



February 24, 2015

Stephen A. Revilak

Re: Public Records Request 14-217 Video Access Request Forms for January 2014

Dear Mr. Revilak:

In reply to your public records request for the referenced, enclosed are copies of existing documents responsive to your request .Please be advised that certain information relating to privacy matters has been redacted and is being withheld from release as it is exempt from disclosure pursuant to Massachusetts General Laws ch. 4, sec. 7, clause 26(c), records relating to a specifically identifiable individual and is of a personal nature, the disclosure of which could constitute an unwarranted invasion of personal privacy and medical and personnel records; and clause 26 (f), investigatory materials compiled out of the public view by law enforcement and/or other investigatory officials the disclosure of which could prejudice investigative efforts, alert a suspect as to ongoing investigative activities, compromise confidential investigative techniques or identify a witness or a victim.

Further, please be advised that many of the matters are ongoing and have not yet been finalized; therefore, the MBTA is withholding release of certain data as it is exempt from disclosure pursuant to Massachusetts General Laws ch. 4, sec. 7, clause 26 (d), the deliberative process exemption.

If you are aggrieved by the denial of this information, you have the right to appeal within 90 days to the Supervisor of Public Records, Office of the Secretary of State, One Ashburton Place, Room 1719, Boston, MA 02108.

Sincerely yours

Susan M. Krupanski Assistant General Counsel

Enclosures



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | | | | |
|---------------------|--|--------------|-------------------|---|---------------------|
| NAME: | John M | Caruso In | | EMPLOYEE | # :- |
| TITLE OR POSITION: | Foreman | | | | |
| MASSDOT DIVISION: | AFC | D | EPARTMENT: | hev. | |
| PHONE #: | 617-222- | 4272 E | MAIL: JCc | ~~s~@ | MBTA-CO |
| VIDEO REQUES | TED | | | *************************************** | |
| PURPOSE OF VIDEO RI | EQUEST: HUTCS Men | tt | | | |
| DESCRIPTION OF INCI | DENT: | | | | |
| DATE OF INCIDENT: | | LO LO | OCATION: | | |
| TIME (START) | Parameter State Control of the Contr | т | IME (END): | | |
| CAMERA #/NAME: | This is si | · · | 7 | | |
| CERTIFICATION | | NA. | | | |
| | riedge and agree that the reci horized disclusure is strictly pri | | is request are pr | otected and re | stricted to MassDOT |
| REQUESTER: | 96 | John M.C. | ~ 50.Jr | | 1-23-14 |
| | SIGNATURE | PRINT NAME | - | MPLOYEE # | DATE |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | | MPLOYEE # | DATE |
| 162 JR 11 8 74 | EPBANCE LANGE | and Assaying | \$ N. F. () () | 141.7 | T-Ile |
| 1,200,000 | | . 70 | Λ | | ~ 1 |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INFO | | | |
|-----------------------|--|--|---|
| NAME: | Karen Burns | EMPLOYEE | #: _ |
| TITLE OR POSITION: | Dep DIN Bus | of S | |
| MASSDOT DIVISION: | MBTA | DEPARTMENT: BUS | ap 5 |
| PHONE #: | 6579 | E-MAIL: KBVOS | @ hubre.co |
| VIDEO REQUESTI | ED | | *************************************** |
| PURPOSE OF VIDEO REC | QUEST: | | |
| DESCRIPTION OF INCIDE | ENT: | | |
| DATE OF INCIDENT: | | LOCATION: Calat | - Yard |
| TIME (START) | 1040 A | TIME (END): | 1,A |
| CAMERA #/NAME: | Haul Pd Categ VIE | Bus Parking | |
| CERTIFICATION | | and the second s | |
| | dge and agree that the records provided pur orized disclosure is strictly prohibited. | suant to this request are protected and r | estricted to Mass DOT |
| REQUESTER: | SIGNATURE PRINT NAM | CORL BUILS EMPLOYEE# | 1-28-14 |
| DEPARTMENT HEAD: | SIGNATURE DE PRINT NAM | (Cerp.) | 1/20/14 DATE |
| SECURITY & EME | ERGENCY MANAGEMENT DE | PARTMENT USE ONLY | 10: <u>T</u> -Z& |
| VIDEO NOT RELEASE | | REASON: | , |
| 1 VIDEO RELEASED | DATE: 1/28/14 | RELEASED BY: Walay | N- |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 1/) | tar or o | | | |
