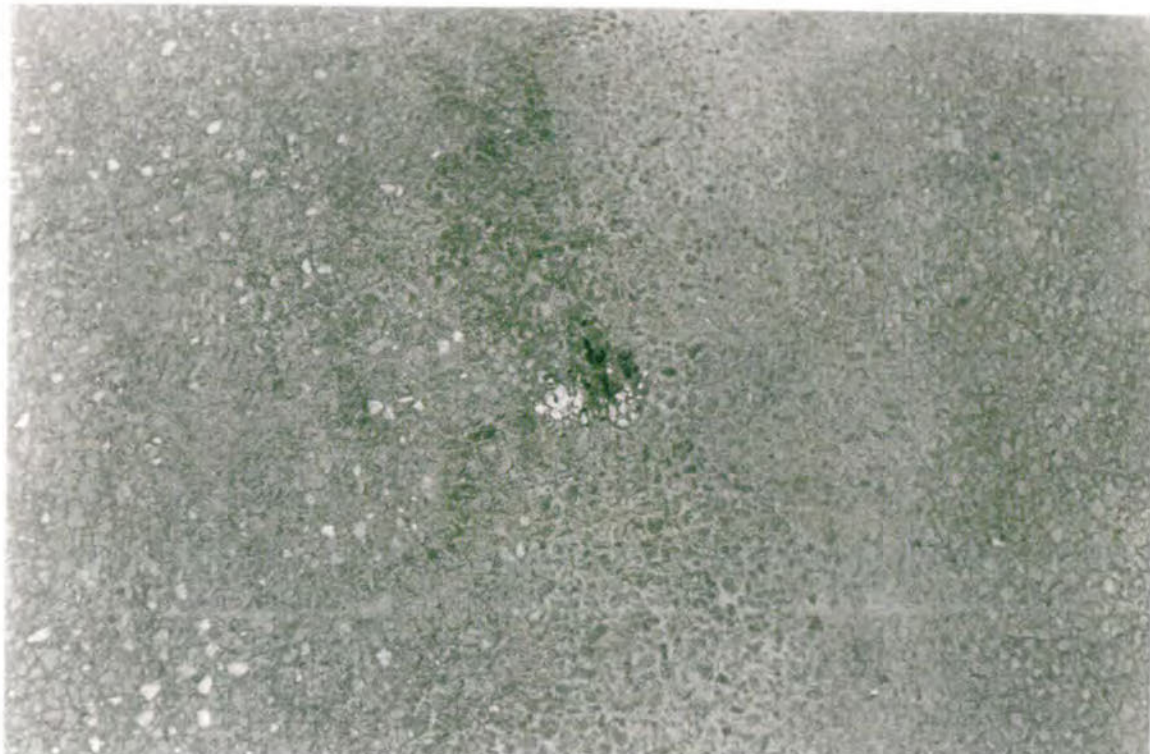






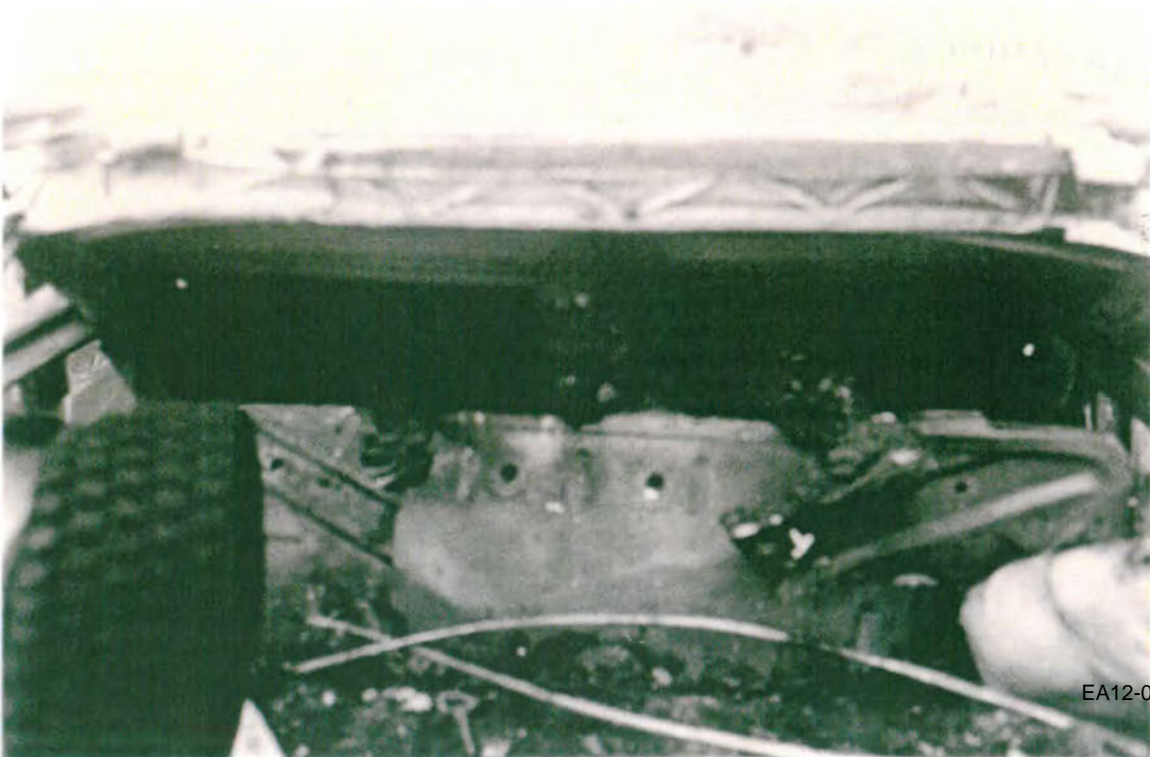
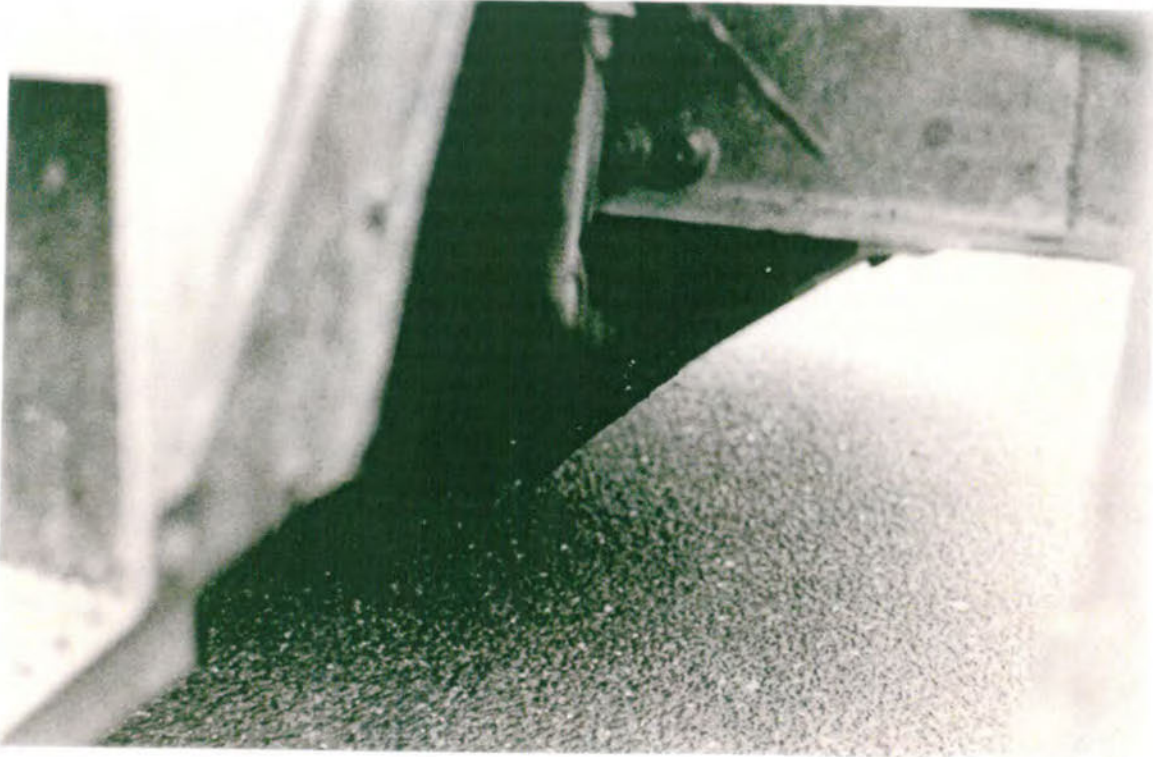






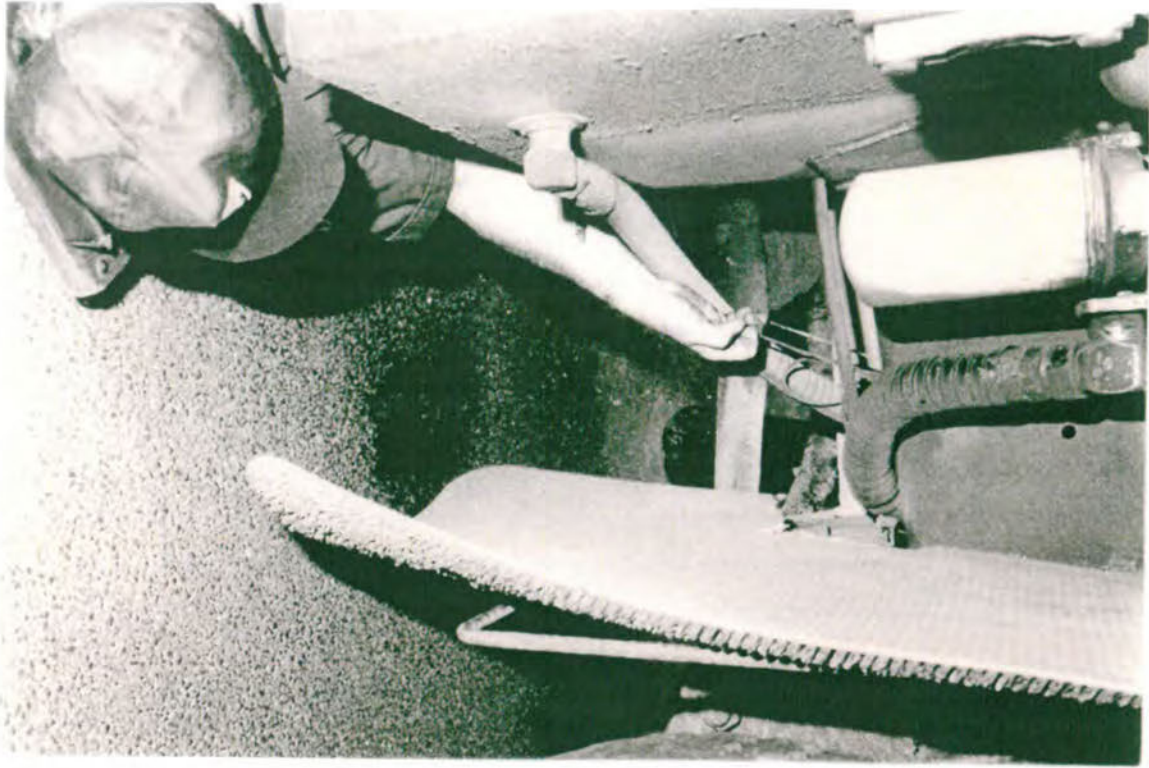


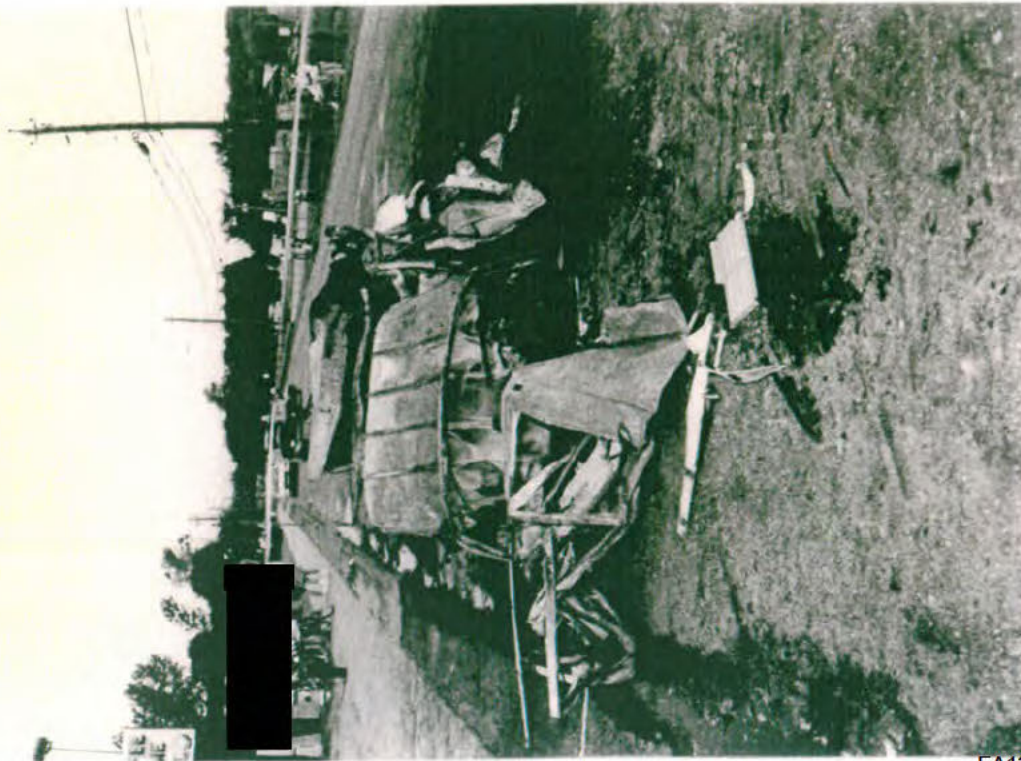
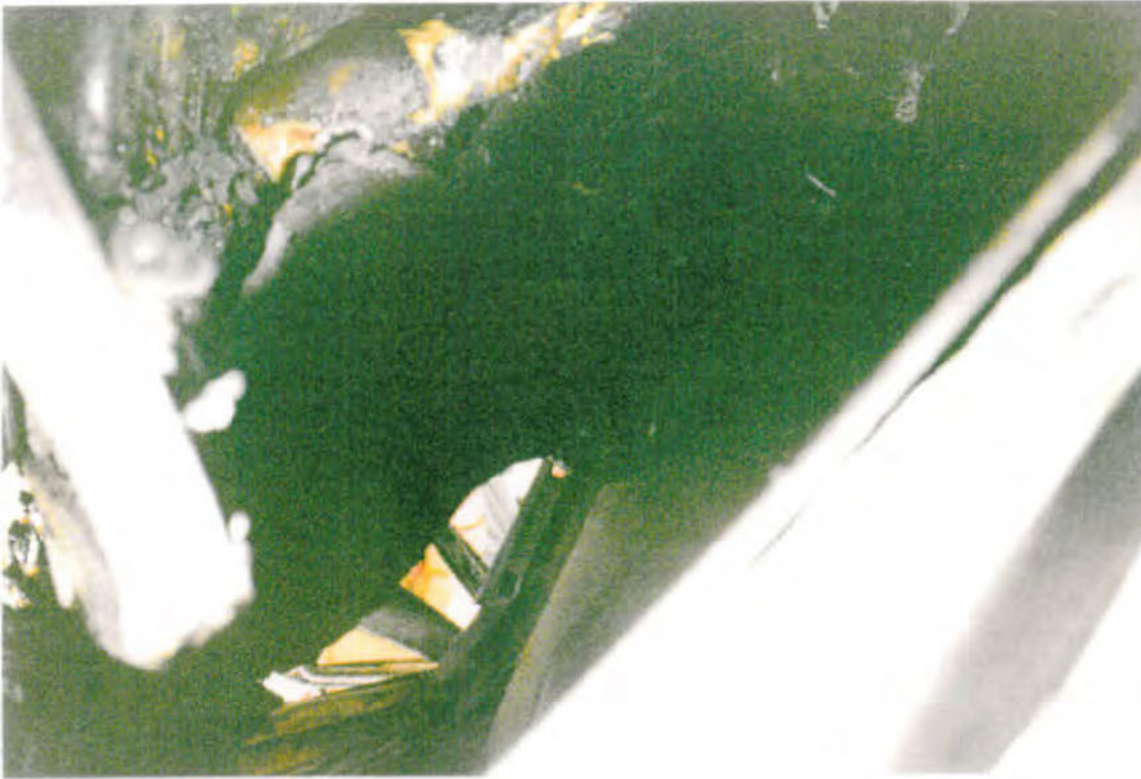




