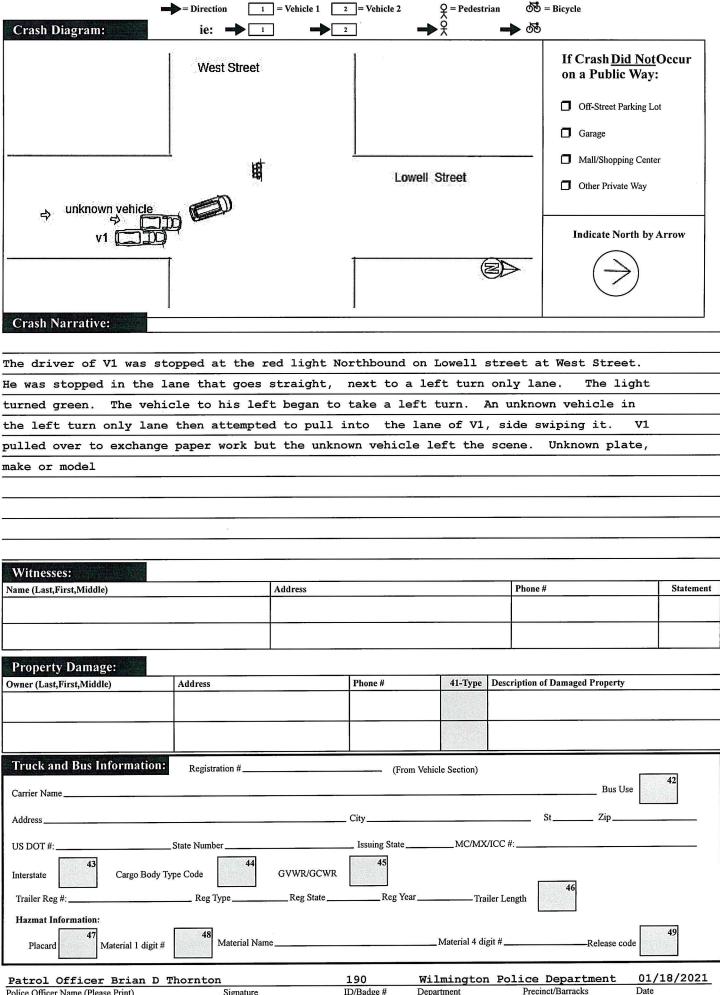
	Police Use Only	Com	monwealth	of Massa	chus	etts			RMV	Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Cras	sh $\begin{bmatrix} N \\ Y \end{bmatrix}$	umber	Number	Speed 1	Limit_	35	State Police Local Police MBTA Police Campus Police	
	01/17/2021 1210 Wil	mington	Police	Report	2	emcies	Injured O	Latitud Longiti			MBTA Police Campus Police	
	AT INTERSECT	ION:	A CONTROL OF THE REAL PROPERTY.		-		NOT A			ECT	Other:	1
	ATTIVIERSECT	1011.	LOCA				NOT A	. 1111	LIK	ECT	1011.	10
				38 N	47	4	MAIN	ST				2
1 .	Route# Direction	Name of Roadway/S	treet	Route# Direct		ress#		Nar	ne of R	Coadway	//Street	
¹ 1		At		Feet [N S E W	of .			_	OF.		
