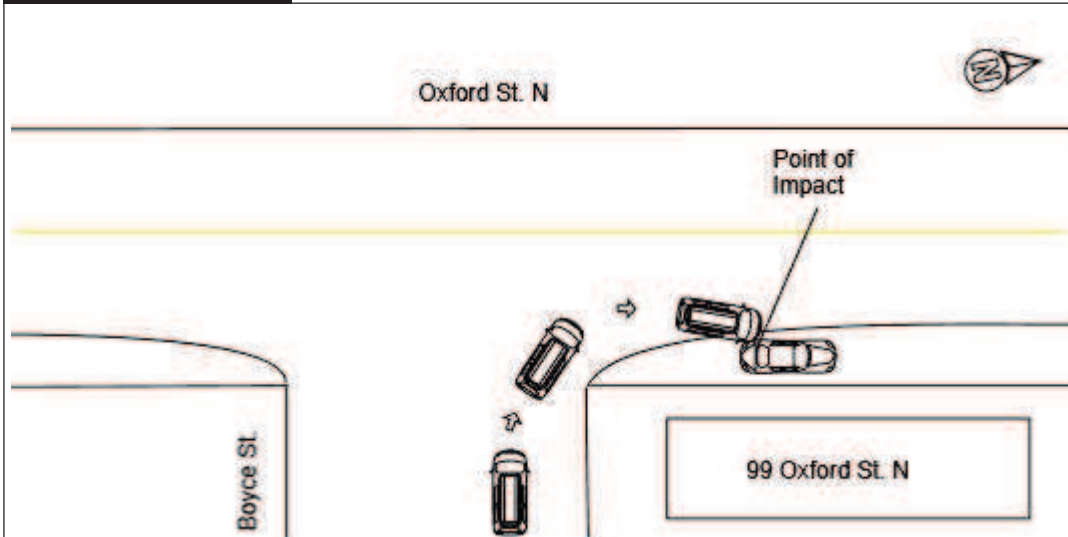


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 08/26/2024	Time of Crash 1839 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:											
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>20 Feet XSEW of BOYCE ST</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-295-AC							
<div>41</div> <div>License # St. DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company PLYMOUTH ROCK ASSURANCE C</div> <div>Vehicle Travel Direction: XSEW Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>712</div> <div>Reg # 4AJ167 Reg Type PC Reg State MA</div> <div>Veh Year 2022 Veh Make TOYOTA Veh Config. 121</div> <div>Owner FLATTERY, RYAN</div> <div>Address 4 HIGHLAND ST</div> <div>City AUBURN State MA Zip 01501-2011</div> <div>Vehicle Action Prior to Crash 322</div> <div>Event Sequence 223 23 23 23</div> <div>Most Harmful Event 224</div> <div>Driver Contributing Code 1225 25</div> <div>Driver Distracted by 9926 26</div> <div>Damaged Area Code: 227 27 27</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 233</div>										
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			DOB/Age		Sex	1	1	4	0	0	10	1	
RYAN FLATTERY			4 HIGHLAND ST AUBURN, MA 01501-2011			09/24/1981		F	3	99	4	0	0	10	1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
<div>81</div> <div>License # St. DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator Driverless M.V.</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company PROGRESSIVE DIRECT INSURA</div> <div>Vehicle Travel Direction: NSEW Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>114</div> <div>Reg # 1LSR44 Reg Type PC Reg State MA</div> <div>Veh Year 2004 Veh Make PONTIAC Veh Config. 121</div> <div>Owner BROOKS, EDWARD CHARLES</div> <div>Address 99 OXFORD STREET NO APT 3</div> <div>City AUBURN State MA Zip 01501-1777</div> <div>Vehicle Action Prior to Crash 1122</div> <div>Event Sequence 123 23 23 23</div> <div>Most Harmful Event 124</div> <div>Driver Contributing Code 2525</div> <div>Driver Distracted by 2626</div> <div>Damaged Area Code: 627 27 27</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 233</div>										
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/Occupants			See Above			DOB/Age		Sex	1							

→ = 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 Direction of Travel with Arrow



Crash Narrative:

Vehicle 1 was attempting to make a right hand turn onto Oxford St. N. from Boyce St. The operator, (Learners Permit), over corrected and collided with a legally parked car off of the side of the road in front of 99 Oxford St N.

There were no injuries reported and both vehicles were operable after the collision.

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 Kendall L Perrault

Police Officer Name (Please Print)

Signature

79KP

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/26/2024

Date