



Charlie Baker, Governor  
Karyn Polito, Lt. Governor  
Frank DePaola, Acting MassDOT Secretary & CEO  
Beverly Scott, Ph.D., General Manager  
and Rail & Transit Administrator



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




# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

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## REQUESTER INFO

NAME: John M. Caruso Jr EMPLOYEE #: 


TITLE OR POSITION: Foreman



MASSDOT DIVISION: AFC DEPARTMENT: Rev.

PHONE #: 617-222-4272 E-MAIL: JCaruso@MBTA.com


## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Harassment

DESCRIPTION OF INCIDENT: 

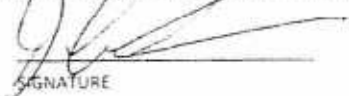

DATE OF INCIDENT:  LOCATION: 

TIME (START): \_\_\_\_\_ TIME (END): \_\_\_\_\_

CAMERA #/NAME:   
This is just

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  John M Caruso Jr  1-23-14

SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

SIGNATURE PRINT NAME EMPLOYEE # DATE

SECURITY & EMERGENCY MANAGEMENT DEPARTMENT ONLY T-268

 1/28/14 



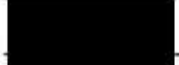
# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

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## REQUESTER INFO

NAME: Karen Burns EMPLOYEE #: 


TITLE OR POSITION: Dep Dir Bus ops


MASSDOT DIVISION: MBTA DEPARTMENT: Bus ops

PHONE #: 6579 E-MAIL: KBurns@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: \_\_\_\_\_

DESCRIPTION OF INCIDENT: 

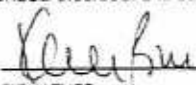

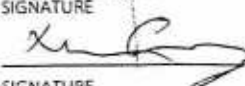
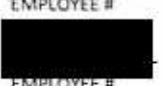
DATE OF INCIDENT:  LOCATION: Cabot Yard

TIME (START): 1040A TIME (END): 1043A

CAMERA #/NAME: Haul Rd Cate 9 view Bus Parking

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:		<u>Karen Burns</u>		<u>1-28-14</u>
	SIGNATURE	PRINT NAME	EMPLOYEE #	DATE
DEPARTMENT HEAD:		<u>Dr. J. Corcoran</u>		<u>1/28/14</u>
	SIGNATURE	PRINT NAME	EMPLOYEE #	DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-26

VIDEO NOT RELEASED      DATE: \_\_\_\_\_      REASON: \_\_\_\_\_

VIDEO RELEASED      DATE: 1/28/14      RELEASED BY: [Signature]



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# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Karen Burns EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: Deputy Director Bus ops  
 MASSDOT DIVISION: MBTA DEPARTMENT: Bus ops  
 PHONE #: 6579 E-MAIL: KBURNS@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Discipline  
 DESCRIPTION OF INCIDENT: [REDACTED]  
 DATE OF INCIDENT: [REDACTED] LOCATION: [REDACTED]  
 TIME (START): [REDACTED] TIME (END): [REDACTED]  
 CAMERA #/NAME: CBT - [REDACTED]

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Karen Burns [REDACTED] 01/28/2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
 DEPARTMENT HEAD: [Signature] D. J. Corney [REDACTED] 1/28/14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T26 B Ti

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED DATE: 1/28/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Bert Oliveira EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: AFC Supervisor  
 MASSDOT DIVISION: MBTA DEPARTMENT: AFC  
 PHONE #: 617-222-2577 E-MAIL: noliveira@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Gate activity  
 DESCRIPTION OF INCIDENT: Gate entrance  
 DATE OF INCIDENT: 1-19-2014 LOCATION: Jackson Square  
 TIME (START): 7:20am TIME (END): 7:45am  
 CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Norberto Oliveira [REDACTED] 1-28-14  
 SIGNATURE PRINT NAME EMPLOYEE # DATE  
 DEPARTMENT HEAD: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 SIGNATURE PRINT NAME EMPLOYEE # DATE

SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY  
 T-204  
 [ ] VIDEO RELEASED [ ] DATE: 1/28/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Todd Johnson EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: Director of OCC & Training  
 MASSDOT DIVISION: MBTA DEPARTMENT: OCC & Training  
 PHONE #: X3948 E-MAIL: tgjohnson@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Derailment Investigation *Put on CD for Sean McCaffrey*  
 DESCRIPTION OF INCIDENT: [REDACTED]  
 DATE OF INCIDENT: [REDACTED] LOCATION: Orient Heights Yard Switch 16R  
 TIME (START) 16:16:00 TIME (END): 16:30:00  
 CAMERA #/NAME: OHY-ClassTrcks-SW-Fence-W-View-NextTo-Maint-26.61  
*Gave CD to ~~TO~~ Sean McCaffrey*