	Route# Direction Na	me of Intersecting Road	way/Street] 01	Mile Ma			or	Exit Number	11
		Also at Intersection v	St. Carrier to	Feet	N S E W	of				volume to the	No.	2
				Feet	N S E W	of	Route#	I	ntersec	ting Ro	adway/Street	
² 2	Route# Direction Na	me of Intersecting Road	way/Street			10			Lan	dmark		-
	Please Select One Valvabiale 11	#Occupants Hit	/Run Moped	0.17	, TD//	21	-14	_ 7\ /				1
3	of the Following:	Hit	/Run Moped	Crash R	eport ID#	<u></u>		-A	<u> </u>			_
	License # S67217831 St N	M DOB/Age	Reg	# <u>6NSA30</u>			Reg Typ	PC		Reg		12
	Sex_F Lic. Class D 19 Lic.			Year 2009	Veh M	ake T	OYOTA	8		_ Veh C	onfig. 21	
	Operator DANIZIO, NICO	LE E	Endorsement Own	er CARLSOI	N, MI	CHA	EL G				<u></u>	
⁴ 3	Address 12 GARNET RD	First	Middle	ress 12 GAR	ast		First			Middle	e	
	City BILLERICA State	M7 a: 0182		BILLERIC			C.	. M7	7.	019	321-2108	
										Code: 5		
	Insurance Company SAFETY IN			cle Action Prior to	almina alm	2		est Statu		Joue. 5	28	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Ever	t Sequence 1	23	23	23	pe of T			29	
1	Citation # (If Issued)	<u> </u>	Mos	t Harmful Event	1 24		-	AC Test		t:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	le 1	25	25 Si	ısp. Alc	ohol:	31 5	Susp. Drug: 32	1 13
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26		To	owed fro	om scei	ne? 2	33	
⁶ 1		ator and all occupants in			34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury 1	40 Fransp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	-
	Operator	S	See Above	\sim	X^1	1	4 0	0	10	1		
									-			1
												4
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants Nor	n-Motorist A Type	15 Action	16 Location	on	17 Condi	tion	18	Hid	t/Run Moped	
_		IA DOB/Age	Pag	# <u>52EJ87</u>	00.09	4000	Reg Type	PC	SCHOOLS	Dag	State MA	1
	19 19	20		Year 2011		. T					21	
		E B	Indorsement					IIA		_ Ven Co	onfig. 1	
⁸ 1	Operator DUFFY, NANCY	First	Middle	er DUFFY ,	ast		First			Middle	•	1
1	Address 36 ALFRED RD			ess 36 ALF		<u> </u>						14
	City ARLINGTON State	e MA Zip 0410	48 City	ARLINGTO	N					_	474-8231	1
	Insurance Company SAFETY IN	SURANCE CO	MPANY Vehi	cle Action Prior to	Crash	2	563			Code: 1	THE RESIDENCE PROPERTY.	
	Vehicle Travel Direction:	Responding to Emer	rgency? 2 Ever	t Sequence 1	3 23	23	23	est Statu			28	
0	Citation # (If Issued)		Mos	t Harmful Event	1 24	•		pe of T			30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Sac/Sub	Driv	ا er Contributing Coo	ie 19	25	25	AC Test	E	150	Susp. Drug: 32	
	and the control of th		-	_ 1	99 26			usp. Alcowed from	100	Semilari Rec	33	
	Viol. 3: Ch/Sec/Sub			or Distracted by	34	35	36 37	38 T	39	ne? 2		-
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	Address	DOB/Age	Seat Pos.	Safety	Airbag Eject	Trap	Injury 7	Fransp. Code	Medical Facility	
	Operator/Non-Motoris	t s	See Above	\rightarrow	X1	1	4 0	0	10	1		
	p▲0	_							\neg	$\neg \uparrow$		1
						\vdash		H	\dashv			-
									\perp			

	-	= Direction 1	= Vehicle 1 2 =	Vehicle 2	Pedestri		= Bicycle	
Cra	sh Diagram:	ie: 🗪 🔟	2	→	· 옷	→ №		
					Ì		If Crash <u>Did No</u> on a Public Way	
			c				Off-Street Parking I	ot
-			超		FA		Garage	
	Rte.38 Mai	n st.		22 📆			☐ Mall/Shopping Cent	er
	→ (1212 ±112) ⇒			Rite. 62			Other Private Way	
_	ଫ MVC	ं Traffic	. #		#		Indicate North by	Arrow
		Hame			(9	2) >		
				2 2	>	TextBo:		
Cras	sh Narrative:							
Oper.	#1 related she was	stopped in to	raffic heading	north on m	nain st.	/rte.38	, when m/v #2	
crash	ed into the rear o	f her m/v#1.						
					_			
	#2 related she was						v	
	ont of her was sto	pped or moving	g and she crash	hed into th	ne rear	end of r	n/v#1.	