|--------------------------|--|-----------------------------|------------------------|--|----------------|
| NAME: | Karen Bu | (ns | 2.00 | EMPLOYEE #: _ | _ |
| TITLE OR POSITION: | - Deputy | Director | 3050125 | | |
| MASSDOT DIVISION: | mesta | | DEPARTMENT: | RUS UPS | |
| PHONE #: | 10579 | | E-MAIL: K | Burns@in | bfa.com |
| VIDEO REQUES | TED . | WW | | | |
| PURPOSE OF VIDEO RI | EQUEST: DISCIP | line | | | |
| DESCRIPTION OF INCID | DENT: | | | | |
| DATE OF INCIDENT: | -Airman | | LOCATION: | | 3 |
| TIME (START) | | | TIME (END): | | |
| CAMERA #/NAME: | CBT - | | | | |
| CERTIFICATION | | | | | |
| | ledge and agree that the reco | | to this request are pr | otected and restric | ted to MassDOT |
| personnel only and unaut | thorized disclosure is strictly pro | hibited. | $\overline{}$ | | 1.0 |
| REQUESTER: | Kilusus | | en Bulns. | | 01/28/2014 |
| | SIGNATURE | PRINT NAME | . 2 | MPLOYEE # D | 1/25/11 |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | srnet | MPLOYEE # D | ATE |
| | | II Sociologia Servici vieto | | ADDRESS CONTRACTOR AND ADDRESS CONTRACTOR ADDRESS C | |
| SECURITY & EM | IERGENCY MANAGE | MENT DEPART | MENT USE O | NLY | 10: Tato B |
| VIDEO NOT RELEAS | SED DATE: | REASC | ON: | | الأسخيل |
| VIDEO RELEASED | DATE: 1/2 | 8/14 RELEA | SED BY: The | WAN | |
| | ANNEXES OF THE PARTY OF THE PAR | - University | | | |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | | | | | |
|----------------------|---|--|-------------------------------|-----------------------|--|--|
| NAME: | Bert Oliveira | | EMPLOYEE | #: | | |
| TITLE OR POSITION: | AFC Supervisor | | | | | |
| MASSDOT DIVISION: | MBTA 617-222-2577 | | PARTMENT: AFC | | | |
| PHONE #: | | | MAIL: <u>noliveira@mbta.c</u> | om | | |
| VIDEO REQUES | TED | | | | | |
| PURPOSE OF VIDEO RE | EQUEST: Gate activity | | | | | |
| DESCRIPTION OF INCID | DENT: Gate entrance | | | | | |
| DATE OF INCIDENT: | 1-19-2014 | LO | CATION: Jackson Squa | re | | |
| TIME (START) | 7:20am | TIN | ME (END): 7:45am | | | |
| CAMERA #/NAME: | | | | | | |
| CERTIFICATION | | | | | | |
| | ledge and agree that the thorized disclosure is strictly | records provided pursuant to this prohibited. | request are protected and | restricted to MassDOT | | |
| REQUESTER: | if | Norberto Oliveira | | 1-28-14 | | |
| | SIGNATURE | PRINT NAME | EMPLOYEE # | DATE | | |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | EMPLOYEE # | DATE | | |
| FCURITY & EW | FRGENCY MANA | GEMENT DEPARTME | MENSE ONLY | T24\$ | | |
| mayber is | - A C | PENANT. | 1 | 10 | | |
| / | DAU - LI | 12814 RELEASED | * Hunder | 1/1/ | | |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | | | | | |
|---|--|--|----------------------------|-------------------|-----------------------|--|
| NAME: | Todd Johnson | | EMPLOYEE #: | | | |
| TITLE OR POSITION: | Director of OCC & Train | ning | | | | |
| MASSDOT DIVISION: MBTA | | | DEPARTMENT: OCC & Training | | | |
| PHONE #: | X3948 | | E-MAIL: tgjohnson@mbta.com | | | |
| VIDEO REQUEST | TED | | | | | |
| PURPOSE OF VIDEO RE | QUEST: Derailment Inve | stigation | Py | ton () Fo | n Sean Micaul | |
| DESCRIPTION OF INCID | DENT: | | | | | |
| DATE OF INCIDENT: | | | LOCATION: | Orient Height | s Yard Switch 16R | |
| TIME (START) | 16:16:00 | | TIME (END): | 16:30:00 | | |
| CAMERA #/NAME: | OHY-ClassTrcks-SW-Fo | ence-W-View-NextTo-N Scarr McCarfng | /laint-26.61 | _ | | |
| CERTIFICATION | | | | | | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | ledge and agree that the re- horized disclosure is strictly p | | o this request ar | e protected and r | restricted to MassDOT | |
| REQUESTER: | Todd Johnson SIGNATURE | Todd Johnson | | EMPLOYEE # | 01-27-14 DATE | |
| DEPARTMENT HEAD: | Todd Johnson SIGNATURE | Todd Johnson PRINT NAME | | EMPLOYEE # | 01-27-14 DATE | |
| SECURITY & EM | ERGENCY MANAG | SEMENT DEPART | MENT USE | ONLY | 10: T-263 | |
| [] VIDEO NOT RELEAS | ED DATE: | REASO | | | | |
| VIDEO RELEASED | DATE: 1/2 | 714 RELEA | SED BY: 🌙 | Conida | | |



