New Jersey Claims Service Office
P.O Box 1457
Harrisburg, PA 17105-1457
609.883.0044 Phone
800.334.1348 Phone
866.334.1348 Fax

INSERVCO
INSURANCE SERVICES, INC.

January 16, 2019

County of Middlesex
Division of Insurance
PO Box 871
New Brunswick, NJ 08903-0871

RECEIPT OF CLAIM ACKNOWLEDGMENT

Claim Number:	2850003877
Claimant:	COUNTY OF MIDDLESEX-Plate# CG5BAS Driver Mark Cranston 4493
Client:	COUNTY OF MIDDLESEX
Date of Accident:	01/04/2019
Type of Claim:	APD

We acknowledge receipt of the above captioned claim which is being handled by the undersigned. Please refer to the above claim number for all future correspondence. Thank you.

Sincerely,

Sureatha Hobbs

Sureatha Hobbs
Claims Associate, Ext. 5532

SH/mm
cc: File
Client

AL'S AUTO BODY

2072 STATE ROUTE 35, SOUTH AMBOY, NJ 08879
Phone: (732) 721-0841
FAX: (732) 721-3192

Workfile ID: e93e19ce
Federal ID: 221902740
License Number: 00748A

Preliminary Estimate

Customer: Middlesex County **Job Number: CGSBAS**

Insured: Middlesex County
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Middlesex County

Inspection Location:
AL'S AUTO BODY
2072 STATE ROUTE 35
SOUTH AMBOY, NJ 08879
Repair Facility
(732) 721-0841 Business

Insurance Company:

VEHICLE

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

VIN: 1FM5K8AR5HGA17564
License: CGSBAS
State: NJ

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #: CGSBAS

ASSET 4493

TRANSMISSION	Privacy Glass	AM Radio	Head/Curtain Air Bags
Automatic Transmission	Overhead Console	FM Radio	**SEATS**
4 Wheel Drive	**CONVENIENCE**	Stereo	Cloth Seats
POWER	Air Conditioning	Search/Seek	Bucket Seats
Power Steering	Intermittent Wipers	CD Player	Reclining/Lounge Seats
Power Brakes	Tilt Wheel	**SAFETY**	**WHEELS**
Power Windows	Cruise Control	Drivers Side Air Bag	Styled Steel Wheels
Power Locks	Rear Defogger	Passenger Air Bag	**PAINT**
Power Mirrors	Message Center	Anti-Lock Brakes (4)	Clear Coat Paint
Power Driver Seat	Steering Wheel Touch Controls	4 Wheel Disc Brakes	**OTHER**
Power Adjustable Pedals	Rear Window Wiper	Traction Control	Rear Spoiler
DECOR	Backup Camera w/Parking Sensors	Stability Control	California Emissions
Dual Mirrors	**RADIO**	Front Side Impact Air Bags	

Preliminary Estimate

Customer: Middlesex County **Job Number: CG5BAS**

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**FRONT BUMPER**						
2		O/H front bumper				3.0	
3	Repl	Bumper cover w/o park sensor, w/tow hook w/o auto park, w/o camera	FB5Z17D957ECPTM	1	937.20	Incl.	2.4
4		Add for Clear Coat					1.0
5	Repl	RT Side support	FB5Z17E814A	1	14.13	Incl.	
6	Repl	RT Side trim w/o fog lamps	FB5Z17B968AA	1	108.22	Incl.	
7	Repl	Lower grille	FB5Z17K945AA	1	109.65	Incl.	
8	Repl	Valance	FB5Z17D957AC	1	201.95	Incl.	
9	Repl	Absorber w/active shutter	FB5Z17C882C	1	116.50	Incl.	
10	Repl	Tow eye cap	FB5Z17A900AA	1	36.25		0.2
11		Add for Clear Coat					0.1
12	**GRILLE**						
13	Repl	Grille POLICE INTERCEPTOR	FB5Z8200KGB	1	452.38	Incl.	
14	**RADIATOR SUPPORT**						
15	Repl	Radiator support	FB5Z16138B	1	353.53	2.9	
16		Evacuate & recharge			m	1.4	
17		Refrigerant recovery			m	0.4	
18		Aim headlamps				0.5	
19	Repl	Air deflector	FB5Z8326D	1	90.55	0.2	
20	**HOOD**						
21	Repl	RT Hinge	BB5Z16796A	1	51.58	0.3	0.3
22		Add for Clear Coat					0.1
23	Repl	LT Hinge	BB5Z16797A	1	51.22	0.3	0.3
24		Add for Clear Coat					0.1
25	**FENDER**						
26	Repl	RT Fender	FB5Z16005A	1	200.20	2.3	1.8
27		Add for Clear Coat					0.7
28		Add for Edging					0.5
29	Repl	RT Wheel flare	FB5Z16038AB	1	73.68	0.3	
30	**STEERING GEAR & LINKAGE**						
31	Repl	RT Outer tie rod	BB5Z3A130B	1	99.78 m	Incl.	
32	Repl	RT Inner tie rod	HB5Z3280A	1	48.67 m	1.3	
33	**FRONT DOOR**						
34	* Rpr	RT Outer panel				1.0	2.4
35		Overlap Major Adj. Panel					-0.4
36		Add for Clear Coat					0.4
37	**FRONT LAMPS**						
38	Repl	RT Headlamp housing level 2 lamps to 04/03/2018	FB5Z13008H	1	1,113.13	Incl.	
39	Repl	LT Headlamp housing level 2 lamps to 04/03/2018	FB5Z13008V	1	1,114.12	0.5	

Preliminary Estimate

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2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

