

Date of Crash **12/21/2021** Time of Crash **1020** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other
 24HR

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

Route# 38 Direction S Name of Roadway/Street 580 MAIN ST	Route# 38 Direction S Address # 580 Name of Roadway/Street MAIN ST
At _____	Feet N S E W of _____ or _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Mile Marker _____ Exit Number _____
Also at Intersection with _____	Feet N S E W of _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Intersecting Roadway/Street _____
	Feet N S E W of TRITON CAR WASH
	Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-350-AC**

License # S52864673 St MA DOB/Age 02/02/1958 Reg # 157KF2 Reg Type PC Reg State MA	Veh Year 2011 Veh Make TOYOTA Veh Config. 1
Sex F Lic. Class D Lic. Restrictions B CDL Endorsement _____	Owner FERULLO, RICHARD C
Operator FERULLO, DENISE FLORENCE	Address 120 EAMES ST
Address 120 EAMES ST	City WILMINGTON State MA Zip 01887-3372
City WILMINGTON State MA Zip 01887-3372	Vehicle Action Prior to Crash 1
Insurance Company THE COMMERCE INSURANCE CO	Damaged Area Code: 8
Vehicle Travel Direction: N X E W Responding to Emergency? 2	Event Sequence 1
Citation # (If Issued) _____	Most Harmful Event 1
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0
	Susp. Alcohol: 2 Susp. Drug: 2
	Towed from scene? 1

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
Operator	See Above			1	1	4	0	0	10	1	

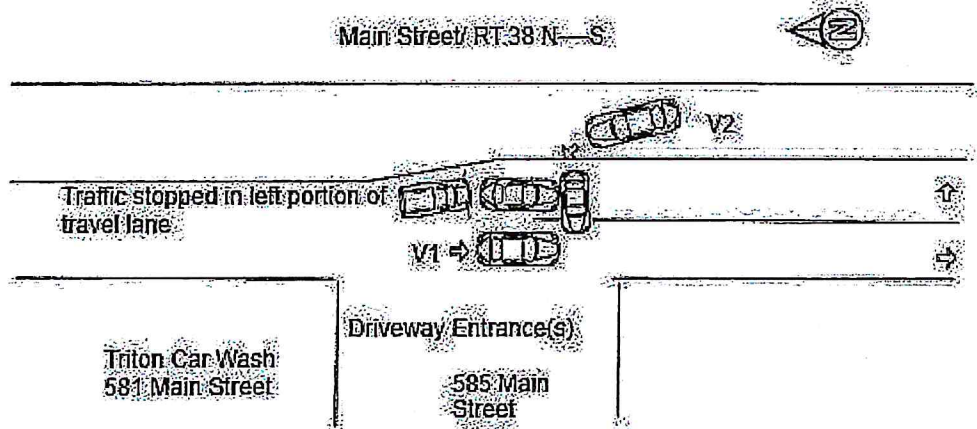
Please Select One of the Following: Vehicle **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # NHL11292842 St NH DOB/Age 02/08/1969 Reg # 3827816 Reg Type PC Reg State NH	Veh Year 2014 Veh Make MERCEDES-BENZ Veh Config. 1
Sex M Lic. Class D Lic. Restrictions B CDL Endorsement _____	Owner CLIVIO, THOMAS ANTHONY
Operator CLIVIO, THOMAS ANTHONY	Address 42 RED DEER RD
Address 42 RED DEER RD	City LONDONDERRY State NH Zip 03053
City LONDONDERRY State NH Zip 03053	Vehicle Action Prior to Crash 4
Insurance Company GEICO	Damaged Area Code: 2
Vehicle Travel Direction: X S E W Responding to Emergency? 2	Event Sequence 1
Citation # (If Issued) _____	Most Harmful Event 1
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 18
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0
	Susp. Alcohol: 2 Susp. Drug: 2
	Towed from scene? 1

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
Operator/Non-Motorist	See Above			1	1	4	0	0	9	1	

Crash Diagram:

ie: → 1 → 2 → 3



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

V1 (Ferullo) was traveling straight on Main Street (Rt.38S) in the right hand portion of the split travel lane. Traffic on the left portion of the south bound lane was stopped to let V2 attempt to make a left turn into driveway for the car wash. As V2 (Clivio) attempted to cross the right hand portion of the south bound lane, V1 and V2 collided. V1 sustained left front end damage. V2 Sustained right & center front damage. No injuries observed or reported V1. V2 opr had small scrape to forehead but refused WFD being called to scene. V1 opr did not see V2 attempting to cross oncoming traffic as it was obscured by stopped vehicles in the left portion of the south bound lane. V2 opr. stated he was cautiously attempting to cross the travel lane(s) just seconds before collison with V1 travelling straight. Obscured view by both V1 & V2 operators probable cause in crash. USPS blue dropbox on sidewalk between driveway entrances damaged. USPS notified & box removed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
USPS WILMINGTON	CHURCH ST WILMINGTON MA 01887		97	USPS BLUE DROP BOX

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ City _____ St _____ Zip _____ Bus Use 42

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:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Richard DiPerri 173 Wilmington Police Department 12/21/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date