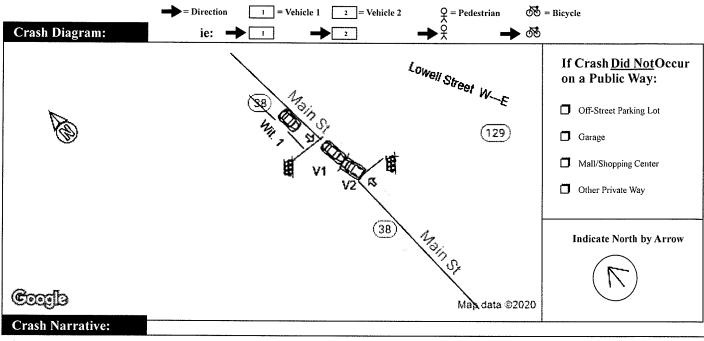
	Police Use Only	Commonwealth of Massachusetts RMV Document Number									ment Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Numbe Injured	Opeca	Limit_	35	Local Police				
	06/29/2020 1345 Wili	Police	Report	2		1	Latitud	MBTA Police Campus Police Other:							
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	T IN	Γ INTERSECTION:						
				, .											
	38 N MAIN ST	Name of Roadway/Str	reet	Route# Direction	p Add	ress #		Na	me of I	Roadwa	ny/Street				
¹ 1	Total Direction	At						1.0							
	129 E LOWELL			Feet N S E W of — Or Exit No.											
	Route# Direction Nat	me of Intersecting Roadw		Feet N	SEW	of		6 11							
		7 Hoo at Intersection W		Route# Intersecting Roadway/Street											
² 2	Route# Direction Nat	me of Intersecting Roadw	vay/Street	Landmark											
	Please Select One	_#Occupants Hit/	Run Moped												
3	of the Following:	<u> </u>										4			
	License # S64432525 St M	1A_ DOB/Age	Reg	Reg # BR1495 Reg Type PC Reg State MA											
	Sex F Lic. Class D 19 19 Lic. 1	Restrictions C1	ndorsement	Year <u>2017</u>			_				Config. 1				
4	Operator SCIUCCO, MARY		Owr	ner SCIUCCO	, FI	ORE	A First			Mid	dle				
⁴ 3	Address 14 HASTINGS RI)	Add	ress 14 HAST	ING	RI)								
	City WINCHESTER Stat	e MA Zip 01890)-3859 City	WINCHEST	ER					_	890-3859				
	Insurance Company VERMONT M	<u>IUTUAL INSU</u>	IRANCE Vehi	cle Action Prior to Cr	rash	2	22		Damaged Area Code: 2 27 27 27						
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Ever	nt Sequence 23	1 23	23	23	Test Stat		-	1 28 29				
⁵ 1	Citation # (If Issued)		Mos	t Harmful Event	24			Type of BAC Tes		.1+-	30				
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	Driver Contributing Code 4 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 1											
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	Driver Distracted by 0 26 Towed from scene? 2 33											
⁶ 1	•	rator and all occupants inv			34 Seat	eat Safety Airbag Eject Trap Injury :						1			
	Name (Last First Middle) Operator		Address ee Above	DOB/Age		Pos. System Status Code 1 1 4 0			Status 10	Code 1	Medical Facility				
	Орегию	30	ee Above		\ <u>\</u>	╀	-	0		-		-			
												_			
⁷ 3	Please Select One Vehicle 21	_#Occupants Non	-Motorist A Type	15 Action 1	Locat	on	17 Cor	dition	18	D F	lit/Run Moped				
3	of the Following: Vehicle 22			2EZEE6							. M7	┨			
	19 19	DOB/Age 20		# 3EZ556							g State MA				
	<u> </u>	E ₁	ndorsement	Year 2005						Veh	Config.				
⁸ 1	Operator KELLEY, BRAND	First	Middle	Owner KELLEY, JAMES DANIEL First Middle											
_	Address 19 SPRINGWELL			Address 19 SPRINGWELL RD											
	City BILLERICA Stat			City BILLERICA State MA Zip 01821-3027 Damaged Area Code: 1 27 0 27 27											
	Insurance Company LM GENERA	_	Vehicle Action Prior to Crash 22 23 23 Test Status: 1 28												
	Vehicle Travel Direction: SEW		nt Sequence 1 23	Type of Test: 29						29					
⁹ 2	Citation # (If Issued)		BAC Test Result: 30												
	Viol. 1: Ch/Sec/Sub		Susp. Alcohol: 2 31 Susp. Drug: 2 32												
		Viol. 4: Ch/Sec/Sub —		er Distracted by	34	35	36		rom sc	ene? [1 33	-			
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age	Sex Pos.	Safety System	Airbag E	ct Trap	Injury Status	Transp. Code	Medical Facility				
	Operator/Non-Motoris	t S	ee Above		X 1	1	1 0	0	8	1					
		•										1			
						-						1			