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| REQUESTER INF | 0 | | |
|---------------------|---|--|---------------------------------------|
| NAME: | william macle | MALL | EMPLOYEE #: |
| TITLE OR POSITION: | DIT Light T | Rail | |
| MASSDOT DIVISION: | Subway Ops | DEPARTMEN | T: Cypt Rail |
| PHONE #: | _ <u>5712</u> | E-MAIL: <u></u> | wncclellan |
| VIDEO REQUES | ΓED | | |
| PURPOSE OF VIDEO RE | EQUEST: INVEST | MOTIANT | |
| DESCRIPTION OF INCI | DENT: | | |
| DATE OF INCIDENT: | | LOCATION: | |
| TIME (START) | 1540 | TIME (END): | 158 p |
| CAMERA #/NAME: | MA | n Pard Godes 1 R | ec 103) |
| CERTIFICATION | | The state of the s | |
| | rledge and agree that the records prohibite | ed. | re protected and restricted to MassDC |
| REQUESTER: | SIGNATURE | Whan Millan | 1-27-14 DATE |
| | 5 () | | |
| DEPARTMENT HEAD: | Dance | | |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | EMPLOYEE # DATE |
| | | PRINT NAME ENT DEPARTMENT USE | |
| | IERGENCY MANAGEM | | |





Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INFO | Name : |
|---|---|
| NAME: PASSUACE | PULED EMPLOYEE #: |
| TITLE OR POSITION: TIMESTELLE TO | s/L |
| MASSDOT DIVISION: | DEPARTMENT: TRAINING |
| PHONE #: 617- 727- | 1861 E-MAIL: POPULEO @ MB74.co |
| VIDEO REQUESTED | |
| PURPOSE OF VIDEO REQUEST: | DT INVESTIGATION |
| DESCRIPTION OF INCIDENT:AUTO | TRolley |
| DATE OF INCIDENT: | LOCATION: |
| TIME (START) 18:15 | TIME (END): 18:25 |
| CAMERA #/NAME: PAST/WEST | |
| CERTIFICATION | |
| The undersigned acknowledge and agree that the personnel only and unauthorized disclosure is strictly | records provided pursuant to this request are protected and restricted to MassDOT prohibited. |
| REQUESTER: | 1 PAXALA PLE II-24-14 A PRINT NAME EMPLOYEE # DATE |
| DEPARTMENT HEAD: SIGNATURE | by Charles Myphy EMPLOYEE & DATE 1-/24/14 |
| SECURITY & EMERGENCY MANA | GEMENT DEPARTMENT USE ONLY 10: 1724 |
| [] VIDEO NOT RELEASED DATE: | REASON |
| LYNDED BELEASED. DATE 1 2 | 27/14 RELEASEDBY Novelded |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | |
|---------------------------|--|--|
| NAME: | Nomin Michaud | EMPLOYEE #: |
| TITLE OR POSITION: | Superintindent | |
| MASSDOT DIVISION: | MBTA | DEPARTMENT: REd LINE |
| PHONE #: | 5099 | E-MAIL: NMICHAUD METTI.CO |
| VIDEO REQUEST | ED | 1000 - 10 |
| PURPOSE OF VIDEO RE | QUEST: INVESTIGATION | - FAILURE TO REPORT |
| DESCRIPTION OF INCID | ENT: | |
| DATE OF INCIDENT: | | LOCATION: |
| TIME (START) | 8:19 AM | TIME (END): |
| CAMERA #/NAME: | | |
| CERTIFICATION | | |
| | | pursuant to this request are protected and restricted to MassDOT |
| personnel only and unauti | norized disclosure is strictly prohibited. | , , -/ // |
| REQUESTER: | SIGNATURE PRINT | NAME EMPLOYEE # DATE |
| DEPARTMENT HEAD: | M- un Dul N | Edura Nichras 1-23-14 |
| | SIGNATURE PRINT | NAME EMPLOYEE # DATE |
| SECURITY & EM | ERGENCY MANAGEMENT D | EPARTMENT USE ONLY 10: T-26 |
| [] VIDEO NOT RELEAS | ED DATE: | REASON: |
| / | 1101/11 | RELEASED BY: Mela M |



