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:
11/15/2025	1441 (24HR)	Auburn	2	0	50			☐	☒	☐	☐	

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: WASHINGTON ST

At

Route# | Direction | Name of Intersecting Roadway/Street: SCHOOL ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: ELM ST

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street

_____ 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 1 — 3 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 25-402-AC

License # S09202253 St MA DOB/Age 01/05/2001

Sex M Lic. Class D Lic. Restrictions _____ CDL Endorsement _____

Operator HALL, JOSEPH RYSE (Last, First, Middle)

Address 29 GODDARD ST APT 2

City FITCHBURG State MA Zip 01420-2244

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N S 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 # 4PPN21 Reg Type PC Reg State MA

Veh Year 2017 Veh Make CHEVROLET Veh Config. 1

Owner HALL, JOSEPH RYSE (Last, First, Middle)

Address 29 GODDARD ST APT 2

City FITCHBURG State MA Zip 01420-2244

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

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			1	1	4	0	0	10	1	
ELIZA SEGARRA	727 OXFORD ST S AUBURN, MA 01501-1815	08/16/1998	F	3	1	4	0	0	10	2	[redacted]
GUSTAVO DESANLUIS BEVANIDEZ	43 MAPLE ST FITCHBURG, MA 01420	04/27/2000	M	6	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.

License # [redacted] St [redacted] DOB/Age [redacted]

Sex [redacted] Lic. Class D Lic. Restrictions B CDL Endorsement _____

Operator [redacted] (Last, First, Middle)

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S 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 # 32BL78 Reg Type PC Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1

Owner GAGNE, ANN-MARIE FRANCES (Last, First, Middle)

Address 43 DANIELS RD

City CHARLTON State MA Zip 01507-6612

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 18 | |

Driver Distracted by: 99 | |

Damaged Area Code: 1 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

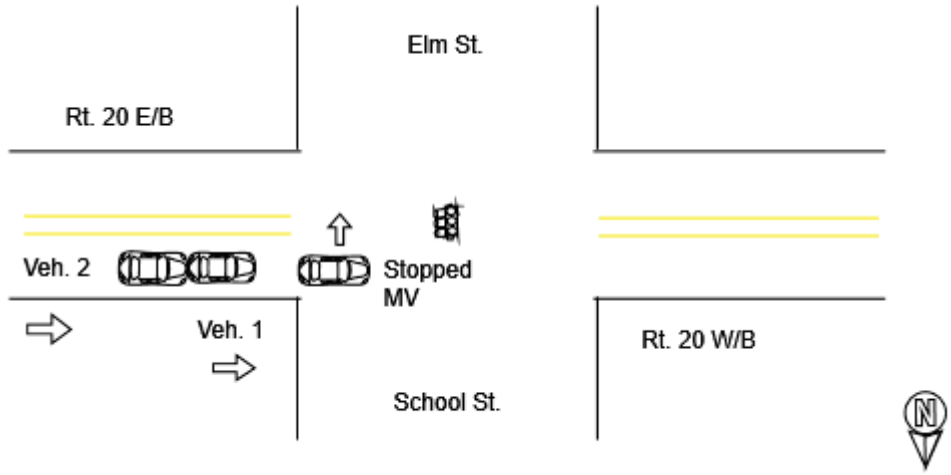
Please fill out for operator and all occupants involved

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/Occupants	See Above			1	1	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:

Vehicle one and two were both traveling west bound on Rt. 20 (public Way). Vehicle one slowed and eventually stopped for a vehicle in front of it which was waiting to make a left hand turn onto Elm St. Due to solar glare, vehicle two failed to slow in time due to solar glare.

Passenger in vehicle one was transported to the hospital. Both vehicles were able to drive on their own.

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 Stephen Koopman		80SK	Auburn Police Department		11/15/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date