

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

| | | | | | | |
|-----------------------------|-------------------------------|---------------------|----------------------|---------------------|-------------------|--|
| Date of Crash 01/25/2026 | Time of Crash 1920 24HR | City/Town Auburn | Number Vehicles 1 | Number Injured 0 | Speed Limit 30 | State Police Local Police MBTA Police Campus Police Other: _____ |
|-----------------------------|-------------------------------|---------------------|----------------------|---------------------|-------------------|--|

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 5

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 _____

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

2 10
126 WALLACE AVE

Route# _____ Direction _____ Address # _____ 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 _____

License # **S81197801** St **MA** DOB/Age **05/25/1983**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____

Operator **DALBEC, JOSEPH PETER III** Last **1** First **2** Middle **3**

Address **14 HIGHLAND AVE**

City **OXFORD** State **MA** Zip **01540-1536**

Insurance Company **ASCOT INSURANCE COMPANY**

Vehicle Travel Direction: N 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 _____

3 8
Reg # **M9720B**Reg Type **MVN**Reg State **MA**Veh Year **2024** Veh Make **FORD** Veh Config. **2** 214 1
Owner **TOWN OF AUBURN DEPT OF PUBLIC WORKS**Address **5 MILLBURY ST**City **AUBURN** State **MA** Zip **01501**Vehicle Action Prior to Crash **10** 22Event Sequence **22** 23 23 23 23Most Harmful Event **22** 24Driver Contributing Code **1** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **27** 0 27 27Test Status: **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **2** 335 6 3
Please fill out for operator and all occupants involved

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

| | | | | | | |
|----------|----------|----------|----------|----------|-----------|----------|
| 1 | 1 | 4 | 0 | 0 | 10 | 1 |
|----------|----------|----------|----------|----------|-----------|----------|

7 1
Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Endorsement _____

Operator _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. **21**8 1
Owner _____ Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

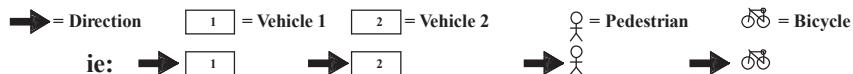
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Operator/Occupants

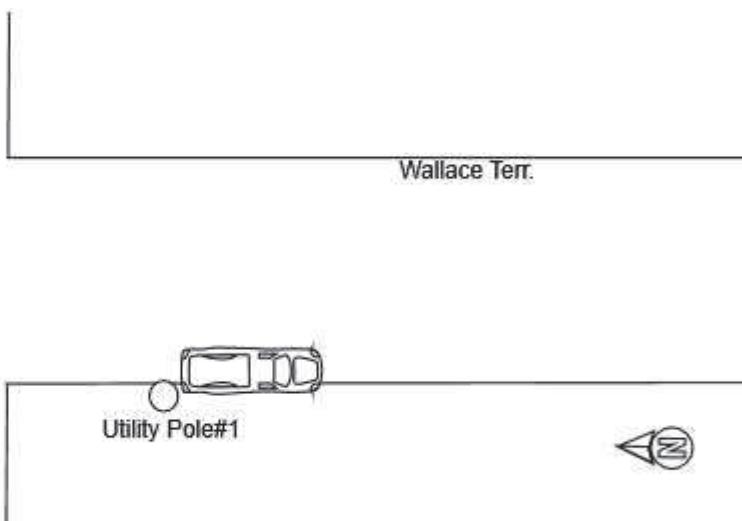
See Above

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|----------|--|--|--|--|--|--|
| 1 | | | | | | |
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Crash Diagram:

wallace Ave.



If Crash Did Not Occur on a Public Way:

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

Crash Narrative:

On Sunday January 25, 2026 at approximately 1920 hours vehicle #1 was plowing snow on Wallace Terrace. As it was attempting back up, it struck a utility pole. Note! The blizzard condition made it very difficult see and maneuver the plow truck on this narrow road.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------------------------------------|---------|---------|---------------------------------|
| NATIONAL GRID | 939 SOUTHERBRIDGE ST WORCESTER MA 016 | | 4 | UTILITY POLE#1 |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use _____

Address _____ City _____ St _____ Zip _____

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

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Sergeant Spiros Kaperonis
Police Officer Name (Please Print)

Signature

56SK

Auburn Police Department

01/25/2026