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| REQUESTER INFO | | |
|--------------------------|---|---|
| NAME: | Normand. Michael | EMPLOYEE #: |
| TITLE OR POSITION: | Superin mudent | |
| MASSDOT DIVISION: | MBTA | DEPARTMENT: REd LINE |
| PHONE #: | 617 222-5099 | E-MAIL: AMICHAUD & MATA. COM |
| VIDEO REQUEST | ED | |
| PURPOSE OF VIDEO REC | QUEST: | ow |
| DESCRIPTION OF INCIDE | ENT: | |
| DATE OF INCIDENT: | | LOCATION: BOALE St. LOT |
| TIME (START) | 1:45 AM | TIME (END): 2:00 AM |
| CAMERA #/NAME: | | |
| CERTIFICATION | XXXXXXXXXXX | 5 |
| | | d pursuant to this request are protected and restricted to MassDO |
| ersonnel only and unauth | orized disclosure is strictly prohibited. | , |
| REQUESTER: | n hely | TORYN Michael EMPLOYEE # DATE 1/24/20 1/24/20 1/24/20 |
| | SIGNATURE | IT NAME EMPLOYEE # DATE |
| DEPARTMENT HEAD: | M-L-MY | TINAME EMPLOYEE # DATE |
| | SIGNATURE PRIN | |



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| REQUESTER INF | 0 | | The state of the same | Marie de la companya | |
|----------------------|--|--|-----------------------|--|-----------------------|
| NAME: | Bert Oliveira | 11 11 11 11 11 11 11 11 | | EMPLOYEE | #: |
| TITLE OR POSITION: | AFC Supervisor | | | | |
| MASSDOT DIVISION: | MBTA | | DEPARTMENT | : AFC | |
| PHONE #: | 617-222-2577 | | E-MAIL: <u>nol</u> | iveira@mbta.c | om |
| VIDEO REQUES | | ata function Gate#411112 | , | | W |
| DESCRIPTION OF INCID | | ate function. Gate#411112 | | | |
| DATE OF INCIDENT: | 1-19-2014 | | LOCATION: | Back Bay | |
| TIME (START) | 3:30pm | | TIME (END): | 3:45 pm | |
| CAMERA #/NAME: | H | | | | |
| CERTIFICATION | | | | ***** | |
| | ledge and agree that the thorized disclosure is strictly | records provided pursuant to prohibited. | this request are | e protected and | restricted to MassDOT |
| REQUESTER: | SIGNATURE | Norbert PRINT NAME | o Olivera | EMPLOYEE # | 1-24-14 DATE |
| DEPARTMENT HEAD | SIGNATURE | PRINT NAME | | EMPLOYEE # | DATE |
| ECHRITE & DA | RERGEACT MARK | Californi DEPART | viele i idak | UNCT | T-25\$ |
| the facility for | V4 9 9 | 2.00 | 1 | | |
| VODED PIL ASID | DOLLE- T | 54/1A HTEV? | 10 BY | relay | (h |



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| REQUESTER INFO | | |
|--|--|---|
| NAME: DION ST | uphs | EMPLOYEE #: |
| TITLE OR POSITION: | 200 | |
| MASSDOT DIVISION: | D | DEPARTMENT: |
| PHONE #: | E | -MAIL: |
| | | 142 |
| VIDEO REQUESTED | 7 7 7 | |
| PURPOSE OF VIDEO REQUEST: | / Nveshcjaho | m Than hisving w/ books open |
| DESCRIPTION OF INCIDENT: | boor inc and | Than hisving w/ books open |
| DATE OF INCIDENT: | · | OCATION: |
| TIME (START) | <u> </u> | TIME (END): 17:59 |
| CAMERA #/NAME:CTR -RL- | SB-PONTAL NON 42.58 | |
| | 4251 | |
| CERTIFICATION | | / |
| The undersigned acknowledge and agree that personnel only and unauthorized disclosure is | The state of the s | his request are protected and restricted to MassDOT |
| personnel only and unauthorized disclosure is | Dion H. S | 1/1/13 |
| REQUESTER: | PRINT NAME | EMPLOYEE # DATE |
| DEPARTMENT HEAD: | 819W WW | |
| SIGNATURE | PRINT NAME | EMPLOYEE # DATE |
| SECURITY & EMERGENCY M. | ANAGEMENT DEPARTN | MENT USE ONLY ID: _T-25 |
| [] VIDEO NOT RELEASED DATE: _ | REASON | |
| ILLUDEO RELEASED: DATE: | 1/16/14 RELEASE | DBY Novally |



