


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 01/05/2026		Time of Crash 1222 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 15 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 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>																					
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# 26-3-AC																	
License # S96253115 St MA DOB/Age 01/18/1961						Reg # 718GZ7 Reg Type PC Reg State MA																					
Sex F Lic. Class D 19 M 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21																					
Operator CLOTAR, GAIL LYNNE Last First Middle						Owner CLOTAR, GAIL LYNNE Last First Middle																					
Address 30 PASSWAY SIX						Address 30 PASSWAY SIX																					
City WORCESTER State MA Zip 01602-3008						City WORCESTER State MA Zip 01602-3008																					
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27																					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28																					
Citation # (If Issued)						Most Harmful Event 2 24 Type of Test: 0 29																					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Driver Contributing Code 1 25 25						Towed from scene? 2 33																					
Driver Distracted by 0 26 26																											
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				X		X		1		99		4		0		0		10		1		NOT TRANSPORTED	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 21 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																	
License # St DOB/Age						Reg # unknown Reg Type Reg State																					
Sex Lic. Class D 19 M 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																					
Operator unknown Last First Middle						Owner Last First Middle																					
Address						Address																					
City State Zip						City State Zip																					
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27																					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28																					
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29																					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 31 Susp. Drug: 32																					
Driver Contributing Code 25 25						Towed from scene? 33																					
Driver Distracted by 26 26																											
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				X		X		1															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Macy's



If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle 1 was parked in a spot of the Macy's store parking lot. Unknown vehicle 2 made contact with vehicle 1 causing damage to the right front of the 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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/05/2026

Date