

Printed on 04/25/2006	Portsmouth Police Department Operator Information Sheet 06-157-AC	Page Number 1 of 1
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General

Accident Date 04/15/2006	Time 1009	Reporting Officer SERGEANT ANTHONY K CAMBROLA
Location TURNPIKE AVE @ CVS PHARMACY	City PORTSMOUTH	State RI
		ZIP 02871

Operator

OPERATOR	Last Name GUTHLEIN	First THOMAS	Middle JOSEPH	Suffix	Veh/Unit 1	<input type="checkbox"/> Injured <input type="checkbox"/> Fatality
	Number [REDACTED]	Street [REDACTED]	Suffix [REDACTED]	Apt	City [REDACTED]	State [REDACTED]
	DOB 05/30/1959	Home Phone [REDACTED]	Work Phone [REDACTED]	License State/Number [REDACTED]		
	Insurance Company USAA	Policy Number [REDACTED]				
OWNER	Last Name [REDACTED]	First [REDACTED]	Middle JOSEPH	Suffix	Home Phone [REDACTED] 6	Work Phone
	Number [REDACTED]	Street [REDACTED]	Suffix [REDACTED]	Apt	City [REDACTED]	State [REDACTED]
VEH	Year 2000	Make NISSAN	Model MAXIMA	VIN [REDACTED]		
	Registration State/Number [REDACTED] 2		Towed By	Towed To		

Operator

OPERATOR	Last Name KENNEDY	First PATRICK	Middle JOSEPH	Suffix	Veh/Unit 2	<input type="checkbox"/> Injured <input type="checkbox"/> Fatality
	Number 210	Street FARMLANDS	Suffix DR	Apt	City PORTSMOUTH	State RI
	DOB 07/14/1967	Home Phone [REDACTED]	Work Phone 401-729-5600	License State/Number RI 8716466		
	Insurance Company FEDERAL INSURANCE CO	Policy Number [REDACTED]				
OWNER	Last Name FRIENDS OF PAT KENNEDY INC	First	Middle	Suffix	Home Phone [REDACTED]	Work Phone
	Number P.O. BOX 321	Street	Suffix	Apt	City PAWTUCKET	State RI
VEH	Year 2003	Make FORD	Model CROWN VICTORIA	VIN [REDACTED]		
	Registration State/Number RI SK409		Towed By	Towed To		

Page 1 of 4 STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

1 Reporting Agency Portsmouth Police Department		Type of Collision (I.e. Car - Car) BROADSIDE		Report Number 06-157-AC		<input type="checkbox"/> Walk In	
1 Accident Date 04/15/2006		Day of the Week Saturday		Military Time 1009		Posted Speed 20	
Route PORTSMOUTH		City/Town PORTSMOUTH		Name of Street or Highway TURNPIKE AVE		# of Lanes 4	
Distance (From Nearest Intersecting St) 100		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Direction (From Nearest Intersecting St) (N) S E W		Nearest Intersecting Streets/Landmark EAST MAIN RD	
1 Unit Number 1		Unit Type 2 - 4 Door		D Unit Number 2		Unit Type 2 - 4 Door	
Operator's Last Name GUTHLEIN		First THOMAS		M.I. J		Operator's Last Name KENNEDY	
Street/Mailing Address [REDACTED]		City/Town BRISTOL		Street/Mailing Address 210 FARMLANDS DR		City/Town PORTSMOUTH	
State RI		Zip 02809		Telephone [REDACTED]		DOB 07/14/1967	
License Number [REDACTED]		State NH		<input type="checkbox"/> CDL		Class OPERATOR	
Restrictions		State RI		<input type="checkbox"/> CDL		Class PASSENGER	
Owner's Last Name GUTHLEIN		First THOMAS		M.I. J		Owner's Last Name FRIENDS OF PAT KENNEDY INC	
Street/Mailing Address [REDACTED]		City/Town BRISTOL		Street/Mailing Address P.O. BOX 321		City/Town PAWTUCKET	
State RI		Zip 02809		Telephone [REDACTED]		State RI	
Insurance Co. USAA		Policy No. [REDACTED]		Insurance Co. FEDERAL INSURANCE CO		Policy No. [REDACTED]	
Registration No. [REDACTED]		State NH		VIN [REDACTED]		Registration No. SK409	
State RI		VIN [REDACTED]		Vehicle Yr. 2003		Make FORD	
Vehicle Yr. 2000		Make NISSAN		Color GRY		Plate Type PC	
# Air Bags Deployed 0		Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side		Direction of Travel N (S) E W		# Air Bags Deployed 0	
Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side		Direction of Travel (N) S E W		Towed By		Towed By	
Damage Estimate <input type="checkbox"/> None <input checked="" type="checkbox"/> <\$1000 <input type="checkbox"/> >\$1000		Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$1000 <input checked="" type="checkbox"/> >\$1000		Diagram 1		Diagram 2	
Trailer Reg. No.		State		Make		Trailer Reg. No.	
VIN		Towed By		VIN		Towed By	
Non-Vehicle Property Damage							
Owner		Address		Phone		Damage Description	
Name all Persons Involved (Occupants - Witnesses - Pedestrians)		Unit #		Sex		DOB	
THOMAS J GUTHLEIN (Operator)		1		M		05/30/59	
PATRICK J KENNEDY (Operator)		2		M		07/14/67	
SHEILA LASH (Witness)		3		F			
Reporting Officer SERGEANT ANTHONY CAMBROLA		Badge No. X10		Date of Report 04/15/2006			