Updated January 2, 2013

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| REQUESTER INF | 0 | | | | | |
|----------------------|---|--|----------------------------|-----------------|-----------------------|--|
| NAME: | Jay Berry | | | EMPLOYEE | #: | |
| TITLE OR POSITION: | Superintendent | | | | | |
| MASSDOT DIVISION: | MBTA Subway Ops Maint. 3771 | | DEPARTMENT: Sub Ops Maint. | | | |
| PHONE #: | | | E-MAIL: jberry@mbta.com | | | |
| VIDEO REQUES | TED | | ZIMMANOSIM — SASA INN | 70 | | |
| PURPOSE OF VIDEO RI | EQUEST: Incident Investigat | ion | | | | |
| DESCRIPTION OF INCII | DENT: | | | | | |
| DATE OF INCIDENT: | | | LOCATION: | | | |
| TIME (START) | 17:43 | | TIME (END): | 18:00 | | |
| CAMERA #/NAME: | s many views 42.48. SPTO - 43 | | | | | |
| CERTIFICATION | | deleterate del como d | | | | |
| | ledge and agree that the recor horized disclosure is strictly proh | [[[[[[[]]]][[[]][[]][[]][[][[]][[]][[] | this request are | protected and i | restricted to MassDOT | |
| REQUESTER: | Јац Ветц | Jay Berry | | | 1/16/2014 | |
| | SIGNATURE | PRINT NAME | | EMPLOYEE # | DATE | |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | | EMPLOYEE # | DATE | |
| SECURITY & FM | ERGENCY MANAGE | MENT DEPART | MENT LISE | ONLY | 10: T-256 | |
| [] VIDEO NOT RELEAS | | REASON | | J.121 | 10. 1 23 4 | |
| [VIDEO RELEASED | DATE: 1/16/1 | | 1 | are of | ~ | |



Updated January 2, 2013

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| REQUESTER INF | | | | | |
|----------------------|---|---|-----------------------|-----------------|-----------------------|
| NAME: | William U | neclotla- | EMPLOYEE #: | | |
| TITLE OR POSITION: | Director | | | | |
| MASSDOT DIVISION: | Light Te | a. L | DEPARTMENT | : _ Sub | und |
| PHONE #: | 5712 | | E-MAIL: ω | nccloth | an CMOTALO |
| VIDEO REQUEST | red | | and the second second | ستحر والتساسم | |
| PURPOSE OF VIDEO RE | EQUEST: FNU | estyation | | | |
| DESCRIPTION OF INCID | DENT: | | | | |
| DATE OF INCIDENT: | | | LOCATION: | | |
| TIME (START) | 4:25pm | | TIME (END): | 4:33 | 500 |
| CAMERA #/NAME: | | Kennore O.B | outside D | what IF | ·E1.51 |
| CERTIFICATION | | | | | |
| | rledge and agree that the horized disclosure is strict | e records provided pursuantly prohibited. | t to this request are | protected and r | restricted to MassDOT |
| REQUESTER: | SIGNATURE | PRINT NAME | n uncclella | EMPLOYEE # | 1-16-14 DATE |
| DEPARTMENT HEAD: | 53 | one | | | |
| | SIGNATURE | PRINT NAME | | EMPLOYEE # | DATE |
| SECURITY & EM | ERGENCY MAN | AGEMENT DEPAR | RTMENT USE | ONLY | 10: <u>1-255</u> |
| [] VIDEO NOT RELEAS | SED DATE: | REA | SON: | | 1 |
| NIVIDEO RELEASED | DATE: 1 | 16/14 REL | EASED BY: | (colu) | m |



Updated January 2, 2013

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| REQUESTER INFO | |
|--|--|
| NAME: Dicky Drow. | EMPLOYEE #: |
| TITLE OR POSITION: SUPERVISOR | |
| MASSDOT DIVISION: Subway | DEPARTMENT: |
| PHONE #: 617- 222-509 | 9 E-MAIL: RBrown EMBTA, com |
| VIDEO REQUESTED | |
| PURPOSE OF VIDEO REQUEST: Train Move | es with doors open. |
| DESCRIPTION OF INCIDENT: Train had | a door problem 's |
| DATE OF INCIDENT: | LOCATION: <u>Central South</u> |
| TIME (START) 5:43 pm | TIME (END): 5:59pm |
| CAMERA #/NAME: 42-68/42 | 2.51 |
| CERTIFICATION | |
| 하다면 하는 이 등에 가면서 이번 구름을 받아 있다면 하는 것이 없었다면 하는데 그렇게 되었다면 하다면 하는데 얼마를 받아 들어야 한다면 하는데 하는데 없다. | cords provided pursuant to this request are protected and restricted to MassDO |
| personnel only and unauthorized disclosure is strictly pr | 0 , 0 |
| REQUESTER: | PRINT NAME EMPLOYEE # DATE |
| DEPARTMENT HEAD: 1 SIGNATURE | Norman Michael EMPLOYEE # DATE / 20/ |
| SECURITY & EMERGENCY MANAG | GEMENT DEPARTMENT USE ONLY ID: 1725 |
| [] VIDEO NOT RELEASED DATE: | REASON: |
| SVIDEO RELEASED DATE: | 414 RELEASED BY: Woolows |



