Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
07/23/2026	1227 (24HR)	Auburn	2	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 3 (Address #) | VINAL ST (Name of Roadway/Street)

Feet [N S E W] of — — — • — — Mile Marker | or 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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-284-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator GRIFFIN, ANDREA LYNN (Last, First, Middle)

Address 3 VINAL ST APT 3

City AUBURN | State MA | Zip 01501-1780

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: ☒ 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 # 1115RX | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make TOYOTA | Veh Config. 1

Owner GRIFFIN, ANDREA LYNN (Last, First, Middle)

Address 3 VINAL ST APT 3

City AUBURN | State MA | Zip 01501-1780

Vehicle Action Prior to Crash: 10

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 5 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # | St | DOB/Age

Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator Driverless M.V. (Last, First, Middle)

Address

City | State | Zip

Insurance Company PILGRIM INSURANCE COMPANY

Vehicle Travel Direction: N S E ☒ | 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 # TA11JT | Reg Type PC | Reg State MA

Veh Year 2007 | Veh Make TOYOTA | Veh Config. 1

Owner AGYEI, ROBERT JONES (Last, First, Middle)

Address 53 RAYMOND ST APT 2

City WORCESTER | State MA | Zip 01607-1082

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 2 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

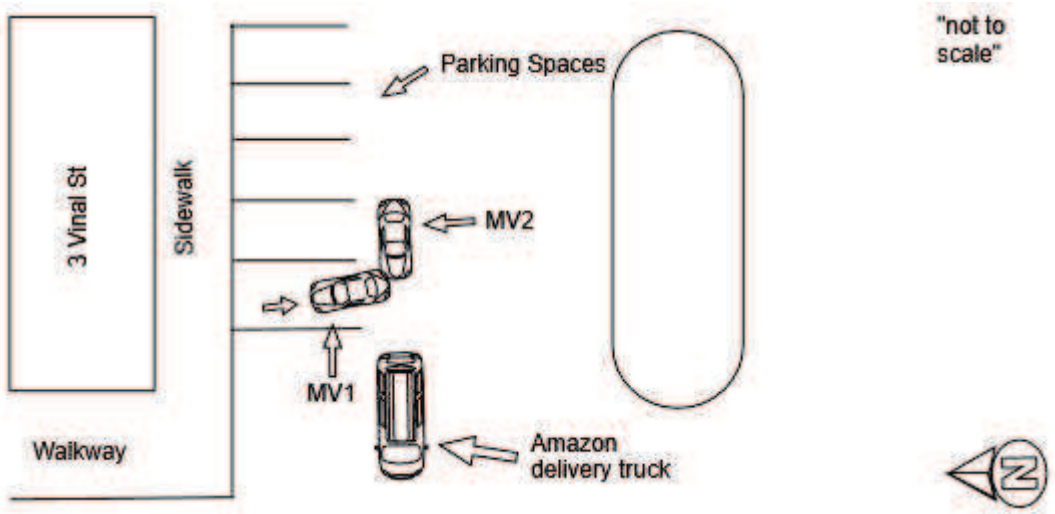
Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants — See Above			1		4			10	1	

Form No. 10364 CRA-65 08/23

= 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

I[illegible] Arrow

Crash Narrative:

Motor vehicle 1 was parked in a parking space of 3 Vinal St which is a residential apartment complex for elders. Motor vehicle 2 was a yellow cab driver that was dropping off a customer. The area directly in front of the walkway was blocked by an Amazon truck making a delivery. The cab driver parked behind the amazon truck and was directly behind motor vehicle 1. The cab driver was out of the vehicle assisting the customer. The operator of motor vehicle 1 entered her vehicle and began reversing striking the front passenger side of motor vehicle 2.

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 Arek P Gasiorski		96AG	Auburn Police Department		07/23/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date