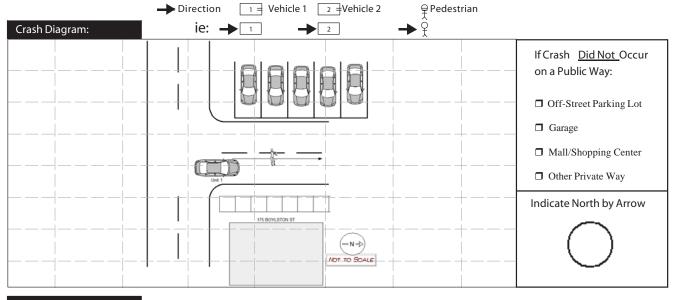
| Address City REHOBOTH State MA Zip 02769 City Insurance Company ARBELLA Vehicle Action Prior to Crash Vehicle Travel Direction: Vehicle Action Prior to Crash Vehicle Ac | | Poli | ice Use Only | | Commonweal | lth o | f Massa | achu | setts | | | RMV | Docum | ent Number | |
|--|---------------|--|--|----------------------|----------------------|---|--------------------------------|----------|------------------------|--------------------------|-------------------------|------------------|--------------------------|---|-------------|
| AT INTERSECTION: Contact Direction Note of Readway/Street Readers/Street Allow at Intersecting Readway/Street Peer N N W Mile Marker T East Number Name of Intersecting Readway/Street Peer N N W Mile Marker T East Number T | | | 12:39 | NEWTON | MIOTOI | | | sh | Vehicles | Injure | d Latit | ude | | State Police Local Police MBTA Police Other: | XI D |
| Reade Direction Name of Readway/Street Also Direction Name of Readway/Street Also Address Name of Readway/Street Also Name of Readway/ | | | | | | | _ | > | | NO | | | | CTION: | $\exists -$ |
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| Route# Direction Name of Intersecting Roadway/Street Also an Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street I and Route# Direction Name of Intersecting Roadway/Street | 1 1 | At Route# Direction Name of Intersecting Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | | | Street | _ 2 | | |
| Also at Intersection with | | | | | | - | Feet [| N S E | W of | Mile | Marker | — c | or | Exit Number | - |
| Routes Direction Name of Intersecting Roadways Street | | | | | | | | | | | | | 10 | _ | |
| Second S | 2 | | | | | - | Feet [| N S E | W of | Koute | e# 1: | ntersect | ing Koad | way/Street | 1 |
| License St. M. Address S | | Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | \dashv | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Lendorsment | | XVehicle1 | _1_#Occupants | Hit/Run | Moped Case N | lumber | | 190 | 00001318 | | | | | | |
| Sex_M_Lic. Class D_Lic. Restrictions T_COL | | License# | | | | Reg # _5 | GG788 | | | Reg T | ype_PAN | 1 | Reg S | | - |
| Address Age-DoB Sec Above Please fill out for operator and all occupants involved Address Addr | | | Sex_M Lic. Class D Lic. Restrictions 1 CDL | | | | | | Make_H | OND | | | Veh Con | afig. 1 | |
| City REHOBOTH State MA Zip 02769 City REHOBOTH Insurance Company ARBELLA Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 3 22 22 22 22 22 23 4 Most Harmful Event 3 23 Driver Contributing Code 13 24 24 Please fill out for operator and all occupants involved Name Clair Pint Middle) Performance of the Following Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 3 23 Driver Contributing Code 3 24 22 22 22 22 23 4 Most Harmful Event 3 23 Driver Contributing Code 3 24 24 8 Driver Contributing Code 8 11 Totaled Please fill out for operator and all occupants involved Age/DOR See Above Age/DOR Reg # Reg Type Reg State Veh Config. 20 Operator Name Clair See Veh Config. Domaged Area Code: (Citrele Up to Three) Vehicle Action Prior to Crash Age/DOR See Above Please fill out for operator and all occupants involved Name Clair See Veh Config. Domaged Area Code: (Citrele Up to Three) Vehicle Action Prior to Crash Age/DOR See Above Please fill out for operator and all occupants involved Name Clair See Vehicle Action Prior to Crash Address Address Please fill out for operator and all occupants involved None Clair See Violation 3: Ch. See Violation 4: Ch. See Violation 3: Ch. See Violation 4: Ch. See Violation 4: Ch. See Underride Override Please fill out for operator and all occupants involved None Clair See Violation 3: Ch. See Violation 4: Ch. See Underride Override Please fill out for operator and all occupants involved None Clair See Violation 3: Ch. See Violation 4: Ch. See Violation 4: Ch. See Violation 4: Ch. See Violation 5: Ch. See Violation 5: Ch. See Violation 6: Ch. See Violation 6: Ch. See Violation 6: Ch. See Violation 8: Ch. See Violation 9: Ch. See Violation 8: Ch. See Violation 1: Ch. See Violation 8: Ch. See Violation 9: Ch. See Violation 9: Ch. See Violation 1: Ch. See Vehicle Travel Direction: Name Clair See | 4 1 | | | First | | | | | | | | | Middle | | |
| Insurance Company ARBELLA Vehicle Travel Direction: X S E W Responding to Emergency? N Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (if Issued) T2012527 Violation 1: Ch_ 003 Sec_ Violation 2: Ch_ 997/Sec_ Driver Contributing Code | | | | | | | | | | | | | | 'in | . _ |
| Vehicle Travel Direction: | | | | | | - | | | | | | | | • | |
| Citation | 5 | 1 | 1 7 | | ding to Emergency? N | | | | 22 | 22 2 | ! | 3 | | 4 | |
| Violation 1: Ch 03 Sec Violation 2: Ch 907//Sec Underride/Override | | | | | | Most H | armful Event | 3 23 | | | _ | 9 | / | | age |
