

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 08/17/2026		Time of Crash 0854 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
1 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						9 Route# Direction Address # Name of Roadway/Street 800 WASHINGTON ST 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								
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-319-AC						
License # St. DOB/Age						Reg # 5SSB63 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 1998 Veh Make BMW Veh Config. 1 21								
Operator TYRRELL, ACE PATRICK Last First Middle						Owner TYRRELL, ACE PATRICK Last First Middle								
Address 616 MAIN ST						Address 616 MAIN ST								
City NORTH OXFORD State MA Zip 01537-1304						City NORTH OXFORD State MA Zip 01537-1304								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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: 0 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 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 10 1								
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.						
License # St. DOB/Age						Reg # 4VNY97 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2026 Veh Make HYUNDAI Veh Config. 1 21								
Operator LANGELIER-SMITH, CHELSEA FRANCES Last First Middle						Owner LANGELIER-SMITH, CHELSEA FRANCES Last First Middle								
Address 7 MAPLE AVE APT 1						Address 7 MAPLE AVE APT 1								
City NORTH OXFORD State MA Zip 01537-1164						City NORTH OXFORD State MA Zip 01537-1164								
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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: 0 29								
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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 4 0 0 10 1								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Washington ST

Left Turn Lane

Car1



Car2
stopped
at red
light



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

Both cars were travelling East on Washington Street. Car2 was stopped at the traffic light at the intersection of Prospect Street. Car1 stated they were looking down and looked up and Car2 was stopped. Car1 hit Car2 center rearend. Both vehicles had minimal damage. Car2 had an infant in 5 point harness in the rear left seat.

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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/17/2026

Date