Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
06/20/2019	09:51 24HR	NEWTON

Number Vehicles	Number Injured	
2	0	Speed Limit **30**

Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

< LOCATION >

AT INTERSECTION:

1 1
_____ _____ _____
Route# Direction Name of Roadway/Street

At

_____ _____ _____
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 3
_____ _____ _____
Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

2 9

2 10
_____ SOUTH __30__ **LANGLEY RD**
Route# Direction Address# Name of Roadway/Street

_____ Feet [N] [S] [E] [W] of — — — • — or _____
Mile Marker Exit Number

_____ Feet [N] [S] [E] [W] of _____
Route# Intersecting Roadway/Street

3 11
_____ Feet [N] [S] [E] [W] of _____
Landmark

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3 ☒ Vehicle **1** __1__ #Occupants ☐ Hit/Run ☐ Moped **Case Number** 1900000633

License # **---** St **MA** DOB/Age **-- --- ----**
Sex **M** Lic. Class **D** [**18**] [**18**] Lic. Restrictions [**1**]**19** CDL _____ Endorsement

4 1 Operator **NOWILL** **DONALD** **T**
Last First Middle

Address **41 TAYLOR CROSSWAY**

City **BROOKLINE** State **MA** Zip **02445**

Insurance Company **AMICA**

5 2 Vehicle Travel Direction: [N] [**X**] [E] [W] Responding to Emergency? ____

Citation # (If Issued) _____

Violation 1: Ch____ Sec____ Violation 2: Ch____ Sec____

6 2 Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____

Reg # **8YP796** Reg Type **PAN** Reg State **MA**
Veh Year **2019** Veh Make **BMW** Veh Config. [**2**]**20**

Owner **(Same as operator)**
Last First Middle

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash [**10**]**21**

Event Sequence [**1**]**22** [ ]**22** [ ]**22** [ ]**22**

Most Harmful Event [**1**]**23**

Driver Contributing Code [**19**]**24** [ ]**24**

Underride/Override [ ]**25** Towed **Y**

Damaged Area Code: (Circle Up to Three)

10 Undercarriage
11 Totaled

1 12

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	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

1 13

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7 1 Please Select One of the Following: ☒ Vehicle **2** __1__ #Occupants ☐ Non-Motorist A Type [ ]**14** Action [ ]**15** Location [ ]**16** Condition [ ]**17** ☐ Hit/Run ☐ Moped

License # **---** St **MA** DOB/Age **-- --- ----**
Sex **F** Lic. Class **D** [**18**] [**18**] Lic. Restrictions [**1**]**19** CDL _____ Endorsement

8 4 Operator **SHAFRAN** **ANDREA**
Last First Middle

Address **23 KINGSBURY ST**

City **NEEDHAM** State **MA** Zip **02492**

Insurance Company **ESUANCE**

Vehicle Travel Direction: [N] [**X**] [E] [W] Responding to Emergency? ____

Citation # (If Issued) _____

Violation 1: Ch____ Sec____ Violation 2: Ch____ Sec____

Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____

Reg # **7YLN80** Reg Type **PAN** Reg State **MA**
Veh Year **2017** Veh Make **TOYOTA** Veh Config. [**2**]**20**

Owner **(Same as operator)**
Last First Middle

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash [**1**]**21**

Event Sequence [**1**]**22** [ ]**22** [ ]**22** [ ]**22**

Most Harmful Event [**1**]**23**

Driver Contributing Code [**1**]**24** [ ]**24**

Underride/Override [ ]**25** Towed **Y**

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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	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

Crash Diagram:

ie: → 1   → 2   →

30 Langley Rd

N

Unit 2   Unit 1

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:

Andrea Sharfan was operating vehicle #2 S/B on Langley Rd. Andrea states that vehicle #1 backed up Langley Rd and backed into the front of her vehicle.

Donald Nowill was operating vehicle #1 S/B on Langley Rd. Donald states that he left his jacket in Johnny Luncheonette . Donald states that he backed up to get his coat, heard a beep and then went to step on the brake and missed the brake. As a result he struck vehicle #2. No injures no tows.

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]