40		RESTRAINT SYSTEMS					
41		Repl	LT Seat belt assy	DB5Z7861180AD	1	216.88	0.3
42		Repl	LT Tensioner	FB5Z78610E45A	1	109.48	0.3
43		Repl	LT Height adjuster	BB5Z78602B82AA	1	47.30	
44		Repl	LT Buckle end w/POLICE INTERCEPTOR	EB5Z7861203AB	1	137.18	0.2
45	#	Algn	Hood				1.0
46	#		Set up time		1		2.5
47	#		Pull Time - Square Unibody		1		4.0
48	#		Wheel Alignment -7%		1	74.39	
49	#		Hazardous Waste Disposal -7%		1	4.65	
50	#		Mask for overspray -7%		1	4.65	0.2
51	#		Flex Agent -7%		1	9.30	
52	#		Shop Materials -7%		1	9.30	
53	#		Color, Sand and Buff		1		1.0
open	#		Open Estimate - Possible Additional Damage		1		
55	#		Air Bag Light On - Restraint System Open		1		
56	#		Front Suspension Open		1		
				SUBTOTALS		**5,785.67**	**24.7** **9.9**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				5,785.87
Parts Discount	$ 5,683.58		-7.0 %	-397.85
Body Labor	24.7 hrs	@	$ 35.00 /hr	864.50
Paint Labor	9.9 hrs	@	$ 35.00 /hr	346.50
Paint Supplies	9.9 hrs	@	$ 35.00 /hr	346.50
Other Discounts				-24.26
Subtotal				6,921.26
Grand Total				**6,921.26**

MyPriceLink Estimate ID / Quote ID:
51735257010091622A / 42162728

COUNTY OF MIDDLESEX
VEHICULAR ACCIDENT REPORT FORM

This vehicular accident report form must be completed and submitted to the Middlesex County Insurance Manager within 48 hours of a vehicular accident. It must be signed by the Driver, and his/her Supervisor. If law enforcement responded to the accident, please provide a copy of the police report as soon as possible.

SEND COMPLETED FORM TO: insurance@co.middlesex.nj.us

INSURED

NAME AND ADDRESS

MIDDLESEX COUNTY INSURANCE COMMISSION (MCIC)
DIVISION OF INSURANCE
75 BAYARD STREET, 3RD FLOOR
NEW BRUNSWICK, NJ 08901

DATE OF ACCIDENT:	TODAY'S DATE:	TIME OF ACCIDENT:	POLICE REPORT AVAILABLE?:	CONDITIONS:
1/4/19	1/16/19	5:00 ☐ AM ☒ PM	# 19MT00375	

MIDDLESEX COUNTY DRIVER

DRIVER NAME: MARK CRANSTON EMPLOYED BY: (CHECK ONE) ● COUNTY ○ MCC ○ MCBSS ○ MCIA ○ MCMEC

DRIVER CONTACT PHON: [redacted] JOB TITLE: Warden DEPT.: PHS OFFICE/DIVISION: Corrections

DRIVER ADDRESS: EMAIL: [redacted]

DRIVER'S LICENSE#: [redacted] STATE: NJ DATE OF BIRTH: [redacted]

INSURED COUNTY VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:	PLATE NUMBER:	STATE:
2017	Ford	EXPLORER		CG5BAS	NJ

PURPOSE OF USE: V.I.N.#: 1FM5K8ARSHGA17564

LOCATION OF ACCIDENT:

DESCRIBE ACCIDENT: (SEE ATTACHED)

DESCRIBE DAMAGE:

WAS PROPERTY DAMAGED? VEHICLE? ○ YES ○ NO OTHER PROPERTY? ○ YES ○ NO

OWNER'S NAME & ADDRESS:	MAKE:	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL:	POLICY#:		
OTHER DRIVER'S NAME & ADDRESS: ☐ CHECK IF SAME AS OWNER	MAKE:	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL:	POLICY#:		

OWNER'S PHONE: EMAIL: OTHER DRIVER'S PHONE: EMAIL:

DESCRIBE DAMAGE:

LOCATION WHERE DAMAGED VEHICLE OR PROPERTY CAN BE SEEN:

INJURED ○ YES ○ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	PED	COUNTY VEHICLE	OTHER VEHICLE	EXTENT OF INJURY

WITNESSES OR PASSENGERS ◉ YES ○ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	COUNTY VEHICLE	OTHER VEHICLE	OTHER:

SIGNATURES Forward form to: insurance@co.middlesex.nj.us

REPORTED BY:	DATE:	PRINT NAME OF DRIVER:	PRINT NAME OF SUPERVISOR:
Robert Grover	1/16/19	Mark Cranston	
		SIGNATURE OF DRIVER:	SIGNATURE OF SUPERVISOR:

REVISED 8/2019

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal — ☒ Reportable ☐ Non-Reportable ☐ Change Report

96		118a
05	1 Case Number: 19MT00375	04
97	10 Crash Occurred On: NAVESINK RIVER RD — Dir: W — 11 Speed Limit: 35 — 12 Route No.: 0012 — Suffix: A — 13 Milepost: -	118b
01	2 Police Dept of: MIDDLETOWN PD — Code: 01	16
98	☒ At Intersection With — Road Name: CONOVER PLACE — 16 Speed Limit: 25	119a
06	3 Station/Precinct: - — ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of — 19 Ramp ☐ To ☐ From: - — 17 Cross Road Name — ☐ NB ☐ EB ☐ SB ☐ WB	25
99	4 Date of Crash (mm dd yy): 01/04/19 — 5 Day Of Week: FRIDAY	119b
05	6 Time (use 2400 hrs): 1700 — 7 Municipality Code: 1331 — 8 Total Killed: - — 9 Total Injured: -	-
100a	20 Route/Name — 21 Latitude: - — 22 Longitude: -	120a
01		01

