

Date of Crash **04/18/2024** Time of Crash **1714** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

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

**VINE ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**SWANSON RD**  
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 \_\_\_\_\_ 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  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-117-AC**

License # **S99089811** St **MA** DOB/Age **06/04/1997** Reg # **3NTR48** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **AUDI** Veh Config. **1 21**  
Operator **LYONS, MATTHEW JOHN** Owner **LYONS, MATTHEW JOHN**  
Address **7 FANEUFF ST** Address **7 FANEUFF ST**  
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**  
Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 2 27 8 27**  
Vehicle Travel Direction:  **S E W** 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: **0 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 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 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>X</del>	<del>X</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 **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

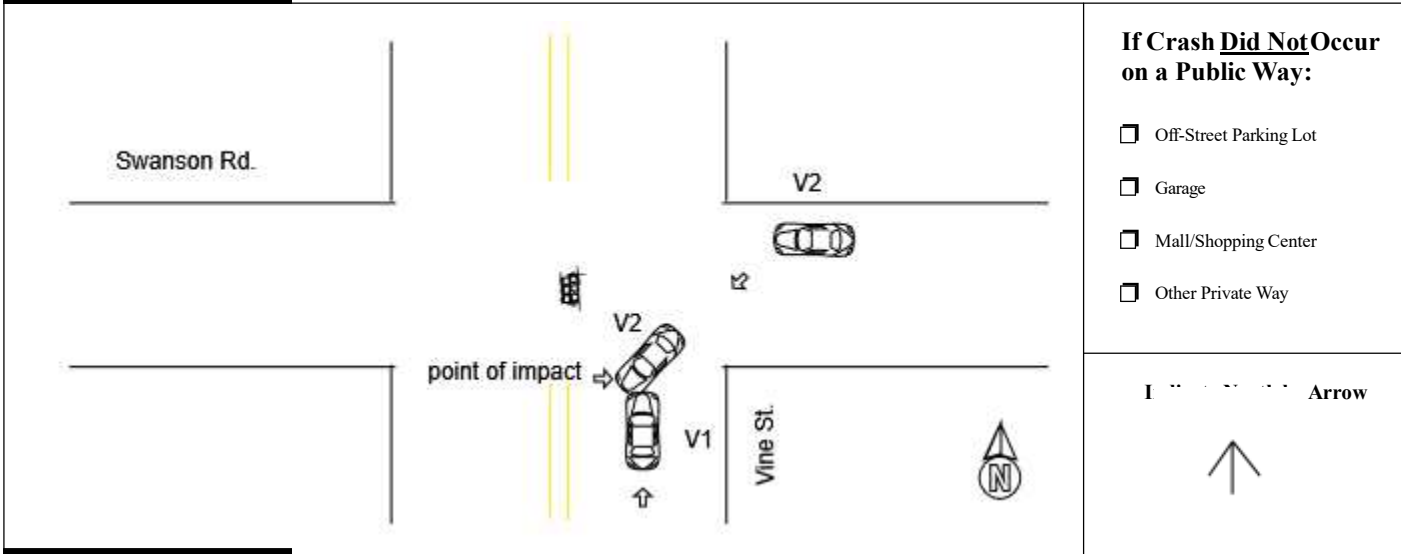
License # **S85955004** St **MA** DOB/Age **01/04/1977** Reg # **3PRG34** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **AUDI** Veh Config. **1 21**  
Operator **NGUYEN, HIEU M** Owner **BUTLER, WILLIAM F**  
Address **481 OXFORD STREET NO** Address **481 OXFORD STREET NO**  
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501-1939**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**  
Vehicle Travel Direction:  **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) **T3356465** Most Harmful Event **1 24** Type of Test: **0 29**  
Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9 25 25** BAC Test Result: **1 30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
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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/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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

Insert Arrow



**Crash Narrative:**

Vehicle 1 (traveling Northbound) was stopped at the traffic light located at the intersection of Vine St. and Swanson Rd. (both public ways in the town of Auburn). Vehicle 2 made a left turn from Swanson Rd. onto Vine St, left its travel lane, and struck Vehicle 1. No injuries to report. Vehicle 1 was towed by Direnzo Towing. The operator of Vehicle 2 was charged with unlicensed operation of a motor vehicle.

**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

Patrolman Derek P Courchaine    75DC    Auburn Police Department    04/18/2024  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date