10a
10b
11a
1
11b
4
12a
1
12b
1
13a
13b
14a
14b
9
7

Page 2 of 4 STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

1 Reporting Agency Portsmouth Police Department	Type of Collision (i.e. Car - Car) BROADSIDE	Report Number 06-157-AC	<input type="checkbox"/> Walk In				
1 Accident Date 04/15/2006	Day of the Week Saturday	Military Time 1009	Posted Speed 20	Total Units Involved 3			
Route PORTSMOUTH	City/Town PORTSMOUTH	Name of Street or Highway TURNPIKE AVE	# of Lanes 4	Intersection With EAST MAIN RD			
Distance (From Nearest Intersecting St) 100 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Direction (From Nearest Intersecting St) (N) S E W		Nearest Intersecting Street/Landmark EAST MAIN RD			
1 Unit Number 3	Unit Type 100 - Witness	D Unit Number	Unit Type				
Operator's Last Name LASH		Operator's Last Name					
First SHEILA		First					
M.I.		M.I.					
Street/Mailing Address [REDACTED]		Street/Mailing Address					
City/Town [REDACTED]		City/Town					
1 State RI	Zip 02840	Telephone [REDACTED]	DOB 00/00/0000	Sex F			
License Number		License Number					
State		State					
<input type="checkbox"/> CDL		<input type="checkbox"/> CDL					
Class		Class					
Restrictions		Restrictions					
Owner's Last Name		Owner's Last Name					
First		First					
M.I.		M.I.					
Street/Mailing Address		Street/Mailing Address					
City/Town		City/Town					
State		State					
Zip		Zip					
Telephone		Telephone					
Insurance Co.		Insurance Co.					
Policy No.		Policy No.					
Registration No.		Registration No.					
State		State					
VIN		VIN					
Vehicle Yr.		Vehicle Yr.					
Make		Make					
Color		Color					
Plate Type		Plate Type					
# Air Bags Deployed		# Air Bags Deployed					
Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side		Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side					
Direction of Travel N S E W		Direction of Travel N S E W					
1		1					
Towed By		Towed By					
Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$1000 <input type="checkbox"/> >\$1000		Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$1000 <input type="checkbox"/> >\$1000					
Trailer Reg. No.		Trailer Reg. No.					
State		State					
Make		Make					
VIN		VIN					
Towed By		Towed By					
Non-Vehicle Property Damage							
3 Owner Address Phone Damage Description							
Name all Persons Involved (Occupants - Witnesses - Pedestrians)							
Unit #	Sex	DOB	Seat	Eject	Belt	Injury	Helmet
Reporting Officer SERGRANT ANTHONY CAMBROLA			Badge No. X10	Date of Report 04/15/2006			