Vehicle 1 / Vehicle 2

Field	Vehicle 1	Vehicle 2
Veh #	23 Veh #: 1	53 Veh #: 2
Policy No.	24: X02 0703-A20-30K	54: SELF INSURED
NJ Ins. Code	25: 962	55: **
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	26: MARK E DAVIS -	56: MARK J CRANSTON -
Sex	29: M	59: M
Number & Street	27: [redacted]	[redacted]
Eyes	30: 02	60: 02
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State	31: NJ	61: NJ
Driver's License Number	32: [redacted]	62: [redacted]
DOB	33: [redacted]	63: [redacted]
Expires (mm yy)	34: 02 21	64: 06 22
Owner's First Name / Initial / Last Name	35: ☒ Same As Driver — MARK E DAVIS -	65: ☐ Same As Driver — COUNTY OF - MIDDLESEX -
Number & Street	36: [redacted]	66: 75 BAYARD STREET
City / State / Zip	37: [redacted] NJ [redacted]	67: NEW BRUNSWICK NJ 08901
Make	38: BMW	68: FORD
Model	39: BX3	69: EXP
Color	40: BL	70: BK
Year	41: 2007	71: 2017
Plate No.	42: WBK99Z	72: CG5BAS
State	43: NJ	73: NJ
VIN	44: WBXPC93467WJ02082	74: 1FM5K8AR5HGA17564
Expires	45: 08 19	75: 09 19
Vehicle Removed To	46: -	76: -
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	47: ☒ Owner ☐ Driver ☐ Police	77: ☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	48: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	49: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	50: ☐ USDOT - ☐ MC/MX - ☒ None	80: ☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR	51: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	52: -	82: COUNTY OF MIDDLESEX
Number & Street	-	75 BAYARD STREET
City / State / Zip	- / - / -	NEW BRUNSWICK / NJ / 08901

Left margin codes: 100b 04; 101 02; 102 01; 103 01; 104 2; 105 07; 106 -; 107 -; 108 04; 109 04; 110 01; 111 03; 112 -; 113 99; 114 -; 115 -; 116 01; 117 03

Right margin codes: 120b -; 121a 01; 121b -; 122 02; 123 03; 124 08; 125 04; 126a 26; 126b -; 126c -; 126d -; 126e 26; 127a 26; 127b -; 127c -; 127d -; 127e 26; 128 26; 129 01; 130 12; 131 02; 132 02; 133 02; 134 02

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.
-	SEE NARRATIVE	-	-	SEE NARRATIVE	-

Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.
-	SEE NARRATIVE	-	-	SEE NARRATIVE	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	65	M	-	-	-	11	04	-	-	[redacted] - -
B	2	01	01	-	51	M	-	-	-	11	04	-	-	[redacted] - -
C														
D														

New Jersey Police Crash Investigation Report

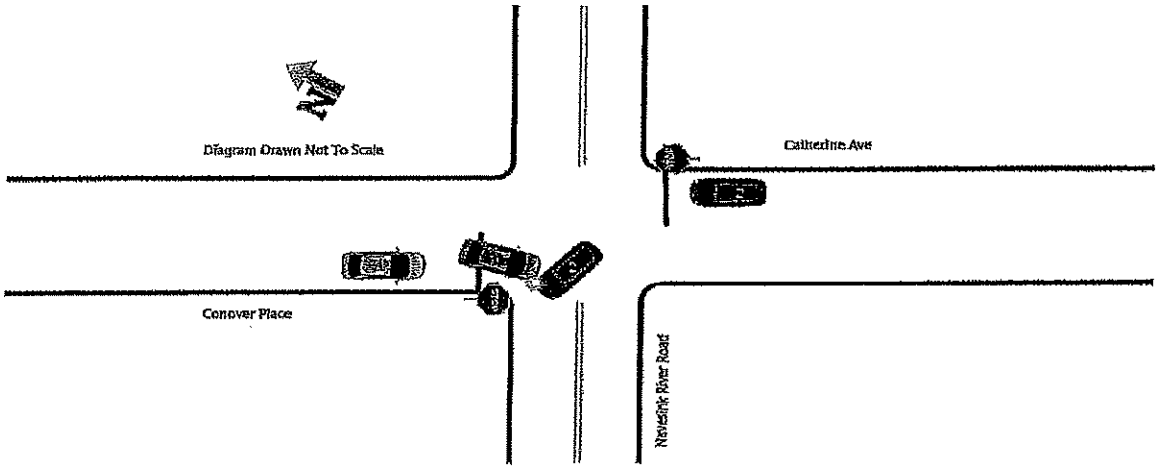
Police Dept: MIDDLETOWN PD Code: 01

Station: - Case No: 19MT00375

(Refer to vehicle by number)

ALL INVOLVED	83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc Inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Deployed	95 Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Crash occurred within intersection of Navesink River Road and Conover Place, where Veh. #2 was making a left turn off of Catherine Ave, when Veh. #1 attempted to turn right off of Conover Place striking Veh. #2., causing the crash.

Operator #1 Stated: "I looked both directions, but didn't see him."

Operator #2 Stated: "I saw him at the stop sign and then he just pulled out in front of me and hit me."

**** Boxes 54 & 55 -Vehicle #2 Insurance Info: Self Insured All Fleet Vehicles**
Exp: 01/01/20
Middlesex County Insurance Commission
PO Box 871
New Brunswick, NJ 08930-0871

Box#113 - 99: Vehicle is a County assigned car /unmarked.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BENBROOK, D	31288	SGT OHARA	258	☐ Pending ☒ Complete

AL'S AUTO BODY

2072 STATE ROUTE 35, SOUTH AMBOY, NJ 08879
Phone: (732) 721-0841
FAX: (732) 721-3192

Workfile ID: e93e19ce
Federal ID: 221902740
License Number: 00748A

Preliminary Estimate

Customer: Middlesex County **Job Number: CG5BAS**

Insured: Middlesex County
Policy #:
Claim #:
Type of Loss:
Date of Loss:
Days to Repair: 0
Point of Impact:

Owner:
Middlesex County

Inspection Location:
AL'S AUTO BODY
2072 STATE ROUTE 35
SOUTH AMBOY, NJ 08879
Repair Facility
(732) 721-0841 Business

Insurance Company:

