

Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 11/12/2024		Time of Crash 1204 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
20 E WASHINGTON ST 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																	
MILL ST Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
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# 24-406-AC															
License # S60944521 St MA DOB/Age 05/16/1981						Reg # 5FCB99 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make BMW Veh Config. 1 21																	
Operator MCGLYNN, CRYSTAL LYNN Last First Middle						Owner MCGLYNN, JAMES DANIEL Last First Middle																	
Address 19 GODDARD DR						Address 19 GODDARD DR																	
City AUBURN State MA Zip 01501-4407						City AUBURN State MA Zip 01501-4407																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22				Damaged Area Code: 4 27 27 27													
Vehicle Travel Direction: N S X 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													
Please fill out for operator and all occupants involved						Towed from scene? 2 33																	
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		X		X		1		1		4		0		0		10		1			
						M		3		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # NHL12204044 St NH DOB/Age 05/28/1993						Reg # LFTIG Reg Type RPV Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2007 Veh Make PeterBuilt Veh Config. 13 21																	
Operator SILVA, MICHAEL RONALD Last First Middle						Owner LOWELL FLEET TOWING INC Last First Middle																	
Address 20 CENTRAL ST						Address 26 TANNER ST																	
City DERRY State NH Zip 03038						City LOWELL State MA Zip 01852-4420																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22				Damaged Area Code: 0 27 27 27													
Vehicle Travel Direction: N S X 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													
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Operator/Occupants		See Above		X		X		1		1		4		0		0		10		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 slowing to a stop on Washington St. (public way), turning onto Mill St. (public way). Vehicle 2 (traveling the same direction) brushed along side (rear tire to Vehicle 1's rear passenger side quarter panel) causing minimal damage. No injuries to report and no tows needed.

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

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/12/2024

Date