

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 08/23/2020	Time of Crash 02:09 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit <u>30</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:									
Route# Direction Name of Roadway/Street At						WEST 150 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street													
Route# Direction Name of Intersecting Roadway/Street						Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000471									
License # --- St MA DOB/Age ---						Reg # 3RS118 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2016 Veh Make MERCEDEZ Veh Config. 1 20													
Operator ZHI TONG Last First Middle						Owner (Same as operator) Last First Middle													
Address 660 WASHINGTON STREET (apt. 4E)						Address													
City BOSTON State MA Zip 02111						City State Zip													
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 22 22 22 22 22 22 22 23						10 Undercarriage 11 Totaled							
Citation # (If Issued) T2080141						Most Harmful Event 22 23													
Violation 1: Ch 89/4A Sec Violation 2: Ch 90/24/E Sec						Driver Contributing Code 21 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y													
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 3 1 0 0 99 2 NWH																			
Please Select One of the Following:																			
<input type="checkbox"/> Vehicle #Occupants						<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St DOB/Age ---						Reg # --- Reg Type --- Reg State ---													
Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20													
Operator --- Last First Middle						Owner --- Last First Middle													
Address ---						Address ---													
City --- State --- Zip ---						City --- State --- Zip ---													
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)													
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Violation 1: Ch --- Sec Violation 2: Ch --- Sec						Driver Contributing Code 24 24													
Violation 3: Ch --- Sec Violation 4: Ch --- Sec						Underride/Override 25 Towed ---													
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 ----- - - -																			

→ 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:

The operator of MV1, Mr. Tong Zhi, stated that he was traveling west bound on Needham street when he fell asleep causing him to lose control of the vehicle and crash into a Verizon utility pole 305/17.

The motor vehicle sustained major front end damage and full airbag deployment. The utility pole was snapped, and was leaning as a result of the impact.

Mr. Zhi stated that he had wrist and chest pain due to the crash and was transported to Newton Wellesley Hospital by Cataldo.

Todys arrived on scene and towed the vehicle.

Verizon was notified regarding their damaged utility pole.

Photographs of the crash were taken and place in the IT Bureau's mailbox.

(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
VERIZON,,	,		4	UTILITY POLE 305/17

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:

Due to the facts that Mr. Zhi was asleep at the wheel while traveling on a major public way in the City of Newton, that he crossed the double yellow line into the on coming travel lane, and subsequently crashed into a utility pole causing heavy damage, Mr Zhi is being charged with 90-24 Operating to Endanger. A Massachusetts Uniform Citation, #T2080141, was completed back at the station for the offenses of 89-4A Marked Lanes violation and 90-24 Operating to Endanger.

The violator's copy of the citation was placed in the Chiefs mailbox to be mailed to the offender while the criminal application portion was placed in the court prosecutors mailbox attached to this report.

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