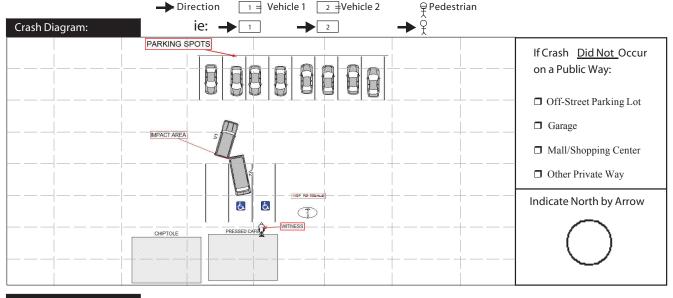
	Poli	ice Use Only		Commonw	ealth	of Mass	ach	uset	ts		RM	V Docui	ment Numb	oer
	Date of Crash 04/09/2021	Time of Crasl 13:43	NEWTON	14100		iicle Cra Report	ash	Numb Vehice 2		ired La	eed Lim titude _ ongitude		State Poli Local Pol MBTA Po Other:	ice lice Xi olice
			RSECTION:	<	LOCA		>		N				CTION:	
						EAST	28	1	NEI	DHAM	ST			\Box
	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	ion A	ddress #		N	Name of I	Roadway	/Street	
	At					Feet NSEW of • or								
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of								ber
Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street								
l	Route# Direc		Landmark											
	X Vehicle 1	#Occupant	s Hit/Run	☐ Moped (. N. 1			400000			Lu	Hamark		
	_				Case Number			1000002						
	License#	18		19		1BHC23							State MA	20
	Sex_F Lic.		Lic. Restrictio MOLLY	ns CDLEndorsment		Year 2016						_ Veh Co	onfig. 2	_
l	Operator SHU	Last DOTH STREET	First	Middle		Owner (Same as operator) Last First Middle Address State Zip								_ [
	City NEEDHA			ate MA Zip 02494										
		ipany STANDA		atcZip		le Action Prior			21				Circle Up to	
	1	Direction: N		ponding to Emergency? N		Event Sequence 1 22 22 22 22 2 3								
		ssued)				Harmful Event	1 23	3						ercarriage
	Violation	1: ChS	ec Violation	1 2: ChSec	Drive	r Contributing C		1 24	24				5 11 Total	led
	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6							
	Please		rator and all occu	pants involved Address		Age/DOB	Sex	26 Z Seat Safe Pos. Syst	27 28 ety Airbag tem Status	29 Airbag Eje	30 31 ect Trap ode Code	32 Injury Tr Status C	33 ransp. ode Medical	Facility
	Operator	or made)		See Above				99		99 0	0	10 1		L
1	Please Select C of the Followi		le2 1_#Occupar	nts Non-Motorist A	Туре	14 Action	15 Loc	ation	16 C	ondition	17	Пн	it/Run	Moped
	License # St MA DOB/Age			Reg#	Reg # 7WH752 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				Veh Y	Veh Year 2013 Veh Make FORD Veh Config. 20						20		
L	Operator HA	SSON	MICHAEL	Endorsment	Owne	Owner KODSI LEVANA Last First Middle								
•	Address 110 V	Addre	Address 110 WOODCLIFF RD											
	City_BROOKLINE State_MA Zip_02467					City BROOKLINE State MA Zip 02467								
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								Three)
						Event Sequence 1 22 22 22 22 2 3 4							raarriaga	
Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled								~
	Violatio	_	Driver Contributing Code 99 24 24 8 7 6											
	Violatio			on 4: ChSec	_ Unde	rride/Override		Tow	ved N		30 31] 32	33	
	Name (Last Fi	rst Middle)	or operator and al	l occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sy	27 28 ety Airbag stem Status	29 Airbag Eje Switch C	30 31 Frap Code Code	Injury I'r	ansp.	l Facility
	Operator/	Non-Motorist		See Above				99	4	99 0	0	10 1	1	



Crash Narrative:

On Friday April 9, 2021 at approx. 1343 hours I responded to 281 Needham Street for a report of a hit/run involving two vehicles. Upon arrival I met with oper of V1. She stated she pulled into the parking lot of 281 Needham Street, she observed a open parking spot that was next to a blue van that was parked in the handicap spot next to the open spot. She stated she was backing into a parking spot when V2 (the blue van) all of sudden backed into her vehicle on the pass side rear. She further stated the oper of V2 exited his vehicle started yelling at her and drove off. She described the man of being in his 60's.