EA12-005- Chrysler -013349

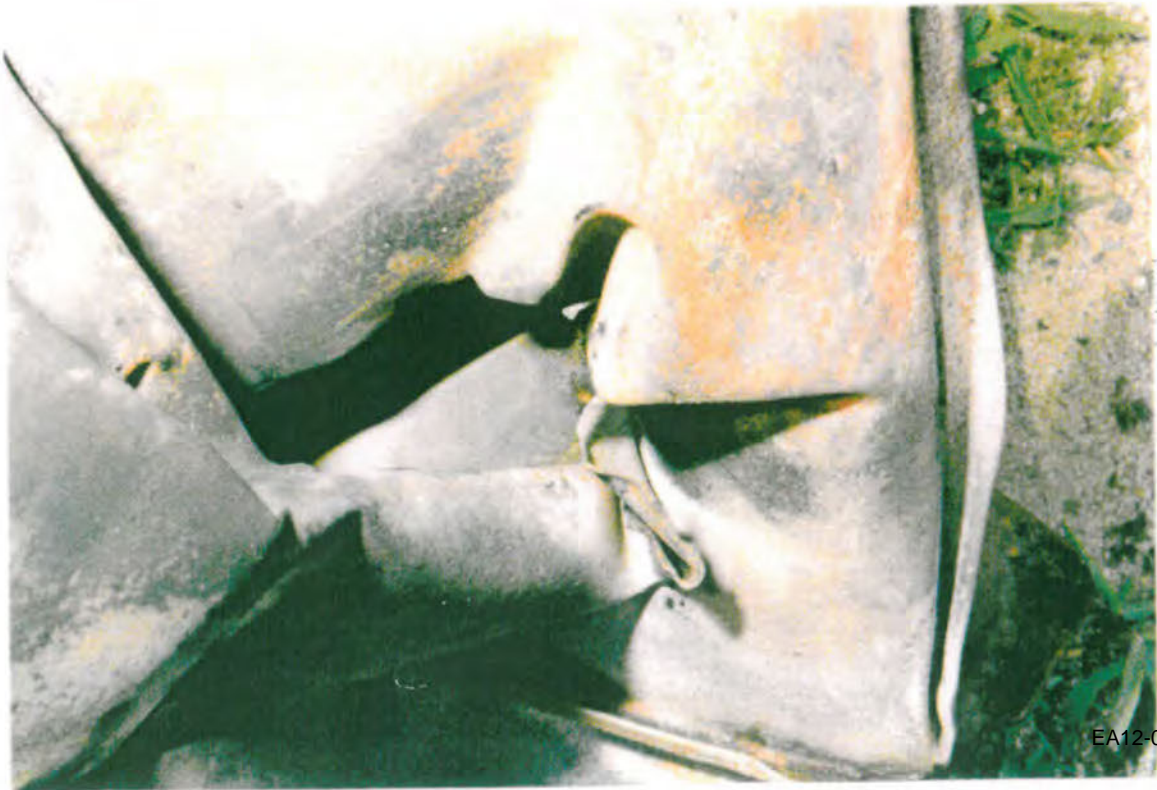






EA12-005- Chrysler -013352

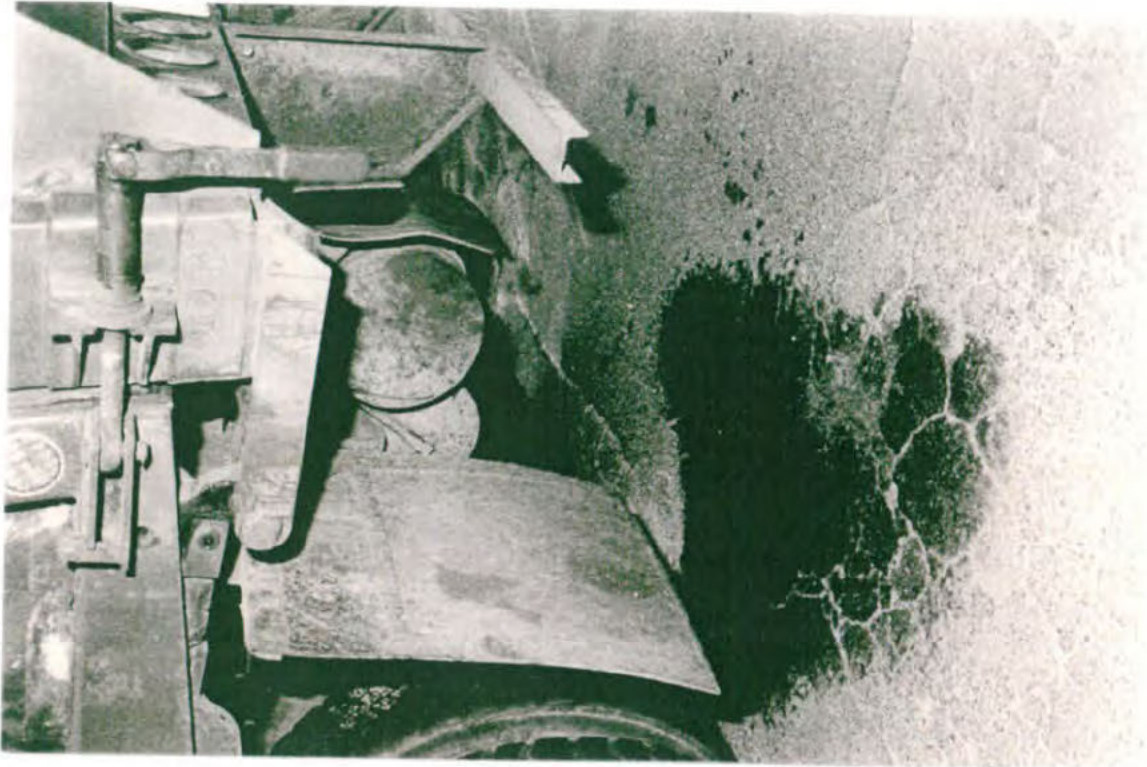








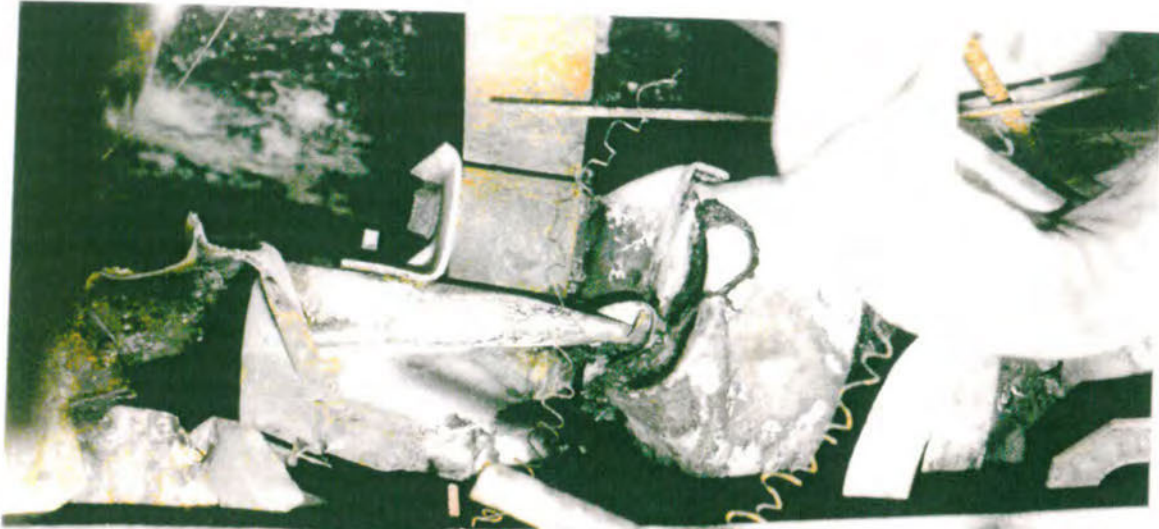


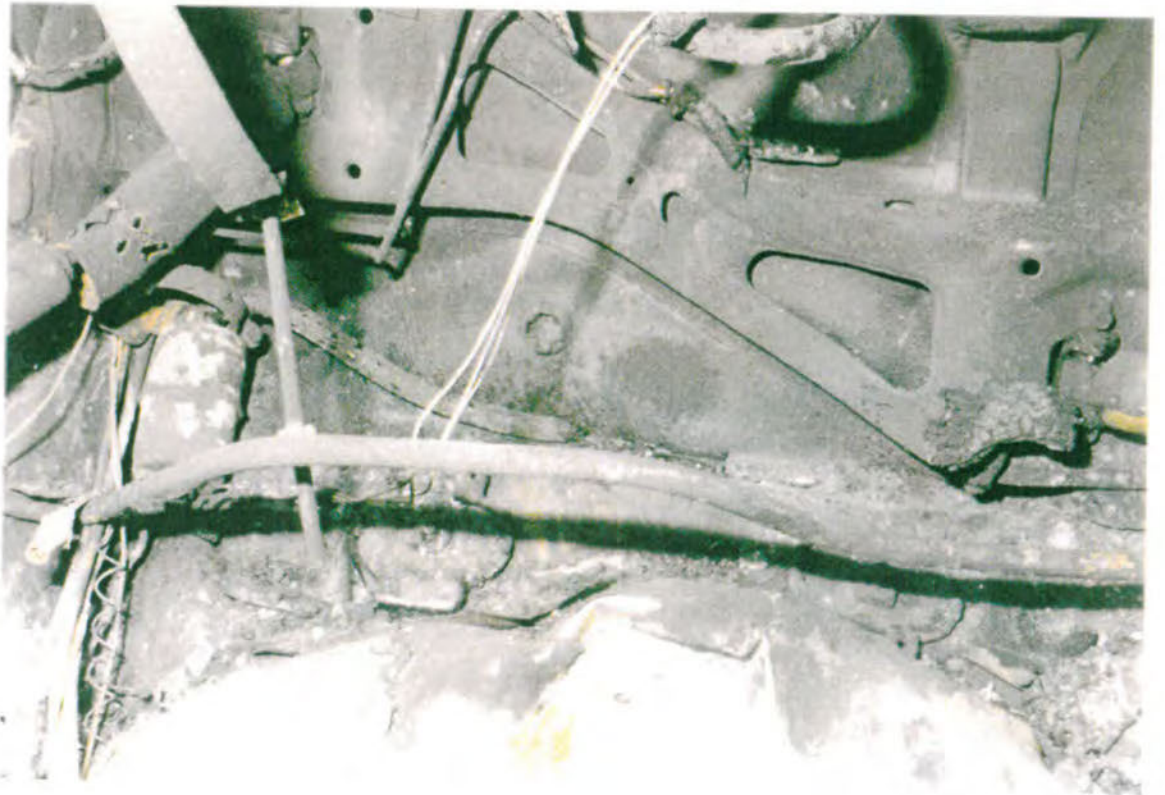


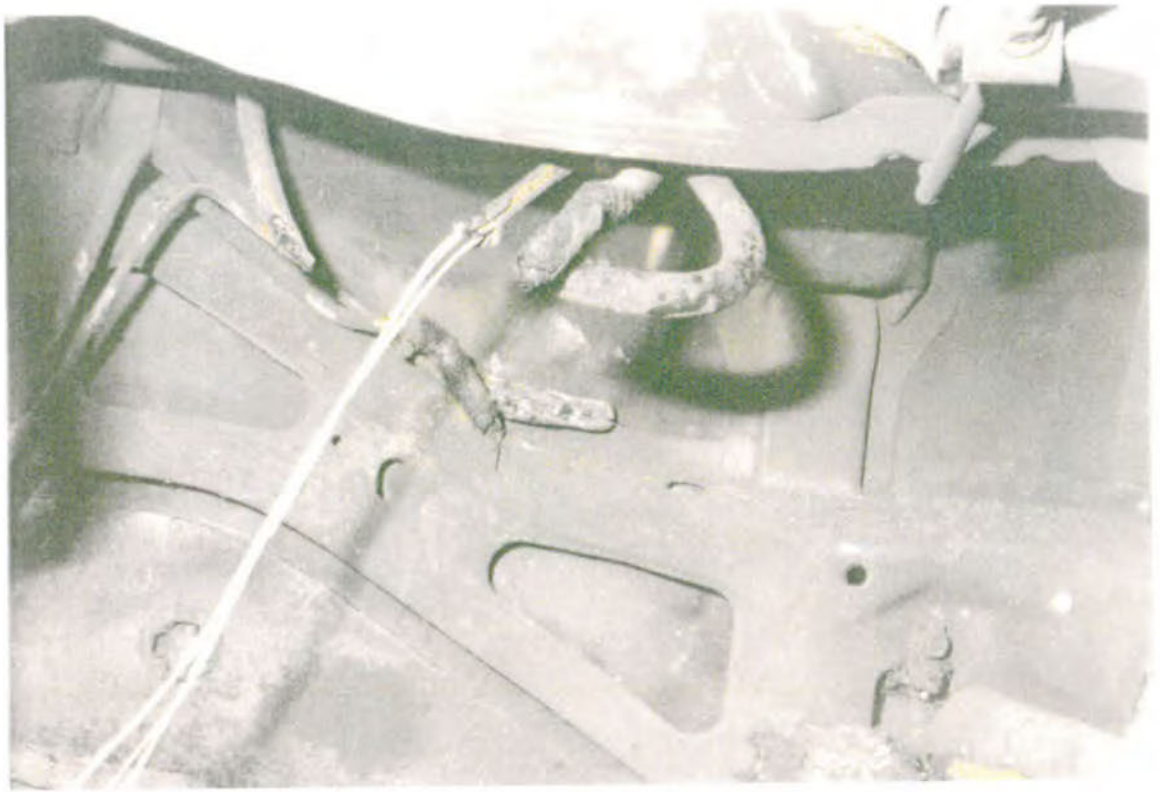




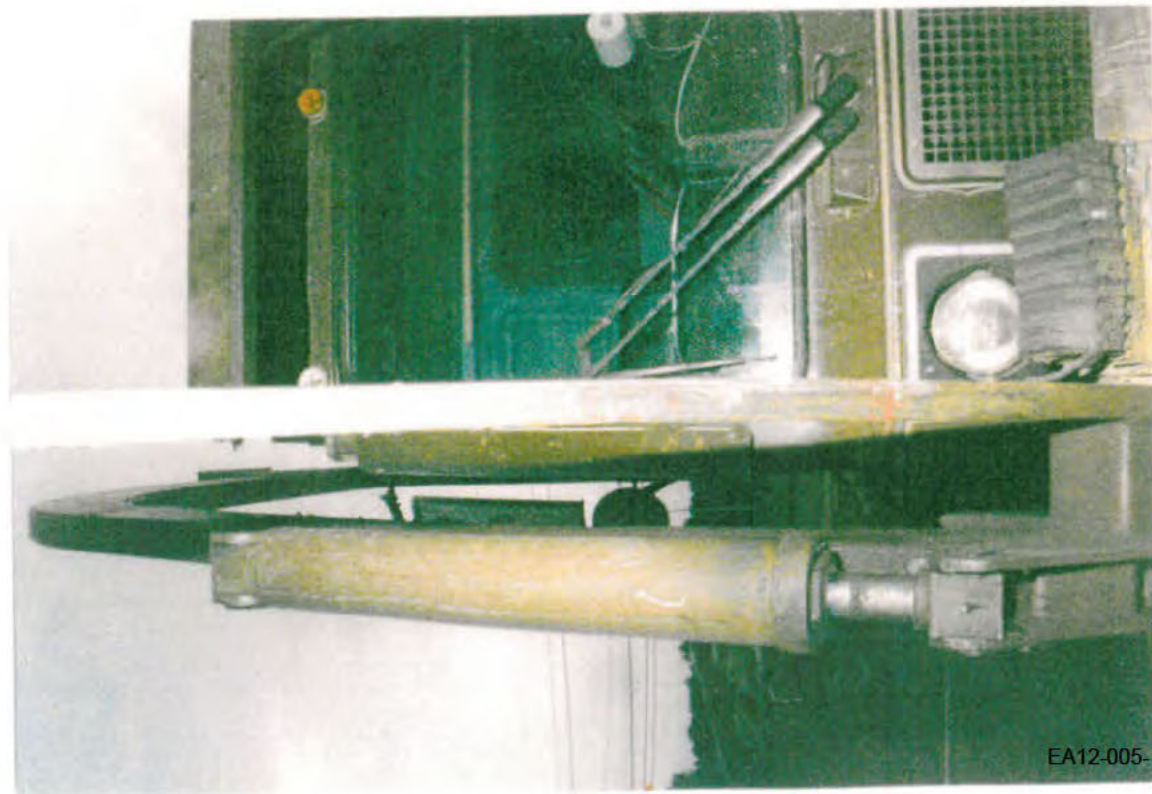


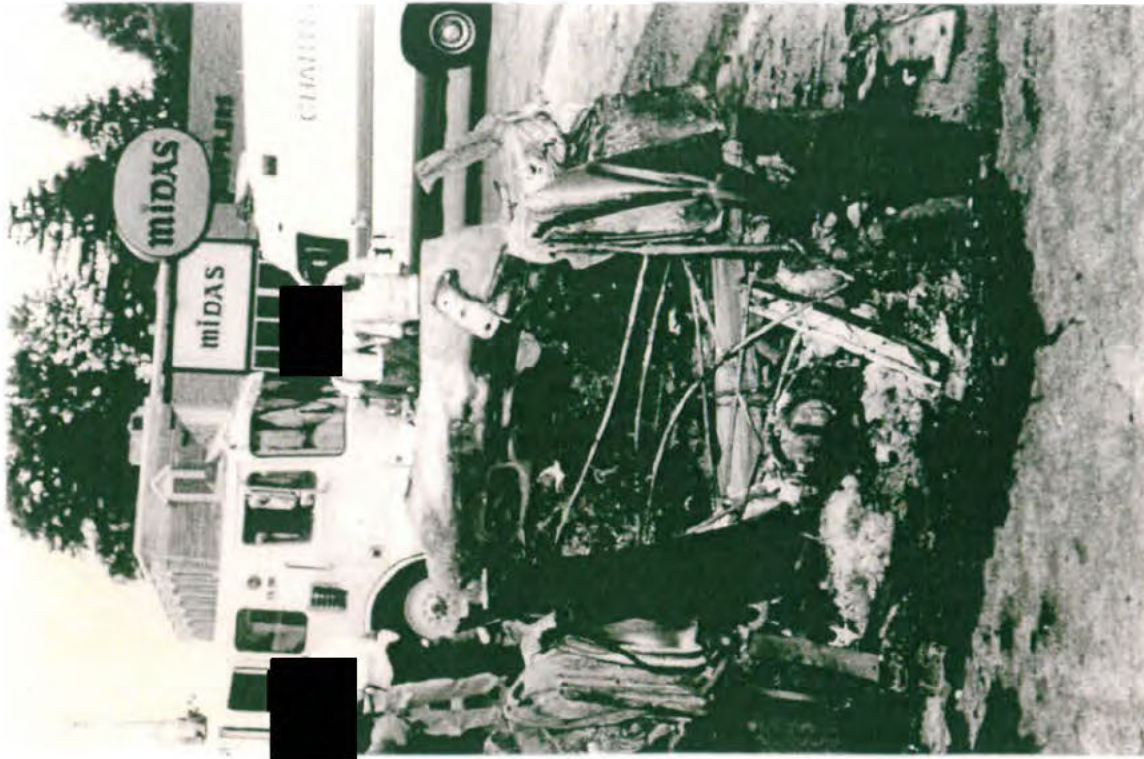




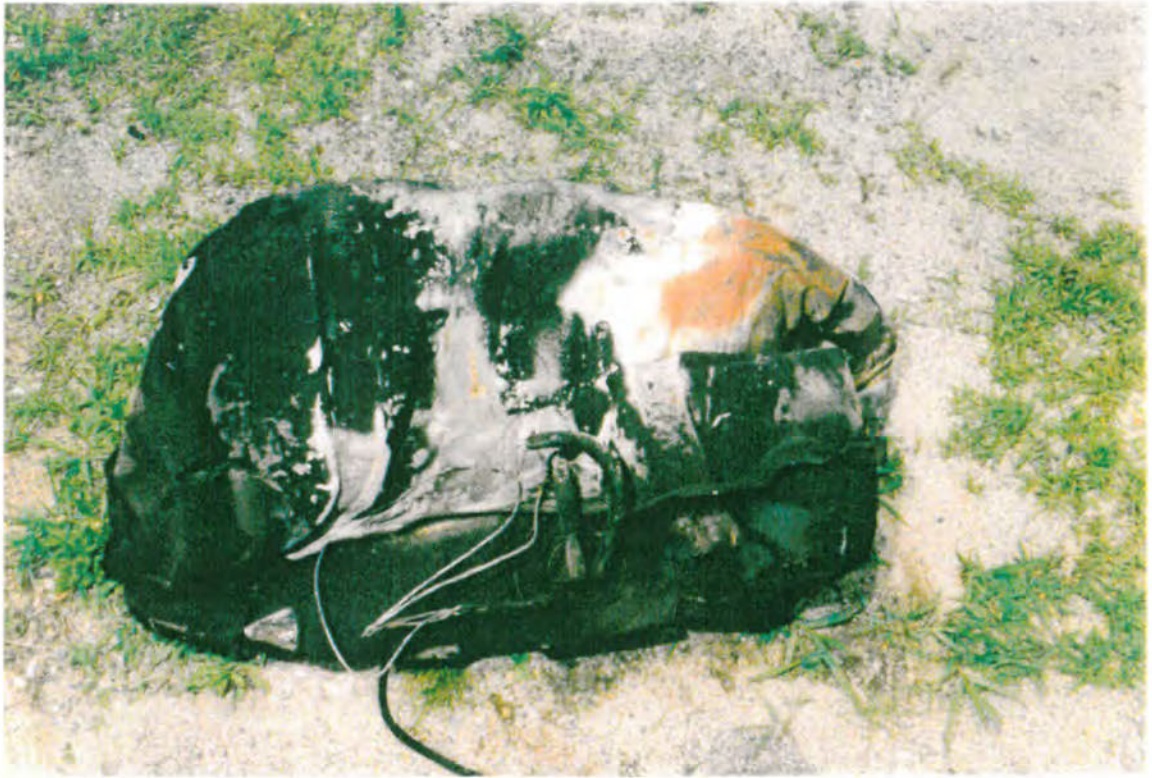












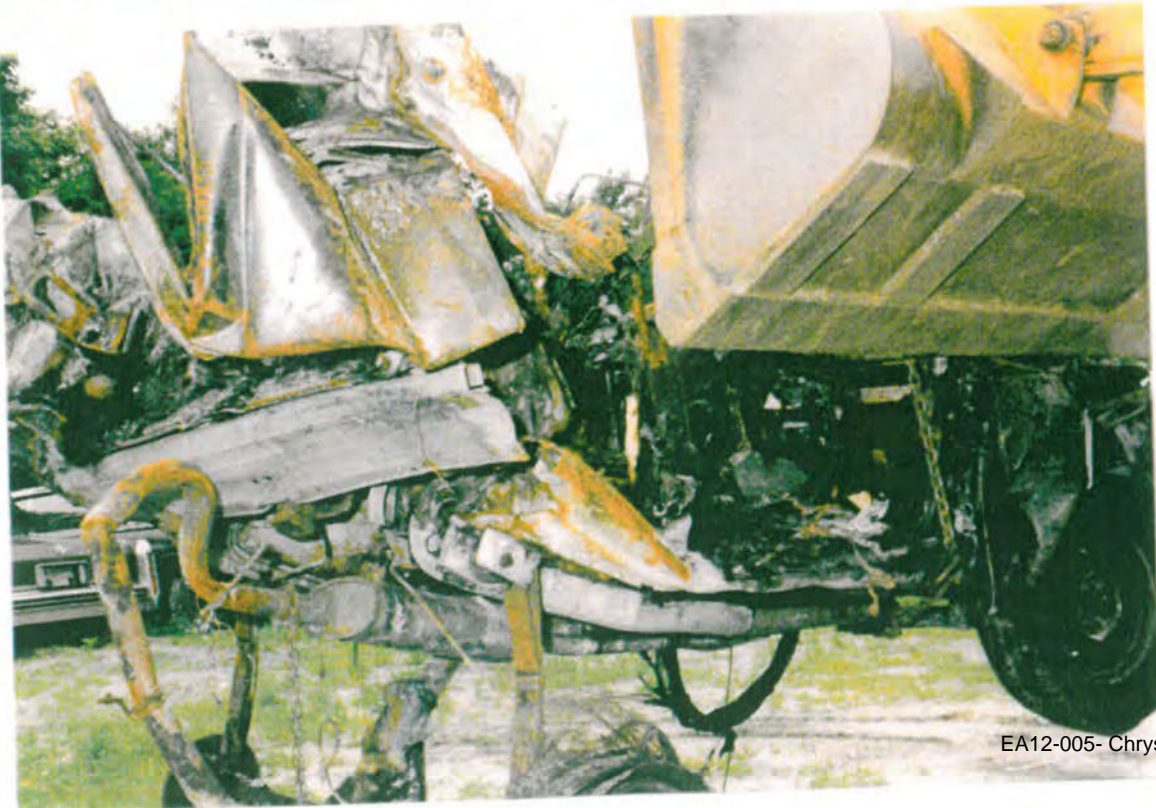












EA12-005- Chrysler -013375



EA12-005- Chrysler -013376





SEND ONE COPY TO
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114
NAME OF POLICE DEPT. SUBMITTING REPORT
East Longmeadow

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
POLICE REPORT
OF MOTOR VEHICLE ACCIDENT

107

Check One
Did you notice any indication that an operator had been taking any medication or drugs?
YES NO 2
To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells?
YES NO 2
Explain on reverse

Was this Accident Investigated by an Officer?
If yes, Check One Box Below
1 Registry
2 MDC
3 Other
4 State Police
5 Local Police

Date of Accident: 06/27/94
Day of the Week: X
Time: 16:16
P.M.

Name of Operator: [Redacted]
Number of Vehicles Involved: 5
Date of Birth: [Redacted] MO [Redacted] YR [Redacted] Sex: [Redacted] M [Redacted] F
Street Address: [Redacted] City/Town: Springfield, MA State: MA Zip: [Redacted]
Driver's License Number and State: [Redacted] MA
Owners Name and Address if same, write same: same
Registration Number and State: [Redacted] MA
Name of Insurance Company (only may be written here): Safety Year: 1979 Make: Toyota Type: Celica
Approximate Cost to Repair: \$ under
Describe Damage to Vehicle: rear bumper
Fire Damage: YES NO 2
Parked Car: YES NO 2

Name of Operator: [Redacted] Phone: [Redacted] Zip: [Redacted]
Date of Birth: [Redacted] M [Redacted] YR [Redacted] Sex: [Redacted] M [Redacted] F
Street Address: [Redacted] City/Town: East Longmeadow, MA State: MA Zip: [Redacted]
Driver's License Number and State: [Redacted] MA
Owners Name and Address if same, write same: same
Registration Number and State: [Redacted] MA
Name of Insurance Company (only may be written here): Premire Ins Co. Year: 1984 Make: Chevy Type: Pickup
Approximate Cost to Repair: \$ 1000. +
Describe Damage to Vehicle: front & rear end
Fire Damage: YES NO 2
Parked Car: YES NO 2

Describe Other Property Damage:
Name of Property Owner: [Redacted] Address: [Redacted] State: [Redacted] MDC: [Redacted] Municipal: [Redacted]

Other Witnesses of Persons Present:
[Redacted] Address: [Redacted] Phone: [Redacted]
[Redacted] Springfield, Ma. Bus Res.
[Redacted] Springfield, Ma. Bus Res.

Number Injured: 6 To what hospital was injured taken? Hospital Taken by Ambulance? YES NO 1

Name of Injured: [Redacted] City/Town: Springfield Ma. State: [Redacted]
Age: [Redacted] Sex: [Redacted] M [Redacted] F
INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS: 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
PERSON INJURED: 1 Operator } In Vehicle } 5 Pedestrian }
2 Passenger } No } 6 Bicyclist }
3 Passenger in Train, Bus, Etc. } 7 Moped }
4 Operator } On Motorcycle } 8 Other }
5 Passenger }

Name of Injured: [Redacted] City/Town: Longmeadow, Ma. State: [Redacted]
Age: [Redacted] Sex: [Redacted] M [Redacted] F
INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS: 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
PERSON INJURED: 1 Operator } In Vehicle } 5 Pedestrian }
2 Passenger } No } 6 Bicyclist }
3 Passenger in Train, Bus, Etc. } 7 Moped }
4 Operator } On Motorcycle } 8 Other }
5 Passenger }

Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]
Age: [Redacted] Sex: [Redacted] M [Redacted] F
INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS: 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
PERSON INJURED: 1 Operator } In Vehicle } 5 Pedestrian }
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3 Passenger in Train, Bus, Etc. } 7 Moped }
4 Operator } On Motorcycle } 8 Other }
5 Passenger }

EA12-005-Chrysler-013379

NOTE: Mark items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

Location: East Longmeadow
Shaker Rd.
 at intersection with _____

Nearest Mile Marker: 0
 Number of Lanes: 3
 At Rotary: Yes No

If Accident Occurred on Ramp: Fill in Below
 1. On ramp to route number _____
 going N S E W
 2. On ramp from route number _____
 going N S E W

Which direction was each vehicle traveling?
 Vehicle No. 1: X N S E W
 Vehicle No. 2: X N S E W

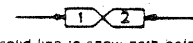
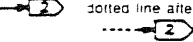



Or — If not at intersection fill in below
 _____ feet _____ of nearest intersection
 bridge, mile marker, railroad

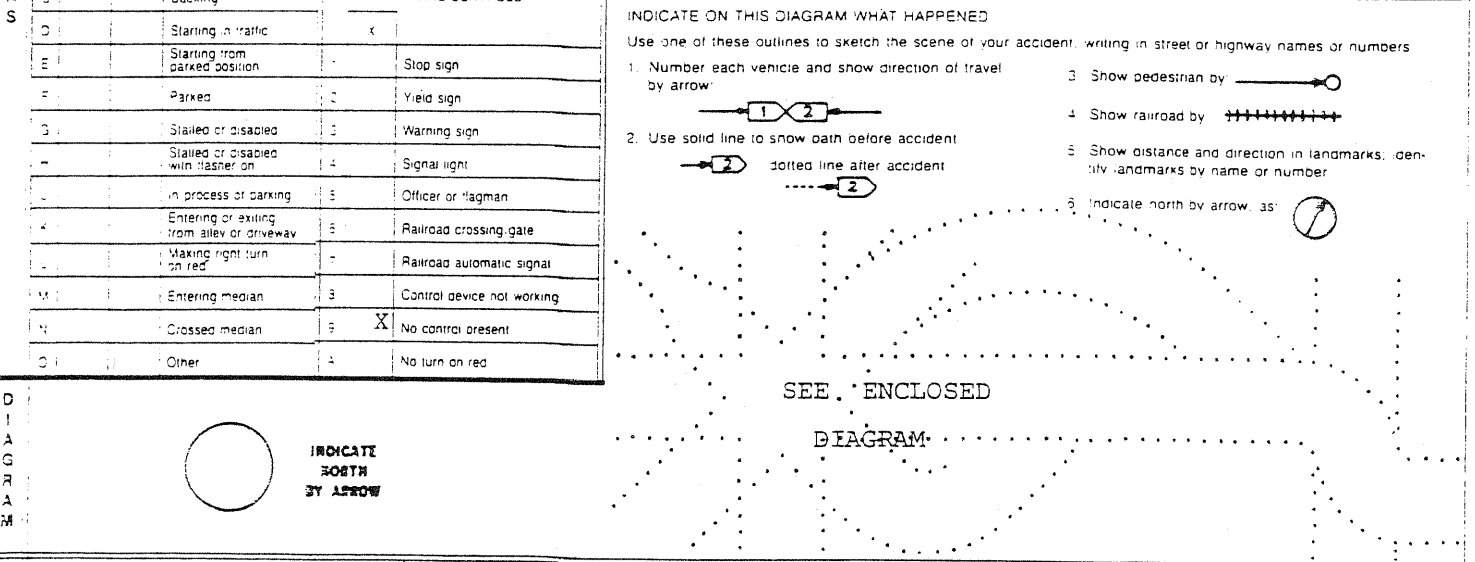
Other Landmarks: 48 Shaker Rd.

Accident Involved Collision With

1 Pedestrian
 2 Motor Vehicle in Traffic
 3 Motor Vehicle Parked
 4 Railroad Train
 5 Ran off roadway hit fixed object _____ feet from road
 6 Bicycle
 7 Overturned in road
 8 Ran off roadway — non-collision
 9 Fixed object on shoulder sidewalk or island
 A School Bus
 B Truck
 C Moped
 D Other

If collision involved two or more vehicles mark one of the following:
 Rear End Angle Head On

What were vehicles doing prior to accident? Mark appropriate box	Where was pedestrian located at time of accident? Mark appropriate box	ROAD SURFACE					COLLISION CONDITIONS					LIGHT CONDITIONS																																																																																																																																																																				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4																																																																																																																																																																	
1 <input type="checkbox"/> Making right turn	1 <input type="checkbox"/> At intersection	1 <input checked="" type="checkbox"/> Dry	2 <input type="checkbox"/> Wet	3 <input type="checkbox"/> Snow	4 <input type="checkbox"/> Icy	5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Hit median barrier	2 <input type="checkbox"/> Hit guard rail	3 <input type="checkbox"/> Hit curbing	4 <input type="checkbox"/> Hit object	5 <input type="checkbox"/> Hit signpost	1 <input checked="" type="checkbox"/> Daylight	2 <input type="checkbox"/> Dawn or dusk	3 <input type="checkbox"/> Darkness — road lighted	4 <input type="checkbox"/> Darkness — road unlighted																																																																																																																																																																	
2 <input type="checkbox"/> Making left turn	2 <input type="checkbox"/> Within 100 feet of intersection	ROAD CONDITIONS					6 <input type="checkbox"/> Hit utility or light pole	7 <input type="checkbox"/> Hit tree	WEATHER CONDITIONS																																																																																																																																																																							
