

Date of Crash **03/24/2026** Time of Crash **1839** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SOUTH ST
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 _____
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 **1** #Occupants Hit/Run Moped **Crash Report ID# 26-133-AC**

License # _____ St. _____ DOB/Age _____ Reg # **453AP** Reg Type **DLN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2023** Veh Make **NISSAN** Veh Config. **1** **21**
Operator **HOANG, DYLAN A** Owner **BERTERA NISSAN INC**
Address **3 WHITETAIL RUN** Address **569 OXFORD ST S**
City **AUBURN** State **MA** Zip **01501-3258** City **AUBURN** State **MA** Zip **01501**
Insurance Company **PROGRESSIVEBERTERA NISSAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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	1	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 _____ Reg # **LGP9** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2018** Veh Make **JEEP** Veh Config. **2** **21**
Operator **PICUCCI, LOUIS GREGG** Owner **PICUCCI, LOUIS GREGG**
Address **220 PAGE ST** Address **220 PAGE ST**
City **LUNENBURG** State **MA** Zip **01462-2148** City **LUNENBURG** State **MA** Zip **01462-2148**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **2** **27** **27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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	1	4	0	0	8	2	
DEBRA MARCHAND	11 DEERFIELD CIR AUBURN, MA 01501-2733	_____	F	3	1	4	0	0	8	2	

