



## *Provider Fraud*

### **Case Update - Physical Therapy Owner and Employees Sentenced for Fraud**

Brockton – On January 15, 2015, **Walkyrie Massie, aka Vicky Lopes**, and **Edward Rossi** were sentenced to 30 months and 18 months in prison, respectively, two years of supervised release, and ordered to pay \$174,597 in restitution to the defrauded insurance companies. Massie and Rossi pleaded guilty to conspiracy to commit mail fraud and two counts of mail fraud in September and August 2014, respectively. On December 18, 2014 **Deidre Chouinard** was sentenced to three years supervised probation, ordered to perform 500 hours of community service, and ordered to pay \$11,712 in restitution. Chouinard pleaded guilty in September 2014 to mail fraud and conspiracy to commit mail fraud. A fourth defendant is awaiting trial.

Massie, the owner and operator of Westgate Physical Therapy, and her employees submitted fraudulent medical progress notes to insurance companies in connection with physical therapy the company purportedly provided to patients involved in car accidents. Specifically, Rossi, a licensed physical therapy assistant, was supposed to provide physical therapy to patients several times a week until Chouinard, the physical therapist, re-evaluated the patient and signed off that the treatment was complete. Westgate would then send a bill to the responsible insurance company. The progress notes contained in the patients' chart would also be used to determine personal injury protection payments, as well as any bodily injury settlements with other insurance companies. In reality, for the majority of patients, Rossi simply filled in cookie-cutter treatment notes for patients who either never showed up that day, came into the clinic for mere minutes, or were not seen at all by Rossi because he was not present. Furthermore, Rossi signed notes for treatments that Massie performed, even though she was not licensed to do so. Based on these fraudulent submissions, from 2009 to 2011, Westgate billed insurance companies more than \$400,000 and received more than \$174,000 in payments.

*The case is being prosecuted by Assistant U.S. Attorney Shelbey Wright of United States Attorney Carmen M. Ortiz's Health Care Fraud Unit. It is being investigated by the Federal Bureau of Investigation and the IFB.*

### **Case Update - Acupuncturist Pleads Guilty to Insurance Fraud**

Woburn - On September 16, 2014 **Yongshuo Qu** pleaded guilty in Middlesex Superior Court to twelve counts of insurance fraud and eight counts of attempted larceny in connection with billing more than \$30,000 in fees for acupuncture and other services he did not provide through businesses he operated in Lowell and Medford. He was sentenced to two years in jail, suspended for four years. He was ordered to pay \$24,000 in fines and \$13,885 in restitution to Commerce Insurance. Between March 2008 and April 2012, Qu was engaged as a licensed acupuncturist. He served as a resident agent for two businesses, HealthLand, operating out of Lowell and out of his home in Medford, and Back2Balance, located in Boston. At the time, Qu advertised services for "Acupuncture, Massage, Chiropractic, Physical Therapy, Chinese Herbal Medicine and Chi Gong Therapy." Qu was not, himself, nor did he employ, a licensed chiropractor or physical therapist. Investigation revealed that within that time period, Qu billed for legitimate massage services rendered to 13 clients, but then added hundreds of additional charges for examinations and treatments he never provided. Additionally, in several instances, he billed insurance companies for work he said he had completed that had actually been performed by unlicensed practitioners. In total, Qu fraudulently billed more than \$30,000 in insurance claims.

*Assistant District Attorney Kristen Noto of Middlesex County District Attorney Marion Ryan's Special Investigations Unit prosecuted the case.*

## Insurance Fraud Bureau of Massachusetts

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Individuals who have been charged and whose names have been publicly disseminated have been identified.

*focusFraud* and *e-focusFraud* are published periodically throughout the year. News flashes on current press releases and news articles and updates on prosecution court activity are posted frequently on the IFB website [www.ifb.org](http://www.ifb.org).

If you prefer to receive your issues of *focusFraud* and IFB announcements by email, please forward your name, company name and email address to [dterry@ifb.org](mailto:dterry@ifb.org).

Referrals and general questions can be emailed to [referrals@ifb.org](mailto:referrals@ifb.org).