VEHICLE

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

VIN:	1FM5K8AR5HGA17564	Interior Color:	Mileage In:	Vehicle Out:	
License:	CG5BAS	Exterior Color:	Mileage Out:		
State:	NJ	Production Date:	Condition:	Job #:	CG5BAS

TRANSMISSION
Automatic Transmission
4 Wheel Drive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat
Power Adjustable Pedals
DECOR
Dual Mirrors
Privacy Glass
Overhead Console
CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Backup Camera w/Parking Sensors
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
WHEELS
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Clear Coat Paint
OTHER
Rear Spoiler
California Emissions

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2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

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42		Repl	LT Tensioner	F85Z78610E45A	1	109.48	0.3
43		Repl	LT Height adjuster	BB5Z78602B82AA	1	47.30	
44		Repl	LT Buckle end w/POLICE INTERCEPTOR	EB5Z7861203AB	1	137.18	0.2
45	#	Algn	Hood				1.0
46	#		Set up time		1		2.5
47	#		Pull Time - Square Unibody		1		4.0
48	#		Wheel Alignment -7%		1	74.39	
49	#		Hazardous Waste Disposal -7%		1	4.65	
50	#		Mask for overspray -7%		1	4.65	0.2
51	#		Flex Agent -7%		1	9.30	
52	#		Shop Materials -7%		1	9.30	
53	#		Color, Sand and Buff		1		1.0
open	#		Open Estimate - Possible Additional Damage		1		
55	#		Air Bag Light On - Restraint System Open		1		
56	#		Front Suspension Open		1		
				SUBTOTALS		**5,785.87**	**24.7** **9.9**

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Other Discounts				-24.26
Subtotal				6,921.26
Grand Total				**6,921.26**

MyPriceLink Estimate ID / Quote ID:
517352570100916224 / 42162728

Customer: Middlesex County **Job Number: CG5BAS**

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

STATE LICENSE # 00748A

THANK YOU FOR LETTING US SERVE YOU

This estimate is based on our visual inspection. Occasionally after the work has been started, damaged or broken parts are discovered which are not evident on the first inspection. Because of this, above prices cannot be guaranteed. All parts prices are subject to invoice.

Warranty Terms & Limit: Those repairs are covered by limited warranty. Labor is covered for a period of one year. Parts and materials are subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at seller place of business. Seller hereby limits implied warranty to the period stated.

Estimated days for repair_____

Prepared by:_____

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Preliminary Estimate

Customer: Middlesex County **Job Number: CG5BAS**

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

STATE LICENSE # 0074BA

THANK YOU FOR LETTING US SERVE YOU

This estimate is based on our visual inspection. Occasionally after the work has been started, damaged or broken parts are discovered which are not evident on the first inspection. Because of this, above prices cannot be guaranteed. All parts prices are subject to invoice.

Warranty Terms & Limit: Those repairs are covered by limited warranty. Labor is covered for a period of one year. Parts and materials are subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at seller place of business. Seller hereby limits implied warranty to the period stated.

Estimated days for repair_____

Prepared by:_____

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

New Jersey Claims Service Office
P.O. Box 1457
Harrisburg, PA 17105-1457
609.883.0044 Phone
800.334.1348 Phone
866.334.1348 Fax

INSERVCO
INSURANCE SERVICES, INC.

October 2, 2019

County of Middlesex
Division of Insurance
PO Box 871
New Brunswick, NJ 08903-0871

RECEIPT OF CLAIM ACKNOWLEDGMENT

Claim Number:	2850004040
Claimant:	COUNTY OF MIDDLESEX- Plate# CG3BAS 4488
Client:	COUNTY OF MIDDLESEX
Date of Accident:	09/17/19
Type of Claim:	APD

We acknowledge receipt of the above captioned claim which is being handled by the undersigned. Please refer to the above claim number for all future correspondence. Thank you.

Sincerely,

Sureatha Hobbs

Sureatha Hobbs
Claims Associate, Ext. 5532

SH/mm
cc: File

285-000-4040

COUNTY OF MIDDLESEX
VEHICULAR ACCIDENT REPORT FORM

This vehicular accident report form must be completed and submitted to the Middlesex County Insurance Manager within 48 hours of a vehicular accident. It must be signed by the Driver, and his/her Supervisor. If law enforcement responded to the accident, please provide a copy of the police report as soon as possible.

SEND COMPLETED FORM TO: insurance@co.middlesex.nj.us

INSURED

NAME AND ADDRESS

MIDDLESEX COUNTY INSURANCE COMMISSION (MCIC)
DIVISION OF INSURANCE
75 BAYARD STREET, 3RD FLOOR
NEW BRUNSWICK, NJ 08901

DATE OF ACCIDENT:	TODAY'S DATE:	TIME OF ACCIDENT:	POLICE REPORT AVAILABLE?:	CONDITIONS:
09-17-2019	09-23-2019	1605 ☐ AM ☑ PM	# 19053723	dry

MIDDLESEX COUNTY DRIVER

DRIVER NAME: Brian Ferguson EMPLOYED BY: (CHECK ONE) ☒ COUNTY ☐ MCC ☐ MCBSB ☐ MCIA ☐ MCMEC

DRIVER CONTACT PHONE: [redacted] JOB TITLE: Chief of Staff DEPT: MCACC OFFICE/DIVISION:

DRIVER ADDRESS: [redacted] EMAIL: [redacted]

DRIVER'S LICENSE#: [redacted] STATE: New Jersey DATE OF BIRTH: [redacted]

INSURED COUNTY VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:	PLATE NUMBER:	STATE:
2017	Ford	Expedition	wagon	CG3BAS	NJ

PURPOSE OF USE: Emergency Response VIN#: 1FMJK1GT4HEA04762

LOCATION OF ACCIDENT: Route 130 North

DESCRIBE ACCIDENT: Traveling NB on 130 ,left lane, I stopped for a school bus which was dropping student off and was rear ended