3 <input type="checkbox"/> Making U-turn	3 <input type="checkbox"/> More than 100 feet from intersection						1 <input checked="" type="checkbox"/> No Defects	2 <input type="checkbox"/> Holes, ruts, bumps						3 <input type="checkbox"/> Foreign matter on surface	4 <input type="checkbox"/> Defective shoulder	5 <input type="checkbox"/> Road under construction	6 <input type="checkbox"/> Other	1 <input type="checkbox"/> Clear	2 <input type="checkbox"/> Foggy	3 <input checked="" type="checkbox"/> Cloudy	4 <input type="checkbox"/> Rain	5 <input type="checkbox"/> Snow	6 <input type="checkbox"/> Sleet																																																																																																																																																									
4 <input checked="" type="checkbox"/> Going straight ahead	4 <input type="checkbox"/> Walking in street with traffic	TRAFFIC CONTROLS					INDICATE ON THIS DIAGRAM WHAT HAPPENED Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers 1. Number each vehicle and show direction of travel by arrow:  2. Use solid line to show path before accident, dotted line after accident:  3. Show pedestrian by  4. Show railroad by  5. Show distance and direction in landmarks, identify landmarks by name or number. 6. Indicate north by arrow, as 																																																																																																																																																																									
5 <input type="checkbox"/> Passing on right	5 <input type="checkbox"/> Walking in street against traffic											1 <input type="checkbox"/> Stop sign	2 <input type="checkbox"/> Yield sign	3 <input type="checkbox"/> Warning sign	4 <input type="checkbox"/> Signal light	5 <input type="checkbox"/> Officer or flagman	6 <input type="checkbox"/> Railroad crossing gate	7 <input type="checkbox"/> Railroad automatic signal	8 <input type="checkbox"/> Control device not working	9 <input checked="" type="checkbox"/> No control present	10 <input type="checkbox"/> No turn on red																																																																																																																																																											
6 <input type="checkbox"/> Passing on left	6 <input type="checkbox"/> Standing in street	INDICATE NORTH BY ARROW					SEE ENCLOSED DIAGRAM																																																																																																																																																																									
7 <input type="checkbox"/> Stop sign	7 <input type="checkbox"/> Getting on/off vehicle											<table border="1"> <thead> <tr> <th colspan="2">Operator (mark one or more)</th> <th colspan="2">Operator</th> <th colspan="2">Operator</th> <th colspan="2">Operator</th> </tr> <tr> <th>1</th><th>2</th> <th>1</th><th>2</th> <th>1</th><th>2</th> <th>1</th><th>2</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td> <td>6 <input type="checkbox"/></td><td>7 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td><td>9 <input type="checkbox"/></td> <td>10 <input checked="" type="checkbox"/></td><td>11 <input checked="" type="checkbox"/></td> <td>12 <input type="checkbox"/></td><td>13 <input type="checkbox"/></td> </tr> <tr> <td>8 <input type="checkbox"/> Sliding</td> <td>8 <input type="checkbox"/> Working on vehicle</td> <td>9 <input type="checkbox"/> Improper Passing</td> <td>10 <input type="checkbox"/> On Wrong Side of Road Not 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12 <input type="checkbox"/> Operating Under Influence of Liquor	13 <input type="checkbox"/> Operating Under Influence of Drugs	14 <input type="checkbox"/> Improper Passing	15 <input type="checkbox"/> On Wrong Side of Road Not Overtaking	16 <input type="checkbox"/> Disregarded Traffic Light	17 <input type="checkbox"/> Disregarded Warning or Stop Signs	18 <input type="checkbox"/> Leaving Scene of Accident	19 <input type="checkbox"/> Other Moving Violations (explain below)
20 <input type="checkbox"/> Exceeding Lawful Speed	21 <input type="checkbox"/> Failed to Grant Right of Way to Other Vehicle	22 <input type="checkbox"/> Failed to Give Proper Signal	23 <input type="checkbox"/> Improper Turning Movement	24 <input type="checkbox"/> Disregarded Other Traffic Control	25 <input type="checkbox"/> Improper Start from Parked Position	26 <input type="checkbox"/> Operating to Endanger	27 <input type="checkbox"/> Failed to Stop for a Schoolbus
28 <input type="checkbox"/> Failed to Grant Right of Way to Pedestrian	29 <input type="checkbox"/>	30 <input type="checkbox"/> Operating Unregistered Uninsured Vehicle	31 <input type="checkbox"/>	32 <input type="checkbox"/> Improper Parked Position	33 <input type="checkbox"/>	34 <input type="checkbox"/> Defective Equipment	35 <input type="checkbox"/>
Describe What Happened (Refer to Vehicles by Number)							
Ticket Number: _____							

EA12-005- Chrysler-013380

Signature: Robert E. ... Name and Rank: _____
 Date: 6/27/94
 Police Dept: _____

SEND ONE COPY TO
 REGISTRAR OF MOTOR VEHICLES
 100 NASHUA STREET
 BOSTON, MASS. 02114
 NAME OF POLICE DEPT. SUBMITTING REPORT

MUST TYPE OR PRINT
 COMMONWEALTH OF MASSACHUSETTS
 POLICE REPORT
 OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY
 107

East Longmeadow

Did you notice any indication that an operator had been taking any medication or drugs?
 YES NO

To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells?
 YES NO

Check One
 1 Registry
 2 MDC
 3 Other

Was this Accident Investigated by an Officer?
 If Yes, Check One Box Below
 1 State Police
 2 Local Police
 3 Other

Date of Accident: 06/27/94
 Day of the Week: Sun, Mon, Tue, Wed, Thu, Fri, Sat
 AM PM
 Hour: 16:16

Name of Operator: [Redacted]
 Number of Vehicles Involved: 5
 Date of Birth: [Redacted] MO [Redacted] YR [Redacted]
 Sex: M F

Street Address: [Redacted] Springfield, MA
 State: MA
 Zip: [Redacted]

Driver's License Number and State: [Redacted] MA
 Owners Name and Address (if same write same): same
 Registration Number and State: [Redacted] MA

Name of Insurance Company only may be written here: John Hanconck Property
 Year: 1992 Make: Mazda Type: Sedan
 Approximate Cost to Repair: \$ 1000. +

Describe Damage to Vehicle: front & rear end
 Fire Damage: YES NO Parked Car: YES NO

Name of Operator: [Redacted]
 Date of Birth: [Redacted] MO [Redacted] YR [Redacted]
 Sex: M F

Street Address: [Redacted] Wilbraham, MA
 State: MA
 Zip: [Redacted]

Driver's License Number and State: [Redacted] MA
 Owners Name and Address (if same write same): same
 Registration Number and State: [Redacted] MA

Name of Insurance Company only may be written here: Arbella Mutual
 Year: 1988 Make: AMC Type: Cherokee
 Approximate Cost to Repair: \$ total

Describe Damage to Vehicle: total
 Fire Damage: YES NO Parked Car: YES NO

Describe Other Property Damage:
 Name of Property Owner: _____ Address: _____ State: _____ MDC: _____ Municipal: _____

Other Witnesses or Persons Present:
 [Redacted] East Longmeadow, Ma.
 [Redacted] Springfield, Ma.

