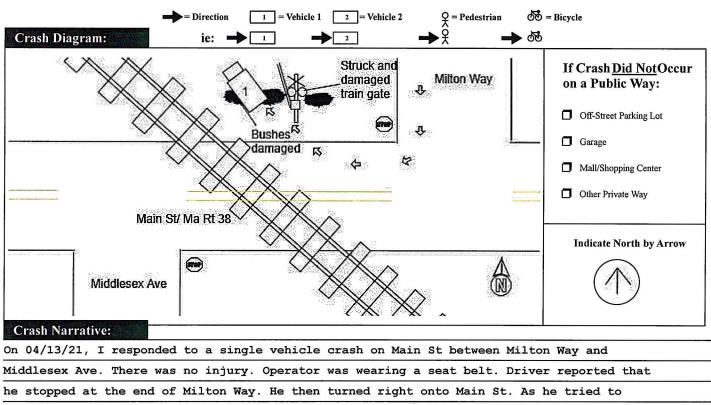
	Police Use Only	Comm	onwealth	of Massacl	nusetts	S	RM	IV Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t35	State Police Local Police MBTA Police Campus Police	
	04/13/2021 0834 Wilr	mington	Police	Report	1	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	RSECT	ION:	
										2
	Route# Direction MAIN ST	Name of Roadway/Stree		Route# Direction	Address #		Name o	f Roadwa	v/Street	
1	- Routen Breetien	At At				*	Traine 0	I Roadwa	y/birect	-
				Feet N	E W of	— — Mile M	— • —	- or	Exit Number	
	Route# Direction Nam	Also at Intersection with		Feet N S	S E W of	TVIIIC IVI	dikei		2.mc r tumou	3 1
		Also at Intersection with	ı	Feet N S		Route#	Inter	secting Ro	oadway/Street	
2	Route# Direction Nan	ne of Intersecting Roadway	y/Street	Feet [N]	5 E W 01		T			-
_	Please Select One Vivaliate 11			Ч-				andmark		1
	of the Following:	_#Occupants Hit/Ru	un Moped	Crash Repor	t ID# 2 1	/4	-AC			
	License # S93834523 St M	A DOB/Age	Reg	# <u>2992868</u>		Reg Typ	e AP	Reg		- 13
	Sex M Lic. Class D M Lic. F	Restrictions 20 CDI	Veh	Year 2020	Veh Make	SUZU		Veh C	Config. 2	7 "
	Operator RING, DYLAN		orsement Own	er PENSKE T	RUCK I	LEASI	1G			
1	Address 109 GOULD RD	First	Middle Addi	ress 2675 MOI	RGANTO	WN RD		Midd	lle	
	City ANDOVER State	MA Zip 01810-	-5226 City	READING		St	ate PA	Zip 19	607	
	Insurance Company VAN LINER			cle Action Prior to Cras	h 3		amaged Are			104
	Vehicle Travel Direction: NXEW	Responding to Emerger		at Sequence 44 23 4	2-20-0	23 T	est Status:	1	28	
		Responding to Emerger		364090	0.4	T	ype of Test:		29	
	Citation # (If Issued)			t Harmful Event 35	25	25	AC Test Res		30	30 ¹³
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	S	usp. Alcohol	400	Susp. Drug: 2 32	30
1	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from s		33	4
_	Please fill out for opera Name (Last First Middle)	tor and all occupants invol	lved ddress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu	40 Transp. s Code	Medical Facility	
	Operator	See	Above	\times	1 1	4 0	0 10	1		1
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				-	+	++		+		\dashv
						\vdash	\vdash	+		_
3	Please Select One Vehicle 2	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condi	tion 18	П н	it/Run 🔲 Moped	
3	of the Following:		90						0	┨
	19 19	DOB/Age		#				_	21	·
	Sex Lic. Class Lic. R	CDI Endo	orsement Veh	Year	Veh Make _			Veh C	Config.	
1	Operator	First 1	Middle Own	erLast		First		Midd	lle	
1	Address		Addr	ess				-392		- 14
	City State	Zip	City		The state of the s		ate	Total Control		. 1
	Insurance Company		Vehi	cle Action Prior to Cras	h		amaged Are	a Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emerger	ncy? Even	t Sequence 23	23 23	23	est Status:		29	
	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test: AC Test Res	sult:	30	
1	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub ——	Driv	er Contributing Code	25	25	usp. Alcohol	THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	HORNARSHOLD	33	
	Please fill out for operator/nor				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur			7
	Name (Last First Middle)	A	ddress	DOB/Age Sex	Pos. System		Code Statu		Medical Facility	-
	Operator/Non-Motorist	See	Above	\times	1			11		
										1
					+	++		++		1
				1	1 1	1	1 1			



