

Date of Crash 01/25/2026 Time of Crash 1130 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 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 Address # Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-39-AC

License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 Operator LUSSIER, JULIA ADRIENNE Address 333 LEICESTER ST City AUBURN State MA Zip 01501-1432

Reg # 5WYD82 Reg Type PC Reg State MA Veh Year 2022 Veh Make VOLKSWAGEN Veh Config. 1 Owner LUSSIER, JULIA ADRIENNE Address 333 LEICESTER ST City AUBURN State MA Zip 01501-1432

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: [X] 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

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27 Event Sequence 31 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 11 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 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 D 19 19 Lic. Restrictions 20 Operator Address City State Zip

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. Owner Address City State Zip

Insurance Company Vehicle Travel Direction: [] N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

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