Number Injured: 6 To what hospital was injured taken? Medical
 Taken by Ambulance? YES NO

Name of Injured: [Redacted] Springfield, Ma.
 Age: [Redacted] Sex: M F

INJURY SEVERITY:
 1 Killed
 2 Serious Visible Injury
 3 Minor Visible Injury
 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS:
 1 Safety Belt Used
 2 Child Restraint Used
 3 Helmet Used
 4 Air Bag Used

PERSON INJURED:
 1 Operator } in Vehicle
 2 Passenger } No 3
 3 Passenger in Train, Bus, Etc.
 4 Operator } On Motorcycle
 5 Passenger } 6 Pedestrian
 7 Bicyclist
 8 Moped
 9 Other

Name of Injured: [Redacted] Springfield, Ma.
 Age: [Redacted] Sex: M F

INJURY SEVERITY:
 1 Killed
 2 Serious Visible Injury
 3 Minor Visible Injury
 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS:
 1 Safety Belt Used
 2 Child Restraint Used
 3 Helmet Used
 4 Air Bag Used

PERSON INJURED:
 1 Operator } in Vehicle
 2 Passenger } No 3
 3 Passenger in Train, Bus, Etc.
 4 Operator } On Motorcycle
 5 Passenger } 6 Pedestrian
 7 Bicyclist
 8 Moped
 9 Other

Name of Injured: [Redacted]
 Age: [Redacted] Sex: M F

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 8 Moped
 9 Other

NOTE: Mark items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

Location Where Accident Occurred East Longmeadow Street Name or Route Number Shaker Rd.	Nearest Mile Marker 0	Number of Lanes 3	At Rotary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Accident Occurred on Ramp Fill in Below 1 <input type="checkbox"/> On ramp to route number _____ N S E W going _____ 2 <input type="checkbox"/> On ramp from route number _____ N S E W going _____																										
Which direction was each vehicle traveling? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">S</td> <td style="width:10%; text-align: center;">E</td> <td style="width:10%; text-align: center;">W</td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black;">Vehicle No 3</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> </td> <td style="width:50%; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">S</td> <td style="width:10%; text-align: center;">E</td> <td style="width:10%; text-align: center;">W</td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black;">No 4</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> </td> </tr> </table>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">S</td> <td style="width:10%; text-align: center;">E</td> <td style="width:10%; text-align: center;">W</td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black;">Vehicle No 3</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		N	S	E	W		Vehicle No 3	<input checked="" type="checkbox"/>					<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">S</td> <td style="width:10%; text-align: center;">E</td> <td style="width:10%; text-align: center;">W</td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black;">No 4</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		N	S	E	W		No 4	<input checked="" type="checkbox"/>					Or — If not at intersection, fill in below _____ feet _____ feet N S E W Of nearest intersection, bridge, mile marker, railroad Other Landmarks: 48 Shaker Rd.		
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What were vehicles doing prior to accident? Mark appropriate box Vehicle 3 4 1 Making right turn 2 Making left turn 3 Making U turn 4 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Going straight ahead 5 Passing on right 6 Passing on left 7 Stop sign 8 Sliding 9 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Slowing or stopping A Crossing median strip B Driverless moving vehicle C Backing D Starting in traffic E Starting from parked position F Parked G Stalled or disabled H Stalled or disabled with flasher on I In process of parking K Entering or exiting from alley or driveway L Making right turn on red M Entering median N Crossed median O Other	Where was pedestrian located at time of accident? Mark appropriate box 1 At intersection 2 Within 100 feet of intersection 3 More than 100 feet from intersection 4 Walking in street with traffic 5 Walking in street against traffic 6 Standing in street 7 Getting on/off vehicle 8 Working on vehicle 9 Working in street A Playing in street B Not in street C Other	ROAD SURFACE 1 <input checked="" type="checkbox"/> Dry 2 Wet 3 Snowy 4 Icy 5 Other ROAD CONDITIONS 1 <input checked="" type="checkbox"/> No Defects 2 Holes, ruts, bumps 3 Foreign matter on surface 4 Defective shoulder 5 Road under construction 6 Other	COLLISION CONDITIONS 1 <input checked="" type="checkbox"/> Hit median corner 2 Hit guard rail 3 Hit curbing 4 Hit abutment 5 Hit signpost 6 Hit utility or light pole 7 Hit tree 8 Embankment 9 Ditch A Rock ledge B Stone wall C Bridge rail D Other	LIGHT CONDITIONS 1 <input checked="" type="checkbox"/> Daylight 2 Dawn or dusk 3 Darkness — road lighted 4 Darkness — road unlighted WEATHER CONDITIONS 1 <input checked="" type="checkbox"/> Clear 2 Foggy 3 <input checked="" type="checkbox"/> Cloudy 4 Rain 5 Snow 6 Sleet
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TRAFFIC CONTROLS 1 Stop sign 2 Yield sign 3 Warning sign 4 Signal light 5 Officer or flagman 6 Railroad crossing gate 7 Railroad automatic signal 8 Control device not working 9 <input checked="" type="checkbox"/> No control present A No turn on red	INDICATE ON THIS DIAGRAM WHAT HAPPENED Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. 1 Number each vehicle and show direction of travel by arrow 2 Use solid line to show path before accident, dotted line after accident 3 Show pedestrian by _____ 4 Show railroad by _____ 5 Show distance and direction in landmarks, identify landmarks by name or number 6 Indicate north by arrow, as: _____ <div style="text-align: center; font-size: 2em; font-weight: bold;">SEE ENCLOSED DIAGRAM</div>
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Operator (mark one or more) 3 4	Operator 3 4	Operator 3 4	Operator 3 4
1 Operating Under Influence of Alcohol 2 Operating Under Influence of Drugs 3 Exceeding Lawful Speed 4 Failed to Grant Right of Way to Other Vehicle 5 Failed to Grant Right of Way to Pedestrian	6 Improper Passing 7 On Wrong Side of Road Not Overtaking 8 Failed to Give Proper Signal 9 Improper Turning Movement A Operating Unregistered/Uninsured Vehicle	B Disregarded Traffic Light C Disregarded Warning or Stop Signs D Disregarded Other Traffic Control E Improper Start from Parked Position F Improper Parked Position	G Leaving Scene of Accident H Other Moving Violations (explain below) J Operating to Endanger K Failed to Stop for a Schoolbus L Defective Equipment
Describe What Happened (Refer to Vehicles by Number) _____ _____ _____			M <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> No violation N _____ _____

EA12-005-Chrysler-013382

Signature: Robert T. Stille PTLM EHL 6/27/94
 Name and Rank Police Dept Date

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS POLICE REPORT OF MOTOR VEHICLE ACCIDENT

107

SEND ONE COPY TO: REGISTRAR OF MOTOR VEHICLES 100 NASHUA STREET BOSTON, MASS. 02114 NAME OF POLICE DEPT SUBMITTING REPORT East Longmeadow

Accident Date: 06/27/94 Day of the Week: [X] M Time: 16:16

Check One: Did you notice any indication that an operator had been taking any medication or drugs? YES [] NO [X] To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells? YES [] NO [X]

Was this Accident investigated by an Officer? If Yes Check One Box Below 1 [] Registry 2 [] MDC 3 [] Other 4 [] State Police 5 [X] Local Police

Vehicle 5: Name: [Redacted] Number of Vehicles Involved: 6 Date of Birth: [Redacted] Sex: M Street Address: [Redacted] City/Town: Ellington, CT State: CT Zip: [Redacted] Driver's License Number and State: [Redacted] Owners Name and Address of same, write "same": [Redacted] E. Windsor, CT Registration Number and State: [Redacted] Year: 1992 Make: Mack Type: Truck Approximate Cost to Repair: \$ under Describe Damage to Vehicle: front end

Vehicle 6: Name: [Redacted] Number of Vehicles Involved: 6 Date of Birth: [Redacted] Sex: F Street Address: [Redacted] City/Town: Springfield, MA State: MA Zip: [Redacted] Driver's License Number and State: [Redacted] Owners Name and Address of same, write "same": "same" Registration Number and State: [Redacted] Year: 1992 Make: Honda Type: Accord Approximate Cost to Repair: \$ under Describe Damage to Vehicle: paint damages

Other Property Damage: Describe Other Property Damage: [Redacted] Name of Property Owner: [Redacted] Address: [Redacted] State: [Redacted] MDC: [Redacted] Municipal: [Redacted]

Witnesses: Other Witnesses or Persons Present: [Redacted] Address: East Longmeadow, Ma. East Longmeadow, MA Longmeadow, Ma.

Medical: Number Injured: 6 To what hospital was injured taken? Medical Examiner Springfield Hospital Taken by Ambulance? YES [X] NO []

Injured 1: Name of Injured: [Redacted] Street: [Redacted] City/Town: Wilbraham State: Ma. Age: [Redacted] Sex: M INJURY SEVERITY: 1 [X] Killed 2 [] Serious Visible Injury 3 [] Minor Visible Injury 4 [] No visible injury but Complaints of Pain RESTRAINT SYSTEMS: 1 [X] Safety Bell Used 2 [] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used PERSON INJURED: 1 [X] Operator 2 [] Passenger 3 [] Passenger in Train, Bus, Etc 4 [] Operator 5 [] Passenger In Vehicle: 4 No: 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

Injured 2: Name of Injured: [Redacted] Street: [Redacted] City/Town: Wilbraham State: Ma. Age: [Redacted] Sex: M INJURY SEVERITY: 1 [X] Killed 2 [] Serious Visible Injury 3 [] Minor Visible Injury 4 [] No visible injury but Complaints of Pain RESTRAINT SYSTEMS: 1 [] Safety Bell Used 2 [X] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used PERSON INJURED: 1 [] Operator 2 [X] Passenger 3 [] Passenger in Train, Bus, Etc 4 [] Operator 5 [] Passenger In Vehicle: 4 No: 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

Injured 3: Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted] Age: [Redacted] Sex: M INJURY SEVERITY: 1 [] Killed 2 [] Serious Visible Injury 3 [] Minor Visible Injury 4 [] No visible injury but Complaints of Pain RESTRAINT SYSTEMS: 1 [] Safety Bell Used 2 [] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used PERSON INJURED: 1 [] Operator 2 [] Passenger 3 [] Passenger in Train, Bus, Etc 4 [] Operator 5 [] Passenger In Vehicle: [] No: 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

EA12-005 Chrysler-013383

THE INFORMATION WHICH APPLY. The diagram and description of what happened (below) need not be completed if separate 3/4 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

Date and Time Accident Occurred East Longmeadow Street or Route Number Shaker Road Which direction was each vehicle traveling? Vehicle No. 5 <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W Vehicle No. 6 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Nearest Mile Marker 0	Number of Lanes 3	At Rotary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Accident Occurred on Ramp Fill in Below On ramp to route number _____ going _____ On ramp from route number _____ going _____
at intersection with _____ Or — if not at intersection fill in below _____ feet _____ Of nearest intersection bridge, mile marker, railroad Other Landmarks: 48 Shaker Rd.				

Accident involved Collision With 1 <input type="checkbox"/> Pedestrian 2 <input checked="" type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked 4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle	7 <input type="checkbox"/> Overturned in road 8 <input type="checkbox"/> Ran off roadway — non-collision 9 <input type="checkbox"/> Fixed object on shoulder sidewalk or island A <input type="checkbox"/> School Bus	B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other	If collision involved two or more vehicles mark one of the following 1 <input checked="" type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On
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What were vehicles doing prior to accident? Mark appropriate box vehicle 5 6 Making right turn Making left turn Making U turn Going straight ahead Passing on right Passing on left Stop sign Skidding Slowing or stopping Crossing median strip Driveway moving vehicle Backing Starting in traffic Starting from parked position Parked Stalled or disabled Stalled or disabled with flasher on In process of parking Entering or exiting from alley or driveway Making right turn on red Entering median Crossed median Other	Where was pedestrian located at time of accident? Mark appropriate box X 1 At intersection 2 Within 100 feet of intersection 3 More than 100 feet from intersection 4 Walking in street with traffic 5 Walking in street against traffic 6 Standing in street 7 Getting on/off vehicle 8 Working on vehicle 9 Working in street A Playing in street B Not in street C Other	ROAD SURFACE X 1 Dry 2 Wet 3 Snowy 4 Icy 5 Other ROAD CONDITIONS X 1 No Defects 2 Holes, pits, bumps 3 Foreign matter on surface 4 Defective shoulder 5 Road under construction 6 Other	COLLISION CONDITIONS X 1 Hit median barrier 2 Hit guard rail 3 Hit curbing 4 Hit abutment 5 Hit signpost 6 Hit utility or light pole 7 Hit tree 8 Embankment 9 Ditch A Rock ledge B Stone wall C Bridge rail D Other	LIGHT CONDITIONS X 1 Daylight 2 Dawn or dusk 3 Darkness — road lighted 4 Darkness — road unlighted WEATHER CONDITIONS X 1 Clear 2 Foggy 3 Cloudy 4 Rain 5 Snow 6 Sleet
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INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers

1 Number each vehicle and show direction of travel by arrow

2 Use solid line to show path before accident, dotted line after accident

3 Show pedestrian by

4 Show railroad by

5 Show distance and direction in landmarks; identify landmarks by name or number

6 Indicate north by arrow, as

SEE ENCLOSED DIAGRAM

INDICATE NORTH BY ARROW

Operator (mark one or more) 5 6 Operating Under Influence of Alcohol Operating Under Influence of Drugs Exceeding Lawful Speed Failed to Grant Right of Way to Other Vehicle Failed to Grant Right of Way to Pedestrian	Operator 5 6 Improper Passing On Wrong Side of Road Not Overtaking Failed to Give Proper Signal Improper Turning Movement Operating Unregistered/Uninsured Vehicle	Operator 5 6 Disregarded Traffic Light Disregarded Warning or Stop Signs Disregarded Other Traffic Control Improper Start from Parked Position Improper Parked Position	Operator 5 6 Leaving Scene of Accident Other Moving Violations (explain below) Operating to Endanger Failed to Stop for a Schoolbus Defective Equipment No Violation Operator
Describe what happened. Enter in vehicle by Number _____ Date Number _____			

EA12-005-Chrysler-013384

Signature: Robert T. Stecher N.T.L.M. EAL E/27/94
 Name and Rank: _____ Police Dept: _____ Date: _____



NOT TO BE USED BY OPERATOR

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT

SEND BOTH SUPPLEMENTAL COPIES ALONG WITH POLICE REPORT TO: REGISTRAR OF MOTOR VEHICLES 100 NASHUA STREET BOSTON, MASS. 02114 NAME OF POLICE DEPT. SUBMITTING REPORT

East Longmeadow

WHEN TO USE THIS FORM: Answers to questions below determine use.

Did this accident involve:

- 1. a truck with at least 2 axles and six tires, or haz mat placard? [X] Yes [] No
2. a bus with seats for more than 15 people, including driver? [] Yes [] No

STOP. If response to both questions is "No" do not fill out this form.

If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in:

- 3. person(s) fatally injured? [X] Yes [] No How Many 2
4. injured person(s) taken away for medical attention? [X] Yes [] No How Many 4
5. vehicle(s) towed from scene? [X] Yes [] No How Many 5

STOP. If response to 3, 4, and 5, is "No" do not complete this form.

If response is "Yes" to 3, 4, or 5 please complete this form.

Form with fields for US DOT, State Number, Issuing State of State #, Police Dept ID, Interstate, ICC MC #, Carrier Name, Source, Street Address, City/Town, State, Zip Code, Accident Date, Accident Time, Accident Location, City/Town, County, State, Driver's Name, Date of Birth, License Number, State, Vehicle Configuration, Total Length, Cargo Body Type, Number of axles, Gross Vehicle Wt. Rating, VIN #, Vehicle Registration #, Haz Mat Placard, Haz Mat Release of Cargo, Haz Mat Name, Haz Mat 4-Digit Number, Haz Mat 1-Digit Number, Federally Reportable?, CDL Class/Endorsement, Commercial Vehicle Driving Experience, Driver Type, Sequence of Events.

** IN ADDITION YOU MUST CONTINUE TO SUBMIT POLICE ACCIDENT REPORT FORM E-65 TO THE REGISTRY OF MOTOR VEHICLES**

East Longmeadow Police Department

06/27/94

Officer Stebbins and I responded to a reported serious motor vehicle accident on Shaker Road near the Jaycee's Building. We were advised one of the vehicles was on fire.

We arrived on the scene and I positioned my cruiser on the North side of the vehicle, which was now fully engulfed, and Officer Stebbins positioned his cruiser on the South side. I exited my cruiser and several people came running up and indicated there were people trapped in the burning vehicle. I attempted to approach the vehicle, but was not able to get within about twenty (20) feet.

The Fire Department had already been requested and Charter Ambulance was also dispatched. I advised the dispatcher, Officer Dalessio, of the serious nature of the accident and requested the Supervisor, Sgt. Driscoll, and the Dept. of Public Works for roadblocks. We also requested additional officers be called in to assist.

Officer Stebbins and I started to assess the accident scene and determined that five vehicles were involved in this accident. The vehicles were identified as follows:

1. [REDACTED] -1979 Toyota Celica
2. [REDACTED] -1984 Chevy Pickup
3. [REDACTED] -1992 Mazda Sedan
4. [REDACTED] -1988 AMC Cherokee
5. [REDACTED] -1992 Mack Truck

East Longmeadow Fire Department arrived on scene and extinguished the vehicle fire. There were two occupants located inside the vehicle in the front passenger area. The vehicle had sustained extensive crush damage in the rear area and we were not able to determine if any additional persons were inside.