On 04/13/21, I responded to a single vehicle crash on Main St between Milton Way and Middlesex Ave. There was no injury. Operator was wearing a seat belt. Driver reported that he stopped at the end of Milton Way. He then turned right onto Main St. As he tried to straighten out the wheel, the wheel jerked all the way to the right causing the truck to pull to right. The truck jumped the sidewalk, hit the Railroad crossing pole and through several bushes before he was able to stop. Several bushes damaged. The Railroad crossing pole suffered damage to a set of lights, and the part of the gate system that lowers the crossing arm. The truck suffered damage to the right side of box, passenger door, passenger door window and passenger mirror. Due to the possiblility of equipment failure, the driver's company, Gentle Giant, contacted Export towing. Truck was a lesse from Penske. Keolis (MBTA Contractor) responded for repairs

Address	Phone #	Statement
	Address	Address Phone #

Property Damage:

Owner (Last,First,Middle)

Address

Phone # 41-Type Description of Damaged Property

KEOLIS (MBTA CONTRACTOR)

470 ATLANTIC AVE BOSTON MA 02210

BUSHES

KEOLIS (MBTA CONTRACTOR)

470 ATLANTIC AVE BOSTON MA 02210

1 RR CROSSING ARM SYSTEM/LIGHTS

Truck and Bus Information: Registration #					
Carrier Name Bus Use Address City St Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 46 Hazmat Information: 47 48 49	Truck and Bus Information:	Registration #	(From Vehicle Section)		THE SHARE OF SHARE
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name				
Interstate	Address		_ City	St	_ Zip
Cargo Body Type Code	US DOT #:Stat	e Number	Issuing State MC/MX/I	CC #:	
Trailer Reg #: Reg Type Reg State Trailer Length Hazmat Information: 49			45	46	
47 48 49	Trailer Reg #:	_ Reg TypeReg State	Reg YearTraile	er Length	
[] [] [] [] [] [] [] [] [] []	Hazmat Information:			(T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		Material Name	Material 4 digi	t #]	Release code

