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 Type
10/31/2025	0805 (24HR)	Auburn	4	1	40			Local Police

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 # 779 | Name of Roadway/Street: WASHINGTON ST (10) 2

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

Feet [N S E W] of Route# | Intersecting Roadway/Street (11) 3

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 25-374-AC

Vehicle 1

License # SA0441664 | St MA | DOB/Age 04/19/1993

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

Operator ARAS, MUSA MARCEL (Last First Middle)

Address 7A JOHN WILLIAM DR

City AUBURN | State MA | Zip 01501-1252

Insurance Company GOVERNMENT EMPLOYEES INSU

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

Citation # (If Issued) 796605AD

Viol. 1: Ch/Sec/Sub 89 9 | Viol. 2: Ch/Sec/Sub

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

Reg # ARAS47 | Reg Type PAV | Reg State MA

Veh Year 2019 | Veh Make RAM | Veh Config. 2 (21)

Owner ARAS, MUSA MARCEL (Last First Middle)

Address 7A JOHN WILLIAM DR

City AUBURN | State MA | Zip 01501-1252

Vehicle Action Prior to Crash: 4 (22)

Event Sequence: 1 (23) (23) (23) (23)

Most Harmful Event: 1 (24)

Driver Contributing Code: 3 (25) (25)

Driver Distracted by: 99 (26) (26)

Damaged Area Code: 1 (27) 2 (27) 8 (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (33)

99 (12) 1 (13)

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 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # S69214642 | St MA | DOB/Age 09/30/1982

Sex F | Lic. Class D (19) (19) | Lic. Restrictions B (20) | CDL Endorsement

Operator BEAUPRE, ANNE T (Last First Middle)

Address 67 CRICKET DR

City STURBRIDGE | State MA | Zip 01566-1029

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S ☒ 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 # 188N40 | Reg Type PAN | Reg State MA

Veh Year 2020 | Veh Make HONDA | Veh Config. 1 (21)

Owner BEAUPRE, PAUL MICHAEL (Last First Middle)

Address 67 CRICKET DR

City STURBRIDGE | State MA | Zip 01566-1029

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: 7 (27) 8 (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

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

Towed from scene? 1 (33)

1 (14)

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	1	0	1	8	2	[redacted]

Form No. 10364 CRA-65 08/23

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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 Type
10/31/2025	0805 (24HR)	Auburn	4	1	40			☒ Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 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: 779 WASHINGTON ST — 2 10

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

Feet [N S E W] of Route# | Intersecting Roadway/Street: 3 11

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 3 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-374-AC: 3

Vehicle 3

License # S57584497 St MA DOB/Age 01/01/1996

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

Operator NGUYEN, ERIC TRUNG (Last, First, Middle)

Address 93 MILL ST: 4 3

City WORCESTER State MA Zip 01603-2029

Insurance Company THE STANDARD FIRE INSURAN

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

Citation # (If Issued): 5 1

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

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub: 6 2

Reg # 1XJ362 Reg Type PAN Reg State MA: 99 12

Veh Year 2016 Veh Make Infiniti Veh Config. 1 21

Owner NGUYEN, TIN T (Last, First, Middle)

Address 93 MILL ST

City WORCESTER State MA Zip 01603-2029

Vehicle Action Prior to Crash 2 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: 7 27 8 27 6 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33: 1 13

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	1	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 4 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section: 7 2

Vehicle 4

License # S76742484 St MA DOB/Age 06/05/1992

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

Operator MADURA, JEREMY DAVID (Last, First, Middle): 8 1

Address 26 HARDING CT APT 1

City SOUTHBRIDGE State MA Zip 01550-4064

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Travel Direction: ☒ S ☐ E ☐ W 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 # 955PW7 Reg Type PAN Reg State MA

Veh Year 2002 Veh Make MERCURY Veh Config. 1 21

Owner LABOUEF, MARRISSA (Last, First, Middle)

Address 221 BROOKFIELD RD

City CHARLTON State MA Zip 01507-1705: 1 14

Vehicle Action Prior to Crash 2 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 8 27 1 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

