[redacted]

ACORD

AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY): 5/22/2019

AGENCY

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

INSURED LOCATION CODE

DATE OF LOSS AND TIME: 5/20/19 0850 ✓ AM PM

CARRIER: NJ.COUNTIES EXCESS JOINT INSURANCE FD.
NAIC CODE: JIF 30-09

POLICY NUMBER: SELF-INSURED

POLICY TYPE: 1/1/19 - 1/1/20

INSURED

NAME OF INSURED (First, Middle, Last): COUNTY OF HUDSON

DATE OF BIRTH | SOCIAL SECURITY # | MARITAL STATUS

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

INSURED'S MAILING ADDRESS: 850 BERGEN AVENUE JERSEY CITY NJ. 07306

PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last): DETECTIVE WILLIAM SCHULZ

PRIMARY PHONE # ☐ HOME ☑ BUS ☐ CELL: 201-915-1300 EXT. 7051
SECONDARY PHONE # ☐ HOME ☐ BUS ☑ CELL: [redacted]

WHEN TO CONTACT: MON. - FRI. 7AM. - 6PM.

CONTACT'S MAILING ADDRESS: 257 CORNELISON AVE. JERSEY CITY NJ. 07306

PRIMARY E-MAIL ADDRESS: WSCHULZ@HCNJ.US
SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS
STREET: KENNEDY BLVD. AND SPRUCE STREET
CITY, STATE, ZIP: JERSEY CITY, NEW JERSEY 07306
COUNTRY: USA

POLICE OR FIRE DEPARTMENT CONTACTED: HUDSON COUNTY SHERIFF

REPORT NUMBER: SO-19-027872

DESCRIPTION OF ACCIDENT (Attach additional sheets if more space is required)

SEE REPORT.

INSURED VEHICLE

VEH # [redacted] | YEAR 2019 | MAKE: FORD | MODEL: EXPL | BODY TYPE: 4 DOOR | PLATE NUMBER [redacted] | STATE NJ

OWNER'S NAME AND ADDRESS ✓ (Check if same as insured)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner)

U/S RAMON VASQUEZ JR.
257 CORNELISON AVE JERSEY CITY NJ.

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

RELATION TO INSURED (Employee, family, etc.): EMPLOYEE
DATE OF BIRTH: [redacted]
DRIVER'S LICENSE NUMBER: [redacted]
PURPOSE OF USE: PATROL
USED WITH PERMISSION? (Y/N): Y

DESCRIBE DAMAGE

SEE REPORTS

ESTIMATE AMOUNT
WHERE CAN VEHICLE BE SEEN? CORNELISON AVE.
WHEN CAN VEHICLE BE SEEN? ASAP

OTHER INSURANCE ON VEHICLE - CARRIER:
POLICY NUMBER:

OTHER VEHICLE / PROPERTY DAMAGED

NON - VEHICLE? ☐ AGENCY CUSTOMER ID: _____

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	PLATE NUMBER	STATE
2	2008	ACURA	MDX		2HNYD28378H535162	[redacted]	NJ

DESCRIBE PROPERTY (Other Than Vehicle)

OTHER VEH/PROP INS? (Y/N) ☐

CARRIER OR AGENCY NAME	NAIC CODE	POLICY NUMBER
	426	F-176305

OWNER'S NAME AND ADDRESS
TANISHA HANSFORD-COLON
[redacted]

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ✓ (Check if same as owner)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DESCRIBE DAMAGE

SEE MVA

ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?	

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		☐	☐	
		☐	☐	
		☐	☐	

REPORTED BY	REPORTED TO

REMARKS

Applicable in Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: SO-19-027872
2. Police Dept of: Hudson County Sheriff's — Code: 05
3. Station/Precinct: Patrol
4. Date of Crash: 05/20/19
5. Day of Week: Su ☒M Tu W Th F Sa
6. Time (use 2400 hrs.): 0850
7. Municipality Code: 0906
8. Total Killed: --
9. Total Injured: --

10. Crash Occurred On: KENNEDY BLVD (Road Name) S (Dir)
At Intersection with ☐ / ☒ Feet ☐ Miles 200 (14, 15) ☒N ☐E ☐S ☐W (16) of: SPRUCE STREET
11. Speed Limit: 25
12. Route No.: 0501 Suffix: 13. Milepost:
18. Speed Limit: 25
19. Ramp ☐To ☐From: 17. Cross Road Name/Route No.
☐NB ☐EB ☐SB ☐WB
21. Latitude: . 20 Route Name/Route No. 22. Longitude: .

