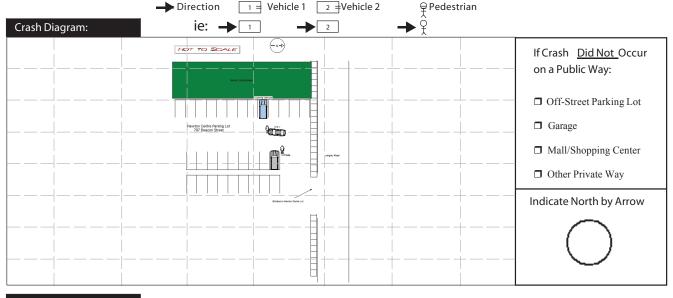
	Poli	ce Use Only		Commonwea	lth o	f Massa	ich	uset	tts		]	RMV	Docun	nent Numb	er
	Date of Crash 09/01/2021	Time of Crash 09:25 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Num Vehi		jured	Speed Latitud Longit	de		State Polic Local Poli MBTA Po Other:	ce 🔟
			RSECTION:		LOCAT		>		N					CTION:	
						SOUTH	79	97	BE	ACON	ST				
	Route# Direct	tion	Name of I	Roadway/Street		Route# Directio	n A	.ddress	#		Name	e of Ro	oadway/	Street	
		-	Feet N	SE	W of		 Iile Mar	• _	— о	or	Exit Numb				
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L						Feet N	SE	W of		oute#			0	dway/Street	
	Route# Direct	tion	Name of Intersec	ing Roadway/Street							CLIV		dmark	10 201	
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		2	2100000	1655						
	License#		St MA	DOB/Age	Reg#_4	PL345			Re	σ Tyne	PAN		Reg	State MA	
	Sex_M Lic. 0	Class D 18		19		ar <b>201</b> 6									20
	Operator SCH		PETER	H Endorsment		(Same as oper			Fi						_
l	Address 11 RI	Last	First	Middle		Last							Middle		_
	City NEWTO		Stat	e_MA Zip_02460										Zip	
	Insurance Com	pany_LIBERTY	MUTUAL		Vehicle	Action Prior to	Crash	4	21	Dan	naged .	Area (	Code: (0	Circle Up to	Three)
	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event S	Sequence 3 2	2 2	22 2	2 22	0_		3		4	
	Citation # (If Is	ssued) 119853A	В		Most H	armful Event	3 2	3		04	_   `	9		10 Under	~
	Violation	1: Ch <u>19/75</u> Se	ec Violation	2: ChSec	Driver	Contributing Co	de	19 24	24						
	Violation	3: ChSe	ec Violation	4: ChSec	Underri	de/Override	2	5 Te	owed N	8		7		6	
	Please 1		rator and all occup	ants involved  Address		Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 Ifety Airbag	29 Airbag Switch	30 Eject Code	31 Frap In Code \$	32 njury Tra Status Co	33 insp. ide Medical I	Facility
	Operator			See Above				1		99			10 1	B.T./A	
l	Please Select C of the Followi	I Vehicle	e#Occupants	Non-Motorist A Typ	pe 1	Action 2		cation	16	Conditio	on 99	17	Hi	t/Run	Noped
	License#		St	DOB/Age	Reg#				Re	g Type			Reg	State	
	Sex F Lic. 0		18 Lic. Restrictions	19		ar				<i>U</i>			— Res Veh Co	2	20
	Operator ALE		SOPHIA	Endorsment		Last									_
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	City BELMON		Stat	e MA Zip 02478	City							State_	2	Zip	
	Insurance Com	pany			Vehicle	Action Prior to	Crash	1	21	Dan	naged .	Area (	Code: (0	Circle Up to	Three)
	Vehicle Travel	Direction: N	S E W Resp	oonding to Emergency?	Event S	Sequence 2	2 2	22 2	2 22	2		3		4	
	Citation # (If Is	ssued) N/A			Most H	armful Event	2	3			_   `	9		10 Under	~
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	Violation	n 3: ChS	Sec Violation	4: ChSec	Underri	de/Override	2	5 To	wed	8		7		6	
	Plo Name (Last Fi		r operator and all	occupants involved		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 fety Airbaş ystem Statı	29 g Airbag as Switch	30 Eject 1 Code		njury [Fra	33 insp. ode Medical	Facility
		Non-Motorist		See Above		Age/DOB			young Statt	as switch	Code	coue	7 2		
										1	1		1	1	



