

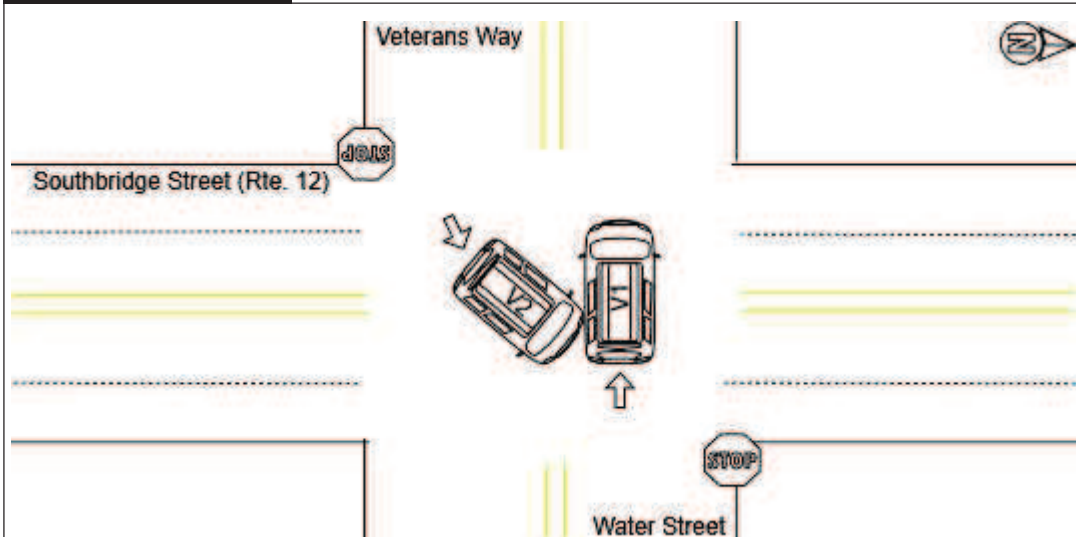
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/03/2026		Time of Crash 1532 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 4	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction VETERANS WAY Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 14 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> 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 20 CDL Endorsement						Veh Year 2003 Veh Make TOYOTA Veh Config. 2 21											
Operator NOVIA, MICHAEL DAVID Last First Middle						Owner NOVIA, JESSICA LEE Last First Middle											
Address 27 PAUL ST						Address 27 PAUL ST											
City AUBURN State MA Zip 01501-2835						City AUBURN State MA Zip 01501-2835											
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 6 27 27 27											
Vehicle Travel Direction: N S E X 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: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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						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 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 26 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> 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 21											
Operator BELTRAN, GABRIEL Last First Middle						Owner BELTRAN, GABRIEL 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 GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 27 27											
Vehicle Travel Direction: N S X 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: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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/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											

[illegible]

→ = 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

Indicate Direction of Travel with Arrow



### 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

Precinct/Barracks

01/03/2026

Date