



AUTOMOBILE LOSS NOTICE

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

AGENCY		INSURED LOCATION CODE	DATE OF LOSS AND TIME 5/20/19 0850	☒ AM ☐ PM
CONTACT NAME		CARRIER	NAIC CODE	
PHONE (A/C, No, Ext):		NJ. COUNTIES EXCESS JOINT INSURANCE FD.	JIF 30-09	
FAX (A/C, No):		POLICY NUMBER		
E-MAIL ADDRESS:		SELF-INSURED		
CODE:		POLICY TYPE		
SUBCODE:		1/1/19 - 1/1/20		
AGENCY CUSTOMER ID:				

INSURED				
NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS	
COUNTY OF HUDSON			850 BERGEN AVENUE JERSEY CITY NJ. 07306	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS		
PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:
				SECONDARY E-MAIL ADDRESS:

CONTACT		CONTACT INSURED		
NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS		
DETECTIVE WILLIAM SCHULZ		257 CORNELISON AVE. JERSEY CITY NJ. 07306		
PRIMARY PHONE #	☐ HOME ☒ BUS ☐ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☒ CELL	PRIMARY E-MAIL ADDRESS: WSCSCHULZ@HCNJ.US
201-915-1300 EXT. 7051				
WHEN TO CONTACT		SECONDARY E-MAIL ADDRESS:		
MON. - FRI. 7AM. - 6PM.				

LOSS			
LOCATION OF LOSS		POLICE OR FIRE DEPARTMENT CONTACTED	
STREET: KENNEDY BLVD. AND SPRUCE STREET		HUDSON COUNTY SHERIFF	
CITY, STATE, ZIP: JERSEY CITY, NEW JERSEY 07306		REPORT NUMBER	
COUNTRY: USA		SO-19-027872	
DESCRIPTION OF ACCIDENT (Attach additional sheets if more space is required)			
SEE REPORT.			

INSURED VEHICLE					
VEH #	YEAR	MAKE: FORD	BODY TYPE	4 DOOR	PLATE NUMBER
	2019	MODEL: EXPL			STATE NJ
OWNER'S NAME AND ADDRESS			☒ (Check if same as insured)	PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL
				SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL
DRIVER'S NAME AND ADDRESS			☐ (Check if same as owner)	PRIMARY E-MAIL ADDRESS:	
U/S RAMON VASQUEZ JR.				SECONDARY E-MAIL ADDRESS:	
257 CORNELISON AVE JERSEY CITY NJ.				PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL
RELATION TO INSURED (Employee, family, etc.)			DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE
EMPLOYEE					PATROL
DESCRIBE DAMAGE			USED WITH PERMISSION? (Y/N)		
SEE REPORTS			Y		
ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEHICLE BE SEEN?			
	CORNELISON AVE.	ASAP			
OTHER INSURANCE ON VEHICLE - CARRIER:			POLICY NUMBER:		

