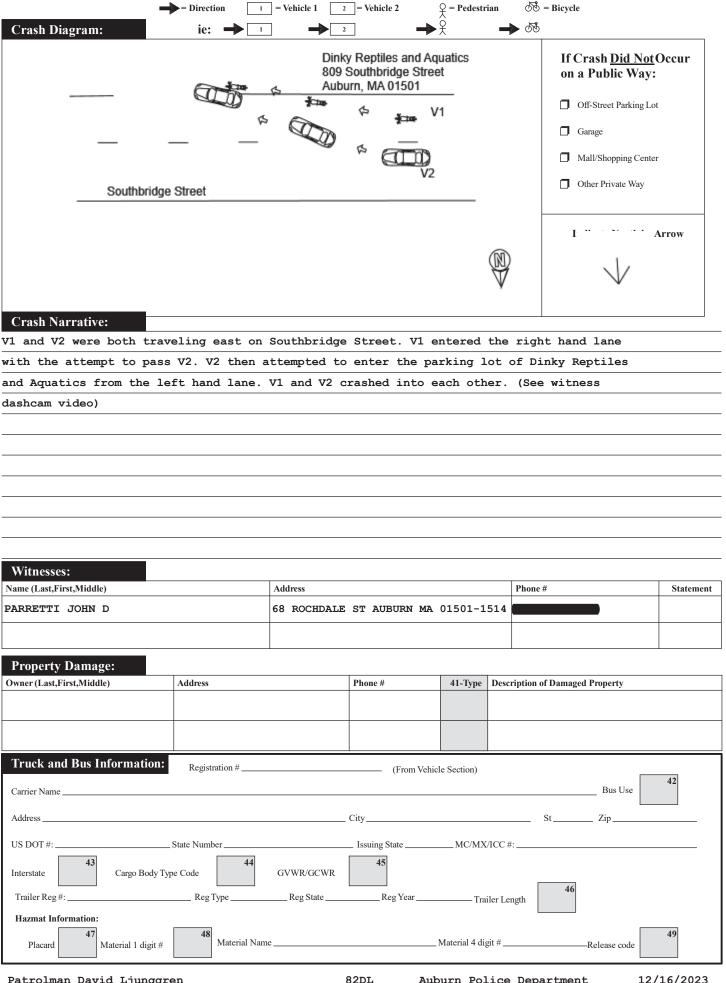
	Police Use Only Commonwealth of Massachusetts RMV D									V Doci	ument Number		
	Date of Crash Time of Crash		lotor Veh	icle Cra	sh	Num Vehi		urad 1	ed Limit	4(State Police Local Police MBTA Police Campus Police		
	12/16/2023 1705 Aubi	ırn	Police 1	Report		2	1	Lati	tude gitude		Campus Police Other:		
	AT INTERSECTI	ION:	< LOCATION >		>		NO	T AT II	AT INTERSECTION:			7	
											2)	
	Route# Direction	Name of Roadway/Street		Route# Direct		809 Address		OUTHE			ST //ay/Street	-	_
¹ 4		At										1	
				Feet	N S I	E W o	of — M	ile Marker	• —	or _	Exit Number		ī
	Route# Direction Na	me of Intersecting Roadway/Str Also at Intersection with	<u> </u>			Route# Intersecting Roadway/Stree						4 11	•
											Roadway/Street		_
² 1	Route# Direction Na	reet		ζ	_								
	Please Select One Vehicle 11	_#Occupants	Moped	Cuash Da	on out II	· · · ·	3-4	120-				1	
3	of the Following:											_	
	10 10	(A DOB/Age 04/09/1	L964 Reg#	3A2072			Re	g Type M	C	R	eg State MA	- 12	2
	Sex M Lic. Class D M Lic. R	Veh Y	/eh Year 2010 Veh Make HARLEY-DAVIDSON Veh Config. 3										
4	Operator CHLUDENSKI, MICHAEL P Owner CHLUDENSKI, MICHAEL P										iddle	.	
⁴ 3	Address 7 MCGUIRE RD		Address 7 MCGUIRE RD										
	City_SUTTON State	719 City .	City SUTTON State MA Zip 01590-2719										
	Insurance Company SAFETY INS	Vehic	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27							1 27 7 27 10 27			
-	Vehicle Travel Direction: N S W W	Responding to Emergency?	2 Event	Sequence 1	23 20 2	23 2	23 23	Test S			1 28		
⁵ 1	Citation # (If Issued)		Most	Harmful Event	_	24			f Test:		29		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e :	1 25	5 25	3	est Resu Alcohol:		1	1 13	3
	Viol. 3: Ch/Sec/Sub			r Distracted by	0	26			from see	_	1 33	<u> </u>	
⁶ 1		ator and all occupants involved				34 Seat S	35 36 Safety Airbag	37 3	39	40		-	
	Name (Last First Middle)	Addres		DOB/Age	Sex	Pos. S	System Status	Code Co	le Status		Medical Facility		
	Operator	See Ab	ove		X	1 5	5 5	3 0					
7	Please Select One	#Occupants No. Mad	Tour	15	16	4	17	Condition	18		Hit/Run Moped		
⁷ 1	of the ronowing:	_#Occupants Non-Moto	, i	Action		ocation		Condition			Hit/Kun Moped		
	License # S31177220 St M	_	Reg # 2CXN78 Reg Type PC Reg State MA										
	Sex F Lic. Class D Lic. R	Veh Y	Year 2020 Veh Make NISSAN Veh Config. 1										
⁸ 1	Operator CHANEY, CHERY	Owner CHANEY, CHERYL LEE diddle Last First Middle							iddle	.			
1	Address 24 MECHANIC ST	Addre	Address 24 MECHANIC ST APT 5									4	
	City SPENCER State MA Zip 01562-2227			City SPENCER State MA Zip 01562-2227									
	Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash Damaged Area Code: 4 27 3 27 Test Status: 28							- 0		_
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Event	Sequence 1	23 2	23 2	23 23	Test S			29		
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1	24		••	f Test: Test Resu	ılt:	1 30		
2	Viol. 1: Ch/Sec/Sub	Driver Contributing Code				18 25 25 Susp. Alcohol: 2 31 Susp. Drug							
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by		26			Fowed from scene? 2 33				
	I -	n-motorist and all occupants inv		pop		Seat S	35 36 Safety Airbag System Status	37 3 Eject Tra Code Co	3 39 p Injury de Status	40 Transp. Code	W " . " . "	7	
	Name (Last First Middle) Operator/Non-Motorisa	t See Ab		DOB/Age	Sex	Pos. S		0 0	10	1	Medical Facility		
								+	-			_	
										_			



Patrolman David Ljunggren

82DL

Auburn Police Department

12/16/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date