



Richard J. Pauley
Fire Chief

WEST BOYLSTON FIRE DEPARTMENT

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TO: Leon A. Gaumont, Jr., Town Administrator
FROM: Richard J. Pauley, Jr., Fire Chief
RE: *Motor Vehicle Accident w/Fire Department Car 1*
DATE: January 6, 2012

The purpose of this memorandum is to provide a written report of the motor vehicle accident which I was involved in on January 4, 2012.

In addition to this document, attached please find a copy of:

- ACORD Automobile Loss Notice, filled with MIIA Property & Casualty Group;
- Commonwealth of Massachusetts, Motor Vehicle Crash Operator Report (completed by myself);

On Wednesday, January 4, 2012, at approximately 7:50 PM, I was driving South bound on I-190 in Sterling. As I was approaching Exit 5 at around Mile Marker 10.0, I was in the passing lane traveling approximately 60 – 65 MPH and noticed two other passenger type vehicles (sedans) in the right (travel) lane behind me. I looked in my right hand side mirror and estimated several car lengths between my position in the passing lane and the previously described other vehicles in the right lane with the grade of the highway at this point ascending upward. I put on my directional signaling that I was going to merge to the right lane in preparation to take Exit 5. I looked in my right side mirror again and estimated sufficient distance between my vehicle and the previously described passenger vehicles.

At the point where I was over halfway into the right lane I noticed a vehicle coming up quickly at an excessively high rate of speed on my right hand side and believed that the vehicle was going to collide with mine. In an attempt to avoid an imminent collision I turned the steering wheel quickly to the left to try to move back into the left/passing lane. However, I most likely over steered and swerved to the left bringing the vehicle at about a 35 degree angle while at the same time attempting to slow the vehicle down by braking. I was not able successfully maneuver my vehicle back into the passing lane and crashed into the Jersey barriers that divide the highway pavement from the median section.

The passenger side front airbag deployed, the driver side did not. I looked down at my radio console and noted all three of my two-way radios were no longer powered up and dead from the impact. I attempted to put on my emergency lights as the vehicle was now almost perpendicular to the highway mostly obstructing the left/passing lane. However, the emergency lights were not

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DATE: January 6, 2012
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operational but, I was able to activate my four way flashers. I looked for my cell phone which previously to the impact was placed on the front passenger seat but could not find it. I unbuckled my seat belt, exited the vehicle and noted three other vehicles had stopped. The first contact I had was with a gentleman who asked if I was injured and I replied that I was not.

At that point, he told me that another person had already called 911 and I looked over to see a female on her cell phone with a State Police dispatcher. She, the female caller, asked if I needed an ambulance, and, I replied that I did not. At that point, the female caller disconnected with the State Police dispatcher and she stated that she, and a friend of hers, witnessed the incident. She stated that the vehicle that forced me back into the left lane was driving aggressively at a high rate of speed. I asked her to stay on scene until the State Police arrived and give the Trooper(s) that information to which she stated that she would.

At this point I walked back to my vehicle in an attempt to again activate the warning lights for scene protection, with no success. I then continued to search for my cell phone, which was subsequently found. Trooper Richard Fox of the Holden Barracks responded and took my necessary driver and vehicle information. In addition, I explained to him the events that caused the accident. The front end sustained heavy damage, more so towards the driver side, and, the vehicle was towed from the scene by W.C. Cranston and Son to their facility.

On January 5, 2012, I contacted the Claims Coordinator with MIA Property and Casualty Group, Inc., reported the accident and filed the required Automobile Loss Notice. In addition, in accordance with Fire Department policy I verbally notified the Town Administrator's Office. I have submitted a written account of the accident to MIA in the form of my completed Commonwealth of Massachusetts Motor Vehicle Crash Operator's Report.

The damage to the vehicle consists of heavy front end damage to the grill, bumper, headlight assemblies, hood, driver's side fender, driver's side steering mechanisms and wheel/tire. In addition, after a brief examination it appears that the vehicle frame is twisted in at least one location. I have contacted Trooper Fox and anticipate receiving his report of the incident by the middle of next week. In addition, I am awaiting communication from MIA with respect to the assignment of an insurance adjuster.

