

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/28/2021	Time of Crash 03:39 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# Direction Name of Roadway/Street At			WEST 1717 BEACON ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11 99			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000766	
License # --- St MA DOB/Age ---			Reg # 3FHK99 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20							
Operator JIANG XUAN			Owner (Same as operator)							
Address 10 DAMIEN RD			Address _____							
City WELLSLEY State MA Zip 02481			City _____ State _____ Zip _____							
Insurance Company ARBELLA			Vehicle Action Prior to Crash 99 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 99 22 22 22 22			10 Undercarriage				
Citation # (If Issued) T2081076			Most Harmful Event 99 23			5 11 Totaled				
Violation 1: Ch 90/244 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 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 4 99 0 0 10 1				
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 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
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			-----			1 4 99 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

1717 Beacon St

V1

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 09/28/2021 @ approx. 0339 hrs. while on patrol in the area of 1717 Beacon St. I, Officer Sullivan, observed two motor vehicles pulled off to the side of the Beacon St. (public way). The rear vehicle MA Reg. W27879 had its hazard lights on with the operator, in the vehicle, in the driver's seat. The forward vehicle MA Reg. 3FHK99 also with its operator seated in the driver's seat. The vehicle was running and the operator was testing the operation of the vehicle by slowly moving forward by tapping the accelerator. I observed the vehicle to have tire/wheel damage to multiple tires. I activated my blue lights and exited my cruiser. As I approached the two vehicles I instructed the forward operator identified as Jiang, Xuan to stop the vehicle. The operator from the rear vehicle exited his vehicle. He was identified as Tao, Haichun. Mr. Tao stated his friend (Mr. Jiang) called him and stated he had a damaged tire. I later discovered

(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

DANIEL S SULLIVAN    NEWTON POLICE DEPARTMENT    09/28/2021

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

CDP1 11 -24:00

Crash Narrative:
through continued conversation that Tao is his boss.
The two men work at IQ kitchen restaurant located at 1158 Beacon St, Newton. The location of the business is approximately 1 mile from the location of this incident. Jiang stated he was coming from work. while speaking with Jiang the odor of Alcoholic beverage was detected. further information in regards to this incident is documented. Reference Newton PD incident report #21041400.
The location of a crash is unknown at this time. The vehicle sustained damage along the passenger side of the vehicle, mirror taken off and damage to three tires; two front and rear passenger.
The vehicle MA Reg. 3FHK99 was towed from the area of 1717 Beacon St, Newton by Tody's Towing.
The Incident/crash to be further investigated with pending MV violations.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DANIEL S SULLIVAN			NEWTON POLICE DEPT#3		09/28/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					