

Police Use Only

Date of Crash
01/06/2026

Time of Crash
1655
24HR

City/Town
Auburn

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
1

RMV Document Number

Speed Limit
40

Latitude
+042.1889

Longitude
-071.848

State Police

Local Police

MBTA Police

Campus Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

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

Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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# 26-9-AC

License # S11857872 St MA DOB/Age 04/17/1961
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator NALIVAICA, LEONAS A
Address 14 OAK KNLS
City WORCESTER State MA Zip 01609-1026
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: X S E W Responding to Emergency? 2
Citation # (If Issued) 936717AD
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5XSR89 Reg Type PAN Reg State MA
Veh Year 2024 Veh Make TOYOTA Veh Config. 1
Owner NALIVAICA, LEONAS A
Address 14 OAK KNLS
City WORCESTER State MA Zip 01609-1026
Vehicle Action Prior to Crash 4 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: 2 27 3 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

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
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator JOHNSON, GIANNA JADE
Address 283 CHARLTON ST APT 2
City SOUTHBRIDGE State MA Zip 01550-1351
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N X 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 # 6FLA68 Reg Type PC Reg State MA
Veh Year 2010 Veh Make MERCEDES-BENZ Veh Config. 1
Owner JOHNSON, GIANNA JADE
Address 283 CHARLTON ST APT 2
City SOUTHBRIDGE State MA Zip 01550-1351
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

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	0	3	0	0	7	2	

→ = 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

↑ Arrow



Crash Narrative:

V1 was travelling north on Rt.12/Southbridge St. V2 was travelling south on Rt.12/Southbridge St. approaching the intersection with Oxford St. North. Operator of V1 stated that he was in the dedicated left turn lane (to turn onto Oxford St. North) with the flashing yellow arrow. He stated that he proceeded to turn, V2 veered right from the left turn lane and collided with his vehicle. Operator of V2 was sitting on top of her seatbelt and suffered injury that included her right leg. I explained to the operator of V1 that v2 had the right of way while he had the flashing yellow arrow. I issued him a warning for Failure to Yield. Officer Dyson assisted on scene and commented that the vehicle damage did not indicate speed in excess of the 40MPH limit.

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 Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/06/2026

Date