

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/06/2026** Time of Crash **1655** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **1**

Speed Limit **40** State Police   
Local Police  MBTA Police   
Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**12 N** **SOUTHBRIDGE ST**  
Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

At

**OXFORD STREET NO**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Feet **N S E W** of Mile Marker • or Exit Number

**21** 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 **11** #Occupants  Hit/Run  Moped

Crash Report ID# **26-9-AC**

License # **S11857872** St **MA** DOB/Age **04/17/1961**

Reg # **5XSR89** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL \_\_\_\_\_  
Endorsement

Veh Year **2024** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **NALIVAIKA, LEONAS A**  
Last First Middle

Owner **NALIVAIKA, LEONAS A**  
Last First Middle

Address **14 OAK KNLS**

Address **14 OAK KNLS**

City **WORCESTER** State **MA** Zip **01609-1026**

City **WORCESTER** State **MA** Zip **01609-1026**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **4 22**  
Damaged Area Code: **2 27 3 27 27**

Vehicle Travel Direction:  S E W Responding to Emergency? **2**

Test Status: **1 28**

Citation # (If Issued) **936717AD**

Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub **89 9** Viol. 2: Ch/Sec/Sub \_\_\_\_\_

BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

Driver Contributing Code **4 25 25**

Towed from scene? **1 33**

Driver Distracted by **99 26 26**

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**

Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **SA1611131** St **MA** DOB/Age **12/13/2005**

Reg # **6FLA68** Reg Type **PC** Reg State **MA**

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

Veh Year **2010** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**

Operator **JOHNSON, GIANNA JADE**  
Last First Middle

Owner **JOHNSON, GIANNA JADE**  
Last First Middle

Address **283 CHARLTON ST APT 2**

Address **283 CHARLTON ST APT 2**

City **SOUTHBRIDGE** State **MA** Zip **01550-1351**

City **SOUTHBRIDGE** State **MA** Zip **01550-1351**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1 22**  
Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction:  N E W Responding to Emergency? **2**

Test Status: **1 28**

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**Operator/Occupants**

See Above

**1 0 3 0 0 7 2**

