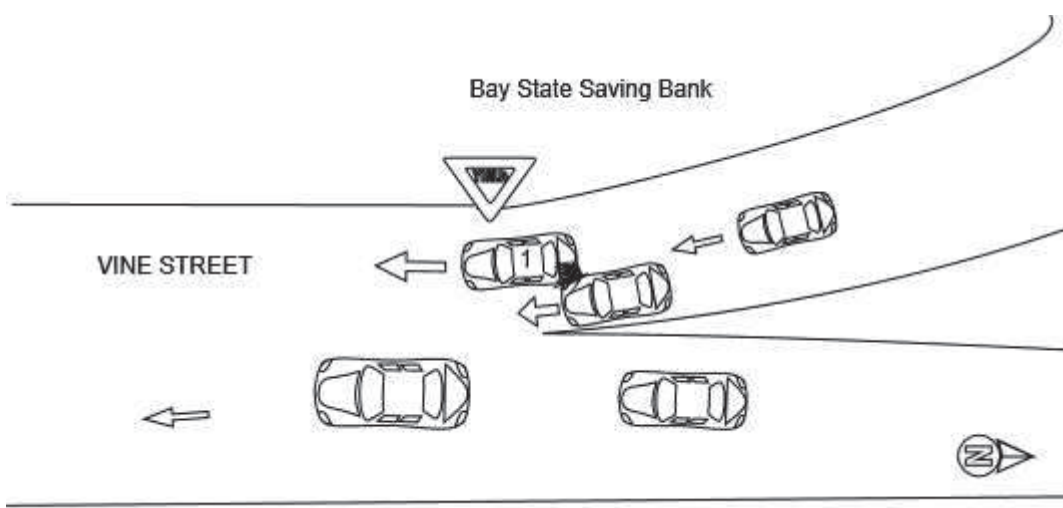


Police Use Only				Commonwealth of Massachusetts										RMV Document Number							
Date of Crash 09/25/2025		Time of Crash 1501 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
<div>1</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>2</div> <div>VINE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of • or</div> <div>Mile Marker Exit Number</div> <div>2</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>															
						<div>3</div> <div>Please Select One of the Following:</div> <div><input type="checkbox"/> Vehicle 11 #Occupants</div> <div><input checked="" type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-312-AC</div>															
						<div>4</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL</div> <div>Operator unknown</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>Reg # unknown Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner</div> <div>Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 22</div> <div>Damaged Area Code: 27 27 27</div> <div>Event Sequence 23 23 23 23</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>Most Harmful Event 24</div> <div>BAC Test Result: 30</div> <div>Driver Contributing Code 25 25</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Driver Distracted by 26 26</div> <div>Towed from scene? 33</div>									
						<div>5</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>Medical Facility</div>						<div>12</div> <div>1</div>									
<div>7</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																					
<div>8</div> <div>License # S71987850 St MA DOB/Age 07/19/1962</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL</div> <div>Operator CARTER-HUMPHRIES, DOROTHY RHEE</div> <div>Last First Middle</div> <div>Address 3 CHURCH CT APT 1</div> <div>City WEBSTER State MA Zip 01570-5208</div> <div>Insurance Company PROGRESSIVE DIRECT INSURA</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>14</div> <div>Reg # 7469GB Reg Type PC Reg State MA</div> <div>Veh Year 2016 Veh Make FORD Veh Config. 1 21</div> <div>Owner CARTER-HUMPHRIES, DOROTHY RHEE</div> <div>Last First Middle</div> <div>Address 3 CHURCH CT APT 1</div> <div>City WEBSTER State MA Zip 01570-5208</div> <div>Vehicle Action Prior to Crash 6 22</div> <div>Damaged Area Code: 6 27 27 27</div> <div>Event Sequence 1 23 23 23 23</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>Most Harmful Event 1 24</div> <div>BAC Test Result: 1 30</div> <div>Driver Contributing Code 1 25 25</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Driver Distracted by 0 26 26</div> <div>Towed from scene? 2 33</div>															
<div>9</div> <div>Please fill out for operator and all occupants involved</div> <div>Name (Last First Middle) Address DOB/Age Sex</div> <div>Operator/Occupants See Above</div> <div>34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code</div> <div>Medical Facility</div>						<div>1</div> <div>1</div> <div>4</div> <div>0</div> <div>0</div> <div>10</div> <div>1</div>															

→ = 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

Indicate Direction of Travel with Arrow



### Crash Narrative:

On Thursday 9/25/2025 around 3pm Dorothy Carter-Humphries called 911 stating she'd been in a hit and run, the other vehicle being a blue sedan. She was taking a right off of Auburn ST onto Vine ST, where she had a yeild to merge onto Vine ST, a blue sedan when behind her on the left and hit her bumper and kept on driving.

### 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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2025

Date