

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 05/22/2021	Time of Crash 17:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:						
Route# Direction Name of Roadway/Street At			SOUTH LOWELL AVE						Route# Direction Address # Name of Roadway/Street					
									Feet N S E W of Mile Marker or Exit Number					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			25FT Feet N S X W of FOSTER ST						Route# Intersecting Roadway/Street					
									Landmark					
Route# Direction Name of Intersecting Roadway/Street														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000369					
License # --- St MA DOB/Age -- --			Reg # H86286 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2021 Veh Make GMC Veh Config. 2 20					
Operator MOLE JOHN D			Owner (Same as operator)			Address			Address					
City NEWTON State MA Zip 02460			City State Zip			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company QUINCY MUTUAL FIRE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			Diagram					
Violation 1: Ch Sec Violation 2: Ch Sec														
Violation 3: Ch Sec Violation 4: Ch Sec														
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above - - - - - 1 4 4 0 0 10 1											
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			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age -- --			Reg # 7KE389 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make FORD Veh Config. 2 20					
Operator MUBIRU MOSES			Owner CAPITAL LEASE GR			Address			Address					
City WALTHAM State MA Zip 02452			City BROCKTON State MA Zip 02301			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company PHILADELPHIA INDEMNITY			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 9 24 24					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) N/A			Diagram					
Violation 1: Ch Sec Violation 2: Ch Sec														
Violation 3: Ch Sec Violation 4: Ch Sec														
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above - - - - - 1 4 99 0 0 10 1 N/A											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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

Indicate North by Arrow



Crash Narrative:

operator describes MV2 operator as a tall 6'2" African male with short hair. MV2 was a company van belonging to MAB Community Services Inc.

Traffic Bureau update (Officer Gaudet): I contacted MAB Community Services, Inc. to identify the operator of MV2. Heather Ripley, Director of Residential Services at MAB Community Services stated the operator of MV2 is Mr. Moses Mubiru. Ms. Ripley stated Mr. Mubiru provided them with a picture of the other vehicle involved in the crash and stated the other operator would not exchange information with him.

On Thursday, May 27, 2021 I spoke with Mr. John Mole. Mr. Mole stated he was traveling South on Lowell Avenue towards Walker Street. Mr. Mole stated MV2 was traveling North on Lowell Avenue towards

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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

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

ALEX N KANE

38800

NEWTON POLICE DEPART

05/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Washington Street. Mr. Mole stated as the vehicles passed each other their driver door mirrors collided. Mr. Mole stated both parties pulled over to assess the damage. Mr. Mole stated the operator of MV2 stated he did not have his license with him and it was a company vehicle so he did not have the registration. Mr. Mole stated the operator of MV2 stated, "I have to go I have an appointment, I have to pick someone up." Mr. Mole stated the operator of MV2 took a picture of his license plate and left the area without attempting to exchange information.

I then contacted Mr. Moses Mubiru (S83293592). Mr. Mubiru acknowledged he was the operator of MV2 at the time of the crash. Mr. Mubiru stated he was operating MV2 South on Lowell Avenue towards Washington Street when his driver door mirror collided with the driver door mirror of MV1. Mr. Mubiru stated

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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

ALEX N KANE

38800

NEWTON POLICE DEPART

05/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

