

Date of Crash **04/29/2026** Time of Crash **0841** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **669** Direction _____ Address # **WASHINGTON 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 Vulnerable User Complete the Vulnerable User section.
 Crash Report ID# **26-170-AC**

License # _____ St. _____ DOB/Age _____ Reg # **5ZMZ21** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Operator **OSEI-ADDO, NATHAN** Owner **OSEI-ADDO, NATHAN**
 Address **130 LEDGECREST DR** Address **130 LEDGECREST DR**
 City **WORCESTER** State **MA** Zip **01603-1270** City **WORCESTER** State **MA** Zip **01603-1270**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **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: **0** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **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	X	X	1	1	5	0	0	10	1	NOT TRANSPORTED

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **BG58585** Reg Type **PC** Reg State **CT**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **GRUDZIEN, DEREK STEVEN** Owner **GRUDZIEN, DEREK STEVEN**
 Address **17 ORCHARD DR** Address **17 ORCHARD DR**
 City **THOMPSON** State **CT** Zip **06277-1425** City **THOMPSON** State **CT** Zip **06277-1425**
 Insurance Company **Progressive Direct Insura** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **3** **28**
 Citation # (If Issued) **T3622901** Most Harmful Event **1** **24** Type of Test: **2** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **1** **25** BAC Test Result: **5** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **1** **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/Occupants		See Above	X	X	1	99	5	3	0	10	1	NOT TRANSPORTED

