

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/13/2021	Time of Crash 11:39 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 716 BEACON ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____				Route# Direction Name of Roadway/Street Feet [N S E W] of _____ Intersecting Roadway/Street _____ Landmark _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000604		
License # --- St MA DOB/Age ---			Reg # 1CMZ55 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017 Veh Make HONDA Veh Config. 1 20		
Operator BASTIEN STENCIA			Owner (Same as operator)			Operator BASTIEN STENCIA			Owner (Same as operator)		
Address 16 AVON ST			Address			City NATICK State MA Zip 01760			City _____ State _____ Zip _____		
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: [N S X W] Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 5: Ch _____ Sec _____		
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			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 ---			Reg # 2JDH84 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012 Veh Make FORD Veh Config. 1 20		
Operator HOM MAY			Owner (Same as operator)			Operator HOM MAY			Owner (Same as operator)		
Address 460 DEDHAM ST			Address			City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		
Insurance Company PROGRESSIVE DISTRICT			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: [N S E X] Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 4 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 5: Ch _____ Sec _____		
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			Operator/Non-Motorist See Above		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Unit 1

Unit 2

716 Beacon St P.O.

NOT TO SCALE

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:

Mv#1 operator stated she was travelling straight ahead on Beacon St E/B (right of way) in the area of #716 Beacon. To no avail, #1 stated she quickly veered left in an attempt to avoid being struck by Mv#2 that was exiting the Newton Centre Post Office driveway. #1 was struck passenger side broadside, which appeared to sustain more significant damage to the passenger side rear door.

#2 operator stated she was exiting the Post Office driveway (posted stop sign) attempting to turn left onto Beacon St W/B. #2 stated #1 was travelling at a high rate of speed. at which time #2 pulled out turning left and struck #1 passing by. #2 passenger side front end struck #1, #2 appeared to sustain less than moderate damage to that area of the MV.

No injuries reported and both vehicles could be safely driven away.

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	08/13/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00