## **Provider Fraud** *continued*

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### **Pain Management Physician Indicted for Overbilling the Medicare Program**

Boston – On October 16, 2014 **Fathalla Mashali** was indicted on 23 counts of health care fraud in connection with billing the Medicare Program for services he allegedly did not provide patients. Indictments had been returned against Mashali in March 2014 on nine counts of health care fraud. Mashali was a licensed physician in Massachusetts and Rhode Island who operated New England Wellness & Pain Management, which was also known as New England Pain Associates (or NEPA), Greystone Pain Management, and New England Pain Institute. Many of the patients at NEPA were Medicare beneficiaries. The superseding indictment adds additional allegations that between November 2011 and October 2012, while the laboratory was not in compliance with federal regulations, Mashali billed Medicare for urine drug tests he did not perform. Mashali collected urine specimens from his patients and tested them for drugs, presumably to determine whether the patients were using abusive drugs and whether they consumed their prescription medication. Mashali allegedly contemporaneously tested each urine specimen at his laboratory in Holbrook, MA on two chemical analyzers, and billed Medicare for those tests. In addition, he billed Medicare for a third test, known as a confirmatory test, which he did not perform. Although the administration of a confirmatory test would have depended on the outcome of the initial urine test, it is alleged that Mashali billed for the confirmatory tests before he conducted any urine tests whatsoever. Furthermore, Mashali allegedly tested the urine weeks and sometimes three months after it had been collected from his patients. The urine was kept unrefrigerated, and, due to the age of urine and storage conditions, it leaked from collection cups while the smell permeated the laboratory. Prior to an inspection by a federal health inspector in February 2012, Mashali ordered his staff to move the unrefrigerated urine specimens out of the laboratory, but then returned the specimens following the inspection.

*The case was investigated by the Drug Enforcement Administration, Boston Field Division; Federal Bureau of Investigation, Boston Field Division; U.S. Health and Human Services, Office of the Inspector General; Insurance Fraud Bureau; and Internal Revenue Service's Criminal Unit. The case is being prosecuted by Maxim Grinberg and Kimberly P. West of United States Attorney Carmen M. Ortiz's Health Care Fraud Unit and Katherine Ferguson of Ortiz's Drug Task Force Unit.*

### **DPL Health Care Fraud Unit**

The Division of Professional Licensure maintains a Health Care Fraud Unit (HCFU) which investigates and prosecutes regulatory fraud complaints. Licensees may be disciplined for deceptive practices. There is a strong immunity provision for reporting fraud involving automobile insurance claims investigated by medical licensing boards under M.G.L. c.175, Section 113V(f).

In 2013, the HCFU negotiated the permanent surrenders of the physical therapist license of **Deidre Chouinard**; the physical therapist assistant

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## ***Provider Fraud*** *continued*

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license of **Edward Rossi**; and the physical therapy facility license of **Westgate Physical Therapy**.

Required by statute to be paid by licensed auto insurers, the costs of a program to address patterns of fraud, overutilization or professional misconduct are collected and remitted by the Automobile Insurers Bureau (AIB) from a sum which equals 10 cents per private passenger automobile liability insurance policy written in the preceding year. AIB remits the funds to the Commissioner of Insurance who directs funding to the recipient(s) pursuant to M.G.L. c.175, Section 113V(d)(1).

To report medical licensee misconduct call the HCFU Office of Investigations at (617) 727-7406 or download an application at <http://www.mass.gov/ocabr/licensee/dpl-boards/ah/health-care-fraud-tip-line.html>. The confidential HCFU tip line is (617) 727-4499.

## ***Health Care Insurance Fraud***

### **Couple Allegedly Profited More than \$1 Million from Sale of Medical Products Obtained through Fraudulent Insurance Claims**

Boston – On November 13, 2014 **Denise and Vincent Alessandrini** were indicted in Suffolk Superior Court in connection with allegedly fraudulently billing MassHealth and profiting more than \$1 million from the sale of medical products obtained through the filing of false health care claims. Denise Alessandrini was charged with filing a false health care claim, four counts of larceny, eight counts of Medicaid fraud, eight counts of larceny by false pretenses and conspiracy to commit health care fraud. Vincent Alessandrini was charged with filing a false health care claim, four counts of larceny, two counts of Medicaid fraud, two counts of larceny by false pretenses and conspiracy to commit health care fraud.

