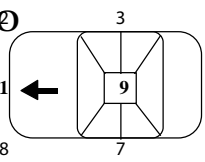
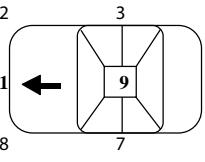


Police Use Only						Commonwealth of Massachusetts								RMV Document Number			
Date of Crash 03/11/2019	Time of Crash 11:02 24HR		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:							
NORTH ADAMS ST Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number											
WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Landmark											
Vehicle 1 Occupants						Hit/Run		Moped		Case Number 1900000270							
License # St MA DOB/Age Reg # 531PX6 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator BUTANEY COLLEEN M Address 100 PINE GROVE STREET City NEEDHAM State MA Zip 02494 Insurance Company AMICA Vehicle Travel Direction: N S E Responding to Emergency? Citation # (If Issued) T1272995 Violation 1: Ch 90/25 Sec Violation 2: Ch 89/4A Sec Violation 3: Ch Sec Violation 4: Ch Sec						Veh Year 2010 Veh Make MERCEDES Veh Config. 2 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 Most Harmful Event 3 23 Driver Contributing Code 9 24 97 24 Underride/Override 25 Towed Y 											
Please fill out for operator and all occupants involved																	
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						Operator See Above --- 99 4 99 0 0 5 1 N/A											
Please Select One of the Following:						Vehicle Non-Motorist A Type 1 14 Action 3 15 Location 4 16 Condition 1 17 Hit/Run Moped											
License # St DOB/Age Reg # Reg Type Reg State Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator SELIG JAMES B Address 1321 WASHINGTON STREET City NEWTON State MA Zip 02465 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						Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed 											
Please fill out for operator and all occupants involved																	
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						Operator/Non-Motorist See Above --- 5 2 NEWTON WELLESLEY											

→ 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 Monday, March 11, 2019 while assigned to Traffic unit N525, I responded to the area of Watertown Street and Adams Street, Newton for a report of a motor vehicle/pedestrian accident. The accident was reported to Newton Police Dispatch by Newton Police Officer Charles Guarino. Officer Guarino identified the pedestrian involved in the accident as Newton Police Officer James Selig. Watertown Street and Adams Street are both public ways maintained by the City of Newton.

After completing my investigation, the operator of MV1, Colleen Butaney (S20012566) was issued Massachusetts Uniform Citation T1272995 for Chapter 90, Section 25 (Fail to Stop for a Police Officer) and Chapter 89, Section 4A (Marked Lanes Violation). Butaney was advised and the citation was placed in her property in Locker #4 in the NPD holding area prior to her release. Officer T. McCarthy completed and

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
YOUNG, JEFFREY, ANDREW	1610 (apt 12) MASS AVE CAMBRIDGE, MA 02138	-----	Y
ORENDER, JEFFREY,	6 MAIN STREET BYFIELD, MA 01922	-----	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 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

→ 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:

submitted a criminal application for Butaney for Chapter 265, Section 15b (Assault with a Dangerous
Weapon, MV).

Please refer to incident report #19009204 for statements from all parties involved. Photos were taken of the
area/vehicle and submitted to the IT Bureau. The vehicle involved, (MA: 531PX6) was removed from the
roadway by Tody's towing. Officer Marini completed a towed motor vehicle report form. Surveillance footage
of the incident was recovered from a local business and was submitted to the IT Bureau/Support Services. A
property and evidence form was completed and submitted to Officer Manouk.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
UGA, NICHOLAS, A	32 WEDGEWOOD STREET EVERETT, MA 02149	-----	Y
LEARY, JOHN, S	12 TIMBER LANE LACONIA, NH 03246	-----	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 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