DESCRIBE DAMAGE: Dent to rear bumper, drivers side rear quarter panel and broken tail light

WAS PROPERTY DAMAGED? VEHICLE? ☐ YES ☒ NO OTHER PROPERTY? ☐ YES ☒ NO

OWNER'S NAME & ADDRESS:	MAKE: Volkswagon	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL: Jetta	POLICY#:		NJ
OTHER DRIVER'S NAME & ADDRESS: ☐ DRIVER WAS NOT IN VEHICLE	MAKE:	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL:	POLICY#:		

OWNER'S PHONE: unknown EMAIL: unknown OTHER DRIVER'S PHONE: EMAIL:

DESCRIBE DAMAGE: front right quarter panel, passenger side door and broken side view mirror

LOCATION WHERE DAMAGED VEHICLE OR PROPERTY CAN BE SEEN: unknown

INJURED ☐ YES ☒ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	PED	COUNTY VEHICLE	OTHER VEHICLE	EXTENT OF INJURY

WITNESSES OR PASSENGERS ☐ YES ☒ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	COUNTY VEHICLE	OTHER VEHICLE	OTHER:

SIGNATURES Forward form to: insurance@co.middlesex.nj.us

REPORTED BY:	DATE:	PRINT NAME OF DRIVER:	PRINT NAME OF SUPERVISOR:
Brian Ferguson	09-23-20	Brian Ferguson	Warden Mark Cranston
		SIGNATURE OF DRIVER:	SIGNATURE OF SUPERVISOR:

COUNTY OF MIDDLESEX
VEHICULAR ACCIDENT REPORT FORM

This vehicular accident report form must be completed and submitted to the Middlesex County Insurance Manager within 48 hours of a vehicular accident. It must be signed by the Driver, and his/her Supervisor. If law enforcement responded to the accident, please provide a copy of the police report as soon as possible.

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INSURED

NAME AND ADDRESS

MIDDLESEX COUNTY INSURANCE COMMISSION (MCIC)
DIVISION OF INSURANCE
75 BAYARD STREET, 3RD FLOOR
NEW BRUNSWICK, NJ 08901

DATE OF ACCIDENT:	TODAY'S DATE:	TIME OF ACCIDENT:	POLICE REPORT AVAILABLE?:	CONDITIONS:
09-17-2019	09-23-2019	1605 ☐ AM ☑ PM	# 19053723	dry

MIDDLESEX COUNTY DRIVER

DRIVER NAME: Brian Ferguson EMPLOYED BY: (CHECK ONE) ◉ COUNTY ○ MCC ○ MCBSS ○ MCIA ○ MCMEC

DRIVER CONTACT PHONE: [redacted] JOB TITLE: Chief of Staff DEPT: MCACC OFFICE/DIVISION:

DRIVER ADDRESS: [redacted]

DRIVER'S LICENSE#: [redacted] STATE: New Jersey DATE OF BIRTH: 02-14-1963

INSURED COUNTY VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:	PLATE NUMBER:	STATE:
2017	Ford	Expedition	wagon	CG3BAS	NJ

PURPOSE OF USE: Emergency Response VIN#: 1FMJK1GT4HEA04762 Asset 4488

LOCATION OF ACCIDENT: Route 130 North

DESCRIBE ACCIDENT: Traveling NB on 130 ,left lane, I stopped for a school bus which was dropping student off and was rear ended

DESCRIBE DAMAGE: Dent to rear bumper, drivers side rear quarter panel and broken tail light

WAS PROPERTY DAMAGED? VEHICLE? ○ YES ○ NO **OTHER PROPERTY?** ○ YES ◉ NO

OWNER'S NAME & ADDRESS:	MAKE: Volkswagon	INSURANCE COMPANY:	PLATE#:	STATE: NJ
	MODEL: Jetta	POLICY#:		
OTHER DRIVER'S NAME & ADDRESS: ☐ CHECK IF SAME AS OWNER	MAKE:	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL:	POLICY#:		

OWNER'S PHONE: unknown EMAIL: unknown OTHER DRIVER'S PHONE: EMAIL:

DESCRIBE DAMAGE: front right quarter panel, passenger side door and broken side view mirror

LOCATION WHERE DAMAGED VEHICLE OR PROPERTY CAN BE SEEN: unknown

INJURED ○ YES ◉ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	PED	COUNTY VEHICLE	OTHER VEHICLE	EXTENT OF INJURY

WITNESSES OR PASSENGERS ○ YES ◉ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	COUNTY VEHICLE	OTHER VEHICLE	OTHER:

SIGNATURES Forward form to: insurance@co.middlesex.nj.us

REPORTED BY:	DATE:	PRINT NAME OF DRIVER:	PRINT NAME OF SUPERVISOR:
Brian Ferguson	09-23-20[redacted]	Brian Ferguson	Warden Mark Cranston
		SIGNATURE OF DRIVER:	SIGNATURE OF SUPERVISOR:

Page 1 of 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 19053723
2. Police Dept. of: NORTH BRUNSWICK — Code: 01
3. Station/Precinct: NORTH BRUNSWICK
10. Crash Occurred On: RT 130 (Road Name) — Dir: N
11. Speed Limit: 45
12. Route No.: 0130 — Suffix: - — 13. Milepost: - - - - -
16. Speed Limit: 25
100 ft ☒ At Intersection with ☐ Mile — ☒ N ☐ E ☐ S ☐ W of: COLPAX PL
19. Ramp ☐ To: ☐ From: — 17. Cross Road Name/Route No.: - — ☐ NB ☐ EB ☐ SB ☐ WB
4. Date of Crash (mm dd yy): 09/17/19
5. Day of Week: Su M T W Th F Sa
6. Time (use 2400 hrs): 1553
7. Municipality Code: 1215
8. Total Killed: - -
9. Total Injured: - -
21. Latitude: 40.450370 — 20. Route Name/Route No. — 22. Longitude: 74.461330

