

Date of Crash **05/26/2026** Time of Crash **2051** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
BROTHERTON WAY
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-207-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **MA508S** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement [redacted] Veh Year **2016** Veh Make **SUBARU** Veh Config. **1**
Operator **CHASE, CHRISTOPHER A** Owner **CHASE, CHRISTOPHER A**
Address **16 WALNUT ST** Address **16 WALNUT ST**
City **AUBURN** State **MA** Zip **01501-1516** City **AUBURN** State **MA** Zip **01501-1516**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) [redacted] Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub [redacted] Driver Contributing Code **1** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub [redacted] Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub [redacted] Towed from scene? **1**

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	1	0	0	10	1

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **3SYJ71** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement [redacted] Veh Year **2020** Veh Make **GMC** Veh Config. **2**
Operator **GRAULICH, TOD ALEXANDER** Owner **GRAULICH, TOD ALEXANDER**
Address **11 SWORD ST APT 1R** Address **11 SWORD ST APT 1R**
City **AUBURN** State **MA** Zip **01501-2165** City **AUBURN** State **MA** Zip **01501-2165**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** Damaged Area Code: **4**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) [redacted] Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub [redacted] Driver Contributing Code **6** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub [redacted] Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub [redacted] Towed from scene? **2**

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	1	4	0	0	10	1