V1 (Sciucco) traveling south on Main St & was stopped in the intersection RT.38 & RT.129 to make left turn to Lowell St. V1 opr stated she approached intersection w/ green arrow it turned to flashing yellow. Before turn, V2 (traveling north on Main St) entered intersection & collison occured. V1 opr claimed she saw V2 approaching & was waiting for it to stop or pass before turning. Witness 1 stated V2 was speeding trying to beat the light. V2 opr (Kelley) stated he was approaching intersection & the light turned yellow. This indicates end of cycle in both directions. He did not feel he could stop in time entering intersection (30-40mph est). He reported no cars in front of him, & saw V1 in intersection before entering. He believed it was turning, & attempted to swerve away (and then into) when near head on collison occured. V1 did not appear to have moved from its turning position & was facing straight at collison.

Talling posteron a was racting se	rargine ac c				
Witnesses:					
Name (Last,First,Middle)	Address		Phone #	Statement	
SCIUCCO ANTHONY M	14 HASTINGS	RD WINCHESTER MA	359	2	
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	Description of Damaged Property		
Truck and Bus Information: Carrier Name Address	·n			Bus Use St Zip	42
US DOT #:State Number44 Interstate	GVWR/GCWR	45		[
Placard Material 1 digit # Material N	ame		Material 4 digit	#Release code	49

