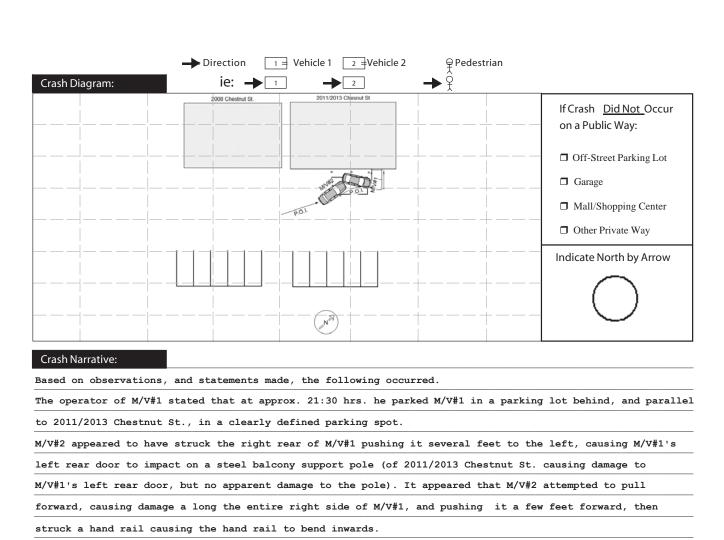
	Poli	ce Use Only		Commonwea	lth o	f Massa	achus	etts			RMV	/ Docum	ient Number	
	Date of Crash 01/18/2020	Time of Crash 01:05 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	\	Number Vehicles	Number Injured	Latit	d Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi
			SECTION:		LOCAT		>	_					CTION:	\neg
					EAST 1205 CHESTNUT ST						2			
1	Route# Direc	tion	Name of R	oadway/Street		Route# Direction		ess#				oadway/S	Street	2 ¹⁰
4	At				Feet NSEW of or							_ 2		
	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of or or Exit Number								_	
	Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street									=
² 2	,T					Feet NSEW of								4
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		2000	0000065						
	License#		St	DOB/Age	Reg#	78N910			_Reg Ty	pe_PAN	V	Reg S	State_MA	
	Sex Lic.	Class 18 18	Lic. Restrictions	19 CDL	Veh Ye	ear_2004	Veh N	lake_vc	DLKSW	AGON		Veh Con	nfig. 20	
4	Operator	Last	First	Endorsment	Owner	MCNAMAR A	A	EDMU	ND First			Middle		- 99
1				Middle	Addres	S 253 (apt. 3) C.	AMBRID	GE ST	- 1101			duic		- -
	City		State	eZip	City ALLSTON State MA Zip 02134							_		
	Insurance Com	pany_THE COM	MERCE INSURA	NCE COMPANY	Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ee)	
5	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency? N	Event Sequence 1 22 35 22 22 22 22 4									
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23		1	+	9	$\left\{ \mid \cdot \mid \cdot \right\}$	10 Undercarr 5 11 Totaled	iage
6	Violation	1: ChSec	: Violation 2	: ChSec	Driver	Contributing Co		24	24					
⁶ 1				: ChSec	Underr	ide/Override	25	Towed			O		6	
	Please to Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB	Sex Sea Pos	6 27 t Safety A . System	28 2 Airbag Airb Status Swi	9 30 Eject ch Code	31 Trap Code	32 Injury Trar Status Cod	33 lsp. le Medical Facili	ity 2 13
	Operator See Above							-						
⁷ 1	Please Select C of the Followi	IX Vehicle	2 1_#Occupants	Non-Motorist A Type	e 14	4 Action 1	5 Locatio		Conc	lition	17	X Hit,	/Run Mop	oed
	License#		St_MA	DOB/Age	Reg # RG9 Reg Type PAN Re					Reg S	eg State_MA			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2011 Veh Make FORD Veh Config. 1						20	_		
8 99	Endorsment					Owner GODINO ROBERT L							_	
99	Address 142 V	VREN ST	First	Middle	Address 142 (apt. R1) WREN ST								_	
	City W ROXB	City WEST ROXBURY State MA Zip 02132							_					
	Insurance Company LM GENERAL INS. COMPANY					Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)							ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 2 22 35 22 22 22 3 4									
Citation # (If Issued) T2013116						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							riage	
	Violatio	Driver Contributing Code 97 24 24												
	Violatio	n 3: ChSe	Underride/Override 25 Towed N 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Po	6 27 t Safety 2 s. System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Code	31 Trap Code	Injury Tran	33 nsp. ode Medical Faci	ility
		Non-Motorist		See Above					99 4	0	0	10 1		
														$\overline{}$



