

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 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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-21-AC

License # St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 3WGW55 Reg Type PC Reg State MA Veh Year 2017 Veh Make LEXUS Veh Config. 1 21

Operator GRIFFIN, CAMERON JAMES Last First Middle

Owner GRIFFIN, CAMERON JAMES Last First Middle

Address 23 PIONEER LN

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City AUBURN State MA Zip 01501-1848

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Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

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

Citation # (If Issued) 945396AD

Most Harmful Event 35 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub

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

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

Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Last First Middle

Owner Last First Middle

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

Table with columns: 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. Row 1: Operator/Occupants, See Above, [X], [X], 1.

