Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
10/30/2025	1859 (24HR)	Auburn	2	0	35			Local Police

Police Agency: State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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: —

NOT AT INTERSECTION:

Route# | Direction | Address # 683 | Name of Roadway/Street: SOUTHBRIDGE ST

— Feet [N S E W] of — — — • — — Mile Marker | or Exit Number

— Feet [N X E W] of Route# — | Intersecting Roadway/Street: FAITH AVE

— Feet [N S E W] of

Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-371-AC

Vehicle 1 — Operator / Owner

License # S75366936 | St MA | DOB/Age 01/26/1987

Sex F | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator GONZALEZ, MELODY MARIE (Last, First, Middle)

Address 79 CIRCUIT W AVE

City WORCESTER | State MA | Zip 01603-2156

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N X 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 # 3TDP43 | Reg Type PAN | Reg State MA

Veh Year 2019 | Veh Make HONDA | Veh Config. 1

Owner GONZALEZ, MELODY MARIE (Last, First, Middle)

Address 79 CIRCUIT W AVE

City WORCESTER | State MA | Zip 01603-2156

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 7 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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
Operator	See Above	X	X	1	1	4	0	0	10	1	NOT TRANSPORTED

Please Select One of the Following: ☐ Vehicle 2 — 1 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2 — Operator / Owner

License # 48451334 | St TX | DOB/Age 12/07/1977

Sex M | Lic. Class A | Lic. Restrictions | CDL Endorsement

Operator ALMOBAYED, BASEL A (Last, First, Middle)

Address 2526 CAMPBELL ST

City HOUSTON | State TX | Zip 77026

Insurance Company ABSOLUTE INSURANCE SOLUTI

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 # PXC6863 | Reg Type CON | Reg State OH

Veh Year 2017 | Veh Make VOLVO | Veh Config. 10

Owner ALI STAR INC (Last, First, Middle)

Address 9435 WATERSTONE BLVD APT 140

City CINCINNATI | State OH | Zip 45249

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 9 | |

Driver Distracted by: 99 | |

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

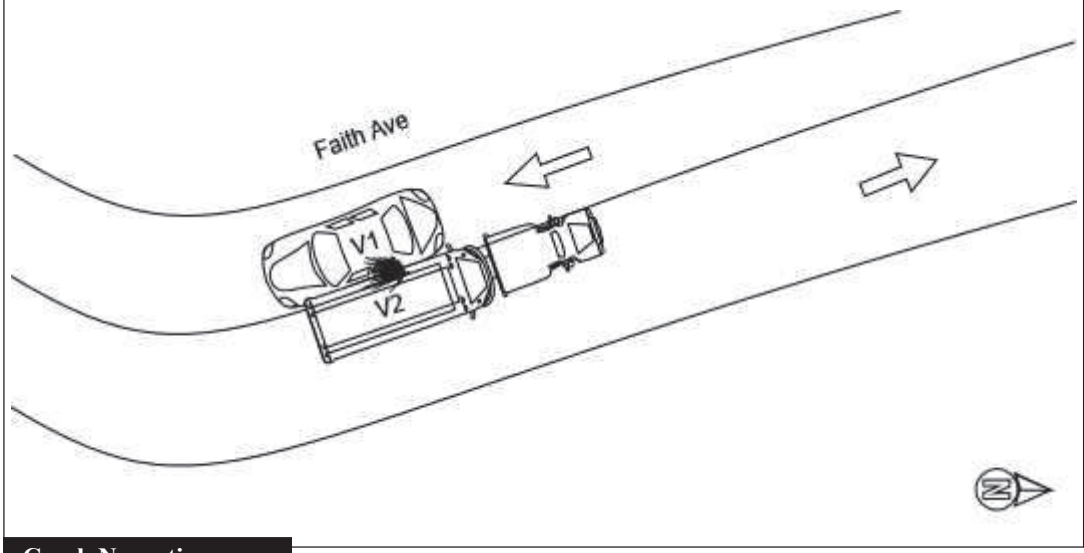
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	99	4	0	0	10	1	NOT TRANSPORTED

Please fill out for operator and all occupants involved

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

- ❒ Off-Street Parking Lot
- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

I[illegible] Arrow

Crash Narrative:

Vehicle 1 was travling down Faith Ave when Vehicle 2 failed to maintain there lane and turned on to Faith Ave heading in the opposite direction and sideswiped Vehicle 1. Vehicle 2 then proceeded on without stopping, while Vehicle 1 came to a stop.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MONROE MELISSA JEAN	185 BALDWIN ST LEICESTER MA 01524-2204	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

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 # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Patrick Montague		99PM	Auburn Police Department		10/30/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date