As always, should you have any questions regarding this matter, please don't hesitate to contact me.

Respectfully submitted,



Richard J. Pauley, Jr.
Fire Chief



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

Section A: Crash Location

- Provide the city/town where the crash occurred, the date and time of the crash, and the number of vehicles involved.
- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route #, if applicable.
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle 1 represents your vehicle.

Section H: Witness Information

- List all the people who saw the crash but were not involved.

Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

Section J: Description of What Happened

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

- Mail or deliver one copy to your local police department in the city or town where the crash occurred.
- Mail one copy to your Insurance Company.
- Mail one copy to the RMV at the following address:

Crash Records
Registry of Motor Vehicles
P.O. Box 55889
Boston, MA 02205-5889

Section A: Crash Location

City/Town Where Crash Occurred STERLING	Date of Crash 1-04-12	Time of Crash 7:50 AM <input checked="" type="checkbox"/> PM	# Vehicles Involved: 1
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:

OR

SECTION A2: Complete this Section if the crash did NOT occur at an intersection:

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

Route# _____ Name of Roadway/Street _____

Step 2: What was the name (or names) of the intersecting streets?

Route# _____ Name of Roadway/Street _____

Route# _____ Name of Roadway/Street _____

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: **190** at Street or Address Number: _____
on the Street/Roadway known as: **I-190 SOUTH**

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _____ feet

(indicate direction as N/S/E/W) _____ of

a) Mile Marker number _____ **10.0**

OR: b) Exit Number _____

OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____

OR: d) Landmark _____

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): **1** Was vehicle damage above \$1000? Yes No

Driver's License Number 04PYR64101	License State NH	Date of Birth 04-10-64	Age 47	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	License Class <input checked="" type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Unknown	Commercial Driver's License Endorsements H <input type="checkbox"/> Hazardous N <input type="checkbox"/> Tank vehicles P <input type="checkbox"/> Passenger T <input type="checkbox"/> Doubles/Triples X <input type="checkbox"/> Tank and Hazardous transport			
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Your Full Name (Last, First, Middle) PAULEY, RICHARD J. JR.	Street Address 315 FEDERAL HILL RD	City/Town MILFORD	State NH	Zip 03055
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Insurance Company MIAA	Vehicle Registration # MF 7190	Reg. Type MUN	Reg. State MA	Vehicle Year 2007	Vehicle Make FORD
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Indicate your type of vehicle

- | | | | | |
|---|---------------------------------------|---------------------------|------------------------------------|------------|
| 1 Passenger car | 4 Bus (15 or more passengers) | 8 Truck/trailer | 12 Tractor/triples | 97 Other |
| 2 Light truck (van, mini-van, pick-up, sport utility) | 5 Bus (7-15 passengers) | 9 Truck tractor (bobtail) | 13 Unknown heavy truck | 99 Unknown |
| 3 Motorcycle | 6 Single-unit truck (2 axles) | 10 Tractor/semi-trailer | 14 Motor home/recreational vehicle | |
| | 7 Single-unit truck (3 or more axles) | 11 Tractor/doubles | | |

Full Name of Vehicle Owner (Last, First, Middle) WEST BOYLSTON, TOWN OF	Street Address 35 WORCESTER ST, WEST BOYLSTON	City/Town MA	State MA	Zip 01583
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Vehicle Travel Direction N X S E W	What Was Your Vehicle Doing Prior to the Crash?									
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing							

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first? 41	What happened 2 nd (if applicable)? 25	What happened 3 rd (if applicable)? <input type="text"/>	What happened 4 th (if applicable)? <input type="text"/>
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Collision with

- 1 Motor vehicle in traffic
- 2 Parked motor vehicle
- 3 Pedestrian
- 4 Cyclist
- 5 Animal- deer
- 6 Animal- other
- 7 Moped
- 8 Work zone maintenance equipment
- 9 Railway vehicle (train, engine)
- 10 Other movable object
- 11 Unknown movable object
- 20 Curb
- 21 Tree
- 22 Utility pole

