

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/04/2020	Time of Crash 17:18 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 _____			EAST 165 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000359	
License # _____ St MA DOB/Age _____			Reg # CS2451			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018			Veh Make JEEP			Veh Config. 2 20	
Operator SACHER ALEXANDER Last First Middle			Owner (Same as operator)			First Middle				
Address 38 RICHLAND RD			Address _____			First Middle				
City WELLESLEY State MA Zip 02481			City _____ State _____ Zip _____							
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility	
Operator			See Above		-----		---		0 4 99 0 0 10 1	
FUENTES, CJ			275 SECOND AVE NEEDHAM, MA 02494		-----		M 6		0 4 99 0 0 10 1	
STOUDEMIRE, ZACH			6 SHADOW LANE NEEDHAM, MA 02494		-----		M 4		0 4 99 0 0 10 1	
ORTEGA, JOSHUA			31 BARTON RD WELLESLEY, MA 022481		-----		M 3		0 4 99 0 0 10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St MA DOB/Age _____			Reg # 5WN443			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make HONDA			Veh Config. 2 20	
Operator MARQUEZ RENE Last First Middle			Owner MORALES MARIA Last First Middle			First Middle				
Address 275 2ND AVE (apt. 2038)			Address 275 (apt. 2038) 2ND AVE			First Middle				
City NEEDHAM State MA Zip 02494			City NEEDHAM State MA Zip 02494							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) T2080749			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled				
Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch 90/24/C Sec _____			Driver Contributing Code 10 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility	
Operator/Non-Motorist			See Above		-----		---		99 99 99 0 0 10 1	
MORALES, MARIA			275 2ND AVE (apt 2038) NEEDHAM, MA 02494		-----		F 3		99 99 99 0 0 10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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:

Based on observations, and statements made, the following occurred. M/V#1 had been traveling east on Needham St. and was being followed by M/V#2 in a road rage incident. (see NPD incident report #20032561) M/V#1 pulled into 165 Needham St. and parked in front of Stop N Shop. M/V#2 parked a few spots away. All occupants of both M/V's exited the car and yelled at each other. The passenger of M/V#2 (identified as Rene Marquez) threw a bottle at the occupants of M/V#1 and missed, he then approached them and tried to punch one of them, and missed. All parties then entered their respective M/V's. M/V#1 backed out of its spot, and Marquez got in the drivers seat of M/V#2, backed the M/V up, then drove into M/V#1, before backing up again, and leaving the scene. I spoke to the owner of M/V#2 several hours later, and she stated that she was driving, was scared, and accidentally hit M/V#1. She stated that she was going to go to Needham P.D. to report the

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DAY, JAMES,	1321 WASHINGTON ST NEWTON, MA 02465	-----	N

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

STEVEN C EMMANUEL

NEWTON POLICE DEPART

07/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

incident and accident, but "just didn't".

All witnesses state that Marquez was the operator of M/V#2 at the time of the collision.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

STEVEN C EMMANUEL			NEWTON POLICE DEPT#3		07/04/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					