The MassHealth Personal Care Attendant Program (PCA) helps people with chronic or long-term disabilities live independently who hire PCAs to help with their daily living activities. Denise allegedly served as a surrogate in the PCA program while family members served as the PCAs in charge of the care of her twin daughters' who suffered from various medical conditions. In her capacity, Denise was responsible for submitting timesheets and providing payment to the PCAs since 2008. In addition, Vincent provided PCA services for elderly family members who previously served as PCAs to their daughters since 2013. At various times between September 2008 through April 2014, Denise allegedly submitted falsified timesheets on behalf of PCAs that either conflicted with existing work or school schedules or at times when the PCA could not otherwise provide services. Vincent also signed false timesheets and received payment for PCA hours billed in his name while he was working at another job. As a result of the information allegedly provided, MassHealth overpaid Vincent more than \$34,000.

Additionally, in accordance with their care, the twins were prescribed specialized adhesive wound care medical dressings for the alleged treatment of a health condition. The medical dressings were paid for by the family's health insurer, Partners Healthcare, administered by Tufts Health Plan. In September 2011, Tufts's fraud prevention unit initiated an internal investigation after identifying a significant uptick in the number of advanced wound care medical dressings being prescribed and ordered on behalf of the twins. Between January 2011 through December 2013, the Alessandrinis allegedly sought, and obtained, large amounts of prescription wound care dressings for the purpose of selling them for a profit. The couple sold these bandages to customers via the internet. Several of those customers pre-paid for shipments of wound care bandages but never received them. These customers are allegedly owed approximately \$335,000. A profit of more than \$1 million was the result of this alleged scheme to resell these specialized bandages.

*Assistant Attorneys General Jennifer Cotter and Jennifer Goldstein of the Attorney General's Insurance and Unemployment Fraud Division and Medicaid Fraud Division are prosecuting the case. The case is being investigated by the AG's office, the IFB and Massachusetts State Police.*

## ***Commercial Insurance Fraud***

### **Wholesale Distributor of Fruits and Vegetables Pleads Guilty after Reporting False Claims**

Boston- On November 6, 2014 **John Alphas** was sentenced to serve one year and one day in prison followed by three years of supervised probation. He was ordered to pay a \$60,000 fine and \$178,568 in restitution to Zurich North American Insurance Company. Alphas pleaded guilty to an Information on August 1, 2014 on a charge of wire fraud. Alphas is the owner of The Alphas Company Inc., a wholesale distributor of quality fruits and vegetables from all over the world. Produce is shipped to Alphas from various parts of the country, where it is stored before being distributed to customers. Alphas filed property loss claims with Zurich for losses occurring in 2007 and 2008. Zurich paid approximately \$229,740 for the alleged losses. The scheme involved Alphas ordering a load of fruit or vegetables from a West Coast supplier which were then loaded onto a truck of a private trucking company for shipment to Alphas. The supplier generated an invoice to reflect the cost of items shipped and the transportation costs involved. While en route to Alphas the load would allegedly be lost or damaged. An investigation conducted by the insurer uncovered evidence that invoices submitted by Alphas in support of each of the submitted claims had been altered to reflect significantly higher costs than the original invoices showed. Assistant U.S. Attorney Brian Perez-Daple of the U.S. Attorney Office's prosecuted the case.

## ***Workers' Compensation Premium Evasion***

### **Bookkeeper Allegedly Helped to Misrepresent Pepperell Construction Company's Payroll**

Pepperell - A Lunenburg woman was arraigned in Middlesex Superior Court on September 23, 2014 on three counts of workers' compensation fraud and three counts of larceny. The woman, a bookkeeper for a Pepperell construction company, allegedly assisted in the misrepresentation of the company's payroll on workers' compensation audits in order to avoid paying higher insurance premiums to Guard Insurance Company. Investigation revealed that two company entities were used solely to pay the construction company's 1099 laborers and were not disclosed to the insurer and thus not included in annual audits. As bookkeeper, the woman signed all checks and was also the contact for all insurance audits of policies. The construction company allegedly underreported payroll exposure of more than \$1.8 million over three policy years resulting in approximately \$145,548 in premiums evaded. Assistant Attorney General Joshua Pakstis of the Attorney General's Insurance and Unemployment Fraud Division is prosecuting the case.