Vehicle 01

23. Veh. #: 01
24. Policy No.: 005174018C7103
25. NJ Ins. Code: 823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: ALYSSA — Initial: P — Last Name: CALLAN — 29. Sex: F
[redacted]
30. Eyes: 02 — 31. Class: OP — Restrictions: PRQV — Endorsements: - - — 34. State: NJ
32. Driver's License Number: [redacted] — 33. DOB: [redacted] — 35. Expires (mm yy): 0423
36. Owner's First Name: [redacted]
☐ Same as Driver
46. Vehicle Removed to: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☒ Driver ☐ Police
48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.-- % ☐ Pending
49. Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: - - - -
50. Carrier No.: ☐ USDOT ☐ None ☐ MC/MX
51. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

Vehicle 02

55. Veh. #: 02
56. Policy No.: ***
57. NJ Ins. Code: ***
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: BRIAN — Initial: - — Last Name: FERGUSON — 59. Sex: M
[redacted]
60. Eyes: 02 — DL Class: OP — Restrictions: - - - - — Endorsements: - - — 61. State: NJ
62. Driver's License Number: [redacted] — 63. DOB: [redacted] — 64. Expires (mm yy): 0222
65. Owner's First Name: IMPROVEMENT AUT — Initial: — Last Name: MIDDLESEX COUNTY
☐ Same as Driver
66. Number & Street: 101 INTERCHANGE PLAZA
67. City: CRANBURY — State: NJ — Zip: 08512
68. Make: FORD — 69. Model: EXPEDITIO — 70. Color: BK — 71. Year: 2017 — 72. Plate No.: CC3BAS — 73. State: NJ
74. VIN: 1FMJK1GT4HEA04762 — 75. Expires: 09/22
76. Vehicle Removed to: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☒ Driver ☐ Police
78. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.-- % ☐ Pending
79. Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: - - - -
80. Carrier No.: ☐ USDOT ☐ None ☐ MC/MX
81. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
82. Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

135. Damage to Other Property: ☐ Yes (If Yes, describe) ☒ No -

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
-	-	-	-	-	-
-	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants
A	01	01	01	05	17	P	-	-	01	11	04	-	-	[redacted]
B	02	01	01	05	56	M	-	-	01	11	04	-	-	
C														
D														

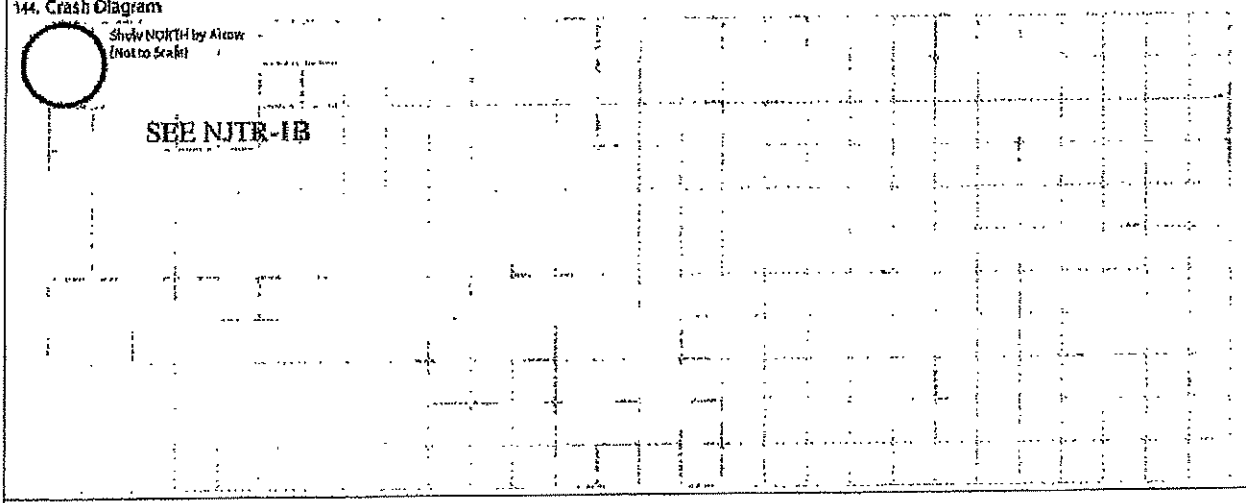
New Jersey Police
Crash Investigation Report

Case Number: 19053723

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144. Crash Diagram

Show NORTH by Arrow (Not to Scale)



145. Crash Description/Narrative

D1 stated, she was traveling North on Rt 130 in the left lane, and did not observe the vehicles in front of her slowing down. D1 then saw V2 slowing down in front of her and attempted to swerve towards the grass median and struck V2.

D2 stated, he was traveling North on Rt 130 in the left lane. D2 observed a school buss stopped on the shoulder with the stop sign out so all vehicles began slowing down. When D2 was slowing down, he was struck in the rear by D1.

D1 is found to be at fault due to her not paying attention in the roadway. Both parties were wearing their seatbelts, and refused medical attention. Both parties then left the scene with no incident.