Vehicle 1

23. Veh. #: 01
24. Policy No.: SELF INSURED
25. NJ Ins. Code: JIF 30-09
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run
26. Driver's First Name: RAMON Initial: Last Name: VASQUEZ JR
29. Sex: M
27. Number & Street: [redacted]
State: NJ Zip: 07306
30. Eyes: 01 DL Class: D Restrictions: - - - - Endorsements: - -
31. State: NJ
32. Driver's License Number: [redacted]
33. DOB: [redacted]
34. Expires mm yy: 11 21
Same as Driver: HUDSON COUNTY SHERIFF
36. Number & Street: 257 CORNELISON AVENUE
37. City: JERSEY CITY State: NJ Zip: 07302
38. Make: FORD 39. Model: EXP 40. Color: BLACK 41. Year: [redacted] 43. State: NJ
44. VIN: [redacted] 45. Expires: 09/22
☒ 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 ☐MC/MX ☒None
51. GVWR / GCWR (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 26,001 lbs.
52. Motor Carrier or Government Entity: HUDSON COUNTY SHERIFF
Number & Street: 257 CORNELISON AVENUE
City: JERSEY CITY State: NJ Zip: 07302

Vehicle 2

53. Veh. #: 02
54. Policy No.: F176305-1
55. NJ Ins. Code: 426
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run
56. Driver's First Name: TANISHA Initial: Last Name: HANSFORD-COLON
59. Sex: F
[redacted]
State: NJ Zip: 07087
60. Eyes: 02 DL Class: D Restrictions: Endorsements:
61. State: NJ
[redacted]
64. Expires mm yy: 07 19
Same as Driver
66. Number & Street:
67. City: State: Zip:
68. Make: ACURA 69. Model: MDX 70. Color: BLACK 71. Year: 08 73. State: NJ
74. VIN: [redacted] 75. Expires: 03/20
☒ 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 ☐MC/MX ☒None
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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136.	137.		138.	139.
	140.	141.		142.	143.

	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	V	01	01	- D	47	M	- D	01	11	04	- D	-	DRIVER OF VEHICLE #1
B	2	V	01	01	- D	39	F	- D	01	11	04	- D	-	DRIVER OF VEHICLE #2
C														
D														

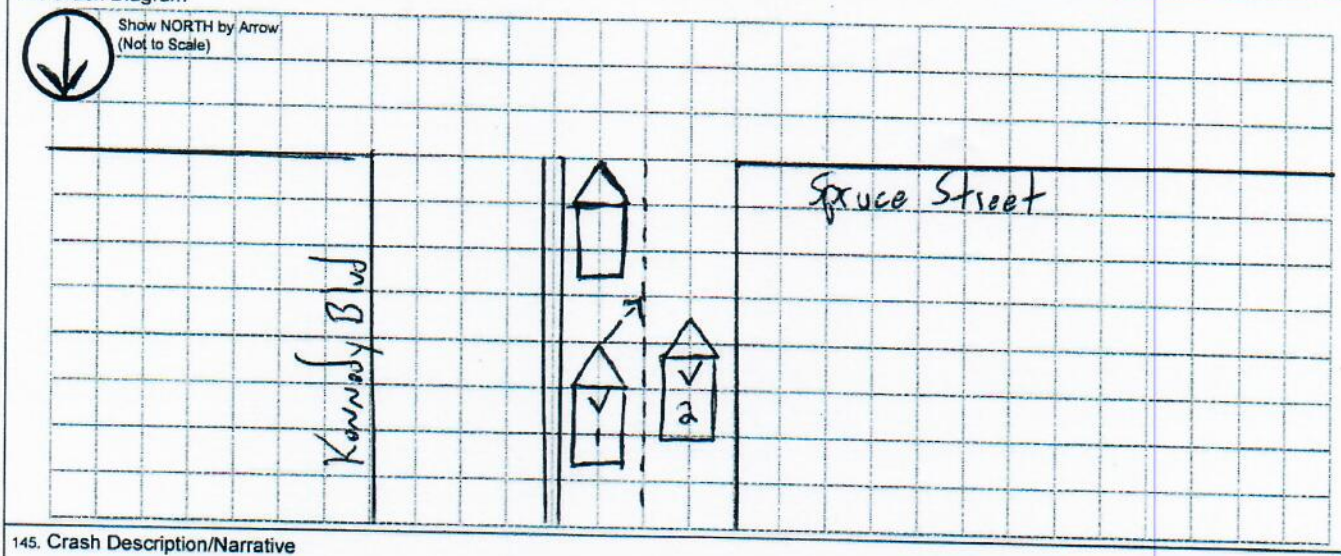
NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report