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

04/13/2021























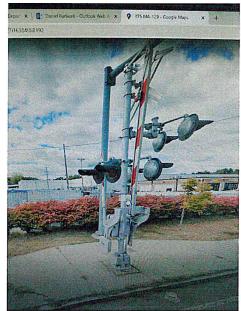










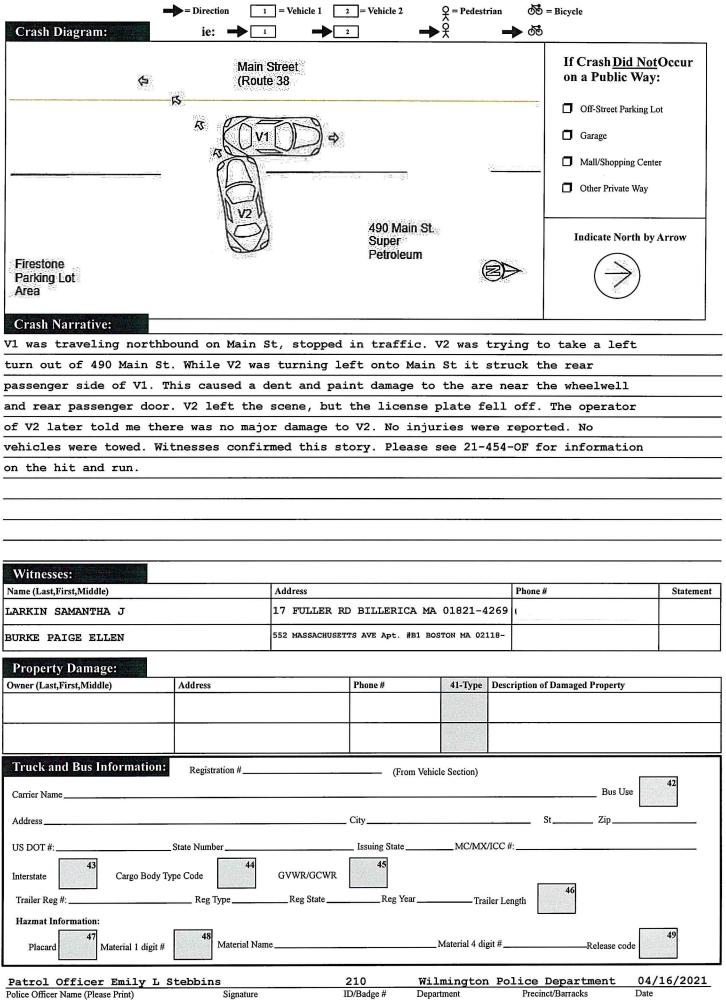


	Police Use Only	Comn	nonwealth	of Massac	husett	S	RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h Numb	The state of the s	Speed Limit	30	State Police Local Police	
	04/14/2021 0821 Wili	mington	Police	Report	Vehicle 2	es Injured O	Latitude		State Police Local Police MBTA Police Campus Police	
	AT INTERSECT	ION.		TION >			Longitude_ FINTER	CECT	Other:	1
	ATINTERSECT	ION.	LOCA	I	<u> </u>	NOTA	INIER	SECI	ION:	10
					80	ALDE	RICH R	D		2
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction				Roadwa	y/Street	
¹ 1		At		F4 N	S E W of			100000		
	Route# Direction Na	ne of Intersecting Roadw	av/Street	Feet [N	SE W OF	Mile M		or	Exit Number	11
	Routest Breetion 14a	Also at Intersection w	·	Feet N	S E W of					2 "
				Feet N	S E W of	Route#	Inters	ecting Ro	adway/Street	
² 1	Route# Direction Nar	ne of Intersecting Roadw	ay/Street				Ta	ındmark		
	Please Select One	#Occupants 🗖				1 75		uidiiaik		1
3	of the Following: Vehicle 11	_#Occupants	Run Moped	Crash Rep	ort ID# Z .	L-75	-AC			
	License # NHL15000664 St N	H_ DOB/Age.	Reg	# <u>4572149</u>		Reg Тур	PC	Reg		12
	Sex M Lic. Class D 19 19 Lic. I	Restrictions 20 CI	DL Veh	Year 2019	_ Veh Make	KIA		Veh C	Config. 21	1
	Operator LEPPARD, COOP		Own	er HYUNDAI	LEASE	TITL	NG TR	UST		
⁴ 1	Address 7 MANDEVILLA I	First	Middle	ress PO BOX		First		Midd	le	
	City CONCORD State				TUULU.		CA s	· 20	210	
				ATLANTA			ate GA 2 amaged Area	_		
	Insurance Company STATE FAR			cle Action Prior to Cra	1000		amaged Area est Status:	Code: 5	28	
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23	pe of Test:		29	
2	Citation # (If Issued)	7	Most	Harmful Event 1	24	В	AC Test Resi	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 S	sp. Alcohol:	31	Susp. Drug: 32	1 13
	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from sc	ene? 2	33	
