

Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number				
Date of Crash 04/13/2021	Time of Crash <b>0834</b> 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>35</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>
						Latitude _____	Longitude _____		MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Other: _____		

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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1	<b>MAIN ST</b>	
	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ _____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-74-AC</b>
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License # <b>S93834523</b> St <b>MA</b> DOB/Age _____	Reg # <b>2992868</b> Reg Type <b>AP</b> Reg State <b>IN</b>
Sex <b>M</b> Lic. Class <b>D M</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2020</b> Veh Make <b>ISUZU</b> Veh Config. <b>2</b> <sup>21</sup>
Operator <b>RING, DYLAN</b> Last First Middle	Owner <b>PENSKE TRUCK LEASING</b> Last First Middle
Address <b>109 GOULD RD</b>	Address <b>2675 MORGANTOWN RD</b>
City <b>ANDOVER</b> State <b>MA</b> Zip <b>01810-5226</b>	City <b>READING</b> State <b>PA</b> Zip <b>19607</b>
Insurance Company <b>VAN LINER INSURANCE</b>	Vehicle Action Prior to Crash <b>3</b> <sup>22</sup> Damaged Area Code: <b>2</b> <sup>27</sup> <b>3</b> <sup>27</sup> <b>27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>44</b> <sup>23</sup> <b>40</b> <sup>23</sup> <b>35</b> <sup>23</sup> <b>23</b> Test Status: <b>1</b> <sup>28</sup>
Citation # (If Issued) _____	Most Harmful Event <b>35</b> <sup>24</sup> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <sup>25</sup> <b>25</b> BAC Test Result: <b>1</b> <sup>30</sup>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <sup>26</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup>
	Towed from scene? <b>1</b> <sup>33</sup>

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

Please Select One of the Following:	<input type="checkbox"/> Vehicle <b>2</b> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____	Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>33</b>

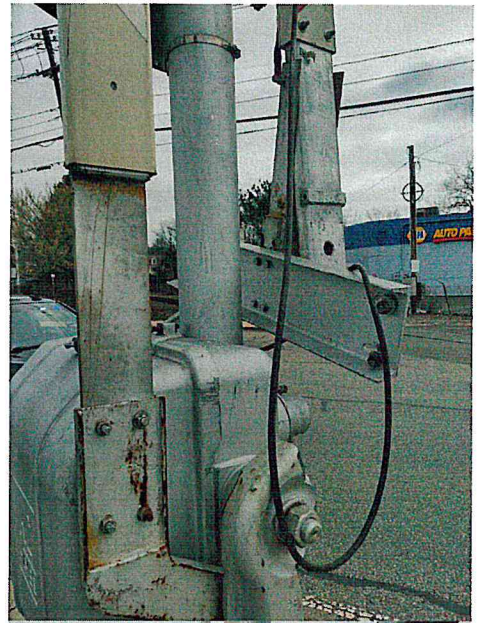
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							



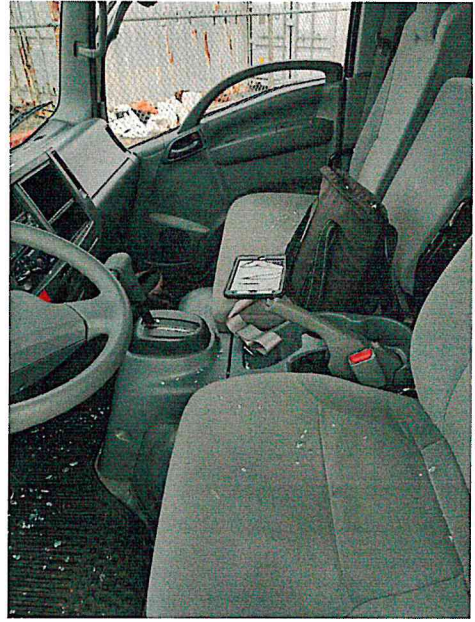
Wilmington Police Department  
Images Associated with 21-74-AC



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Wilmington Police Department  
Images Associated with 21-74-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 04/14/2021	Time of Crash 0821 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# <b>80</b> Direction _____ Address # _____ Name of Roadway/Street <b>ALDRICH RD</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____	2
2			11

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-75-AC</b>	
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License # <b>NHL15000664</b> St <b>NH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____ Operator <b>LEPPARD, COOPER JOHN</b> Address <b>7 MANDEVILLA LN</b> City <b>CONCORD</b> State <b>NH</b> Zip <b>03301</b> Insurance Company <b>STATE FARM</b> Vehicle Travel Direction: <b>N</b> <input checked="" type="checkbox"/> <b>E</b> <input checked="" type="checkbox"/> <b>W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4572149</b> Reg Type <b>PC</b> Reg State <b>NH</b> Veh Year <b>2019</b> Veh Make <b>KIA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>HYUNDAI LEASE TITLING TRUST</b> Address <b>PO BOX 105299</b> City <b>ATLANTA</b> State <b>GA</b> Zip <b>30348</b> Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>2</b> <b>33</b>	1	12
		5	2
		6	1

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <b>S16993407</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL <b>H</b> Endorsement _____ Operator <b>BOUDETTE, CHLOE NEVIN</b> Address <b>23 TAPLIN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2029</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N</b> <input checked="" type="checkbox"/> <b>E</b> <input checked="" type="checkbox"/> <b>W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>28A610</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>BOUDETTE, JENNIFER</b> Address <b>23 TAPLIN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2029</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b>	7	1
		8	1
		9	2

