

Date of Crash 06/24/2024 Time of Crash 0540 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 35 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

AUBURN ST 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# Direction Address # Name of Roadway/Street Feet N S E W of 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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-209-AC

License # S87784134 St MA DOB/Age 01/26/1967 Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator SIMONIAN, JODY-LYNN Address 102 ROCKLAND RD City AUBURN State MA Zip 01501-2002

Reg # 6DY272 Reg Type PAN Reg State MA Veh Year 2016 Veh Make NISSAN Veh Config. 1 Owner SIMONIAN, JODY-LYNN Address 102 ROCKLAND RD City AUBURN State MA Zip 01501-2002

Insurance Company SAFETY Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 4 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 26 Towed from scene? 2 33

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. Row 1: Operator, See Above, [X], [X], 1, 0, 4, 0, 0, 10, 1, []

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

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

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