

Date of Crash 02/26/2026	Time of Crash 1804 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>62</u> Direction _____ Address # _____ Name of Roadway/Street <u>ELMWOOD ST</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-96-AC**

License # <u>S80933755</u> St. <u>MA</u> DOB/Age <u>07/28/1964</u>	Reg # <u>3ZKL96</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>COTTER, PAMELA JEAN</u> Last First Middle	Owner <u>COTTER, PAMELA JEAN</u> Last First Middle
Address <u>623 EDGEBROOK DR</u>	Address <u>623 EDGEBROOK DR</u>
City <u>BOYLSTON</u> State <u>MA</u> Zip <u>01505-1738</u>	City <u>BOYLSTON</u> State <u>MA</u> Zip <u>01505-1738</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>20</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>2</u> <u>28</u>
Citation # (If Issued) <u>045640AE</u>	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>2</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> (1) Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u> (2)	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>10</u> <u>25</u> <u>14</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
	Driver Distracted by <u>99</u> <u>26</u> <u>26</u>

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St. _____ DOB/Age _____	Reg # <u>3FAV34</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>CAMARA, FELIPE CG</u> Last First Middle
Address _____	Address <u>62 ELMWOOD ST</u>
City _____ State _____ Zip _____	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Contributing Code <u>25</u> <u>25</u> Towed from scene? <u>2</u> <u>33</u>
	Driver Distracted by <u>26</u> <u>26</u>

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	<u>1</u>							

Date of Crash **02/26/2026** Time of Crash **1804** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** 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# **62** Direction _____ Address # **ELMWOOD ST** 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 **30** #Occupants Hit/Run Moped Crash Report ID# **26-96-AC**

License # _____ St _____ DOB/Age _____ Reg # **1RPN65** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2001** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **SAFO AGYEMAN, JORDAN**
 Address _____ Address **62 ELMWOOD ST**
 City _____ State _____ Zip _____ City **ABURN** State **MA** Zip **01501**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	X	X	1						

Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

Please fill out for operator and all occupants involved		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	X	X	1						

