

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/14/2021		Time of Crash 09:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 30 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:							
<div>WEST CALIFORNIA ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>JASSET ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000698							
License # --- St CT DOB/Age ---				Reg # AK76968 Reg Type PAN Reg State CT									
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2000 Veh Make TOYOTA Veh Config. 1 20									
Operator PARROTT MOLLY MICHELLE				Owner PARROTT MICHAEL									
Address 94 BURWELL ST				Address 94 BURWELL ST									
City NEW HARTFORD State CT Zip 06057				City NEW HARTFORD State CT Zip 06057									
Insurance Company HANOVER AMERICAN				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X 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 1 24 24				11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				8 7 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				1 4 99 0 0 8 1				NONE					
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 # 9JB522 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2011 Veh Make CHEV Veh Config. 1 20									
Operator TRIBBETT DION				Owner (Same as operator)									
Address 67 CLEARWATER DR				Address									
City BOSTON State MA Zip 02126				City State Zip									
Insurance Company PROGRESSIVE CASUALTY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X 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 20 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				8 7 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/Non-Motorist See Above				1 4 99 0 0 8 1				NONE					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

FORTE PARK ENTRANCE JASSET ST

California 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

← N →

Crash Narrative:

On September 14th, 2021 at approximately 09:22 hours while working N491 I responded to the area of #227 California St for a report of a MV crash.

On my arrival I located both involved vehicles. Vehicle #1 was a 2000 Toyota Avalon XL, Ct reg AK76968, operated by a Molly Parrott.

She stated she was going W/B on California St when she came to a flashing yellow light and slowed/stopped because she thought it was about to turn red. A few seconds later she was rear ended by vehicle #2.

Vehicle #2 was a 2011 Brown Chevrolet. Malibu, Ma reg. 9JB522, operated by a Dion Tribbett. He reported travelling W/B on California St when he had to go around onto the wrong side of the road due to a truck blocking the west bound side of California St. Due to that distraction of him looking at the truck as he

(Continued on next page)

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

09/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

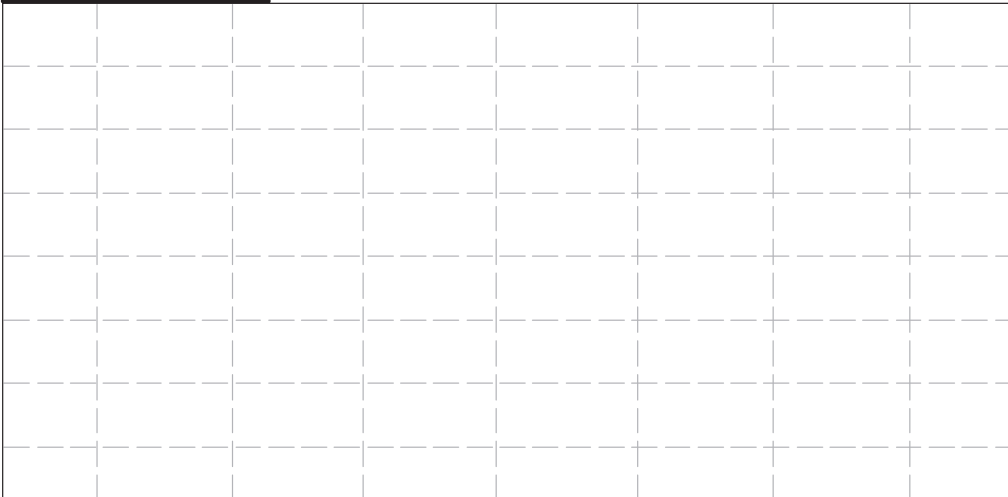
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

went around it he didn't see that vehicle #1 had stopped just a little further down the street. His vehicle then drove into the rear of vehicle #1 that had stopped by Jasset St/ Forte Park entrance. Both operators sustained minor injuries and both refused to be transported to the hospital. Vehicle #2 was towed by Todys.

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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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

09/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date