### **Owner of Lowell Asbestos Company Pleads Guilty to Workers' Compensation Fraud**

Lowell - On October 2, 2014 a Lowell man pleaded guilty in Middlesex Superior Court to five counts each workers' compensation fraud and larceny. He was sentenced to five years probation and ordered to pay \$25,000 restitution. The Lowell man is the owner and operator of a Lowell asbestos abatement company. The company was insured by Travelers Insurance Company for workers' compensation insurance and employers liability insurance from April 2007 through December 2012. In an effort to evade high insurance premiums, the Lowell man misrepresented the true number of employees and payroll, and understated the number of jobs performed by his business. Based on his reporting, the Lowell man was granted the minimum premium rate on his policy and underpaid Travelers thousands of dollars in premium payments. As a result of this scheme, he put Travelers unknowingly at risk to cover any undisclosed employees for injuries that occurred or may have occurred during the policy periods. The company employed up to 30 workers with at least four full-time employees between 2007 and 2012 and misclassified the work of his company during the same period. Assistant Attorney General Joshua Pakstis of the AG's Insurance and Unemployment Fraud Division prosecuted the case.

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## ***Workers' Compensation Premium Evasion*** *continued*

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### **Former Staffing Company Manager Charged with Workers' Compensation Fraud**

Boston- **Elburke Lamson** was indicted in Suffolk Superior Court on December 11, 2014 on two counts of workers' compensation fraud and two counts of larceny. Lamson was operating as the manager of Legal Pro Temps, Inc., a now defunct staffing company located in Dorchester. Legal Pro was insured by Atlantic Charter Insurance Company for workers' compensation insurance and employers liability insurance from November 2007 through November 2009. In an effort to evade higher insurance premiums, Lamson allegedly underreported or failed to report his payroll to Atlantic Charter. Legal Pro allegedly operated with a payroll totaling more than \$2 million billed through its vendors, but only reported a payroll totaling more than \$184,000. As a result of this premium avoidance scheme, Lamson underpaid Atlantic Charter more than \$45,000 in premium payments and put the insurer unknowingly at risk to cover any undisclosed employees for injuries that occurred or may have occurred during the policy periods. Assistant Attorney General April English of the AG's Insurance Fraud and Unemployment Fraud Division is prosecuting the case.

### **Framingham Man Allegedly Hid Payroll and Misclassified Employees to Lower W/C Premium**

Framingham - A Framingham construction company owner was arraigned on three counts each workers' compensation fraud and larceny in Middlesex Superior Court on October 15, 2014. On February 20, 2008, the Framingham man applied for workers' compensation through the MA Assigned Risk Pool and indicated his company was a new business and there had been no name change or merger within the last five years. The policy risk was assigned to Chartis Insurance Company. Investigation revealed, however, that the Framingham man's brother transferred ownership of the brother's company to him on February 27, 2008 authorizing him to use the business name. An analysis of bank account records for both company names revealed that a large portion of checks written from the two companies' checking accounts were to the same individuals believed to be employees of the Framingham man's company. In addition, the majority of checks received and deposited into the accounts for the two companies were from the same construction companies. The Framingham man allegedly funneled money through the inactive company's account in order to underestimate or hide payroll amounts to evade approximately \$194,043 in workers' compensation premiums over three policy years. Furthermore, he allegedly misclassified the work performed by the company as siding rather than roofing. Assistant Attorney General April English of the AG's Insurance and Unemployment Fraud Division is prosecuting the case.

## ***Workers' Compensation Claimant Fraud***

### **Hyannis Man Reports Alleged Work Related Injury**

Springfield - On September 23, 2014 a Hyannis man was arraigned on charges of workers' compensation insurance fraud, perjury and attempt to commit larceny by false pretenses in Hampden Superior Court. On August 21, 2009, the Hyannis man, who worked as an installer at a Holyoke insulation company, allegedly claimed he was late for work due to a flat tire. Later that day, the man was allegedly described by co-workers as being upset after an argument with one of the company co-owners regarding his frequent tardiness. The Hyannis man quit his job as an installer that day. He subsequently filed for unemployment benefits for which he was denied. He also reported a work related injury to the Department of Industrial Accidents (DIA) claiming that he allegedly suffered a disc hernia at a job site and was unable to work. The Hyannis man never informed the office manager or job supervisor at the installation company that he sustained an alleged work related injury. A DIA judge found in favor of the insulation company ruling that the man's injury did not occur at the jobsite. Granite State Insurance Company was the workers' compensation insurer of the insulation company. Assistant Attorney General David Clayton of the AG's Insurance and Unemployment Fraud Division is prosecuting the case.

