

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/19/2026	Time of Crash 1247 24HR	City/Town Auburn	<h2>Motor Vehicle Crash Police Report</h2>	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-83-AC**

License # SA6930634 St. MA DOB/Age 05/11/2009 Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 1 ²⁰ CDL _____ Operator LUCIER, JOSHUA JOSEPH Address 46 HERITAGE DR City WARREN State MA Zip 01083-0000 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 4LPE83 Reg Type PC Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 1 ²¹ Owner LUCIER, JOSHUA JOSEPH Address 46 HERITAGE DR City WARREN State MA Zip 01083-0000 Vehicle Action Prior to Crash 2 ²² Damaged Area Code: 6 ²⁷ 5 ²⁷ 4 ²⁷ Event Sequence 1 ²³ 23 ²³ 23 ²³ Test Status: 1 ²⁸ Most Harmful Event 1 ²⁴ Type of Test: 29 Driver Contributing Code 1 ²⁵ 25 BAC Test Result: 30 Driver Distracted by 0 ²⁶ 26 Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³² Towed from scene? 2 ³³
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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	_____	_____	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 # SA5011043 St. MA DOB/Age 10/30/2009 Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 1 ²⁰ CDL _____ Operator LANDRY, BRIANNA MICHELLE Address 3 CONTOUR LN APT 333 City AUBURN State MA Zip 01501 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 196RE2 Reg Type PC Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 ²¹ Owner MALLONEE, CAROLE ANN Address 33 ALBERT ST APT 33 City AUBURN State MA Zip 01501-1303 Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ 2 ²⁷ 8 ²⁷ Event Sequence 1 ²³ 23 ²³ 23 ²³ Test Status: 28 Most Harmful Event 1 ²⁴ Type of Test: 29 Driver Contributing Code 99 ²⁵ 25 BAC Test Result: 30 Driver Distracted by 99 ²⁶ 26 Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³² Towed from scene? 1 ³³
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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	_____	_____	1	1	4	0	0	10	1	
TATIANA BATISTA	30 PIONEER LN AUBURN, MA 01501	10/08/2009	F	3	1	4	0	0	10	1	

