

Date of Crash **12/30/2023** Time of Crash **1905** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **4** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **782** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____

Feet N S E W of _____ 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 **12** #Occupants Hit/Run Moped **Crash Report ID# 23-452-AC**

License # **S70811303** St **MA** DOB/Age **11/12/1996** Reg # **5VT915** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1**

Operator **HILDITCH, JACOB MICHAEL** Owner **HILDITCH, JACOB MICHAEL**

Address **6 PUTNAM RD** Address **6 PUTNAM RD**

City **STURBRIDGE** State **MA** Zip **01566-1364** City **STURBRIDGE** State **MA** Zip **01566-1364**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: N S 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: **1** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** 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	05/02/1997	F	1	1	1	0	0	0	1	██████████
ELIZABETH MOLNAR	6 PUTNAM RD STURBRIDGE, MA 01566-1364	05/02/1997	F	3	1	1	0	0	10	1	██████████

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S26217376** St **MA** DOB/Age **11/30/1959** Reg # **N106** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1**

Operator **GOODWIN, MICHAEL** Owner **GOODWIN, MICHAEL DAVID**

Address **5 LANCASTER TER** Address **5 LANCASTER TER**

City **WORCESTER** State **MA** Zip **01609** City **WORCESTER** State **MA** Zip **01609-3107**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **11** **27** **27** **27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) **365748AC** Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub **90** **14** Driver Contributing Code **3** **25** **6** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

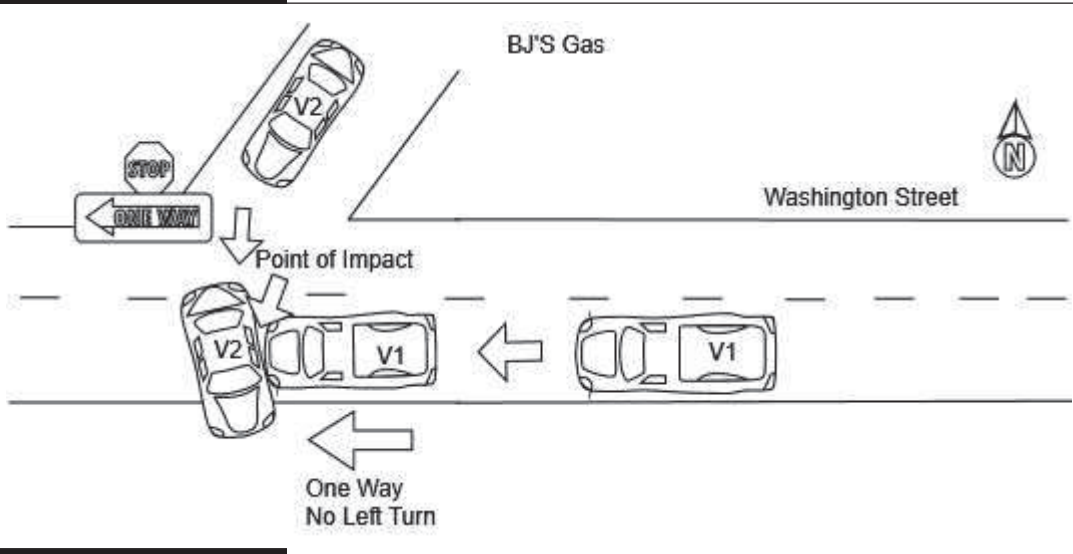
Towed from scene? **1** **33**

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	06/21/1962	F	1	1	3	0	2	0	0	██████████
STACIE MACRICOSTAS	373 MAY ST WORCESTER, MA 01602	06/21/1962	F	3	1	3	0	1	0	0	██████████

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

Insert Arrow



Crash Narrative:

V1 was traveling westbound on Washington Street. V2 was exiting BJ's Gas, attempting to take a left turn. Note that when exiting BJ's Gas there is a no left turn sign, as well as a median also bearing a no turn left sign. V2 disregarded the street signs and attempted to cross 2 lanes of traffic, and a median. V1 crashed into V2 when the V2 was attempting to cross the oncoming travel lanes. V2 was flipped onto it's side and onto the median. The operator and passenger of V2 were trapped, and the passenger was able to be freed by police, while the operator needed Auburn Fire to extract.

Both vehicles were towed from the scene by Dorenzo's.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCCRACKEN TYLOR J	58 HILLCREST AVE SOUTHBRIDGE MA 01550-1260	[Redacted]	

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 Jason P Brooks 88JB Auburn Police Department 12/30/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date