

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/23/2024	Time of Crash 1718 24HR	City/Town Auburn	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				
At			Feet N S E W of or Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street			250 Feet N S X W of SPORTSMAN CLUB ENTRANCE Landmark				

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 11 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-292-AC
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License # S15754013 St MA DOB/Age 11/25/1970	Reg # 1PYN39 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year 2007 Veh Make GMC Veh Config. 2
Operator MCGLOIN, BRIAN G Last First Middle	Owner MCGLOIN, BRIAN G Last First Middle
Address 289 W MAIN ST	Address 289 W MAIN ST
City MILLBURY State MA Zip 01527-1425	City MILLBURY State MA Zip 01527-1425
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 7
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 40 23 23 21 23 23
Citation # (If Issued)	Most Harmful Event 22 24
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Driver Contributing Code 16 25 25
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 99 26 26
	Damaged Area Code: 1 27 10 27 27
	Test Status: 1 28
	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 2 31 Susp. Drug: 99 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
Operator			See Above	X	X	1	1	4	0	2		

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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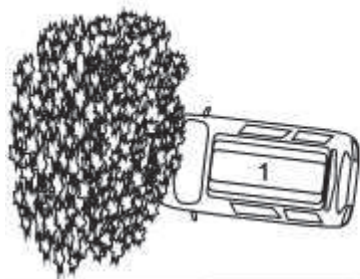
License # St DOB/Age	Reg # Reg Type Reg State
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year Veh Make Veh Config. 21
Operator Last First Middle	Owner Last First Middle
Address	Address
City State Zip	City State Zip
Insurance Company	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: N S E W Responding to Emergency?	Damaged Area Code: 27 27 27
Citation # (If Issued)	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 25 25
	Driver Distracted by 26 26
	Test Status: 28
	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 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/Occupants			See Above	X	X	1						

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Elm Street



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

↑ Arrow

Crash Narrative:

On August 23, 2024, I, Officer Dominic Walker was dispatched to the area of 50 Elm Street for a report of a single car vehicle crash into the woods. Upon my arrival I observed MA PAN 1PYN39 in the woods occupied by a single male party, later identified as the owner BRIAN MCGLOIN. Officer Brooks and I were able to make our way to Brian who stated he had chest pain prior to the crash. Brian was taken out of the vehicle and transported to the hospital by the Auburn Fire Department. Brian ran off the road to the right, struck and broke pole 21 and then came to a stop in the woods.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BASTARACHE KIMBERLY ANN	13 WINDBROOK DR AUBURN MA 01501-3015		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBIDGE ST WORCESTER MA 016	800-322-3223	4	TELEPHONE POLE

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/23/2024

Date