

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/08/2019		Time of Crash 08:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit 25 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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 310 WAVERLEY AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ ____ Feet N S E W of _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet N S E W of _____ Landmark _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000694						
License # _____ St MA DOB/Age _____				Reg # 1YN476 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make SUBARU Veh Config. 1 20										
Operator BACKER-VERBITZ TAYLOR Last First Middle				Owner BACKER RICHARD Last First Middle									12	
Address 16 OVERLOOK PARK				Address 16 OVERLOOK PK										
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02459										
Insurance Company SAFETY				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved													13	
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													1	
Operator See Above				99 4 4 0 0 9 1										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants				<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St NC DOB/Age _____				Reg # BHF8505 Reg Type PAN Reg State NC										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make BMW Veh Config. 1 20										
Operator PROCTOR REBEKAH LAUREN Last First Middle				Owner BMW FINANCE Last First Middle										
Address 255 SUMMERWALK CIR				Address 5550 BRITTON PKWY										
City CHAPEL HILL State NC Zip 27517				City HILLIARD State OH Zip 43026										
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24				7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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 4 4 0 0 9 1										

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 07/08/2019	Time of Crash 08:35 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 2	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:			
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____				9			
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ 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 _____				10			
3			<input checked="" type="checkbox"/> Vehicle 3 <u>0</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000694				11			
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 97 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 10 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> N				12			
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 1 2 3 4 5 6 7 8 9				13			
6 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							
7 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____				14			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 1 2 3 4 5 6 7 8 9				15			
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							

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**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:**

THE OPERATOR OF MV#1 STATED MV#3 SLAMMED ON THE BRAKES CAUSING HER TO DO THE SAME. AS RESULT MV#2 STRUCK THE REAR OF MV#1. THE OPERATOR OF MV#2 STATED THE SAME STORY. MV#3 DID NOT STAY ON SCENE AND NO INFORMATION WAS AVAILABLE.

**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 # \_\_\_\_\_ (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