

Police Use Only

Date of Crash
08/21/2025

Time of Crash
0107
24HR

City/Town
Auburn

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Number
Vehicles
1

Number
Injured
0

RMV Document Number

Speed Limit
30

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

4

2

3

3

2

5

1

6

2

Route#

Direction

OXFORD STREET NO

Name of Roadway/Street

At

Route#

Direction

AUBURN ST

Name of Intersecting Roadway/Street

Also at Intersection with

Route#

Direction

Name of Intersecting Roadway/Street

Route#

Direction

Address #

Name of Roadway/Street

Feet

NSEW

of•or

Mile Marker

Exit Number

Feet

NSEW

of

Route#

Intersecting Roadway/Street

Feet

NSEW

of

Landmark

Please Select One of the Following:

☒ Vehicle 12#Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-269-AC

License # S24622480

St MA

DOB/Age 02/16/1988

Reg # 4JTY65

Reg Type PC

Reg State MA

Sex F

Lic. Class D1919

Lic. Restrictions 20

CDL H

Endorsement

Veh Year 2023

Veh Make KIA

Veh Config. 121

Operator CHAMBERS, MELISSA NICOLE

Owner CHAMBERS, MELISSA NICOLE

Address 48 MAPLE ST APT 2

Address 48 MAPLE ST APT 2

City HOLDEN

State MA

Zip 01520-1322

City HOLDEN

State MA

Zip 01520-1322

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Action Prior to Crash 122

Damaged Area Code: 1272727

Vehicle Travel Direction: NSEW

Responding to Emergency? 2

Event Sequence 2223232323

Test Status: 228

Citation # (If Issued) 648284

Most Harmful Event 2224

Type of Test: 029

Viol. 1: Ch/Sec/Sub 9024J

Viol. 2: Ch/Sec/Sub 894A

Driver Contributing Code 142525

BAC Test Result: 130

Viol. 3: Ch/Sec/Sub 909B

Viol. 4: Ch/Sec/Sub

Driver Distracted by 992626

Susp. Alcohol: 131

Susp. Drug: 232

Towed from scene? 133

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	1	3	0	0	10	1	
MICHAEL RANDO	151 LEICESTER ST AUBURN, MA 01501-1436	03/14/1988	M	3	1	3	0	0	10	1	

7

1

8

1

9

2

1

14

Please Select One of the Following:

☐ Vehicle 2#Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License #

St

DOB/Age

Reg #

Reg Type

Reg State

Sex

Lic. Class D1919

Lic. Restrictions 20

CDL

Endorsement

Veh Year

Veh Make

Veh Config. 21

Operator

Owner

Address

Address

City

State

Zip

City

State

Zip

Insurance Company

Vehicle Action Prior to Crash 22

Damaged Area Code: 272727

Vehicle Travel Direction: NSEW

Responding to Emergency?

Event Sequence 23232323

Test Status: 28

Citation # (If Issued)

Most Harmful Event 24

Type of Test: 29

Viol. 1: Ch/Sec/Sub

Viol. 2: Ch/Sec/Sub

Driver Contributing Code 2525

BAC Test Result: 30

Viol. 3: Ch/Sec/Sub

Viol. 4: Ch/Sec/Sub

Driver Distracted by 2626

Susp. Alcohol: 31

Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

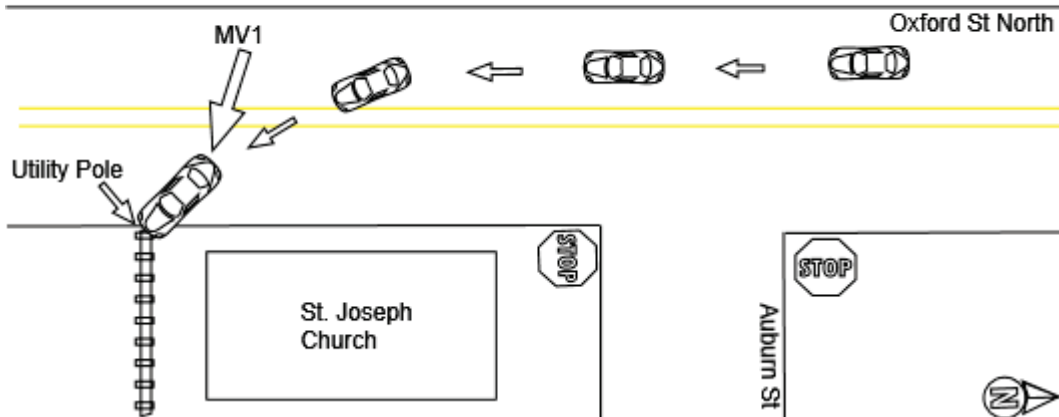
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ○

"NOT TO
SCALE"



If Crash **Did Not** Occur
on a Public Way:

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

Intersection Arrow



Crash Narrative:

Motor vehicle one was traveling Westbound on Oxford St North when it passed the intersection of Oxford St North and Auburn St. The vehicle lost control for unknown reasons, crossed over the double yellow, and struck a utility pole located in front of St Josephs church. The vehicle suffered serious damage and was towed away by Dorenzo towing. The operator/owner Ms. Melissa N. Chambers was placed under arrest for OUI (90-24J)

Please refer to 25-272-AR

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 Arek P Gasiorski

Police Officer Name (Please Print)

Signature

96AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/21/2025

Date