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 04/15/2021	Time of Crash 1539 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <b>35</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<	<b>490 MAIN ST</b>	>	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>11</b> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-76-AC</b>
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License # <b>S46203101</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <sup>19</sup> / <sub>19</sub> Lic. Restrictions <b>1</b> <sup>20</sup> CDL _____ Endorsement _____ Operator <b>CAMERLIN, RUTH AGNES</b> Last First Middle Address <b>129 EASTWAY</b> City <b>READING</b> State <b>MA</b> Zip <b>01867-1110</b> Insurance Company <b>ARBELLA MUTUAL INSURANCE</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>85L</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2011</b> Veh Make <b>VOLVO</b> Veh Config. <b>1</b> <sup>21</sup> Owner <b>CAMERLIN, LAWRENCE J</b> Last First Middle Address <b>129 EASTWAY</b> City <b>READING</b> State <b>MA</b> Zip <b>01867-1110</b> Vehicle Action Prior to Crash <b>2</b> <sup>22</sup> Damaged Area Code: <b>3</b> <sup>27</sup> / <sub>27</sub> / <sub>27</sub> Event Sequence <b>1</b> <sup>23</sup> / <sub>23</sub> / <sub>23</sub> / <sub>23</sub> Test Status: <b>1</b> <sup>28</sup> Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <sup>25</sup> / <sub>25</sub> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <sup>26</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup> Towed from scene? <b>2</b> <sup>33</sup>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>21</b> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <b>S34157323</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <sup>19</sup> / <sub>19</sub> Lic. Restrictions <b>P</b> <sup>20</sup> CDL _____ Endorsement _____ Operator <b>HAUGHT, PAUL JR</b> Last First Middle Address <b>28 GEORGE BROWN ST</b> City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2260</b> Insurance Company <b>PROGRESSIVE DIRECT INSURA</b> Vehicle Travel Direction: <input type="checkbox"/> <b>N S E</b> <input checked="" type="checkbox"/> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>9SZ192</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2007</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <sup>21</sup> Owner <b>HAUGHT, PAUL JR</b> Last First Middle Address <b>28 GEORGE BROWN ST</b> City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2260</b> Vehicle Action Prior to Crash <b>4</b> <sup>22</sup> Damaged Area Code: <b>2</b> <sup>27</sup> / <sub>27</sub> / <sub>27</sub> Event Sequence <b>1</b> <sup>23</sup> / <sub>23</sub> / <sub>23</sub> / <sub>23</sub> Test Status: <b>1</b> <sup>28</sup> Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b> Driver Contributing Code <b>99</b> <sup>25</sup> / <sub>25</sub> BAC Test Result: <b>30</b> Driver Distracted by <b>99</b> <sup>26</sup> Susp. Alcohol: <b>99</b> <sup>31</sup> Susp. Drug: <b>99</b> <sup>32</sup> Towed from scene? <b>2</b> <sup>33</sup>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____                  At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                  Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>390</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped **Crash Report ID# 21-77-AC**

License # <b>S02518341</b> St <b>MA</b> DOB/Agc _____ Reg # <b>971CA1</b> Reg Type <b>PC</b> Reg State <b>MA</b> Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____ Veh Year <b>2010</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> Operator <b>GAUTHIER, ROBERT E</b> Owner <b>GAUTHIER, DONNA M</b> Address <b>38 COTTAGE ST</b> Address <b>38 COTTAGE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2002</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2002</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Action Prior to Crash <b>4</b> Damaged Area Code: <b>0 27 27 27</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> Event Sequence <b>3 23 23 23 23</b> Test Status: <b>1 28</b> Citation # (If Issued) _____ Most Harmful Event <b>3 24</b> Type of Test: <b>29</b> Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>1 30</b> Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>2 33</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0</td><td>27</td><td>27</td><td>27</td></tr> <tr> <td>1</td><td>28</td><td></td><td></td></tr> <tr> <td>2</td><td>29</td><td></td><td></td></tr> <tr> <td>3</td><td>30</td><td></td><td></td></tr> <tr> <td>4</td><td>31</td><td></td><td></td></tr> <tr> <td>5</td><td>32</td><td></td><td></td></tr> <tr> <td>6</td><td>33</td><td></td><td></td></tr> </table>	0	27	27	27	1	28			2	29			3	30			4	31			5	32			6	33		
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5	32																												
6	33																												

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	1	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type **1** Action **2** Location **4** Condition **1**  Hit/Run  Moped

License # <b>S09586324</b> St <b>MA</b> DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b> Operator <b>LATTA, SHANNON JEAN</b> Owner _____ Address <b>63 NEW YORK ST</b> Address _____ City <b>LOWELL</b> State <b>MA</b> Zip <b>01854-1727</b> City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b> Vehicle Travel Direction: <b>N S E</b> Responding to Emergency? <b>2</b> Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b> Citation # (If Issued) _____ Most Harmful Event <b>24</b> Type of Test: <b>29</b> Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b> Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>33</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>27</td><td>27</td><td>27</td></tr> <tr> <td>28</td><td></td><td></td></tr> <tr> <td>29</td><td></td><td></td></tr> <tr> <td>30</td><td></td><td></td></tr> <tr> <td>31</td><td></td><td></td></tr> <tr> <td>32</td><td></td><td></td></tr> <tr> <td>33</td><td></td><td></td></tr> </table>	27	27	27	28			29			30			31			32			33		
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	1	0				9		



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Images Associated with 21-77-AC



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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 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

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