

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/01/2021	Time of Crash 09:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 10 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 797 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street NEWTON CENTRE PARKING LOT Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000655	
License # --- St MA DOB/Age ---			Reg # 4PL345 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make AUDI Veh Config. 1				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsement _____			Operator SCHILLER PETER H			Owner (Same as operator)				
Address 11 RICHFIELD RD			City NEWTON State MA Zip 02460			Insurance Company LIBERTY MUTUAL				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Citation # (If Issued) 119853AB			Violation 1: Ch 19/75 Sec Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec _____				
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 10 1 N/A				
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1			Action 2 Location 4 Condition 99			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____			Operator ALEXANDRIDES SOPHIA			Owner _____				
Address 10 PHILIP ROAD			City BELMONT State MA Zip 02478			Insurance Company _____				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Citation # (If Issued) N/A			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec _____				
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 ----- --- 7 2 BRIGHAM AND WOMEN				

→ 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:

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

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
RYLAND, NICHOLAS,	101 (apt 1) GREENFIELD STREET MATTAPAN, MA 02126	-----	Y

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 R GAUDET **NEWTON POLICE DEPARTMENT** **09/01/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

and his vehicle's front end crashed into the pedestrian. Mr. Schiller estimated the crash happened right near the first car parked in the row closest to where he entered. I showed Mr. Schiller the believed area of impact was actually 3 car stalls in, and the crash occurred in the middle of the travel way.

I asked Mr. Schiller if he has any medical conditions or takes any medication that would effect his ability to operator a motor vehicle. Mr. Schiller stated he does not. Mr. Schiller reported no injuries as a result of the crash. I observed very minor damage to the front hood/bumper/fender area of his vehicle from where the crash took place. I did observe soil covering the hood area. The injured pedestrian was carrying a plant with soil in the pot. I asked Mr. Schiller if he could recall where he made contact with the pedestrian or how the pedestrian ended up in front of his vehicle. Mr. Schiller stated he thought the

(Continued on next page)

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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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

09/01/2021

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 <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

injured pedestrian was running towards his car when the made his turn.

I spoke with a witness that remained on scene, Mr. Nicholas Ryland. Mr. Ryland stated he was walking in the Newton Centre lot while pushing his daughter in her stroller. Mr. Ryland stated he observed MV1 enter the lot from Langley Road and took the right turn into the lot at a high rate of speed. Mr. Ryland stated he stopped with the stroller next to the first vehicle parked in the roadway where the last parking stalls begin. The MV1's driver side operated past Mr. Ryland's left side, took a left turn, and then Mr. Ryland stated he heard the crash. The crash took place in the middle of the roadway in between the parking stalls to the East and West of MV1.

I responded to Brigham and Women's Hospital in Boston to follow up with the pedestrian injured in the

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

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MICHAEL R GAUDET

NEWTON POLICE DEPART

09/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

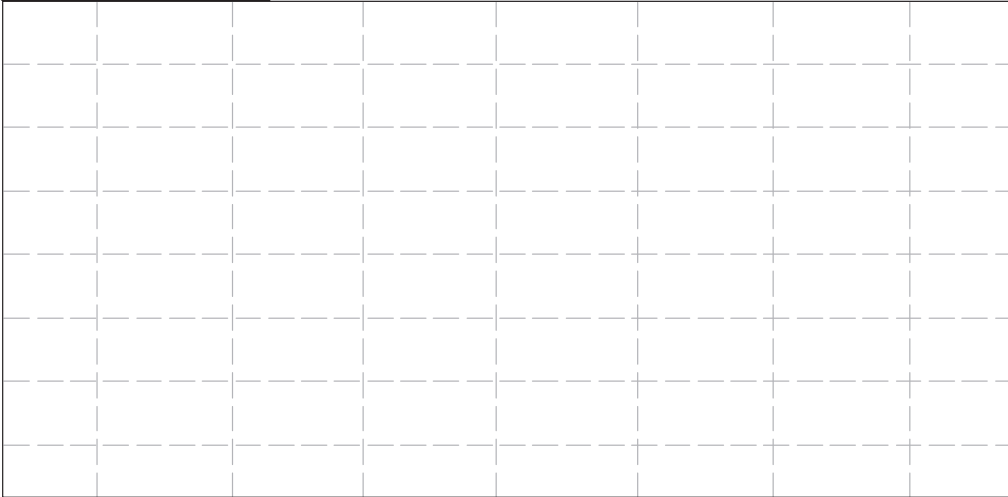
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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on a Public Way:

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- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

crash, Ms. Sophia Alexandridies (S49399467).

Ms. Alexandridies was transported to the emergency department by Fallon Medics with multiple injuries including a head injury. Due to Ms. Alexandridies's injuries, I was unable to obtain a statement from her about the events of the crash. I spoke with Ms. Alexandridies's daughter, Christina, in the emergency department. Christina stated Ms. Alexandridies suffered a head injury, along with possible broken ribs and an injury to her left shoulder. Most of the injuries reported are on Ms. Alexandridies's left side, the presumed area of impact with the vehicle.

Due to the circumstances of this crash, and Mr. Schiller being involved in another surchargeable crash on April 28, 2021, a Request for Immediate Threat License Suspension was submitted to the Registry of Motor

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Cargo Body Type Code 37 Gross Vehicle Weight 38

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPT

09/01/2021

Police Officer Name (Please Print)

Signature

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Department

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Date

