Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude
09/22/2026	0342 (24HR)	Wilmington	1	0	35		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 197 Address # | BALLARDVALE ST Name of Roadway/Street

_____ Feet [N S E W] of Mile Marker — — — • — — or 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 1 | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-273-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex M | Lic. Class D | Lic. Restrictions 20 | CDL Endorsement

Operator SILVA, JOSEPH MARTIN (Last, First, Middle)

Address 180 ANDOVER ST APT 21

City ANDOVER | State MA | Zip 01810-5655

Insurance Company UTICA NATIONAL ASSURANCE

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 _____

Reg # 3711B | Reg Type AP | Reg State MA

Veh Year 2021 | Veh Make Mack Truck | Veh Config. 8

Owner MACKAY CONCRETE CONSTRUCTION INC (Last, First, Middle)

Address 529 MAIN ST ST APT 200

City CHARLESTOWN | State MA | Zip 02129-1119

Vehicle Action Prior to Crash: 3

Event Sequence: 97

Most Harmful Event: 97

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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: ☐ Vehicle 2 | #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class | Lic. Restrictions | CDL Endorsement

Operator _____ (Last, First, Middle)

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.

Owner _____ (Last, First, Middle)

Address _____

City _____ | State _____ | Zip _____

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

Please fill out for operator and all occupants involved

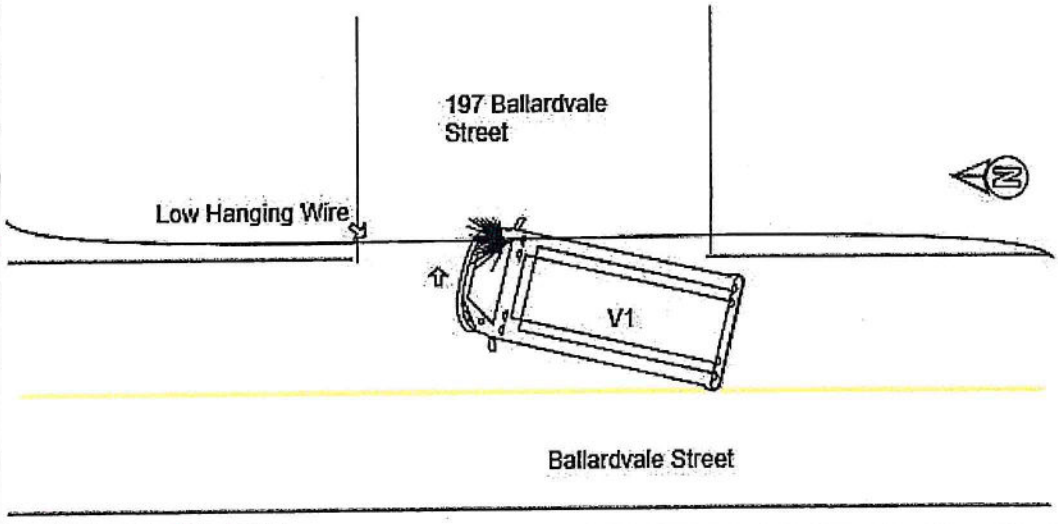
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Operator/Occupants	See Above			1							

Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



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:

V1 was turning right off of Ballardvale Street into the parking lot of 197 Ballardvale Street. The passenger front top of the box truck struck a low hanging fiber optic wire hanging over the turn into the parking lot. There was significant damage to the top of the box truck as well as with the wire. Vehicle was operable and no wires or poles were significantly damaged. Operator reported no injuries.

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 Justin T Crowley		240	Wilmington Police Department		09/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date