Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/24/2025	1849 (24HR)	Auburn	2	0

Speed Limit 30 | Latitude | Longitude

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: AUBURN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: VINE ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street

Feet [N S E W] of — — — • — — Mile Marker or Exit Number

Feet [N S E W] of Route# Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 4 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-355-AC

Vehicle 1

License # W46691727451966 St NJ DOB/Age 01/18/1996

Sex F Lic. Class D Lic. Restrictions CDL Endorsement

Operator WISNIEWSKI, DOMINIQUE M (Last First Middle)

Address 152 BATKO CT

City SAYREVILLE State NJ Zip 08872

Insurance Company NJ MANUFACTURERS INS CO

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # L24RVG Reg Type PC Reg State NJ

Veh Year 2025 Veh Make LEXUS Veh Config. 1

Owner WISNIEWSKI, DOMINIQUE M (Last First Middle)

Address 152 BATKO CT

City SAYREVILLE State NJ Zip 08872

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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			1	1	4	0	0	10	1	
ARNOLD TEFA	152 BATKO CT SAYREVILLE, NJ 08872	09/11/1993	M	3	1	4	0	0	10	1	
VOJSAVA TEFA	152 BATKO CT SAYREVILLE, NJ 08872	05/05/1962	F	6	1	4	0	0	10	1	
KRISANTHI GJINARALI	24 WESTVIEW RD WORCESTER, MA 01602-2526	03/23/1956	F	4	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # S92303714 St MA DOB/Age 12/14/1967

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator BENJAMIN, RICHARD CURTIS (Last First Middle)

Address 4 LANARK ST APT 1

City WORCESTER State MA Zip 01603-1711

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 4XMP83 Reg Type PC Reg State MA

Veh Year 2015 Veh Make CHRYSLER Veh Config. 1

Owner BENJAMIN, RICHARD CURTIS (Last First Middle)

Address 4 LANARK ST APT 1

City WORCESTER State MA Zip 01603-1711

Vehicle Action Prior to Crash: 2

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 5

Driver Distracted by: 0

Damaged Area Code: 1

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

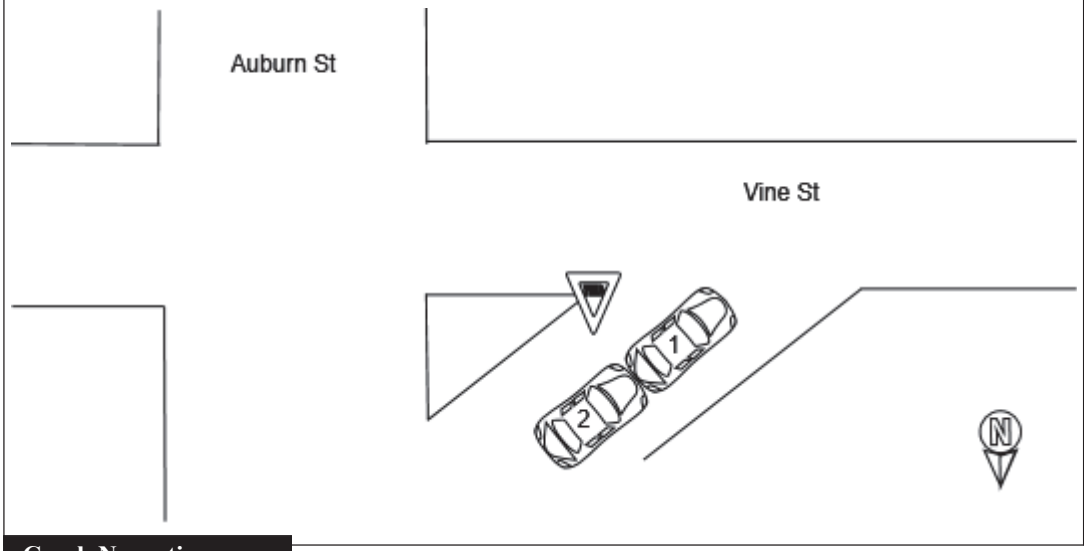
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	3	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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

I[illegible] Arrow

Crash Narrative:

Vehicle 1 was entering traffic on Vine St from Auburn St. Vehicle 2 was traveling behind V1. V1 stopped to yield for traffic on Vine St, V2 did not stop in time and collided with the rear of V1.

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 Matthew Rodwill		84MR	Auburn Police Department		10/24/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date