

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/17/2022	Time of Crash 09:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☒ MBTA Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 0 SWEET ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet ☐ N ☐ S ☐ E ☐ W of _____ • _____ or _____ Mile Marker _____ 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 _____							
☒ Vehicle 1 # Occupants			☐ Hit/Run		☐ Moped		Case Number 22000162			
License # _____ St MA DOB/Age _____			Reg # 1MTW77		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make TESLA		Veh Config. 1 20			
Operator LIANGPING XIAO Last First Middle			Owner DENG JIAN Last First Middle							
Address 1 SACO ST			Address 1 SACO ST							
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02464							
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: ☐ N ☐ S ☒ E ☐ W Responding to Emergency? N			Event Sequence 20 22 21 22 22 22		Event Sequence 20 22 21 22 22 22		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 21 23		Most Harmful Event 21 23		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		Driver Contributing Code 19 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 4 0 0 10 1					
Please Select One of the Following: ☐ Vehicle # Occupants			☐ Non-Motorist A Type 14		Action 15		Location 16		Condition 17	
☐ Hit/Run			☐ Moped							
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____			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 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:

On Thursday 2/17/22 at approximately 0920 hours while assigned to marked unit n498 I was dispatched to the area of 1 Saco St. for a report of a single vehicle crash into a tree.

Upon arrival the actual address was on Sweet St. and the operator, XIAO Liangping, was being evaluated by Medic 4. XIAO stated to the medics that she was not hurt and denied any medical attention and signed a patient refusal.

Upon speaking with XIAO she states she turned onto Sweet Street from Oak Street and maneuvered her vehicle on the right side of the road between 2 parked cars in order to back into her driveway at 1 Saco St. The driveway for 1 Saco St. is located on Sweet Street. XIAO states she accidentally left the vehicle in drive instead of reverse. When she accelerated it caused her to go forward over a curb and into a tree.

(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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPT. 02/17/2022

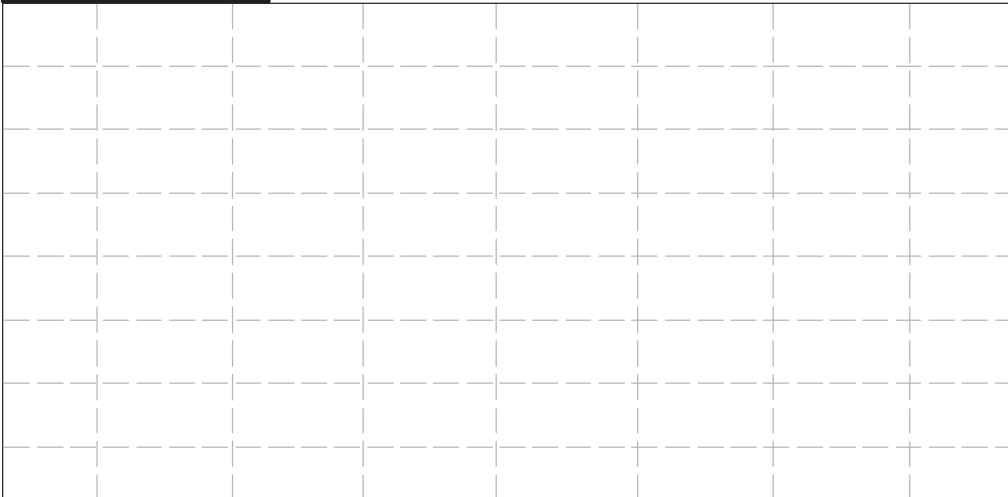
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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:

Damage to the vehicle made it unsafe to drive and I asked XIAO if she wanted the vehicle towed and she stated she did. Upon arrival of Dave Donohue from Tody's she changed her mind and stated she wanted it left in her driveway. Dave stated to XIAO that would be fine, but he advised her to leave the vehicle in the driveway and not to put it in the garage out of an abundance of caution due to prior incidents of other Tesla vehicle catching fire. Dave left the vehicle in her driveway and as Dave and I left the scene XIAO pulled her vehicle into her garage against the recommendation of Dave.

(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 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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

02/17/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:
(Continued on next page)

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

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 10 columns and 8 rows of squares. A solid black border runs along the top and left edges of the page.

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:

[illegible]

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

Gross Vehicle Weight

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
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ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPARTMENT

02/17/2022

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____