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
11/19/2025	1733 (24HR)	Auburn	2	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 14

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 21

NOT AT INTERSECTION:

Route# | Direction | Address # 320 | Name of Roadway/Street: SOUTHBRIDGE ST — 2 10

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

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street — 9 11

_____ Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped — Crash Report ID# 25-411-AC — 3

Vehicle 1

License # S62236763 | St MA | DOB/Age 09/11/1971

Sex M | Lic. Class D 19 19 | Lic. Restrictions 99 20 | CDL Endorsement

Operator PRIVEDENYUK, VADIM (Last First Middle)

Address 116 BERKSHIRE ST FL APT 2 — 41

City INDIAN ORCHARD | State MA | Zip 01151-1405

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2 — 5

Citation # (If Issued) 840264AD

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

Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____ — 61

Reg # 5MCF48 | Reg Type PC | Reg State MA — 7 12

Veh Year 2014 | Veh Make HONDA | Veh Config. 1 21

Owner PRIVEDENYUK, ELENA P (Last First Middle)

Address 116 BERKSHIRE ST

City INDIAN ORCHARD | State MA | Zip 01151-1405

Vehicle Action Prior to Crash: 1 22

Event Sequence: 2 23 23 23 23

Most Harmful Event: 2 24

Driver Contributing Code: 10 25 25

Driver Distracted by: 99 26 26

Damaged Area Code: 8 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 1 31 | Susp. Drug: 2 32

Towed from scene? 2 33 — 2 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	X	X	1	99	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. — 71

Vehicle 2

License # _____ | St _____ | DOB/Age _____

Sex _____ | Lic. Class 19 19 | Lic. Restrictions 20 | CDL Endorsement

Operator Driverless M.V. (Last First Middle) — 82

Address _____

City _____ | State _____ | Zip _____

Insurance Company QUINCY MUTUAL FIRE INSURA

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

Citation # (If Issued) _____ — 92

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

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

Reg # 35EW23 | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make RAM | Veh Config. 1 21

Owner WIGGINS, DAVID (Last First Middle)

Address 291 GOODALE ST

City WEST BOYLSTON | State MA | Zip 01583-1003 — 1 14

Vehicle Action Prior to Crash: 11 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: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 | Susp. Drug: 2 32

Towed from scene? 2 33

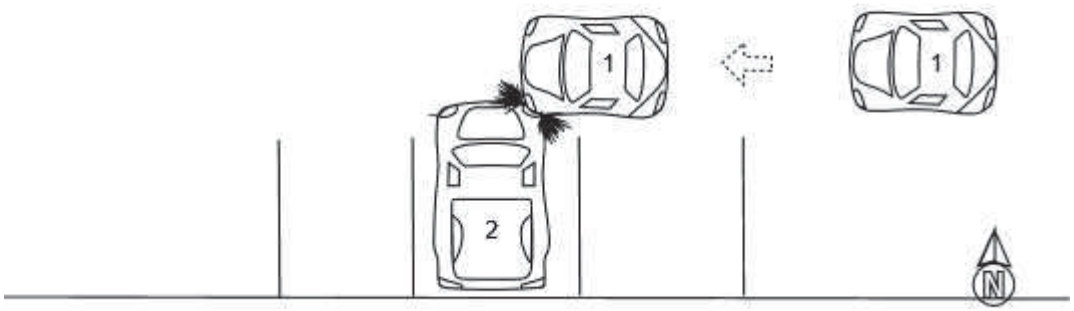
Please fill out for operator and all occupants involved

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	X	X	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 Arrow

Crash Narrative:

VEHICLE ONE WAS TRAVELING THROUGH THE PARKING LOT. WHILE TRAVELING THROUGH THE PARKING LOT, VEHICLE ONE HIT THE FRONT PASSENGER SIDE OF VEHICLE TWO. VEHICLE TWO WAS PARKED IN A PARKING SPOT. VEHICLE ONE CONTINUED DRIVING AND DID NOT STOP.

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 Brandyn J Geldart		86BG	Auburn Police Department		11/19/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date