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		New Jersey Police Crash Investigation Report		☒ Reportable ☐ Non-Reportable ☐ Change Report	
1. Case Number SO-19-027872		10. Crash Occurred On: KENNEDY BLVD		11. Speed Limit 25	
2. Police Dept. of Hudson County Sheriff's		Road Name SPRUCE STREET		12. Route No. 0501	
3. Station/Precinct Patrol		14. At Intersection with 200		13. Milepost 25	
4. Date of Crash 05/20/19		5. Day of Week Th		16. Speed Limit 25	
6. Time (use 2400 hrs.) 0850		7. Municipality Code 0906		17. Cross Road Name/Route No. 25	
8. Total Killed 0		9. Total Injured 0		18. NB ☐ EB ☐ SB ☐ WB ☐	
23. Veh. # 01		24. Policy No. SELF INSURED		25. NJ Ins. Code JIF 30-09	
26. Driver's First Name RAMON VASQUEZ JR		27. Number & Street [REDACTED]		28. Sex M	
29. State NJ		30. Zip 07306		31. State NJ	
32. Driver's License Number [REDACTED]		33. DOB [REDACTED]		34. Expires 11/21	
35. Eyes 01		36. DL Class -D		37. Restrictions - - - -	
38. State NJ		39. Endorsements - -		40. State NJ	
41. Driver's First Name [REDACTED]		42. Number & Street [REDACTED]		43. Sex [REDACTED]	
44. State NJ		45. Zip 07087		46. State NJ	
47. Driver's License Number [REDACTED]		48. DOB [REDACTED]		49. Expires 07/19	
50. Eyes 02		51. DL Class -D		52. Restrictions - - - -	
53. State NJ		54. Endorsements - -		55. State NJ	
56. Driver's First Name TANISHA HANSFORD-COLON		57. Number & Street [REDACTED]		58. Sex F	
59. State NJ		60. Zip 07302		61. State NJ	
62. Driver's License Number [REDACTED]		63. DOB [REDACTED]		64. Expires 03/20	
65. Eyes 02		66. DL Class -D		67. Restrictions - - - -	
68. State NJ		69. Endorsements - -		70. State NJ	
71. Driver's First Name [REDACTED]		72. Number & Street [REDACTED]		73. Sex [REDACTED]	
74. State NJ		75. Zip 07302		76. State NJ	
77. Driver's License Number [REDACTED]		78. DOB [REDACTED]		79. Expires 03/20	
80. Eyes 02		81. DL Class -D		82. Restrictions - - - -	
83. State NJ		84. Endorsements - -		85. State NJ	
86. Driver's First Name [REDACTED]		87. Number & Street [REDACTED]		88. Sex [REDACTED]	
89. State NJ		90. Zip 07302		91. State NJ	
92. Driver's License Number [REDACTED]		93. DOB [REDACTED]		94. Expires 03/20	
95. Eyes 02		96. DL Class -D		97. Restrictions - - - -	
98. State NJ		99. Endorsements - -		100. State NJ	
101. Driver's First Name [REDACTED]		102. Number & Street [REDACTED]		103. Sex [REDACTED]	
104. State NJ		105. Zip 07302		106. State NJ	
107. Driver's License Number [REDACTED]		108. DOB [REDACTED]		109. Expires 03/20	
110. Eyes 02		111. DL Class -D		112. Restrictions - - - -	
113. State NJ		114. Endorsements - -		115. State NJ	
116. Driver's First Name [REDACTED]		117. Number & Street [REDACTED]		118. Sex [REDACTED]	
119. State NJ		120. Zip 07302		121. State NJ	
122. Driver's License Number [REDACTED]		123. DOB [REDACTED]		124. Expires 03/20	
125. Eyes 02		126. DL Class -D		127. Restrictions - - - -	
128. State NJ		129. Endorsements - -		130. State NJ	
131. Driver's First Name [REDACTED]		132. Number & Street [REDACTED]		133. Sex [REDACTED]	
134. State NJ		135. Zip 07302		136. State NJ	
137. Driver's License Number [REDACTED]		138. DOB [REDACTED]		139. Expires 03/20	
140. Eyes 02		141. DL Class -D		142. Restrictions - - - -	
143. State NJ		144. Endorsements - -		145. State NJ	
146. Driver's First Name [REDACTED]		147. Number & Street [REDACTED]		148. Sex [REDACTED]	
149. State NJ		150. Zip 07302		151. State NJ	
152. Driver's License Number [REDACTED]		153. DOB [REDACTED]		154. Expires 03/20	
155. Eyes 02		156. DL Class -D		157. Restrictions - - - -	
158. State NJ		159. Endorsements - -		160. State NJ	
161. Driver's First Name [REDACTED]		162. Number & Street [REDACTED]		163. Sex [REDACTED]	
164. State NJ		165. Zip 07302		166. State NJ	
167. Driver's License Number [REDACTED]		168. DOB [REDACTED]		169. Expires 03/20	
170. Eyes 02		171. DL Class -D		172. Restrictions - - - -	
173. State NJ		174. Endorsements - -		175. State NJ	
176. Driver's First Name [REDACTED]		177. Number & Street [REDACTED]		178. Sex [REDACTED]	
179. State NJ		180. Zip 07302		181. State NJ	
182. Driver's License Number [REDACTED]		183. DOB [REDACTED]		184. Expires 03/20	
185. Eyes 02		186. DL Class -D		187. Restrictions - - - -	
188. State NJ		189. Endorsements - -		190. State NJ	
191. Driver's First Name [REDACTED]		192. Number & Street [REDACTED]		193. Sex [REDACTED]	
194. State NJ		195. Zip 07302		196. State NJ	
197. Driver's License Number [REDACTED]		198. DOB [REDACTED]		199. Expires 03/20	
200. Eyes 02		201. DL Class -D		202. Restrictions - - - -	
203. State NJ		204. Endorsements - -		205. State NJ	
206. Driver's First Name [REDACTED]		207. Number & Street [REDACTED]		208. Sex [REDACTED]	
209. State NJ		210. Zip 07302		211. State NJ	
212. Driver's License Number [REDACTED]		213. DOB [REDACTED]		214. Expires 03/20	
215. Eyes 02		216. DL Class -D		217. Restrictions - - - -	
218. State NJ		219. Endorsements - -		220. State NJ	
221. Driver's First Name [REDACTED]		222. Number & Street [REDACTED]		223. Sex [REDACTED]	
224. State NJ		225. Zip 07302		226. State NJ	
227. Driver's License Number [REDACTED]		228. DOB [REDACTED]		229. Expires 03/20	
230. Eyes 02		231. DL Class -D		232. Restrictions - - - -	