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:	<u>Todd Johnson</u>	<u>Todd Johnson</u>	<u>[REDACTED]</u>	<u>01-27-14</u>
	SIGNATURE	PRINT NAME	EMPLOYEE #	DATE
DEPARTMENT HEAD:	<u>Todd Johnson</u>	<u>Todd Johnson</u>	<u>[REDACTED]</u>	<u>01-27-14</u>
	SIGNATURE	PRINT NAME	EMPLOYEE #	DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-263

[ ] VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 [x] VIDEO RELEASED DATE: 1/27/14 RELEASED BY: Standa



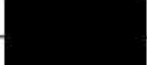
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## REQUESTER INFO

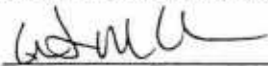

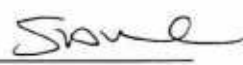
NAME: William McClellan EMPLOYEE #:   
TITLE OR POSITION: Dir Light Rail  
MASSDOT DIVISION: Subway Ops DEPARTMENT: Light Rail  
PHONE #: 5712 E-MAIL: wmcclellan

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: INVESTIGATION  
DESCRIPTION OF INCIDENT:   
DATE OF INCIDENT:  LOCATION:   
TIME (START) 154p TIME (END): 158p  
CAMERA #/NAME:  MAIN Paid Gates 1 Rec 1037

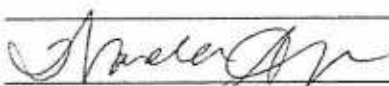
## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  William McClellan  1-27-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD:  \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-263

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED DATE: 1/27/14 RELEASED BY: 



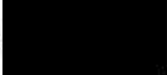
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## REQUESTER INFO

NAME: PASQUALE PULEO EMPLOYEE #: 

TITLE OR POSITION: INSTRUCTOR



MASSDOT DIVISION: (T) DEPARTMENT: TRAINING

PHONE #: 617-222-1861 E-MAIL: PPULEO@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: ACCIDENT INVESTIGATION

DESCRIPTION OF INCIDENT: AUTO/TROLLEY

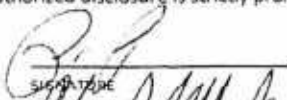

DATE OF INCIDENT:  LOCATION: 

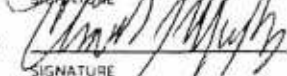

TIME (START): 18:15 TIME (END): 18:25

CAMERA #/NAME: EAST/WEST

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  PASQUALE PULEO  1-24-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD:  Charles Murphy  1-29-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-24P

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED: DATE: 1/27/14 RELEASED BY: 





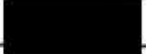
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## REQUESTER INFO

NAME: Norman Michaud EMPLOYEE #: 


TITLE OR POSITION: Superintendent



MASSDOT DIVISION: MBTA DEPARTMENT: Red Line

PHONE #: 5099 E-MAIL: NMichaud@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: INVESTIGATION - FAILURE TO REPORT

DESCRIPTION OF INCIDENT: 

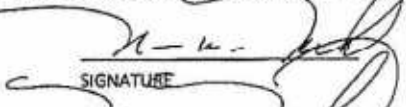

DATE OF INCIDENT:  LOCATION: 

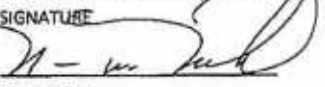

TIME (START) 8:19 AM TIME (END): 1:30 PM

CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  Norman Michaud  1-23-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD:  Norman Michaud  1-23-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-261

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED: DATE: 1/24/14 RELEASED BY: [Signature]



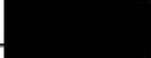
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Updated January 2, 2013



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## REQUESTER INFO

NAME: Norman, Michael EMPLOYEE #:   
TITLE OR POSITION: Superintendent  
MASSDOT DIVISION: MBTA DEPARTMENT: Red Line  
PHONE #: 617 222-5099 E-MAIL: NMichael@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: INVESTIGATION  
DESCRIPTION OF INCIDENT:   
DATE OF INCIDENT:  LOCATION: Beale St. Lot  
TIME (START): 1:45 AM TIME (END): 2:00 AM  
CAMERA #/NAME: -

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  Norman, Michael  1/24/2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD:  Norman, Michael  1/24/2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-260 259

VIDEO NOT RELEASED DATE: 1/24/14 REASON: Cam only captures gate lot  
 VIDEO RELEASED: DATE: 1/24/14 RELEASED BY: Shirley J...



