

Date of Crash 03/05/2026 Time of Crash 1232 24HR 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:

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 FAITH AVE 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# 26-104-AC

License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CRUZ, JESSICA Address 26 WICKER ST City PUTNAM State CT Zip 06260 Insurance Company CSAA Affinity Insurance C Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # BB69372 Reg Type PAN Reg State CT Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21 Owner CARRERO, ALVIN P Address 26 WICKER ST City PUTNAM State CT Zip 06260-1012 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 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, 99, 4, 0, 0, 10, 1, NOT TRANSPORTED

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

License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator BELDE, NICOLAE-COSMIN Address 15306 41ST AVE E City TACOMA State WA Zip 98446 Insurance Company SHELTER INSURANCE Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # FP327886 Reg Type CON Reg State IL Veh Year 2026 Veh Make FORD Veh Config. 2 21 Owner EAN HOLDINGS LLC FIRM OWNED Address 1050 N LOMBARD RD City LOMBARD State IL Zip 60148 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 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/Occupants, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 0, NOT TRANSPORTED

