

Date of Crash **04/17/2026** Time of Crash **1301** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# **51** Direction _____ Address # **PINEHURST AVE** Name of Roadway/Street _____

Feet **N S E W** of _____ or _____ 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: Vehicle **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-158-AC**

License # _____ St. _____ DOB/Age _____ Reg # **AC69217** Reg Type **PAN** Reg State **CT**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **BENSON, LARRY H** Owner **BENSON, LARRY H**

Address **893 ROUTE APT 169** Address **893 ROUTE APT 169**

City **WOODSTOCK** State **CT** Zip **06281-2218** City **WOODSTOCK** State **CT** Zip **06281-2218**

Insurance Company **CSAA Affinity Insurance C** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 5 27 4 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 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
Operator	See Above	_____	_____	1	1	4	0	0	10	1	
_____	_____	_____	F	4	4	4	0	0	10	1	
_____	_____	_____	F	6	4	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **5LMJ77** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **PILLCO, KEVIN O** Owner **PILLCO, KEVIN O**

Address **60 MCCARTHY AVE** Address **60 MCCARTHY AVE**

City **CHERRY VALLEY** State **MA** Zip **01611-3204** City **CHERRY VALLEY** State **MA** Zip **01611-3204**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

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Operator/Occupants	See Above	_____	_____	1	1	3	0	0	10	1	
_____	_____	_____									
_____	_____	_____									

