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Fatal crash claims Camp Bisco attendee

By Spotlight Staff

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ALBANY COUNTY — A Maine woman attending Camp Bisco died after striking a guiderail on the state Thruway, according to police.

State police on Sunday, July 15, investigated a one-vehicle fatal crash on the state Thruway eastbound approaching exit 24. Police said the vehicle occupants attended the music festival in Mariaville.

Police said witnesses claimed the vehicle allegedly drifted from the center lane across the third lane and into the median, striking a box guiderail end. The guiderail allegedly penetrated the vehicle and killed the driver, Alisha Makepeace, 26, of Portland, Maine, according to police.

The passenger, David Melnick, 26, of New Hampshire, allegedly sustained a fractured leg and was transported to Albany Medical Center for treatment, according to police.

Police are awaiting toxicology results to determine if drugs or alcohol may have contributed to the accident.

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Office
SP2T40000542

AMENDED REPORT

DMV COPY

18
20

1 Accident Date: Month 07, Day 15, Year 2012. Day of Week: Sun. Military Time: 21:01. No. of Vehicles: 1. No. Injured: 1. No. Killed: 1. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

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VEHICLE 1: [Redacted] VEHICLE 2 - Driver: MAKEPEACE, ALISHA M. License ID Number: [Redacted]. State of Lic.: [Redacted]. Driver Name - exactly as printed on license: MAKEPEACE, ALISHA M. Address: [Redacted]. City or Town: [Redacted]. State: [Redacted]. Zip Code: [Redacted].

21

Driver Name - exactly as printed on license: MELNICK, DAVID P. Sex: M. Date of Birth: Month 04, Day 28, Year 1986. Name - exactly as printed on registration: MELNICK, DAVID P. Sex: M. Date of Birth: Month 04, Day 28, Year 1986.

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Address (include Number & Street): [Redacted]. City or Town: [Redacted]. State: [Redacted]. Zip Code: [Redacted]. Plate Number: [Redacted]. State of Reg.: [Redacted]. Vehicle Year & Make: [Redacted]. Vehicle Type: [Redacted]. Ins. Code: [Redacted].

22

Violation Section(s): [Redacted]

6 VEHICLE DAMAGE CODING: Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, or operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage.

25
1

7 ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Diagrams include Right Angle, Left Turn, Right Turn, Left Turn, Skidwipes, and T-End On. There is no accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

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2

Place Where Accident Occurred: County ALBA. City Village Town of GUILDERLAND, TOWN OF. Road on which accident occurred 190. (Route Number or Street Name) at 1) intersecting street. (Route Number or Street Name) or 2) 10. (Milepost, Nearest Intersecting Route Number or Street Name)

28
25

Accident Description/Officer's Notes: [Redacted]

29

ALL INVOLVED: Table with columns for Name, DOB, Sex, Height, Weight, Eyes, Hair, and Date of Death. Includes MAKEPEACE, ALISHA M and MELNICK, DAVID P.

30

Officer's Rank and Signature: TROOP. Print Name in Full: W A Russell. Badge/ID No.: 4593. NCIC No.: 10105. Precinct/Post: T2. Station/Beat: 11. Reviewing Officer: Holliday, Jeffrey C. Date/Time Reviewed: 09/14/2012 15:11.

USE
OVER
SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
[Redacted]

AMENDED REPORT DMV COPY

19

1 Accident Date: Month [Redacted], Day [Redacted], Year [Redacted]. Day of Week: Sun. Military Time: 21:01. No. of Vehicles: 1. No. Injured: 1. No. Killed: 1. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed:

20

2 VEHICLE 1 - Driver License ID Number [Redacted], State of Lic. [Redacted]. Driver Name - exactly as printed on license [Redacted]. Address (include Number & Street) [Redacted], Apt. No. [Redacted]. City or Town [Redacted], State [Redacted], Zip Code [Redacted]. VEHICLE 2 - Driver License ID Number [Redacted], State of Lic. [Redacted]. Driver Name - exactly as printed on license [Redacted]. Address (include Number & Street) [Redacted], Apt. No. [Redacted]. City or Town [Redacted], State [Redacted], Zip Code [Redacted].

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3 Date of Birth: [Redacted]. Sex: [Redacted]. Unlicensed: . No. of Occupants: [Redacted]. Public Property Damaged: . Name - exactly as printed on registration [Redacted]. Sex: [Redacted]. Date of Birth: [Redacted]. Address (include Number & Street) [Redacted], Apt. No. [Redacted]. Haz. Mat. Code: [Redacted]. Released: . City or Town [Redacted], State [Redacted], Zip Code [Redacted].

23

4 Plate Number [Redacted], State of Reg. [Redacted], Vehicle Year & Make [Redacted], Vehicle Type [Redacted], Ins. Code [Redacted].

24

5 Ticket/Arrest Number(s) [Redacted]. Violation Section(s) [Redacted].

25

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact [Redacted], Box 2 - Most Damage [Redacted]. Enter up to three more Damage Codes [Redacted]. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact [Redacted], Box 2 - Most Damage [Redacted]. Enter up to three more Damage Codes [Redacted].

26

7 ACCIDENT DIAGRAM: There is no accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

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Reference Marker [Redacted], Coordinates (if available) Latitude/Northing: 592913, Longitude/Easting: 4729448. Place Where Accident Occurred: County ALBA, City/Village/Town of GUILDERLAND, TOWN OF. Road on which accident occurred: 90. at 1) intersecting street: [Redacted]. or 2) 10 Miles of MPM 149.2.

29

Accident Description/Officer's Notes: MATTHEW F 105 WASHINGTON AVE COHES NY 12047 5188529939

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Table with columns: B, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: TROOP. Print Name in Full: W A Russell. Badge/ID No.: 4593. NCIC No.: 10105. Predlnct/Post Troop/Zone: T2. Station/Beat/Sector: 11. Reviewing Officer: Holliday, Jeffrey C. Date/Time Reviewed: 09/14/2012 15:11.

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