

Police Use Only

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash **12/05/2025** Time of Crash **0932**
24HR

City/Town
Auburn

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:

1 1 Route# Direction Name of Roadway/Street
At _____

2 10 Route# Direction Address # Name of Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

1 11 10 Feet N S E W of _____ • _____ or _____
Mile Marker _____ Exit Number _____

2 1 Route# Direction Name of Intersecting Roadway/Street

Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run 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 **A** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____

Veh Year **2021** Veh Make **FREIGHTLINER** Veh Config. **10 21**

Operator **HALL, JEFFREY DAVID**

Last First Middle

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 **1 22**
Damaged Area Code: **97 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2**

Test Status: **1 28**

Citation # (If Issued) _____

Type of Test: **0 29**

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

BAC Test Result: **1 30**

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

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

Please fill out for operator and all occupants involved

Towed from scene? **2 33**

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
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Operator

See Above

X	X	1	1	4	0	0	10	1		
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7 1 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **A** 19 19 Lic. Restrictions **20** CDL _____
Endorsement _____

Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash **22**
Damaged Area Code: **27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? _____

Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**

Please fill out for operator and all occupants involved

Towed from scene? **33**

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
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Operator/Occupants

See Above

X	X	1								
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