⁶ 1		ator and all occupants inv			34 35 Seat Safe		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Syste	m Status Code	Code Status	Code	Medical Facility	-
	Operator	Se	e Above		1 1	4 0	0 10	1		
		-	2.2				 	\vdash		i
								igspace		ļ
⁷ 1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	ion 18	Hi-	t/Run Moped	
		A DOB/Age	Paris	28A610		Reg Type	PC	Pag	State MA	
	19 19	20							21	
	D	En	dorsement			HONDA		Ven C	onfig. 1	
⁸ 1	Operator BOUDETTE, CHL	OE NEVIN First	Middle	er <u>BOUDETTE</u> Last		NIFER First	·	Middl	e	
Т.	Address 23 TAPLIN AVE		Addr	ess 23 TAPL	IN AVE					14
	City WILMINGTON State	MA Zip 01887	-2029 City	WILMINGTO	N	Sta	te MA Z	Zip <u>018</u>	387-2029	
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehic	cle Action Prior to Cra	ash 1	22 D	amaged Area	Code: 1	CHARLEST MASSES	
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	23	est Status:		28	
0	Citation # (If Issued)	_	Most	Harmful Event 1	24		pe of Test:	de.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Viol 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	25	AC Test Resurs AC AC Test Resurs Resu	2000.04	Susp. Drug: 32	
				er Distracted by	26		owed from sc	0255000 HD	33 Susp. Drug.	
	Viol. 3: Ch/Sec/Sub			a Distraction by	34 35	36 37	38 39	40	sessing.	ł
	Please fill out for operator/nor Name (Last First Middle)	100	Address	DOB/Age Se	Seat Safe Pos. Syste	ty Airbag Eject	Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist	See	e Above	\rightarrow	1 1	1 0	0 10	1		
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				***	→ №		
5	MV#1 ស	80 Aldrich Rd			137	If Crash <u>Did Not</u> on a Public Way	
		<u></u>		man Tar		Off-Street Parking L	ot
	N	u IV#2				☐ Garage	
· · · · · · · · · · · · · · · · · · ·	3-2	The state of the s		The second second		☐ Mall/Shopping Center	
							51
						Other Private Way	
Bailey	/Rd					Tall and New York	
						Indicate North by	Arrow
	**			(2		(\rightarrow)	
Crash Narrative:							
per. of MV#1 and MV#2	2 where travel	ling on south	on Aldrich	Road. MV	1 stopped	to trun left	
n to Baily Rd. As MV#	1 was stopped	d MV#2 rear e	nded MV#1.				
	u de la companya de						

