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
11/07/2025	0912 (24HR)	Auburn	2	1

Speed Limit 40 | Latitude +042.2131 | Longitude -071.802

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: WASHINGTON ST — 1 10

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

120 Feet [N S E ☒ W] of Route# | Intersecting Roadway/Street: JACOBSON DR — 4 11

Feet [N S E W] of — Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped — Crash Report ID#: 25-386-AC — 3

License # S76993668 St MA DOB/Age 07/11/1990

Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement

Operator BEGGS, CHARLES G (Last, First, Middle)

Address 17 WASHINGTON ST APT 17 — 4 1

City AUBURN State MA Zip 01501

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: [N S E ☒] Responding to Emergency? 2 — 5

Citation # (If Issued)

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

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — 6 1

Reg # 353EA1 Reg Type PC Reg State MA

Veh Year 2020 Veh Make TOYOTA Veh Config. 1 (21) — 1 12

Owner BEGGS, CHARLES G (Last, First, Middle)

Address 17 WASHINGTON ST APT 17

City AUBURN State MA Zip 01501

Vehicle Action Prior to Crash: 8 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 4 (25) 19 (25)

Driver Distracted by: 99 (26) 26

Damaged Area Code: 8 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33) — 1 13

Please fill out for operator and all occupants involved				34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex								
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section. — 7 1

License # S49298274 St MA DOB/Age 01/09/1985

Sex M Lic. Class A (19) M (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator MONVELDT, SERGEY (Last, First, Middle) — 8 1

Address 14 LEDGEWOOD RD

City FRAMINGHAM State MA Zip 01701-3667

Insurance Company LIBERTY MUTUAL PERSONAL I

Vehicle Travel Direction: [N S E ☒] Responding to Emergency? 2

Citation # (If Issued) — 9 2

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

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

Reg # VT30169 Reg Type PC Reg State MA

Veh Year 2009 Veh Make TOYOTA Veh Config. 1 (21) — 1 14

Owner MONVELDT, SERGEY (Last, First, Middle)

Address 14 LEDGEWOOD RD

City FRAMINGHAM State MA Zip 01701-3667

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 2 (27) 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 (33)

Please fill out for operator and all occupants involved				34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex								
Operator/Occupants	See Above			1	1	4	0	0	8	2	[redacted]

= 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 Arrow

Crash Narrative:

Both vehicles were travelling west on Rt.20/Washington Rd. A traffic control setup was in the middle of the roadway to allow space for a construction area east of this location. Witness stated that V1 abruptly attempted a u-turn from the breakdown lane, around the traffic setup. Operator of V1 lives just east of this setup, which would have interfered with his entrance to his residence from the westbound lanes. Operator of V1 stated that he pulled to the right side of the road and had his blinker on when he attempted to get over to a parking lot on the south side of the road, approximately 100 ft west of where he turned. He was given a verbal warning for failure to use caution and failing to yield right of way.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PIKTELIS-FOUNTAIN ALICCIA MARIE	7 BURBANK ST OXFORD MA 01540-1205		

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 Daniel J Hemingway		100DH	Auburn Police Department		11/07/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date