

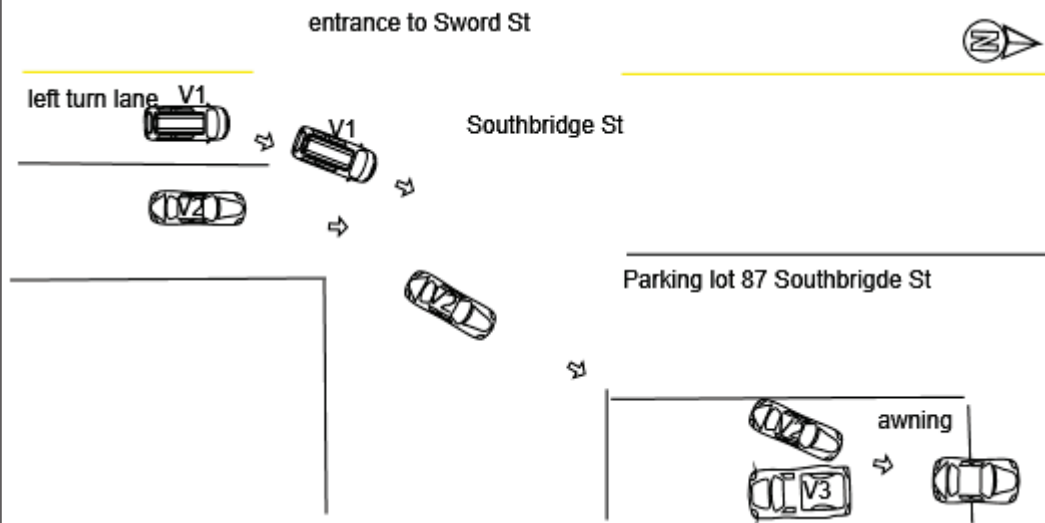
Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 09/13/2025	Time of Crash 1726 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 3	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:	<input 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 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-301-AC							
License # S16139021 St MA DOB/Age 02/17/1961						Reg # 3PG963 Reg Type PAN Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2009 Veh Make NISSAN Veh Config. 1 21									
Operator BEINAR, PAUL EDWARD						Owner BEINAR, PAUL EDWARD									
Address 27 EASTFORD RD						Address 27 EASTFORD RD									
City AUBURN State MA Zip 01501-2003						City AUBURN State MA Zip 01501-2003									
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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						1 1 4 0 0 10 1									
BRITTANY VIVLAMORE 27 EASTFORD RD AUBURN, MA 01501						04/27/1989 F 3 1 4 0 0 10 1									
MICHAEL MCDADE 27 EASTFORD RD AUBURN, MA 01501						05/19/1989 M 4 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 # S51464971 St MA DOB/Age 07/16/1954						Reg # NE15BM Reg Type PC Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make NISSAN Veh Config. 1 21									
Operator DOSTOLER, H KENNETH						Owner DOSTOLER, H KENNETH									
Address 6 DUNCANNON AVE APT 11						Address 6 DUNCANNON AVE APT 11									
City WORCESTER State MA Zip 01604-5143						City WORCESTER State MA Zip 01604-5143									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 6 27 27									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 1 23 23 23 Test Status: 28									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32									
Please fill out for operator and all occupants involved						Towed from scene? 1 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/Occupants See Above						1 1 4 0 0 10 2									

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						<div>3</div> <div>11</div>																	
						<div>1</div> <div>12</div>																	
						<div>1</div> <div>13</div>																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-301-AC															
License # S88882505 St MA DOB/Age 09/18/1990						Reg # 2TMC84 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make RAM Veh Config. 1 21																	
Operator CRUZ, ALEXANDER						Owner CRUZ, ALEXANDER																	
Address 30A BROOKFIELD RD						Address 30A BROOKFIELD RD																	
City CHARLTON State MA Zip 01507-5336						City CHARLTON State MA Zip 01507-5336																	
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 11 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						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		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age						Reg # Reg Type Reg State																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																	
Operator						Owner																	
Address						Address																	
City State Zip						City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 22																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26																	
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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 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Impact Arrow



Crash Narrative:

V1 was in the left turn lane to turn onto Sword St. V2 was in right lane traveling south. V2 stated V1 suddenly turned into his lane and he swerved to avoid. V2 struck V1 on front passenger side then swerved into parking lot of 87 Southbridge St. V2 struck V3 as it was parked underneath the awning of the business. V3 was not moving operator was in vehicle parked. V1 stated he was traveling south in right lane and was turning left. When V2 tried to pass him on the right striking his vehicle. A witness was at the stop sign at the entrance to Swanson Rd. Witness said V1 was in the turn lane and appeared to be turning left when at the last minute V1 went right.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GERO BRIAN L	194 BOYCE ST AUBURN MA 01501-1719		

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/13/2025

Date