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	Speed Limit	Latitude	Longitude	Police
11/09/2025	1732 (24HR)	Auburn	3	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: —

At

Route# | Direction | Name of Intersecting Roadway/Street: —

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: —

NOT AT INTERSECTION:

Route# | Direction | Address # 871 | Name of Roadway/Street: SOUTHBRIDGE ST

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 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-391-AC

Vehicle 1

License # NHL13946238 St NH DOB/Age 08/17/2007

Sex M Lic. Class D Lic. Restrictions — CDL Endorsement —

Operator FREDETTE, MASON PAUL (Last, First, Middle)

Address 940 RIVER RD

City WEARE State NH Zip 032815216

Insurance Company STATE FARM

Vehicle Travel Direction: N S [X] 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 # 5571087 Reg Type PC Reg State NH

Veh Year 2013 Veh Make FORD Veh Config. 1

Owner FREDETTE, MASON PAUL (Last, First, Middle)

Address 940 RIVER RD

City WEARE State NH Zip 032815216

Vehicle Action Prior to Crash: 1

Event Sequence: 1 — —

Most Harmful Event: 1

Driver Contributing Code: 1 —

Driver Distracted by: 0 —

Damaged Area Code: 0 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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	
NATHAN DENNIS	93 IRVING DR WEARE, NH 03281-5400	09/24/2006	M	3	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # — St — DOB/Age —

Sex — Lic. Class — Lic. Restrictions — CDL Endorsement —

Operator Driverless M.V. (Last, First, Middle)

Address —

City — State — Zip —

Insurance Company —

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

Citation # (If Issued) —

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

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

Reg # T802493 Reg Type TRN Reg State NH

Veh Year 2011 Veh Make Utility Trailer Veh Config. 8

Owner FREDETTE, CHRISTOPHER DAVID (Last, First, Middle)

Address 21 JENNIFER LN

City WEARE State NH Zip 03281

Vehicle Action Prior to Crash: 1

Event Sequence: 1 — —

Most Harmful Event: 1

Driver Contributing Code: 1 —

Driver Distracted by: 0 —

Damaged Area Code: 7 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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							

Form No. 10364 CRA-65 08/23

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Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
11/09/2025	1732 (24HR)	Auburn	3	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 871 (Address #) | SOUTHBRIDGE ST (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 3 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 25-391-AC

License # S98700788 | St MA | DOB/Age 03/26/1974

Sex F | Lic. Class D | Lic. Restrictions B | CDL Endorsement

Operator EDELSTEIN, MICHELLE JEAN (Last, First, Middle)

Address 22 LANARK ST

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 # 282CV8 | Reg Type PC | Reg State MA

Veh Year 2017 | Veh Make SUBARU | Veh Config. 1

Owner EDELSTEIN, MICHELLE JEAN (Last, First, Middle)

Address 22 LANARK ST

City WORCESTER | State MA | Zip 01603-1711

Vehicle Action Prior to Crash: 1

Event Sequence: 25, 1, —, —, —

Most Harmful Event: 1

Driver Contributing Code: 15, 8

Driver Distracted by: 99

Damaged Area Code: 1, —, —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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	

Please Select One of the Following: ☐ Vehicle 4 _____ #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ | St _____ | DOB/Age _____

Sex _____ | Lic. Class _____ | Lic. Restrictions _____ | CDL Endorsement _____

Operator _____ (Last, First, Middle)

Address _____

City _____ | State _____ | Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ | Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____

Reg # _____ | Reg Type _____ | Reg State _____

Veh Year _____ | Veh Make _____ | Veh Config. _____

Owner _____ (Last, First, Middle)

Address _____

City _____ | State _____ | Zip _____

Vehicle Action Prior to Crash: 22

Event Sequence: 23, 23, 23, 23

Most Harmful Event: 24

Driver Contributing Code: 25, 25

Driver Distracted by: 26, 26

Damaged Area Code: 27, 27, 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 | Susp. Drug: 32

Towed from scene? 33

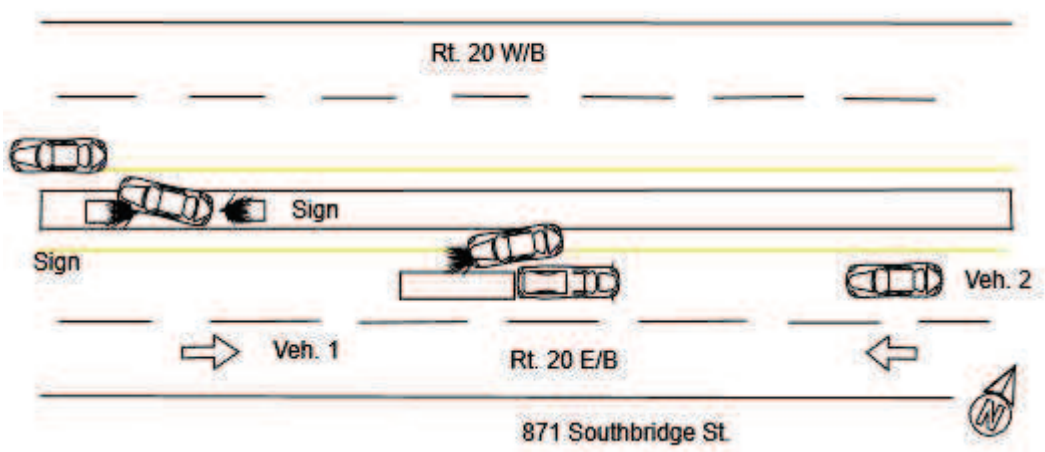
Please fill out for operator and all occupants involved

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							

= 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 North Arrow

Crash Narrative:

Vehicle one was traveling east bound on Rt. 20 (public way), while towing a trailer. Vehicle two was traveling west bound in the east bound lane on Rt. 20. While traveling on the wrong side of the road, due to poor weather/ visibility, vehicle two tried to go over the median. Vehicle one and two passed each other as vehicle two was on the median, vehicle two struck the trailer vehicle one was towing, after which vehicle two struck two signs in the median. Vehicle two was found a short distance away with heavy front end damage. See 25-1698-OF.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LOPEZ NORBERTO	17 GREENVILLE ST SPENCER MA 01562	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MA DOT	BANCROFT ST AUBURN MA			ONE WAY SIGNS

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 Stephen Koopman		80SK	Auburn Police Department		11/09/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date