## Crash Narrative:

On Wednesday, September 1, 2021, while assigned to Traffic unit N525, I responded to the Newton Centre
Municipal Parking Lot (797 Beacon Street, Newton) for a report of a motor vehicle crash involving a

pedestrian with a potential head injury. The weather at the time of the crash was cloudy and overcast. The

road surface at the time of the crash was dry. The Newton Centre Municipal Parking Lot is open for public

travel and use and is maintained by the City of Newton

I spoke with the operator of the 2016 Audi 32 (MA: 4PL345) involved in the crash, Mr. Peter

Schiller (S26414610). Mr. Schiller stated he entered the Newton Centre lot from Langley Road and made

a right turn to enter the back row of parking stalls. Mr. Schiller stated he then took a left turn into the

parking area to look for a spot. Mr. Schiller stated he did not see the pedestrian in the roadway in time

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Ad	ldress		Phone	Phone #		
RYLAND , NICHOLAS,		1 (apt 1) GR ATTAPAN,	EENFIELD STREI MA 02126				
Property Damage:			_		_		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic		Carrier Is:	suing Authority Coo	35 de
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight 38				39	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı			
Hazmat Information:						J	
Placard 40 Material 1 digit	t # 41 Material Name_			Material 4	digit #	Release code	42

	→ Direction	1 =	Vehicle 1	2 =Ve	hicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1	_ <b>→</b>	2		<b>→</b> ĝ			
				_				If Crash <u>Did No</u> on a Public Way:	_
		_		_				☐ Off-Street Park	ing Lot
								☐ Garage	
								☐ Mall/Shopping	Center
		_ _			+				
		_						☐ Other Private V	
								Indicate North by	/ Arrow
Crash Narrative:									
and his vehicle's front	end crashed i	nto t	the pedes	trian.	Mr. Sch	niller esti	mated the	crash happened	right
near the first car park	ked in the row	clos	sest to w	here he	entered	d. I showe	d Mr. Sch	iller the believ	red area
of impact was actually	3 car stalls i	n, ar	nd the cr	ash occ	urred in	n the midd	le of the	travel way.	
I asked Mr. Schil									
ability to operator a me									
a result of the crash.									
where the crash took pla									
a plant with soil in the	<del>-</del>								
pedestrian or how the pe			in front	Of his	Aeurcre	e. Mr. Scn	iller sta	ted he thought	the
	d on next page	)							
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
,									
Property Damage:						217			
Owner (Last, First, Middle)	Address			Pho	one #	34-Type	Description (	of Damaged Property	
Truck and Bus Information:	Registration	#			(From	Vehicle Section)			
Carrier Name					`	· · · · · · · · · · · · · · · · · · ·	Ca	rrier Issuing Authority (	Code 35
Address				City_			S	t Zip	
US DOT #:	State Number			Issi	uing State_	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight		38						
Trailer Reg #:	Reg Type		Reg State	·	_ Reg Year	r Tr	ailer Length	39	
Hazmat Information:									
Placard 40 Material 1 di	git # 41 Mater	ial Nar	ne						42

-	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: → 1	2	→	· ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
	-			+-	Other Private Wa	
				- — — —		
	į		į		Indicate North by A	irrow
		   		+-		
Crash Narrative:						
injured pedestrian was run	ning towards hi	s car when t	he made his tu	rn.		
I spoke with a witne	ss that remaine	d on scene,	Mr. Nicholas R	yland. Mr	. Ryland stated he was w	alking
in the Newton Centre lot w	hile pushing hi	s daughter i	n her stroller	. Mr. Ryla	and stated he observed M	V1 enter
the lot from Langley Road	and took the r	ight turn in	to the lot at	a high rate	e of speed. Mr. Ryland	stated
he stopped with the stroll	er next to the	first vehicl	e parked in t	he roadway	where the last parking	stalls
begin. The MV1's driver s	ide operated pa	st Mr. Rylan	d's left side,	took a le	ft turn, and then Mr. Ry	land
stated he heard the crash.	The crash too	k place in t	he middle of t	he roadway	in between the parking	stalls
to the East and West of MV	1.					
I responded to Brigh	am and Women's	Hospital in	Boston to foll	ow up with	the pedestrian injured	in the
(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Two also and Doo le former ations						
Truck and Bus Information:	Registration #			,	Coming Institute Analysis Con	35
Carrier NameAddress						le
						36
US DOT#:		38	Issuing State	ICC #:	Interstate	
	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	r Length	
Hazmat Information:  Placard 40 Material 1 digit #	41 Material Na	nme		Material 4 digi	it# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