(PWJ/	142)							
<u>.</u>		-	*****					
			844					
					15000			
Section of the sectio	lesses: Last,First,Middle)		Address			Phone #	!	Statement
таше (Last,First,Wildlie	12	Address			T Hone ii		Statement
	-			157.8				
Prop	erty Damage:							
Owner	(Last,First,Middle)	Address	Ph	one#	41-Type	Description of	Damaged Property	
Truc	k and Bus Information:	Registration #		— (From Vehic	le Section)	470	at the	
Саптіел	Name						Bus Use	42
Addres	ss		City	/			St Zip	
US DO	OT #:	_State Number	Is	suing State	MC/MX/	ICC #:		
Interst	43 Cargo Body T	ype Code 44	GVWR/GCWR	45				
Traile	r Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazn	nat Information:	ECC.1007400770				_		49
Pl	acard Material 1 digit #	Material Nan	ne		Material 4 dig	it #	Release code	49
Do. 4-	ol Officer Paul W .	Tongon	1/0) Wil	minator	Police	Department 01	/17/2021

	Police Use Only	Commo	onwealth	of Massac	chuse	tts		RMV Docu	ment Number						
	Date of Crash Time of Crash	City/Town Nmington		icle Cras	h Nur Veh	nber Numb		Limit <u>35</u>	MBTA Police						
	24HR			Report	1	0	Longitu		Campus Police Other:						
	AT INTERSECT	< LOCA	TION >		NOT	AT INT	ERSEC	ΓΙΟΝ:							
	Route# Direction LOWELL	ST Name of Roadway/Street		Route# Direction	n Addre	es #	Nar	ne of Roadw	av/Street	2 10					
¹ 4	Touten Breston	At		- Routen Breeder	Tidale	33 11	1101	no or readw	197Bit Cot	-					
_	Route# Direction WEST ST	Street		S E W of or Exit Number											
2	Detail District	24	0000	S E W	Route#	Route# Intersecting Roadway/Street									
² 1	Route# Direction Na	me of Intersecting Roadway/S	Street			3		Landmark							
3	of the Following:	#Occupants Hit/Run		2		21-1]					
	License # S38222922 St M		Reg	# <u>US34MT</u>		Reg 7	уре <u>РС</u>	Re	eg State MA	1 1					
	Sex M Lic. Class D 19 19 Lic. Operator PESSIA, JOHN Last	Restrictions 1 CDL_Endor I. First Mi	sement	Year <u>2020</u> er PESSIA ,		1 L			Config. 2						
⁴ 3	Address 62 ABIGAIL WAY		ddle	ess 62 ABIG		First		Mic	dle						
	City READING State			READING					.867-3976						
	A Vic				, [22		Area Code:							
	Insurance Company THE COMME			cle Action Prior to Cr	Section at Ministry	L 22 23	Test Statu	-	28						
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emergence	y? <u>2</u> Even	t Sequence 1 23		23 23	Type of T	H	29	1					
	Citation # (If Issued)		Most	Harmful Event 1	NAME OF STREET		BAC Test	t Result:	30	1					
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	iver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32											
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33														
1	Please fill out for oper		34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.												
	Name (Last First Middle)	Addı		DOB/Age S	Sex Pos.	System Status C	ode Code	Status Code	Medical Facility	-					
	Operator	See A	bove		1	1 4 0	0	10 1		_					
										7					
			-			-++				-					
	AND AND SAN ASSESSMENT OF THE SAN ASSESSMENT		Service Control of the Control of th	Palestan Internation			10000	10		4					
⁷ 2	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	Action 1	6 Location	17 Co	ndition	18 T	Iit/Run 🔲 Moped						
	License # St	DOB/Age	Rega	#		Reg T	vpe	Re	g State	1					
	19 19	Restrictions 20 CDL_		Year					21						
⁸ 1	Operator	First Mic	ddle Own	erLast		First		Mid	ldle	1					
1	Address		Addr	ess						_ 1					
	City Stat	City	ity State Zip												
	Insurance Company						hicle Action Prior to Crash 22 Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: NSEW	y? Even	ent Sequence 23 23 23 23 Test Status:												
	Citation # (If Issued)	Most	Type of Test:												
⁹ 2	, , ,	_			2	25 25	BAC Test	21	30						
	Viol. 1: Ch/Sec/Sub	Susp. Alcohol: 31 Susp. Drug: 32													
	Viol. 3: Ch/Sec/Sub		er Distracted by		16 15		om scene?		_						
	Please fill out for operator/no	on-motorist and all occupants Add		DOB/Age		Safety Airbag I	37 38 ject Trap ode Code	39 40 Injury Transp. Status Code	Medical Facility						