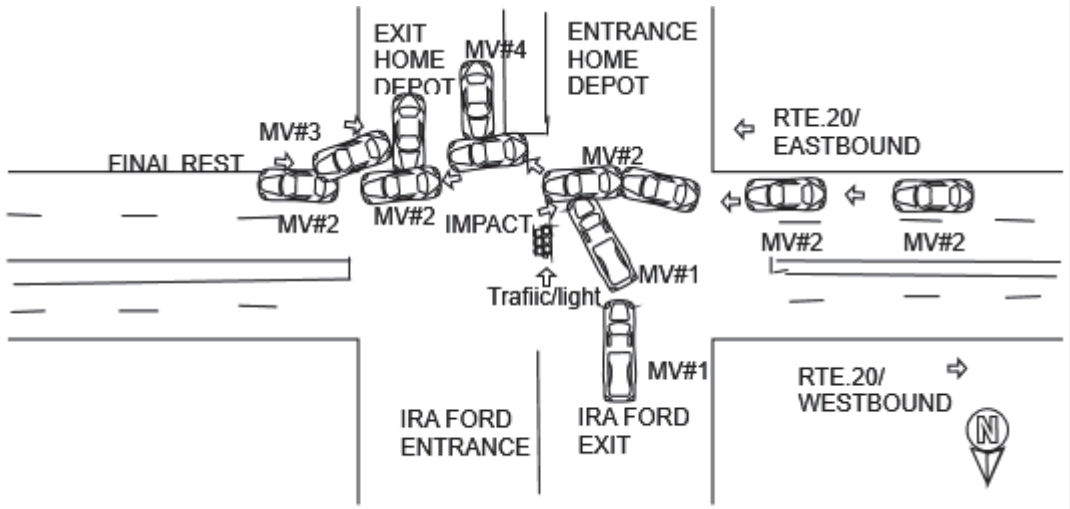
Please fill out for operator and all occupants involved

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	0	4	0	0	10	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

I[illegible] Arrow

Crash Narrative:

MV#1 WAS TRAVELLING NORTH THROUGH THE INTERSECTION W/O STOPPING AT THE RED-SIGNAL. MV#2 WAS TRAVELLING EASTBOUND ON RTE.20/WASHINGTON STREET THROUGH THE INTERSECTION IN A NORMAL MANNER. MV#3 WAS STOPPED AT A RED-SIGNAL AT THE EXIT OF HOME DEPOT IN THE LANE NEAREST TO THE RIGHT WAITING TO TURN RIGHT ONTO RTE.20/WASHINGTON STREET. MV#4 WAS ALSO STOPPED AT THE RED-SIGNAL OF HOME DEPOT WAITING TO TURN LEFT ONTO RTE.20/WASHINGTON STREET. AS MV#1 TRAVELLED ACROSS THE INTERSECTION ACROSS THE EASTBOUND LANE IT IMPACTED MV#2 ON THE DRIVER'S SIDE OF THE VEHICLE. AS A RESULT OF THE IMPACT MV#2 WENT OUT OF CONTROL AND WAS PUSHED INTO THE FRONT OF MV#4 CAUSING THE FRONT OF MV#4 TO ROTATE IN A CLOCKWISE DIRECTION. MV#2 CONTINUED EASTBOUND OUT OF CONTROL AS IT IMPACTED THE FRONT OF MV#3 CAUSING THE FRONT OF THE VEHICLE TO ALSO ROTATE IN A CLOCKWISE DIRECTION. ALL VEHICLES INVOLVED CAME TO FINAL REST IN THE EASTBOUND LANE/HOME DEPOT EXIT AREA.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CASEY ELIJAH KRYSTOFER	1520 OLD PLUM POINT RD HUNTINGTOWN MD 206399304	[redacted]	
MCARTHUR BETHANY LYNNE	9 MEEHAN RD WOODSTOCK CT 06281		

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 Jason Miglionico		52JM	Auburn Police Department		10/31/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Form No. 10364 CRA-65 08/23