

RESULTS OF THE ANNUAL TOWN ELECTION
APRIL 30, 2013

The inhabitants of the Town of Warwick qualified to vote in elections and in Town affairs met at the Town Hall on April 30, 2013 according to the Warrant and proceeded to cast their votes as follows:

SELECTMAN for 3 years

Dawn Magi 116
Blank 8

ASSESSOR for 3 years

Beth Gilgun 117
Blank 7

BOARD of HEALTH for 3 years

Kathy Tuttle-Connelly 116
Blank 8

CEMETERY COMMISSIONER for 3 years

George Roaf 121
Blank 3

CONSTABLE for 3 years

A. George Day, Jr. 117
Blank 7

LIBRARY TRUSTEES for 3 years

D. Clare Green 117
Gregg Stone 113
Blank 18

TRANSFER STATION COMMISSIONERS for 1 year

David Koester 115
Blank 9

TRANSFER STATION COMMISSIONERS for 2 years

Rodney Whipple 2
George Roaf 1
Ted Cady 1
Blank 120

TRANSFER STATION COMMISSIONERS for 3 years

Michael Mankowsky 116
Blank 8

COUNCIL OF GOVERNMENT EXECUTIVE COMMITTEE – Franklin County

John P. Paciorek 326
BLANK 132

REGIONAL SCHOOL DISTRICT – Pioneer Valley (Bernardston) 4 yrs.

Michael Sharry 2
James Ruder 2
Denyse Dar 2
Tracey Kirley 1
Kevin Alden 1
Ann Lambert 1
Kathy Abbott 1
Carol Foote 1
Jessica Foote 1
David Young 1
BLANK 903

REGIONAL SCHOOL DISTRICT – Pioneer Valley (Leyden) 4 yrs.

Sharon Fontaine 2
Kathy Abbott 1
Denyse Dar 1
Kerry Cooke 1
BLANK 453

REGIONAL SCHOOL DISTRICT – Pioneer Valley (Northfield) 4 yrs.

Jed Proujansky 263
Patricia Shearer 303
BLANK 350

REGIONAL SCHOOL DISTRICT – Pioneer Valley (Warwick) 4 yrs.

Denyse Dar 332
Kevin Alden 1
Mark Maynard 1
Tracey Kirley 1
Linda Gale 1
Jim-McRae 1
BLANK 579

REGIONAL SCHOOL DISTRICT – Pioneer Valley (Warwick) 2 yrs.

Martha Morse 375
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QUESTION 1

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would prohibit any motor vehicle manufacturer, starting with model year 2015, from selling or leasing, either directly or through a dealer, a new motor vehicle without allowing the owner to have access to the same diagnostic and repair information made available to the manufacturer's dealers and in-state authorized repair facilities.

The manufacturer would have to allow the owner, or the owner's designated in-state independent repair facility (one not affiliated with a manufacturer or its authorized dealers), to obtain diagnostic and repair information electronically, on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

The manufacturer would have to provide access to the information through a non-proprietary vehicle interface, using a standard applied in federal emissions-control regulations. Such information would have to include the same content, and be in the same form and accessible in the same manner, as is provided to the manufacturer's dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would require a manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle owners and in-state independent repair facilities, the same diagnostic and repair information that the manufacturer makes available through an electronic system to its dealers and in-state authorized repair facilities. Manufacturers would have to make such information available in the same form and manner, and to the same extent, as they do for dealers and authorized repair facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would also require manufacturers to make available for purchase, by vehicle owners and in-state independent repair facilities, all diagnostic repair tools, incorporating the same diagnostic, repair and wireless capabilities as those available to dealers and authorized repair facilities. Such tools would have to be made available for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For all years covered by the proposed law, the required diagnostic and repair information would not include the information necessary to reset a vehicle immobilizer, an anti-theft device that prevents a vehicle from being started unless the correct key code is present. Such information would have to be made available to dealers, repair facilities, and owners through a separate, secure data release system.

The proposed law would not require a manufacturer to reveal a trade secret and would not interfere with any agreement made by a manufacturer, dealer, or authorized repair facility that is in force on the effective date of the proposed law. Starting January 1, 2013, the proposed law would prohibit any agreement that waives or limits a manufacturer's compliance with the proposed law.

Any violation of the proposed law would be treated as a violation of existing state consumer protection and unfair trade-practices laws.

YES 360

NO 63

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QUESTION 2

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient's request, to end that patient's life. To qualify, a patient would have to be an adult resident who (1) is medically determined to be mentally capable of making and communicating health care decisions; (2) has been diagnosed by attending and consulting physicians as having an incurable, irreversible disease that will, within reasonable medical judgment, cause death within six months; and (3) voluntarily expresses a wish to die and has made an informed decision. The proposed law states that the patient would ingest the medicine in order to cause death in a humane and dignified manner.

The proposed law would require the patient, directly or through a person familiar with the patient's manner of communicating, to orally communicate to a physician on two occasions, 15 days apart, the patient's request for the medication. At the time of the second request, the physician would have to offer the patient an opportunity to rescind the request. The patient would also have to sign a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of the patient's estate, or an owner, operator, or employee of a health care facility where the patient receives treatment or lives.

