

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/05/2026** Time of Crash **1921** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **30**

State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

ROCHDALE ST

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

1**5**

At _____

WEST ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____**2****4**

Also at Intersection with _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____**3**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ Landmark _____**4****2**Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-6-AC**License # **S54633556** St **MA** DOB/Age **04/22/1992**Reg # **5DMD11** Reg Type **PC** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Veh Year **2002** Veh Make **HONDA** Veh Config. **1** 21Operator **LUCIER, SEAN M** Last _____ First _____ Middle _____Owner **LUCIER, SEAN M** Last _____ First _____ Middle _____Address **324 LEICESTER ST APT 1**Address **324 LEICESTER ST APT 1**City **AUBURN** State **MA** Zip **01501-1441**City **AUBURN** State **MA** Zip **01501-1441**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**Damaged Area Code: **8 27 27 27**

Citation # (If Issued) _____

Test Status: **1 28**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0 29**

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

BAC Test Result: **1 30**

Please fill out for operator and all occupants involved

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Towed from scene? **1 33**

DOB/Age _____ Sex _____ 34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____

Medical Facility _____

34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____ 37 Eject Code _____

38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____

37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____

Medical Facility _____

38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____

Medical Facility _____

39 Injury Status _____ 40 Transp. Code _____

Medical Facility _____

40 Transp. Code _____

Medical Facility _____

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **S52954755** St **MA** DOB/Age **10/14/1990**Reg # **5AXK81** Reg Type **PC** Reg State **MA**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____Veh Year **2020** Veh Make **FORD** Veh Config. **1** 21Operator **ISGRO, NADIYA A** Last _____ First _____ Middle _____Owner **ISGRO, NADIYA A** Last _____ First _____ Middle _____Address **4 THURSTON HILL RD**Address **4 THURSTON HILL RD**City **RUTLAND** State **MA** Zip **01543-1624**City **RUTLAND** State **MA** Zip **01543-1624**Insurance Company **THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash **4** 22Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**Damaged Area Code: **7 27 27 27**

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