Patrol Officer Richard DiPerri

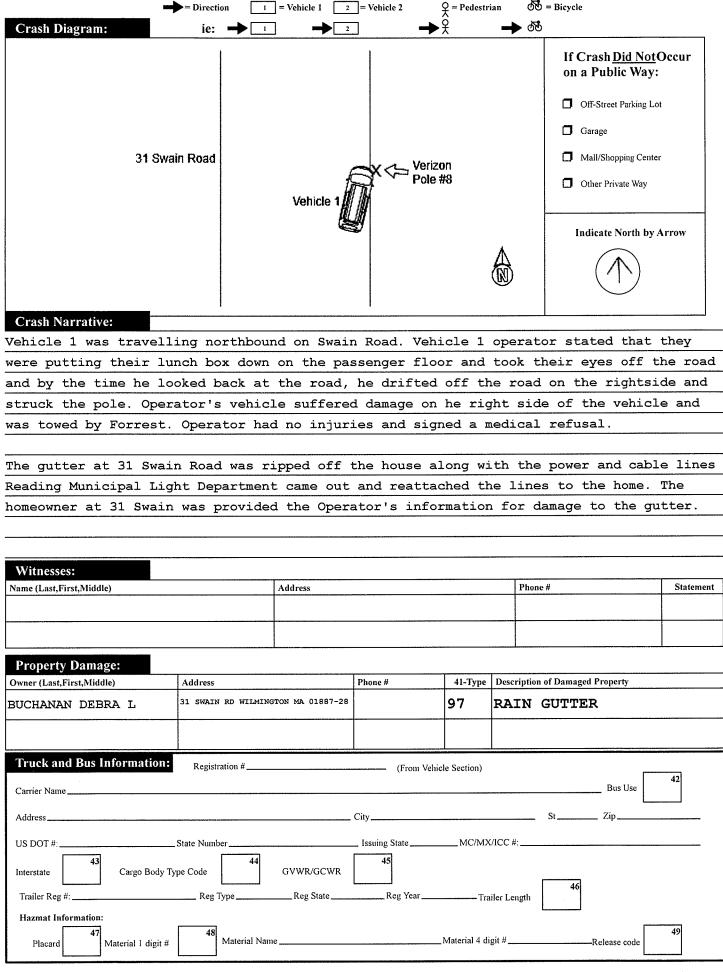
173

Wilmington Police Department

06/30/2020

Department

	Po	nonwealth of Massachusetts							RMV Document Number								
	Date of Crash 07/01/2020	Time of Crash		ity/Town ngton	Motor	nicle Crash Number Vehicles				Num Injur	-ad 5P				l Police 🔀		
	0770172020	24HR	MTTIIIT	ing con	Po	lice I	Report		1		o ĺ	La	nuae_ ngitude			pus Police	
		AT INTERS	ECTIO	N:	<	LOCA	ΓΙΟΝ	>			TON	AT I	NTE	RSEC	CTION	:	_ 10
							35 SWAIN RD										
1	Route# Dire	ection	N	lame of Roadway/S	treet		Route# Direc	tion	Addre	ess#	<u>SW</u>			of Road	way/Stree	it	
`1				At			Feet	N S	E W	of -			• -	— ог			
	Route# Dire	ection		Feet NSEW of — or Exit Number													
				Feet N S E W of Route# Intersecting Roadway/Street													
² 2	Route# Dire	ection	Name o		Feet NSEW of												
	Please Select	One 57												Landma	rk		┨
³ 3	of the Follow	ing: Vehicle	1#(Occupants Hit	/Run	Moped	Crash R	Report	ID#	20	-1	38	-A	<u>C</u>]
	License # <u>\$8</u>	4088271	~	DOB/Age 02/	13/1980	Reg#	T56926				_ Reg	Type _C	0	I	Reg State		3 12
	Sex M Lic.	Class D	Lic. Rest		CDL Endorsement	Veh Y	ear 2017		/eh Ma	ke F (ORD			Ve	h Config.	2 21	3
	Operator PA	PAPORFIR	IOU,	DEMETRI	Middle	Owne	r PAPAPO	RFI	RIC	ου,	DE Fin	MET	RI		Aiddle		
⁴ 1	Address 82	SWAIN RI)			Addre	ss 82 SW	AIN	RD								
	· ·	INGTON		•		City J	WILMING	TON	· 							-2862	
	Insurance Com	pany THE CO	MMERC	E INSURA	NCE CO		le Action Prior to				22			ea Code	27 2	27 10 27	
5	Vehicle Travel	<u></u>		Responding to Eme	rgency? 2	Event	Sequence 22		23	23	23		Status: of Test	:	29		
	1	sued) T20625				Most	Harmful Event	22	24			• •	Test Re		30		12
	Viol. 1: Ch/Sec	/Sub <u>90 1:</u>	3Viol	. 2: Ch/Sec/Sub		Drive	r Contributing Co			²⁵ 21	0 25	Susp	Alcoho	ol: 3	- Casp.	Drug: 32	22 ¹³
⁶ 2	Viol. 3: Ch/Sec	/Sub				Drive	Priver Distracted by 5 26 Towed from scene? 1 33										
	Name (Last First I		or operator	and all occupants in	ivolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject 1 Code C	ap Inju ode Sta) 40 iry Transp tus Code		edical Facility	
	Operat	tor		S	See Above		><	X	1	99	4	0 0	10	1			
											\neg						1
																	1
	Please Select	One 🗔		<u> </u>			15	16	<u> </u>		17		1	8		T-3	1
⁷ 1	of the Follow		2#0	Decupants No	n-Motorist A	Туре	Action	1	ocatio	n	c	ondition			Hit/Run	Moped	
	License #	·	7	_ DOB/Age		Reg#					Reg	Туре		l	Reg State	21	
	SexLic.	Class 19 19	Lic. Rest	rictions 20 C	CDL Endorsement	Veh Y	ear	\	/eh Ma	ike				Ve	h Config.		l
⁸ 1	Operator	Middle	Last	First Middle													
	Address						ess										14
	City		•					State Zip									
	Insurance Company						cle Action Prior to Crash				Damaged Area Co Test Status:				le: 27 27 27 27 28		
	Vehicle Travel Direction: N S E W Responding to Emer				Event sequence				29 Type of Test: 29								
⁹ 2	,	sued)					Harmful Event	<u></u>		25	25		Test R		30		
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —				Susp. Alcohol: 51 Susp. Drug:								Drug: 32				
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupa					Driver Distracted by Towed from scene							9 40	 		-	
	Name (Last First l	Middle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject T Code C	rap Inji ode Sta	ury Transp tus Code). M	edical Facility	
	Operat	tor/Non-Mo	torist		See Above		\nearrow	X	1					_	1	<u></u>	
]



Patrol Officer Michael R Cabral

207

Wilmington Police Department

07/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 20-138-AC



