

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

3 11 Feet N S E W of Mile Marker Exit Number

2 1 Route# Direction Name of Intersecting Roadway/Street

3 11 Feet N S E W of Route# Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

3 11 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 14 #Occupants  Hit/Run  Moped | Crash Report ID# 21-48-AC

License # S52700395 St MA DOB/Age Reg # 743368 Reg Type PC Reg State MA

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

Operator DELSONNO, DOMENICO Owner DELSONNO, DOMENICO

Address 25 HANCOCK ST Address 25 HANCOCK ST

City EVERETT State MA Zip 02149-2803 City EVERETT State MA Zip 02149-2803

Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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 99 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

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 |
|---|---|-----------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |   | See Above | X   | 1            | 1                | 4                | 0             | 0            | 10               | 1               |                  |
| ANTONIETTA DELLEROSE                                    | 161 LINDEN ST<br>EVERETT, MA 02149-2809 |           | F   | 4            | 1                | 4                | 0             | 0            | 9                | 1               |                  |
| MARIA DELSONNO  | 25 HANCOCK ST<br>EVERETT, MA 02149-2803 |           | F   | 6            | 1                | 4                | 0             | 0            | 10               | 1               |                  |
| NICOLA DELLEROSE  | 161 LINDEN ST<br>EVERETT, MA 02149-2809 |           | M   | 3            | 1                | 4                | 0             | 0            | 10               | 1               |                  |

Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S32440491 St MA DOB/Age Reg # 8BS963 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make DODGE Veh Config. 1 21

Operator AMAYA, VIDAL A Owner AMAYA, VIDAL A

Address 662 SHAWSHEEN ST Address 662 SHAWSHEEN ST

City TEWKSBURY State MA Zip 01876-2335 City TEWKSBURY State MA Zip 01876-2335

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 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 99 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

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 |
|--|--|-----------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  | See Above | X   | 1            | 1                | 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

3 10 Route# Direction Address # **CONCORD ST** Name of Roadway/Street  
 Feet N S E W of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 3 11 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 31 #Occupants  Hit/Run  Moped Crash Report ID# **21-48-AC**

License # **S80219453** St. **MA** DOB/Age \_\_\_\_\_ Reg # **52LB60** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **CARLSON, MARILYN** Owner **CARLSON, MARILYN**  
 Last First Middle Last First Middle  
 Address **61 AGOSTINO DR** Address **61 AGOSTINO DR**  
 City **WILMINGTON** State **MA** Zip **01887-2322** City **WILMINGTON** State **MA** Zip **01887-2322**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **27** **27**  
 Vehicle Travel Direction: **N S E**  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 **99** 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  
 Towed from scene? **2** 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 |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                          |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|                          |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |

Please Select One of the Following:  Vehicle 4 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

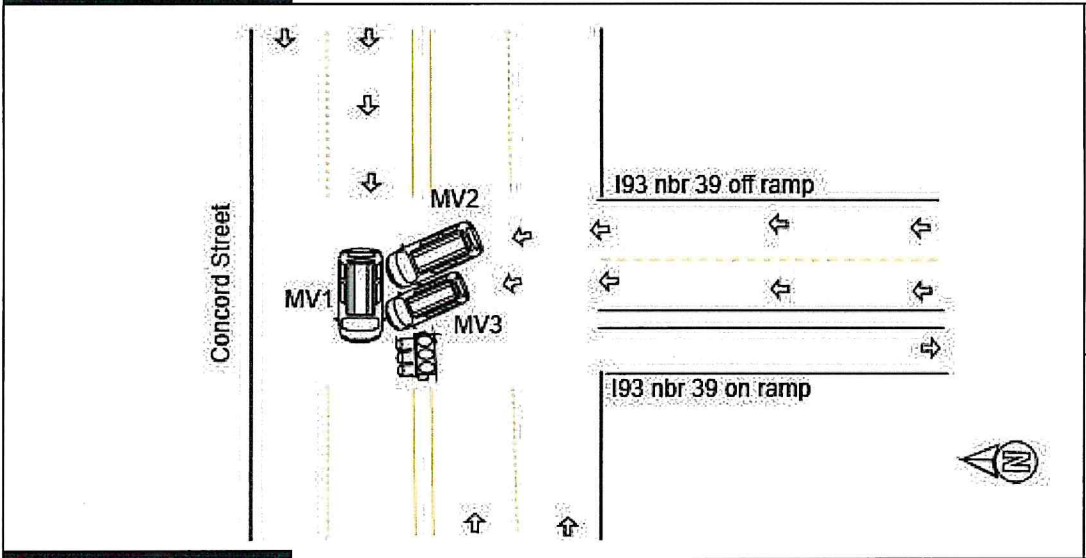
License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Last First Middle Last First Middle  
 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

