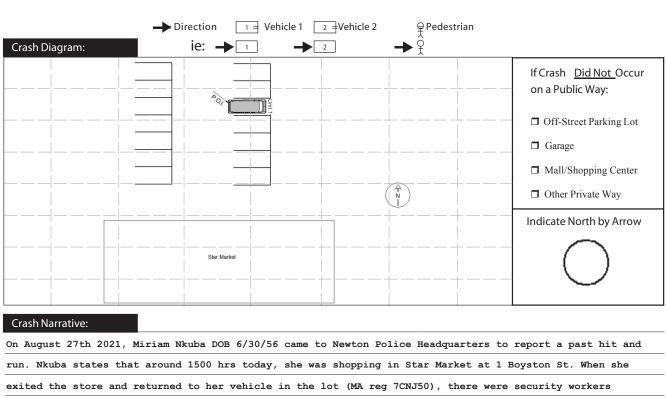
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	setts	\$		RM	V Docun	ment Number	
	Date of Crash 08/27/2021	Time of Crash 15:47 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		red Lat	eed Limitude _		State Police Local Police MBTA Police Other:	Xi D
l			SECTION:		LOCAT	_	>						CTION:	2
						EAST	1		BOY	LSTON	ST			2
1 1	Route# Direc	tion	Name of I	Roadway/Street	I	Route# Direction	on Ado	dress #		N	ame of I	Roadway	/Street	
			r		-	Feet	N S E	W of		e Marker	• —	or	Exit Number	-
	Route# Direc	etion N	Iame of Intersecting Also at Interse	· •		Feet	N S E	W of					DAR I Vallioei	_
2						Feet	N S E	W of	Rou	ite#	Intersec	ting Roa	dway/Street	2
1	Route# Direc	tion	Name of Intersec	ing Roadway/Street					-		La	ndmark		
³ 99	XVehicle1	#Occupants	X Hit/Run	Moped Case I	Number		210	00000638	,					
	License#		St	DOB/Age	Reg# 7	7CNJ50			Reg	Type PA	ΔN	Reg	State_MA	
	Sex Lic.	18 1		19 CDL		ear_2016							20	_
4	Operator	Last	First	Endorsment	Owner	NKUBA	st	MARI				NDA Middle		_ 7
1				witatie	Addres	99 (apt. 108)	FLOREN	CE ST	. 1131			uic		-
			Stat	eZip	City_N	IALDEN							Zip_02148	_
5	Insurance Com					e Action Prior to		11 22	21	Damag	ed Area		Circle Up to Thr	ree)
2				onding to Emergency? N		_	22 99 22	22	22				10 Undercari	riage
	`	ssued)		2: ChSec		Iarmful Event Contributing C	1	24	24	1 ←	9	1	5 11 Totaled	
⁶ 99	1			4: Ch Sec Sec		ide/Override	25	Towe	d N	8	7		6	
	Please	fill out for opera	ator and all occup		Onderi	ide/ O verride	S	26 27 eat Safety		29 3 Airbag Eje	0 31	32 Injury Tra	33 unsp.	
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex P	os. \$ystem	Status 5	Switch Coo	le Code	Status Co	Medical Facil	lity 2
	_													
⁷ 1	Please Select C of the Followi	I X Vehicle	2 1_#Occupants	Non-Motorist A Typ	pe 1	4 Action	15 Loca	tion	16 Co	ondition	17	X Hi	t/Run Mop	ped
	License#		St MA	DOB/Age	Reg # 4AX435 Reg Type PAN Reg Sta					State MA	_			
	Sex_F Lic.	18 1		19 CDL		ear_2012	Veh	Make_C	_			Veh Co	20	_
8 1	Operator ALV	Last	MARIA First	Endorsment	Owner	(Same as ope	rator)		First			Middle		_
	Address 32 W	ESTGATE RD (a	npt. 4)		Addres	ss								_
	City WEST R	City State Zip								-				
	Insurance Com	Vehicle	e Action Prior to		99 2	21	Damag ②	ed Area	Code: (0	Circle Up to Thr	ree)			
	Vehicle Travel		S E W Resp	onding to Emergency?N			22 99 22	22	22		\bigcap		10 Undercari	riage
Citation # (If Issued) T1446618 Violation 1: Ch 90/24/Csec Violation 2: Ch 90/10/Asec						Most Harmful Event 2 5 11 Totaled								
	Violatio Violatio	Driver Contributing Code 99 27 27 8 7 6 Underride/Override 25 Towed N 8 7 6												
	Pl	ease fill out for	operator and all	occupants involved	Jdei1		S	26 27 eat Safety	28 Airbag	29 3 Airbag Eje	0 31 ct Trap	Injury Tra	33 unsp.	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex I	os. System	n Status 99	99 99	ode Code		ode Medical Faci	ility
ļ	*													
								+						



