

Date of Crash 07/08/2024 Time of Crash 1020 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 15 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

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 Address # Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: [x] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-234-AC

License # 118664561 St CT DOB/Age 11/04/1991 Sex M Lic. Class D 19 19 Lic. Restrictions 20 Operator APONTE, ALEX Address 65 JUBILEE ST City NEW BRITAIN State CT Zip 06051

Reg # MJB4006 Reg Type PAN Reg State PA Veh Year 2023 Veh Make NISSAN Veh Config. 1 Owner EAN HOLDINGS LLC Address 14002 E 21ST ST STE 1500 City TULSA State OK Zip 74134

Table with columns: Name, 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, 1, 4, 0, 0, 10, 1.

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

License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 Operator Address City State Zip Insurance Company Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

Table with columns: Name, 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/Occupants, See Above, [X], [X], 1.

