Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
08/18/2026	1615 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: 1 1

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street: 2 1

NOT AT INTERSECTION:

Route# | Direction | Address # 547 | Name of Roadway/Street: SOUTHBRIDGE ST — 2 10

Feet [N S E W] of — — — • — (Mile Marker) or (Exit Number)

Feet [N S E W] of Route# | Intersecting Roadway/Street — 8 11

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — 3

Crash Report ID# 26-322-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator NORRMAN, KIRK ANDREW (Last First Middle) — 4 1

Address 573 MAIN ST

City OXFORD State MA Zip 01540-1237

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2 — 5 2

Citation # (If Issued)

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

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — 6 1

Reg # 3JMV28 Reg Type PC Reg State MA

Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21 — 1 12

Owner O'CONNELL, TANYA MARIE (Last First Middle)

Address 573 MAIN ST

City OXFORD State MA Zip 01540-1237

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33 — 1 13

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section. — 7 3

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator GILMORE, ADRINNE D (Last First Middle) — 8 1

Address 13 DIANE AVE

City AUBURN State MA Zip 01501-2804

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2 — 9 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 # 2JBE74 Reg Type PC Reg State MA

Veh Year 2016 Veh Make CADILLAC Veh Config. 1 21 — 1 14

Owner GILMORE, ADRINNE D (Last First Middle)

Address 13 DIANE AVE

City AUBURN State MA Zip 01501-2804

Vehicle Action Prior to Crash 6 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 4 27 27 27

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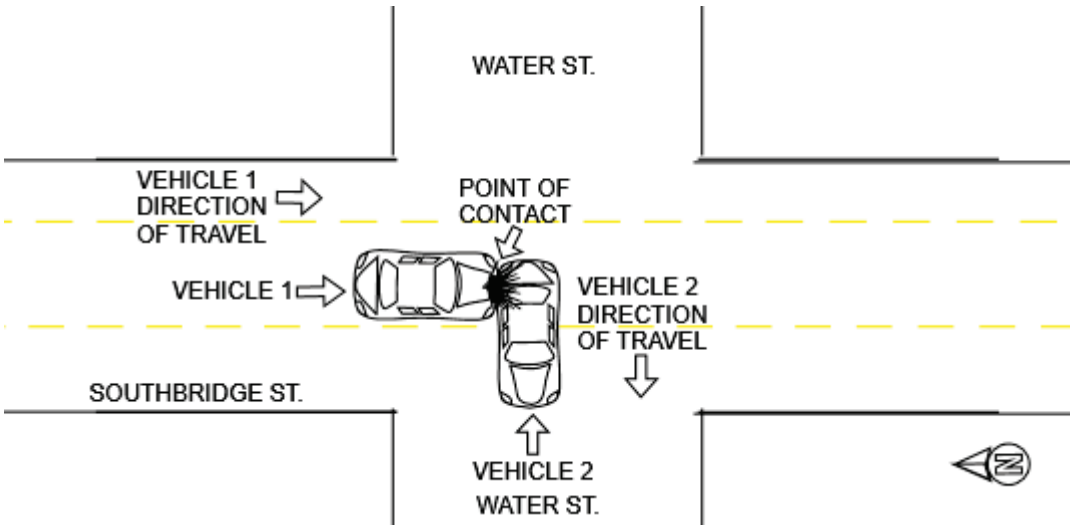
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

= 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

I[illegible] Arrow

Crash Narrative:

On August 18, 2026, I, Officer Rattray was dispatched to the area of Southbridge Street and Water Street, both public ways in the Town of Auburn, for a report of a motor vehicle accident.

Upon arrival, I determined that Vehicle 1 was traveling southbound on Southbridge Street. Vehicle 2 was positioned at the intersection of Southbridge Street and Water Street and was attempting to cross four lanes of travel in order to reach the opposite side of Water Street. As Vehicle 2 attempted to cross the four lanes of travel, it appeared that the operator failed to yield to southbound traffic. As a result, Vehicle 1 struck the rear passenger side of Vehicle 2. Both operators refused medical attention from the Auburn Fire Department. Vehicle 1 was towed from the scene by Direnzo's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
COLEMAN STEPHEN	47 AUBURN ST AUBURN MA	508-832-7800	

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 Matthew Rattray		95MR	Auburn Police Department		08/18/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date