233. State NJ		234. Endorsements - -		235. State NJ	
236. Driver's First Name [REDACTED]		237. Number & Street [REDACTED]		238. Sex [REDACTED]	
239. State NJ		240. Zip 07302		241. State NJ	
242. Driver's License Number [REDACTED]		243. DOB [REDACTED]		244. Expires 03/20	
245. Eyes 02		246. DL Class -D		247. Restrictions - - - -	
248. State NJ		249. Endorsements - -		250. State NJ	
251. Driver's First Name [REDACTED]		252. Number & Street [REDACTED]		253. Sex [REDACTED]	
254. State NJ		255. Zip 07302		256. State NJ	
257. Driver's License Number [REDACTED]		258. DOB [REDACTED]		259. Expires 03/20	
260. Eyes 02		261. DL Class -D		262. Restrictions - - - -	
263. State NJ		264. Endorsements - -		265. State NJ	
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272. Driver's License Number [REDACTED]		273. DOB [REDACTED]		274. Expires 03/20	
275. Eyes 02		276. DL Class -D		277. Restrictions - - - -	
278. State NJ		279. Endorsements - -		280. State NJ	
281. Driver's First Name [REDACTED]		282. Number & Street [REDACTED]		283. Sex [REDACTED]	
284. State NJ		285. Zip 07302		286. State NJ	
287. Driver's License Number [REDACTED]		288. DOB [REDACTED]		289. Expires 03/20	
290. Eyes 02		291. DL Class -D		292. Restrictions - - - -	
293. State NJ		294. Endorsements - -		295. State NJ	
296. Driver's First Name [REDACTED]		297. Number & Street [REDACTED]		298. Sex [REDACTED]	
299. State NJ		300. Zip 07302		301. State NJ	
302. Driver's License Number [REDACTED]		303. DOB [REDACTED]		304. Expires 03/20	
305. Eyes 02		306. DL Class -D		307. Restrictions - - - -	
308. State NJ		309. Endorsements - -		310. State NJ	
311. Driver's First Name [REDACTED]		312. Number & Street [REDACTED]		313. Sex [REDACTED]	
314. State NJ		315. Zip 07302		316. State NJ	
317. Driver's License Number [REDACTED]		318. DOB [REDACTED]		319. Expires 03/20	
320. Eyes 02		321. DL Class -D		322. Restrictions - - - -	
323. State NJ		324. Endorsements - -		325. State NJ	
326. Driver's First Name [REDACTED]		327. Number & Street [REDACTED]		328. Sex [REDACTED]	
329. State NJ		330. Zip 07302		331. State NJ	
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335. Eyes 02		336. DL Class -D		337. Restrictions - - - -	
338. State NJ		339. Endorsements - -		340. State NJ	
341. Driver's First Name [REDACTED]		342. Number & Street [REDACTED]		343. Sex [REDACTED]	
344. State NJ		345. Zip 07302		346. State NJ	
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368. State NJ		369. Endorsements - -		370. State NJ	
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398. State NJ		399. Endorsements - -		400. State NJ	
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404. State NJ		405. Zip 07302		406. State NJ	
407. Driver's License Number [REDACTED]		408. DOB [REDACTED]		409. Expires 03/20	
410. Eyes 02		411. DL Class -D		412. Restrictions - - - -	
413. State NJ		414. Endorsements - -		415. State NJ	
416. Driver's First Name [REDACTED]		417. Number & Street [REDACTED]		418. Sex [REDACTED]	
419. State NJ		420. Zip 07302		421. State NJ	
422. Driver's License Number [REDACTED]		423. DOB [REDACTED]		424. Expires 03/20	
425. Eyes 02		426. DL Class -D		427. Restrictions - - - -	
428. State NJ		429. Endorsements - -		430. State NJ	
431. Driver's First Name [REDACTED]		432. Number & Street [REDACTED]		433. Sex [REDACTED]	
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437. Driver's License Number [REDACTED]		438. DOB [REDACTED]		439. Expires 03/20	
440. Eyes 02		441. DL Class -D		442. Restrictions - - - -	
443. State NJ		444. Endorsements - -		445. State NJ	
446. Driver's First Name [REDACTED]		447. Number & Street [REDACTED]		448. Sex [REDACTED]	
449. State NJ		450. Zip 07302		451. State NJ	
452. Driver's License Number [REDACTED]		453. DOB [REDACTED]		454. Expires 03/20	
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458. State NJ		459. Endorsements - -		460. State NJ	
461. Driver's First Name [REDACTED]		462. Number & Street [REDACTED]		463. Sex [REDACTED]	
464. State NJ		465. Zip 07302		466. State NJ	
467. Driver's License Number [REDACTED]		468. DOB [REDACTED]		469. Expires 03/20	
470. Eyes 02		471. DL Class -D		472. Restrictions - - - -	
473. State NJ		474. Endorsements - -		475. State NJ	
476. Driver's First Name [REDACTED]		477. Number & Street [REDACTED]		478. Sex [REDACTED]	
479. State NJ		480. Zip 07302		481. State NJ	
482. Driver's License Number [REDACTED]		483. DOB [REDACTED]		484. Expires 03/20	
485. Eyes 02		486. DL Class -D		487. Restrictions - - - -	
488. State NJ		489. Endorsements - -		490. State NJ	
491. Driver's First Name [REDACTED]		492. Number & Street [REDACTED]		493. Sex [REDACTED]	
494. State NJ		495. Zip 07302		496. State NJ	
497. Driver's License Number [REDACTED]		498. DOB [REDACTED]		499. Expires 03/20	
500. Eyes 02		501. DL Class -D		502. Restrictions - - - -	
503. State NJ		504. Endorsements - -		505. State NJ	
506. Driver's First Name [REDACTED]		507. Number & Street [REDACTED]		508. Sex [REDACTED]	
509. State NJ		510. Zip 07302		511. State NJ	
512. Driver's License Number [REDACTED]		513. DOB [REDACTED]		514. Expires 03/20	
515. Eyes 02		516. DL Class -D		517. Restrictions - - - -	
518. State					

