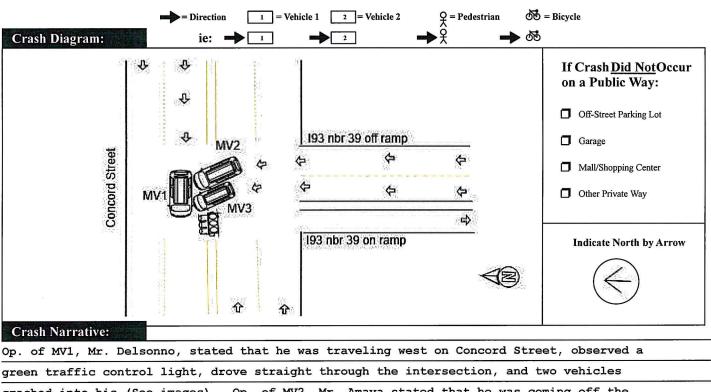
	Pol	lice Use Only		C	Commony	wealth	of Mas	sach	use	etts		MARIN		RMV	Docu Docu	ment Nur	nber	
	Date of Crash 03/04/2021	Time of Crash	Ci <b>Wilmi</b>	ity/Town	n		icle Cr			umber chicles	Num Inju		Speed Latitud	Limit_	30	State Po Local Po MBTA I	olice 🔯	
	03/04/2021	24HR	44 T TIIIT	ng cor		Police	Report	1	3		1		Longit			Campus Other:	Police	
	AT INTERSECTION:				<	LOCA	TION	>			NO	ΓΑΤ	INT	ERS	SECT	TION:		
	Route# Dire	ection	N	Jame of Ro	adway/Street		Route# Di	rection	Addı	ress #	<u>cc</u>	NC		<b>S!</b>		ay/Street		2
1					At					1								
	Route# Dire	ection	Name o	f Intersecti	ng Roadway/Street	i		et NS			— Mi	le Mar		_	or _	Exit N	umber	3
			A	dso at Inter	rsection with		Fee	et N S	E W	of	Route	#		Interse	cting R	oadway/S	treet	F
1	Route# Dire	ection	Name o	of Intersecti	ng Roadway/Street	f	Fee	et NS	EW	of					ndmark			-
	Please Select of the Follow		. 1 <u>4</u> #0	Occupants	Hit/Run	Moped Moped	Cras	h Report	ID#	21	-4	8-	-A					1
	License # S5	2700395	St MA	DOB/Age	e	_ Reg	# <u>74336</u>	8			Reg	у Туре	PC		Re	g State M	IA.	1
	Sex M Lic.	19 1	9	rictions 1	20		Year 2005										21	1 '
		LSONNO,	Q.F	-	Endorseme	nt	ner DELSC									Coming.		
3		Last	Fire	st st	Middle			Last			Fi	rst			Mic	ldle		
3		HANCOCK		_		- Activities	ress <u>25 H2</u>		CK	21				V 600		110		
					02149-280		EVERET	T			22						2803	1
	Insurance Comp	pany THE SI	ANDAR	D FIF	RE INSURA	AN Vehi	cle Action Prior	to Crasl	1	1	22		-		Code:	7 27 28	21 21	
	Vehicle Travel l	Direction: N S	E	Responding	g to Emergency? 2	Ever	nt Sequence	23 L	23	23	23		st Stati		1	29		
1	Citation # (If Is	sued)				Mos	t Harmful Even	t <b>1</b>	24				pe of T	test: it Resu	14.	. 30		
	Viol 1: Ch/Sec.	/Sub	Viol	2: Ch/Sec	:/Sub	Driv	er Contributing	Code	99	25	25			cohol:		Land Books	ug: 2 32	1
					:/Sub		er Distracted by	0	26					om sce	4	2 33	<u> Б. 2</u>	
L	V101. 3: Ch/Sec/				cupants involved		7		34	35	36	37	38	39	40	4 mereby		-
	Name (Last First )		101 operator	and an occ	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medic	al Facility	
	Operat	tor			See Above	2	$\rightarrow$	$\supset$	1	1	4	0	0	10	1			
	ANTONIETTA	DELLEROSE			MA 02149-2809		1	F	4	1	4	0	0	9	1			
	MARIA DELS	ONNO		25 HANCO	MA 02149-2803			F F	6	1	4	0	0	10	1			
	NICOLA DEL	LEROSE		161 LIND EVERETT,	EN ST MA 02149-2809			м	3	1		0	0		1			
3	Please Select of the Follow		2 <u>1</u> #0	Occupants	Non-Motoris	t A Type	15 Action	16	Location	on	17	Conditi	on	18	ŀ	lit/Run [	Moped	
	License # <u>S3</u>	2440491		DOB/Age		Reg	# <u>8BS96</u>	3			Reg	з Туре	PC		Re	g State M	Z1 21	
	Sex M Lic.	Class D	620	rictions 1	CDL_ Endorseme	ent	Year 2011					E			_ Veh	Config.		
1	1.00	IAYA, VII	Fire		Middle		ner <u>AMAYA</u>	Last			Fi	rst			Mic	ldle		
_	1	2 SHAWSH					ress <u>662</u>		SHE	<u>iĽiN</u>	ST							
	City <b>TEWK</b>				<u>01876-233</u>		TEWKSB	URY		MATERIAL SEC	22						2335	
	Insurance Comp	pany THE CO	MMERC	E INS	SURANCE (	CO Vehi	cle Action Prior	to Crasl	1	4	22				Code:	27	27 27	
	Vehicle Travel	Direction: N S	EX	Responding	g to Emergency? 2	Ever	nt Sequence	23 L	23	23	23		st Stati		-	29		
	Citation # (If Is	sued)				Mos	t Harmful Even	t <b>1</b>	24			-	pe of T	t Resu	14.	30		
2	Viol 1: Ch/Sao	/Sub	Viol	1 2. Ch/Sec	c/Sub	Driv	er Contributing	Code	99	25	25			cohol:			ug:2 32	
							er Distracted by	y 0	26		NAME OF THE OWNER,	-		om sce	4	2 33	ш <u>в.</u> <u>2</u>	
		/Sub	5500000	De local total training	all occupants invol		T Distribution 5,		34	35	36	37	38	39	40			-
	P Name (Last First )		ciaiof/non-m	otorist and	Address	1764	DOB/Age	- Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medic	al Facility	
	Operat	tor/Non-Mo	otorist		See Above		$\rightarrow$	(X	1	1	4	0	o	10	1			
								~										
								-	+	-				-				-