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Bert Oliveira EMPLOYEE #: [REDACTED]  
TITLE OR POSITION: AFC Supervisor  
MASSDOT DIVISION: MBTA DEPARTMENT: AFC  
PHONE #: 617-222-2577 E-MAIL: noliveira@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Checking on gate function. Gate#411112  
DESCRIPTION OF INCIDENT: \_\_\_\_\_  
DATE OF INCIDENT: 1-19-2014 LOCATION: Back Bay  
TIME (START) 3:30pm TIME (END): 3:45 pm  
CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Norberto Oliveira [REDACTED] 1-24-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD: \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY  
T-258  
REVIEWED/RELEASED DATE: 1/24/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: DION Stubbbs EMPLOYEE #: 

TITLE OR POSITION: DECO

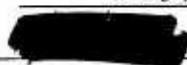

MASSDOT DIVISION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Investigation

DESCRIPTION OF INCIDENT: Door inc and Train moving w/ doors open

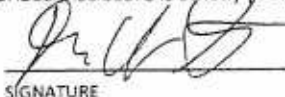

DATE OF INCIDENT:  LOCATION: 

TIME (START) 17:43 TIME (END): 17:59

CAMERA #/NAME: CTR-RL-SB-Portal North 4258  
4251

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  Dion H. Stubbbs  11/16/13

SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD: \_\_\_\_\_

SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: F-258

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED: DATE: 11/16/14 RELEASED BY: 

2 CD'S



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

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## REQUESTER INFO

NAME: Jay Berry EMPLOYEE #: [REDACTED]  
TITLE OR POSITION: Superintendent  
MASSDOT DIVISION: MBTA Subway Ops Maint. DEPARTMENT: Sub Ops Maint.  
PHONE #: 3771 E-MAIL: jberry@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Incident Investigation  
DESCRIPTION OF INCIDENT: [REDACTED]  
DATE OF INCIDENT: [REDACTED] LOCATION: [REDACTED]  
TIME (START) 17:43 TIME (END): 18:00  
CAMERA #/NAME: [REDACTED] as many views as possible  
42-68. SPT0-42-57

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: Jay Berry Jay Berry [REDACTED] 1/16/2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD: \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: F-256

[ ] VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
[✓] VIDEO RELEASED DATE: 1/16/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: William McClellan EMPLOYEE #: [REDACTED]  
TITLE OR POSITION: Director  
MASSDOT DIVISION: Light Rail DEPARTMENT: Subway  
PHONE #: 5712 E-MAIL: w.mcclellan@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Investigation  
DESCRIPTION OF INCIDENT: [REDACTED]  
DATE OF INCIDENT: [REDACTED] LOCATION: [REDACTED]  
TIME (START): 4:25 pm TIME (END): 4:35 pm  
CAMERA #/NAME: Fwy TPMS Kenmore O.B. outside Portal 1P.51.51

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] William McClellan [REDACTED] 1-16-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD: [Signature] \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-255

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED DATE: 1/16/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

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## REQUESTER INFO

NAME: Ricky Brown EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: Supervisor  
 MASSDOT DIVISION: Subway DEPARTMENT: \_\_\_\_\_  
 PHONE #: 617-222-5099 E-MAIL: RBrown@MBTA.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Train moves with doors open.  
 DESCRIPTION OF INCIDENT: Train had a door problem & [REDACTED]  
 DATE OF INCIDENT: [REDACTED] LOCATION: Central South  
 TIME (START): 5:43 pm TIME (END): 5:59 pm  
 CAMERA #/NAME: 42.68 / 42.51

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Ricky J. Brown [REDACTED] 1-16-2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
 DEPARTMENT HEAD: [Signature] Norman Michael [REDACTED] 1/3/2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T254

[ ] VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 [x] VIDEO RELEASED DATE: 1/16/14 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Leslie A Garcia EMPLOYEE #: [REDACTED]  
TITLE OR POSITION: Deputy Director, Orange Line Operations  
MASSDOT DIVISION: Transportation DEPARTMENT: Operations  
PHONE #: 617-222-5844 E-MAIL: sgarcia@mbat.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Rules' Violation Investigation  
DESCRIPTION OF INCIDENT: [REDACTED]  
DATE OF INCIDENT: January 13, 2014 LOCATION: [REDACTED]  
TIME (START) 15:07 p.m. TIME (END): 15:15p.m.  
CAMERA #/NAME: 5

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: L. Susie Garcia L. Susie Garcia [REDACTED] 01-15-14  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD: \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-253

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED DATE: 1/15/14 RELEASED BY: [Signature]






# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: APRIL Cain EMPLOYEE #: 

TITLE OR POSITION: Supervisor


MASSDOT DIVISION: \_\_\_\_\_ DEPARTMENT: RTL - Area 112

PHONE #: 5085 E-MAIL: ACaine@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Employee left keys on counter inside CSA booth

DESCRIPTION OF INCIDENT: missing item of of keys left inside booth



DATE OF INCIDENT: 1/6/14 LOCATION: 

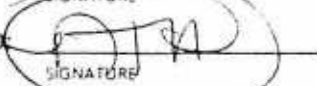
TIME (START): 2:45p TIME (END): 8:00p

CAMERA #/NAME: # 2 + # 4

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  APRIL Cain  1/15/14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD:  Nikki Harding  \_\_\_\_\_  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: I-252

RECORD RELEASED DATE: 1/13/14 BY: Person was there  
gh...



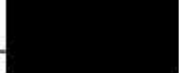
# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Ted Timmons EMPLOYEE #: 


TITLE OR POSITION: Dep Director L.R. Ops


MASSDOT DIVISION: RAIL & TRANSIT DEPARTMENT: L.R. Ops

PHONE #: 617-222-5715 E-MAIL: ETIMMONS@MBTA.COM


## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Ride Violation (Failure to board Customer/Wheelchair)

DESCRIPTION OF INCIDENT: 



DATE OF INCIDENT: 12/31/13 LOCATION: 


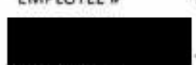
TIME (START): 4:30 PM TIME (END): 4:45 PM

CAMERA #/NAME:  Trolley - ENC 02-3 and 04-6

## CERTIFICATION

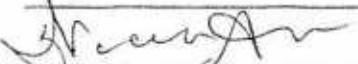
The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  Edward Timmons  1/7/14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

DEPARTMENT HEAD:  Bill McKeenan  1/7/14  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY ID: T-257

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED DATE: 1/5/14 RELEASED BY: 

2 Pulton CD



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

Updated January 2, 2013

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## REQUESTER INFO

NAME: Rick Brown EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: Supervisor  
 MASSDOT DIVISION: Subway Operations DEPARTMENT: \_\_\_\_\_  
 PHONE #: 617-222-5099 E-MAIL: RBrown@MBTA.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: Customer Complaint of no help from workers.  
 DESCRIPTION OF INCIDENT: [REDACTED] wasn't assisted onto lift [REDACTED]  
 DATE OF INCIDENT: 12-31-13 LOCATION: Trolley area [REDACTED]  
 TIME (START): \_\_\_\_\_ TIME (END): \_\_\_\_\_  
 CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Ricky J Brown [REDACTED] 1-9-2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
 DEPARTMENT HEAD: [Signature] NORMAN MICHAEL [REDACTED] 1-9-2014  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: F-250

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED: DATE: 1/8/14 RELEASED BY: [Signature]



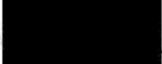
# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: GEORGE HIGGINS EMPLOYEE #: 

TITLE OR POSITION: SUPERVISOR RED LINE OPERATIONS


MASSDOT DIVISION: MBTA DEPARTMENT: RTL

PHONE #: 617-222-5099 E-MAIL: G.HIGGINS@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: INVESTIGATION

DESCRIPTION OF INCIDENT: CUSTOMER COMPLAINT RUDE EMPLOYEES

DATE OF INCIDENT: 12/31/13 LOCATION:  FARE AREA

TIME (START): 4:00PM TIME (END): 4:30PM

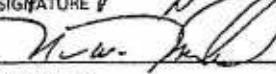
CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  GEORGE HIGGINS  1-1-14

