



Case Report



RECORDS SECTION
 BETHLEHEM POLICE DEPARTMENT
 447 DELAWARE AVENUE
 DELMAR, NEW YORK 12054
 PHONE 518-325-9077

Detail

Agency: Bethlehem Police Department
 Agency #: NY0015100

Print Date/Time: 08/08/2024 09:12

General Information

Case Number:	2019-00011075	Reporting Officer:	379 - Mahan, Bryan	Reported Date/Time:	06/22/2019 21:59
Location Formatted:	34 Stony Brook Dr, Selkirk, NY 12158	Location Common Name:		County:	Albany
Status:	Closed	Status Date:	06/23/2019	Disposition:	Closed by Investigation
Disposition Date:	06/23/2019	Occurred Incident Type:	Domestic	Occurred From Date/Time:	06/22/2019 21:59
Occurred To Date/Time:	06/22/2019 21:59	Scene Processed By:		Significant Event:	
Campus Code:		Exceptional Clearance:		Exceptional Clearance Date:	

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Assigned Personnel

Assigned Personnel:	350 - Cocchiara, Gina	Assigned By:	350 - Cocchiara, Gina
Assignment Type:	Lead Investigator	Assignment Date/Time:	06/24/2019 00:00
Assignment End Date/Time:		Assignment Notes:	

Solvability Factors

Solvability Factor:	Total Solvability Factor:
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Modus Operandi

Offenses

#	Statute Group	Group Agency	Crime Code	Statute	Description	Offense Date
1	State		999 - 999	MHY 9.41 [9 0]	TAKE INTO CUSTODY MENTALLY ILL PERSON LIKELY TO HARM SOMEONE	06/22/2019

Subjects

Number	Type	Name	Address	Contact Information	Race	Sex	DOB
1	Other	Massey, Sheryl CDPC	[REDACTED]	[REDACTED]	Unknow n	Female	[REDACTED]
2	Reporting Person	May, Daniel M	[REDACTED]	[REDACTED]		Male	[REDACTED]
3	Suspect	Chen, Xiangxia	[REDACTED]	[REDACTED]	Asian	Female	[REDACTED]
4	Victim	People of State Ny			Unknow n	Unknow n	
5	Other	Chandler, Zachary Rn		[REDACTED]			

Properties

#	Date	Type	Property Loss Type	Description	Name	Subject Role
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Vehicles

Contributing Officers

Evidence



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 447 DELAWARE AVENUE
 DELMAR, NEW YORK 12054
 PHONE: 518-439-9973

Detail

Agency: Bethlehem Police Department
 Agency #: NY0015100

Print Date/Time: 08/08/2024 09:12

Status History			
Case Status:	Closed	Status Date:	06/22/2019
Date/Time	06/21/2019 20:00	Changed By:	Conversion
Changed:			

Disposition History	
Supplemental Information	
Associated Arrest Records	
Summary Narrative	
Report Narratives	

Name: Case Activity - LEFT VM FOR DANIEL Author: 9999999 - NWS, NWS Supervisor: Date Created: 06/24/2019 10:30

Description:

LEFT VM FOR DANIEL

Activity Type Investigating Detective Status Closed Date/Time 2019-06-24 10:30:00 Assigned To , , Assigned By , , Assigned Notified Due Date/Time Entered 2019-06-24 10:30:00

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Daniel states he and his wife, Xiangxia, got into a verbal argument regarding their marital status and divorce. After said argument both parties went to separate areas of the house, and when Daniel returned to the kitchen he observed Xiangxia cutting her left upper arm with a kitchen knife at which point he called 911. EMS responded to the scene and Xiangxia was transported to Albany Medical Ctr for further evaluation.

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DELMAR, NEW YORK 12034
PHONE 518-439-3975

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Chen was transported to AMC without incident, turned over to RN
Chandler, Scheryl of CDPC was notified.

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447 DELAWARE AVENUE
DELMAR, NEW YORK 12054
PHONE 518-439-9973

Agency Bethlehem PD	B	ORI 0015100	Incident # 19-11075	Complaint #
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Describe Victim's prior domestic incidents with this suspect (last word first):

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If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6006 or Local Domestic Violence Service Provider: ()

Has Suspect ever:	Is suspect capable of killing you or children?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry @ 1-800-635-1522.

Was DNR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why
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Signatures:

Reporting Officer (Print and Sign include Rank and No) <i>[Signature]</i> #579	Supervisor (Print and Sign include Rank and No) <i>[Signature]</i> #381
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STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form

Suspect Name (last first, MI)
Chen Xiang Xia

I, **Don May** (Victim/Deponent Name) state that on **6/22/2019** (Date)
 at **[Redacted]** (Location of Incident) in the County/City/Town/Village **Selkirk**

of the State of New York, the following did occur: **On 6/22/2019 my wife Chen Xiang Xia and I got into an argument discussing lack of communication which led to a conversation/argument about a divorce. She left the room we were in and went into the kitchen screaming angrily and when I came out of the room I saw her cutting her left arm with a kitchen steak knife. I called 911, she calmed down and began to wrap her arm with paper towels. She complained about having a headache. There are no known mental health issues.**

(Use additional page as needed)

False statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature <i>[Signature]</i>	Date 6/22/19	Note: Whether or not this form is signed, this DNR Form will be filed with Law Enforcement.	Page 2
Witness or Officer Signature <i>[Signature]</i> 385	Date 06/22/19		or 1
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date		

POLICE COPY (Please make a copy for DA's office if appropriate)

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