cleaning debris from around her car. Immediately apparent was damage to the rear left tail light/bumper area. The security workers then directed Nkuba to witness Kate Sweeney, who was able to provide a picture of MA reg 4AX435, a black Chevrolet Suburban. Sweeney told Nkuba that the Suburban had hit her car and left the

I called Sweeney and spoke with her directly. She relayed that she was in a nearby store and heard a loud crash. Her attention was directed outside to a black Suburban slowly driving with obvious front passenger

(Continued	d on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
SWEENEY, KATE,		,					N
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehi	· ·	Carrier Issu	uing Authority Coc	35 le
Address			_ City		St	Zip	
US DOT #:	State Number						36
	Gross Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 di	git # 41 Material Na	me		Material 4	digit #	Release code	42

KELEIGH N DONAHUE			NEWTON POLICE DEPARTM		08/27/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1	≥ =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 🗆	→ [:	2	> ĝ	
					If Crash <u>Did Not</u> Occur on a Public Way:
	 				☐ Off-Street Parking Lot
					☐ Garage
					☐ Mall/Shopping Center
	- — — — — —				Other Private Way
					Indicate North by Arrow
					malcate North by Arrow
Crash Narrative:					
side damage. The vehicle the	hen stopped in	a parking sp	pace, and a hea	avy set woman	exited from the driver's seat
to inspect the damage on the	he front right	side. The wo	oman then got	back into the	e vehicle and drove away in an
unknown direction.					
4AX435 comes back active or	n a 2012 Chevr	olet Suburbar	color black	to Maria Dasil	Lva Alves out of West Roxbury.
I requested Boston PD E-5	try and raise	Alves and hav	ve her contact	me. It should	d be noted that Alves has an
expired/non renewable lice	ense and appea	rs from her l	icense photo	to be heavy se	et.
Charges pending.					
*Update, 8/28/21- Boston Pl	D had negative	results loca	ting Alves or	the vehicle.	Based on corroborating
statements by the witness,	MA uniform ci	tation T14466	18 will be ma	iled to Alves	for 90/24 Leaving the Scene
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:	1	•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	iption of Damaged Property
Truck and Bus Information:	Registration #		(From Vel	nicle Section)	
Carrier Name			(27011170	,	Carrier Issuing Authority Code 35
Address			City		StZip
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code Gros	s Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth 39
Hazmat Information: Placard 40 Material 1 digit #	41 Material N	Jame		_ Material 4 digit # _	Release code 42

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedesti	rian	
Crash Diagram:	ie: →[1 -	2	→ ♀		
					on .	rash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow
Crash Narrative:						
	0/10 == 3:	10- ::				
of Property Damage and 9	0/10 Unlicense	d Operation	1.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	# Statement
		113333333				
Property Damage:	1				Г	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Pagistration #		(Fro	m Vehicle Section)		
Carrier Name			(110)	iii venicie section)	Carrier Issu	uing Authority Code
Carrier Name					Carrier issu	unig Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	iCC#:		Interstate 36
37		38				
Cargo Body Type Code Gr	oss Vehicle Weight					
Trailer Reg #:	Reg Type	Reg State	e Reg Y	ear Tr	ailer Length 39	
Hazmat Information:					-	
40	41					42
Placard Material 1 digit	# Material	Name		Material 4	digit #	_ Release code
KELEIGH N DONAHUE				NEWTON POLICE DEPART		08/27/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)