	Operator/Non-Motoris				1										
	operator/11011-112010115	2307			+-		\dashv			1					
					\dashv		\perp			4					
	1														



	Police Use Only	Com	monweal	th (of Massa	ich	use	etts				RM	V Doc	ument N		
	Date of Crash Time of Crash 01/20/2021 0738 Wil	City/Town Lmington	Motor \			sh		umber hicles		nber ired	Speed Latitu		35	Loca	Police Po	
	24HR	LMIIIG COII	Poli	ce I	Report		2		0		Longi				pus Police	
	AT INTERSECTION:			OCA'	TION :		NOT AT INTERSECTION:						:]		
	Route# Direction	Name of Roadway/S	Street		Route# Direct	tion	1 Addr	ess#	RO	UT			HWY Roadv	Z vay/Stree	et	2 10
¹ 1		At					I I	1								1
	Route# Direction N	ame of Intersecting Road		_	Feet [— Mi	ile Ma		_	or _		Number	3 ¹¹
² 2	Route# Direction N	dway/Street	Feet NSEW of Route# Intersecting Roadway.										//Street			
_	Disco Calcad One III								_	_			ndmar	k		1
3	of the rollowing:	#Occupants Hi			Crash R											-
	License # SA5640234 St] Sex F Lic. Class D 19 19 Lic.	20			LCF3902					-					21	1 12
	Sex F Lic. Class D 19 Lic. Operator POONDLA, VEN	. Restrictions 1	CDL Endorsement	Veh Year 2019 Veh Make NISSAN Veh Config. 1 Owner HERTZ VEHILCES LLC												
⁴ 2	Address 75 SAINT ALPHO	First	Middle PT 1001		ss 8201 B	ast			Fi	rst			M	iddle		
	City BOSTON Sta				PHILADE						, DZ	1 2	7i. 1 (9153		
		Διρ_ <u></u>						6	22				Code:		27 27	
	Insurance Company	1	- 0		e Action Prior to	112 3570	23	23	23		st Stat			28		
· 2	Vehicle Travel Direction: S E W	Responding to Eme	ergency? 2		Deduction I	23	24	23	45	Ту	pe of T	Test:		29		
	Citation # (If Issued)			Most 1	Harmful Event	1		العما			AC Tes	st Resi	ılt:	30		13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -		Driver	Contributing Co	de	19	25	25	Su	sp. Ale	cohol:	31	<u> </u>	Drug: 32	1 "
5 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub =		Driver	Distracted by	99	26			То	wed fi	om sc	ene?	1 33		
1	Please fill out for ope	erator and all occupants i	nvolved 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	Me	edical Facility	
	Operator		See Above		DOBINGE		1	1		0	0	10	1	IVIC	dicai raciniy	1
		75 SAINT ALPHO	NSUS ST			_		-	_	_	_	10				1
	RAMYA NIKHITHA VELAGALA	BOSTON, MA 0212	20-1694			F	3	1	4	0	0	10	1			-
]
																-
⁷ 3	Please Select One of the Following:	#Occupants No	on-Motorist A Ty	ре	15 Action	16	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	
	NAME OF TAXABLE PARTY O	MA DOB/Age_		Reg#	4501946	<u> </u>			Reg	з Туре	PC		R	eg State		
	Sex M Lic. Class D 19 Lic.		CDL Endorsement	Veh Y	ear <u>2007</u>	,	Veh Ma	ake <u>C</u>	HEV	RO	LET	!	_ Veh	Config.	2 21	
³ 1	Operator NORTON, FRANI	K F First	Middle	Owne	r PARSON	S ,	SH	AUN	P# Fi		ICF	ζ	Mi	iddle		
1	Address 1 HUNTINGTON	AVE		Addre	ss <u>77 SMI</u>	TH	CC	RNI	ER :							14
	City METHUEN Sta	ate MA Zip 0184	4-2525	City 1	NEWTON				10040T						4002	
	Insurance Company			Vehicl	e Action Prior to	Crash	L)	1	22				Code:	- AND THE R.	27 27	
	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		st Stat			28		
)	Citation # (If Issued)			Most l	Harmful Event	1	24				pe of 7 AC Tes		de:	30		
2	Viol 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub =		Driver	Contributing Co	de	1	25	25				31		Drug: 32	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Contributing Code Susp. Alcohol: 31 Susp. Drug. 32 Driver Distracted by 0 26 Towed from scene? 2 33											
	Please fill out for operator/n				T	1.0000	34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	TOTAL STREET		1
	Name (Last First Middle)		Address		DOB/Age	Sex	Pos.	System		Code	Code	Status	Code	Me	edical Facility	-
	Operator/Non-Motoris		See Above		\times	X	1	0	4	0	0	10	1			
	KERRY SCHROW	40 DARIUS ST METHUEN, MA 018	344-3208		1	м	3	o	4	0	o	10	1			
																1
					-		\vdash									†
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