

# 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 SOUTHBRIIDGE ST**Route# **1** Direction Name of Roadway/Street**4**

At

**OXFORD STREET NO**Route# **2** Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# **1** Direction Name of Intersecting Roadway/StreetPlease Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  MopedCrash 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 \_\_\_\_\_ EndorsementVeh Year **2024**Veh Make **TOYOTA**Veh Config. **1**Operator **NALIVAIKA, LEONAS A**Owner **NALIVAIKA, LEONAS A**Last **14** First **OAK** Middle **KNLS**Last **14** First **OAK** Middle **KNLS**City **WORCESTER** State **MA** Zip **01609-1026**City **WORCESTER** State **MA** Zip **01609-1026**Insurance Company **THE COMMERCE INSURANCE CO**State **MA**Vehicle Travel Direction:  S E W Responding to Emergency? **2**Damaged Area Code: **2 27 3 27 27**Citation # (If Issued) **936717AD**Test Status: **1 28**Viol. 1: Ch/Sec/Sub **89** 9 Viol. 2: Ch/Sec/Sub \_\_\_\_\_Type of Test: **0 29**

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

BAC Test Result: **1 30**Driver Contributing Code **4 25 25**Susp. Alcohol: **2 31** Susp. Drug: **2 32**Driver Distracted by **99 26 26**Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle) **Operator** Address **See Above**

Medical Facility

Please Select One of the Following:  Vehicle **2** #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 \_\_\_\_\_ EndorsementVeh Year **2010** Veh Make **MERCEDES-BENZ** Veh Config. **1**Operator **JOHNSON, GIANNA JADE**Owner **JOHNSON, GIANNA JADE**Last **283** First **CHARLTON** Middle **APT 2**Last **283** First **CHARLTON** Middle **APT 2**City **SOUTHBRIIDGE** State **MA** Zip **01550-1351**City **SOUTHBRIIDGE** State **MA** Zip **01550-1351**Insurance Company **THE COMMERCE INSURANCE CO**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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Name (Last First Middle) **Operator/Occupants** Address **See Above**

Medical Facility

