

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1
Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2
Route# Direction Name of Intersecting Roadway/Street

2
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
Mile Marker Exit Number
2
Feet N S E W of _____
Route# Intersecting Roadway/Street
Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-14-AC**

4
License # **S67217831** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
Operator **DANIZIO, NICOLE E**
Address **12 GARNET RD**
City **BILLERICA** State **MA** Zip **01821-2108**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1
Reg # **6NSA30** Reg Type **PC** Reg State **MA**
Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1 21**
Owner **CARLSON, MICHAEL G**
Address **12 GARNET RD**
City **BILLERICA** State **MA** Zip **01821-2108**
Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **28**
Most Harmful Event **1 24** Type of Test: **29**
Driver Contributing Code **1 25 25** BAC Test Result: **30**
Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

6 Please fill out for operator and all occupants involved

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8
License # **S75645741** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
Operator **DUFFY, NANCY C**
Address **36 ALFRED RD**
City **ARLINGTON** State **MA** Zip **041048**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1
Reg # **52EJ87** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **LINCOLN** Veh Config. **1 21**
Owner **DUFFY, FRANCIS J**
Address **36 ALFRED RD**
City **ARLINGTON** State **MA** Zip **02474-8231**
Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **28**
Most Harmful Event **1 24** Type of Test: **29**
Driver Contributing Code **19 25 25** BAC Test Result: **30**
Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

9 Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/18/2021	Time of Crash 1818 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police <input checked="" 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:
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<p>LOWELL ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>WEST ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">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 N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-15-AC
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License # S38222922 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Operator PESSIA, JOHN L Address 62 ABIGAIL WAY APT 2009 City READING State MA Zip 01867-3976 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # US34MT Reg Type PC Reg State MA Veh Year 2020 Veh Make GMC Veh Config. 2 Owner PESSIA, JOHN L Address 62 ABIGAIL WAY APT 2009 City READING State MA Zip 01867-3976 Vehicle Action Prior to Crash 1 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved											
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			1	1	4	0	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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Please fill out for operator/non-motorist and all occupants involved											
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			1							

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

1 1 Route# Direction Name of Roadway/Street At

2 2 Route# Direction Name of Intersecting Roadway/Street

3 3 Route# Direction Name of Intersecting Roadway/Street

2 2 Route# Direction Name of Intersecting Roadway/Street

1 2 1 2 **ROUTE 62 HWY**

Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **21-17-AC**

License # **SA5640234** St **MA** DOB/Age _____ Reg # **LCF3902** Reg Type **PC** Reg State **PA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** 21

Operator **POONDLA, VENKTA RAMYA** Owner **HERTZ VEHILCES LLC**

Address **75 SAINT ALPHONSUS ST APT 1001** Address **8201 BARTRAM AVE**

City **BOSTON** State **MA** Zip **02120-1686** City **PHILADELPHIA** State **PA** Zip **19153**

Insurance Company _____ Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1** 33

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	X	X	1	1	4	0	0	10	1
RAMYA NIKHITHA VELAGALA	75 SAINT ALPHONSUS ST BOSTON, MA 02120-1694		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A

Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S23323922** St **MA** DOB/Age _____ Reg # **4501946** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2007** Veh Make **CHEVROLET** Veh Config. **2** 21

Operator **NORTON, FRANK F** Owner **PARSONS, SHAUN PATRICK**

Address **1 HUNTINGTON AVE** Address **77 SMITH CORNER RD**

City **METHUEN** State **MA** Zip **01844-2525** City **NEWTON** State **NH** Zip **038584002**

Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** 33

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	X	X	1	0	4	0	0	10	1
KERRY SCHROW	40 DARIUS ST METHUEN, MA 01844-3208		M	3	0	4	0	0	10	1	