Case Number: SO-19-027872

	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



145. Crash Description/Narrative

DRIVER OF VEHICLE #1 STATED THAT WHILE ATTEMPTING TO CHANGE LANES FROM THE LEFT LANE TO THE RIGHT LANE, HE STRUCK THE SIDE OF VEHICLE #2 THAT WAS IN HIS BLIND SPOT. DRIVER OF VEHICLE #2 STATED THAT SHE WAS DRIVING IN THE RIGHT LANE AND VEHICLE #1 SWITCHED LANES AND MADE CONTACT WITH HER VEHICLE. NO INJURIES WERE REPORTED AT THIS TIME.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Sgt. M Fedrow	Sgt	Lt. S. Whelpley	Lt	☐ Pending ☒ Complete

NJTR-1 (Rev. 01/17)

COUNTY OF HUDSON

MOTOR VEHICLE ACCIDENT / INCIDENT REPORT

1. ACCIDENT INFORMATION:

a.) Date and Time of Accident or Loss: May 2d 2019 8:50 a.m. p.m.

b.) Location: Kennedy Blvd / Spruce St, Jersey City

c.) Employee Driver Name: [redacted]

d.) Home Address: [redacted]

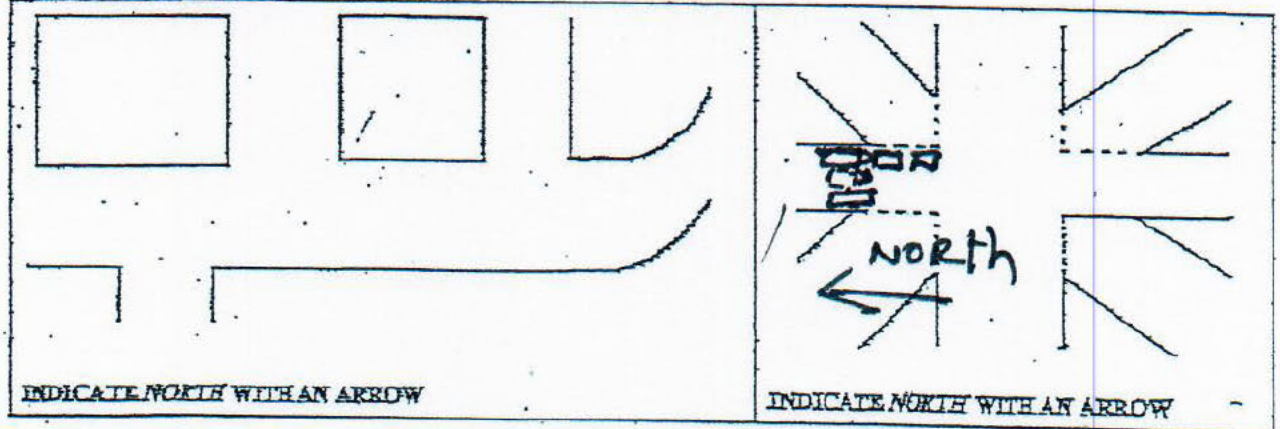
f.) Driver's License No.: [redacted] g.) Date of Hire 04/08/19

h.) Department: SHERIFF'S OFFICE i.) Supervisor: _____

2. DESCRIPTION OF ACCIDENT:

while traveling south Bound on Kennedy Blvd, I was stopped at the traffic light behind several vehicles on spruce st. I attempted to make a lane change and while doing so I collided with another vehicle.

3. SKETCH OF ACCIDENT:



INDICATE *NORTH* WITH AN ARROW

INDICATE *NORTH* WITH AN ARROW

4. DAMAGE TO COUNTY PROPERTY:

a.) Vehicle Fleet I.D. [redacted] Year 2019 Make FORD Model Explorer Plate [redacted]

b.) Description of Damage: Damage to Front passenger Fender, bumper & Door

c.) Purpose of Vehicle Use at the time of Accident: Official Business

d.) Description of Road Equipment Damaged: NONE

e.) Equipment Year ____ Make ____ Model ____ Plate ____

f.) Description of Damage: N/A

5. POLICE NOTIFICATION:

a.) Police Department (Municipality): HCSO

b.) Officer's Name: Sgt. FedRow Badge No.: Sgt.