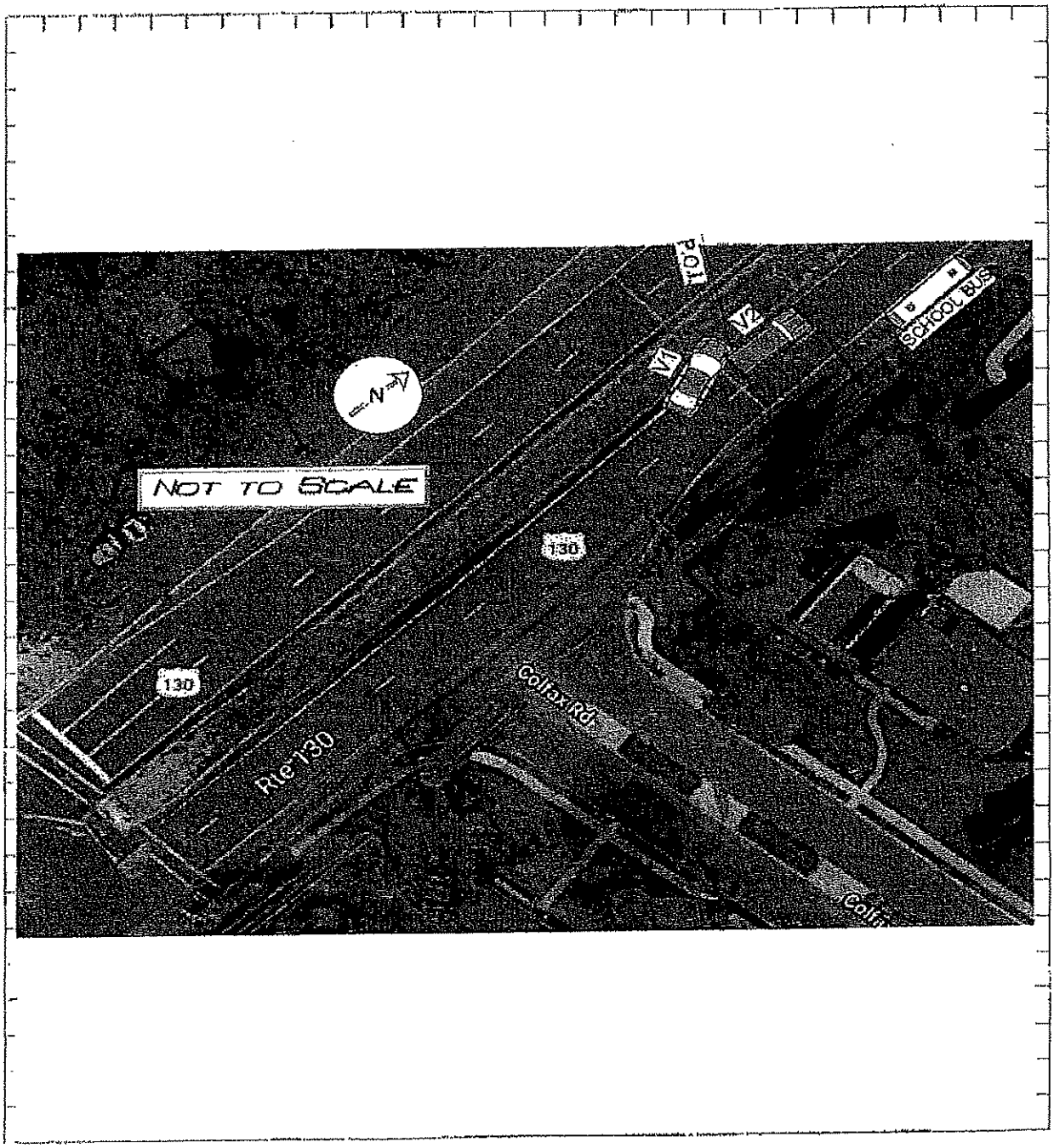
V2 insurance info-Middlesex County Insurance Commission
PO Box 871
New Brunswick, NJ 08903-0871

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
TRAVLOS K	186	FALCONE J	136	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Diagram	Police Dept: NORTH BRUNSWICK Code: 01 Station: NORTH BRUNSWICK Case No: 19053723

144 Crash Diagram (NOT TO SCALE)

Indicate North



TRAVLOS K
Officer's Signature

186
Badge Number

3BAS

NOTE: When rendering an invoice to the County of Middlesex, send same to the DEPARTMENT ordering items appearing on the invoice. All departments of the County must approve and receipt said invoice in writing first, THEN forward it to the Comptroller's Office or Purchasing Department, Administration Building, New Brunswick, no later than Thursday P.M. preceding the first or third Thursday of each month. Invoices received in the Comptroller's office later than fourteen days preceding the regular meeting must await the next regular meeting of the Board of Freeholders.

MISCELLANEOUS VOUCHER

VOUCHER #

TO BE ASSIGNED BY COMPTROLLER

Miscellaneous Voucher
Middlesex County

Vendor # ..... Date 12/20/19

Payee Al's Auto Body

Address 2072 Route 35

South Amboy, NJ 08879

PURCHASE ORDER NO.	ACCOUNT NO.(S)	PROJECT NO.	BUDGET YEAR

INVOICE(S) #

DATE REC'D	QUANTITY ORDERED	QUANTITY FILLED	DESCRIPTION	AMOUNT		TOTAL	
			Parts and Material $ 976.06				
				$976	06		
			Labor	$119	00		
			Refinishing	$178	50		
			Total	$1273	56		

Ordered by Department of	The articles were received or the services were performed as stated above and thereby is approved for payment.	Approved as to cost.	Examined as to items, extensions and totals and found correct.
	Department Head	Purchasing Agent	For Comptroller's Office

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Signature Here Jeff Rzepka

Official Position Manager

Date 12/20/19

SS# or Federal ID# 221-902-740

Approved and Ordered Paid

Date .....

By the Board of Freeholders

Date Paid .....

O/L No. ..... Total Check .....

Bank Code .....

IMPORTANT: All bills must be itemized, self-explanatory, and attached.
NOTE: This form may only be used for items authorized by the County's Uniform Claims Procedure.

