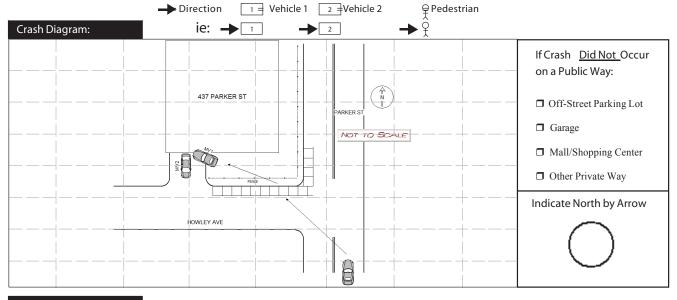
	Poli	ce Use Only		Commonwea	lth o	f Massa	achu	isetts	3		RM	V Docum	ient Number	
	Date of Crash 12/24/2020	Time of Crash 01:30 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		red La	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI D
		AT INTER	RSECTION:		LOCAT	_	>		N	от ат	INT	ERSEC	CTION:	2
1		<del> </del>			_	NORTH			PAR	KER ST				
4	Route# Direction Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street							2		
					Feet NSEW of or Exit Number									
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of								3	
3	My					Landmark								┪.
		_1_#Occupants			Number			000000770						4
	License # St MA DOB/Age  Sex M Lic. Class D Lic. Restrictions 1 CDL				Reg # 2JGW74         Reg Type PAN         Reg State MA           Veh Year 2010         Veh Make CHEVY         Veh Config.         1									
4			T YVES	Endorsment JEAN								-	nfig. 1	1
1	Address 483 C	Operator         JEAN DIT LAMBERT YVES         JEAN Middle           Address         483 CENTRE ST (apt. 1)			Owner(Same as operator) Last First Middle Address									
	City NEWTON State MA Zip 02458				CityStateZip									
	Insurance Com	pany_GEICO				Action Prior to		1	21	_	ged Area		Circle Up to Thre	e)
5	Vehicle Travel	Direction:	S E W Respond	ling to Emergency?_N		Sequence 41	$\frac{ 2 }{ 20 } = \frac{22}{23}$		22	<b>e</b>	3		4 10 Undercarri	age
	`	ssued)		Cl. S		armful Event	20	24	24	⊕	9		5 11 Totaled	age
6 <b>4</b>				ChSec		Contributing Co	25	1 Towe	ed Y	0	7		6	
	Please fill out for operator and all occupants involved				Seat Safety Airbag Airbag Eject Trap Injury Transp.							v 20		
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB		Pos. \$ysten	Status 5	99 0	de Code 0	10 1	NONE	y 20
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 14	Action 1	5 Loca	ation	16 Co	ondition	17	Hit	/Run Mope	ed
	License# St DOB/Age St DOB/Age			Reg#_	Reg# EV290J Reg				eg Type PAS Reg State MA			State MA 20		
-	Sex Lic. Class				Veh Ye	n Year 2020 Veh Make CHEVY Veh O					Veh Cor			
8 1		Operator					t ST	EDISC	ON First			Middle		
	Address  City State Zip				Address 437 PARKER ST  City NEWTON State MA Zip 02459									
	CityStateZip Insurance Company STATE FARM				Vehicle Action Prior to Crash  11  Damaged Area Code: (Circle Up to Three)							e)		
	Vehicle Travel Direction: NSEW Responding to Emergency? N					Event Sequence 2 22 22 22 22 3 4								
	Citation # (If Issued)				Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled							age		
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24									
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved				Underride/Override Towed N						_			
ľ	Name (Last Fi	rst Middle)	operator and all oc	Address		Age/DOB		26 Seat Safety Pos. Syste	Airbag Am Status	Airbag Eje Switch Co	30 31 Trap ode Code	Injury [Fra:	nsp. ode Medical Facili	ty
	Operator/	Non-Motorist		See Above										



## Crash Narrative:

On December 24, 2020 at approximately 0130 hours, I responded to 437 Parker St for a MVA into a fence.

Upon arrival, I met with the operator of MV1, Yves Jean Dit Lambert, who was not injured. MV1 operator states he was driving NB on Parker St when his vehicle hit a slippery patch which caused the vehicle to lose control. The MV then turned left, jumping a curb and going through the fence at 437 Parker Ave. The MV then stopped after crashing into MV2, which was parked in the driveway.

MV1 was towed by Tody's Towing, a towed MV sheet was filled out and filed. The owner of the property and vehicle, Edison Almeida, was advised and given a copy of the report number for his insurance company. Edison allowed Yves to stay at his residence while his father was en route to pick him up.

Dispatch also left a message for the City to have the DPW replow and sand the area.

Witnesses:								
Name (Last, First, Middle)	Address		Phone i	Phone #				
Property Damage:								
Owner (Last, First, Middle)	Phone # 34-Type De			Description of Dama	escription of Damaged Property			
ALMEIDA, EDISON,	ACHUSETTS 02	702-499-1469						
Truck and Bus Information: Registration #(From Vehicle Section)								
Carrier Name					Carrier Issu	uing Authority Coo	35 le	
Address		(	City		St	Zip		
US DOT #:S		Issuing State	ICC #:_		Interstate 36			
Cargo Body Type Code 37 Gross Vehicle Weight 38								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Length 39			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me	Material 4 digit # Relea				42	