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| REQUESTER INF | 0 | | | | |
|--|--|---|--------------------|-----------------|-----------------------|
| NAME: | Leslie A Garcia | | | EMPLOYEE | #: |
| TITLE OR POSITION: | Deputy Director, Orange Li | ine Operations | | | |
| MASSDOT DIVISION: | Transportation | | DEPARTMENT | : Operations | |
| PHONE #: | 617-222-5844 | | E-MAIL: sga | rcia@mbat.cor | n |
| VIDEO REQUEST | red | | | | |
| PURPOSE OF VIDEO RE | QUEST: Rules' Violation Inv | estigation | | | (A.C.) |
| DESCRIPTION OF INCID | DENT: | | | 7 | |
| DATE OF INCIDENT: | January 13, 2014 | | LOCATION: | | |
| TIME (START) | 15:07 p.m. | | TIME (END): | 15:15p.m. | |
| CAMERA #/NAME: | 5 | | | | |
| CERTIFICATION | The state of the s | | | | |
| - 19 전시 1일 : 19 12 12 12 12 12 12 12 12 12 12 12 12 12 | ledge and agree that the record horized disclosure is strictly prohi | 공연원 경기를 보고 있다면 하는 것이 없는 경기를 보고 있다면 되었다. | o this request are | protected and r | restricted to MassDOT |
| REQUESTER: | L. Susie Garcia | L. Susie Garcia | ř | EMPLOYEE # | 01-15-14 DATE |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | | EMPLOYEE # | DATE |
| SECURITY & EM | ERGENCY MANAGEM | MENT DEPART | MENT USE | ONLY | 10: T-25\$ |
| [] VIDEO NOT RELEAS | ED DATE: | REASO |)N: | | |
| VIDEO RELEASED | DATE: 15 | KELEA | SED BY: | Mud | an_ |



Updated January 2, 2013

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| REQUESTER INFO | Atric Cain | EMPLOYEE #: |
|---------------------------|--|---|
| TITLE OR POSITION: | Syptruisa | |
| MASSDOT DIVISION: | | DEPARTMENT: RTL - ALEA 112 |
| PHONE #; | 5055 | E-MAIL: Acame wstarcom |
| VIDEO REQUESTI | ED | |
| PURPOSE OF VIDEO REC | QUEST: Employee 1 | eft keys on counter inside CSA booth |
| DESCRIPTION OF INCIDE | | rm off of krys left inside broom |
| DATE OF INCIDENT: | 1/6/14 | LOCATION: |
| TIME (START) | 245, | TIME (END): 8000 |
| CAMERA #/NAME: | #2 + #4 | |
| | | |
| CERTIFICATION | | |
| | | provided pursuant to this request are protected and restricted to MassDOT |
| personnel only and unauth | orized disclosure is strictly prohibit | |
| REQUESTER: | | Att. L Cam 15/14 |
| DED A DEMENT WEAR | SONATURE OF THE PROPERTY OF TH | PRINT NAME EMPLOYEE DATE |
| DEPARTMENT HEAD | SIGNATURE | PRINT NAME EMPLOYEE # DATE |
| | \sim | |
| | 가게 하는데 아내가 아무리 아이는 것 같아 내가 되었다. | ENT DEPARTMENT USE ONLY 10 1-252 |
| · 主任 特別 第4 EA報 | 0 1504- 113 | 14 Person was there |
| With the Bert | | grugh |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INFO | | | |
|--|-----------------------|--------------------------------|--|
| NAME: | Ted Timmons | | EMPLOYEE #: _ |
| TITLE OR POSITION: | p Director L.R. Ops | | |
| MASSDOT DIVISION: 💍 🤾 | AIL & TRANSIT | DEPARTMENT: | The same of the sa |
| PHONE #: - 617 | 222.5715 | E-MAIL: ETI | mmons (c) MBTA. COM |
| VIDEO REQUESTED | 01 11 1 | 6. | |
| PURPOSE OF VIDEO REQUEST: | Kille Viblatio | w Ca; were to boar | of CUSTOMER/Wheelike |
| DESCRIPTION OF INCIDENT: | | | |
| DATE OF INCIDENT: | 12/31/13 | LOCATION: | |
| TIME (START) | 4:30 PM | TIME (END): | 4:45 PM |
| CAMERA #/NAME: | Trolley - ENC O | 2-3 and 04-6 | |
| CERTIFICATION | | <u> </u> | |
| The undersigned acknowledge and appersonnel only and unauthorized disclo | | suant to this request are pro- | tected and restricted to MassDOT |
| REQUESTER: SIGNATURE | P. Tun Edward | and Timmore _ | PLOYEE # DATE |
| DEPARTMENT HEAD: SIGNATURE | CCIENON EIL PRINT NAM | McChellour EN | DATE DATE |
| SECURITY & EMERGENC | Y MANAGEMENT DEP | ARTMENT USE ON | ILY ID: <u>T-257</u> |
| [] VIDEO NOT RELEASED D | ATE: | REASON: | 0 |
| MVIDEO RELEASED D | ATE: 1/5/15 | RELEASED BY: | wy |
| 7 Put | on CD | | |





Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | | |
|----------------------|--|--|
| NAME: | Rick Brown | EMPLOYEE #: |
| TITLE OR POSITION: | Supervisoe | |
| MASSDOT DIVISION: | Subway Operations | DEPARTMENT: |
| PHONE #: | 617-222-5099 | E-MAIL: RBrown @ NBTA, com |
| VIDEO REQUES | /1 | |
| PURPOSE OF VIDEO RI | EQUEST: Chistomer Complaint | of No help from Whekees. |
| DESCRIPTION OF INCI | DENT: | wasn't assited anto lift |
| DATE OF INCIDENT: | 12-31-13 | LOCATION: TROLLY HEA |
| TIME (START) | 200.4116 | TIME (END): |
| CAMERA #/NAME: | | _ |
| CERTIFICATION | | , |
| | viedge and agree that the records provided purs thorized disclosure is strictly prohibited. | uant to this request are protected and restricted to MassOOT |
| REQUESTER: | Bully Buren Ricks | J Brown I-9-2014 |
| DEPARTMENT HEAD: | SIGNATURE PRINT NAME | EMPLOYEE # DATE |
| SECURITY & EM | ERGENCY MANAGEMENT DEP | ARTMENT USE ONLY ID: 7-250 |
| [] VIDEO-NOT RELEAS | SED DATE: F | REASON: |
| NAVIDEO BELEASED | DATE: 1/8/14 F | RELEASED BY: |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INFO | 0 | | | 16 | 1,00 |
|-----------------------|-----------------------------------|---|---------------------------------------|---|--------------------------|
| NAME: | GEORGE H | 16/11/5 | | EMPLOYEE #: | |
| | | | | , | - - |
| TITLE OR POSITION: | SUPERUSUR | C HED CH | ue oper | 47/003 | |
| MASSDOT DIVISION: | MBTA | | DEPARTMENT | RTL | - us |
| PHONE #: | 617-222-50 | 99 | E-MAIL: G. | H1661N5/6/ | UPTA COST |
| | | | | C | + 3 |
| VIDEO REQUEST | ED | | · · · · · · · · · · · · · · · · · · · | The Samuel Control of | y b |
| PURPOSE OF VIDEO RE | QUEST: TNUEST | 16ATTON | | | |
| DESCRIPTION OF INCID | ENT: CUSTOMER | COMPLAIN | T RUDE | EMPLOYER | |
| DATE OF INCIDENT: | 12/31/13 | | LOCATION: | | FARE |
| | 4:00PM | | TIME (END): | 4:30 P | 1 |
| TIME (START) | 7.0017-1 | | HIVE (END): | 7.00/ | us |
| CAMERA #/NAME: | | | | | - 4 |
| CERTIFICATION | | | | | 200 200 200 200 |
| | edge and agree that the rec | ords provided pursua | nt to this request ass | nrotected and re | de la company |
| | norized disglosure is strictly pr | | in to one request are | protected and re | soleted to Massy |
| | 11 7 | 0 | HIGGINS | | 1171 |
| REQUESTER: | SIGNATURE SIGNATURE | PRINT NAME | M1661NS | EMPLOYEE # | DATE |
| (| SIGNATURE V | - initial | N Hickord | EMPLOTEE# | 11.16 |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME | w promoco | EMPLOYEE # | DATE |
| | John Tole | 711111111111111111111111111111111111111 | | | - u |
| SECURITY & EM | ERGENCY MANAG | EMENT DEPA | RTMENT USE | ONLY | 10: T-24 |
| [] VIDEO NOT RELEASE | ED DATE: | RE. | ASON: | | - 1 |
| | .1.1 | n-£ | يل. | 1 POCK | (二) |
| √ VIDEO RELEASED: | DATE: 12 | YP REI | LEASED BY: | vent ! | 27 -00 |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | | | | |
|---------------------|---|--|-------------------|-----------------------|--|
| NAME: | Andrea Gordon | | EMPLOYEE | E #: | |
| TITLE OR POSITION: | Supervisor | | | | |
| MASSDOT DIVISION: | Orange Line | DEPARTME | NT: Rapid Trans | portation | |
| PHONE #: | 617-222-5085 | E-MAIL: _a | gordon@mbta.c | om | |
| VIDEO REQUES | red | N - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | | | |
| PURPOSE OF VIDEO RE | QUEST: investigation | | | | |
| DESCRIPTION OF INCI | DENT: possible rule violation | n-checking to see if | | | |
| DATE OF INCIDENT: | 12/27/2013 | LOCATION: | LOCATION: | | |
| TIME (START) | 315p | TIME (END) | TIME (END): 355p | | |
| CAMERA #/NAME: | BBS-Platform Sou | platform Encusive P | NI LI BBS MO | um Entrunce Go | |
| CERTIFICATION | | - J | Enc of | jz PK1 | |
| | ledge and agree that the records phorized disclosure is strictly prohibit | | are protected and | restricted to MassDOT | |
| REQUESTER: | SIGNATURE | Andrea Gordon PRINT NAME | EMPLOYEE # | 12/27/19 DATE | |
| DEPARTMENT HEAD: | ALLE SIGNATURE | Leslie Garcia PRINT NAME | EMPLOYEE R | 12/27/14 DATE | |
| SECURITY & EN | ERGENCY MANAGEM | ENT DEPARTMENT US | SE ONLY | 10 T-249 | |
| VIDEO NOT RELEAS | SED DATE: | REASON | 1 | | |
| / | DATE: 1/2/15 | RELEASED BY | Stocked | a - | |



