

Date of Crash **12/16/2023** Time of Crash **1705** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** 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 _____ Name of Intersecting Roadway/Street _____

Route# **809** Direction _____ Address # **SOUTHBRIDGE ST** 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# **23-428-AC**

License # **S71029457** St **MA** DOB/Age **04/09/1964** Reg # **3A2072** Reg Type **MC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **1 20** CDL _____ Veh Year **2010** Veh Make **HARLEY-DAVIDSON** Veh Config. **3 21**
 Operator **CHLUDENSKI, MICHAEL P** Owner **CHLUDENSKI, MICHAEL P**
 Address **7 MCGUIRE RD** Address **7 MCGUIRE RD**
 City **SUTTON** State **MA** Zip **01590-2719** City **SUTTON** State **MA** Zip **01590-2719**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 7 27 10 27**
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	XXXX	XX	1	5	5	3	0	●	●	XXXX

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S31177220** St **MA** DOB/Age **09/30/1960** Reg # **2CXN78** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **CHANEY, CHERYL LEE** Owner **CHANEY, CHERYL LEE**
 Address **24 MECHANIC ST APT 5** Address **24 MECHANIC ST APT 5**
 City **SPENCER** State **MA** Zip **01562-2227** City **SPENCER** State **MA** Zip **01562-2227**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **4 27 3 27 27**
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

