

Date of Crash **01/06/2026** Time of Crash **1655** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude **+042.1889** Longitude **-071.848**

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-9-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **5XSR89** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL Endorsement
 Operator **NALIVAICA, LEONAS A** Owner **NALIVAICA, LEONAS A**
 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** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **936717AD** Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub **89 9** Viol. 2: Ch/Sec/Sub Driver Contributing Code **4 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub Driver Distracted by **99 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		See Above	X	X	1	1	3	0	0	10	1

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

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **6FLA68** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
 Operator **JOHNSON, GIANNA JADE** Owner **JOHNSON, GIANNA JADE**
 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** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **0 29**
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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	X	X	1	0	3	0	0	7	2