09/01/2021

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL R GAUDET

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1	vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 🗆	<b>→</b> [2	<b>→</b>	Ŷ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
					☐ Off-Street Parking	g Lot
					☐ Garage	
						anton .
		<u> </u>		<del>-</del>	☐ Mall/Shopping Ce	
					☐ Other Private Way	/
				+	Indicate North by A	rrow
	-					
Crash Narrative:						
crash, Ms. Sophia Alexandr	idies (S493994	67).				
Ms. Alexandridies was trans	sported to the	emergency de	partment by Fa	llon Medics wit	th multiple injuries	
including a head injury.	Due to Ms. Ale	xandridies's	injuries, I wa	s unable to obt	cain a statement from	m her
about the events of the cr	ash. I spoke	with Ms. Alex	andridies's da	ughter, Christi	na, in the emergency	У
department. Christina sta	ted Ms. Alexan	dridies suffe	ered a head inj	ury, along with	n possible broken rib	os and
an injury to her left shou	lder. Most of	the injuries	reported are	on Ms. Alexandı	ridies's left side,	the
presumed area of impact wi	th the vehicle	•				
Due to the circumsta	nces of this c	rash, and Mr.	Schiller bein	g involved in a	another surchargeable	e crash
on April 28, 2021, a Reque	st for Immedia	te Threat Lic	ense Suspensio	n was submitted	l to the Registry of	Motor
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Descripti	on of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengt	39 h	
Hazmat Information:		1105 511110	105 1001	Truner Leligi		
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4 digit #	Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

09/01/2021

Date

Precinct/Barracks

MICHAEL R GAUDET

Police Officer Name (Please Print)

<del>-</del>	Direction 1	Vehicle 1	₂ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 🗆	<b>→</b>	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>		‡	☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
					Other Private Wa	
				i	Indicate North by A	rrow
				+		
	-	 		+		
Crash Narrative:						
Vehicles at DCUImmediateTh	reat@massmail.	state.ma.us.	Mr. Schiller	is also h	peing cited with Massachu	setts
Uniform Citation 119853AB	for Newton Cit	y Ordinance (	Chapter 19, Sec	tion 75	(Fail To Use Care).	
On September 2, 2021	, I contacted	Mr. Schiller	to provide him	with add	ditional information about	the
crash. Mr. Schiller state	d he did not r	ealize Ms. A	Alexandridies w	as injuri	ied in the crash. Mr. Sch	iller
also stated he has no reco	llection of be	ing involved	in a crash in	April. N	Mr. Schiller was advised t	0
contact his insurance comp	any to inquire	about his la	ast crash.			
Photos were taken o	f the area and	MV1 and subm	nitted to the I	T Bureau.	. I canvassed the area f	or
survellance footage of the	crash with a	negative resu	ılt.			
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:						
Carrier Name	Registration #		(From Vehi		Carrier Issuing Authority Coc	35 le
Address			City		St Zip	
						36
US DOT #:  Cargo Body Type Code 37 Gro	ss Vehicle Weight	38	Issuing State	1CC#:	Interstate	
Trailer Reg #:		Reg State	Reg Year	Tra	iler Length	
Hazmat Information:	0 -JF*				- 5	
Placard 40 Material 1 digit #	# 41 Material N	Jame		Material 4 d	ligit # Release code	42
MICHAEL R GAUDET				IN POLICE DEPARTA	09/01/2	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)