

Date of Crash **07/26/2024** Time of Crash **1642** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST
Route# Direction Name of Roadway/Street
At
MILLBURY ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-253-AC**

License # **S79154810** St **MA** DOB/Age **05/12/1979** Reg # **3XSE41** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **BENOIT, TONY P** Owner **BENOIT, TONY P**
Address **13 SOUTH ST APT 2** Address **13 SOUTH ST APT 2**
City **SOUTHBRIDGE** State **MA** Zip **01550-4005** City **SOUTHBRIDGE** State **MA** Zip **01550-4005**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **3 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **797829AC** Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub **89 8** Viol. 2: Ch/Sec/Sub Driver Contributing Code **4 25 25** BAC Test Result: **30**
Viol. 3: 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	X	X	1	99	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 # **SA3290534** St **MA** DOB/Age **04/24/2003** Reg # **LVA6427** Reg Type **LVN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **CAMPOS, LUIS ANTONIO JR** Owner **BOSTON HEALTH AND RECOVERY SERVICES INC**
Address **448 SCHOOL ST APT 3** Address **435 LANCASTER ST APT 394A**
City **WEBSTER** State **MA** Zip **01570-4407** City **LEOMINSTER** State **MA** Zip **01453-4397**
Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **0 29**
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Operator/Occupants		See Above	X	X	1	99	3	0	0	■	■	