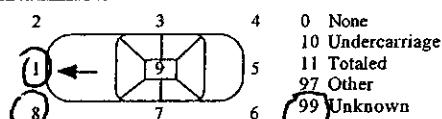
- 23 Light pole or other post/support
- 24 Guardrail
- 25 Median barrier
- 26 Ditch
- 27 Embankment/Sloping shoulder
- 28 Highway traffic signpost
- 29 Overhead sign support
- 30 Fence
- 31 Mailbox
- 32 Crash cushion/Impact attenuator
- 33 Bridge
- 34 Bridge overhead structure
- 35 Other fixed object (wall, building, tunnel)
- 36 Unknown fixed object

Non-Collision

- 40 Ran off road right
- 41 Ran off road left
- 42 Cross median/centerline
- 43 Overturn/rollover
- 44 Equipment failure (blown tire, brakes, etc)
- 45 Fire/explosion
- 46 Immersion
- 47 Jackknife
- 48 Cargo/equipment loss or shift
- 49 Separation of units
- 50 Downhill runaway
- 51 Other non-collision
- 52 Unknown non-collision
- 97 Other
- 99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? Yes No

Vehicle Damaged Area (circle up to three)



Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page) PAULEY, RICHARD J, JR 315 FEDERAL HILL RD MILFORD, NH 03055	4/10/64		1	1	1	3	0	0	3	1	
Name of Passenger 1 (Last, First, Middle) _____ Address _____ City/Town _____ State _____ Zip _____											
Name of Passenger 2 (Last, First, Middle) _____ Address _____ City/Town _____ State _____ Zip _____											
Name of Passenger 3 (Last, First, Middle) _____ Address _____ City/Town _____ State _____ Zip _____											

A. Seating Position 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle	9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit 14 Riding on vehicle exterior 97 Other 99 Unknown	B. Safety System Used 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown	C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown	D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown
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E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown	F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown	G. Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible	5 No injury 99 Unknown	H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown
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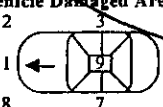
Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____ Number of injured occupants: _____ Was Vehicle Damage above \$1000? Yes ___ No ___ Moped? Yes ___ No ___ Hit and Run? Yes ___ No ___

Driver's License Number	License State	Date of Birth	Age	Sex M ___ F ___	License Class D ___ A ___ B ___ C ___ M ___ Unknown	Commercial Driver's License Endorsements H ___ Hazardous N ___ Tank vehicles P ___ Passenger transport T ___ Doubles/Triples X ___ Tank and Hazardous		
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town	State	Zip
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make		

Indicate type of vehicle
 1 Passenger car
 2 Light truck (van, mini-van, pick-up, sport utility)
 3 Motorcycle
 4 Bus (15 or more passengers)
 5 Bus (7-15 passengers)
 6 Single-unit truck (2 axles)
 7 Single-unit truck (3 or more axles)
 8 Truck/trailer
 9 Truck tractor (bobtail)
 10 Tractor/semi-trailer
 11 Tractor/doubles
 12 Tractor/triples
 13 Unknown heavy truck
 14 Motor home/recreational vehicle
 97 Other
 99 Unknown

Full Name of Vehicle Owner (Last, First, Middle) _____ Street Address _____ City/Town _____ State _____ Zip _____

