

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/03/2019	Time of Crash 14:50 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
EAST VINE ST Route# Direction Name of Roadway/Street At SOUTH LAGRANGE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street 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								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000448		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PAZ-SORTO FRANCISCO Address 233 CEDAR ST (apt. 1) City FITCHBURG State MA Zip 01420 Insurance Company SAFETY			Reg # T81113 Reg Type CON Reg State MA Veh Year 2004 Veh Make FORD Veh Config. 2 20 Owner K&A TILE INSTALLE Address 233 (apt. 1) CEDAR ST City FITCHBURG State MA Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 1 22 1 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 19 24 5 11 Totaled Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator			See Above								
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 MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MASTABY BONNEY Address 33 HIXSON (apt. A) City SHARON State MA Zip 02067 Insurance Company SAFETY			Reg # JF2660 Reg Type PAN Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 1 22 1 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 1 24 5 11 Totaled Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator/Non-Motorist			See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

LaGrange St

Vine St

Unit 1

Unit 2

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:

Bonney Mastaby was driving vehicle #2 S/B on LaGrange St. Bonney states that when she got to the Vine St intersection vehicle #1 cut in front of her trying to take a left turn. Vehicle #1 then struck Bonney vehicle.

Francisco Paz-Sorto was operating vehicle #1 N/B on LaGrange St. and states that he was trying to turn on to Vine St and crashed with vehicle #2. Francisco does not have a license and was issued citation #T1272112 Ch. 90 Sec. 10 unlicensed operation of a m/v. Vehicle #2 was towed by AAA. Franciscos wife got a ride to the scene and drove the vehicle #1 home.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code