

Date of Crash <b>06/30/2024</b>	Time of Crash <b>1419</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ <b>PAKACHOAG ST</b>	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ <b>HOUSE 211</b> Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-219-AC**

License # <b>057276146</b> St <b>CT</b> DOB/Age <b>05/06/1981</b>	Reg # <b>AG66054</b> Reg Type <b>PAN</b> Reg State <b>CT</b>
Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2024</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> 21
Operator <b>TAVERNIER-FLAGG, JESSICA LYNN</b> Last First Middle	Owner <b>NISSAN INFINITI LT LLC</b> Last First Middle
Address <b>11 JEFFERSON DR</b>	Address <b>8900 FREEPORT PKWY</b>
City <b>DANIELSON</b> State <b>CT</b> Zip <b>06239</b>	City <b>IRVING</b> State <b>TX</b> Zip <b>75063</b>
Insurance Company <b>State Farm</b>	Vehicle Action Prior to Crash <b>1</b> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>3</b> 27 27 27
Citation # (If Issued) _____	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
	BAC Test Result: <b>1</b> 30
	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Driver Contributing Code <b>1</b> 25 25
	Driver Distracted by <b>0</b> 26 26
	Towed from scene? <b>2</b> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # <b>SA4540338</b> St <b>MA</b> DOB/Age <b>01/22/2003</b>	Reg # <b>3FX792</b> Reg Type <b>APN</b> Reg State <b>OK</b>
Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2021</b> Veh Make <b>FORD</b> Veh Config. <b>2</b> 21
Operator <b>CORREA, RODRIGO MIGUEL</b> Last First Middle	Owner <b>PV HOLDING CORP</b> Last First Middle
Address <b>13 MENDON ST APT 1</b>	Address <b>300 CENTRE POINT DR</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>016**</b>	City <b>VIRGINA BEACH</b> State <b>VA</b> Zip <b>23462</b>
Insurance Company <b>SELF INSURED</b>	Vehicle Action Prior to Crash <b>10</b> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>5</b> 27 27 27
Citation # (If Issued) _____	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
	BAC Test Result: <b>1</b> 30
	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Driver Contributing Code <b>4</b> 25 25
	Driver Distracted by <b>0</b> 26 26
	Towed from scene? <b>2</b> 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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

