Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:
08/16/2025	1306 (24HR)	Auburn	2	1	40			☐	☒	☐	☐	

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: 809 WASHINGTON ST
Feet [N S E W] of — — — • — — Mile Marker | or Exit Number
2 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 — **Please Select One of the Following:** ☒ Vehicle 1 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | **Crash Report ID#** 25-264-AC

Vehicle 1

License # S48460322 St MA DOB/Age 12/13/1993
Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement
Operator OSLOWSKI, MATTHEW S (Last, First, Middle)
4 1 — Address 58 HAMMOND HILL RD
City CHARLTON State MA Zip 01507-1522
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N 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 # 2WVA12 Reg Type PAN Reg State MA
Veh Year 2011 Veh Make FORD Veh Config. 1 (21)
99 12
Owner OSLOWSKI, MATTHEW S (Last, First, Middle)
Address 58 HAMMOND HILL RD
City CHARLTON State MA Zip 01507-1522
Vehicle Action Prior to Crash 1 (22)
Event Sequence 1 (23) — 23 — 23 — 23
Most Harmful Event 1 (24)
Driver Contributing Code 5 (25) — 25
Driver Distracted by 99 (26) — 26
Damaged Area Code: 8 (27) 1 (27) 2 (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	
COURTNEY GUBBER	161 MALVERN RD AUBURN, MA 01501	07/20/1989	F	3	1	1	0	0	10	1	

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

Vehicle 2

License # S13176947 St MA DOB/Age 03/16/1990
Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement
Operator BRENNAN, MATTHEW THOMAS (Last, First, Middle)
8 1 — Address 6 W MAIN ST APT 1
City WESTBOROUGH State MA Zip 01581-1939
Insurance Company ARCH INSURANCE COMPANY
Vehicle Travel Direction: N 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
7 1

Reg # 670K Reg Type DLN Reg State MA
Veh Year 2025 Veh Make TOYOTA Veh Config. 1 (21)
Owner HERB CHAMBERS TOYOTA AUBURN (Last, First, Middle)
Address 809 WASHINGTON ST
City AUBURN State MA Zip 01501-1328
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 (26) — 26
Damaged Area Code: 4 (27) (27) (27)
Test Status: (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: (31) Susp. Drug: (32)
Towed from scene? 2 (33)
1 14

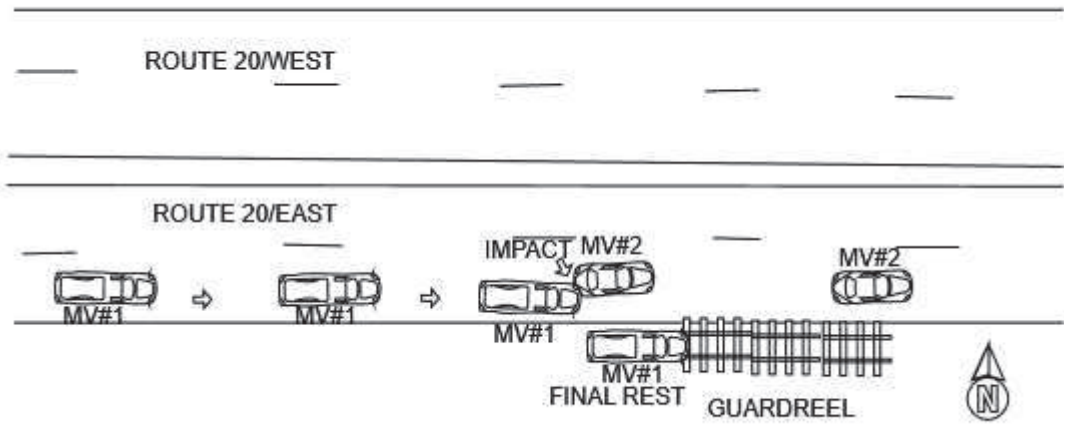
Please fill out for operator and all occupants involved

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	4	0	0	10	1	
NICHOLAS FERRARO	3 NELSON ST NATICK, MA 01760-4807	08/31/1990	M	3	1	4	0	0	8	2	[redacted]
ALLYSON BRENNAN	6 W MAIN ST WESTBOROUGH, MA 01581	02/11/1993	F	4	3	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:

MV#1 WAS TRAVELLING EASTBOUND ON RTE.20/WASHINGTON STREET IN THE LANE NEAREST TO THE RIGHT (TRAVEL LANE). MV#2 WAS TRAVELLING AHEAD OF MV#1 IN THE SAME LANE (TRAVEL LANE). AT SOME POINT MV#2 HAD SLOWED OR STOPPED IN THE TRAVEL LANE. MV#1 CONTINUED TO TRAVEL EAST AND IMPACTED THE PASSENGER'S SIDE REAR QUARTER OF MV#2. AS A RESULT OF THE IMPACT MV#1 SWERVED TOWARD THE EASTBOUND SHOULDER OF THE ROADWAY WHERE THE VEHICLE IMPACTED A GUARDREEL WITH THE FRONT OF THE VEHICLE. IMPACT RESULTED IN THE AIRBAGS OF MV#1 BEING DEPLOYED. MV#2 CAME TO FINAL REST A DISTANCE AHEAD OF MV#1 IN THE EASTBOUND LANE. MV#1 CAME TO FINAL REST ON THE EASTBOUND SHOULDER WHERE IT IMPACTED THE GUARDREEL. THERE WAS A WITNESS ON SCENE WHO OBSERVED THE CRASH AND INDICATED THAT MV#2 HAD COME TO A STOP IN THE EASTBOUND TRAVEL LANE. AT THIS POINT MY INVESTIGATION HAS CONCLUDED THAT MV#1 WAS FOLLOWING TOO CLOSELY TO MV#2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LANGEVIN JEFFREY SCOTT	258 WALKER RD STURBRIDGE MA 01566-1387		
AGUILAR WALTER	WASHINGTON ST AUBURN MA 01501		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	BANCROFT ST AUBURN MA 01501		3	GUARDREEL RTE.20 HERB CHAMBERS TOYT

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		08/16/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date