Vehicle Travel Direction ___ N ___ S ___ E ___ W	What Was the Vehicle Doing Prior to the Crash? 1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown	Vehicle Damaged Area (circle up to three)  0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved
 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash? 1 Entering or crossing location 2 Walking, running, or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle 6 Working on vehicle 7 Standing 97 Other 99 Unknown	Where was the non-motorist prior to the crash? 1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 5 Not in roadway 6 Median (but not on shoulder) 7 Island 8 Shoulder 9 Sidewalk 10 Shared-use path or trails 99 Unknown
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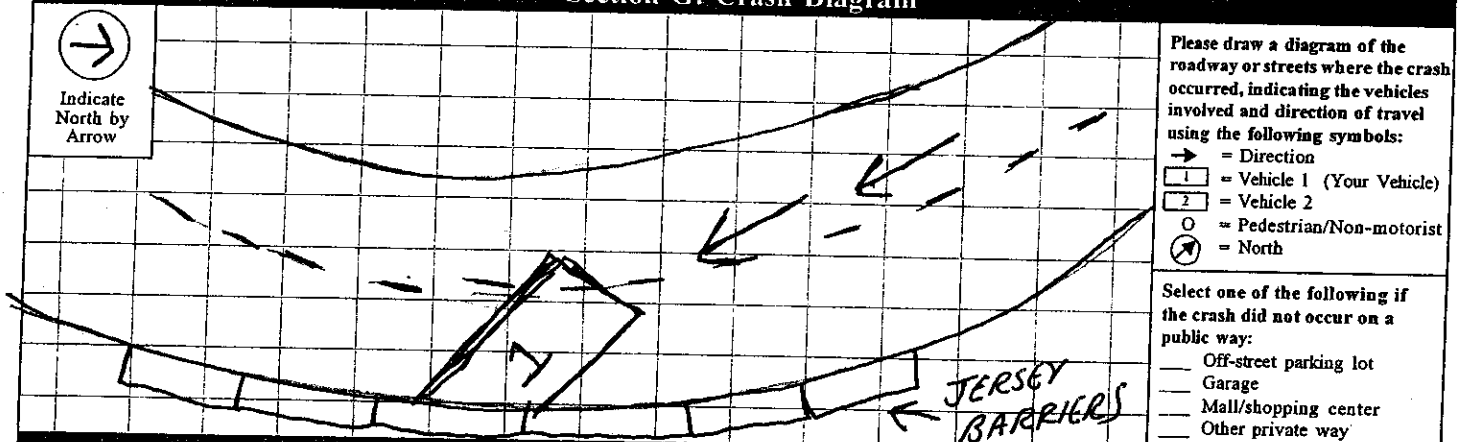
Date of Birth/Age _____ Sex _____ Full Name of Non-Motorist (Last, First, Middle) _____ Street Address _____ City/Town _____ State _____ Zip _____

Safety Equipment? 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing	9 Lighting 10 Other 99 Unknown	Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible	5 No injury 99 Unknown	Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	If transported, please indicate Hospital/Medical Facility: _____
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Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 Yes 2 No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	School Bus Related? 1 Yes 2 <input checked="" type="checkbox"/> No	Work Zone Related? 1 Yes 2 <input checked="" type="checkbox"/> No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction	6 Head on 7 Rear to rear 99 Unknown	

Section G: Crash Diagram



Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
NOT KNOWN TO ME AS OF THE WRITING OF THIS REPORT		

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description
NONE			

Section J: Description of What Happened

ON 1/4/2012 AT APPROXIMATELY 7:50PM I WAS DRIVING SOUTHBOUND ON I-190 IN STERLING. AT MILE MARKER 10.0 I WAS IN THE LEFT PASSING LANE AND ATTEMPTED TO MERGE INTO THE RIGHT LANE. I LOOKED IN MY RIGHT MIRROR AND NOTED NO VEHICLES IMMEDIATELY BEHIND ME WITH SUFFICIENT DISTANCE. AS I MERGED INTO THE RIGHT LANE ABOUT HALFWAY A VEHICLE CAME INTO MY LANE AT AN AGGRESSIVE, HIGH RATE OF SPEED. TO AVOID A COLLISION I SWERVED BACK INTO THE LEFT/PASSING LANE, OVERSTEEERED AND CRASHED INTO THE JERSEY BARRIER SEPARATING THE ROADWAY FROM THE MEDIAN. STATE POLICE RESPONDED AND INVESTIGATED

Section K: Signature

Richard J. Pauley Jr.
 Print RICHARD J. PAULEY JR Date 1/6/2012
 "Signed under Pains and Penalties of Perjury"