Charter Ambulance arrived with multiple units and transported

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED] -deceased / no transport
5. [REDACTED] -no reported injuries

The V.I.N. number was taken off the windshield tag and processed through the LEAPS system. The number was listed to a 1988 Jeep Cherokee with the owner indicated as [REDACTED] of Springfield Street in Wilbraham. We were unable to determine the identities of the two occupants because of the extent of their burns.

The Medical Examiner's office was contacted for a response to the scene. State Police were also contacted for a reconstructionist.

East Longmeadow Police Department

We then started to obtain initial information from witnesses. Verbal statements were obtained and witnesses were requested to file written statements at our Department. Witnesses that were located on the scene were:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Massachusetts State Police arrived on the scene. Trooper Dave Percy (Fire Marshall's Office), Trooper Butch Thompson (Reconstructionist), Trooper Charlie Rogers (Truck Team). They began their investigations into the accident.

Lyndale Garage and C.J.'s Towing (vehicle) were requested on scene. Lyndale contacted Larson's Towing for the sanitation truck.

declined to make any statements pending consultations with an attorney.

Sgt. Manley met with Wilbraham Police Officer Raymond Kallaugh and made the death notification to and in Wilbraham. They confirmed that it was their daughters and who were in the vehicle and that was probably the operator.

A Massachusetts license and college identification was located in a pocketbook in the vehicle. It belonged to age . That, and the remaining property, was placed into three bags and transported to the station. It was later turned over to a family representative.

The Medical Examiner, Dr. Eugene Beauchamp, arrived on scene. The vehicle was cut apart by the Fire Department and the two bodies removed for transport to Springfield Hospital. Autopsy was scheduled for Wednesday. Fire Department members held up sheets in an effort to reduce the visibility for those standing around the scene. The vehicle seats were also separated and no other victims were located.

Trooper Thompson released the remains of the Jeep and Lyndale removed it to their facility. The sanitation truck operated by was taken to Larson Towing and impounded for further investigations. The other three vehicles were impounded at our station for review on Tuesday by Trooper Thompson.

East Longmeadow Police Department

Investigations will continue by the State Police for possible equipment violations on the truck and they will issue any appropriate citations. An accident diagram and report will also be completed by the state Police.

06/28/94

The investigation has resulted in the following version of this accident:

Vehicle #1, operated by [REDACTED] had stopped at about the driveway for Midas Muffler. She was on the way home from work and had rolled down the windows while she was stopped for traffic that had backed up from the stop sign at the intersection of Shaker Road and Maple Street. Vehicle #2, operated by [REDACTED], had stopped behind her across the parking lot from Coffee Tyme. Vehicle #3, operated by [REDACTED] with her niece, had stopped about three feet behind [REDACTED] and she was talking with her niece about the Carnival. Vehicle #4, possibly operated by [REDACTED] with her sister, [REDACTED] as a passenger, had pulled up or was in the process of pulling up behind the [REDACTED] vehicle. Vehicle #5 (the sanitation truck operated by [REDACTED], was operating in a Northerly direction approaching the line of stopped traffic.

The sanitation vehicle (#5) did not stop as it approached the line of traffic and impacted the [REDACTED] vehicle (#4) in the rear end. The impact resulted in the jeep being lifted up into the air at about a 45 degree angle. The impact also ruptured the gas tank located in the rear section of the vehicle and then ignited the gasoline that was escaping. The sanitation truck continued pushing the jeep forward, with both vehicles leaving skid marks and fluid, both oil and gasoline, until it impacted with the [REDACTED] vehicle (#3). The three vehicles continued forward still being pushed by the sanitation vehicle and the [REDACTED] vehicle (#3) impacted with the [REDACTED] vehicle (#2). The four vehicles now continued and the [REDACTED] vehicle (#2) impacted with the [REDACTED] vehicle (#1).

The vehicles then lost their forward momentum and came to rest. [REDACTED] (#1) pulled her vehicle forward into the parking lot in front of PIP Printing and ran inside to call for help. [REDACTED] vehicle (#2) rolled to the side of the roadway where he exited through the passenger side. The [REDACTED] vehicle (#3) rolled off to the side and up into the parking lot adjacent to Midas Muffler where she and her niece exited the vehicle and moved to safety. The [REDACTED] vehicle (#4) came to rest in the middle of the travel lane and was immediately engulfed in fire. Several persons attempted to extinguish the flames with small fire extinguishers because they could hear someone inside screaming for help, but they were unsuccessful. The screams stopped after about 15 seconds. The [REDACTED] vehicle (#5) came to rest behind the [REDACTED] vehicle (#4), but backed up because of the fire to a safer location on the street.

East Longmeadow Police Department

The following was also determined from witness statements:

1. [REDACTED] and [REDACTED] had worked until a little after 4PM and were on their way to a health club. [REDACTED] was probably driving.

District Attorney Bennett's office was contacted regarding this case and two State Troopers, Peter Konstantakos and Thomas Daly, came to our station and reviewed the case.

Additional statements were received from motor vehicles operators to clarify the events.

Additional witness statements were also obtained from the following:

- 1 [REDACTED]
- 2 [REDACTED]
- 3 [REDACTED]

Physical evidence supports several witnesses in the fact that the sanitation truck driver, [REDACTED] never applied his truck brakes until after his vehicle impacted with the [REDACTED] vehicle.

Physical evidence supports several witness statements that the sanitation truck operated by [REDACTED] (9/16/10 sgt pm) was travelling at a speed greater than reasonable and proper for that location and amount of traffic. The posted speed limit for the location is 25 miles per hour.

George McMahon is representing Somers sanitation and [REDACTED]

Jim Rabbitt is representing the [REDACTED] family. He has also retained Gary Pease, a fire investigator, who will be conducting an independent investigation.

Francis Foley, CT U.S. DOT will be conducting an independent investigation because the company is in his jurisdiction and because it involves interstate transportation.

Another vehicle was damaged while operating in the opposite direction. One of the witnesses, [REDACTED] was operating a vehicle owned by [REDACTED] and it sustained paint damage, probably from paint and debris from the impact of the sanitation truck and the jeep. She will be assigned as Vehicle #6 in this accident.

Officer Richard Bates 06/28/94

06/27/94

On 6/27/94 Officer Richard Bates and I responded to Shaker Rd. for a motor vehicle accident. When we arrived I observed a vehicle fully engulfed in flames. Officer Bates positioned his cruiser to the north and I positioned my cruiser to the south of the accident scene. I got out of my cruiser and was drawn back from the vehicle on fire due to the heat and smoke. I observed a Somers Sanitation truck that was stopped on Shaker Rd. and I asked the operator if he had seen anything. The operator stated, "I couldn't stop and I hit them." "There must be something on the road, I couldn't stop." At this time I realized that this vehicle was involved in the accident. I asked the operator if he was injured or if he wanted to be looked after the EMT personnel and he declined. I asked the operator to park the truck in the Meadow Shops parking lot because fire apparatus was now responding to the scene. I maintained visual contact with the sanitation truck until the area was secured. I did not

East Longmeadow Police Department

observe any foreign matter on the road prior to the point of impact and I did not observe any brake marks on the road surface prior to the point of impact. I asked the operator of the truck for his license and registration. I found the operator to be [REDACTED]. [REDACTED] decided to seek legal consultation.

During the investigation I was approached by [REDACTED] who was operating [REDACTED] vehicle. [REDACTED] stated she was traveling south on Shaker Rd. and that the vehicle was hit by debris. I observed puck marks on her hood and fenders. That will be added as a sixth vehicle in this accident. She also filed a written statement.

Off. Robert Stebbins 06/28/94

East Longmeadow Police Department

06/29/94

A videotape of the accident was obtained by Channel 22 and a copy provided to the MA state Police. The individual who shot the videotape was interviewed and he provided a written statement of what he observed.

1. [REDACTED]

A copy of [REDACTED] driving record in CT was requested, received, and included with this investigation.

We received a copy of the MA state Police Truck Team report regarding the condition of the Somers Sanitation vehicle.

Officer Richard Bates 07/01/94

07/07/94

[REDACTED] came into the station for the accident information. She also wanted to amend her report on the observations she made on the date of the accident.

Her statement indicated she had re-evaluated the speed of the sanitation vehicle and now wanted to change it from her original estimate of 30 -35 mph up to her new estimate of 40 - 45 mph. Advised State Police.

Officer Richard Bates 07/07/94

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No.

DATE 6-28-94 TIME 9:49 AM PLACE East Longmeadow Police Dept.

I [redacted] was driving around running errands with my niece [redacted]. We were driving north on Shaker Rd. and stopped behind traffic that was approaching rotary. My car was across from the fireworks banner near the end where it said "July 3rd". I heard a short squeal and immediately looked in my rear view mirror and at that instant was hit by a ball of flames. We were being pushed with great force into the vehicle in front of us, and kept hearing a crackling noise and I felt we were being squeezed tighter and tighter. I thought my car was also on fire. There seemed like there was no way out until the vehicle in front of us seemed to move up a little bit. At that point we still were being pushed forcefully, but my car was pushed off to the right and ended up in a parking lot near Midas Muffler. When we were able to release our seat belts and open the doors, we ran away from my car. I covered my niece with my body and that is when we heard the first explosion. At that point, we ran towards Midas to get away from the explosions, where we were helped and comforted by many kind people.

EA12-005 Chrysler 013302

WITNESSES: R. Bates SIGNED [redacted]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6/29/94 TIME 9:11 P.M. PLACE CENTER FIELD

I, [REDACTED] WAS ON TOP OF THE SCOOTER (BUMPER CARS) HEARD AN IMPACT THEN SAW GARBAGE TRUCK COLLIDE AND PUSH SEVERAL VEHICLES DOWN THE STREET (ABOUT 30 FEET) THE TRUCK THEN BACKED OFF OF THE CHEROKEE AND PARKED IN THE LOT. A FIRE STARTED UPON IMPACT. THE DRIVER WAS IN SHOCK FROM THE LOOK ON HIS FACE. THEN SOME PEOPLE CAME OVER WITH EXTINGUISHERS TO PUT OUT THE FIRE FROM THE CHEROKEE AND UNDER THE GARBAGE TRUCK. THEN SOME TRIED TO GET TO THE CHEROKEE BUT THE TIRES STARTED EXPLODING AND THE FIRE GOT WORSE SO NO ONE COULD DO ANYTHING BUT WATCH. BEFORE IMPACT I DON'T REMEMBER HEARING SKIDDING FROM THE TRUCK APPLYING BRAKES BEFORE IMPACT. AFTER IMPACT, I THINK HE WAS MOVING ABOUT 30 M.P.H. AS THE TRUCK PUSHED THREE OTHER VEHICLES DOWN THE STREET (ABOUT 30 FEET).

[REDACTED]
BURLINGTON, V.T. [REDACTED]

WITNESSES: _____

SIGNED [REDACTED]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6/27/94 TIME 4:15 ^{APPROX} PLACE NEAR EAST LONGMEADOW SHOPS

I, [REDACTED] WITNESSED A CAR ACCIDENT. I WAS DRIVING TO CT. ON SHAKER ROAD, JUST AS I CAME OUT OF THE ROTARY ONTO SHAKER ROAD, THERE WAS A LINE OF CARS (APPROX. 5 OR 6) THE FIRST CAR WAS TAN/GOLD THAT WAS HIT BY THE BROWN ~~SANITATION~~ ^{SANITATION} TRUCK. THE TAN/GOLD CAR WAS ALMOST TO A COMPLETE STOP WHEN I SAW THAT THE BROWN TRUCK DID NOT SEEM TO BE SLOWING DOWN (AT THIS TIME I WAS ALMOST APPROACHING ^{SIDE BY SIDE} TO THE TAN/GOLD CAR). I DID NOT HEAR OR SEE THE BROWN TRUCK TRYING TO SLOW DOWN (NOT EVEN DID ANY OF THE TIRES LOCK AS IF TRYING TO BRAKE). AT THIS POINT I WAS ABLE TO SEE THE PERSON'S FACE WHEN THE TRUCK HIT THE TAN/GOLD CAR. THE GLASS FROM THE ~~THE~~ TAN/GOLD CAR, FROM IMPACT, HIT MY CAR. I PULLED OVER ABOUT 20 YDS AND TURNED MY HEAD TO SEE IF EVERYONE WAS O.K., THEN THE VEHICLE ~~TAN/GOLD~~ CAR IGNITED INTO FLAMES IMMEDIATELY. THE CARS THAT WERE IN FRONT ON THE TAN/GOLD CAR QUICKLY PULLED AWAY FROM THE SIGHT. I THEN PULLED OVER INTO THE PARKING LOT ACROSS THE STREET SO I COULD CALL 911.

[REDACTED]

SPRINGFIELD, MA

EA12.005 Chrysler 013394

WITNESSES: _____

SIGNED: [REDACTED]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE July 7, 1994 TIME 10:50 Am PLACE _____

I, [REDACTED], WALKING OUT OF THE STATE TROOPERS OFFICE WAS ASKED, TO THE BEST OF MY KNOWLEDGE, HOW FAST THE SANITATION TRUCK WAS TRAVELING AT THE TIME OF THE ACCIDENT, ON SHAKER ROAD. I GUESSED THE SPEED TO BE 30-35 MPH AND TROOPER THOMPSON INCLUDED THE ESTIMATE TO HIS REPORT, HOWEVER I WOULD LIKE TO CHANGE THIS STATEMENT. I WAS IN THE PASSENGER SEAT WHILE MY GIRLFRIEND, [REDACTED] WAS DRIVING. SHE ASKED ME TO GUESS HOW FAST THE TRUCK WAS GOING, WE DID THIS NUMEROUS TIMES AND EACH TIME I GUESSED THE VEHICLE TO BE AROUND 40-45+. SO AGAIN, I WOULD LIKE TO CHANGE MY STATEMENT FROM 30-35 mph TO 40-45+ mph (REFERRING TO HOW FAST THE SANITATION TRUCK WAS TRAVELING, TO THE BEST OF MY JUDGEMENT).

EA12-005- Chrysler -013395

WITNESSES: [REDACTED]

SIGNED _____

R. Bates #6

Longmeadow,

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No.

DATE 6/27/94 TIME 7:25 pm PLACE E Longmeadow

I, [REDACTED] on Shaker Rd Stopped in traffic was
hit from behind, Rolled forward Pulled over and stopped
and got out of my truck through the passenger side
because the drivers side door was jammed shut
I was stopped in traffic in North Bound lane
across from Coffee Tyme I heard no noise
or tire noise and was struck from the rear
which pushed my truck to about the Midias muffler
shop.

EA12-005- Chrysler -013396

WITNESSES: _____

SIGNED [REDACTED]

SPFLD, MA

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6/27/94 TIME 7⁴⁰ pm PLACE E Longmeadow Police

I was traveling at a rate of about 5 to 10 miles per hr. when I heard something like a screech of brakes. I looked in my rear view mirror and saw flames. I was then hit from behind by the jeep. They burst into flames, and I kept going to get out of the way. I then pulled into PIP, got out of my car and went for help.

EA12-005-Chrysler-013397

WITNESSES: _____

SIGNED _____

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6-28-94 TIME 7:40 am PLACE E. Long. Police Dept

I, [REDACTED] had left my job at Women's Spec. Retail Corp. in Enfield, Ct. and was on my way to my second job at Foodma on Cooley St. I was driving down Shaker road going slowly as I know I'll be stopping at the stop sign at the rotary. I was even noticing the sign on the fence to my left that said E. Long. Jaycee's June 30st to July 3rd. Advertising the Corn and Fireworks. I had even unrolled my window and turned off my airconditioner as I have an older model car and being stopped it'll overheat; so I had turned it off and was going by the Hobby Shop very slowly and noticing than a car to my right coming slowly out of the driveway of the brake shop. I was just coming to a complete stop when I heard a car braking very loudly and not knowing in which direction it was coming from I looked in my rear view mirror and saw a big ball of flames and then I was hit real hard because I felt like I was going to loose control. All I could think of was to keep going pull in somewhere; and get help. I pulled over into PIP and started opening everyone's door telling them to call 911. I started toward the jeep on fire but a woman from PIP pulled me back into the store and told me there was nothing I could do.

The reason for my saying braking very loudly was I heard tires squeeling.

EA12 005-Chrysler-013398

WITNESSES:

R. Bates

SIGNED

[REDACTED]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6/27/94 TIME 4:15 pm PLACE In front of East Meadow Shops

I, [REDACTED] was driving behind (approx. 100 yds.)

a brown Somers Sanitation Garbage Truck on
Shaker Rd. in East Longmeadow. I was following
the garbage truck from Enfield CT. ~~MA~~

As I was driving I saw flames shooting up
in front + above the Garbage truck. I was now
in front of the Wild Apples Cafe entrance closest to
the bank, and the truck was in front of Country
Classics Gift shop. I was traveling at approx 30 mph
at the time of the accident + the truck was
traveling faster than myself. I did not see
the car that was hit at the time of the
accident because the ~~by~~ garbage truck
was blocking it.

[REDACTED]

East Longmeadow, MA

EA12-005-Chrysler-013399

WITNESSES: _____

SIGNED [REDACTED]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 5/27, 1994 TIME 4:30 AM PLACE JC Building Schader Rd
East Longmeadow

I, [REDACTED] state that I saw a
Somers Sanitation truck hit a recent
Jeep Cherokee on this date. I did not
see the truck traveling but I did see
the impact. The sanitation truck hit
the Cherokee and pushed it into ~~two~~
other vehicles. One was a grey car
the other was a large GMC pickup.
The Jeep was pushed forward until the
impact with the GMC truck. When
the vehicles impacted with the GMC
truck the Jeep collapsed upon itself,
It then immediately caught fire. ~~After~~
After that people came with a fire
extinguisher but were not able to
get close enough to see if they could
help get someone out. At that
time I knew there was no hope for
any one in that Jeep to live. I later
saw the face of a man trying to get
out.

[REDACTED]

[Signature]

EA12-005- Chrysler -013400

WITNESSES: [REDACTED]

SIGNED [REDACTED]

Further I would add that the driver of the Sanitation Truck was looking straight ahead. He did not use the Brakes or Swerve to avoid the Jeep in front of it. I am not sure but I ~~do~~ believe that the front forks of the Sanitation truck was not in its upright position but rather closer to the ground.



Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6-27-94 TIME 1915 PLACE E. Long. Police

I, [REDACTED] witnessed an accident at about
415 on 6-27-94 on Shaker Rd. a Sanitation Truck
hit the back of a Jeep and pushed it about 30'-40'
down the road. on impact the Jeep burst into
flame. IT looked to me that the Truck did
not see the Jeep because he did not start
to stop until after impact.

EA12-005- Chrysler-013402

WITNESSES: R. Bates SIGNED [REDACTED]
E. Longmead.

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No.