SECURITY & EMERGENCY MANAGEMENT DEPARTMENT

VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| REQUESTER INF | 0 | | | NAME OF THE OWNER OW | |
|---------------------|---|----------------------|-----------------------|--|--|
| NAME: | Andrea Gordon | | EN | 1PLOYEE #: | |
| TITLE OR POSITION: | Supervisor | | | | |
| MASSDOT DIVISION: | Orange Line | DI | EPARTMENT: Rap | id Transportation | |
| PHONE #: | 617-222-5085 | E- | MAIL: <u>agordon@</u> | mbta.com | |
| VIDEO REQUES | TED | | | | |
| PURPOSE OF VIDEO RE | EQUEST: investigation | | | | |
| DESCRIPTION OF INCI | DENT: possible rule violation | n-checking to see if | | | |
| DATE OF INCIDENT: | 12/27/2013 | LC | OCATION: | | |
| TIME (START) | 1200p | | ME (END): 352p | | |
| CAMERA #/NAME: | STORY Brook 026 | ates | 230-Ipm | C | |
| CERTIFICATION | | | m andive | The state of the s | |
| 10, 102, 1 | ledge and agree that the records phorized disclosure is strictly prohibit | | is request are protec | ted and restricted to MassDO | |
| REQUESTER: | SJANAPORE | Andrea Gordon | | 12/27/1¥ | |
| DEPARTMENT HEAD: | List of the | Leslie Garcia | LIVIPE | 12/27/19 | |
| DEPARTMENT HEAD. | SIGNATURE | PRINT NAME | EMPL | OYEE # DATE | |
| SECURITY & EN | IERGENCY MANAGEM | ENT DEPARTM | ENT USE ONL | Y 10: T-24 | |
| VIDEO NOT RELEA | SED DATE | REASON- | | | |
| INVIDEO RELEASED | DATE 1/2/18 | RELEASED | BY DV-C | who | |



Updated January 2, 2013

MassDOT personnel seeking to obtain records from MassDOT video systems to fulfill a specific job-related function must use this form. E-mail this fully completed form to securitydepartment@mbta.com.

| | | | 20 |
|--|--|--|-----------------------------|
| REQUESTER INF | 0 | | |
| NAME: | GBRGE HIGGIN | JS EMPL | OYEE#: |
| TITLE OR POSITION: | SUPERUSOK RES | D LINE OPERATIONS | ; |
| MASSDOT DIVISION: | MBTA | DEPARTMENT: R | |
| PHONE #: | 617-22-5099 | | US º MBTA . COM |
| PHONE #: | 411 0 at 2011 | E-MAIL. EST//1001 | 100 |
| VIDEO REQUEST | TED. | COLORED CHARACTER CONTRACTOR | 1 |
| | | 70.) | - 1 |
| | EQUEST: TNUESTIGAT | | 2 1010 11- |
| DESCRIPTION OF INCID | The second secon | COMPLAINT RUDE E | MPROYES |
| DATE OF INCIDENT: | 12-31-13 | LOCATION: | |
| TIME (START) | 1:20 PM | TIME (END): | SOPM _ |
| CAMERA #/NAME: | | | 25 |
| | | | · Ý |
| CERTIFICATION | | | * 8 |
| - [2] [2] [4] [4] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | 나는 이 나는 귀하는 이 얼마에 있다면 사람들이 되었다. 이 사람들이 아니는 사람들이 되었다면 하지만 하는데 되었다. | vided pursuant to this request are protect | ed and restricted to MassDQ |
| personnel only and unaut | thorized disclosure is strictly prohibited. | 0 11 | - u : |
| REQUESTER: | Yung Heggin | GEORGE /- HOCKS | 1-1-19 |
| (- | SHENATURE | Noscian Michael | YEE# DATE |
| DEPARTMENT HEAD: | SIGNATURE | PRINT NAME EMPLO | YEE # DATE |
| | and the same | | |
| SECURITY & EM | IERGENCY MANAGEMEN | T DEPARTMENT USE ONL | Y 10: 1-94 |
| [] VIDEO NOT RELEAS | SED DATE: | REASON: | - |
| IN VIDEO DELEASED. | DATE: 1/2/14 | RELEASED BY: Mule | > |
| [\video released: | DATE: 11 PILY | ACCEPTED BY. | / |