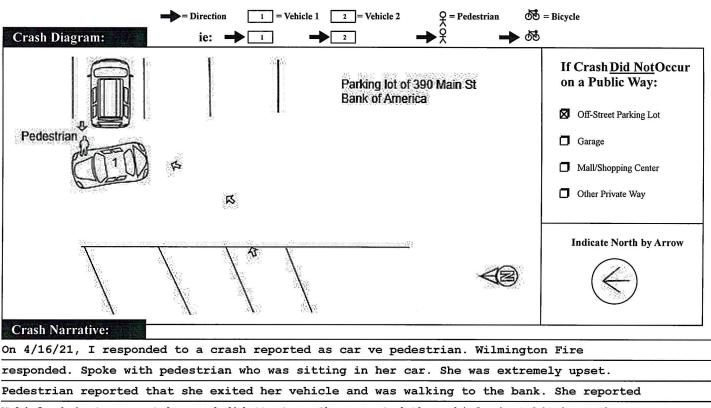
Witnesses:					7 11 27 2 2		
TAXABLE PARENTE PARENT		Address			Phone #		Statemen
TAXABLE PARENTE PARENT		Address			Phone #		Statemen
TOTAL SERVER OF THE PARTY OF TH		Address			Phone #		Statemen
ame (Last,First,Middle)		Address			Phone #		Statemen
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		amaged Property	Statemen
lame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		amaged Property	Statemen
lame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		amaged Property	Statemen
Property Damage:						amaged Property	Statemen
lame (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Registration #	Address		41-Type			Statemen 42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name	Registration #		(From Ve	hicle Section)	Description of D	Bus Use	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name	Registration #		(From Ve	hicle Section)	Description of D	Bus Use	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address	Registration #		(From Vel	hicle Section)	Description of D	Bus Use Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: 43	1: Registration #		(From Vell	hicle Section)	Description of D	Bus Use Zip	42
Property Damage: Dwner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body	Registration # State Number Y Type Code	4 GVWR/GCWR	(From Vell	hicle Section) MC/MX/	Description of D	Bus Use Zip	42
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: 43	Registration # State Number Y Type Code	4 GVWR/GCWR	(From Vell	hicle Section) MC/MX/	Description of D	Bus Use Zip	42
Interstate 43 Cargo Body Trailer Reg #:	Registration # State Number y Type Code	4 GVWR/GCWR	(From Vell City Issuing State	hicle Section) MC/MX/Trail	Description of D St_ GCC #:	Bus Use Zip	42