M/V#2 had left behind a large amount of debris, including MA License Plate Veteran RG9.

(Continued on next page)

(
Witnesses:										
Name (Last, First, Middle)	Address				Phone #		Statement			
Property Damage:	,									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	tion of Damag	ed Property			
,,	2011 CHESTNUT NEWTON,MASS			99	HANDR	AIL				
Truck and Bus Information: Carrier Name	Registration #			,		_ Carrier Issui	ing Authority Cod	35 e		
Address	(City			St	Zip				
US DOT #:		Issuing State	ICC #:_			_ Interstate	36			
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me		Material 4	digit#		Release code	42			

-	Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	→ □	2	Ŷ			
					l l	f Crash <u>Did Not</u> Con a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	į į			į		☐ Mall/Shopping Ce	enter
						☐ Other Private Way	,
						ndicate North by A	rrow
	-	 	 -	- — — 			
Crash Narrative:		-	·	'	•		
NPD Dispatch contacted Bos	ton Police (E-5) and reques	sted a unit got	to 142	Wren St. Ap	t/ R1 and make	
contact with the owner of	M/V#2. At appro	x. 0220 hrs	, I contacted E	SPD (E-5)	and was inf	ormed that	
Boston PD confirmed that M	/V#2 was at 14	2 Wren St. w	with heavy from	t end da	mage, missin	g the front lic	cense
plate. I was also informed	that they made	contact wit	th the register	ed owner	and advised	him to contact	t Newton
P.D. (See NPD incident rep	ort #20003150)						
After speaking to Robert G	odnio, he infor	med me that	his son Wayne	Godino h	ad been driv	ing the vehicle	e on
01/17/2020 at approx. 2100	Hrs.						
I spoke to Wayne Godino, w	ho stated that	someone hit	his car behind	l The Bui	ltmore, and	took off, then	he
left. I advised him that t	he evidence sho	wed that he	struck a parke	d car. W	ayne asked h	ow do you know?	? there
(Continued o	n next page)						
W itnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name					Carrier	Issuing Authority Code	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	# 41 Material Na	ime		Material 4 o	digit #	Release code	42
STEVEN C EMMANUEL			NEWTO	N POLICE DEPARTM		01/18/20)20
Police Officer Name (Please Print)	Signature		ID/Badge # Der	artment	Precinct/E	Barracks Date	;

•	Direction _	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1	2	> ♀		
				·· 	If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	IS LOT
		_				lantar
		- <u> </u>			Mall/Shopping C	
		 _			Other Private Wa	
					Indicate North by A	Arrow
		 -				
Crash Narrative:						
weren't any pieces" I ad	rised him that I	I recovered th	ne license pla	te to his	fathers car, and he state	ed
"whatever".						
Charges will be sought for	or MGL C90 S24	Leaving the so	cene property	damage.		
W						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		Priorie #	34-1ype	Description of Damaged Property	
Truck and Bus Information:	Registration #_		(From Vel	nicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iller Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material	Name		_ Material 4 d	ligit # Release code	42
STEVEN C EMMANUEL			NEWI	ON POLICE DEPARTA	01/18/2	2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)