

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

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

Route# Direction Address # Name of Roadway/Street
69 MIDDLESEX AVE
 Feet N S E W of _____ Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Feet N S E W of _____
VERIZON POLE 17
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **22-286-AC**

License # **S43636104** St **MA** DOB/Age _____ Reg # **52261** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1**
 Operator **COLARUSSO, JOHN** Owner **COLARUSSO, JOHN**
 Address **74 BRENTWOOD ST APT 2** Address **74 BRENTWOOD ST APT 2**
 City **ALLSTON** State **MA** Zip **02134-1329** City **ALLSTON** State **MA** Zip **02134-1329**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40** **23** **22** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **22** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **21** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pas.	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	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pas.	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							

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

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

Route# Direction 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 1 #Occupants Hit/Run Moped **Crash Report ID# 22-287-AC**

License # **S53291598** St **MA** DOB/Agv _____ Reg # **MPF698** Reg Type **LF** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1**
 Operator **HALLIDAY, DILLON KYLE** Owner **WILMINGTON TOWN OF DEPT POLICE**
 Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887-1005** City **WILMINGTON** State **MA** Zip **01887-2719**
 Insurance Company **MIA INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **10** **27** **27** **27**
 Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **1** Event Sequence **10** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **10** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** **33**

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	

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

License # _____ St _____ DOB/Agv _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N** **S** **E** **W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33**

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							

Date of Crash: 09/20/2022 | Time of Crash: 1457 | City/Town: Wilmington | Number Vehicles: 4 | Number Injured: 1 | Speed Limit: 40

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street: At | Route# Direction Address # Name of Roadway/Street: 280 LOWELL ST

Feet N S E W of _____ of _____ or _____ | Mile Marker _____ Exit Number _____

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

Feet N S E W of _____ of _____ | Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 22-288-AC

License # S37700148 | St MA | DOB/Age _____ | Reg # 1ZFZ85 | Reg Type PC | Reg State MA

Sex M | Lic. Class D | Lic. Restrictions 20 | CDL Endorsement _____ | Veh Year 2021 | Veh Make HONDA | Veh Config. 1

Operator LASFAR, MOHAMMED | Owner LASFAR, MOHAMMED

Address 434 MCGRATH HWY APT 403 | Address 434 MCGRATH HWY APT 403

City SOMERVILLE | State MA | Zip 02143-2167 | City SOMERVILLE | State MA | Zip 02143-2167

Insurance Company GEICO GENERAL INSURANCE C | Vehicle Action Prior to Crash 2 | Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N X 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 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 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 2 #Occupants Non-Motorist A | Type 15 Action 16 Location 17 Condition 18 | Hit/Run Moped

License # S11558248 | St MA | DOB/Age _____ | Reg # 479WA6 | Reg Type PC | Reg State MA

Sex F | Lic. Class D | Lic. Restrictions 20 | CDL Endorsement _____ | Veh Year 2015 | Veh Make Jeep | Veh Config. 1

Operator VIEIRA, SONIA SOCORRO | Owner VIEIRA, SONIA SOCORRO

Address 47 WASHINGTON AVE | Address 47 WASHINGTON AVE

City WILMINGTON | State MA | Zip 01887-2306 | City WILMINGTON | State MA | Zip 01887-2306

Insurance Company PROGRESSIVE DIRECT INSURA | Vehicle Action Prior to Crash 2 | Damaged Area Code: 1 27 5 27 27

Vehicle Travel Direction: N X 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 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			1	1	4	0	0	10	1	

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

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

2 10
 Route# Direction Address # **280** **LOWELL ST**
 Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 2 11
 Feet N S E W of _____
 Route# Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle **31** #Occupants Hit/Run Moped
 Crash Report ID# **22-288-AC**