DATE 6/28/94 TIME 6:10PM PLACE _____

I, [redacted] saw the accident on Shaker Rd. from the wipeout side I saw the trash truck going about 30-40 mph lock his brakes then hit the Jeep which was still in motion then the Jeep hit the back of the pick-up truck then the pick up hit the car the car went in to midas parking lot and the pick-up went to the curb and the Jeep ~~was on fire~~ ^{was on fire} then saw someone grab the Fire Exguisher in the trash truck while people ~~were~~ ^{were} scrambling around then I saw a Guy with a second Fire Exguisher I yell from the fence the garage truck was on fire so he spray it while the other Guy was spraying the Jeep But the tires where popping And the gas tank was getting ready to explode so people starting running. about a little while later the Fire Department showed up and Block the scene.

trash truck Forks were not a way up. the Jeep Bounced when hit by truck. the Jeep was going about 10-15 mph.

EA12-005 Chrysler 013403

WITNESSES: [redacted]

SIGNED 6/28/94

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No.

DATE 6-28-94 TIME 9³⁵ PLACE E.L. Police Station

I, [REDACTED] recall on Monday 6-27-94 seeing the sanitation truck pass ~~at~~ by our parking lot at 56-58 Shaker Road. He seemed to be traveling at a higher rate of speed than normal for that road at that time of day. I do not recall hearing any screeching of brakes, but heard a loud crash. I ran outside ~~and~~ [REDACTED] as it was quite loud and saw the jeep in flames. The vehicle went up so fast, we could not approach to help. I was in the rear of the store looking out the front window when I saw the truck + heard the impact.

WITNESSES: R. Bates

SIGNED [REDACTED]

William M. MA
EA12005 Chrysler 0113404

Palmer MA

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No.

DATE 6/28/94 TIME 3:50 PM PLACE Palmer, Police Dept

I was in the Cavello Sale parking lot near the Shaker Rd side of our yard, Strapping my load of Lumber. I heard a truck coming that sounded like it was moving right along when I looked up I saw the Garbage Truck that was involved in the mishap, but it was an Automatic Transmission and I could see he was traveling @ a normal speed (Perhaps 30-35 MPH) even though it sounded faster.

I then went back to Strapping my load when I heard a Car horn (A long duration one beep-) I expected to hear screaming of brakes but I didn't. Then I heard an explosion, at first it didn't sound like a car ~~see~~ collision (with crunching of metal sound) so I didn't look down the road right away. Then I ~~heard~~ heard another smaller explosion (later I determined it to be one ^{of} the tire exploding) Then I ran down the road and watched the events unfold @ the scene.

While there I talked to the Driver of the Truck (being a truck driver myself) He could not tell me if he had caused the acc or came in after and hit the car. He was very ~~lost~~ lost in shock and I tried to calm him. Then I went looking for witness ~~and~~ was able to point one out for one of your Officers.

WITNESSES:

R. Bates

SIGNED

EA12-005-Chrysler 113405

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

DATE 6-27-94 TIME 4³⁰ PM PLACE Shaker Rd

I, [REDACTED] WAS STOPPED IN TRAFFIC WAITING TO PROCEED WITH THE FLOW, I THEN HEARD CRASHING AND GLASS BREAKING. I LOOKED IN MY MIRROR TO SEE WHAT HAPPEN. AT THAT TIME I SAW SOMERS SANITATION TRUCK SMASHING INTO THE BACK OF THE JEEP. THE BACK OF THE JEEP WAS APPROXIMATELY 45° OFF THE GROUND AND FLAMES COMING OUT FROM THE BACK OF THE JEEP. I THEN SAW THE SANITATION TRUCK PUSHING ALL THE VEHICLE IN MY DIRECTION. MY VEHICLE WAS IN FRONT OF THE LAST VEHICLE TO GET HIT. AT THAT POINT I STEPPED ON THE GAS TO AVOID GETTING HIT. I PULLED MY VEHICLE INTO MIDAS PARKING LOT AND RAN OVER TO THE JEEP THAT WAS ON FIRE. AT THAT POINT I ATTEMPTED TO GET THE GIRL'S OUT, BUT IT WAS GETTING TOO HOT. I THEN RAN TO THE BACK OF THE JEEP AND HEARD SOMEONE SAYING HELP ME HELP ME. AT THAT TIME IT GOT TOO HOT AND I WAS FORCED TO STEP BACK. SHORTLY AFTER THE FIRE DEPT GOT THERE. ~~I~~ ~~HE~~
(late note) I HEARD TIRES SKIDDING AFTER THE EMPACKED OF THE VEHICLE

EA12-005- Chrysler -013406

WITNESSES: [REDACTED]

SIGNED [REDACTED]

Statement and Evidence Sheet
EAST LONGMEADOW POLICE DEPT.

Re: Complaint No. 94-4540

Ref E. R.

DATE 6/27 TIME 6:51 PLACE E. L. Police Dept

I, was under the tent for the O'Chess tent
when I heard the first impact, when
I looked up the Jeep was being pushed into
the vehicle in front of it and already
in flames. I jumped over the fence and tried
to get to the Jeep but it was already
engulfed, I then took the fire extinguisher
from the truck driver and tried to put
out the fire but was unable to. I didn't
hear the truck brakes engage or lock
up only what sounded like the other
car's brakes squeaking

Date this happened 6/27

Time: APPROX 4:15 PM

EA12-005-Chrysler-013407

WITNESSES: _____

SIGNED: _____

SEND ORIGINAL TO:

REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

JUL 11 1994

Was this Accident Investigated by an Officer?
 YES NO
 If YES, Check One Box Below
 1 Registry 4 State Police
 2 MDC 5 Local Police
 3 Other

Date of Accident: Mo 6 Day 27 Yr 94
 Day of the Week: S M T W T F S
 AM 1 PM 2 Hour 4.15
 Have you completed a Mass driver education course YES NO

VEHICLE 1
 Name of Operator Making Report: [Redacted]
 Street Address: [Redacted] City/Town: Springfield, MA State: MA Zip: [Redacted]
 Number of Vehicles Involved: 5 Date of Birth: [Redacted] Sex: M F
 Driver's License Number and State: MA
 Owners Name and Address (if same write "same"): Same
 Registration Number and State: [Redacted]
 Name of Insurance Company only may be written here: Safety Insurance Co Year: 79 Make: Toyota Type: Celica
 Describe Damage to Vehicle: Rear Bumper
 Approximate Cost to Repair \$ Under \$500
 Fire Damage YES NO YES Parked Car NO YES

VEHICLE 2
 Name of Operator: [Redacted]
 Street Address: [Redacted] City/Town: Longmeadow, MA State: MA Zip: [Redacted]
 Date of Birth: [Redacted] Sex: M F
 Driver's License Number and State: [Redacted]
 Owners Name and Address (if same write "same"): Same
 Registration Number and State: [Redacted]
 Name of Insurance Company only may be written here: Premier Insurance Co of Mass Year: 1984 Make: Chevrolet Type: Pickup
 Describe Damage to Vehicle: Front End + Rear End
 Approximate Cost to Repair \$ 1,000+
 Fire Damage YES NO YES Parked Car NO YES

OTHER
 Describe Other Property Damage: [Redacted]
 Name of Property Owner: [Redacted] Address: [Redacted] Phone: [Redacted]

WITNESSES
 Other Witnesses or Persons Present: [Redacted] Address: [Redacted] Phone: [Redacted]
 [Redacted] W. Ibrahim, MA Bus Res
 [Redacted] Springfield, MA Bus Res

INJURED 1
 Number Injured: 6 To what hospital was injured taken? Mercy Hospital Springfield, MA
 Name of Injured: [Redacted] City/Town: Springfield, MA State: MA
 Taken by Ambulance? YES NO

INJURED 1
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: YES NO
 INJURY SEVERITY: 1 Killed, 2 Serious Visible Injury, 3 Minor Visible Injury, 4 No Visible Injury but Complaints of Pain
 RESTRAINT SYSTEMS: 1 Safety Belt Used, 2 Child Restraint Used, 3 Helmet Used, 4 Air Bag Used
 PERSON INJURED: 1 Operator } In Vehicle, 2 Passenger } No 1, 3 Passenger in Train, Bus, Etc., 4 Operator } On Motorcycle, 5 Passenger }
 6 Pedestrian, 7 Bicyclist, 8 Moped, 9 Other

INJURED 2
 Name of Injured: [Redacted] City/Town: Longmeadow, MA State: MA
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: YES NO
 INJURY SEVERITY: 1 Killed, 2 Serious Visible Injury, 3 Minor Visible Injury, 4 No Visible Injury but Complaints of Pain
 RESTRAINT SYSTEMS: 1 Safety Belt Used, 2 Child Restraint Used, 3 Helmet Used, 4 Air Bag Used
 PERSON INJURED: 1 Operator } In Vehicle, 2 Passenger } No 2, 3 Passenger in Train, Bus, Etc., 4 Operator } On Motorcycle, 5 Passenger }
 6 Pedestrian, 7 Bicyclist, 8 Moped, 9 Other

INJURED 3
 Name of Injured: [Redacted] City/Town: [Redacted] State: [Redacted]
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: YES NO
 INJURY SEVERITY: 1 Killed, 2 Serious Visible Injury, 3 Minor Visible Injury, 4 No Visible Injury but Complaints of Pain
 RESTRAINT SYSTEMS: 1 Safety Belt Used, 2 Child Restraint Used, 3 Helmet Used, 4 Air Bag Used
 PERSON INJURED: 1 Operator } In Vehicle, 2 Passenger } No _____, 3 Passenger in Train, Bus, Etc., 4 Operator } On Motorcycle, 5 Passenger }
 6 Pedestrian, 7 Bicyclist, 8 Moped, 9 Other

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

LOCATION	City or Town Where Accident Occurred East Longmeadow, MA	Nearest Mile Marker 2	Number of Lanes 2	All Rotary 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO	If Accident Occurred on Ramp Fill in Below 1 <input type="checkbox"/> On ramp to route number going <table border="1"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> 2 <input type="checkbox"/> On ramp from route number going <table border="1"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	N	S	E	W					N	S	E	W											
	N	S	E	W																								
N	S	E	W																									
Street Name or Route Number Shaker Road	at intersection with																											
Which direction was each vehicle traveling?	Or — If not at intersection, fill in below:																											
Vehicle No. 1 <table border="1"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr><tr><td>X</td><td></td><td></td><td></td></tr></table> No. 2 <table border="1"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr><tr><td></td><td>X</td><td></td><td></td></tr></table>	N	S	E	W	X				N	S	E	W		X			feet <table border="1"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> Of nearest intersection, bridge, mile marker, railroad				N	S	E	W				
N	S	E	W																									
X																												
N	S	E	W																									
	X																											
N	S	E	W																									
Other Landmarks _____																												

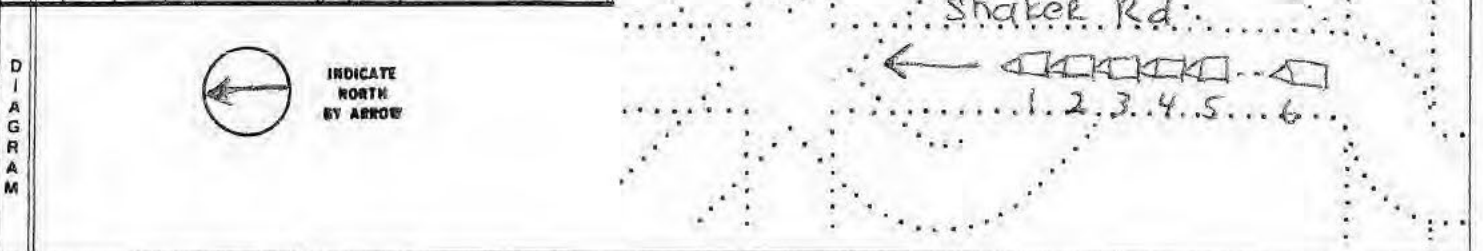
TYPE	Accident Involved Collision With:	7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following:
	1 <input type="checkbox"/> Pedestrian 2 <input checked="" type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked	4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle	
		B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On

COLLISION	What were vehicles doing prior to accident? Mark appropriate box	Where was pedestrian located at time of accident? Mark appropriate box	ROAD SURFACE	COLLISION CONDITIONS	LIGHT CONDITIONS
	Vehicle 1 2 1 Making right turn 2 Making left turn 3 Making U turn 4 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Going straight ahead 5 Passing on right 6 Passing on left 7 Stop sign 8 Skidding 9 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Slowing or stopping A Crossing median strip B Driverless moving vehicle C Backing D Starting in traffic E Starting from parked position F Parked G Stalled or disabled H Stalled or disabled with flasher on J In process of parking K Entering or exiting from alley or driveway L Making right turn on red M Entering median N Crossed median O Other	1 <input checked="" type="checkbox"/> At intersection 2 <input type="checkbox"/> Within 300 feet of intersection 3 <input type="checkbox"/> More than 300 feet from intersection 4 <input type="checkbox"/> Walking in street with traffic 5 <input type="checkbox"/> Walking in street against traffic 6 Standing in street 7 Getting on/off vehicle 8 Working on vehicle 9 Working in street A Playing in street B Not in street C Other	1 <input checked="" type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snowy 4 <input type="checkbox"/> Icy 5 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Hit median barrier 2 <input type="checkbox"/> Hit guard rail 3 <input type="checkbox"/> Hit curbing 4 <input type="checkbox"/> Hit abutment 5 <input type="checkbox"/> Hit signpost 6 <input type="checkbox"/> Hit utility or light pole 7 <input type="checkbox"/> Hit tree 8 <input type="checkbox"/> Embankment 9 <input type="checkbox"/> Ditch A <input type="checkbox"/> Rock ledge B <input type="checkbox"/> Stone wall C <input type="checkbox"/> Bridge rail D <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn or dusk 3 <input type="checkbox"/> Darkness — road lighted 4 <input type="checkbox"/> Darkness — road unlighted
CONDITIONS			ROAD CONDITIONS	WEATHER CONDITIONS	
			1 <input checked="" type="checkbox"/> No Defects 2 <input type="checkbox"/> Holes, ruts, bumps 3 <input type="checkbox"/> Foreign matter on surface 4 <input type="checkbox"/> Defective shoulder 5 <input type="checkbox"/> Road under construction 6 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Clear 2 <input type="checkbox"/> Foggy 3 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Rain 5 <input type="checkbox"/> Snow 6 <input type="checkbox"/> Sleet	

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers

- Number each vehicle and show direction of travel by arrow:
- Use solid line to show path before accident; dotted line after accident:
- Show pedestrian by:
- Show railroad by:
- Show distance and direction in landmarks; identify landmarks by name or number.
- Indicate north by arrow, as:



Describe What Happened (Refer to Vehicles by Number)

Veh # 5 hit Veh # 4 (Veh # 4 exploded) then Veh # 4 hit the Rear of Veh # 3 which caused Veh # 3 to hit me Veh # 2 then I was pushed into the rear of Veh # 1. I have no knowledge of how Veh # 6 was involved. Also I would like to state that I was Stopped in traffic's.

My speed immediately prior to the accident was approximately stopped m.p.h.

Signature of operator making report _____

Date **7/6/94**

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
 100 NASHUA STREET
 BOSTON, MASS. 02114

MUST TYPE OR PRINT

REGISTRY USE ONLY

COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

ONE COPY TO
 POLICE DEPARTMENT in whose juris-
 diction the accident occurred.

Was this Accident investigated by an Officer?
 If Yes, Check One Box Below

1 Registry 4 State Police
 2 MOC 5 Local Police
 3 Other

Date of Accident: Mo 6 Day 27 Yr 94
 Day of the Week: S M T W T F S
 AM PM 1 2
 Hour: 4:15
 Have you completed a Mass driver education course? YES NO

VEHICLE 3

Name of Operator Making Report: [Redacted]
 Street Address: [Redacted] City/Town: Springfield State: MA Zip: [Redacted]
 Number of Vehicles Involved: 8
 Date of Birth: MO [Redacted] YR [Redacted] Sex: M F
 Driver's License Number and State: [Redacted] MA
 Owners Name and Address (if same, write "same"): Same
 Name of Insurance Company only may be written here: John Hancock Property Year: 1992 Make: Mazda Type: Sedan Approximate Cost to Repair: \$ 1000+
 Describe Damage to Vehicle: Front End + Rear End
 Fire Damage: YES NO
 Parked Car: YES NO

VEHICLE 4

Name of Operator: [Redacted]
 Street Address: [Redacted] City/Town: Street Wilbraham State: MA Zip: [Redacted]
 Date of Birth: MO [Redacted] YR [Redacted] Sex: M F
 Driver's License Number and State: [Redacted] MA
 Owners Name and Address (if same, write "same"): Same
 Name of Insurance Company only may be written here: Arbella Mutual Insurance Co Year: 1988 Make: BMC Type: Cherokee Approximate Cost to Repair: \$ total
 Describe Damage to Vehicle: Total
 Fire Damage: YES NO
 Parked Car: YES NO

OTHER

Describe Other Property Damage: _____
 Name of Property Owner: _____ Address: _____ Approximate Cost to Repair: \$ _____

WITNESSES

Other Witnesses or Persons Present: [Redacted] Address: [Redacted] Phone: _____
East Longmeadow MA
Springfield MA

INJURED 1

Number injured: 6 To what hospital was injured taken? Bay state medical Taken by Ambulance? YES NO
 Name of injured: [Redacted] Street: [Redacted] City/Town: Springfield State: MA
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: 1 YES 2 NO
 INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible injury but Complaints of Pain
 RESTRAINT SYSTEMS: 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
 PERSON INJURED: 1 Operator } In Vehicle 2 Passenger } No 3 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger }
 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

INJURED 2

Name of injured: [Redacted] Street: [Redacted] City/Town: Springfield State: MA
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: 1 YES 2 NO
 INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible injury but Complaints of Pain
 RESTRAINT SYSTEMS: 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
 PERSON INJURED: 1 Operator } In Vehicle 2 Passenger } No 3 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger }
 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

INJURED 3

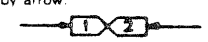
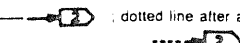

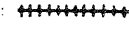

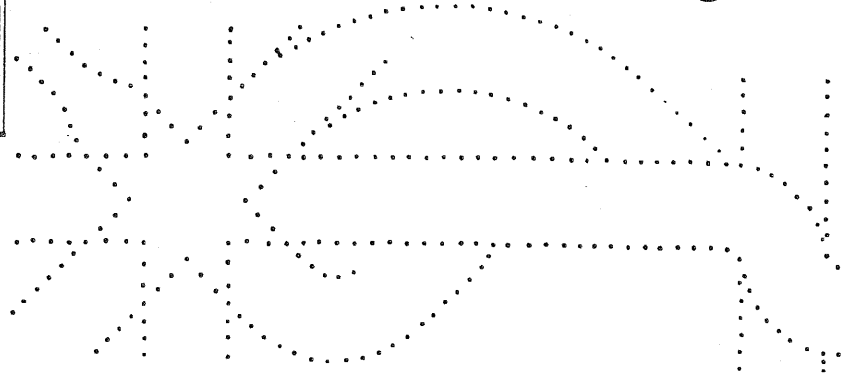
Name of injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]
 Age: [Redacted] Sex: M F
 Ejected from Vehicle: 1 YES 2 NO
 INJURY SEVERITY: 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible injury but Complaints of Pain
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 6 Pedestrian 7 Bicyclist 8 Moped 9 Other

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

L O C A T I O N	City or Town Where Accident Occurred _____	Nearest Mile Marker _____	Number of Lanes _____	At Rotary YES <input type="checkbox"/> NO <input type="checkbox"/>	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ going N S E W 2 <input type="checkbox"/> On ramp from route number _____ going N S E W																								
	Street Name or Route Number _____ at intersection with _____																												
	Which direction was each vehicle traveling?		Or — If not at intersection, fill in below:																										
	Vehicle No. 1 <table style="display: inline-table; border: 1px solid black; text-align: center;"> <tr><td>N</td><td>S</td><td>E</td><td>W</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> No. 2 <table style="display: inline-table; border: 1px solid black; text-align: center;"> <tr><td>N</td><td>S</td><td>E</td><td>W</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	N	S	E	W					N	S	E	W					_____ feet <table style="display: inline-table; border: 1px solid black; text-align: center;"> <tr><td>N</td><td>S</td><td>E</td><td>W</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Of nearest intersection, bridge, mile marker, railroad			N	S	E	W					
N	S	E	W																										
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Other Landmarks: _____																													

T Y P E	Accident Involved Collision With:				If collision involved two or more vehicles mark one of the following: 1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On
	1 <input type="checkbox"/> Pedestrian 2 <input type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked	4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle	7 <input type="checkbox"/> Overturned in road 8 <input type="checkbox"/> Ran off roadway — non-collision 9 <input type="checkbox"/> Fixed object on shoulder, sidewalk or island A <input type="checkbox"/> School Bus	B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other	

C O L L I S I O N	What were vehicles doing prior to accident? Mark appropriate box	Where was pedestrian located at time of accident? Mark appropriate box.	ROAD SURFACE	COLLISION CONDITIONS	LIGHT CONDITIONS																																																																																																																														
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D I A G R A M	INDICATE ON THIS DIAGRAM WHAT HAPPENED Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers 1. Number each vehicle and show direction of travel by arrow:  2. Use solid line to show path before accident, dotted line after accident.  3. Show pedestrian by:  4. Show railroad by:  5. Show distance and direction in landmarks; identify landmarks by name or number 6. Indicate north by arrow, as: 
	

INDICATE NORTH BY ARROW	
-------------------------	--

Describe What Happened: (Refer to Vehicles by Number)

EA12-005- Chrysler -013411

My speed immediately prior to the accident was approximately _____ m.p.h.