New Jersey Police
Crash Investigation Report

Case Number

SO-19-027872

Page 2 of 2

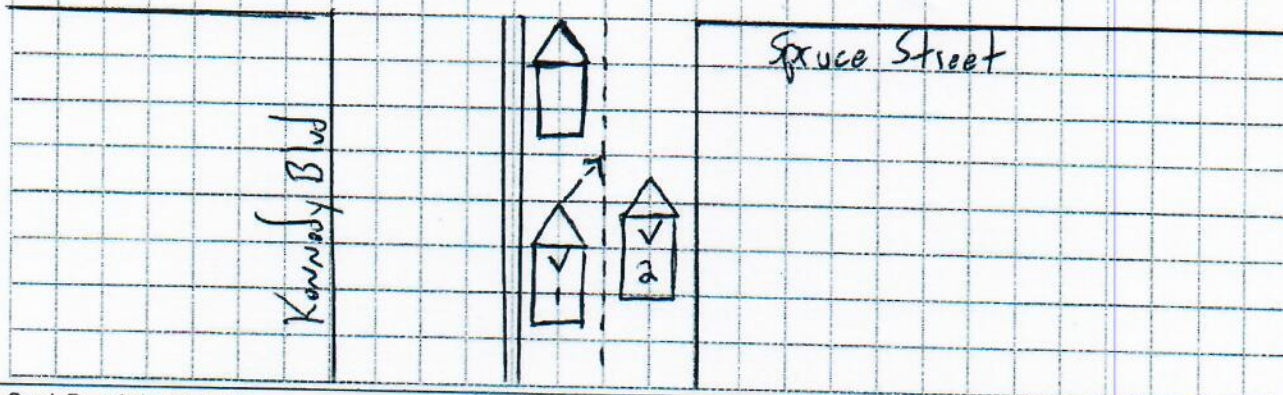
Names & Addresses of Occupants
If Deceased, Date & Time of Death

