

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/16/2021	Time of Crash 16:56 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 244 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____				Route# Direction Name of Roadway/Street Feet [N S E W] of _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
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 210000945		
License # --- St MA DOB/Age ---			Reg # 2SAH91 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 2					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make HONDA Veh Config. 2			Operator SYLVIA ELIZABETH M			Owner (Same as operator)		
Address 7 PINE RIDGE RD			City LINCOLN State MA Zip 01773-5001			Insurance Company SAFETY			Vehicle Action Prior to Crash 2 21		
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23			Driver Contributing Code 18 24 24		
Citation # (If Issued) T2016746			Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
Violation 1: Ch 003 Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 3 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										13	
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 _____			Veh Year _____ Veh Make _____ Veh Config. 20			Operator MORPEAU NIVICHA			Owner		
Address 71 BARTON RD			City WELLESLEY State MA Zip 02481			Insurance Company			Vehicle Action Prior to Crash 21		
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed _____			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
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										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

241 NEEDHAM ST

NEEDHAM ST

UNIT 1

NOT TO SCALE

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 (2019 Honda CRV MA reg 2SAH91) Elizabeth Sylvia stated that on 11/16/2021 at 16:56 hours she was driving south bound on Needham St near Charlemont St. Needham St is a public way in the City of Newton. Sylvia stated that as her vehicle slowed to turn left onto Charlemont St it's front driver's side struck a pedestrian in a crosswalk. Sylvia stated that she did not see the pedestrian prior to the crash due to the area not being lit. It should be noted that the over head street light was inoperable, and the cross walk was not illuminated or reflective. The crosswalk sign that was posted before the crosswalk was not reflective. Sylvia stated that she was unaware that a crosswalk was at the crash location. Sylvia was not injured in the crash , and her vehicle had no damage to it. The pedestrian Nivicha Morpeau stated that she was in the crosswalk in front of 241 Needham St when she was struck by the front driver's side of vehicle one.

(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 DEPT** **11/16/2021**

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:

It should be noted that Morpeau was wearing dark clothing at the time of the crash. Morpeau complained of back pain, but refused medical treatment and transportation to the hospital. Morpeau signed a patient refusal form provide to her by Medics. Based upon statements made to me by Sylvia and Morpeau I issued Sylvia MA Uniform Citation T 2016746 and cited her for a violation of Newton City ordinance 19/116 failure to stop for a pedestrian in a crosswalk. I took photos of vehicle one and the disk was forward to the NPD's IT Bureau for downloading.

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 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 A MCSWEENEY

NEWTON POLICE DEPART

11/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date