

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **12/20/2025** Time of Crash **1202** 24HRCity/Town **Auburn**Number Vehicles **2**Number Injured **1**Speed Limit **40**
Latitude **+042.1981**
Longitude **-071.818**State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

20 W **WASHINGTON ST**
Route# Direction Name of Roadway/StreetAt
MILLBURY ST
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of _____ • _____ or _____ Mile Marker _____ 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** #Occupants Hit/Run MopedCrash Report ID# **25-454-AC**License # **051196569** St **GA** DOB/Age **04/13/1962**Reg # **1AF73S**Reg Type **APN**Reg State **MA**Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL **T** EndorsementVeh Year **2020**Veh Make **VOLVO**Veh Config. **10**Operator **ASANFUL, JOSEPH** Last **ASANFUL** First **JOSEPH** Middle _____Owner **A YEBOAH TRUCKING INC**Address **3483 PATTON WAY**Address **172 10TH ST**City **BETHLEHEM** State **GA** Zip **30620**City **LEOMINSTER** State **MA** Zip **01453-3751**Insurance Company **ARABELLA PROTECTION INSURA**Vehicle Action Prior to Crash **1 22**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **97 27 27 27**Citation # (If Issued) **907395AD**Test Status: **1 28**Viol. 1: Ch/Sec/Sub **89 9** Viol. 2: Ch/Sec/Sub _____Type of Test: **0 29**

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

BAC Test Result: **1 30**Driver Contributing Code **4 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Distracted by **99 26 26**Towed from scene? **1 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 1Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S13853463** St **MA** DOB/Age **09/23/1995**Reg # **2CAM37** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Veh Year **2019** Veh Make **HONDA** Veh Config. **1**Operator **SMITH, CHRISTOPHER SCOTT** Last **SMITH** First **CHRISTOPHER** Middle **SCOTT**Owner **SMITH, CHRISTOPHER SCOTT**Address **8-2 TUCK FARM RD**Address **8-2 TUCK FARM RD**City **AUBURN** State **MA** Zip **01501-2464**City **AUBURN** State **MA** Zip **01501-2464**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **1 22**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Damaged Area Code: **2 27 27 27**

Citation # (If Issued) _____

Test Status: **1 28**

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

Type of Test: **0 29**

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

BAC Test Result: **1 30**Driver Contributing Code **99 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Distracted by **99 26 26**Towed from scene? **1 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/Occupants

See Above

1 1 4 0 0 9 2