Signature of operator making report _____ Date _____

REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident Investigated by an Officer?
If Yes, Check One Box Below
1 Registry 4 State Police
2 MDC 5 Local Police
3 Other

Date of Accident: 6 27 94
Day of the Week: S M T W T F S
Hour: 4:15 P.M.

Have you completed a Mass. driver education course? YES NO

VEHICLE 5
Name of Operator Making Report: [Redacted]
Street Address: [Redacted] City/Town: Ellington Ct State: [Redacted] Zip: [Redacted]
Number of Vehicles Involved: 6
Date of Birth: [Redacted] Sex: M F
Driver's License Number and State: [Redacted] Ct
Owners Name and Address (if same, write "same"): Somers Sanitation 137 Prospect Hill E. Windsor Ct
Name of Insurance Company only may be written here: Providence Washington Year: 1999 Make: Mack Type: Truck
Describe Damage to Vehicle: Front End
Approximate Cost to Repair: \$ Under
Fire Damage: YES NO YES Parked Car: YES NO

VEHICLE 6
Name of Operator: [Redacted]
Street Address: [Redacted] City/Town: Springfield, MA State: [Redacted] Zip: [Redacted]
Date of Birth: [Redacted] Sex: M F
Driver's License Number and State: [Redacted] MA
Owners Name and Address (if same, write "same"): Same State: MA
Name of Insurance Company only may be written here: Metropolitan Year: 1992 Make: Honda Type: Accord
Describe Damage to Vehicle: Paint Damages
Approximate Cost to Repair: \$ Under
Fire Damage: YES NO YES Parked Car: YES NO

OTHER
Describe Other Property Damage:
Name of Property Owner:
Address:

WITNESSES
Other Witnesses or Persons Present:
[Redacted] East Longmeadow MA Bus Res.
[Redacted] East Longmeadow MA Bus Res.
[Redacted] Longmeadow MA Bus Res.

INJURED 1
Number Injured: 6 To what hospital was injured taken? Medical Examiner Springfield Hospital
Name of Injured: [Redacted] Street: [Redacted] City/Town: Wilbraham MA State: MA
Taken by Ambulance? YES NO

INJURED 1
Age: 18 Sex: M F
INJURY SEVERITY: 1 Killed
RESTRAINT SYSTEMS: 1 Safety Belt Used
PERSON INJURED: 1 Operator } In Vehicle } No 4
2 Passenger }
3 Passenger in Train, Bus, Etc }
4 Operator } On Motorcycle }
5 Passenger }
Ejected from Vehicle: YES NO
Complaints of Pain: 1 2 3 4

INJURED 2
Name of Injured: [Redacted] Street: [Redacted] City/Town: Wilbraham MA State: MA
Age: 17 Sex: M F
INJURY SEVERITY: 1 Killed
RESTRAINT SYSTEMS: 1 Safety Belt Used
PERSON INJURED: 1 Operator } In Vehicle } No 4
2 Passenger }
3 Passenger in Train, Bus, Etc }
4 Operator } On Motorcycle }
5 Passenger }
Ejected from Vehicle: YES NO
Complaints of Pain: 1 2 3 4

INJURED 3
Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]
Age: [Redacted] Sex: M F
INJURY SEVERITY: 1 Killed
RESTRAINT SYSTEMS: 1 Safety Belt Used
PERSON INJURED: 1 Operator } In Vehicle } No 34
2 Passenger }
3 Passenger in Train, Bus, Etc }
4 Operator } On Motorcycle }
5 Passenger }
Ejected from Vehicle: YES NO
Complaints of Pain: 1 2 3 4

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

L O C A T I O N	City or Town Where Accident Occurred _____		Nearest Mile Marker _____	Number of Lanes _____	At Rotary YES <input type="checkbox"/> NO <input type="checkbox"/>	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ going N S E W 2 <input type="checkbox"/> On ramp from route number _____ going N S E W
	Street Name or Route Number _____		at intersection with _____			
	Which direction was each vehicle traveling? Vehicle No. 1 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No. 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Or — If not at intersection, fill in below: _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of nearest intersection, bridge, mile marker, railroad.			
Other Landmarks: _____						

T Y P E	Accident Involved Collision With:		7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following:	
	1 <input type="checkbox"/> Pedestrian	4 <input type="checkbox"/> Railroad Train	8 <input type="checkbox"/> Ran off roadway — non-collision	B <input type="checkbox"/> Truck	1 <input type="checkbox"/> Rear End
2 <input type="checkbox"/> Motor Vehicle in Traffic	5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road	9 <input type="checkbox"/> Fixed object on shoulder, sidewalk or island	C <input type="checkbox"/> Moped	2 <input type="checkbox"/> Angle	3 <input type="checkbox"/> Head On
3 <input type="checkbox"/> Motor Vehicle Parked	6 <input type="checkbox"/> Bicycle	A <input type="checkbox"/> School Bus	D <input type="checkbox"/> Other		

C O L L I S I O N	What were vehicles doing prior to accident? Mark appropriate box.		Where was pedestrian located at time of accident? Mark appropriate box		ROAD SURFACE		COLLISION CONDITIONS		LIGHT CONDITIONS	
	Vehicle		X		X		X		X	
	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4
5	6	5	6	5	6	5	6	5	6	
7	8	7	8	7	8	7	8	7	8	
9	A	9	A	9	A	9	A	9	A	
B	C	B	C	B	C	B	C	B	C	
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K	L	K	L	K	L	K	L	K	L	
M	N	M	N	M	N	M	N	M	N	
O		O		O		O		O		

C O N D I T I O N S	TRAFFIC CONTROLS		ROAD CONDITIONS		WEATHER CONDITIONS	
	X		X		X	
	1	2	1	2	1	2
	3	4	3	4	3	4
5	6	5	6	5	6	
7	8	7	8	7	8	
9	A	9	A	9	A	
B	C	B	C	B	C	

INDICATE NORTH BY ARROW

Describe What Happened: (Refer to Vehicles by Number)

EA12-005- Chrysler -013413

My speed immediately prior to the accident was approximately _____ m. p. h.

Signature of operator making report _____ Date _____

REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114

ONE COPY TO
POLICE DEPARTMENT in whose jurisdic-
tion the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident Investigated by an Officer?
If Yes, Check One Box Below

1 Registry State Police
 2 MDC Local Police
 3 Other Local Police

Date of Accident: Mo 6 Day 27 Yr 94

Day of the Week: S M T W T F S

Hour: AM 1 PM 2 4:16

Have you completed a Mass. driver education course? YES NO

VEHICLE 1

Name of Operator Making Report: [Redacted] Number of Vehicles Involved: [Redacted]

Street Address: [Redacted] City/Town: SPRINGFIELD State: MA Zip: [Redacted]

Date of Birth: MO [Redacted] YR [Redacted] Sex: M F

Driver's License Number and State: [Redacted] MA

Registration Number and State: [Redacted] MA

Name of insurance Company only may be written here: METROPOLITAN Year: 1992 Make: HONDA Type: Accord Approximate Cost to Repair \$: [Redacted]

Describe Damage to Vehicle: PAINT DAMAGE

Fire Damage: YES NO Parked Car: YES NO

VEHICLE 2

Name of Operator: [Redacted] Number of Vehicles Involved: [Redacted]

Street Address: [Redacted] City/Town: ELLINGTON State: CT Zip: [Redacted]

Date of Birth: MO [Redacted] YR [Redacted] Sex: M F

Driver's License Number and State: [Redacted] CT

Registration Number and State: [Redacted] CT

Name of insurance Company only may be written here: PROVIDENCE WASHINGTON Year: 1992 Make: MAK Type: TRUCK Approximate Cost to Repair \$: [Redacted]

Describe Damage to Vehicle: NONE

Fire Damage: YES NO Parked Car: YES NO

OTHER

Describe Other Property Damage: [Redacted] Approximate Cost to Repair \$: [Redacted]

Name of Property Owner: [Redacted] Address: [Redacted]

WITNESSES

Other Witnesses or Persons Present: [Redacted] Address: ELLINGTON, CT Phone: [Redacted]

Number Injured: [Redacted] To what hospital was injured taken? [Redacted] Taken by Ambulance? YES NO

INJURED 1

Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]

Age: [Redacted] Sex: M F

Ejected from Vehicle: YES NO

INJURY SEVERITY

1 Killed
 2 Serious Visible Injury
 3 Minor Visible Injury
 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

1 Safety Belt Used
 2 Child Restraint Used
 3 Helmet Used
 4 Air Bag Used

PERSON INJURED

1 Operator } In Vehicle
 2 Passenger } No
 3 Passenger in Train, Bus, Etc
 4 Operator } On Motorcycle
 5 Passenger }
 6 Pedestrian
 7 Bicyclist
 8 Moped
 9 Other

INJURED 2

Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]

Age: [Redacted] Sex: M F

Ejected from Vehicle: YES NO

INJURY SEVERITY

1 Killed
 2 Serious Visible Injury
 3 Minor Visible Injury
 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

1 Safety Belt Used
 2 Child Restraint Used
 3 Helmet Used
 4 Air Bag Used

PERSON INJURED

1 Operator } In Vehicle
 2 Passenger } No
 3 Passenger in Train, Bus, Etc
 4 Operator } On Motorcycle
 5 Passenger }
 6 Pedestrian
 7 Bicyclist
 8 Moped
 9 Other

INJURED 3

Name of Injured: [Redacted] Street: [Redacted] City/Town: [Redacted] State: [Redacted]

Age: [Redacted] Sex: M F

Ejected from Vehicle: YES NO

INJURY SEVERITY

1 Killed
 2 Serious Visible Injury
 3 Minor Visible Injury
 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

1 Safety Belt Used
 2 Child Restraint Used
 3 Helmet Used
 4 Air Bag Used

PERSON INJURED

1 Operator } In Vehicle
 2 Passenger } No
 3 Passenger in Train, Bus, Etc
 4 Operator } On Motorcycle
 5 Passenger }
 6 Pedestrian
 7 Bicyclist
 8 Moped
 9 Other

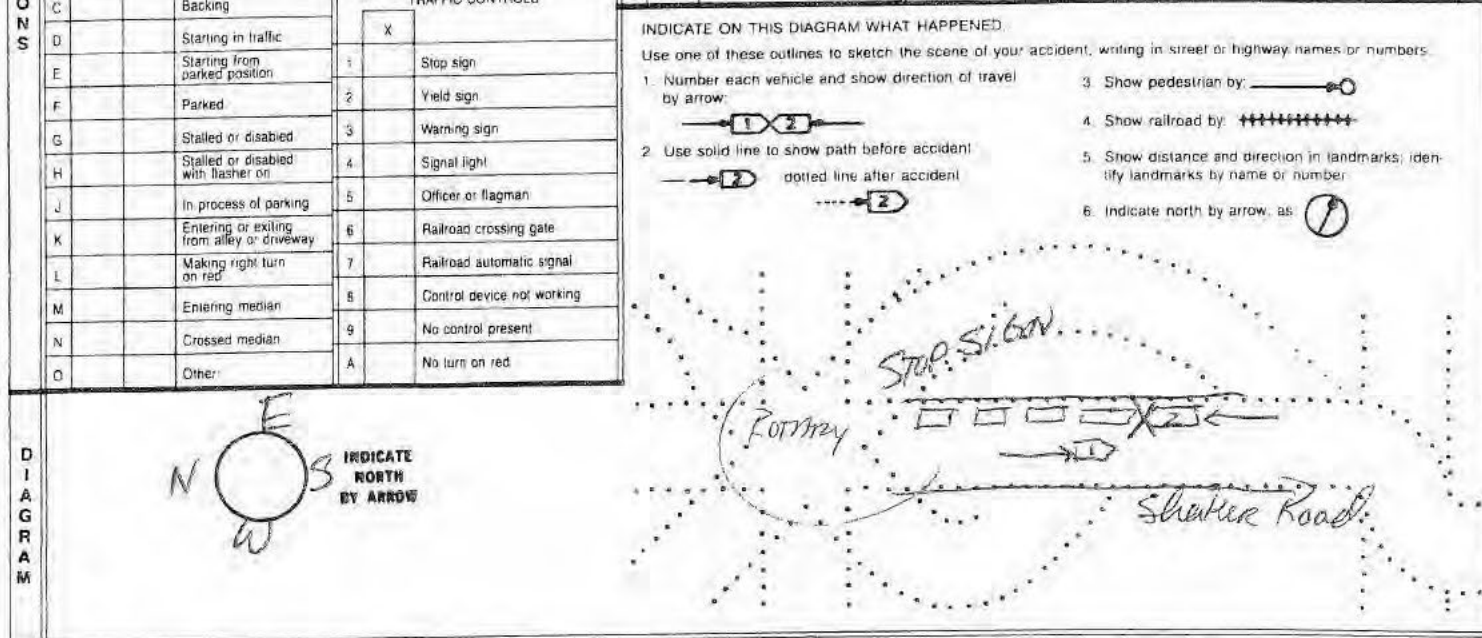
EA12-005- Chrysler -013414

NOTE: Mark all items which apply. The diagram and description of what happened are to be attached. Please sign report in space provided below.

L O C A T I O N	City or Town Where Accident Occurred EAST LONGMEADOW	Nearest Mile Marker	Number of Lanes 2	At Rotary YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ going N S E W 2 <input type="checkbox"/> On ramp from route number _____ going N S E W
	Street Name or Route Number SHAKER ROAD	at intersection with _____			Or — If not at intersection fill in below: _____ feet _____ Of nearest intersection bridge, mile marker, railroad.
	Which direction was each vehicle traveling? Vehicle No. 1 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Vehicle No. 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Other Landmarks: _____		

T Y P E	Accident Involved Collision With:	7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following: 1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On
	1 <input type="checkbox"/> Pedestrian 2 <input type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked	4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle	
		B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other	

C O L L I S I O N	What were vehicles doing prior to accident? Mark appropriate box.	Where was pedestrian located at time of accident? Mark appropriate box.	ROAD SURFACE	COLLISION CONDITIONS	LIGHT CONDITIONS
	Vehicle 1 Making right turn 2 Making left turn 3 Making U turn 4 <input checked="" type="checkbox"/> Going straight ahead 5 Passing on right 6 Passing on left 7 Stop sign 8 Skidding 9 Slowing or stopping A Crossing median strip B Driverless moving vehicle C Backing D Starting in traffic E Starting from parked position F Parked G Stalled or disabled H Stalled or disabled with flasher on J In process of parking K Entering or exiting from alley or driveway L Making right turn on red M Entering median N Crossed median O Other	1 At intersection 2 Within 300 feet of intersection 3 More than 300 feet from intersection 4 Walking in street with traffic 5 Walking in street against traffic 6 Standing in street 7 Getting on/off vehicle 8 Working on vehicle 9 Working in street A Playing in street B Not in street C Other	1 <input checked="" type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snowy 4 <input type="checkbox"/> Icy 5 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Hit median barrier 2 <input type="checkbox"/> Hit guard rail 3 <input type="checkbox"/> Hit curbing 4 <input type="checkbox"/> Hit abutment 5 <input type="checkbox"/> Hit signpost 6 <input type="checkbox"/> Hit utility or light pole 7 <input type="checkbox"/> Hit tree 8 <input type="checkbox"/> Embankment 9 <input type="checkbox"/> Ditch A <input type="checkbox"/> Rock ledge B <input type="checkbox"/> Stone wall C <input type="checkbox"/> Bridge rail D <input checked="" type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn or dusk 3 <input type="checkbox"/> Darkness — road lighted 4 <input type="checkbox"/> Darkness — road unlighted
C O N D I T I O N S		TRAFFIC CONTROLS	ROAD CONDITIONS		WEATHER CONDITIONS
		1 <input checked="" type="checkbox"/> Stop sign 2 <input type="checkbox"/> Yield sign 3 <input type="checkbox"/> Warning sign 4 <input type="checkbox"/> Signal light 5 <input type="checkbox"/> Officer or flagman 6 <input type="checkbox"/> Railroad crossing gate 7 <input type="checkbox"/> Railroad automatic signal 8 <input type="checkbox"/> Control device not working 9 <input type="checkbox"/> No control present A <input type="checkbox"/> No turn on red	1 <input checked="" type="checkbox"/> No Defects 2 <input type="checkbox"/> Holes, ruts, bumps 3 <input type="checkbox"/> Foreign matter on surface 4 <input type="checkbox"/> Detached shoulder 5 <input type="checkbox"/> Road under construction 6 <input type="checkbox"/> Other		1 <input checked="" type="checkbox"/> Clear 2 <input type="checkbox"/> Foggy 3 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Rain 5 <input type="checkbox"/> Snow 6 <input type="checkbox"/> Sleet



Describe What Happened: (Refer to Vehicles by Number)

VEHICLE #1 WAS TRAVELING SOUTHBOUND WHILE VEHICLE #2 WAS TRAVELING NORTHBOUND. I NOTICED VEHICLE #2 DIDN'T SEEM TO BE SLOWING DOWN AS IT WAS APPROACHING A LINE OF CARS THAT WERE STOPPED AT THE STOP SIGN. AS VEHICLE #1 WAS APPROACHING THE LAST VEHICLE IN THE LINE OF STOPPED CARS, VEHICLE #2 STRUCK THE VEHICLE AHEAD OF IT FULL FORCE. AT THAT TIME VEHICLE #1 WAS SPRAYED WITH GLASS FROM THE VEHICLE THAT WAS STRUCK BY VEHICLE #2.