### **Acton Couple Charged with Insurance Fraud**

Acton - An Acton couple were arraigned on December 9, 2014 in Concord District Court. The wife was charged with false report of a crime, motor vehicle insurance fraud and attempt to commit a crime. The husband was charged with motor vehicle insurance fraud and attempt to commit a crime. On February 23, 2012, the husband reported to Plymouth Rock Assurance Corporation that his wife's 2008 Chevrolet HHR had allegedly been vandalized over a period of several days resulting in damages consisting of horizontal scratches and dents to the passenger side fender and door areas. The wife filed a report with police and also spoke to Plymouth Rock and stated the vandalism damage was recent, there was no pre-existing damage to the Chevrolet and the vehicle was in mint condition when she bought it used. A certified accident reconstructionist examined the vehicle and determined there was no evidence to support that the Chevrolet had been vandalized. The damages on the passenger side panels and rear bumper corner were consistent with the vehicle moving forward and sideswiping a stationary object such as a frozen snowbank. The damage to the rear was consistent with the vehicle backing into a stationary object. In addition, investigation revealed that the Chevrolet had pre-existing scratches and dings prior to the wife's purchase which was verified with the previous owner. The case is being prosecuted by Middlesex County Assistant District Attorney Jessica Hogan.

### **Roslindale Woman Indicted for Motor Vehicle Insurance Fraud**

Boston - **Peggy Soto** was indicted in Suffolk Superior Court on December 2, 2014 on charges of motor vehicle insurance fraud, larceny, attempted larceny and 72 counts of unemployment fraud. In October 2009 Soto was allegedly involved in a car accident while operating a vehicle under a canceled Progressive Insurance auto policy. Following the accident Soto allegedly reinstated her insurance policy and reported the incident to Progressive, providing fraudulent information to indicate the time at which the accident occurred so that it would coincide with coverage on the reinstated policy. Following an investigation by Progressive, the claim was denied. Furthermore, Soto applied for and received unemployment benefits from the Department of Unemployment Assistance (DUA) from May 2009 to November 2010. During part of that time, Soto allegedly worked full-time and failed to disclose her employment status to the DUA. For each of the 72 weeks that Soto collected unemployment benefits she allegedly notified the DUA that she was not working, but that she was able to work and available for work. During the time of the alleged fraud, Soto earned more than \$56,000 through her employment. The case is being prosecuted by Assistant Attorney General Kristy Lavigne of the AG's Insurance and Unemployment Fraud Division.

### **Alleged Damages are Pre-Existing**

Malden - The case against a Malden man was continued without a finding for one year on November 21, 2014 on charges of motor vehicle insurance fraud and attempt to commit a crime. The Malden man reported to Progressive Insurance Company that on December 1, 2010 his brother was operating his 2004 Chevrolet Corvette when the brother was allegedly involved in a collision with a 2000 Audi A6. The Malden man reported rear bumper and passenger side damage to the Corvette as a result of the alleged accident. During the claims processing, Progressive identified an August 3, 2010 accident for the Corvette by a previous owner. After the August 2010 accident, the Corvette had been declared a total loss. The Malden man stated that he had purchased the totaled Corvette, had it repaired and it was undamaged at the time of the December accident. A review of the appraisal photos from the two accidents show similar damage. An accident reconstruction also concluded there were no reciprocal damages between the Corvette and Audi. The Malden man admitted that the Corvette was not involved in a December 2010 accident and he made a false claim to Progressive. The case was prosecuted by Middlesex County Assistant District Attorney Emily Farley.

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### **Woburn Man Alleges Vehicle Theft**

Woburn - A Woburn man was arraigned on October 15, 2014 on charges of motor vehicle insurance fraud and attempt to commit a crime. The Woburn man reported to Fireman's Fund Insurance Company that his 2009 Honda Accord was allegedly stolen before it was involved in a hit-and-run accident on August 23, 2010. Police conducted an investigation and subsequently cited the Woburn man for leaving the scene after property damage. According to the police report, the Honda was found unoccupied/abandoned in the roadway after having struck a pole, spinning around and coming to a stop in the middle of the road. No keys were in the ignition and there was no evidence the vehicle was stolen. The Woburn man, the Honda's owner, was questioned at his home and denied operating the vehicle, although he allegedly had the keys to the Honda in his pants pocket. An unnamed witness saw three males running from the scene in the direction of his house. The Woburn man allegedly admitted that the Honda was not stolen as he reported but that he was operating the Honda when it was involved in a collision and that he and a passenger ran from the scene. The case is being prosecuted by Middlesex County Assistant District Attorney Allison Brown.