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 Dama	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Veh	icle Section)		Bus Use	42
Address			City		St	Zip	-
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		46	<b>1</b>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	e		_Material 4 di	git #	Release code	49

Patrol Officer Julio J Quiles

197

Wilmington Police Department

03/04/2021

## Wilmington Police Department Images Associated with 21-48-AC









	Police Use Only	Com	monwealth	of Massac	chuse	etts			RMV	Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Ni		T	Speed		25	State Police Local Police MBTA Police Campus Police	
	03/05/2021 <b>1447</b> W	ilmington	Police	Report	2	- 1	)	Latitud Longitu			Campus Police Other:	
	AT INTERSE	< LOCA	TION >		N	NOT AT INTERSECTION:						
	Route# Direction	Name of Roadway	Street	Route# Directio	29 n Addr		SHAW				E.	2
<sup>1</sup> 1	Routen Breeten	At									•	1
	Route# Direction	Name of Intersecting Roz			SEW		Mile Ma		_	or _	Exit Number	2
		Also at Intersection	ı with		SEW	F	Coute#		Interse	cting R	oadway/Street	$\vdash$
<sup>2</sup> <b>1</b>	Route# Direction	Name of Intersecting Roa	dway/Street	Feet [N	SEW	of _			Lan	ıdmark		
3	Please Select One of the Following:	1_#Occupants H	it/Run Moped	Crash Rep	ort ID#	21-	49	-A				
	License #_S99623621	St MA DOB/Age	Reg	#3010JP			Reg Type	PC		Re		
	19 19	Lic. Restrictions 20	CDL Veh	Year <b>2018</b>	Veh M	ake <b>FO</b>	RD			_ Veh	Config. 21	1
	Operator RAMOS, CHAR	RLES T	Endorsement Own	er RAMOS,	CHAR	LES	T				,	
<sup>4</sup> 1	Address 86 PARLMONT	First	Middle	ess 86 PARI			First	APT	4	Mid	dle	
_	City N BILLERICA			N BILLER						ь <b>01</b>	862-2744	l
	Insurance Company PLYMOUT			cle Action Prior to C	1	1 2	_	amaged			and the second s	l
				23		ALCOHOLD NA	8	st Stati			28	ı
5	Vehicle Travel Direction: N S E			T Sequence	24		EL	pe of T	Test:		29	
	Citation # (If Issued)			t Harmful Event	•	25	25	AC Tes	_		1 30	_
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub		er Contributing Code			St	ısp. Alc			Susp. Drug: 2 32	1
<sup>5</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	40002ES56			wed fr			2 33	
1	Please fill out for Name (Last First Middle)	operator and all occupants	involved Address	DOB/Age	34 Seat Sex Pos.	Safety A	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		See Above		X 1	99 4			10	1		
	Operator						_					1
										_		-
<sup>7</sup> 1	Please Select One of the Following:	1 #Occupants N	on-Motorist A Type	15 Action 1	6 Location	on	Condit	tion	18	П	lit/Run Moped	
	Francis de la Constantina del Constantina de la	St _ DOB/Age_	Reg	# <u>3RVL81</u>			Reg Type	PC		Re	g State MA	
	Sex. Lic. Class D	Lic. Restrictions 20	CDL Veh	Year <u>2009</u>	Veh M	ake <u>BM</u>	W			_ Veh	Config. 1	
0	Operator.	First	Own	er <b>DEMELO</b> ,	EDI	LSON	First	LHC	)	Mid	ldle	
81	Address	rust		ress 40 JOHN		MIT						
	City.	_ Stat _ Zip	City	TEWKSBUR	Y		Sta	ite <b>M</b> A	Zi	ip <u>01</u>	876-3722	1
	Insurance Company SAFETY	INSURANCE C	COMPANY Vehi	cle Action Prior to C	rash	1 2	<b>2</b> D	amaged	l Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N S E			nt Sequence 23	23	23 2	23 Te	est Stati	us:		1 28	
				t Harmful Event	24			pe of T			29	
<sup>9</sup> 2	Citation # (If Issued)					25	25	AC Tes	-		1 30 32	l
	Viol. 1: Ch/Sec/Sub ————		Susp. Alcohol: 2 31 Susp. Drug: 2 32									
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		er Distracted by	34	35	36 37	owed fr	om sce	40	2 33	-
	Please fill out for operation Name (Last First Middle)	tor/non-motorist and all occ	upants involved  Address	DOB/Age	Sex Pos.	Safety A	airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Moto	orist	See Above		1	99 4	0	0	10	1		
	Sp. 1101111011112010	NE STAT				+	+					1
								-				-