AL'S AUTO BODY

2072 STATE ROUTE 35, SOUTH AMBOY, NJ 08879
Phone: (732) 721-0841
FAX: (732) 721-3192

Workfile ID: 1db30594
Federal ID: 221982748
License Number: 00748A

Preliminary Estimate

Customer: Middlesex County **Job Number:**

Insured: Middlesex County
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Middlesex County

Inspection Location:
AL'S AUTO BODY
2072 STATE ROUTE 35
SOUTH AMBOY, NJ 08879
Repair Facility
(732) 721-0841 Business

Insurance Company:

VEHICLE

2017 FORD Expedition EL XL 4WD (Fleet) 4D UTV 6-3.5L Turbocharged Gasoline Gasoline Direct Injection

VIN: 1FMJK1GT4HEA04762
License: CG3BAS
State: NJ

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION
Automatic Transmission
4 Wheel Drive

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat

DECOR
Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
Backup Camera

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Positraction

ROOF
Luggage/Roof Rack

SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
3rd Row Seat

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Fog Lamps

TRUCK
Rear Step Bumper
Trailer Hitch
Running Boards/Side Steps

Preliminary Estimate

Customer: Middlesex County **Job Number:**

2017 FORD Expedition EL XL 4WD (Fleet) 4D UTV 6-3.5L Turbocharged Gasoline Gasoline Direct Injection

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**REAR BUMPER**							
2			O/H rear bumper				2.1	
3		Repl	Bumper cover w/park sensor 131" wheelbase, accent color	BL1Z17K835JPTM	1	401.72	Incl.	3.2
4			Add for Clear Coat					1.3
5		Repl	LT Extension w/o wheel molding 131" whl base	7L1Z17811CPTM	1	195.48	Incl.	0.5
6			Add for Clear Coat					0.1
7		Repl	Step pad 131" whl base	7L1Z17B807AA	1	93.68	Incl.	
8	**REAR LAMPS**							
9		Repl	LT Tail lamp assy	7L1Z13405AA	1	81.68	0.3	
10	#		Hazardous Waste Disposal		1	5.00		
11	#		Flex Agent		1	10.00		
12	#		Shop Materials		1	10.00		
13	#		Color, Sand and Buff		1		1.0	
				SUBTOTALS		**797.56**	**3.4**	**5.1**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				797.56
Body Labor	3.4 hrs	@	$ 35.00 /hr	119.00
Paint Labor	5.1 hrs	@	$ 35.00 /hr	178.50
Paint Supplies	5.1 hrs	@	$ 35.00 /hr	178.50
Subtotal				1,273.56
Grand Total				**1,273.56**

MyPriceLink Estimate ID / Quote ID:
631882062093099008 / 59515357

STATE LICENSE # 00748A

THANK YOU FOR LETTING US SERVE YOU

This estimate is based on our visual inspection. Occasionally after the work has been started, damaged or broken parts are discovered which are not evident on the first inspection. Because of this, above prices cannot be guaranteed. All parts prices are subject to invoice.

Warranty Terms & Limit: Those repairs are covered by limited warranty. Labor is covered for a period of one year. Parts and materials are subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at seller place of business. Seller hereby limits implied warranty to the period stated.

Estimated days for repair_____

285-000-4040

COUNTY OF MIDDLESEX
VEHICULAR ACCIDENT REPORT FORM

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SEND COMPLETED FORM TO: insurance@co.middlesex.nj.us

INSURED

NAME AND ADDRESS

MIDDLESEX COUNTY INSURANCE COMMISSION (MCIC)
DIVISION OF INSURANCE
75 BAYARD STREET, 3RD FLOOR
NEW BRUNSWICK, NJ 08901

DATE OF ACCIDENT	TODAY'S DATE	TIME OF ACCIDENT	POLICE REPORT AVAILABLE?	CONDITIONS
09-17-2019	09-23-2019	1605 ☐ AM ☑ PM	# 19053723	dry

MIDDLESEX COUNTY DRIVER

DRIVER NAME: Brian Ferguson EMPLOYED BY: (CHECK ONE) ◉ COUNTY ○ MCC ○ MCBSS ○ MCIA ○ MSMED

[redacted] Chief of Staff DEPT: MCACC OFFICE/DIVISION:

EMAIL: [redacted]

DRIVER'S LICENSE#: [redacted]

INSURED COUNTY VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:	PLATE NUMBER:	STATE:
2017	Ford	Expedition	wagon	CG3BAS	NJ

PURPOSE OF USE: Emergency Response VIN#: 1FMJK1GT4HEA04762

LOCATION OF ACCIDENT: Route 130 North

DESCRIBE ACCIDENT: Traveling NB on 130 ,left lane, I stopped for a school bus which was dropping student off and was rear ended

DESCRIBE DAMAGE: Dent to rear bumper, drivers side rear quarter panel and broken tail light

WAS PROPERTY DAMAGED? VEHICLE? ◉ YES ○ NO OTHER PROPERTY? ○ YES ◉ NO

OWNER'S NAME & ADDRESS:	MAKE: Volkswagon	INSURANCE COMPANY:	PLATE#:	STATE: NJ
	MODEL: Jetta	POLICY#:		
OTHER DRIVER'S NAME & ADDRESS: ☐ CHECK IF SAME AS DRIVER	MAKE:	INSURANCE COMPANY:	PLATE#:	STATE:
	MODEL:	POLICY#:		

OWNER'S PHONE: unknown EMAIL: unknown OTHER DRIVER'S PHONE: EMAIL:

DESCRIBE DAMAGE: front right quarter panel, passenger side door and broken side view mirror

LOCATION WHERE DAMAGED VEHICLE OR PROPERTY CAN BE SEEN: unknown

INJURED ○ YES ◉ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO	PED	COUNTY VEHICLE	OTHER VEHICLE	EXTENT OF INJURY

WITNESSES OR PASSENGERS ○ YES ◉ NO *(Use additional page if necessary)*

NAME & ADDRESS:	PHONE NO:	COUNTY VEHICLE	OTHER VEHICLE	OTHER:

SIGNATURES Forward form to: insurance@co.middlesex.nj.us

REPORTED BY:	DATE:	PRINT NAME OF DRIVER:	PRINT NAME OF SUPERVISOR:
Brian Ferguson	09-23-201	Brian Ferguson	Warden Mark Cranston
REVISED 04/15		SIGNATURE OF DRIVER:	SIGNATURE OF SUPERVISOR: