

Commonwealth of Massachusetts

915

Date of Crash: 02/08/2004 Time of Crash: 0333 24HR City/Town: Hadley  
 Motor Vehicle Crash Police Report  
 Number Vehicles: 1 Number Injured: 0  
 Speed Limit: \_\_\_\_\_ State Police   
 Local Police   
 MBTA Police   
 Other: \_\_\_\_\_

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

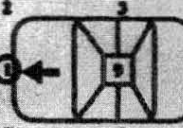
Route# Direction: \_\_\_\_\_ Name of Roadway/Street: NORTH MAPLE ST  
 At \_\_\_\_\_  
 Route# Direction: \_\_\_\_\_ Name of Intersecting Roadway/Street: NORTH HADLEY RD  
 Also at Intersection with \_\_\_\_\_  
 Route# Direction: \_\_\_\_\_ Name of Intersecting Roadway/Street: \_\_\_\_\_

Route# Direction Address# Name of Roadway/Street: \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exh Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Landmark: \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants: \_\_\_\_\_  Hit/Run  Moped

04-63-AC

License # \_\_\_\_\_ St: MA DOB/Age: \_\_\_\_\_  
 Sex: F Lic. Class:  10  18 Lic. Restrictions:  19 CDL Endorsement \_\_\_\_\_  
 Operator: MURRAY, MAURA  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insurance Company: COMMERCE  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
 Citation # (if issued): \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Viol. 2: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Viol. 4: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

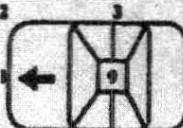
Reg # \_\_\_\_\_ Reg Type: PC Reg State: \_\_\_\_\_  
 Veh Year: 2004 Veh Make: TOYOTA Veh Config: 1  20  
 Owner: MURRAY, FREDERICK J  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Vehicle Action Prior to Crash: 1  20  
 Event Sequence: 24  21  22  23  24  
 Most Harmful Event: 24  25  
 Driver Contributing Code: 19  30  34  
 Underride/Override: 1  20 Towed: 1  20  
 Damaged Area Code: (Circle Up to Three)  
  
 0 None  
 10 Undercarriage  
 11 Towed  
 97 Other  
 99 Unknowns

Please fill out for operator and all occupants involved

Operator	Address	DOB/Age	Sex	26 Seat Belt	27 Safety System	28 Airbag Status	29 Airbag Status	30 Inj. Club	31 Stop Club	32 Injury Status	33 Temp. Club	34 Medical Facility
Operator	See Above	-----	---	99	1	99	0	0	0	0	1	

Please Select One of the Following:  Vehicle 2 #Occupants: \_\_\_\_\_  Non-Motorist A Type: \_\_\_\_\_ Action: \_\_\_\_\_ Location: \_\_\_\_\_ Condition: \_\_\_\_\_  Hit/Run  Moped

License # \_\_\_\_\_ St: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Lic. Class:  10  18 Lic. Restrictions:  19 CDL Endorsement \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_  
 Citation # (if issued): \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Viol. 2: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Viol. 4: Ch/Sec/Sub: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type: \_\_\_\_\_ Reg State: \_\_\_\_\_  
 Veh Year: \_\_\_\_\_ Veh Make: \_\_\_\_\_ Veh Config:  20  
 Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Vehicle Action Prior to Crash:  31  
 Event Sequence:  21  22  23  24  
 Most Harmful Event:  25  
 Driver Contributing Code:  34  34  
 Underride/Override:  25 Towed: \_\_\_\_\_  
 Damaged Area Code: (Circle Up to Three)  
  
 0 None  
 10 Undercarriage  
 11 Towed  
 97 Other  
 99 Unknowns

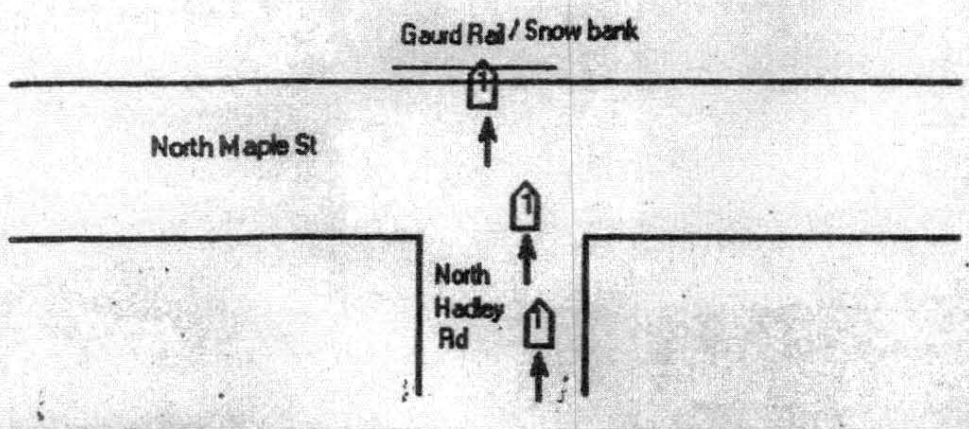
Please fill out for operator/non-motorist and all occupants involved

Operator/Non-Motorist	Address	DOB/Age	Sex	26 Seat Belt	27 Safety System	28 Airbag Status	29 Airbag Status	30 Inj. Club	31 Stop Club	32 Injury Status	33 Temp. Club	34 Medical Facility
Operator/Non-Motorist	See Above	-----	---									

915

Direction: 1 = Vehicle 1, 2 = Vehicle 2, OKOK = Pedestrian

**Crash Diagram:**



If Crash Did Not Occur on a Public Way:

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



**Crash Narrative:**

Veh#1 was travelling w/b on North Hadley Rd near the intersection of North Maple St. Due to operator inattention she went through the "T" intersection and struck the snow bank and guard rail at opposite side of "T" intersection. College St Motor's towed the vehicle and gave the operator a ride to Quality Inn Motel.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code:  35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate:  36

Cargo Body Type Code  37 Gross Vehicle Weight  38

Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  39

Information:

Placed  40 Material 1 digit #  41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  42

**Officer Mark Ruddock**      **341**      **Hadley Police Department**      **03/09/2004**      **16**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Baracks      Date



02/14/2004

# Operator Information Sheet

1 of 1

04-63-AC

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## General

Accident Date <b>2/08/2004</b>	Time <b>0333</b>	Reporting Officer <b>Officer Mark Ruddock</b>
Location <b>NORTH MAPLE ST @ NORTH HADLEY RD</b>	City <b>Hadley</b>	State <b>MA</b>
		ZIP <b>01035</b>

## Operator

Last Name <b>MURRAY</b>	First <b>MAURA</b>	Middle	Suffix	Veh/Unit <b>1</b>	<input type="checkbox"/> Injured
				<input type="checkbox"/> Fatality	
Number	Street	Suffix	Apt	City	State
[REDACTED]					
DOB	Home Phone	Work Phone	License State/Number		
[REDACTED]					
Insurance Company <b>COMMERCE</b>			Policy Number		
Last Name <b>MURRAY</b>	First <b>FREDERICK</b>	Middle <b>J</b>	Suffix	Home Phone	Work Phone
Number	Street	Suffix	Apt	City	State
[REDACTED]					
Year <b>04</b>	Make <b>TOYOTA</b>	Model <b>COROLLA</b>	VIN		
[REDACTED]					
Registration State/Number		Towed By		Towed To	
[REDACTED]					

Last Name	First	Middle	Suffix	Veh/Unit	<input type="checkbox"/> Injured
				<input type="checkbox"/> Fatality	
Number	Street	Suffix	Apt	City	State
[REDACTED]					
DOB	Home Phone	Work Phone	License State/Number		
[REDACTED]					
Insurance Company			Policy Number		
Last Name	First	Middle	Suffix	Home Phone	Work Phone
Number	Street	Suffix	Apt	City	State
[REDACTED]					
Year	Make	Model	VIN		
[REDACTED]					
Registration State/Number		Towed By		Towed To	
[REDACTED]					

150 Capital Dr  
West Springfield MA 01089  
Phone: 413-205-2211  
Fax: 413-205-2248

**AAA Pioneer Valley**

918

<b>To:</b> Det Brian Davies	<b>From:</b> Ed Hart
<b>Fax:</b> 413-545-3113	<b>Date:</b> February 20, 2004
<b>Phone:</b> 413-545-0893	<b>Pages:</b> 4 Including Coversheet
<b>Re:</b> Call 2627	<b>CC:</b>

Urgent    
 For Your Action    
 For Review    
 Please Comment    
 Please Reply

**Comments:**

Brian,

Attached please find the call information that you were looking for. Let me know if you need anything else.

Thanks,

Ed Hart

all #: 2627 ERS Call Inquiry for Member #: [REDACTED] 1913002240 P.04/04  
date : 08 FEB 2004 DupTo: DupBy:  
agent : MAURA MURRAY Expiry : 31 DEC 2004

Call Back Dates

Call Backs Facility Checks  
IN ksJ 18:17 08 FEB 04

919

- 4.
- 5.
- 6.
- 7.

adg: Problem: Tow Reg Status: R  
ow Dest : QUALITY INN HADLEY DIKD Gar: 939  
sp Conn : 1. Dri: A  
RE: 03:29 fch SB: 03:29 fch Call Backs Fac Checks  
LEARED SP: 03:29 fch DI:r03:33 fch 1. IN 18:17 ksJ  
rid: AM AC: ER: 03:33 fch 2.  
SA: 04:29 60 OS: UT: 3.  
CL: 04:45 fch R1

Call Backs: line number, (D)one

roll by entering (T)op, (B)ottom, (N)ext, or (P)revious



Date : 08 FEB 2004

DupTo: DupBy:

Name : MAURA MURRAY

Expiry : 31 DEC 2004

Address : [REDACTED]

Home Ph : [REDACTED]

City : [REDACTED]

V.I.N.

Loc. Desc:

on: MASS AVE WHERE CROSSES 116

----- Member Service/Authorization Information -----

Service Allowed : YES

Card Type : PL

Excessive User : NO

Status : ACTIVE

Bad Cheque : NO

ERS Notes :

- Comments 1.
- 2.

----- Authorization -----

Service Level :

Message : Unknown Function

Authorization No. :

Transaction No. : [REDACTED]

CONTINUE

Date : 08 FEB 2004  
Name : MAURA MURRAY  
Address : [REDACTED]  
City : [REDACTED]

DupTo: DupBy:  
Expiry : 31 DEC 2004  
Home Ph : [REDACTED]

V.I.N.  
Loc. Desc:  
Dir:  
Ph : [REDACTED] RES

921

AD: MASS AVE WHERE CROSSES 116  
: AMHERST

-Street:  
JMS 1. \*P\* ACCDNT  
2.

Year: 2001 Model: TOY COR  
Color: GRY License:  
Driver Ph: [REDACTED]

Edg: Problem: Tow Reg  
W Dest : QUALITY INN HADLEY  
Op Conn : 1.

Status: R  
DIED Gar: 939  
Dri: A  
Fac Checks

RE: 03:29 fxx	SS: 03:29 fxx	Call Backs	
SP: 03:29 fxx	DI:r03:33 fxx	1. IN 18:17 kaj	
id: AM AC:	ER: 03:33 fxx	2.	
A: 04:29 60 OS:	UT:	3.	
CL: 04:45 fxx	R1		

CB Dates Garage Inquiry Paths Authorization CONTINUE

240  
Tackie  
15i

(413) 253-3200

(413) 256-6712

**COLLEGE STREET MOTORS**  
COMPLETE FOREIGN & DOMESTIC CAR & TRUCK REPAIR  
24 HOUR TOWING & RECOVERY SERVICE  
260 COLLEGE STREET  
AMHERST, MA 01002

CHARLES THOMPSON

JOHN STANLEY

## North Amherst Motors

**Collision Repair Center**



Steven Spencer, Manager

78 Sunderland Road  
P.O. Box 9997  
North Amherst, MA 01069-9997  
(413) 549-2990 FAX 549-4111  
spencer@northamherstmotors.com

Complete Auto Body Repair • Used Cars • Auto & Truck Rental

## North Amherst Motors

**Collision Repair Center**



Andrew F. Potter  
Manager

78 Sunderland Road  
P.O. Box 9997  
North Amherst, MA 01069-9997  
(413) 549-2990 FAX 549-4111  
Cell: (413) 536-3781  
afp@northamherstmotors.com

Complete Auto Body Repair • Used Cars • Auto & Truck Rental



REF# 1058

# POTTERS AUTO & TRUCK RENTAL

9352

NORTH AMHERST AUTO RENTAL, INC.  
78 Sunderland Rd., P.O. Box 9607 • North Amherst, MA 01059-9607  
(413) 549-7368 • (413) 549-4111 Fax

RA \_\_\_\_\_

**Customer:** FREDERICK MURRAY  
**Vehicle:** TOYOTA  
**Model:** COROLLA  
**Color:** BROWN  
**Year:** 2004  
**Plate:** MA 10/2172005  
**Insurance Company:** \_\_\_\_\_  
**Policy No.:** \_\_\_\_\_  
**Agent:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**How Long:** \_\_\_\_\_  
**Employer's Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Additional Driver:** NONE FJM  
**Dr. Lic. #:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Agent:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Additional Driver:** \_\_\_\_\_  
**Dr. Lic. #:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Agent:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Vehicle Condition:**  

Out	In

  
**Checked Out by:** ANDREW  
**Checked In by:** \_\_\_\_\_  
  
**Right**  
**Left**  
**O-Scratch**  
**Full**

**Collision Damage Waiver:**  
 By Initialing, Customer for the additional daily rate shown accepts Lessor's Collision Damage Waiver and Customer acknowledges he is to be responsible only (subject to the conditions listed on the reverse side of this agreement) for the first \$250 of collision damage to the Vehicle.  
**COLLISION DAMAGE WAIVER IS VOID IF CUSTOMER VIOLATES THE TERMS OF THIS AGREEMENT.**  
 FJM By Initialing, Customer declines Lessor's Collision Damage Waiver and agrees to pay Lessor for all damage and/or loss to Vehicle.

**Personal Accident Insurance:**  
 By Initialing, Customer accepts Personal Accident Insurance at the additional daily rate shown.  
 By Initialing, Customer declines Personal Accident Insurance.

**Personal Effects Coverage:**  
 By Initialing, Customer accepts Personal Effects Coverage at the additional daily rate shown.  
 By Initialing, Customer declines Personal Effects Coverage.

**Authorized To Drive Only In:**  
 Local 50/ \_\_\_\_\_ mile radius only; or  
 Originating State; or  
 \_\_\_\_\_

Customer rents the Vehicle in the condition noted above subject to the terms and conditions stated above and on the reverse side of this Agreement; if Customer has presented a credit card for payment of deposit or for rental charges, all rental charges, including parking citations, may be billed to said credit card and Customer's signature below shall have been considered made on the applicable credit card voucher.

**Signature:** \_\_\_\_\_  
 Customer's Signature

**Prepaid Rent:** \_\_\_\_\_  
**Deposit:** \_\_\_\_\_

Rate	Charges
Miles @ \$ per mile 0.29	
Hours @ 20.00	
Days @ 20.00	
Weeks @ 120.00	
Months @ 0	

**Total Gas and mileage:** \_\_\_\_\_  
**CDW @ \$ per day:** \_\_\_\_\_  
**Add. Charge for:** \_\_\_\_\_  
**Subtotal:** \_\_\_\_\_  
**Taxes and surcharge:** 5.00 %  
**Gas:** \_\_\_\_\_  
**PA @ \$ per day:** \_\_\_\_\_  
**PEC @ \$ per DAY:** \_\_\_\_\_  
**Subtotal:** \_\_\_\_\_  
**Add Charge for:** \_\_\_\_\_  
**Miles Refund for:** \_\_\_\_\_  
**Miles deposit:** \_\_\_\_\_  
**Net Due Rental Company:** \_\_\_\_\_  
**Net Due Customer:** \_\_\_\_\_

