

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/10/2026	Time of Crash 1457 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						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:									
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 844 SOUTHBRIDGE ST									
						Feet N S E W of . 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 26-21-AC							
License # S95467725 St MA DOB/Age 04/15/1995						Reg # 3WGW55 Reg Type PC Reg State MA						7 12			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make LEXUS Veh Config. 1 21									
Operator GRIFFIN, CAMERON JAMES Last First Middle						Owner GRIFFIN, CAMERON JAMES Last First Middle						30 13			
Address 23 PIONEER LN						Address 23 PIONEER LN									
City AUBURN State MA Zip 01501-1848						City AUBURN State MA Zip 01501-1848						30 13			
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 35 23 23 23 23						Damaged Area Code: 1 27 10 27 27			
Citation # (If Issued) 945396AD						Most Harmful Event 35 24						Test Status: 1 28			
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						Type of Test: 0 29			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						BAC Test Result: 1 30			
Please fill out for operator and all occupants involved						Susp. Alcohol: 2 31 Susp. Drug: 2 32						Towed from scene? 2 33			
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 1 4 0 0 10 1									
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age						Reg # Reg Type Reg State						1 14			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21									
Operator Last First Middle						Owner Last First Middle						1 14			
Address						Address									
City State Zip						City State Zip						1 14			
Insurance Company						Vehicle Action Prior to Crash 22									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Damaged Area Code: 27 27 27			
Citation # (If Issued)						Most Harmful Event 24						Test Status: 28			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						Type of Test: 29			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						BAC Test Result: 30			
Please fill out for operator and all occupants involved						Susp. Alcohol: 31 Susp. Drug: 32						Towed from scene? 33			
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									

→ = 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

↑ Arrow



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 SOUTHBRIDGE 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