EA12-005-Chrysler-013415

My speed immediately prior to the accident was approximately 15 m.p.h.

Signature of operator making report: _____ Date: 7/12/94

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
 100 NASHUA STREET
 BOSTON, MASS. 02114
 ONE COPY TO
POLICE DEPARTMENT in whose juris-
 diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident Investigated by an Officer?
 If Yes, Check One Box Below

1 <input type="checkbox"/> Registry	4 <input type="checkbox"/> State Police
2 <input type="checkbox"/> MDC	5 <input type="checkbox"/> Local Police
3 <input type="checkbox"/> Other	

Date of Accident			Day of the Week							Hour		YES NO	
Mo.	Day	Yr.	S	M	T	W	T	F	S	A.M.	1		
			1	2	3	4	5	6	7	P.M.	2		

Have you completed a Mass. driver education course
 YES NO

VEHICLE 1

Name of Operator Making Report: [Redacted]
 Street Address: [Redacted] State: [Redacted] Zip: [Redacted]
 Owners Name and Address (if same, write "same")
 Name of Insurance Company only may be written here: John Hancock Year: [Redacted] Make: Mazda Type: late sedan
 Describe Damage to Vehicle: front & rear end damage
 Fire Damage: YES NO Packed Car: YES NO

VEHICLE 2

Name of Operator: [Redacted]
 Street Address: [Redacted] State: Ma Zip: [Redacted]
 Owners Name and Address (if same, write "same")
 Name of Insurance Company only may be written here: Arbella Mutual Year: 1988 Make: Arc Type: Cherokee
 Describe Damage to Vehicle: total
 Fire Damage: YES NO Packed Car: YES NO

OTHER

Name of Property Owner: [Redacted] Address: Elong, Ma
 Describe Other Property Damage: Front + rear end
 Name of Property: 1984 Chevy Pickup
 Approximate Cost to Repair: \$71000

WITNESSES

Other Witnesses or Persons Present	Address	Phone
[Redacted]	<u>Elong</u>	
[Redacted]	<u>E. Long</u>	

Number Injured: [Redacted] To what hospital was injured taken? [Redacted] Taken by Ambulance? YES NO

INJURED 1

Name: [Redacted] City/Town: Billerica Ma State: [Redacted]

Age: [Redacted]	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Ejected from Vehicle: 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/>	INJURY SEVERITY: 1 Killed <input type="checkbox"/> 2 Serious Visible Injury <input type="checkbox"/> 3 Minor Visible Injury <input type="checkbox"/> 4 No Visible Injury but Complaints of Pain <input checked="" type="checkbox"/>	RESTRAINT SYSTEMS: 1 Safety Belt Used <input checked="" type="checkbox"/> 2 Child Restraint Used <input type="checkbox"/> 3 Helmet Used <input type="checkbox"/> 4 Air Bag Used <input type="checkbox"/>	PERSON INJURED: 1 Operator <input checked="" type="checkbox"/> In Vehicle } 2 Passenger <input type="checkbox"/> No } 3 Passenger in Train, Bus, Etc. } 4 Operator <input type="checkbox"/> On Motorcycle } 5 Passenger <input type="checkbox"/> 6 Pedestrian <input type="checkbox"/> 7 Bicyclist <input type="checkbox"/> 8 Moped <input type="checkbox"/> 9 Other <input type="checkbox"/>
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INJURED 2

Name: [Redacted] City/Town: Spfld - Ma State: [Redacted]

Age: [Redacted]	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Ejected from Vehicle: 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/>	INJURY SEVERITY: 1 Killed <input type="checkbox"/> 2 Serious Visible Injury <input type="checkbox"/> 3 Minor Visible Injury <input type="checkbox"/> 4 No Visible Injury but Complaints of Pain <input checked="" type="checkbox"/>	RESTRAINT SYSTEMS: 1 Safety Belt Used <input checked="" type="checkbox"/> 2 Child Restraint Used <input type="checkbox"/> 3 Helmet Used <input type="checkbox"/> 4 Air Bag Used <input type="checkbox"/>	PERSON INJURED: 1 Operator <input type="checkbox"/> In Vehicle } 2 Passenger <input checked="" type="checkbox"/> No } 3 Passenger in Train, Bus, Etc. } 4 Operator <input type="checkbox"/> On Motorcycle } 5 Passenger <input type="checkbox"/> 6 Pedestrian <input type="checkbox"/> 7 Bicyclist <input type="checkbox"/> 8 Moped <input type="checkbox"/> 9 Other <input type="checkbox"/>
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INJURED 3

Name: [Redacted] City/Town: Wilb Ma State: [Redacted]

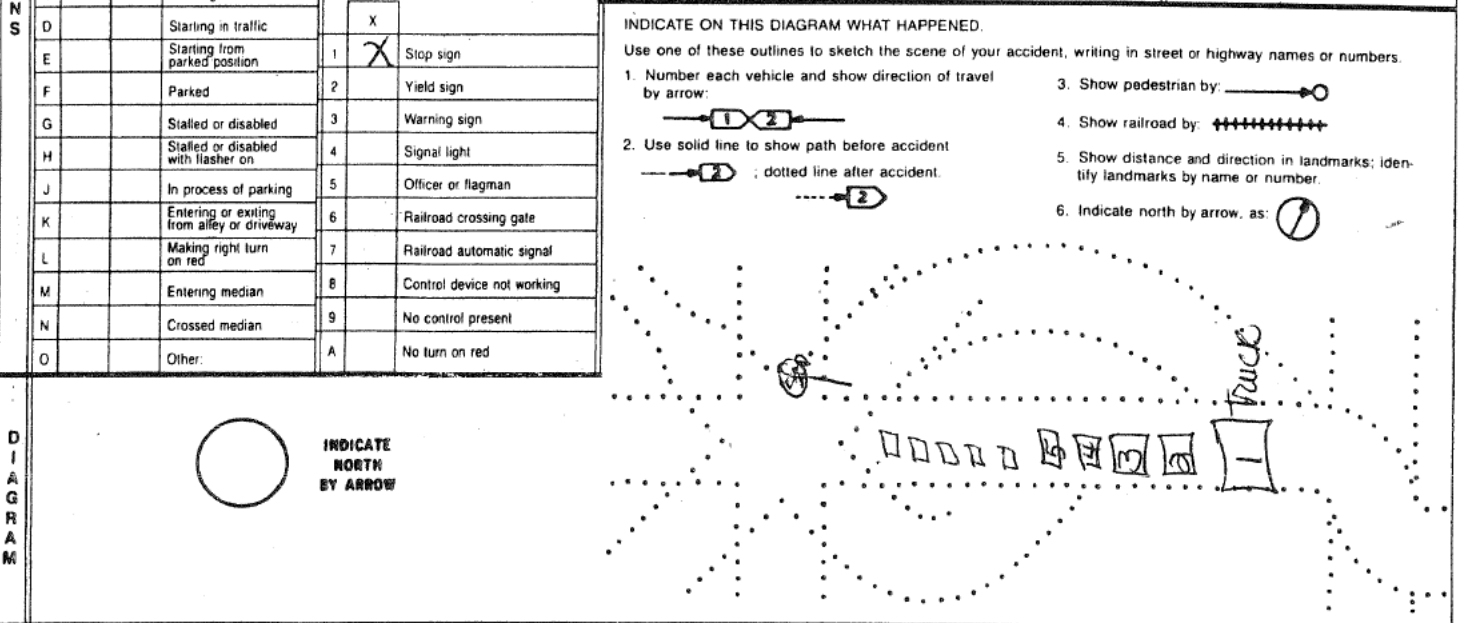
Age: [Redacted]	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Ejected from Vehicle: 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/>	INJURY SEVERITY: 1 Killed <input checked="" type="checkbox"/> 2 Serious Visible Injury <input type="checkbox"/> 3 Minor Visible Injury <input type="checkbox"/> 4 No Visible Injury but Complaints of Pain <input type="checkbox"/>	RESTRAINT SYSTEMS: 1 Safety Belt Used <input type="checkbox"/> 2 Child Restraint Used <input type="checkbox"/> 3 Helmet Used <input type="checkbox"/> 4 Air Bag Used <input type="checkbox"/>	PERSON INJURED: 1 Operator <input checked="" type="checkbox"/> In Vehicle } 2 Passenger <input type="checkbox"/> No } 3 Passenger in Train, Bus, Etc. } 4 Operator <input type="checkbox"/> On Motorcycle } 5 Passenger <input type="checkbox"/> 6 Pedestrian <input type="checkbox"/> 7 Bicyclist <input type="checkbox"/> 8 Moped <input type="checkbox"/> 9 Other <input type="checkbox"/>
-----------------	---	---	---	---	---

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

L O C A T I O N	City or Town Where Accident Occurred: East Long	Nearest Mile Marker	Number of Lanes 2	At Rotary YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Accident Occurred on Ramp
	Street Name or Route Number Shaper Road	at intersection with			
	Which direction was each vehicle traveling? Vehicle No. 1 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No. 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Or - If not at intersection, fill in below: _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of nearest intersection, bridge, mile marker, railroad.			
Other Landmarks: _____					Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ going <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 2 <input type="checkbox"/> On ramp from route number _____ going <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W

T Y P E	Accident Involved Collision With:	7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following:
	1 <input type="checkbox"/> Pedestrian 2 <input checked="" type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked	4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle	
		B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other	1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On

C O L L I S I O N	What were vehicles doing prior to accident? Mark appropriate box.	Where was pedestrian located at time of accident? Mark appropriate box.	ROAD SURFACE	COLLISION CONDITIONS	LIGHT CONDITIONS
	Vehicle 1 <input type="checkbox"/> Making right turn 2 <input type="checkbox"/> Making left turn 3 <input type="checkbox"/> Making U turn 4 <input type="checkbox"/> Going straight ahead 5 <input type="checkbox"/> Passing on right 6 <input type="checkbox"/> Passing on left 7 <input checked="" type="checkbox"/> Stop sign 8 <input type="checkbox"/> Skidding 9 <input type="checkbox"/> Slowing or stopping A <input type="checkbox"/> Crossing median strip B <input type="checkbox"/> Driverless moving vehicle C <input type="checkbox"/> Backing D <input type="checkbox"/> Starting in traffic E <input type="checkbox"/> Starting from parked position F <input type="checkbox"/> Parked G <input type="checkbox"/> Stalled or disabled H <input type="checkbox"/> Stalled or disabled with flasher on J <input type="checkbox"/> In process of parking K <input type="checkbox"/> Entering or exiting from alley or driveway L <input type="checkbox"/> Making right turn on red M <input type="checkbox"/> Entering median N <input type="checkbox"/> Crossed median O <input type="checkbox"/> Other:	1 <input checked="" type="checkbox"/> At intersection 2 <input type="checkbox"/> Within 300 feet of intersection 3 <input type="checkbox"/> More than 300 feet from intersection 4 <input type="checkbox"/> Walking in street with traffic 5 <input type="checkbox"/> Walking in street against traffic 6 <input type="checkbox"/> Standing in street 7 <input type="checkbox"/> Getting on/off vehicle 8 <input type="checkbox"/> Working on vehicle 9 <input type="checkbox"/> Working in street A <input type="checkbox"/> Playing in street B <input type="checkbox"/> Not in street C <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snowy 4 <input type="checkbox"/> Icy 5 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Hit median barrier 2 <input type="checkbox"/> Hit guard rail 3 <input type="checkbox"/> Hit curbing 4 <input type="checkbox"/> Hit abutment 5 <input type="checkbox"/> Hit signpost 6 <input type="checkbox"/> Hit utility or light pole 7 <input type="checkbox"/> Hit tree 8 <input type="checkbox"/> Embankment 9 <input type="checkbox"/> Ditch A <input type="checkbox"/> Rock ledge B <input type="checkbox"/> Stone wall C <input type="checkbox"/> Bridge rail D <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Daylight 2 <input type="checkbox"/> Dawn or dusk 3 <input type="checkbox"/> Darkness - road lighted 4 <input type="checkbox"/> Darkness - road unlighted
			TRAFFIC CONTROLS	WEATHER CONDITIONS	
		1 <input checked="" type="checkbox"/> Stop sign 2 <input type="checkbox"/> Yield sign 3 <input type="checkbox"/> Warning sign 4 <input type="checkbox"/> Signal light 5 <input type="checkbox"/> Officer or flagman 6 <input type="checkbox"/> Railroad crossing gate 7 <input type="checkbox"/> Railroad automatic signal 8 <input type="checkbox"/> Control device not working 9 <input type="checkbox"/> No control present A <input type="checkbox"/> No turn on red	1 <input checked="" type="checkbox"/> No Defects 2 <input type="checkbox"/> Holes, ruts, bumps 3 <input type="checkbox"/> Foreign matter on surface 4 <input type="checkbox"/> Defective shoulder 5 <input type="checkbox"/> Road under construction 6 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Clear 2 <input type="checkbox"/> Foggy 3 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Rain 5 <input type="checkbox"/> Snow 6 <input type="checkbox"/> Sleet	



Describe What Happened: (Refer to Vehicles by Number)

This was a 5 car pile up. There were several cars waiting at a stop sign center a rotary. A somers sanitation truck plowed into the car #2 which exploded on impact but continued to travel into car #3 which was my car. I then hit car #4 who in turn hit car #5. The occupants of car #2 died. Everyone except the driver of the #1 truck were taken by ambulance to various hospitals. We were all stopped & the truck just drove into everyone.

EA12-005- Chrysler -013417

My speed immediately prior to the accident was approximately _____ m.p.h.

Signature of operator making report _____ Date **7-19-94**

PC 6

36164

UD 8/25/94

ana

(1) West Hartford, Ct.

Dear Customer Service Representative :

In early June 1994 two teenage ^{CT} girls from Longmeadow, Mass. were when their Jeep Grand Cherokee was rear-ended by a dump truck. The gas tank exploded killing the girls.

RECEIVED
SEP 12 1994
OWNER RELATIONS

The story was carried by The Springfield (Mass.) Union and The Hartford (Ct.) Courant, and the community in which the girls lived were shocked and saddened by their deaths. The Boston papers also reported this tragedy.

I know many people, including us, who are owners of Cherokees that are frightened of the possibility of rear-end explosions in accidents.

Please respond to this letter. I know of other people who have

EA1Z-005- Chrysler

informed Chrysler Corp. of this
particular accident, and are out-raged
by the deaths of these two girls.

[REDACTED]
West Hartford, Ct. [REDACTED]

MATTER #

FILE TYPE Notice

FILE NAME [REDACTED]

CAIR # 02409196

DATE OF INCIDENT 06/27/1994

DATE OF NOTICE 09/12/1994

MODEL/MODEL YEAR 1988 Jeep Cherokee (XJ)

VIN

MILEAGE

OWNER [REDACTED]
[REDACTED]
Wilbraham, MA

COURT

DOCKET #

FIRE ALLEGED Yes

DESCRIPTION On June 27, 1994, a 1988 Jeep Cherokee (XJ), operated by [REDACTED], was traveling northbound on Shaker Road near the intersection of Maple Street in East Longmeadow, Massachusetts. The posted speed limit at the site of the accident was 25 mph. According to the police accident report, the Jeep Cherokee (XJ) was in a line of traffic that was stopped or in the process of stopping for a traffic signal at the intersection with Maple Street. A 1992 Mack garbage truck, operated by [REDACTED], failed to observe the traffic stopping in front of him and struck the rear of the Jeep Cherokee (XJ). The impact caused a chain reaction accident, pushing the front end of the Jeep Cherokee (XJ) into the rear of a 1992 Mazda sedan, which, in turn, was pushed into the rear of a 1984 Chevrolet pickup, which, in turn, was pushed into the rear of a 1979 Toyota Celica. According to witness statements given to the investigating police officer, the garbage truck was travelling approximately 30-45 mph immediately prior to the accident. The investigating police officer concluded that the driver of the garbage truck did not brake until after the impact. Several witnesses also reported that trash lifting forks on the front of the garbage truck appeared to be in a lowered position. A fire ensued in the area of the Jeep Cherokee (XJ).

PROPERTY DAMAGE ALLEGED No

INJURIES 4

FATALITIES 2

ANALYSIS The 1988 Jeep Cherokee (XJ) was not inspected. Based on the

available information, including the police accident report and witness statements, Chrysler Group concludes that the impact of the Mack garbage truck with the rear of the Jeep Cherokee (XJ) occurred at a relative velocity in excess of 30 mph. This is based on witness statements that the garbage truck was travelling 30-45 mph immediately prior to the impact and the conclusion of the investigating police officer that the driver of the garbage truck did not brake until after the impact. According to the investigating police officer, this severe, high-energy impact caused the rear of the Jeep Cherokee (XJ) to lift up in the air at a 45-degree angle and rupture the gas tank resulting in the fire. A report prepared by the Massachusetts Department of Public Safety – Division of Fire Prevention concluded that, as a result of the collision, the Jeep Cherokee (XJ) was crushed to approximately one-half its length. Based on witness statements and the fire report, the forward mounted trash lifting forks may have been in a lowered position, causing or contributing to the lifting of the rear of the Jeep Cherokee (XJ) and the rupture of the fuel tank. The interposition of the Jeep Cherokee (XJ) between the garbage truck and the Mazda sedan and other vehicles during the impact and the extremely high mass of the garbage truck likely increased the crash forces acting on the rear of the Jeep Cherokee (XJ). Because Chrysler Group has not inspected the Jeep Cherokee (XJ), it is unable to confirm that the fuel tank was ruptured in the accident or that the origin of the fire was at the fuel tank. The damage to the rear of the Jeep Cherokee (XJ) is depicted in the photographs in Enclosure 3 Public, Bates page numbers EA12-005 – Chrysler – 013359 and 13367.