	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Cra	sh	Numb Vehicl		mad 1	eed Limit	4(	Local Police	1
	07/26/2024 1642 Aub	urn	<b>Police</b>	Report		2	1	La	itude ngitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION :	>		NO	T AT I	NTER	SEC	TION:	1
												<b>2</b> 10
	20 W Direction Direction ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							ww./Straat	.[
<sup>1</sup> 1	. Route# Direction	At	cci	Route# Blicet	1011 2	Address			Ivallic of	Noauw	vay/Succi	-
	MILLBUR		Feet N S E W of • or Mile Marker							Exit Number		
	Route# Direction Na	ame of Intersecting Roadw		. E	N S F	w	IVI	iic ware			Exit Ivalloci	3 11
	Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/Street  Feet NSEW of								
<sup>2</sup> <b>1</b>	Route# Direction Na	ame of Intersecting Roadw	/ay/Street	Feet [	NSE	of w						
_	Please Select One Vi Vohiolo 1 1	#0 . <b>D</b>		<u> </u>			4 0			andmark	K	1
3	of the Following:	_#Occupants	Run Moped	Crash Ro	eport ID	# 2	4-2	253	-AC	;		
	License # <b>S79154810</b> St <b>M</b>	IA DOB/Age 05/1	.2/1979 Reg	# <u>3XSE41</u>			Re	g Туре <b>Р</b>	AN	R		12
	Sex M Lic. Class A Lic. 19 Lic. 1	Restrictions 1 20 C	DL Veh ndorsement	Year <b>2020</b>	Ve	h Make	RAM			Veh	Config. 21	1
	Operator BENOIT, TONY	P	ndorsementOwn Middle	ner <b>BENOIT</b>	, TC	NY	P					
<sup>4</sup> 3	Address 13 SOUTH ST A	First PT 2	Middle	ress 13 SOU	ast		F	irst <b>2</b>		Mi	iddle	
	City <b>SOUTHBRIDGE</b> Stat	e <b>MA</b> Zip <b>0155</b> 0		SOUTHBRI					MA 2	Zip <b>0</b> 1	1550-4005	
	Insurance Company PROGRESSI			icle Action Prior to C		4	22		iged Area			
	Vehicle Travel Direction: S E W	Responding to Emerg			23 2		23	Test S	Status:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Issued) 797829AC	responding to Emerg	_	t Harmful Event	1	24		Type	of Test:		0 29	
	1					1 25	25	-	Test Resu		30	13
	Viol. 1: Ch/Sec/Sub <b>89 8</b>			er Contributing Cod		26	26	Susp.	Alcohol:		22	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub		er Distracted by	0	34 3		Towe	d from sc	ene?	2 33	ļ
	Name (Last First Middle)	rator and arr occupants my	Address	DOB/Age		Seat Sa: Pos. Sys	ety Airbag	Eject T	rap Injury ode Status	Transp.	Medical Facility	
	Operator	S	ee Above	$\rightarrow$	X	1 99	4	0 0	10	1		
												-
												-
												_
<sup>7</sup> <b>2</b>	Please Select One of the Following:	#Occupants	Run Moped	Vulnerab	ole User	Compl	ete the Vı	ılnerable U	Jser section	on.		
	License # <b>SA3290534</b> St <b>M</b>	IA DOB/Age 04/2	24/2003 Reg	# <u>LVA6427</u>			Re	g Type <b>L</b>	VN	R	eg State <b>MA</b>	1
	Sex M Lic. Class D Lic. 19 Lic. 1	_	Year <b>2016</b>							21		
	Operator CAMPOS, LUIS	E	ndorsement								VICES INC	
<sup>8</sup> 1	Last	First APT 3	Middle	ress 435 LA	ast		F	irst	<u>:-</u> г 39	Mi	iddle	
		e <b>MA</b> Zip 01570		LEOMINS		OILL	CSI				1453-4397	2 14
	_	-	·			4	22		iged Area		27 27 27	
	Insurance Company PILGRIM II			icle Action Prior to C	23 2	3 23	23		Status:		1 28	
	Vehicle Travel Direction: N S E	Responding to Emerg	•	nt Sequence 1		24	20	Туре	of Test:		0 29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)			t Harmful Event	_	25	2.5		Test Resu	ılt:	30	
	Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Towed from scene? 1 33								]
	Please fill out for open Name (Last First Middle)	rator and all occupants inve	olved Address	DOB/Age		34 3 Seat Sa: Pos. Sys	ety Airbag	37 Eject T Code C	38 39 rap Injury ode Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	S	ee Above		X	1 99		0 0				1
	1					+						1
						+						-
												_

	= Direction	= Vehicle 1 2	= Vehicle 2	$\bigcirc$ = Pedestrian	⊙ = Bicycle	
Crash Diagram:	ie:	2	<b>→</b>	Ŷ •	→ 55	
		Millbury St			If Crash <u>Did Not</u> ( on a Public Way:	Occur
		~			Off-Street Parking Lot	
Washington Street (Route	20)	M/V #1	 (1)		☐ Garage	
			A 4 1411 A 115		Mall/Shopping Center	
		, D			Other Private Way	
		Millbury St	_	4		AFFOW
Crash Narrative:	<u>.</u>					
M/V #1 was traveling e	ast on Washingt	on Street at	tempting to t	urn left	onto Millbury St.	
M/V #2 was traveling w	est on Washingt	on Street th	rough the int	ersection	of Millbury St.	
M/V #1 turned left in	front of M/V #2	when the co	llision happe	ned. Oper	ator of M/V #1	
stated he had the gree	n light (not ar	row). Operat	or of #2 stat	ed the li	ght had changed to	
yellow when he was pro	ceeding through	. Operator #	1 was cited f	or failin	g to yield the	
right of way at an int	ersection.					
Witnesses						
Witnesses: Name (Last,First,Middle)		Address		Phone #	Statement	
Property Damage:			T "			
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	la Saction)		
Carrier Name	Bus Use	42				
Address			City		St Zip	
	State Number			MC/MX/ICO	C#:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length 46	
Hazmat Information:						
Placard 47 Material 1 digit	# Material Na	me		Material 4 digit #	Release code	49
Patrolman Daniel P Dv	son		73DD Auh	urn Polic	e Department 07/	26/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date