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number	Number	Speed Limit	35	State Police Local Police	
		Wilmington	Police	Report	Vehicles 2	Injured O	Latitude		State Police Local Police MBTA Police Campus Police	
	AT INTERS	ECTION.		TION >		Lies	Longitude_	CE CT	Other:	1
	ATINIERS	ECTION:	LUCA	TION		NOTA	T INTER	SECT	ION:	_ 10
					490	MAIN	ST			2
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #			Roadway	/Street	
¹ 1		At		Feet N S	E W			lineor		
	Route# Direction	Name of Intersecting Road	hway/Street	reet [N]S	E W or	Mile Ma		or	Exit Number	11
	- Direction	Also at Intersection		Feet N S	E W of					3 "
				Feet N S		Route#	Interse	ecting Roa	adway/Street	
² 2	Route# Direction	Name of Intersecting Road	lway/Street				Ta	ndmark		-
	Please Select One	.1 #0.00000010			- 01	7.0		HUHAIK		1
³ 3	of the Following:	11 #Occupants Hi	t/Run Moped	Crash Report	ID# Z I	- /6	-AC			
	License # S46203101	St MA DOB/Age	Reg	# <u>85L</u>		Reg Type	PC	Reg		_ 12
	Sex F Lic. Class D 19 19	Lic. Restrictions 1 20	CDL Veh	Year 2011 v	Veh Make V	OLVO		_ Veh Co	onfig. 1 21	1
	Operator CAMERLIN,	RUTH AGNES	Endorsement Own	er <u>CAMERLIN</u> ,	LAWR	ENCE	J			
⁴ 1	Address 129 EASTWAY			ess 129 EAST		First		Middle	,	
_					11211	-	M2 -	. 010	067 1110	
	City READING	-		READING		arraga 7		- C. C. C. C.	3 67-1110 27 27 27	
	Insurance Company ARBELL			cle Action Prior to Crash			amaged Area est Status:	Code: 3	28	
5	Vehicle Travel Direction:	E W Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23	23	pe of Test:	1	29	
	Citation # (If Issued)		Most	Harmful Event 1	24	150	AC Test Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Drive	er Contributing Code	1 25	25	sp. Alcohol:	(Reset	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Drive	er Distracted by	26		wed from sc	SANCE	33	\vdash
⁶ 2		or operator and all occupants is			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator		See Above	\times X	1 1	4 0	0 10	1		
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	5.000 (A. A. C.									
⁷ 1	Please Select One of the Following:	21#Occupants No	n-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Hit/	/Run Moped	l
1	License # S34157323	St MA DOB/Age	No. 2	9SZ192		Reg Type	PC	D 0	State MA	1
	10 10	20			-				21	*
	Sex M Lic. Class D	I	Endorsement	Year <u>2007</u> V				_ Veh Co	onfig.	
⁸ 1	Operator HAUGHT, PA	First	Middle	er <u>HAUGHT</u> , P		First		Middle		
1	Address 28 GEORGE B	ROWN ST	Addr	ess 28 GEORGE	E BROV					_ 14
	City BILLERICA	_ State MA Zip 0182	1-2260 City	BILLERICA				_	321-2260	1 `
	Insurance Company PROGRES	SSIVE DIRECT	INSURA Vehic	ele Action Prior to Crash	4	22 Da	maged Area	Code: 2	CONTRACTOR CONTRACTOR	
	Vehicle Travel Direction: NS	E Responding to Eme	rgency? 2 Even	t Sequence 23	23 23	25	st Status:	1	28	
	Citation # (If Issued)		Most	Harmful Event 1	24		pe of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub		Drive	er Contributing Code	99 ²⁵	25	AC Test Resu	80936	Susp. Drug: 99 32	
				er Distracted by	26		sp. Alcohol:	2500	33 Susp. Drug: 99	
	Viol. 3: Ch/Sec/Sub	AND AND AND AND ADDRESS OF THE ADDRE		Distracted by 33	34 35	36 37	38 39	40		1
	Please fill out for opera Name (Last First Middle)	ator/non-motorist and all occu	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Mot	orist	See Above	><X	1 99	4 0	0 10	1		
										1
				+	$\vdash\vdash\vdash$			\vdash		