The proposed law would require the attending physician to: (1) determine if the patient is qualified; (2) inform the patient of his or her medical diagnosis and prognosis, the potential risks and probable result of ingesting the medication, and the feasible alternatives, including comfort care, hospice care and pain control; (3) refer the patient to a consulting physician for a diagnosis and prognosis regarding the patient's disease, and confirmation in writing that the patient is capable, acting voluntarily, and making an informed decision; (4) refer the patient for psychiatric or psychological consultation if the physician believes the patient may have a disorder causing impaired judgment; (5) recommend that the patient notify next of kin of the patient's intention; (6) recommend that the patient have another person present when the patient ingests the medicine and to not take it in a public place; (7) inform the patient that he or she may rescind the request at any time; (8) write the prescription when the requirements of the law are met, including verifying that the patient is making an informed decision; and (9) arrange for the medicine to be dispensed directly to the patient, or the patient's agent, but not by mail or courier.

The proposed law would make it punishable by imprisonment and/or fines, for anyone to (1) coerce a patient to request medication, (2) forge a request, or (3) conceal a rescission of a request. The proposed law would not authorize ending a patient's life by lethal injection, active euthanasia, or mercy killing. The death certificate would list the underlying terminal disease as the cause of death.

Participation under the proposed law would be voluntary. An unwilling health care provider could prohibit or sanction another health care provider for participating while on the premises of, or while acting as an employee of or contractor for, the unwilling provider.

The proposed law states that no person would be civilly or criminally liable or subject to professional discipline for actions that comply with the law, including actions taken in good faith that substantially comply. It also states that it should not be interpreted to lower the applicable standard of care for any health care provider.

A person's decision to make or rescind a request could not be restricted by will or contract made on or after January 1, 2013, and could not be considered in issuing, or setting the rates for, insurance policies or annuities. Also, the proposed law would require the attending physician to report each case in which life-ending medication is dispensed to the state Department of Public Health. The Department would provide public access to statistical data compiled from the reports. The proposed law states that if any of its parts was held invalid, the other parts would stay in effect.

YES 278

NO 161

BLANK 19

QUESTION 3

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would eliminate state criminal and civil penalties for the medical use of marijuana by qualifying patients. To qualify, a patient must have been diagnosed with a debilitating medical condition, such as cancer, glaucoma, HIV-positive status or AIDS, hepatitis C, Crohn's disease, Parkinson's disease, ALS, or multiple sclerosis. The patient would also have to obtain a written certification, from a physician with whom the patient has a bona fide physician-patient relationship, that the patient has a specific debilitating medical condition and would likely obtain a net benefit from medical use of marijuana.

The proposed law would allow patients to possess up to a 60-day supply of marijuana for their personal medical use. The state Department of Public Health (DPH) would decide what amount would be a 60-day supply. A patient could designate a personal caregiver, at least 21 years old, who could assist with the patient's medical use of marijuana but would be prohibited from consuming that marijuana. Patients and caregivers would have to register with DPH by submitting the physician's certification.

The proposed law would allow for non-profit medical marijuana treatment centers to grow, process and provide marijuana to patients or their caregivers. A treatment center would have to apply for a DPH registration by (1) paying a fee to offset DPH's administrative costs; (2) identifying its location and one additional location, if any, where marijuana would be grown; and (3) submitting operating procedures, consistent with rules to be issued by DPH, including cultivation and storage of marijuana only in enclosed, locked facilities.

A treatment center's personnel would have to register with DPH before working or volunteering at the center, be at least 21 years old, and have no felony drug convictions. In 2013, there could be no more than 35 treatment centers, with at least one but not more than five centers in each county. In later years, DPH could modify the number of centers.

The proposed law would require DPH to issue a cultivation registration to a qualifying patient whose access to a treatment center is limited by financial hardship, physical inability to access reasonable transportation, or distance. This would allow the patient or caregiver to grow only enough plants, in a closed, locked facility, for a 60-day supply of marijuana for the patient's own use.

DPH could revoke any registration for a willful violation of the proposed law. Fraudulent use of a

DPH registration could be punished by up to six months in a house of correction or a fine of up to \$500, and fraudulent use of a registration for the sale, distribution, or trafficking of marijuana for non-medical use for profit could be punished by up to five years in state prison or by two and one-half years in a house of correction.

The proposed law would (1) not give immunity under federal law or obstruct federal enforcement of federal law; (2) not supersede Massachusetts laws prohibiting possession, cultivation, or sale of marijuana for nonmedical purposes; (3) not allow the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana; (4) not require any health insurer or government entity to reimburse for the costs of the medical use of marijuana; (5) not require any health care professional to authorize the medical use of marijuana; (6) not require any accommodation of the medical use of marijuana in any workplace, school bus or grounds, youth center, or correctional facility; and (7) not require any accommodation of smoking marijuana in any public place. The proposed law would take effect January 1, 2013, and states that if any of its part were declared invalid, the other parts would stay in effect.

YES 311
NO 123
BLANK 24

QUESTION #4
THIS QUESTION IS NOT BINDING

Shall the state senator from this district be instructed to vote in favor of a resolution calling upon Congress to propose an amendment to the U.S. constitution affirming that (1) corporations are not entitled to the constitutional rights of human beings, and (2) both Congress and the states may place limits on political contributions and political spending?

YES 297
NO 63
BLANK 98

A total of 458 ballots were cast, 31 of which were absentee ballots. There are 563 registered voters in Warwick (81% turnout). The polls opened at 7:00 a.m. and closed at 8:00 p.m.

A true record of the ballots cast. Attest:

Jeannette Fellows
Town Clerk

Respectfully Submitted

Rosa Pratangelo Calcaro
Inspector of Animals