6. DAMAGE TO OTHER PROPERTY:

a.) Owner's Name: Tanisha Hansford-Colon Phone Number (___) _____

b.) Owner's Addr[redacted] _____

c.) Driver's Name[redacted]) _____

d.) Driver's Addr[redacted] _____

e.) Driver's License [redacted] e: 7/2020 State: NJ

7. PERSONAL INJURY:

a.) Name: N/A - No Injury Phone Number: (___) _____

Address _____ Injury: _____

b.) Name: _____ Phone Number: (___) _____

Address _____ Injury: _____

8. WITNESSES:

a.) Name: N/A Phone Number: (___) _____

Address: _____

b.) Name: _____ Phone Number: (___) _____

Address: _____

TO BE COMPLETED BY THE SUPERVISOR / DIVISION HEAD:

DRIVERS & PEDESTRIANS	9	10	11	VEHICLES	12	13	WEATHER	14	ROADWAY	15
Vehicle Number	#1	#2	P	Vehicle Number	#1	#2	Clear		Under Repair	
Influenced by Alcohol/Drugs				Defective Brakes			Raining		Holes or Ruts	
Asleep/Fatigued				Defective Steering			Snowing		Slippery	
Evidence of Horseplay				Defective Lights			Fog		Muddy	
Sick/Illness				Defective Tires			Extreme Heat		Icy/Snowy	
Inattention				Other			Extreme Cold		Other	
Other				No Defects			Other		No Defects	

Circumstances	16	17		18	19		20	21
Vehicle Number	#1	#2	Vehicle Number	#1	#2	Vehicle Number	#1	#2
Did not have right of way			Improper passing			Exceeding speed limit		
Following too Closely			Improper Turning			Too Fast for conditions		
Failed to signal intentions			Improper backing					
Disregarded traffic signs or signals			Improper lane change					
Seatbelt in use			Improper parking			Posted Speed Limit		

22. OPERATOR'S SIGNATURE: J/S Wang DATE: 5/20/19

23. SUPERVISOR/DIVISION HEAD SIGNATURE: _____ DATE: 5/20/19

THE VEHICLE/EQUIPMENT MUST BE INSPECTED BY THE SUPERVISOR OF THE MOTORPOOL WITHIN 72 HOURS OF THE ACCIDENT/INCIDENT. THIS FORM AND ANY OTHER PERTINENT INFORMATION MUST BE SUBMITTED TO THE OFFICE OF RISK MANAGEMENT WITHIN 72 HOURS OF THE ACCIDENT/INCIDENT

MOTOR VEHICLE ACCIDENT REVIEW COMMITTEE ASSESSMENT

[redacted]

May. 20. 2019 2:06PM Page 1 of 4 Faxed No. 4050 P. 1

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: SO-19-027872
2. Police Dept. of: Hudson County Sheriff's — Code: 05
3. Station/Precinct: Patrol
4. Date of Crash: 05/20/19
5. Day of Week: Su ☒M Tu W Th F Sa
6. Time (use 2400 hrs.): 0850
7. Municipality Code: 0906
8. Total Killed: --
9. Total Injured: --
10. Crash Occurred On: KENNEDY BLVD — Road Name — Dir: S — 11. Speed Limit: 25 — 12. Route No.: 0501 — Suffix — 13. Milepost
☐ At Intersection with ☒ Feet ☐ Miles — 200 — ☒N ☐E ☐S ☐W — of: SPRUCE STREET — 18. Speed Limit: 25
19. ☐ Tx 17. Cross Road Name/Route No. — Ramp ☐ From: — ☐NB ☐EB ☐SB ☐WB
21. Latitude — 20. Route Name/Route No. — 22. Longitude

Vehicle 01

23. Veh. #: 01 — 24. Policy No.: SELF INSURED — 25. NJ Ins. Code: JIF 30-09
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run
26. Driver's First Name: RAMON — Initial — Last Name: VASQUEZ JR — 28. Sex: M
27. Number & Street: [redacted] — State: NJ — Zip: 07306
30. Eyes: 01 — DL Class: -D — Restrictions — Endorsements — 31. State: NJ
32. Driver's License Number: [redacted] — 33. DOB — 34. Expires: 11/21
☐ Same as Driver: HUDSON COUNTY SHERIFF
35. Number & Street: 257 CORNELISON AVENUE
37. City: JERSEY CITY — State: NJ — Zip: 07302
38. Make: FORD — 39. Model: EXP — 40. Color: BLACK — 41. Year: 19 — 42. Plate No.: [redacted] — 43. State: NJ
44. VIN: [redacted] — 45. Expires: 09/22
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 ☐MC/MX ☒None
51. GVWR / GCWR (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 26,001 lbs.
52. Motor Carrier or Government Entity: HUDSON COUNTY SHERIFF
Number & Street: 257 CORNELISON AVENUE
City: JERSEY CITY — State: NJ — Zip: 07302

