

Date of Crash: 06/29/2020 Time of Crash: 1345 24HR City/Town: **Wilmington** **Motor Vehicle Crash** Number Vehicles: 2 Number Injured: 1 Speed Limit: 35 State Police:  Local Police:  MBTA Police:  Campus Police:  Other:

**Police Report**

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p><b>38 N MAIN ST</b> Route# Direction Name of Roadway/Street</p> <p>At</p> <p><b>129 E LOWELL ST</b> Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **20-137-AC**

<p>License # <b>S64432525</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____</p> <p>Operator <b>SCIUCCO, MARY J</b> Last First Middle</p> <p>Address <b>14 HASTINGS RD</b></p> <p>City <b>WINCHESTER</b> State <b>MA</b> Zip <b>01890-3859</b></p> <p>Insurance Company <b>VERMONT MUTUAL INSURANCE</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>BR1495</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2017</b> Veh Make <b>Jeep</b> Veh Config. <b>1 21</b></p> <p>Owner <b>SCIUCCO, FIORE A</b> Last First Middle</p> <p>Address <b>14 HASTINGS RD</b></p> <p>City <b>WINCHESTER</b> State <b>MA</b> Zip <b>01890-3859</b></p> <p>Vehicle Action Prior to Crash <b>2 22</b> Damaged Area Code: <b>2 27 27 27</b></p> <p>Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></p>
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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	<input checked="" type="checkbox"/>	<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:  Vehicle 2 Occupants  Non-Motorist A Type  Action  Location  Condition  Hit/Run  Moped

<p>License # <b>S51449840</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____</p> <p>Operator <b>KELLEY, BRANDON JAMES</b> Last First Middle</p> <p>Address <b>19 SPRINGWELL RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3027</b></p> <p>Insurance Company <b>LM GENERAL INSURANCE COMP</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3EZ556</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2005</b> Veh Make <b>ACURA</b> Veh Config. <b>1 21</b></p> <p>Owner <b>KELLEY, JAMES DANIEL</b> Last First Middle</p> <p>Address <b>19 SPRINGWELL RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3027</b></p> <p>Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 27 0 27 27</b></p> <p>Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>1 33</b></p>
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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	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 07/01/2020	Time of Crash 0638 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>
								Longitude _____	Campano Police <input type="checkbox"/>	

<b>AT INTERSECTION:</b>		<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>	
Route# _____ Direction _____ Name of Roadway/Street _____		Route# <u>35</u> Direction _____ Address # _____ Name of Roadway/Street <u>SWAIN RD</u>		
At _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Mile Marker _____ Exit Number _____		
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____		

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>20-138-AC</b>
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License # <u>S84088271</u> St <u>MA</u> DOB/Age <u>02/13/1980</u>		Reg # <u>T56926</u> Reg Type <u>CO</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____	Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u>		
Operator <u>PAPAPORFIRIOU, DEMETRI</u>		Owner <u>PAPAPORFIRIOU, DEMETRI</u>	
Address <u>82 SWAIN RD</u>		Address <u>82 SWAIN RD</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2862</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2862</u>	
Insurance Company <u>THE COMMERCE INSURANCE CO</u>		Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>10</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u>		Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) <u>T2062530</u>		Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>90</u> <u>13</u> Viol. 2: Ch/Sec/Sub _____		BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Contributing Code <u>19</u> <u>25</u> <u>20</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
		Driver Distracted by <u>5</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>	

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>				<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Address: See Above											

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

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>				<u>1</u>							
Address: See Above											





Wilmington Police Department  
Images Associated with 20-138-AC

