

Police Use Only

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

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 <input type="checkbox"/>
		Latitude _____	Local Police <input checked="" type="checkbox"/>
		Longitude _____	MBTA Police <input type="checkbox"/>
			Campus Police <input type="checkbox"/>
			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 _____



Moped _____

Crash Report ID# **26-2-AC**License # **S55337302** St **MA** DOB/Age **09/22/1977**Reg # **2LTA52**Reg Type **PAN**Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____Operator **NOVIA, MICHAEL DAVID**Veh Year **2003**Veh Make **TOYOTA**Veh Config. **2**Address **27 PAUL ST**City **AUBURN** State **MA** Zip **01501-2835**City **AUBURN**Insurance Company **SAFETY INSURANCE COMPANY**State **MA** Zip **01501-2835**Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Vehicle Action Prior to Crash **6 22**Damaged Area Code: **6 27 27 27**

Citation # (If Issued) _____

Event Sequence **1 23 23 23 23**Test Status: **1 28**

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

Most Harmful Event **1 24**Type of Test: **29**

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

Driver Contributing Code **1 25 25**BAC Test Result: **30**Driver Distracted by **0 26 26**Susp. Alcohol: **2 31**Susp. Drug: **2 32**

Please fill out for operator and all occupants involved

Towed from scene? **1 33**

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	8	2	
JESSICA NOVIA	27 PAUL ST AUBURN, MA 01501-2835	03/23/1978	F	3	1	4	0	0	10	1	

Please Select One
of the Following:Vehicle **26**

#Occupants _____



Hit/Run _____



Moped _____

Vulnerable User Complete the Vulnerable User section.

License # **S53411266** St **MA** DOB/Age **05/17/1985**Reg # **5YE426**Reg Type **PAN** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____Veh Year **2014**Veh Make **HONDA**Veh Config. **2**Operator **BELTRAN, GABRIEL**Owner **BELTRAN, GABRIEL**Address **9 MOUNT VIEW AVE**Address **9 MOUNT VIEW AVE**City **AUBURN** State **MA** Zip **01501-2312**City **AUBURN**Insurance Company **GOVERNMENT EMPLOYEES INSU**Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**State **MA** Zip **01501-2312**

Citation # (If Issued) _____

Vehicle Action Prior to Crash **6 22**Damaged Area Code: **8 27 27 27**

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

Event Sequence **1 23 23 23 23**Test Status: **1 28**

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

Most Harmful Event **1 24**Type of Test: **29**Driver Contributing Code **4 25 25**Driver Contributing Code **4 25 25**BAC Test Result: **30**Driver Distracted by **0 26 26**Driver Distracted by **0 26 26**Susp. Alcohol: **2 31**

Please fill out for operator and all occupants involved

Susp. Drug: **2 32**

Name (Last First Middle) _____ Address _____

DOB/Age _____ Sex _____

Towed from scene? **1 33****Operator/Occupants** _____ See Above _____

34 Seat Pos. _____ 35 Safety System _____

Medical Facility _____

36 Airbag Status _____ 37 Eject Code _____

38 Trap Code _____ 39 Injury Status _____

40 Transp. Code _____

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RMV Document Number

Date of Crash **01/03/2026** Time of Crash **1532**
24HRCity/Town **Auburn**Number Vehicles **2** Number Injured **4**Speed Limit **40**
Latitude _____
Longitude _____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 **26** #Occupants Hit/Run MopedCrash Report ID# **26-2-AC**License # **S53411266** St **MA** DOB/Age **05/17/1985**Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____Operator **BELTRAN, GABRIEL**

Last _____ First _____ Middle _____

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

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 # **5YE426**Reg Type **PAN**Reg State **MA**Veh Year _____ Veh Make **HONDA** Veh Config. **21**Owner **BELTRAN, GABRIEL**

Last _____ First _____ Middle _____

Address **9 MOUNT VIEW AVE**City **AUBURN** State **MA** Zip **01501-2312**Vehicle Action Prior to Crash **22**Event Sequence **23 23 23 23**Most Harmful Event **24**Driver Contributing Code **25 25**Driver Distracted by **26 26**Damaged Area Code: **27 27 27**Test Status: **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **31** Susp. Drug: **32**Towed from scene? **1 33**

Please fill out for operator and all occupants involved

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

Operator

See Above

34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____

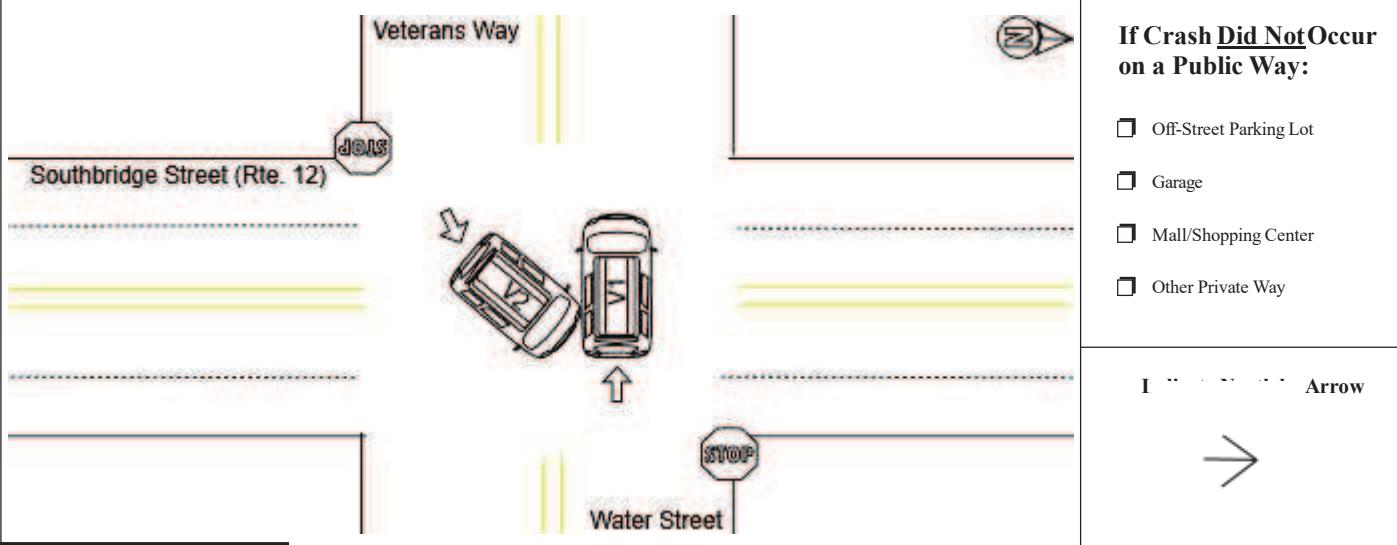
37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____

40 Transp. Code _____ Medical Facility _____

→ = 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

ID/Badge #

Auburn Police Department

Department

01/03/2026

Date