Vehicle 02

53. Veh. #: 02 — 54. Policy No.: F176305-1 — 55. NJ Ins. Code: 426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run
56. Driver's First Name: TANISHA — Initial — Last Name: HANSFORD-COLON — 58. Sex: F
57. Number & Street: [redacted] — State: NJ — Zip: 07087
60. Eyes: 02 — DL Class: -D — Restrictions — Endorsements — 61. State: NJ
62. Driver's License Number: [redacted] — 63. DOB — 64. Expires: 07/19
☒ Same as Driver
66. Number & Street:
67. City — State — Zip
68. Make: ACURA — 69. Model: MDX — 70. Color: BLACK — 71. Year: 08 — 72. Plate No.: [redacted] — 73. State: NJ
74. VIN: [redacted] — 75. Expires: 03/20
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 ☐MC/MX ☒None
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.
Oper.	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 If Deceased, Date & Time of Death
A	1	V	01	01	-	D	47	M	-	D	01	11	04	- D -	DRIVER OF VEHICLE #1
B	2	V	01	01	-	D	39	F	-	D	01	11	04	- D -	DRIVER OF VEHICLE #2
C															
D															

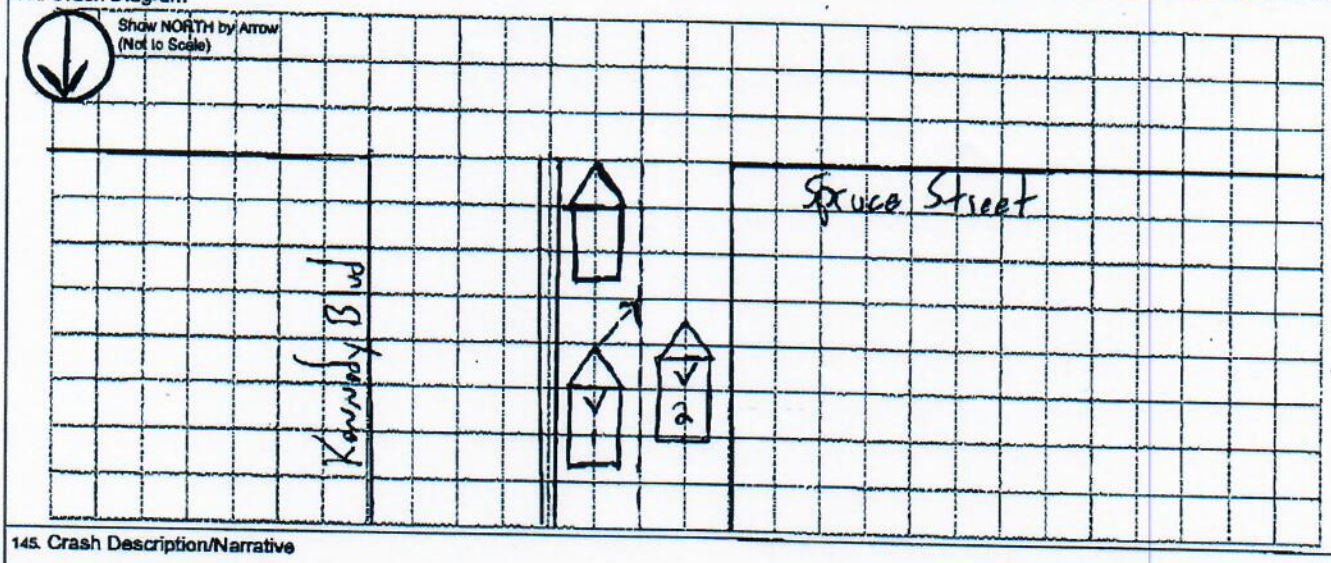
NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report

Case Number: SO-19-027872

	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



145. Crash Description/Narrative

DRIVER OF VEHICLE #1 STATED THAT WHILE ATTEMPTING TO CHANGE LANES FROM THE LEFT LANE TO THE RIGHT LANE, HE STRUCK THE SIDE OF VEHICLE #2 THAT WAS IN HIS BLIND SPOT. DRIVER OF VEHICLE #2 STATED THAT SHE WAS DRIVING IN THE RIGHT LANE AND VEHICLE #1 SWITCHED LANES AND MADE CONTACT WITH HER VEHICLE. NO INJURIES WERE REPORTED AT THIS TIME.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Sgt. M Fedrow	Sgt	Lt. S. Whelpley	Lt	☐ Pending ☒ Complete