License # **S11906141** St **MA** DOB/Age _____ Reg # **P34308** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2006** Veh Make **FORD** Veh Config. **2** 21
 Operator **MARASCO, NICHOLAS KYLE** Owner **BRAGA, JOHN THOMAS**
 Last First Middle Last First Middle
 Address **16 BEACON ST APT 3** Address **112 NORTH ST**
 City **HAVERHILL** State **MA** Zip **01832-5405** City **NORTH READING** State **MA** Zip **01864-1318**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 5 27 27
 Vehicle Travel Direction: N 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 **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**
 Driver Distracted by _____ Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety Systems	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Triage Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **41** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S67037104** St **MA** DOB/Age _____ Reg # **V22722** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2020** Veh Make _____ Veh Config. **1** 21
 Operator **COLON, HECTOR A** Owner **PENSKE LEASING AND RENTAL COMPANY**
 Last First Middle Last First Middle
 Address **73 NEWHALL ST APT 2** Address **2675 MORGANTOWN RD**
 City **LOWELL** State **MA** Zip **01852-4123** City **READING** State **PA** Zip **19607-0000**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: N 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 **7** 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**
 Driver Distracted by _____ Towed from scene? **1** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety Systems	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Triage Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	8	2	Lahey Clinic

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/20/2022
Time of Crash 1711
City/Town 24HR **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2
Number Injured 1
Speed Limit 35
Latitude _____
Longitude _____
State Police
Local Police
MBTA Police
Campus Police
Other _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street
At

Route# Direction Address # Name of Roadway/Street
527 SHAWSHOEN AVE

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

Feet N S E W of _____ or _____
Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

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

Landmark

2

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **22-289-AC**

3

License # **S11630298** St **MA** DOB/Ag: _____
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____

Reg # **156PK1** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **FORD** Veh Config. **1**

Operator **CONDELL, ALEX S**
Last First Middle

Owner **CONDELL, ALEX S**
Last First Middle

4

Address **5 TOWPATH DR**

Address **5 TOWPATH DR**

City **WILMINGTON** State **MA** Zip **01887-3917**

City **WILMINGTON** State **MA** Zip **01887-3917**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 1 27 3 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**

Event Sequence **23 23 23 23** Test Status: **1 28**

5

Citation # (If Issued) **T2446924**

Most Harmful Event **22 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub **89 4A**

Driver Contributing Code **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub **90 24I** Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **99 32**

6

Please fill out for operator and all occupants involved

Towed from scene? **1 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

1 **99** **4** **0** **0** **8** **2** **Lahey Clinic**

7

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

Reg # **143ZE3** Reg Type **PC** Reg State **MA**

License # _____ St _____ DOB/Ag: _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____

Veh Year **2014** Veh Make **HONDA** Veh Config. **1**

Operator **Driverless M.V.**
Last First Middle

Owner **MACHADO, DENISE**
Last First Middle

8

Address _____

Address **523 SHAWSHOEN AVE**

City _____ State _____ Zip _____

City **WILMINGTON** State **MA** Zip **01887-0000**

Insurance Company **PROGRESSIVE DIRECT INSURA**

Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 7 27 8 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____

Event Sequence **1 23 23 23** Test Status: **1 28**

9

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: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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

Towed from scene? **2 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

1 **99** **4** **0** **0** **10** **1** _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street

2 11 Feet N S E W of Mile Marker Exit Number

2 11 Feet N S E W of Route# Intersecting Roadway/Street

2 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 22-290-AC

License # St. DOB/Age Reg # 3VNK14 Reg Type PC Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21

Operator Last Middle Owner ZAWATSKY, STEPHANIE RAYMONDE Last First Middle

Address 19 GOV HUTCHINSON RD Address City BILLERICA State MA Zip 01821-2026

Insurance Company CITIZENS INSURANCE COMPAN Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 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 2 31 Susp. Drug 2 32

Towed from scene? 1 33

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	X	X	1	1	4	0	0	10	1	

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

License # S55576928 St MA DOB/Age Reg # 3ATW49 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2005 Veh Make MITSUBISHI Veh Config. 1 21

Operator TENNEY, RUSTY F Owner TENNEY, RUSTY F Last First Middle

Address 15 TARRANT LN Address City WAKEFIELD State MA Zip 01880-2130

Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 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 5 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol 2 31 Susp. Drug 2 32

Towed from scene? 1 33

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	X	X	1	1	4	0	0	10	1	

