

Police Use Only

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

RMV Document Number

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/Street
 At **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	• — —	or
Feet	N S E W	Mile Marker	Exit Number
Feet	N S E W	Route#	Intersecting Roadway/Street
Feet	N S E W	Landmark	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **25-454-AC**

License # **051196569** St **GA** DOB/Age **04/13/1962**Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL **T** EndorsementReg # **1AF73S** Reg Type **APN** Reg State **MA**Operator **ASANFUL, JOSEPH**
Last **ASANFUL** First **JOSEPH** Middle _____
Address **3483 PATTON WAY**Veh Year **2020** Veh Make **VOLVO** Veh Config. **10 21**Address **BETHLEHEM** State **GA** Zip **30620**Owner **A YEBOAH TRUCKING INC**
Last **A YEBOAH** First **TRUCKING INC** Middle _____
Address **172 10TH ST**Insurance Company **ARABELLA PROTECTION INSURA**City **LEOMINSTER** State **MA** Zip **01453-3751**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Vehicle Action Prior to Crash **1 22**
Damaged Area Code: **97 27 27 27**Citation # (If Issued) **907395AD**Event Sequence **1 23 23 23 23**
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

Last **LEOMINSTER** First **MA** Middle _____
Address **01453-3751**

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: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S13853463** St **MA** DOB/Age **09/23/1995**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ EndorsementReg # **2CAM37** Reg Type **PC** Reg State **MA**Operator **SMITH, CHRISTOPHER SCOTT**
Last **SMITH** First **CHRISTOPHER** Middle **SCOTT**Veh Year **2019** Veh Make **HONDA** Veh Config. **1 21**Address **8-2 TUCK FARM RD**Owner **SMITH, CHRISTOPHER SCOTT**
Last **SMITH** First **CHRISTOPHER** Middle **SCOTT**Address **8-2 TUCK FARM RD**Last **8-2 TUCK FARM RD** First **MA** Middle _____
Address **01501-2464**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**
Damaged Area Code: **2 27 27 27**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Event Sequence **1 23 23 23 23**
Test Status: **1 28**

Citation # (If Issued) _____

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Please fill out for operator and all occupants involved

Last **8-2 TUCK FARM RD** First **MA** Middle _____
Address **01501-2464**

Name (Last First Middle) Address DOB/Age Sex

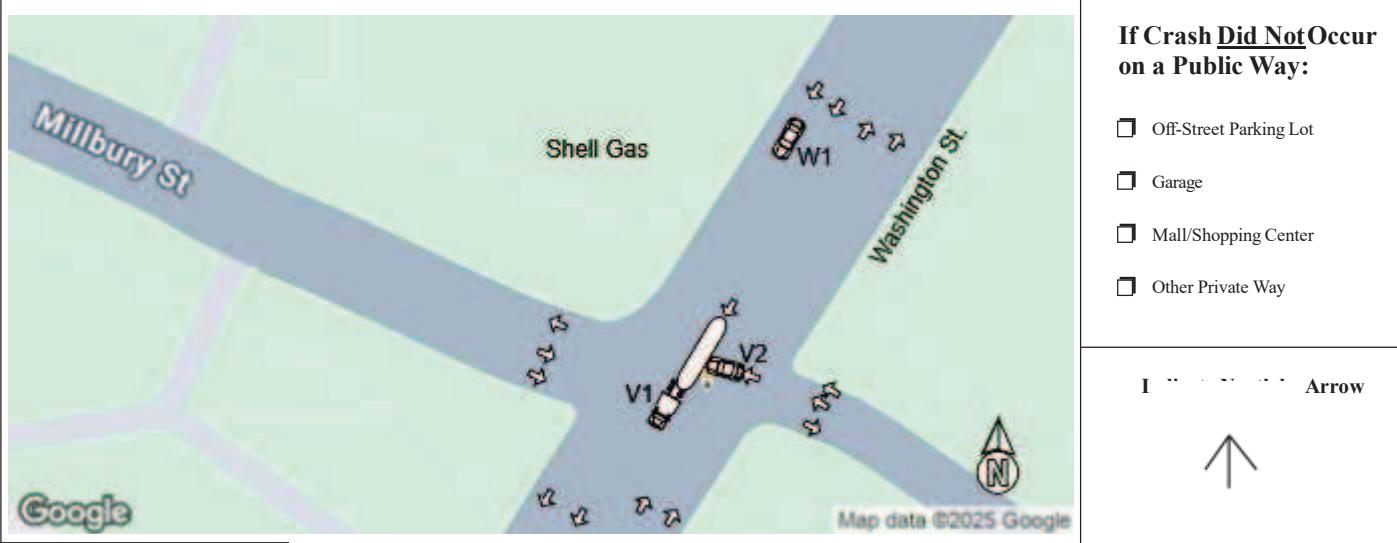
34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Occupants See Above**1 1 4 0 0 9 2**

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚱ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚱



Crash Narrative:

V1 was travelling westbound on Rt.20/Washington St. in the left travel lane. V2 was travelling north on Millbury St. toward the intersection with Rt.20. Witness was travelling west on Rt.20 behind V1 and stated that V1 was not coming to a stop for the red traffic signal, but did appear to be travelling at a normal speed. V1 collided with V2 after V2 entered the intersection. Video was attained by the Shell station. The video does not show the traffic light status. V2 collided with the trailer's fuel tank (refer unit), then the rear trailer wheels. Fuel from the trailer tank spilled from impact and continued west on Rt.20. There was a response from: MSP Truck Team, MA DOT, MA DEP and the health inspector (frozen seafood payload). MSP placed the trailer out of service from its damage. I issued the operator a warning for Failure to Stop/Yield.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DIMAURO PAUL JOSEPH	7 BIRCH DRIVE LAMBS GROVE SPENCER MA 01562-1201	[REDACTED]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # **1AF73S** (From Vehicle Section)

Carrier Name **A YEBOAH TRUCKING INC**

Bus Use **0**

Address **72 SUNNYSIDE AVE** City **HOLDEN** St **MA** Zip **01520**

US DOT #: **2985092** State Number _____ Issuing State _____ MC/MX/ICC #: **MC 016**

Interstate **0** Cargo Body Type Code **97** GVWR/GCWR **3**

Trailer Reg #: **231062E** Reg Type **TRN** Reg State **ME** Reg Year **2018** Trailer Length **3**

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

Auburn Police Department

12/20/2025

ID/Badge #

Department

Precinct/Barracks

Date