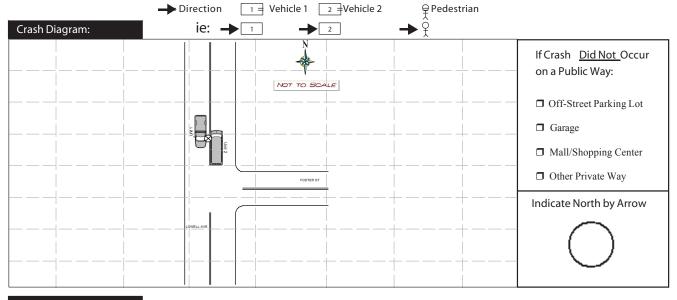
	Poli	ice Use Only		Commonwea	alth o	f Massa	chu	setts			RM	V Docur	ment Number	
	Date of Crash 05/22/2021	Time of Crash 17:13 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		1	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCAT		>		N(CTION:	
						SOUTH			LOW	ELL AV	'E			2
1 1	Route# Direc	tion		Roadway/Street		Route# Directio	n Add	ress #		N	ame of I	Roadway	/Street	2
			Feet NSEW of or Mile Marker Exit Number							_				
	Route# Direc	etion 1	Name of Intersection Also at Inter	<u> </u>		25FT Feet N	SXV	V of	IVIII		STER S	ST	Exit Number	_
2			Also at line	section with			SEV	_	Rou	te#	Intersec	cting Roa	dway/Street	5
1	Route# Direc	tion	Name of Interse	cting Roadway/Street	[La	ndmark		
3	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		210	0000369						
	_		St M.			H86286			D.	т C(ON		G MA	_
	License#	Class D 18	18	19		ear 2021							20	-
4		LE Last		Endorsment D		(Same as oper								- 1
1	Address 311 L	OWELL AVE (a	apt. 1)	Middle		Last						Middle		_ 1
	City NEWTO			ate MA Zip 02460									Zip	
	Insurance Com		MUTUAL FIRE		Demond Asso Codes (Circle He to Three)									
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N										
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23			1 4		$\langle \rangle$	10 Undercard 5 11 Totaled	riage
-	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 1 24 24									
⁶ 1	Violation	3: ChSe	c Violation	4: ChSec	Underr	ide/Override	25	Towe	d <u>N</u>	8			6	
	Please : Name (Last Fir		ator and all occu	pants involved Address	Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility						lity 1			
	Operator			See Above				1	4	4 0	0	10 1		
7 1	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupan	ts Non-Motorist A Ty	pe 1	4 Action 1	5 Locat		16 Co	ondition	17	Ні	it/Run Mor	ped
	License#		St_M		Reg # 7KE389 Reg Type PAN Reg Stat					State MA	_			
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL_Endorsment			Veh Year 2018 Veh Make FORD Veh Config. 20										
8 1	Operator MU	Last	MOSES First	Middle	Owner CAPITAL LEASE GR(_		
	Address 22 MIDDLESEX CIRCLE (apt. 24)			Address 145 MANLEY ST							_			
	City WALTH.			ate MA Zip 02452	City BROCKTON State MA Zip 02301						-			
	Insurance Com	Insurance Company PHILADELPHIA INDEMNITY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ree)
	Citation # (If Issued) N/A Violation 1: ChSec Violation 2: ChSec				Event Sequence 22 22 22 22 23 4 10 Undercarriage							riage		
					Most Harmful Event 1 2 5 11 Totaled Driver Contributing Code 9 24 24 1 5 11 Totaled									
	Violatio P1			on 4: ChSec	Underride/Override Towed N					33				
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex P	os. Systen	Status	Switch Co	ode Code	Status C	ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1	N/A	
								+						
				· · · · · · · · · · · · · · · · · · ·										



Crash Narrative:

MV1 was traveling Southbound while MV2 traveled Northbound on Lowell Ave. Around the intersection of Foster St at Lowell Ave, MV2 hit MV1's driver's side mirror with their driver's side mirror. MV1 side mirror was smashed and glass was inside the vehicle and the operator came in contact with some of the glass due to the driver's side window being open during the time of the collision. MV1 operator, John Mole, spoke with me at his residence after the accident because the operator of MV2 drove away from the scene without giving their information. MV1 operator had some dried blood on his left hand and left leg from the glass of the side mirror but refused medical treatment. He stated that after the crash, both MVs pulled to the side and operator of MV2 came out and said he didnt have his license and said he was in a hurry for an appointment and drove off. MV1 operator was able to read and write down MV2 license plate before it left the scene. MV1

(Concinged Of	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:		•						
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Descri	ption of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		Carrier Issui	ing Authority Cod	35 le
Carrier Name			`					
			City			St	Zip	
Carrier Name			City			St	Zip	le
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:		St	Zip	le
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:		St	Zip	le

	Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	rian	
Crash Diagram:	ie: 🕕 🛚 1	→ [2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ng Lot
					Garage	
				ĺ	☐ Mall/Shopping (Center
					☐ Other Private Wa	ay
			<u></u>		Indicate North by	Arrow
Crash Narrative:	-		· · · · · · · · · · · · · · · · · · ·	-	<u>'</u>	
operator describes MV2 op	perator as a tall	L 6'2" Afric	an male with sh	ort hair	. MV2 was a company van be	elonging
to MAB Community Services	s Inc.					
Traffic Bureau und	ato (Officer Gaud	dot): T con	tagted MAR Comm	unitu So	rvices, Inc. to identify	-ho
					community Services stated	
					them with a picture of	
vehicle involved in the	crash and stated	the other o	perator would r	ot excha	nge information with him.	
On Thursday, May 2	7, 2021 I spoke w	with Mr. Joh	n Mole. Mr. Mo	le state	d he was traveling South	on
Lowell Avenue towards Wa	lker Street. Mr.	. Mole state	d MV2 was trave	ling Nor	th on Lowell Avenue toward	is
(Continued	on next page)					
W itnesses:						
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: Carrier Name	Registration #				Carrier Issuing Authority Co	ide 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	
Hazmat Information:	41			34		42
Placard Material 1 dig	ıt # Material Na	ame		_ Material 4	digit # Release code	
ALEX N KANE		3880	00 NEWTO	ON POLICE DEPART	05/22/	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction 1	Vehicle 1	vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→ [2	→	₽ Ŷ		
						<u>Did Not</u> Occur olic Way:
					—— □ Off-S	treet Parking Lot
					Garag	ge e
			j		☐ Mall/	Shopping Center
		+			Other	Private Way
		+ 			Indicate	North by Arrow
			 -		(
Crash Narrative:						
Washington Street. Mr	r. Mole stated a	s the vehicle	s passed each	other the	eir driver door mi	rrors collided.
Mr. Mole stated both par	rties pulled over	to assess th	e damage. Mr.	Mole sta	ited the operator	of MV2 stated
he did not have his lice	ense with him and	it was a com	pany vehicle s	so he did	not have the regi	stration. Mr.
Mole stated the operator	r of MV2 stated,	"I have to go	I have an app	oointment,	I have to pick s	omeone up." Mr.
Mole stated the operator	r of MV2 took a p	icture of his	license plat	e and lef	t the area withou	t attempting to
exchange information.						
I then contacted h	Mr. Moses Mubiru	(\$83293592).	Mr. Mubiru ac	knowledge	ed he was the oper	ator of
MV2 at the time of the	crash. Mr. Mubir	u stated he w	as operating N	W2 South	on Lowell Avenue	towards
Washington Street when I	nis driver door m	irror collide	d with the dri	ver door	mirror of MV1. M	r. Mubiru stated
(Continued	d on next page)					
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Address			1 Hone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name			(From ven	icie Section)	Carrier Issuing A	Authority Code 35
Address			City		St	Zip
US DOT #:						nterstate 36
37		38	issuing state	1CC#	п	iterstate
3 31	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information: Placard 40 Material 1 di	git # 41 Material N	ame		_ Material 4 d	igit# Rel	ease code 42
		-	-			
ALEX N KANE		38800		ON POLICE DEPARTM		05/22/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction	1 = Vel	hicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →	1	\rightarrow	2	→ $\hat{\beta}$		
						If Crash <u>Did No</u> on a Public Way	
						☐ Off-Street Park	king Lot
						☐ Garage	
		— — —	+			☐ Mall/Shopping	Center
						Other Private V	
	 					Indicate North b	
						marcate North b	y Allow
						())
							·
C IN :							
Crash Narrative: he did not exchange info	mation with t	he oper	ator of	MV1 because	that opera	tor was unwilling to ex	change
						d reported it to his emp	
Mr. Mubiru's information	was added to	this re	port to	reflect him	as the ope	rator of MV2.	
W itnesses: Name (Last, First, Middle)		Add	ress			Phone #	Statement
Name (East, 1113t, Middle)		7.dd	1033			THORE #	Statement
Property Damage:	Adduses			Dhana #	24 Trans	Description of Democracy Description	
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #			`	Vehicle Section)		35
Carrier Name						Carrier Issuing Authority (Code
Address				City		St Zip	36
US DOT #: Cargo Body Type Code 37 G	State Number	38		Issuing State _	ICC #:	Interstate	30
Cargo Body Type Code G	ross Vehicle Weight	30				39	
Trailer Reg #:	Reg Type	R	Reg State	Reg Ye	ar Tra	ailer Length	
Hazmat Information:	41	127					42
Placard Material 1 digi	t # Materia	ıl Name			Material 4 c	digit # Release code	
ALEX N KANE			3880	0	NEWTON POLICE DEPARTM	05/2	2/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)