

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **01/03/2026** Time of Crash **1532** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **4**

Speed Limit **40** State Police
 Local Police MBTA Police
 Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

SOUTHBRIDGE ST

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

VETERANS WAY

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 **14** #Occupants Hit/Run MopedCrash Report ID# **26-2-AC**License # **S55337302** St **MA** DOB/Age **09/22/1977**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____Operator **NOVIA, MICHAEL DAVID**

Last _____ First _____ Middle _____

Address **27 PAUL ST**City **AUBURN** State **MA** Zip **01501-2835**Insurance Company **SAFETY INSURANCE COMPANY**Vehicle Travel Direction: **N S E X** 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 # **2LTA52**Reg Type **PAN**Reg State **MA**Veh Year **2003** Veh Make **TOYOTA** Veh Config. **2**

Please fill out for operator and all occupants involved

City **AUBURN** State **MA** Zip **01501-2835**Vehicle Action Prior to Crash **6 22** Damaged Area Code: **6 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **1 25 25** BAC Test Result: **30**Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **1 33**

Medical Facility _____

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Operator See Above **1 1 4 0 0 8 2****JESSICA NOVIA** **27 PAUL ST AUBURN, MA 01501-2835** **03/23/1978 F 3 1 4 0 0 10 1**_____ **_____ F 4 1 4 0 0 8 2**_____ **_____ F 6 1 4 0 0 0 10 1**Please Select One of the Following: Vehicle **26** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **5YE426** Reg Type **PAN** Reg State **MA**Veh Year **2014** Veh Make **HONDA** Veh Config. **2**Owner **BELTRAN, GABRIEL**

Last _____ First _____ Middle _____

Address **9 MOUNT VIEW AVE**City **AUBURN** State **MA** Zip **01501-2312**Insurance Company **GOVERNMENT EMPLOYEES INSU**Vehicle Travel Direction: **N S X 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 _____

Vehicle Action Prior to Crash **6 22** Damaged Area Code: **8 27 27 27**Event Sequence **1 23 23 23 23** Test Status: **1 28**Most Harmful Event **1 24** Type of Test: **29**Driver Contributing Code **4 25 25** BAC Test Result: **30**Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**Towed from scene? **1 33**

Medical Facility _____

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Operator/Occupants See Above **1 1 3 0 0 8 1**_____ **_____ F 4 1 3 0 0 10 1**_____ **_____ M 3 1 4 0 0 10 1**_____ **_____ F 6 1 3 0 0 10 1**

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AT INTERSECTION:

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SOUTHBRIDGE ST

1 1 Route# _____ Direction _____ Name of Roadway/Street _____

At _____

VETERANS WAY

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

3 Please Select One of the Following: Vehicle **26** #Occupants Hit/Run Moped

Crash Report ID# **26-2-AC**License # **S53411266** St **MA** DOB/Age **05/17/1985**Reg # **5YE426**Reg Type **PAN**Reg State **MA**Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year _____ Veh Make **HONDA** Veh Config. **21**Operator **BELTRAN, GABRIEL**Owner **BELTRAN, GABRIEL**

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address **9 MOUNT VIEW AVE**Address **9 MOUNT VIEW AVE**City **AUBURN** State **MA** Zip **01501-2312**City **AUBURN** State **MA** Zip **01501-2312**

Insurance Company _____

Damaged Area Code: **27 27 27**Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**

Driver Contributing Code _____

Towed from scene? **1 33**

Driver Distracted by _____

Medical Facility _____

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								
_____	_____	_____	M	9	1	3	0	0	8	1	
_____	_____	_____	F	7	1	3	0	0	10	1	

7 2 Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Reg # _____ Reg Type _____ Reg State _____

Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____

Owner _____

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Damaged Area Code: **27 27 27**Vehicle Travel Direction: **N S E W** Responding to Emergency? _____Test Status: **28**

Citation # (If Issued) _____

Type of Test: **29**

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

BAC Test Result: **30**

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

Susp. Alcohol: **31** Susp. Drug: **32**

Driver Contributing Code _____

Towed from scene? **33**

Driver Distracted by _____

Medical Facility _____

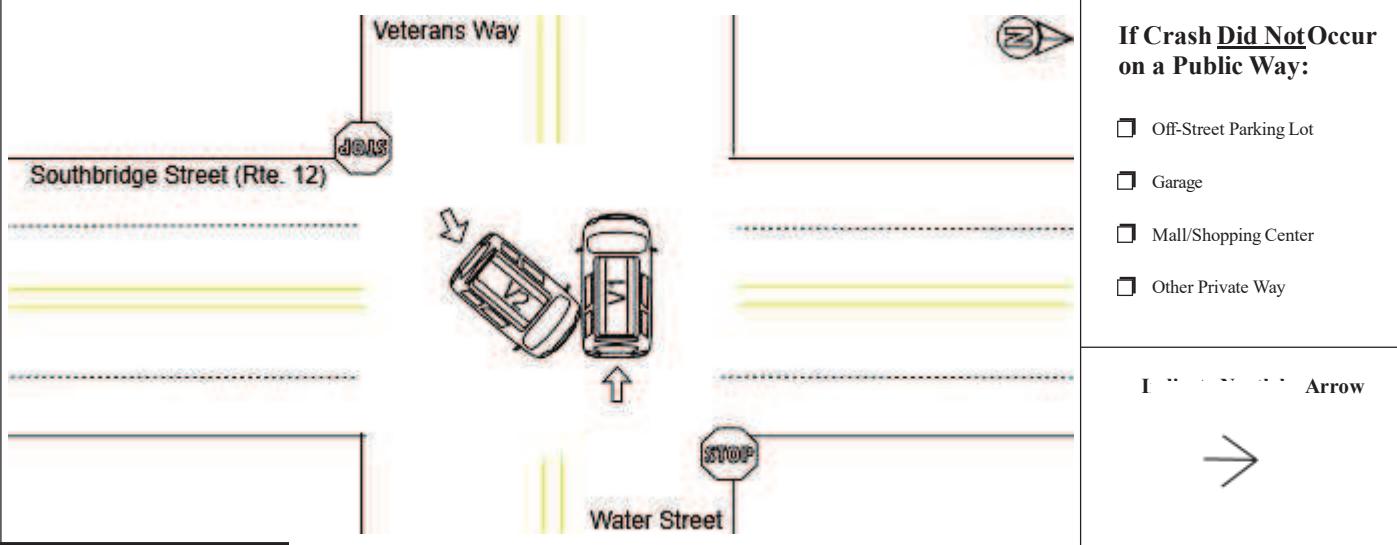
Please fill out for operator and all occupants involved

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/Occupants	See Above		1								
_____	_____	_____	M	9	1	3	0	0	8	1	
_____	_____	_____	F	7	1	3	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚙ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚙



Crash Narrative:

On January 3, 2026, I was dispatched to the intersection of Southbridge Street at Veterans Way for a report of a two car crash. I spoke with the operators who stated that vehicle one was crossing Southbridge Street. Vehicle 2 pulled out at the same time, turned to enter the northbound lane on Southbridge Street and subsequently struck vehicle 1. The operator of vehicle 1 stated that there was a truck in front of vehicle 2 who pulled onto Southbridge Street first and then vehicle 2 continued through the stop sign without coming to complete stop and then subsequently struck them.

Witnesses:

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

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

Auburn Police Department

ID/Badge #

Department

Precinct/Barracks

01/03/2026

Date