

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/20/2019	Time of Crash 12:39 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			SOUTH 175 BOYLSTON ST			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001318	
License # --- St MA DOB/Age ---			Reg # 5GG788 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2013 Veh Make HOND Veh Config. 1 20				
Operator SERMAK CHRISTOPHER J			Owner (Same as operator)			Address _____				
Address 94 PROVIDENCE ST			Address _____			City _____ State MA Zip 02769				
Insurance Company ARBELLA			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 3 22 22 22 22			10 Undercarriage				
Citation # (If Issued) T2012527			Most Harmful Event 3 23			5 11 Totaled				
Violation 1: Ch 003 Sec _____ Violation 2: Ch 90/7/Sec _____			Driver Contributing Code 13 24 24			Underride/Override 25 Towed N				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			3				
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			-----			99 4 99 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 2 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____			Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 20				
Operator BAKER JOHN			Owner _____			Address _____				
Address 31 PLYMOUTH RD			Address _____			City _____ State MA Zip 02492				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			8 2 NWH				
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			-----			8 2			NWH	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Operator of vehicle one, Christopher Sermak, stated that while turning north bound in the parking lot of 175 Boylston St he was blinded by solar glare. Sermak stated that the driver's side visor was down and the he was not wearing sun glasses. Sermak stated that he heard a loud bang coming from the front driver's side of his vehicle and realized that his vehicle had stuck something. Sermak stated that he stopped his vehicle and saw a male identified as John Baker laying on his back on the ground.

Baker stated that he had step off the side walk in front of 175 Boylston St and was walking to his car when he saw Sermak's vehicle approaching him and realized it was not slowing, Baker sated that the front driver's side of Sermak's vehicle struck his right arm and shoulder causing him to be knocked to the ground on his back. Baker stated that his head struck the ground but he did not lose consciousness. Baker was transported

(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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

12/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2 = Vehicle 2

♀ Pedestrian

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:

to Newton Wellesley Hospital via EMS for treatment. While on scene I observed that the rear passenger side brake light of Sermak's vehicle was out. I issued Sermak MA Citation T 2012527 and cited him for violations of City of Newton City Ordinance 19-75, failure to use care while tuning , and MGL 90/7 , defective lights.

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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

Gross Vehicle Weight

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

Hazmat Information:

Placa

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

MICHAEL A MCSWEENEY

NEWTON POLICE DEPARTMENT

12/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____