CDP1 11-24-00

Direction Times of Catab City/Town Day	Police Use Only	Comm	nonwealth (of Massach	usetts		RMV Doo	cument Number	
AT INTERSECTION: AT INTERSECTION:					Vehicles	Injured	peca Emit	5 State Police Local Police MBTA Police	
Router Direction Name of Road-way/Street Af Restart Direction Address of Name of Road-way/Street After Router Direction Address of Name of Road-way/Street After Router Direction Address of Name of Intersecting Road-way/Street After Router After an Intersecting Road-way/Street After Router Direction Name of Intersecting Road-way/Street Peer NS E/W of Routed Direction Direction Road-way/Street After Router Direction Name of Intersecting Road-way/Street Peer NS E/W of Routed Direction Direction Road-way/Street D								Other:	4
Route Direction Name of Randway/Street At Reveal Direction Address at Direction Name of Intersecting Randway/Street At Name of Intersecting Randway/Street At Name of Intersecting Randway/Street At Name of Intersecting Randway/Street Feet NS E W of Mile Market Readway/Street Feet NS E W of Mile Market Readway/Street Feet NS E W of Mile Market Readway/Street Feet NS E W of Readed Intersecting Randway/Street Feet NS E W of Mile Market Readway/Street Feet NS E W of Readed Intersecting Randway/Street Landmark Feet NS E W of Mile Intersecting Randway/Street Landmark Feet NS E W of Readed Intersecting Randway/Street Landmark Feet NS E W of Mile Intersecting Randway/Street Landmark Readed Direction Readed Direct	AT INTER	SECTION:	< LOCA	TION >	1	NOT AT	INTERSEC	TION:	_
Routes Direction Name of Intersecting Rondway/Street Feet N E W of Note Make Marker East Number	Route# Direction	Name of Roadway/Stre	eet	Route# Direction		MAIN		way/Street	
Routed Direction Name of Intersecting Roadway/Street Alto at Intersection with Feet NS E W of Roadway Intersecting Roadway/Street Intersection Roadway/Street Intersecting Roadway/Street Intersecting Roadway/Street Intersection Roadway/Street In		At		E NE	EW c		321		1
Also at Intersection with Feet NS E W of Intersection Roadway/Street	Route# Direction	Name of Intersecting Roadwa	av/Street	Feet 14 5	E VV OF -			Exit Number	
Please Select One Clusterocting Roadway/Street Landmark Crush Report 1D# 21 - 77 - AC			*			Route#	Intersecting	Roadway/Street	1
See No. Lie Class S. See No. Lie Class See No. See N	Route# Direction	Name of Intersecting Roadwa	ay/Street		2-		Landmai	rk	-
See M. Lie, Class [18] Lie, Restrictions B 2 CDL. Endorsement Operator GAUTHIER, ROBERT E Making Address 38 COTTAGE ST City WILMINGTON State MA Zip 01887-2002.		le 11 #Occupants Hit/R	Run Moped	Crash Report	1D# 21 -	-77-	AC		
See M. Lie Class Lie Restrictions Colligination Collig	License # <u>S02518341</u>		Reg #	971CA1		_ Reg Type _	PC F		
Operator GAUTHIER, ROBERT E	Sex M Lic. Class D	Lic. Restrictions B CD	DL Veh Y	ear 2010	Veh Make H	UNDAI	Ve	h Config. 21	
Address 38 COTTAGE ST City WILMINGTON State MA Zip 01887-2002 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash	Operator GAUTHIER,	ROBERT E	Owne	er GAUTHIER	DONN	A M			8
City WILMINGTON State MA Zip 01887-2002 City WILMINGTON State MA Zip 01887-2002 City WILMINGTON State MA Zip 01887-2002 City Wild City	Address 38 COTTAGE			ess 38 COTTA	GE ST	First	Λ	fiddle	
Insurrance Company_THE_COMMERCE_INSURANCE_CO Vehicle Travel Direction:						State	MA Zin O	1887-2002	
Vehicle Travel Direction: Vehicle Travel Dir	1				4			manuscript and a second second	
Citation # (If Issued) Note Not				22	900A278A20A63			Comment of the commen	
Viol. 2: Ch/Sec/Sub	Vehicle Travel Direction:	S E W Responding to Emerge		Bequence 3			e of Test:	29	
Viol. 1: Ch/Sec/Sub	Citation # (If Issued)		Most	Harmful Event 3			C Test Result:	1.500	<u> </u>
Viol. 4; Ch/Sec/Sub Viol. 4; Ch/Sec/Sub Diver Districted by Diver	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub	Drive	r Contributing Code	19	Susp	p. Alcohol: 2		3
Name (Last First Middle) Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 18 Middle Non-Motorist A Type 1 Saction 2 Location 4 Tondition 1 Saction 4 Tondition 1 Saction 4 Tondition 1 Saction 4 Tondition 1 Saction 4 Tondition 4 Tondi	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Tow	ved from scene?	2 33	
Please Select Onc		•			Scat Safety A	Airbag Eject	Trap Injury Transp.		7
Please Select One of the Following: Vehicle 2			ALTERNATION OF THE PROPERTY OF	DOB/Age Sex				Medical Facility	1
Condition License Vehicle License Max Dob Age	Operator	266	Above		1 1		, 110 11		-
Condition License									
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Condition Vehicle 2									1
Sex F Lie. Class D 19 19 Lie. Restrictions 20 CDL Endorsement Operator LATTA, SHANNON JEAN Address 63 NEW YORK ST City LOWELL State MA Zip 01854-1727 Insurance Company Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued) Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address State Zip Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Address DOB/Age Sex Post Safety Airbug System Surus Code Status Code Medical Facility		le 2#Occupants Non-!	Motorist A Type 1	15 Action 2 16 I	Location 4	17 Conditio	n 18 🔲	Hit/Run Moped	
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Citation # (If Issued)	Vehicle Travel Direction:	S E Responding to Emerge	ency? 2 Event	Sequence			e of Test:	29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Slatus Code Code Slatus Code Medical Facility	Citation # (If Issued)		Most	Harmful Event	999		C Test Result:	30	
Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age Sex DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age DOB	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25 Susp	p. Alcohol: 3	Susp. Drug: 32	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex DOB/Age	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Tow	ved from scene?	33	
Name (Last rust product)	Please fill out for o	No conference and the conference of the conferen			Seat Safety /	36 37 Airbag Eject	38 39 40 Trap Injury Transp		7
Uperator/Non-Motorist See Above				DOB/Age Sex	Pos. System	Status Code		Medical Facility	1
	Operator/Non-M	OIOTISI See	e Above		1 10	_	- -		4
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Vehicle 1 just came at her and didn't stop. She reported the vehicle just hit her. She was unsure on injures stating that she was very upset and in shock. Wilmington FD transported her to Lahey Clinic for possible chest pain and for eval. Operator of Veh 1 reported that his car was parked. He stated he exited the bank and got into car. He stated he looked in front of him and then proceeded to pull a U-turn to exit the parking lot. He stated he was looking where he was turning (Described as the direction of the car turning) and had not seen the pedestrian. He believed her hit he near the passenger mirror. No damage to car visible. He was not injured.