### **Medford Woman Pleads Guilty to Insurance Fraud**

Medford – On December 9, 2014 a Medford woman pleaded guilty to one count of motor vehicle insurance fraud. She was sentenced to six months in the House of Correction, suspended for one year. She was ordered to pay \$500 in court costs and to perform 50 hours of community service. The woman reported to Plymouth Rock Assurance Corporation that she was allegedly operating a Mitsubishi Lancer on April 23, 2012 when a 2005 Hyundai Sonata collided with her vehicle. The collision resulted in damage to the driver's side of the Mitsubishi and also caused the vehicle to leave the roadway and hit a telephone pole causing additional front end damage and deployment of airbags. The Medford woman reported alleged injuries from the accident. However, the operator of the Hyundai stated that the operator of the Mitsubishi was a male with a suspended driver's license. A second witness also stated that she drove the Medford woman to the scene after the accident occurred. The case was prosecuted by Middlesex County Assistant District Attorney Nolan Mitchell.

### **Bumper Held On with Plastic Clips Before Collision Occurred**

Waltham - On January 6, 2015 **Solomon Sherring** admitted to sufficient facts on a charge of motor vehicle insurance fraud. The case was continued without a finding for one year. He was ordered to pay \$1,830 in restitution. Sherring's 2006 Toyota Corolla was involved in a motor vehicle collision on April 18, 2011 when it was rear ended by a 2000 Buick Century. Sherring reported to MetLife Auto & Home that as a result of the collision his rear bumper was allegedly ripped off and he was having difficulties closing the trunk of the vehicle. A forensic examination of both vehicles determined that the damage to Sherring's Toyota was enhanced and that the collision would not have resulted in extensive damages to the Toyota. Furthermore, the operator of the Buick stated that the Toyota's bumper had been held on with plastic clips and that Sherring ripped off the bumper before leaving the scene. Sherring admitted that he had misrepresented the nature of the damage to his vehicle. The case was prosecuted by Middlesex County Assistant District Attorney John Dawley.

Press releases and prosecution stories are frequently added and updated on the IFB website at [www.ifb.org](http://www.ifb.org).

## Community Insurance Fraud Initiatives Highlights

### ***Boston CIFI***

A Boston woman admitted to sufficient facts on October 2, 2014 to charges of motor vehicle insurance fraud and attempt to commit a crime. The case was continued without a finding for one year. The woman reported to Republic Western Insurance Company that on February 5, 2013 she rented a U-Haul truck and while operating the vehicle in reverse struck a 2003 Lexus resulting in damage to the entire passenger side of the Lexus. The Boston woman admitted that the accident had been staged.

*The Boston task force is assisted by Boston Police Det. Steven Blair. Community Insurance Fraud Initiative (CIFI) cases are prosecuted by the Offices of Suffolk County District Attorney Daniel F. Conley and the Massachusetts Attorney General's Insurance and Unemployment Fraud Division.*

### ***Brockton CIFI***

On January 9, 2015 **Ebony Davis** was arraigned on charges of motor vehicle insurance fraud and attempt to commit a crime. Davis reported to Arbella Mutual Insurance Company that on April 1, 2013 her 2003 Infiniti G35 was allegedly parked when it was hit by an unknown vehicle resulting in damages to the passenger front bumper and side. A collision analysis concluded the impact with abrasive scraping, low damage height, and brown wood transfer indicated the vehicle went off the road and struck some type of fixed object and was not hit-while-parked as reported.

*Brockton CIFI cases are prosecuted by the Office of Plymouth County District Attorney Timothy J. Cruz.*

### ***Chelsea/Revere CIFIs***

**Gregg Lacedra** was found guilty on a charge of motor vehicle insurance on January 6, 2015. He was sentenced to one year probation. Restitution is to be determined. Lacedra reported to police and Met-Life Auto & Home that on December 18, 2012 his 1994 Lincoln was parked and unattended when it was allegedly struck by an unknown vehicle which fled the scene. The Lincoln was deemed a total loss. A forensic examination of the Lincoln determined the vehicle was in motion when it backed into a brick object. Fragments of stone were found in the damaged areas.

