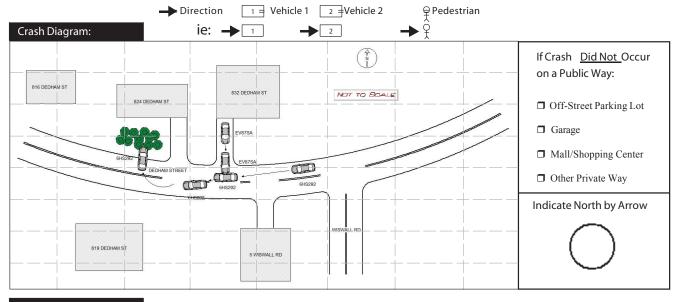
	Poli	ice Use Only		Comn	nonwealth	of Massa	achu	setts	5		RN	IV Do	cumer	nt Number	
	Date of Crash 06/12/2022	Time of Crash	City/ NEWTON	Гоwп	Motor Vo	ehicle Cra	sh	Number Vehicles			Speed Lis Latitude		S	tate Police ocal Police ABTA Police	D Xi
	06/12/2022	13:33 24HR	NEWTON		Police	Report		2	0		Longitud			ABTA Police Other:	
		AT INTER	RSECTION	•	< LOC	CATION	>		N	OT A	T IN	TERS	ECT	ION:	2
						WEST	832		DEI	OHAM	ST				2
1 1	Route# Direc	tion	Name	of Roadway/Stree	t	Route# Direction	on Add	ress #	_		Name o	Roadv	vay/Str	eet	2
_	At					Feet NSEW of or							2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							_		
				tersection with		Feet NSEW of Route# Intersecting Roadway/Street								-	
2 1						Feet NSEW of									3
	Route# Direc	tion	Name of Inter	secting Roadway/	Street	Landmark									\Box
$\frac{3}{1}$	XVehicle1	2_#Occupants	Hit/Ru	n Mop	ed Case Numl	oer	220	00518							
	License#		St	MA DOB/Age	Re	g# 6HS292			Re	g Type	PAN	F	Reg Sta	te_MA	_
	Sex_M Lic.	18 1	8 Lic. Restrict	ons 1 19	DI Ve	h Year 2014	Veh	Make T					Config	20	
4	Operator GEI		ANDREW	HAR	ndorsment IRIS OM	ner GERSHON		DAVE							- 1 ¹
1	Address 27 JU	NE LANE	First			dress 27 JUNE LN	t		Fir	st		М	iddle		· 1
	City NEWTO			State MA Zip		y NEWTON					Sta	te_MA	Zip	02459	
		pany CITIZENS				hicle Action Prior to) Crash	1	21					ele Up to Thre	e)
5	1			esponding to Eme	ergency? N Eve	ent Sequence 1	22 40 22	22	22	0_		9	4		
	Citation # (If I		1175			Most Harmful Event 1 23) _	10 Undercarriage	age		
				on 2: ChS		l ver Contributing Co		24	24		- _		٦	11 Totaled	
⁶ 1	Violation	3: ChSec	c Violati	on 4: ChS	ec Un	derride/Override	25	Tow	ed Y	0		7	6		
			ator and all oc	cupants involve			Se	26 27 at Safety		29 Airbag Switch	30 3 Eject Trap Code Cod	1 32 Injury	33 Transp		1
	Name (Last Fir	st Middle)			Address Above	Age/DOB	Sex Po	s. \$ysten	Status 4	1 1	Code Cod O O	e Status	Code 1	Medical Facilit	1 1
	ZAFF, RACHE	 EL.		134 DAMON RD			F 3	1	4		0 0	10	1		\dashv
				NEEDHAM, MA	02494			+	+			-	-		\dashv
7															
1	Please Select C of the Followi		2 <u>4</u> #Occup	ants Non-M	Notorist A Type	14 Action 1	Locat	ion	16	onditio	1 1'		Hit/R	un Mope	ed
			G.	MA DOD/A		" FV87SA				m.	PAS		, G	. MA	-
	License # St MA DOB/Age					Reg # EV87SA Reg Type PAS Reg State MA							-		
8	Sex_F Lic. Class D Lic. Restrictions 1 CDL				ndorsment	Veh Year 2022 Veh Make TESLA Veh Config. 1 Owner XU AIHUA									
⁸ 1		Last IGH ROCK TER	First		Middle	dress 80 HIGH RO	CK TER		Fir	st		М	iddle		-
				State MA 7in		CHESTNUT HI					Cto	, MA	7in	02467	
	,								21	Dam			^		ee)
		insurance Company COMMERCE Vehicle Travel Direction: NXEW Responding to Emergency?N					venicie Action Filor to Clash 6								
		<u></u>	, , ,			Most Hampful Funct 23						age			
	Citation # (If Issued) Violation 1: Ch 89/8 Sec Violation 2: Ch Sec					l	ode 4	24	24	Ŭ ◆	-	9	5	11 Totaled	
						Driver Contributing Code 4 Towed Y Underride/Override Towed Y 6									
		Please fill out for operator and all occupants involved						26 27 at Safety		29 Airbag	30 3 Eject Trap	1 32 Injury	33 Transp		\dashv
	Name (Last Fi	rst Middle)	1		Address	Age/DOB	Sex P	os. Syste	m Statu	Switch	Code Co	de Statu	Transp s Code	Medical Facili	ity
	1	Non-Motorist		See 80 HIGH ROCK T	Above ER			1	4		0 0	10	1		_
	XU, AIHUA		(CHESTNUT HILL	, MA 02467		F 6	99	4	4	0 0	10	1		
	JIN, JASMINE	I	1	80 HIGH ROCK T NEWTON, MA 02	2467		F 5	99	4	4	0 0	10	1		
	JIN, JENNIE			00 HIGH ROCK T NEWTON, MA 02			F 4	99	4	4	0 0	10	1		