Witnesses:								
Name (Last,First,Middle)		Address			Pl	none #	7.12	Statement
FRANCIS MAUREEN TERESA		8 DELANEY D	R TEWKSBURY M	A 01876-2	2022		200	
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damage	d Property	
							5	
Truck and Bus Information:	Registration #		(From Vel	hicle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	State Number	4	Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Lengtl	h		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	3		Material 4 di	git #		-Release code	49
Patrol Officer Daniel P	Furbush		196 W:	ilmington	ı Poli	ce Depar	tment 04	/16/2021

Patrol Officer Daniel P Furbush

Wilmington Police Department

04/16/2021













Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 21-77-AC

Entered: 04/16/2021 @ 1114 Entry ID: 196 Modified: 04/16/2021 @ 1132 Modified ID: 196 Approved: 04/20/2021 @ 0927 Approval ID: 185

The following is a brief summary of events that occurred on 04/16/21 during a motor vehicle crash.

On Friday April 16, 2021, I, Officer Furbush was assigned uniformed patrol in marked cruiser 40, Traffic and Safety Unit, working the 7a-3p shift. At approximately 1012 hrs, I responded to a motor vehicle crash car vs pedestrian in the parking lot of Bank of America located at 390 Main St Wilmington. Officer Cadigan (Car 37/Roving), Officer Stebbins (Car 31/Sector 1) and Sgt. Delorey (Car 35/OIC) also responded. Wilmington Fire was also dispatched. Weather conditions were heavy snow with snow /snowy slush road conditions.

Upon arrival, I spoke with Ms Shannon Latta of Lowell. She was sitting behind the wheel of her car. Her car was parked along back right hand side of the lot closets to the Verizon building. She was extremely upset. Her passenger was Ms Maureen Francis of Tewksbury. I asked Shannon what had happened. Shannon reported that she had got out of her car and was heading towards the bank. She reported that she observed a car traveling in her direction and wasn't stopping. She believes the car was traveling very fast. She reported that she screamed out but the car continued and struck her. I asked if if she was injured at all and she reported that she wasn't sure about injuries. She stated she was in shock and just wasn't sure. Maureen, the passenger, was in the car at the time of the crash and did not see anything. She stated she only heard the screaming. Wilmington Fire arrived for an evaluation.

I then spoke with the operator of the car involved Mr. Robert Gauthier. Robert stated his car was parked in the middle of the lot (diagonally left of Shannon's car). He reported that he got out of the bank and returned to his car. He reported that before he drove off, he looked ahead to see anyone coming. He reported no one was visible. Robert stated he turned his car left out of the parking lot to do a U-turn so he could exit the parking lot back onto Main St. Robert stated during the U-turn, he was looking in the direction of the curve of the turn meaning he was looking where he was turning. He stated he never saw the pedestrian. Robert was very apologetic.

The point of impact appeared to be the front passenger quarter panel. There were no marks, dents or scratches on the car. The lack of damage consists of a low speed impact. Shannon reported some chest discomfort after the incident and was transport by Wilmington Fire and Action Medics to Lahey Clinic in Burlington. At this point, the incident appears to have been an accident and no criminal charges are pending.

Respectfully submitted,

Officer Daniel Furbush, Badge #196

Wilmington Police Department

Attachments for 21-77-AC	
Description	Туре
RE GAUTHIER OPER CRASH RPT	PDF
Attachment#: 5BD2E0804DA545E1B910D0345E305C21	