

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/20/2019	Time of Crash 17:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 20 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
EAST LINWOOD AVE										2	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							10	
At			_____ Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							2	
NORTH WALNUT ST										11	
Route# Direction Name of Intersecting Roadway/Street			_____ Feet N S E W of _____ Route# Intersecting Roadway/Street							3	
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000637				
License # --- St MA DOB/Age -- --			Reg # 701XVD		Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make MERZ		Veh Config. 1 20				
Operator YIIGA MOSES			Owner (Same as operator)							12	
Last First Middle			Last First Middle							1	
Address 46 KINGS WAY UNIT (apt. 904B)			Address _____								
City WALTHAM State MA Zip 02451			City _____ State _____ Zip _____								
Insurance Company NORFOLK DEDHAM MUTUAL			Vehicle Action Prior to Crash 1 21								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2								
Citation # (If Issued) _____			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			Damaged Area Code: (Circle Up to Three)								
Name (Last First Middle) Address			10 Undercarriage 11 Totaled								
Operator See Above			1 26 27 28 29 30 31 32 33							13	
			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							1	
			----- --- 1 4 4 0 0 8 2 NEWTON-WELLESLEY								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15 Location 16 Condition 17				
License # --- St MA DOB/Age -- --			Reg # 386ZA7		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make VOLK		Veh Config. 2 20				
Operator SOLARZ LAURA			Owner (Same as operator)								
Last First Middle			Last First Middle								
Address 26 PALMER AVE			Address _____								
City SAUGUS State MA Zip 01906			City _____ State _____ Zip _____								
Insurance Company GOVT. EMPLOYEE INS			Vehicle Action Prior to Crash 6 21								
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 21 22 22 22 2								
Citation # (If Issued) _____			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			Damaged Area Code: (Circle Up to Three)								
Name (Last First Middle) Address			10 Undercarriage 11 Totaled								
Operator/Non-Motorist See Above			1 26 27 28 29 30 31 32 33								
			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
			----- --- 1 4 4 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of MV1 stated he was traveling Northbound on Walnut Street when MV2 was traveling Eastbound on Linwood Ave, crossing Walnut St. As MV1 approached the intersection MV2 was crossing and MV1 struck MV2. Operator of MV2 stated after she stopped at Linwood Ave and Walnut St, she was crossing Walnut St heading eastbound when MV2 came out of nowhere and attempted to swerve out of the way. MV2 struck the side of MV1 and proceeded to drive over the median up the embankment.

MV1 had moderate damage to the front driver side bumper and rear driver side bumper. The operator was transported to Newton- Wellesley Hospital and a Daniel Kibugo (S23136964) took possession of the vehicle.

MV2 had significant damage to the front bumper and hood. Also, damage to the passenger side, front and rear.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	,		97	TREE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV2 was towed by Tody's.

Photos were taken of the damage to the City Property and the SIM card was placed in the IT Mailbox.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42