

Date of Crash 01/09/2024 Time of Crash 1738 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Route# Intersecting Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark

2 10

1 11

2 5

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Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-13-AC

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License # C66444946502832 St NJ DOB/Age 02/24/1983 Reg # A70RWZ Reg Type PAN Reg State NJ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CORREA SZVARCA, LUIZ EDUARDO Owner MARQUESDEMORAIS, ERLI Address 210 VAN BUREN ST APT 1 23 ST CHARLES APT 2 City NEWARK State NJ Zip 07105-2637 Insurance Company STATE FARM INDEMNITY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 40 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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Table with columns: Name (Last First Middle), Address, 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 row: See Above, 1, 1, 3, 0, 0, 10, 1.

7 1

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

8 1

License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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