

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/10/2026** Time of Crash **1457** 24HR

City/Town **Auburn**

Number Vehicles
1

Number Injured
0

Speed Limit **5**
Latitude **+042.1777**
Longitude **-071.872**

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10

2

1

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

844 SOUTHBIDGE ST
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

10

2

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

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 _____

11

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-21-AC**

12

License # **S95467725** St **MA** DOB/Age **04/15/1995**Reg # **3WGW55** Reg Type **PC** Reg State **MA**

7

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2017** Veh Make **LEXUS** Veh Config. **1** 21

12

Operator **GRiffin, Cameron James**
Last _____ First _____ Middle _____Owner **GRiffin, Cameron James**
Last _____ First _____ Middle _____

1

Address **23 PIONEER LN**Address **23 PIONEER LN**

1

City **AUBURN** State **MA** Zip **01501-1848**City **AUBURN** State **MA** Zip **01501-1848**

1

Insurance Company **PLYMOUTH ROCK ASSURANCE C**State **MA** Zip **01501-1848**

13

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**Vehicle Action Prior to Crash **1** 22
Damaged Area Code: **1 27 10 27 27**

14

Event Sequence **35 23 23 23 23**Test Status: **1 28**

15

Most Harmful Event **35 24**Type of Test: **0 29**

16

Driver Contributing Code **19 25 25**BAC Test Result: **1 30**

17

Driver Distracted by **99 26 26**Susp. Alcohol: **2 31** Susp. Drug: **2 32**

18

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Towed from scene? **2 33**

19

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

20

DOB/Age _____ Sex _____

34 Seat Pos. _____ 35 Safety System _____

21

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____

36 Airbag Status _____ 37 Eject Code _____

22

Operator **GRiffin, Cameron James**
Last _____ First _____ Middle _____

38 Trap Code _____ 39 Injury Status _____

23

Address **23 PIONEER LN**

40 Transp. Code _____ Medical Facility _____

24

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

Reg # _____ Reg Type _____ Reg State _____

25

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

26

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **1** 21

27

Operator **GRiffin, Cameron James**
Last _____ First _____ Middle _____

Address _____

28

Address **23 PIONEER LN**

City _____ State _____ Zip _____

29

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **22**
Damaged Area Code: **27 27 27**

30

Insurance Company _____

Test Status: **28**

31

Vehicle Travel Direction: **X S E W** Responding to Emergency? _____Type of Test: **29**

32

Citation # (If Issued) _____

BAC Test Result: **30**

33

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Susp. Alcohol: **31** Susp. Drug: **32**

34

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Towed from scene? **33**

35

Please fill out for operator and all occupants involved
Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

36

DOB/Age _____ Sex _____

34 Seat Pos. _____ 35 Safety System _____

37

DOB/Age _____ Sex _____

36 Airbag Status _____ 37 Eject Code _____

38

DOB/Age _____ Sex _____

38 Trap Code _____ 39 Injury Status _____

39

DOB/Age _____ Sex _____

40 Transp. Code _____ Medical Facility _____

40

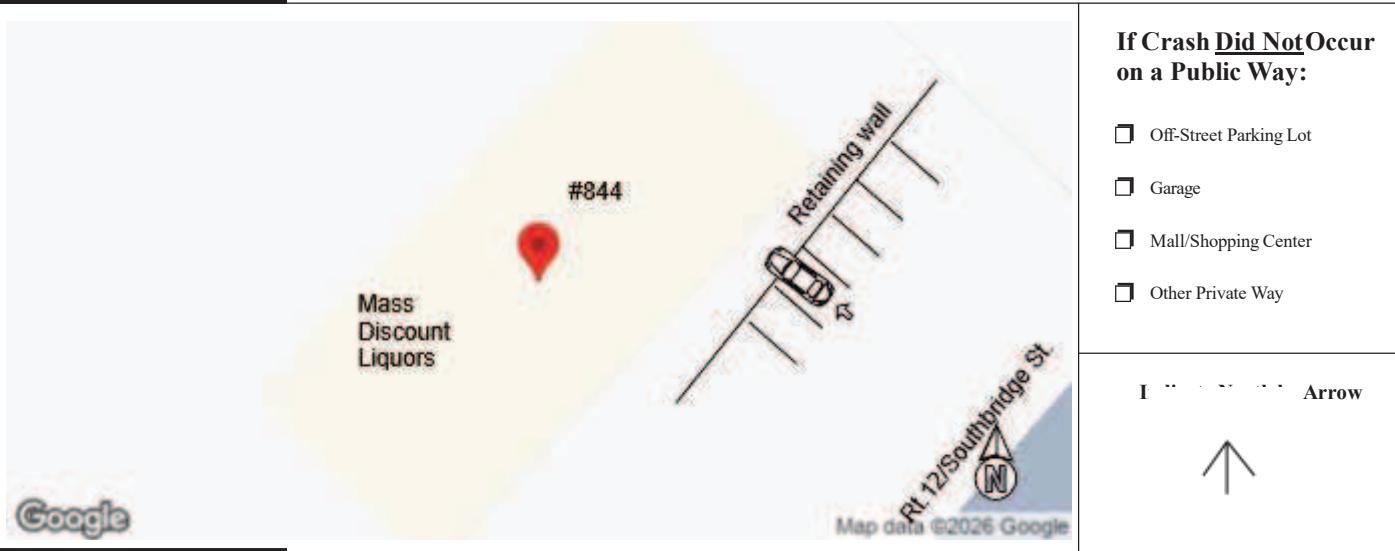
DOB/Age _____ Sex _____

DOB/Age _____ Sex _____

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

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰



Crash Narrative:

Witness reported that V1 hit an object in front of Mass Discount Liquors (#848 Southbridge St). Witness provided the vehicle's MA number plate and updated that they observed the vehicle later turn onto Warren Rd. I had contact with the registered owner at his residence, which is in close proximity to Warren Rd. Video from the location showed the operator pull into the parking spot, then abruptly pull forward and collide with the railroad tie retaining wall. The operator collected pieces of his vehicle. I identified the operator as the registered owner, who was wearing the same clothes as in the video. He was given a summons for Leaving the Scene of a Property Damage Accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DISCOUNT LIQUORS	844 SOUTHBIDGE ST AUBURN MA 01501	774-757-2338	97	RAILROAD TIE WALL

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 Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/10/2026

Date