SIGNATURE PRINT NAME EMPLOYEE # DATE

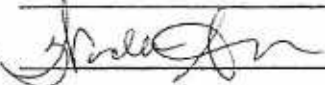
DEPARTMENT HEAD:  NORMAN RICHARD  1-1-14

SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-249

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED: DATE: 1/2/14 RELEASED BY: 



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Andrea Gordon EMPLOYEE #: [REDACTED]  
TITLE OR POSITION: Supervisor  
MASSDOT DIVISION: Orange Line DEPARTMENT: Rapid Transportation  
PHONE #: 617-222-5085 E-MAIL: agordon@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: investigation  
DESCRIPTION OF INCIDENT: possible rule violation-checking to see if [REDACTED]  
DATE OF INCIDENT: 12/27/2013 LOCATION: [REDACTED]  
TIME (START) 315p TIME (END): 355p  
CAMERA #/NAME: BBS-TD-orange line platform ENC 03 4 PRI  
BBS- Platform South end enc 01 2 PRI BBS Main Entrance Gates  
ENC 01 2 PRI

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Andrea Gordon [REDACTED] 12/27/13  
SIGNATURE PRINT NAME EMPLOYEE # DATE  
DEPARTMENT HEAD: [Signature] Leslie Garcia [REDACTED] 12/27/13  
SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-249

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 VIDEO RELEASED DATE: 11/2/13 RELEASED BY: [Signature]



# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: Andrea Gordon EMPLOYEE #: [REDACTED]  
 TITLE OR POSITION: Supervisor  
 MASSDOT DIVISION: Orange Line DEPARTMENT: Rapid Transportation  
 PHONE #: 617-222-5085 E-MAIL: agordon@mbta.com

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: investigation  
 DESCRIPTION OF INCIDENT: possible rule violation-checking to see if [REDACTED]  
 DATE OF INCIDENT: 12/27/2013 LOCATION: [REDACTED]  
 TIME (START) 1200p TIME (END): 352p  
 CAMERA #/NAME: STDny Brook 02 Gates 1230-1pm  
112pm arrival

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER: [Signature] Andrea Gordon [REDACTED] 12/27/13  
 SIGNATURE PRINT NAME EMPLOYEE # DATE  
 DEPARTMENT HEAD: [Signature] Leslie Garcia [REDACTED] 12/27/13  
 SIGNATURE PRINT NAME EMPLOYEE # DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-247

VIDEO NOT RELEASED DATE \_\_\_\_\_ REASON \_\_\_\_\_  
 VIDEO RELEASED DATE 1/2/14 RELEASED BY: [Signature]




# SECURITY & EMERGENCY MANAGEMENT DEPARTMENT VIDEO ACCESS REQUEST FORM

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## REQUESTER INFO

NAME: GEORGE HIGGINS EMPLOYEE #: 

TITLE OR POSITION: SUPERVISOR RED LINE OPERATIONS


MASSDOT DIVISION: MBTA DEPARTMENT: RTL

PHONE #: 617-222-5099 E-MAIL: G.HIGGINS@MBTA.COM

## VIDEO REQUESTED

PURPOSE OF VIDEO REQUEST: INVESTIGATION

DESCRIPTION OF INCIDENT: CUSTOMER COMPLAINT RUDE EMPLOYEES

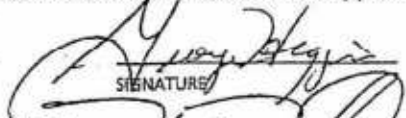

DATE OF INCIDENT: 12-31-13 LOCATION: 


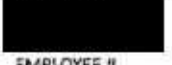
TIME (START): 1:20 PM TIME (END): 1:50 PM

CAMERA #/NAME: \_\_\_\_\_

## CERTIFICATION

The undersigned acknowledge and agree that the records provided pursuant to this request are protected and restricted to MassDOT personnel only and unauthorized disclosure is strictly prohibited.

REQUESTER:  SIGNATURE GEORGE HIGGINS PRINT NAME  EMPLOYEE # 1-1-13 DATE

DEPARTMENT HEAD:  SIGNATURE NORMAN RICHARD PRINT NAME  EMPLOYEE # 1-1-13 DATE

## SECURITY & EMERGENCY MANAGEMENT DEPARTMENT USE ONLY

ID: T-944

VIDEO NOT RELEASED DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

VIDEO RELEASED: DATE: 1/2/14 RELEASED BY: 