If Crash Did Not/Occur on a Public Way:		= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian			
On a Public Way:  Off-Stress Parking Loc  Gasage    Mattification Center	Crash Diagram:	ie: →	<b>→</b>	2	<b>→</b> X	<b>→</b> №		
Crash Narrative:  whicle #1 was traveling straight ahead. Vehicle #2 was distracted looking for an address and drove into the back of vehicle #1  Withese:  tame (LastFirst, Middle)  Address  Phone # Statement  Property Damage:  Nower (LastFirst, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Address  City  South Middless  Middless  Address  A	¢q.					on a	Public Way:  ff-Street Parking Lo  arage  fall/Shopping Cente	t
and drove into the back of vehicle #1  Witnesses:  Some (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Property Damage:  Where (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  State Number  Insuing State  Carrier Name  State Number  Insuing State  Reg S					.25	In	dicate North by	Arrow
and drove into the back of vehicle #1  Witnesses:  Some (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Property Damage:  Where (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  State Number  Insuing State  Carrier Name  State Number  Insuing State  Reg S					Œ		$\bigcirc$	
Witnesses:   Sintence   Address   Phone #   Sintence	Crash Narrative:							
Witnesses:				le #2 was d	listracted l	ooking for a	n address	
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property	and drove into the ba	ck of vehicle #	1					
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property					<u> </u>	<u>.</u>		
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property					31			
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property					-			
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property					****			
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property								
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property							8	
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property								
Address Phone # Statement  Property Damage:    Property Damage:   Phone #   41-Type   Description of Damaged Property	Witnesses:						· · · · · · · · · · · · · · · · · · ·	
Namer (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #	Name (Last,First,Middle)		Address			Phone #		Statement
Namer (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Namer (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
Namer (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration #	Property Damage:							
Carrier Name	Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damage	d Property	
Carrier Name								
Carrier Name								
Carrier Name	Truck and Bus Information	On: Registration #		(From	Vahicle Section)			
Address				(17011)	venicle section)		Bus Use	42
US DOT #: Issuing State MC/MX/ICC #:  Interstate				City		St	Zip	
Interstate								
Interstate Cargo Body Type Code GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code  Patrol Officer Anthony Fiore 164 Wilmington Police Department 03/05/2021					IVIC/IVIX/IC	νω π		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard	Interstate Cargo Bo	ody Type Code				46		
Placard Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Anthony Fiore 164 Wilmington Police Department 03/05/2021		Reg Type	Reg State	Reg Year	Trailer	r Length		
Placard Material 1 digit # Material Name Material 4 digit # Release code  Patrol Officer Anthony Fiore 164 Wilmington Police Department 03/05/2021	47		,		Mariella C. P. St.	ш	n. 1	49
Facior Officer Anthony from	Placard Material 1 di		ame		Material 4 digit	#	-Kelease code	
	Patrol Officer Antho	ny Fiore Signature	I.	164 ID/Badge #	Wilmington :	Police Depar		