Witness stated he did not observe the crash but wrote down the registration plate of the blue van which was driving away after the crash which was MA reg. 7WH752.

I queried the registration which came back to a 2013 Ford van color blue registered to K.LEVANA of 110

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
MONIZ , ANTONIO,		21 DEXTER R					N
MONIZ, ANTONIO,		FOXBORO,M	A 02035				14
Property Damage:		•					•
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Issu	uing Authority Cod	
Address			City		St	Zip	
US DOT #:	State Number	····	Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Na	ime		Material 4	digit#	Release code	42

	→ Direction	■ Vehicle 1	2 =Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: →□	□ →	2	▶ ♀		
		 	 - 		If Crash <u>Did No</u> on a Public Way	
			_		Off-Street Park	ing Lot
		 	_		Garage	
į	į		į	į	☐ Mall/Shopping	Center
		- 	- + +-		Other Private V	Vay
		- 	-++		Indicate North by	/ Arrow
				<u> </u>)
Crash Narrative:						
Woodcliff Rd Brookline.	Dispatch attempt	ed to leave	e messages. Disp	patch was a	also able to find another	r party
identified as MA lic #	S13435214 Michael	Hasson d.	o.b. 9-27-49 of	same addre	ess. I ran license to ol	otain R1
photo through my comput	er and the oper o	f V1 stated	d for sure that	was the di	river.	
Other attempts were mad	e to contact Mr.	Hasson and	at approx. 1530	0 hours he	came into NPD headquarte	ers to
make a statement.						
He stated he was parked	in the handicap	spot, he ba	acked up and did	d not obser	rve V1 until impact. He	stated
after impact he exited	his van and an ar	gument bega	an with oper of	f V1. He st	tated he has a medical co	ondition
and had to leave to use	the bathroom. I	advised the	ere are several	businesses	s and he just left one th	nat had a
bathroom to use. He sta	ted he was nervou	s but had	to go the bathro	oom right a	away and left to go to a	nother
(Continue	d 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	
Truck and Bus Information:						
Carrier Name	Registration #			ehicle Section)	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_	Tra	iller Length 39	
Hazmat Information: Placard Placard Material 1 d	ligit # 41 Motori-1 N	Jama		Motorial 4 d	ligit# Palance	42
Placard Material 1 d	iigit # Material N	чаше		iviaterial 4 d	ligit # Release code	
ROCCO D MARINI		1	3963 NEW	VTON POLICE DEPARTA	04/0	9/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	ı ≡ Vehicle 1 2	≥ =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: →□	→ 2	⊒ →	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
		+			☐ Mall/Shopping C	enter
					Other Private Wa	У
					Indicate North by A	Arrow
		<u> </u>		+		
		 -			\	
Crash Narrative:						
place to use the bathroom						
I asked him if he got any	medical treatm	ent after the	crash, he sta	ted no. I	asked him if he needed m	edical
attention, he stated no. I	He also stated	there was not	any damage to	his van.		
I asked him if he had a HI	P placard since	he was parke	ed in a HP spot	, he state	ed he did not have a HP p	lacard.
I advised him of the viola	ation for a HP.	I advised at	this time of	a verbal	warning.	
All parties were advised of	of process.					
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 #			icle Section)		35
Carrier Name					Carrier Issuing Authority Coo	de
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Name		_ Material 4 di	git # Release code	42
ROCCO D MARINI		13963	3 NEWTO	ON POLICE DEPARTM	04/09/2	2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)