10a
10b
11a
11b
12a
12b
13a
13b
14a
14b
9
7

UNIFORM ACCIDENT REPORT

Report Number

06-157-AC

Accident Conditions (All Pages)

Box 1 1	Type of Roadway Not Divided (2-Way)	Box 6 1	Light Condition Daylight
Box 2 1	Traffic Controls No Controls	Box 7 1	Traffic Condition Light
Box 3 2	Road Surface Asphalt	Box 8 3	Type of Location Commercial/Industrial
Box 4 1	Road Condition Dry	Box 9 7	Initial Collision Broadside
Box 5 1	Weather Condition No Adverse Conditions		


Unit Number 1 Conditions (Page 1)

Unit Number-2 Conditions (Page 1)

Box 10a	Non M/V Collision	Box 10b	Non M/V Collision
Box 11a 1	Vehicle Action Prior to Accident Straight	Box 11b 4	Vehicle Action Prior to Accident Making (L) Turn
Box 12a 1	Physical Condition of Driver Appeared Normal	Box 12b 1	Physical Condition of Driver Appeared Normal
Box 13a	Chemical Test Data	Box 13b	Chemical Test Data
Box 14a	Chemical Test Results	Box 14b	Chemical Test Results

Unit Number 3 Conditions (Page 2)

Box 10a	Non M/V Collision
Box 11a	Vehicle Action Prior to Accident
Box 12a	Physical Condition of Driver
Box 13a	Chemical Test Data
Box 14a	Chemical Test Results

Unit Number	Sex	Seat Location	Ejected	Seat Belt Use	Injury Code	Helmet
Unit 1	M Male		Y Yes N No	1 Shoulder (2 Pt) 2 Lap (2 Pt) 3 Lap/Shoulder (3 Pt) 4 Child Restrain 5 Not Used 6 Unknown	1 Bleeding/Broken Bones 2 Bruises/Abrasions 3 No Visible Injury/Complaints of Pain 4 Fatal 5 No Injury	Y Yes N No
Unit 2	F Female					
Unit 3 (etc.)						

Portsmouth Police Department

Image Description: operator #1

Image Date: 04/16/2006

PORTSMOUTH, RI POLICE DEPARTMENT

REPORT #: 06-157-AC

COMPLAINANT _____ WITNESS _____ VEHICLE OPERATOR _____

NAME: Guthrie Thomas Joseph
(Last Name) (First Name) (Complete Middle Name)

ADDRESS: [REDACTED] [REDACTED]
(Street #) (Street Name)

[REDACTED] [REDACTED] [REDACTED]
(City / Town) (State) (Zip Code)

DATE OF BIRTH: [REDACTED] DRIVERS LIC. #: _____

HOME #: [REDACTED] WORK #: [REDACTED]

I was traveling down RTE 1 to RTE 138A near the CVS store. When a car pulled in front of me going into CVS parking lot. I tried to stop, however the two cars made contact. I hit the right side of his car, near the passenger door. The cars were then pulled into the parking lot at CVS. Two Portsmouth PD showed up shortly after the accident.

One lady did stop by and provided additional information to the police dept. by providing a phone number as a point of contact.

Damage was to the front left and center of the vehicle.

SIGNATURE _____

DATE SIGNED _____

Portsmouth Police Department

Image Description: operator #2

Image Date: 04/16/2008

PORTSMOUTH, RI POLICE DEPARTMENT

REPORT #: 02 157-AC

COMPLAINANT WITNESS VEHICLE OPERATOR
NAME: Kenneth Robert Robert
(Last Name) (First Name) (Complete Middle Name)

ADDRESS: 224 1st St 2D Spunkville
(Street #) (Street Name) (City/Town) (Zip Code)

DATE OF BIRTH: 2/19/67 DRIVERS LIC. #: _____

HOME #: [REDACTED] WORK #: 2-29-5600

Turned right from 138 after the stop
signal in order to enter the CVS by
my turn left.

SIGNATURE: [Signature]

DATE SIGNED: _____