

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/09/2021	Time of Crash 10:39 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 808 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000325		
License # --- St MA DOB/Age ---			Reg # 951FX3 Reg Type PAN Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2009 Veh Make ACUR Veh Config. 1			12					
Operator DURKEN TIMOTHY Last First Middle			Owner (Same as operator) Last First Middle			1					
Address 15 NORTH GATE PARK			Address								
City NEWTON State MA Zip 02465			City State Zip								
Insurance Company COMMERCE INSURANCE COMP			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			6					
Please fill out for operator and all occupants involved			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			13		
Operator			See Above			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 MA DOB/Age ---			Reg # 2HYW51 Reg Type PAN Reg State MA			20					
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2019 Veh Make HONDA Veh Config. 1			1					
Operator GUTHEIL TATIANA Last First Middle			Owner (Same as operator) Last First Middle								
Address 1625 CENTRE ST (apt. 1)			Address								
City NEWTON State MA Zip 02461			City State Zip								
Insurance Company PROGRESSIVE CASUALTY INS COMP			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 2 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			6					
Please fill out for operator and all occupants involved			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					

Crash Narrative:
Owner of V1 stated he was parked on Beacon Street. Owner of V1 stated he attempted to get out of the car and opened the door. At this time, V2 was driving by him and struck his driver's side door in traffic. V1 suffered damage to his driver's side door. V1 was towed by Todys's.
Opr of V2 stated she was traveling east on Beacon Street. Opr of V2 stated she did not see V1 opening the door and it was too late to stop once she realized. At this time, she struck the driver's side door. V2 suffered damage on the right front side of the vehicle.
Both parties stated they were not injured.

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

DANIEL ANDERSON		32456	NEWTON POLICE DEPT		05/09/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					