

Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 10/21/2025		Time of Crash 1742 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction Name of Roadway/Street At 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 PARKING LOT OF BRYN MAWR Landmark													
Please Select One of the Following:		☒ Vehicle 10 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-354-AC											
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company PROGRESSIVE CASUALTY INSU 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 # 4CLG46 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 2 Owner CHURCH, DANIEL CHARLES Address 25 ROCK AVE City AUBURN State MA Zip 01501-1640 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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 0 5 3 0 10 1													
Please Select One of the Following:		☐ Vehicle 21 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # unknown Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 1 22 Damaged Area Code: 99 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 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 99 99 99 99 99 99													

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Bryn Mawr School Auxillary Parking Lot



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Impact Arrow



Crash Narrative:

On October 21, 2025, I spoke with a female party, SAMANTHA CHURCH, in the lobby regarding a past motor vehicle hit and run. She stated that she was parked at the Bryn Mawr auxillary parking lot by the school fields to pick up her child. She got back to her vehicle and went home then noticed that her driverside taillight was broken. She was unsure of who hit her or the exact time.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/21/2025

Date