

Date of Crash 03/25/2026	Time of Crash 1942 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	12 N 611 SOUTHBRIDGE ST Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-136-AC**

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator DAVIAU, GEOFFREY EDWARD Address 36 ASHTON LN City SOUTH HADLEY State MA Zip 01075-2143 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N S E W Responding to Emergency? 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 # 96GX82 Reg Type PAN Reg State MA Veh Year 2024 Veh Make HONDA Veh Config. 1 21 Owner DAVIAU, GEOFFREY EDWARD Address 36 ASHTON LN City SOUTH HADLEY State MA Zip 01075-2143 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 19 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
---	---

Please fill out for operator and all occupants involved		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	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator QUEIROS, KYLE ROBERT Address 247 RESEVOIR ST City HOLDEN State MA Zip 01520-1205 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: S E W Responding to Emergency? 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 # 2P3973 Reg Type MCN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 3 21 Owner QUEIROS, KYLE ROBERT Address 247 RESEVOIR ST City HOLDEN State MA Zip 01520-1205 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 8 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
---	---

Please fill out for operator and all occupants involved		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	5	5	1	0	9	1	

