

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/25/2026** Time of Crash **1130** 24HR

City/Town **Auburn**

Number Vehicles **1**  
Number Injured **0**

Speed Limit **30**  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_

State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

1 1	Route# Direction Name of Roadway/Street At _____			Route# Direction Address # Name of Roadway/Street Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____	2 10 2 11
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____				
2 4	Route# Direction Name of Intersecting Roadway/Street			Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street Feet <b>N S E W</b> of _____ Landmark _____	1 12

3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <b>26-39-AC</b>	
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4 1	License # <b>S84320123</b> St <b>MA</b> DOB/Age <b>10/29/2001</b> Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____ Operator <b>LUSSIER, JULIA ADRIENNE</b> Last _____ First _____ Middle _____ Address <b>333 LEICESTER ST</b>			Reg # <b>5WYD82</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2022</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b> 21	1 12
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5	Address <b>333 LEICESTER ST</b>			Owner <b>LUSSIER, JULIA ADRIENNE</b> Last _____ First _____ Middle _____ Address <b>333 LEICESTER ST</b>	
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6 3	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1432</b>			City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1432</b>	
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7 1	Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>			Vehicle Action Prior to Crash <b>2</b> 22 Event Sequence <b>31 22 23 23 23</b> Most Harmful Event <b>22 24</b> Driver Contributing Code <b>11 25 25</b> Driver Distracted by <b>0 26 26</b>	Damaged Area Code: <b>8 27 27 27</b> Test Status: <b>1 28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>	13 22 14
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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
<b>Operator</b>		See Above		<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>			

8 1	Please Select One of the Following: <input type="checkbox"/> Vehicle <b>2</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			<b>Vulnerable User</b> Complete the Vulnerable User section.			
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9 2	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b>	21
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10 2	City _____ State _____ Zip _____			City _____ State _____ Zip _____	
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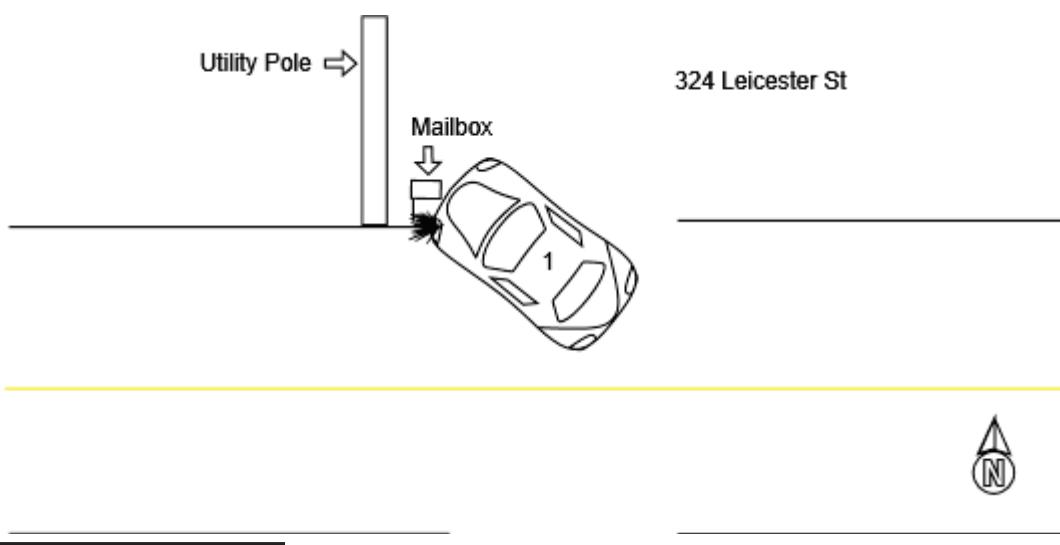
11 1	Insurance Company _____			Vehicle Action Prior to Crash <b>22</b> Event Sequence <b>23 23 23 23</b> Most Harmful Event <b>24</b> Driver Contributing Code <b>25 25</b> Driver Distracted by <b>26 26</b>	Damaged Area Code: <b>27 27 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>	13 22 14
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<b>Operator/Occupants</b>		See Above		<b>1</b>									

→ = 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

I → ♂ → ⚙ → Arrow



**Crash Narrative:**

Vehicle 1 was travelling on Leicester Street following behind a pickup truck. Operator of Vehicle 1 stated that the pickup slowed down and turned into one of the driveways. Operator of Vehicle 1 stated she tried to slow down but the vehicle slipped on the snow. Vehicle 1 struck the mailbox belonging to 324 Leicester St, as well as utility pole 77.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
BENNETT BRODY JOSEPH	17 BIGELOW RD DOUGLAS MA 01516-2825		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBRIIDGE ST WORCESTER MA 016	508-860-6000	4	UTILITY POLE
LUCIER MICHELE M	324 LEICESTER ST AUBURN MA 01501-14		4	MAILBOX

**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 Rachel B Crowley**

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

01/25/2026

Date