| Please fill out for operator and all occupants involved Address AgeDOB AgeD | 6 | Violation | 1: Ch <u>003</u> Se | c Violation 2: | Ch_90/7/Sec | Driver | Contributing Co | | 3 24 | | | 4 | | | |
| Operator See Above Operator Operator See Above Operator Operator See Above Operator | °1 | | | | | | Underride/Override Towed N | | | | | | | | |
| Please Select One of the Following | | Name (Last First Middle) Address | | | | | 1 - | Sex Po | | Airbag Air Status Sw | tbag Eject itch Code | Trap I Code S | njury Tran Status Cod | 155. le Medical Facilit | 1 2 |
| 1 of the Following: Vehicle #Occupants Non-Motorist A Type 1 Action 2 Location 4 Condition 1 Hit/Run 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. Operator BAKER JOHN Owner Last First Middle Address 31 PLYMOUTH RD Address City NEEDHAM State MA Zip 02492 City State Zip 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 22 22 23 4 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 24 24 24 24 24 24 25 25 Towed 8 7 6 Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sex Poss System Status Switch Code Code Status Code Medical Facility | | Operator | | | See Above | | | | 99 | 4 9 | 9 0 | 0 | 10 1 | | |
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| Sex_M_Lic. Class | 1 | | Vehicle | e# Occupants | Non-Motorist A Type | 1 | Action 2 | | | | dition 1 | 17 | Hit, | /Run Mop | ed |
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| City NEEDHAM State MA Zip 02492 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22 | $^{8}1$ | Operator BAKER JOHN Last First Middle | | | | Owner Last First Middle | | | | | | | | - | |
| Insurance Company | | | | | | | | | | | | | | | |
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| Citation # (If Issued) | | | | | | vehicle Action Filor to Clash | | | | | | | | | |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code | | Citation # (If Issued) | | | | Most Harmful Event | | | | | | | age | | |
| Violation 3: ChSec Violation 4: ChSec Underride/Override | | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 24 24 | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | | | | | | | | | | l | | 7 | | | _ |
| Operator/Non-Motorist See Above | | Name (Last Fi | irst Middle) | r operator and all o | Address | | Age/DOB | | eat Safety Oos. System | Airbag Air n Status S | bag Eject witch Code | Trap I | njury [Fran | nsp. ode Medical Facil | ity |
| | | Operator/ | Non-Motorist | | See Above | | | | | | | | 8 2 | NWH | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



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 diver'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 # | Phone # | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damag | ged Property | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | le Section) | | | 35 | | |
| Carrier Name | | | | | Carrier Issu | ing Authority Cod | | | |
| 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 | Tra | | | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digit # | me | Material 4 digit # Release code | | | | 42 | | | |
| | | | | | | | | | |

| - | Direction 1 | ı | 2 #Vehicle 2 | ₽Pedestr | ian | | |
|-----------------------------|--------------------|--------------|---------------|---------------------------------------|-------------------|--|-----------|
| Crash Diagram: | ie: → 1 | → □ | 2 | PŶ | | | |
| | | | | | I | f Crash <u>Did Not</u> C on a Public Way: | Occur |
| | | | | | | Off Stored Dealeine | Tat |
| | | | | | | Off-Street Parking | g Lot |
| | | | | | | ☐ Garage | |
| | | | | | | ■ Mall/Shopping Ce | |
| | | | | | | ☐ Other Private Way | ′ |
| | | | | | lr | ndicate North by A | rrow |
| | | | | | | | |
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| Crash Narrative: | - | | | | | | |
| to Newton Wellesley Hospi | tal via EMS fo | r treatment. | While on scen | e I obser | ved that the | rear passenge | r side |
| brake light of Sermak's v | | | | | | | |
| of City of Newton City Or | | | | | | | |
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| Witnesses: | | | | | | | |
| Name (Last, First, Middle) | | Address | | | Pho | ne# | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Da | maged Property | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Ve | hicle Section) | | | 35 |
| Carrier Name | | | | | Carrier | Issuing Authority Cod | е |
| Address | | | City | | St | Zip | |
| US DOT #: | _ State Number | | Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code 37 Gr | oss Vehicle Weight | 38 | | | | | |
| Trailer Reg #: | | Reg State | Reg Year | Tra | | 39 | |
| Hazmat Information: | | | | 11. | 6 | | |
| Placard 40 Material 1 digit | # 41 Material N | Name | | Material 4 o | ligit # | Release code | 42 |
| | | | | | | | |
| MICHAEL A MCSWEENEY | | | NEW | TON POLICE DEPARTM | | 12/20/20 | 119 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)