	83	84	85	86	87	88	89	90	91	92	93	94	95	
E														
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



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

[Signature]

Fedrow

147. Badge #

55

148. Reviewer

LT. S. Whelpley

Badge #

15

149. Case Status

☐ Pending ☒ Complete

COUNTY OF HUDSON
MOTOR VEHICLE ACCIDENT / INCIDENT REPORT

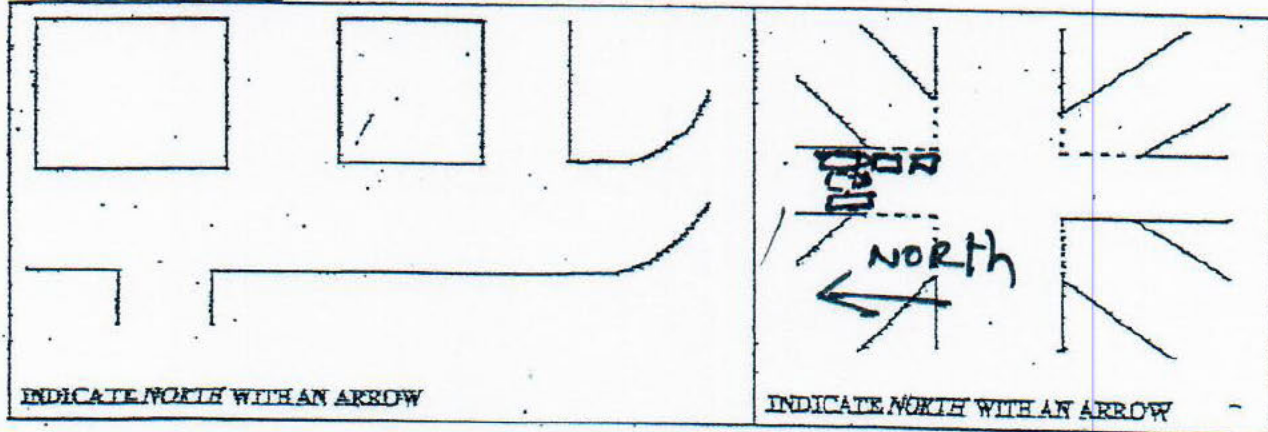
1. ACCIDENT INFORMATION

a.) Date and Time of Accident or Loss May 20, 2019 8:50 PM
b.) Location Kennedy Blvd / Spruce St, Jersey City
c.) Employer/Driver Name [REDACTED]
d.) Home Address [REDACTED]
e.) Driver's License No. [REDACTED] f.) Date of Hire 09/08/19
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 ~~left~~ change and while doing so I collided with another vehicle.

3. SKETCH OF ACCIDENT



4. DAMAGE TO COUNTY PROPERTY

a.) Vehicle Fleet ID. [REDACTED] 2019 Make Ford Model Explorer [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) HCSD
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 Address: _____
 c.) Driver's Name: _____
 d.) Driver's Address: _____
 e.) Driver's License: _____ 7/2020 State: NY

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/Sloppy	
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: V/S Waisg

DATE: 5/20/19

23. SUPERVISOR/DIVISION HEAD SIGNATURE: [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



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May. 20. 2019 2:06PM

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New Jersey Police Crash Investigation Report