Crash Narrative:

On Sunday 6/12/22 at approximately 1333 hours while assigned to marked unit n498 I was dispatched to the area of 832 Dedham Street for a report of a 2 car motor vehicle crash with no injuries.

Upon arrival I spoke with the operator, GERSHON Andrew, of motor vehicle #1 (6HS292). GERSHON states he was traveling Westbound on Dedham Street toward Brookline Street when he approached the driveway at 832 Dedham Street and motor vehicle #2 started to pull out in front of him. GERSHON states as he saw the vehicle pull out he swerved into oncoming traffic to avoid the collision, however motor vehicle #2 struck the passenger side of his vehicle. After the collision GERSHON attempted to pull back into his lane of travel, but lost control causing him to overcorrect and go off the road on the westbound side of the road in front of 824 Dedham Street causing some damage to the front landscaping of the yard.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)		Address		Phone #	Phone #				
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Description of Damaged Propert						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code									
Address		(City		St	Zip			
US DOT #: S			Issuing State	ICC #:		_ Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4 di	git #	Release code	42		

Crash Diagram:	ie: → 1	2	_ →	Ŷ		
					If Crash <u>Did N</u> on a Public Wa	
		<u></u>			— ☐ Off-Street Pa	rking Lot
					☐ Garage	
					☐ Mall/Shoppir	ng Center
				+-	Other Private	Way
					Indicate North	ov Arrow
	_					
					()
			+-	+-		'
Crash Narrative:						
Secondly, I spoke with	the operator, JIN	Zhien, of mo	tor vehicle #2	2 (EV87SA).	JIN states she was	
attempting to pull out	_	·				states she
was distracted because	there was a lot go	ing on inside	e the car. Sh	ne stated sh	ne was not on her cel	l phone.
Finally I also spoke wi	th a witness, CURT	IS Ron, who	was travelling	in the opp	posite direction and	witnessed
the crash. Ron stated	he saw motor vehic	le #1 trave	lling straight	in the opp	posite direction on D	edham
Street. He saw the Tes	la (MV#2) attempti	ng to pull o	ut of the driv	reway at 832	2 Dedham Street and d	rive
into the side of MV#1.	Ron stated he also	o observed M	V#1 swerve int	o his lane	of traffic trying to	avoid the
collision and then spin	ning out into the	front of 824	Dedham Street	÷.		
Taking the witness, ope	rator, and passenge	er statement	s into account	as well as	my observations, I	determined
(Continue	d on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name	Registration π		(FIOHEVEN	,	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 d	ligit # 41 Material Na	me		_ Material 4 digit	# Release cod	42

1 = Vehicle 1 2 = Vehicle 2

 $\mathop{\not\ni}_{\mathop{\mathsf{T}}} \mathsf{Pedestrian}$

Direction

_	Direction	1 = Vehicle 1	2 =Vehicle 2	₹ Pedesti	rian	
Crash Diagram:	ie: →□	1	2	→ ♀		
Crash Diagram:	ie: →				on a	ash Did Not Occur Public Way: ff-Street Parking Lot iarage ffall/Shopping Center other Private Way ate North by Arrow
	- 5 257#0 /777077	07\	61+ 6 +h-		h. h h	4
the operator, (JIN Zhien)						uea
Massachusetts Uniform Cita	tion T2012918	C89 S8 Fai	lure to Yield	d Right of Wa	У.	
Witnesses:		Address			DI #	Ct-t
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Truck and Bus Information:	Registration #		(Fro	m Vehicle Section)		
Carrier Name					Carrier Issui	ing Authority Code
A 11			C'1		G,	7:
Address					Si	Zip
	State Number		Issuing State	eICC#:_		_ Interstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
		P. Ci.	Th. **		39	
Trailer Reg #:	Keg Type	Reg State	Keg Y	earTr	aller Length	
Hazmat Information:	41					42
Placard 40 Material 1 digit #	# Material	Name		Material 4	digit #	Release code 42
ALAN JR RICHARD SOLOMAN.				NEWTON POLICE DEPART		06/13/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)