**ALL CHARGES SUBJECT TO FINAL AUDIT**

**Check Method of Payment:**  
 \_\_\_\_\_ AE \_\_\_\_\_ MC \_\_\_\_\_ VISA  
 \_\_\_\_\_ Cash \_\_\_\_\_ Direct Bill \_\_\_\_\_ Other

**Refund received by:** \_\_\_\_\_

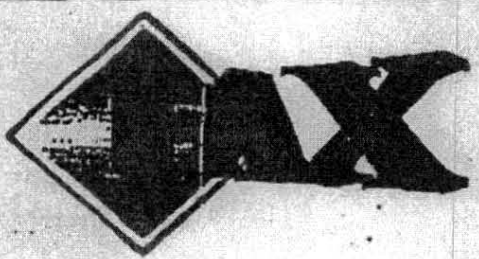
**Remarks:**  
 X \_\_\_\_\_

**VI** **929**

930

**North Amherst Motors, Inc.**  
*Collision Repair Center*

78 Sunderland Road • P.O. Box 9607  
North Amherst, MA 01059-9607  
(413) 549-2880 • FAX (413)549-4111



## Cover Sheet

February 20, 2004

(2) pages including cover

Detective Brian Davies  
UMASS Police Department.

Detective Davics,

The following is the tow bill as requested for Mr. Murray's 2004 Toyota Corolla from the Quality Inn in Hadley to North Amherst Motors, Sunday afternoon, 2/08/04.

Please let me know if there is any additional information I can provide.

Sincerely,

Andrew Potter  
[Afp@northamherstmotors.com](mailto:Afp@northamherstmotors.com)



**AMHERST TOWING AUTO PARTS, INC.**  
 P.O. Box 9508 #256  
 Sunderland Road  
 NORTH AMHERST, MASSACHUSETTS 01059  
 Phone (413) 549-0828 Fax (413) 549-1322

# Road Service

DATE <u>2-8-04</u>	TIME <u>3:55 P.M.</u>	REQUESTED BY	P.O. NO.
NAME <u>Frederick Murray</u>		PHONE	
ADDRESS			
CITY		STATE	ZIP
LOCATION OF SERVICE <u>RT 7 Quilley Inn</u>			
YEAR, MAKE, MODEL <u>10, Volvo</u>		COLOR <u>Gold</u>	DRIVER
STATE <u>MA</u>	VEHICLE ID. NO.	REGISTERED OWNER	
MILEAGE		SERVICE TIME	EXTRA PERSON
FINISH _____		FINISH _____	FINISH _____
START _____		START _____	START _____
TOTAL _____		TOTAL _____	TOTAL _____
REASON FOR TOW			SPECIAL EQUIPMENT
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> START <input type="checkbox"/>			<input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY
TYPE OF TOW		TOWED PER ORDER OF	VEHICLE TOWED TO
<input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER	FIRST TOW _____ SECOND TOW _____
STORAGE FROM <u>Charge to North Amherst</u>		TOWING CHARGE <u>50.00</u>	
TO _____ DAYS <u>2/8/04</u>		MILEAGE CHARGE <u>7</u>	
PAID BY		EXTRA PERSON	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK      DRIVER LIC. NO. _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX      EXP. DATE _____		SPECIAL EQUIPMENT	
CC NO. _____		LABOR CHARGE	
OPERATOR'S SIGNATURE _____		STORAGE	
DATE <u>2-8-04</u>		SUB-TOTAL	
AUTHORIZED SIGNATURE _____		TAX	
VEHICLE RELEASED TO _____		TOTAL <u>50.00</u>	

4424

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

**Thank You**  
PRODUCT 200