No. 4050 P. 1

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number SO-19-027872	10. Crash Occurred On: KENNEDY BLVD	11. Speed Limit 25	12. Route No. 0501	13. Milepost 25
2. Police Dept. of Hudson County Sheriff's	Code 05	14. ☐ At Intersection with ☒ Feet ☐ Miles	15. ☐ N ☐ E ☐ S ☐ W	16. of SPRUCE STREET
3. Station/Precinct Patrol	17. Cross Road Name/Route No.	18. Speed Limit 25	19. ☐ NB ☐ EB ☐ SB ☐ WB	20. Route Name/Route No.
4. Date of Crash 05/20/19	5. Day of Week Th	6. Time (use 2400 hrs.) 0850	7. Municipality Code 0906	8. Total Killed -
9. Total Injured -	21. Latitude	22. Longitude	23. Veh. # 01	24. Policy No. SELF INSURED
25. NJ Ins. Code JIF 30-09	26. Driver's First Name RAMON VASQUEZ JR	27. Number & Street	28. Sex M	29. ☐ Parked ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run
30. Eyes 01	31. State NJ	32. Driver's License Number	33. DOB	34. Expires 11/21
35. Number & Street 257 CORNELISON AVENUE	36. City JERSEY CITY	37. State NJ	38. Zip 07302	39. Make FORD
40. Model EXP	41. Color BLACK	42. Year 19	43. Plate No.	44. VIN
45. Vehicle Removed to:	46. ☒ 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: 0.00 % ☐ Pending	49. Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class ☐ Placard No.
50. Carrier No. ☐ USDOT ☐ MC/MX	51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 25,000 lbs. ☐ ≥ 25,001 lbs.	52. Motor Carrier or Government Entity HUDSON COUNTY SHERIFF	53. Number & Street 257 CORNELISON AVENUE	54. City JERSEY CITY
55. State NJ	56. Zip 07302	57. Make ACURA	58. Model MDX	59. Color BLACK
60. Year 08	61. Plate No.	62. VIN	63. Expires 03/20	64. Vehicle Removed to:
65. ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded	66. Authority ☐ Owner ☐ Driver ☒ Police	67. Alcohol Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.00 % ☐ Pending	68. Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class ☐ Placard No.	69. Carrier No. ☐ USDOT ☐ MC/MX
70. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 25,000 lbs. ☐ ≥ 25,001 lbs.	71. Motor Carrier or Government Entity	72. Number & Street	73. City	74. State
75. Zip	76. Damage to Other Property ☐ Yes (If Yes, describe) ☒ No	77. Operator 136. Charge	78. Summons No.	79. Operator 140. Charge
80. Operator 141. Summons No.	81. Operator 142. Charge	82. Summons No.	83. Operator 143. Summons No.	84. Operator

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

New Jersey Police
Crash Investigation Report

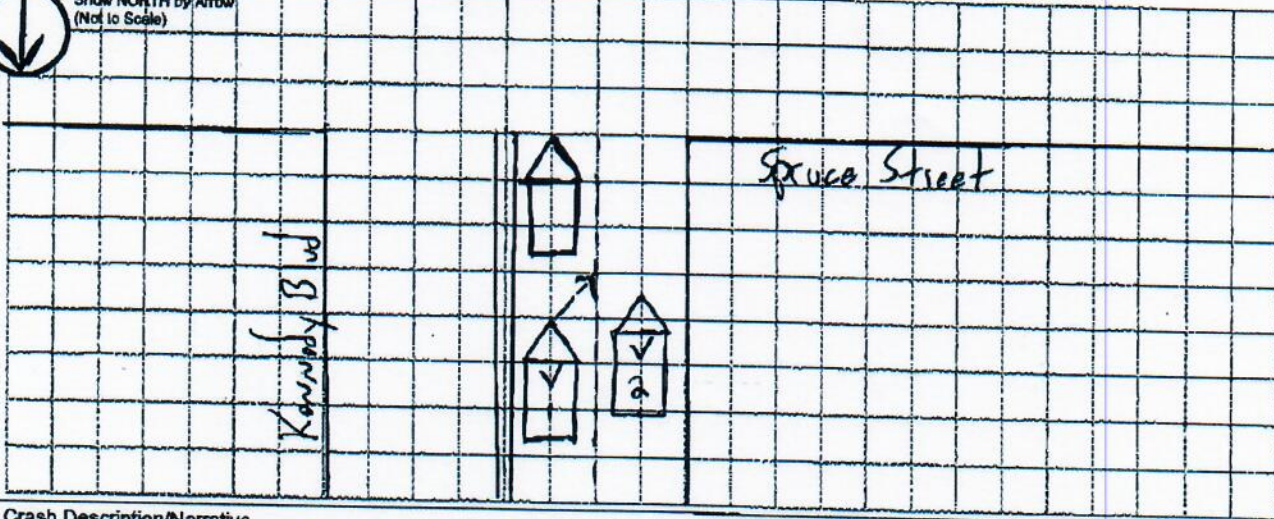
Case Number

50-19-027872

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	83	84	85	86	87	88	89	90	91	92	93	94	95	Name & 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

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

Sgt. M. Fedrow

147. Badge #

Sgt.

148. Reviewer

LT. S. Whelan

Badge #

15

149. Case Status

☐ Pending
 ☒ Complete