

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/19/2019 Time of Crash 07:19 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

SOUTH WALNUT ST Route# Direction Name of Roadway/Street At WEST LINDWOOD AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

Vehicle 1 Occupants Hit/Run Moped Case Number 190001309

License # --- St MA DOB/Age --- Reg # 8FA=341 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL --- Operator ROUGEUX DARC Y Address 376 LEXINGTON ST City NEWTON State MA Zip 02466 Insurance Company COMMERCE

Reg # 8FA=341 Reg Type PAN Reg State MA Veh Year 1993 Veh Make SAAB Veh Config. 1 20 Owner ROUGEUX COLLEEN V Address 376 LEXINGTON ST City AUBURNDALE State MA Zip 02466

Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_

Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y

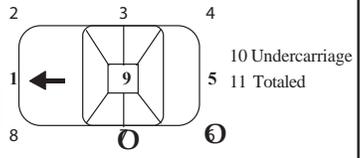


Table with columns: Name (Last First Middle), Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 99, 0, 0, 10, 1.

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # --- St MA DOB/Age --- Reg # 1897-KM Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL --- Operator MADRIGAL ALEX Address 18 BRACKETT ST City BRIGHTON State MB Zip 02135 Insurance Company USAA CASUALTY

Reg # 1897-KM Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address City State Zip

Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_

Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N

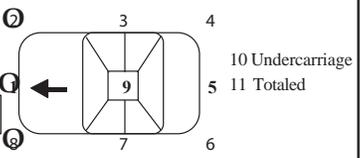


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