*The Chelsea task force is assisted by Chelsea Police Lt. Edward Noseworthy. The Revere task force is assisted by Revere Police Det. Sgt. Steven Pisano. CIFI cases are prosecuted by Suffolk County Assistant District Attorney Ursula Knight.*

### ***Lawrence CIFI***

On October 22, 2014, a Lawrence woman pleaded guilty to charges of motor vehicle insurance fraud and attempt to commit a crime. She was placed on supervised probation for two years and ordered to pay \$2,139 in restitution. The Lawrence woman reported to Commerce Insurance Company that while operating her 2004 Cadillac SUV on December 29, 2011 she was allegedly involved in a motor vehicle accident when she was struck by another vehicle which fled the scene. She did not report the accident to police and did not file a claim with Commerce until February 14, 2012. Investigation revealed that the woman's Cadillac was involved in a high speed pursuit with police on December 31, 2011 while her son was driving the vehicle and attempting to flee police after an altercation. Police identified a vehicle that was struck by the Cadillac during the pursuit. The owner of this vehicle stated that the Cadillac was operating at a high rate of speed and ran a stop sign causing the accident.

*The Lawrence CIFI task force is assisted by detectives from Lawrence and other area police departments. CIFI cases are prosecuted by Essex County Assistant District Attorney Lindsay Nasson.*

### ***Lowell CIFI***

On October 28, 2014 the case against a Lowell woman was continued without a finding for 18 months on charges of motor vehicle insurance fraud, attempt to commit a crime, larceny, larceny by false pre-

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tenses and conspiracy. She was ordered to pay full restitution. At the time of the woman's grandmother death on September 30, 2010, the grandmother owned a 2005 Saturn Ion; she was the only listed operator on the Amica Insurance auto policy. On November 6, 2010, the Lowell woman's mother reported that the 2005 Saturn was involved in a minor motor vehicle accident while being operated by her daughter. Mother and daughter claimed the vehicle sustained damage to the passenger side and rear bumper and two checks were issued by Amica to cover the loss. The Lowell woman also claimed and treated for alleged injuries sustained in this incident. Investigation revealed that the damage alleged from the November 6, 2010 accident was the same damage which had occurred prior to a June 29, 2009 claim submitted by the grandmother. The claim had been paid but repairs were never made to the vehicle. Furthermore, the Lowell woman continued to insure and operate the vehicle that had belonged to her deceased grandmother, although the grandmother had died before the insurance policy was renewed. By doing so, she evaded approximately \$1,992 in insurance premiums per year.

*The Lowell task force is assisted by area police departments. CIFI cases are prosecuted by Middlesex County Assistant District Attorney Kristen Noto.*

### **Lynn CIFI**

A Salem man pleaded guilty on September 30, 2014 to insurance fraud and other unrelated charges. He was sentenced to two years in the House of Correction, six months to serve and the balance suspended for two years. On January 20, 2012 the Salem man was operating his uncle's 2008 Toyota Tundra, insured with Safety Insurance, when he allegedly struck a telephone pole. He claimed and treated for alleged injuries. Two other defendants were allegedly involved and assisted in reporting the false insurance claim. Their cases are pending.

*The Lynn task force is assisted by Lynn Police Officer Robert LeBlanc. CIFI cases are prosecuted by Essex County Assistant District Attorney Douglas Sheehan.*

### **New Bedford/Fall River CIFI**

On December 15, 2014 a New Bedford woman admitted to sufficient facts on a charge of motor vehicle insurance fraud. The case was continued without a finding for six months. She was ordered to pay \$500 in restitution. On September 21, 2010 the woman reported the alleged theft of her 2001 Chevrolet Impala to Plymouth Rock Assurance Corporation. She reported that she parked the vehicle on September 18, 2010 before leaving for a weekend trip and did not discover it missing until September 21 at noon. The vehicle was recovered, damaged, by Newark, New Jersey police on September 21, 2010 at 4:30 p.m. No signs of forced entry were detected, damage to the ignition lock keyway was cosmetic and the vehicle could only be operated using the correct key. The woman also stated that she had both sets of keys in her possession. Furthermore, her boyfriend had ties to Newark addresses and the friend who the woman allegedly spent the weekend could not be verified.