| 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 |
|------------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b> | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     |                  |                  |               |              |                  |                 |                  |
|                              |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|                              |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |



**Crash Diagram:**



**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:**

Op. of MV1, Mr. Delsonno, stated that he was traveling west on Concord Street, observed a green traffic control light, drove straight through the intersection, and two vehicles crashed into his (See images). Op. of MV2, Mr. Amaya stated that he was coming off the I93 ramp, stopped at a red traffic control light, once the light turned green proceeded to make a left turn going west on Concord Street, and crashed with MV1. Op. of MV3, Mrs. Carlson stated that she was also coming off the I93 ramp, stopped at the same red light as MV2, once the light turned green proceeded to make a left turn going west on Concord Street, and crashed with MV1. Mr. Amaya and Mrs. Carlson stated that MV1 ran the red light and Mr. Delsonno stated that MV2 and MV3 ran the red light. Members of the fire department arrived on scene to render aid, but all parties and their passengers refused medical attention, and transport to a hospital.

**Witnesses:**

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

**Property Damage:**

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
|                           |         |         |         |                                 |
|                           |         |         |         |                                 |

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use [ 42 ]

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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 ]

Wilmington Police Department  
Images Associated with 21-48-AC





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street  
 1 1 Route# Direction Name of Roadway/Street  
 2 1 Route# Direction Name of Roadway/Street  
 3 1 Route# Direction Name of Roadway/Street

296 SHAWSHOEN AVE  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_  
 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# 21-49-AC

License # S99623621 St MA DOB/Age \_\_\_\_\_ Reg # 3010JP Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2018 Veh Make FORD Veh Config. 1 21  
 Operator RAMOS, CHARLES T Owner RAMOS, CHARLES T  
 Address 86 PARLMONT PARK APT 4 Address 86 PARLMONT PARK APT 4  
 City N BILLERICA State MA Zip 01862-2744 City N BILLERICA State MA Zip 01862-2744  
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 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: 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  
 Towed from scene? 2 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            | 99               | 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 # 3RVL81 Reg Type PC Reg State MA  
 Sex \_\_\_\_\_ Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2009 Veh Make BMW Veh Config. 1 21  
 Operator \_\_\_\_\_ Owner DEMELO, EDILSON COELHO  
 Address \_\_\_\_\_ Address 40 JOHN E SMITH DR  
 City \_\_\_\_\_ State MA Zip 01876-3722  
 Insurance Company SAFETY INSURANCE COMPANY 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 20 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by \_\_\_\_\_ Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

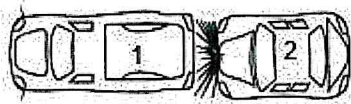
Please fill out for operator/non-motorist and all occupants involved

| 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            | 99               | 4                | 0             | 0            | 10               | 1               |                  |

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    ☺ = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → O    → ☺



**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:**

Vehicle #1 was traveling straight ahead. Vehicle #2 was distracted looking for an address and drove into the back of vehicle #1

**Witnesses:**

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

**Property Damage:**

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
|                           |         |         |         |                                 |
|                           |         |         |         |                                 |

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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 Anthony Fiore**

**164**

**Wilmington Police Department**

**03/05/2021**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date