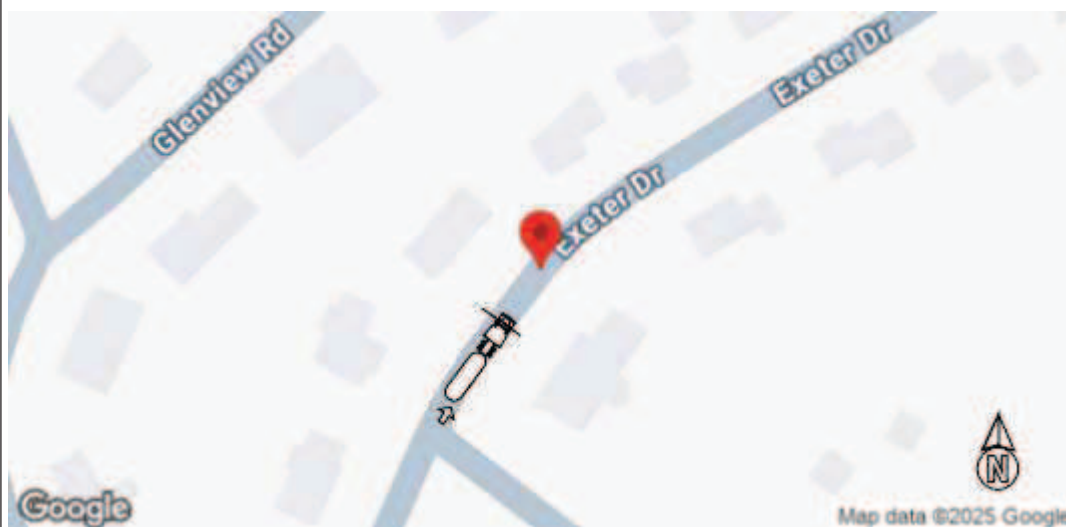


Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 12/05/2025	Time of Crash 0932 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude +042.2179	Longitude -071.821	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>					<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>EXETER DR</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>111</div> <div>10 Feet XSEW of Route# Intersecting Roadway/Street</div> <div>HIGHLAWN DR</div> <div>Feet NSEW of Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 25-430-AC							
License # S19024703 St MA DOB/Age 11/09/1964					Reg # 3EW667 Reg Type APN Reg State OK								
Sex M Lic. Class 1919 Lic. Restrictions 120 CDL Endorsement					Veh Year 2021 Veh Make FREIGHTLINER Veh Config. 1021								
Operator HALL, JEFFREY DAVID					Owner ABF FREIGHT SYSTEM INC								
Address 59 BARRETT AVE					Address 3801 OLD GREENWOOD RD								
City WORCESTER State MA Zip 01605-1104					City FORT SMITH State AR Zip 72903								
Insurance Company SELF-INSURED					Vehicle Action Prior to Crash 122								
Vehicle Travel Direction: XSEW Responding to Emergency? 2					Event Sequence 2123232323								
Citation # (If Issued)					Most Harmful Event 2124								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 192525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 992626								
Please fill out for operator and all occupants involved					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:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age					Reg # Reg Type Reg State								
Sex Lic. Class 1919 Lic. Restrictions 20 CDL Endorsement					Veh Year Veh Make Veh Config. 21								
Operator					Owner								
Address					Address								
City State Zip					City State Zip								
Insurance Company					Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 23232323								
Citation # (If Issued)					Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 2525								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 2626								
Please fill out for operator and all occupants involved					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							

→ = 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

↑ Arrow



Crash Narrative:

V1 was travelling north on Exeter Dr when the top of the cab collided with a low clearance tree limb. The limb broke from the tree and the limb tore down a cable line when it fell to the ground.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CHARTER COMMUNICATIONS	301 BARBER AVE WORCESTER MA 01601		4	CABLE LINE

Truck and Bus Information:

Registration # **3EW667** (From Vehicle Section)

Carrier Name **ABF Freight System Inc** Bus Use **0** ⁴²

Address **3801 OLD GREENWOOD RD** City **FORT SMITH** St **AR** Zip **72903**

US DOT #: **082866** State Number _____ Issuing State _____ MC/MX/ICC #: **29910**

Interstate **1** ⁴³ Cargo Body Type Code **7** ⁴⁴ GVWR/GCWR **3** 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 Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2025

Date