

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/29/2020	Time of Crash 1345 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:						
1 38 N MAIN ST Route# Direction Name of Roadway/Street			1 Route# Direction Address # Name of Roadway/Street							
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker Exit Number							
2 129 E LOWELL ST Route# Direction Name of Intersecting Roadway/Street			6 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street							
Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street							
2 Route# Direction Name of Intersecting Roadway/Street			Landmark							
3 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# 20-137-AC							
4 License # S64432525 St MA DOB/Age 07/29/1964			12 Reg # BR1495 Reg Type PC Reg State MA							
Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement			1 Veh Year 2017 Veh Make Jeep Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21							
3 Operator SCIUCCO, MARY J Last First Middle			Owner SCIUCCO, FIORE A Last First Middle							
Address 14 HASTINGS RD			Address 14 HASTINGS RD							
City WINCHESTER State MA Zip 01890-3859			City WINCHESTER State MA Zip 01890-3859							
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27							
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			1 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32							
6 Please fill out for operator and all occupants involved			Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33							
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							
Operator See Above			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 1							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # S51449840 St MA DOB/Age 02/17/1996			14 Reg # 3EZ556 Reg Type PC Reg State MA							
Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement			Veh Year 2005 Veh Make ACURA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21							
1 Operator KELLEY, BRANDON JAMES Last First Middle			Owner KELLEY, JAMES DANIEL Last First Middle							
Address 19 SPRINGWELL RD			Address 19 SPRINGWELL RD							
City BILLERICA State MA Zip 01821-3027			City BILLERICA State MA Zip 01821-3027							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 0 <input type="checkbox"/> 27 <input type="checkbox"/> 27							
9 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32							
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33							
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							
Operator/Non-Motorist See Above			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 1							

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 20-137-AC

Entered: 07/25/2020 @ 1236 Entry ID: 173
Modified: 07/25/2020 @ 1336 Modified ID: 173
Approved: 08/03/2020 @ 1108 Approval ID: 135

On 07/25/2020, I (Officer DiPerri) was assigned to the 8-4 day shift in marked unit 31-sector one. In regards to motor vehicle crash report **20-137-AC**, as of 07/14, I have recently had both telephone conversation(s) and email correspondence with V1 operator **Mary Jean Sciucco** and her husband **Fiore Sciucco**. Mrs. Sciucco called to report an error in my report narrative. The narrative before correction reads as follows:

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 & collision occurred. *"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 estimated). 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 collision occurred. V1 did not appear to have moved from its turning position & was facing straight at collision.

Mrs. Sciucco advised that she never provided this statement to any officer(s) on scene. In this regard, I have removed the highlighted statement *"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."* from the crash narrative. No additional changes will be made. Any subsequent information provided by the Sciucco's will be noted on this supplemental only, and will otherwise submitted on Mrs. Sciucco's report to WPD, RMV and or Insurance.

That said, in additional conversation, Fiore Sciucco advised (on behalf of his wife) that Mrs. Sciucco stated that V2 (traveling north on main street before collision) had a car in front of it turning right on to Lowell street. V2 reportedly went around this vehicle's left side, entered the intersection and collided with her vehicle. I did not recall this information being relayed at the time of the crash by Mrs. Sciucco. It was also not relayed by her son Anthony who was a listed witness who travelled directly behind V1. I also spoke with Officer Dunnett. He stated this new information was not relayed at the crash scene to the best of his recollection. In addition Mr. Sciucco stated his wife's jeep was damaged on the right front fender while it was turning and was spun to the right into the "near head on collision" final resting spot. Mr. Sciucco advised this will be reported on his wife's report and in any correspondence with insurance. Refer operator report Mary Jane Sciucco.

Respectfully Submitted,

Rich DiPerri-173