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
09/13/2025	1726 (24HR)	Auburn	3	0	40		

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 87 SOUTHBRIDGE ST
_____ Feet [N S E W] of — — — • — or _____ (Mile Marker | Exit Number)
3 11 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street
_____ Feet [N S E W] of Landmark

3 99 **Please Select One of the Following:** ☒ Vehicle 1 3 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 25-301-AC

Vehicle 1

License # S16139021 St MA DOB/Age 02/17/1961
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator BEINAR, PAUL EDWARD (Last First Middle)
4 2 Address 27 EASTFORD RD
City AUBURN State MA Zip 01501-2003
Insurance Company ALLSTATE INSURANCE COMPAN
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
5 1 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 # 3PG963 Reg Type PAN Reg State MA
Veh Year 2009 Veh Make NISSAN Veh Config. 1 21
1 12
Owner BEINAR, PAUL EDWARD (Last First Middle)
Address 27 EASTFORD RD
City AUBURN State MA Zip 01501-2003
Vehicle Action Prior to Crash 4 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 99 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
1 13 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	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	

7 3 **Please Select One of the Following:** ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # S51464971 St MA DOB/Age 07/16/1954
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator DOSTOLER, H KENNETH (Last First Middle)
8 1 Address 6 DUNCANNON AVE APT 11
City WORCESTER State MA Zip 01604-5143
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
9 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 # NE15BM Reg Type PC Reg State MA
Veh Year 2019 Veh Make NISSAN Veh Config. 1 21
1 14
Owner DOSTOLER, H KENNETH (Last First Middle)
Address 6 DUNCANNON AVE APT 11
City WORCESTER State MA Zip 01604-5143
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 1 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 6 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
1 33 Towed from scene?

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	4	0	0	10	2	[redacted]

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Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
09/13/2025	1726 (24HR)	Auburn	3	0	40			Local Police

Police Type: 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 # | Name of Roadway/Street: _____ 87 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 3 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 25-301-AC

Vehicle 1 — Operator / Owner

License # S88882505 St MA DOB/Age 09/18/1990
Sex M Lic. Class D Lic. Restrictions _____ CDL Endorsement _____

Operator CRUZ, ALEXANDER (Last, First, Middle)
Address 30A BROOKFIELD RD
City CHARLTON State MA Zip 01507-5336
Insurance Company LIBERTY MUTUAL FIRE INSUR
Vehicle Travel Direction: N [X] 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 # 2TMC84 Reg Type PC Reg State MA
Veh Year 2021 Veh Make RAM Veh Config. 1
Owner CRUZ, ALEXANDER (Last, First, Middle)
Address 30A BROOKFIELD RD
City CHARLTON State MA Zip 01507-5336
Vehicle Action Prior to Crash 11
Event Sequence 1 _____ _____ _____
Most Harmful Event 1
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 4 _____ _____
Test Status: _____
Type of Test: _____
BAC Test Result: _____
Susp. Alcohol: _____ Susp. Drug: _____
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	[X]	[X]	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.

Vehicle 2 — Operator / Owner

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 _____
Event Sequence _____ _____ _____
Most Harmful Event _____
Driver Contributing Code _____
Driver Distracted by _____
Damaged Area Code: _____ _____
Test Status: _____
Type of Test: _____
BAC Test Result: _____
Susp. Alcohol: _____ Susp. Drug: _____
Towed from scene? _____

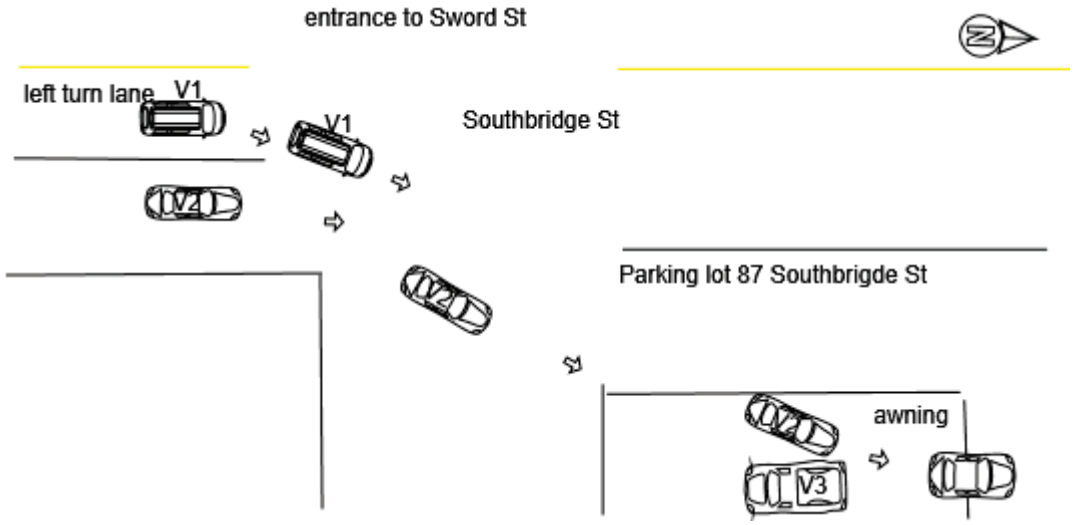
Please fill out for operator and all occupants involved

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							

= 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:

V1 was in the left turn lane to turn onto Sword St. V2 was in right lane traveling north. 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 north in right lane and was turning right. When V2 tried to pass him on the right int the breakdown lane striking his vehicle. A witness was at the stop sign at the entrance to Sword St. 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	[redacted]	

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		62AG	Auburn Police Department		09/13/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date