*The New Bedford/Fall River task force is assisted by New Bedford Police Officer Greg Sirois and Fall River Police Lt. Paul Bernier. CIFI cases are prosecuted by the Office of Bristol County District Attorney Thomas M. Quinn III.*

### **Randolph CIFI**

**Courtney Wooten** was placed on 24 months pre-trial probation on September 15, 2014 on charges of motor vehicle insurance fraud and larceny. She was ordered to pay \$7,022 in restitution to Travelers Insurance Company. Wooten reported that on September 21, 2007 she allegedly had been involved in a single vehicle accident after attempting to avoid hitting a deer and swerving off the roadway. She

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reported damage to the windshield, front bumper, headlights and hood as a result of the collision. The vehicle was deemed a total loss and Wooten was paid for the loss. Subsequent to the payout, Travelers was notified that Wooten's 2003 Toyota Camry had been involved in a two vehicle accident on September 22, 2007 when it swerved into another lane, rear-ended a vehicle and fled the scene. The Toyota was stopped by police and a male operator, Wooten's boyfriend, was cited for leaving the scene as well as other charges. Wooten did not report the second incident involving her Chevrolet because she claimed that she had not seen the vehicle after the September 21 accident and was unaware that her boyfriend had used it and been involved in an accident.

*The Randolph task force is assisted by Randolph Police Det. Sgt. David Avery and Lt. Melissa McCormack and Quincy Police Det. Jason MacIsaac. CIFI cases are prosecuted by the Office of Norfolk County District Attorney Michael Morrissey.*

### **Western Massachusetts CIFI**

**Arlene Kelsey** pleaded guilty to charges of motor vehicle insurance fraud, attempt to commit a crime, larceny and conspiracy. Sufficient facts were found and the case was continued without a finding for one year. **Shawn Kelsey** pleaded guilty to charges of larceny and conspiracy. Sufficient facts were found and the case was continued without a finding for one year. Together the couple was ordered to pay \$9,167 in restitution to the auto body shop. While operating the couple's 2013 Hyundai Elantra on November 18, 2013, Arlene was rear-ended by a 2000 Audi. The Audi operator was found at fault for the accident. The Kelseys filed damage claims with both their insurance carrier, Commerce, and the adverse operator's insurer, Progressive. Total cost of repairs was appraised by Commerce at approximately \$8,687 and a check was issued to the Kelseys to repair the vehicle. Progressive estimated the cost of repairs at approximately \$9,167. On December 12, 2013, Arlene was notified by the auto body shop that the repairs were complete; however, she stated to the auto body shop that she had not yet received payment for the repairs. The auto body contacted Progressive and was requested by the insurer to complete a work claim form/direction to pay document to be signed by Arlene Kelsey. Arlene signed the form authorizing Progressive to issue payment to the auto body for the repairs and she took possession of the Hyundai. Progressive was unaware that the Kelseys had also filed a claim with Commerce and been issued a check for the repairs. Progressive subsequently stopped payment on their check and re-issued a check to the auto body shop for the difference in the appraisal amounts. The Kelseys endorsed and retained the Commerce payment and filed an identical damage claim with Progressive to pay for the repairs.

*The Western Massachusetts task force is assisted by area police departments. CIFI cases are prosecuted by Hampden County First Assistant District Attorney James Forsyth, Berkshire County Assistant District Attorney Gregory Barry and First Assistant District Attorney Steve Gagne of the Northwestern Massachusetts District Attorney's Office which covers Franklin and Hampshire counties.*

### **Worcester CIFI**

The case against a Worcester man was continued without a finding for six months on a charge of motor vehicle insurance fraud. He was ordered to pay full restitution. The Worcester man reported to Concord Group Insurance that his 2003 Acura RSX was allegedly hit by an unknown vehicle in a parking lot on August 24, 2012 sustaining damage to the passenger rear quarter panel. A damage analysis concluded the damage was consistent with the vehicle striking one or more solid abrasive objects in multiple impacts. The Worcester man admitted that the damages occurred when he struck a Jersey barrier and not as he reported.

*The Worcester task force is assisted by Worcester Police Det. Scott Blakeney and other area police departments. CIFI cases are prosecuted by Worcester County Assistant District Attorney John O'Leary.*