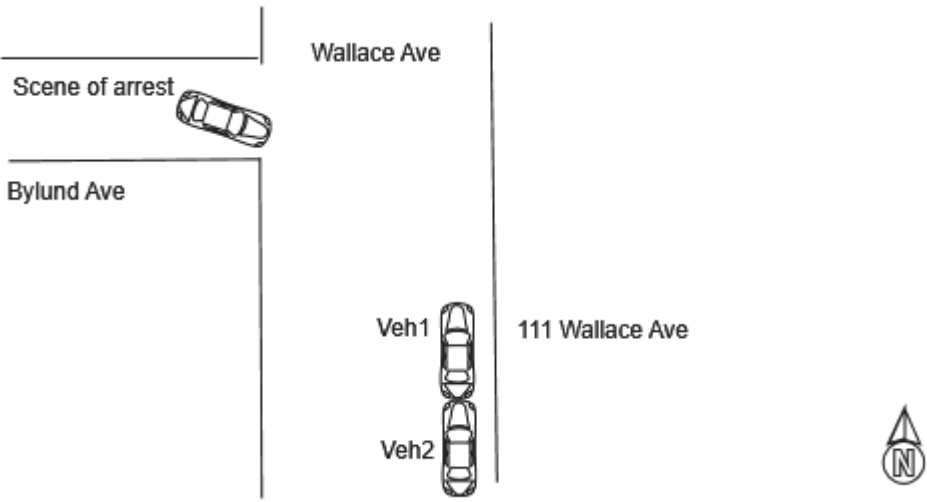


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 12/01/2024		Time of Crash 1511 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</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>2</div> <div>111 WALLACE AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												<div>2</div> <div>10</div>	
																		<div>2</div> <div>11</div>	
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# 24-427-AC											
License # S88988664 St MA DOB/Age 08/25/2000						Reg # 2GKG71 Reg Type PAN Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make GMC Veh Config. 2												<div>1</div> <div>21</div>	
Operator MOYLAN, DONALD FRANCIS III Last First Middle						Owner MOYLAN, DONALD FRANCIS III Last First Middle													
Address 142 BURNETT ST						Address 142 BURNETT ST													
City AUBURN State MA Zip 01501-1204						City AUBURN State MA Zip 01501-1204													
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 2 22												<div>1</div> <div>22</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>23</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>24</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25												<div>1</div> <div>25</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>26</div>	
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													
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 # S25323380 St MA DOB/Age 04/18/1999						Reg # MPF588 Reg Type MVN Reg State MA												<div>1</div> <div>14</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make CHEVROLET Veh Config. 2												<div>1</div> <div>21</div>	
Operator GELDART, BRANDYN JON Last First Middle						Owner TOWN OF AUBURN POLICE Last First Middle													
Address 416 OXFORD ST N						Address 416 OXFORD ST N													
City AUBURN State MA Zip 01501-2653						City AUBURN State MA Zip 01501													
Insurance Company NATIONAL UNION FIRE						Vehicle Action Prior to Crash 2 22												<div>1</div> <div>22</div>	
Vehicle Travel Direction: N S X W Responding to Emergency? 1						Event Sequence 1 23 23 23 23												<div>1</div> <div>23</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>24</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25												<div>1</div> <div>25</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>26</div>	
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													

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Intersection Arrow ↑

Crash Narrative:

Oper1 stated he was travelling on Wallace Ave when traffic slowed to a stop due to a disturbance at the corner of Bylund Ave and Wallace Ave. As he stopped his vehicle he was crashed into by Veh2 in the rear bumper causing a very small dent.

Oper2 stated he was responding to the disturbance in his capacity as a police officer when he quickly exited his vehicle, it rolled into veh1 causing a very small dent to veh1 bumper and a small scratch to the right side push bar on Cruiser #50.

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

Sergeant Brian C Kennedy

Police Officer Name (Please Print)

Signature

30BK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/01/2024

Date