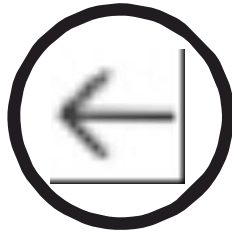
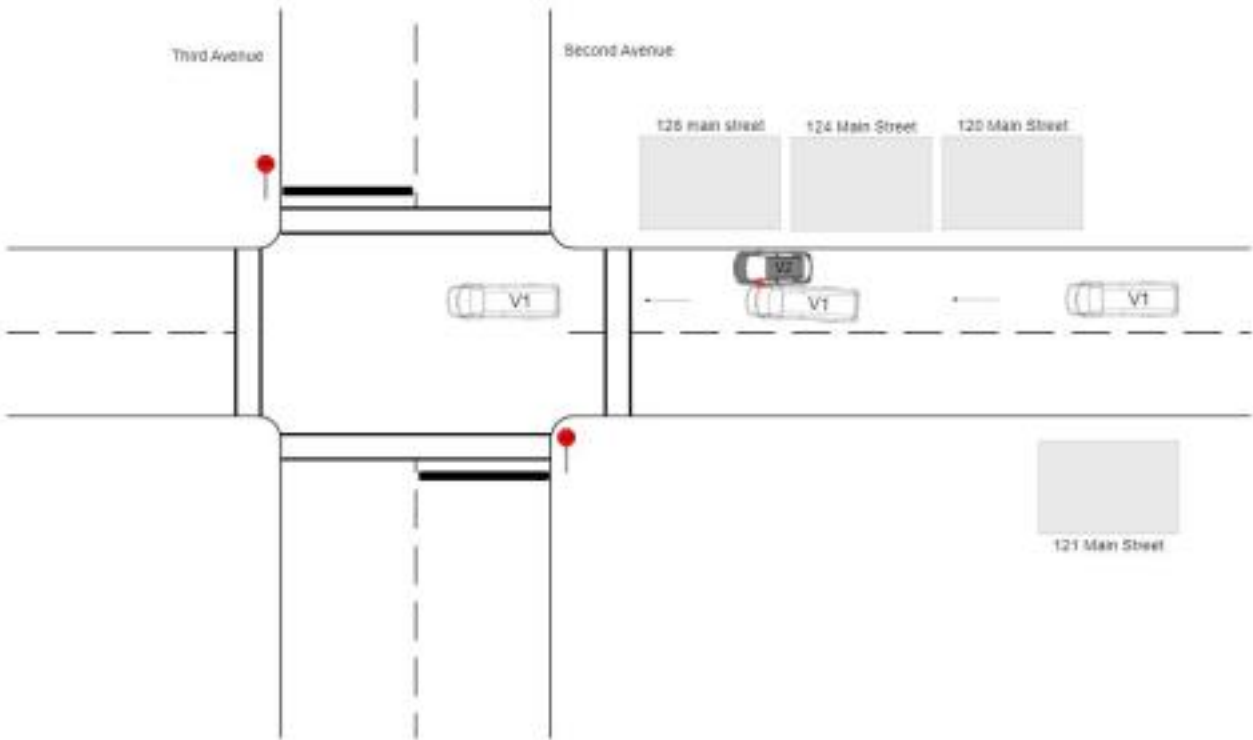


New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

The Crash Description begins on continuation page

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: _____ Code: _____ Station: _____ Case No: _____
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145. Crash Description

On the above date and time, patrols responded to 120 Main Street for a hit and run motor vehicle crash involving two vehicles. Owner of V2 and owner of Fins Restaurant, Shawn Ryan, advised his vehicle was struck by a white van while parked at this location. On arrival I spoke with Kylie Ryan, who uses the vehicle that her father owns. Kylie advised she was alerted by a customer who saw the incident while she was working at Fins. When she responded outside to her vehicle, she observed the driver side mirror missing and severe scratching and denting to the driver side door. She then called her father Shawn who then reported the same to this agency. Shawn was able to access the security footage of the westbound facing security camera of Fins restaurant. The footage showed V1, a white possible GMC/Chevrolet work van with unknown company lettering on the rear passenger side door, strike his vehicle at this location while heading northbound at approximately 2000 hours. After the crash, V1 continued northbound on Main Street then made a left-hand turn westbound on the 700 Block of Fourth Avenue. Due to the quality of the footage the company lettering and the registration were unable to be determined. Dispatch was advised to transmit the description of the vehicle, damage characteristics, and last direction of travel over the Monmouth County Hotline for surrounding towns.

I then spoke with a witness that observed the crash take place. Joel Patterson advised while parking his vehicle on front of 121 Main Street at approximately 2005 hours he observed V1 strike V2. From this location he observed a white work van traveling northbound on Main Street strike V2. Patterson stated the vehicle continued traveling northbound on Main Street then made a left turn at the intersection of Main/ Fourth Avenue. His witness statement form is attached with report.

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ E

☐ S

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

50. Carrier No.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

151 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Level of Autonomy

152 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

153 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

131

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

132

133

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

134

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

A

83

84

85

86

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92

93

94

95

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

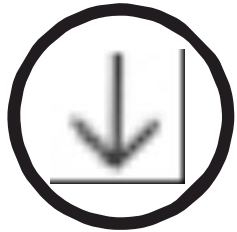
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C

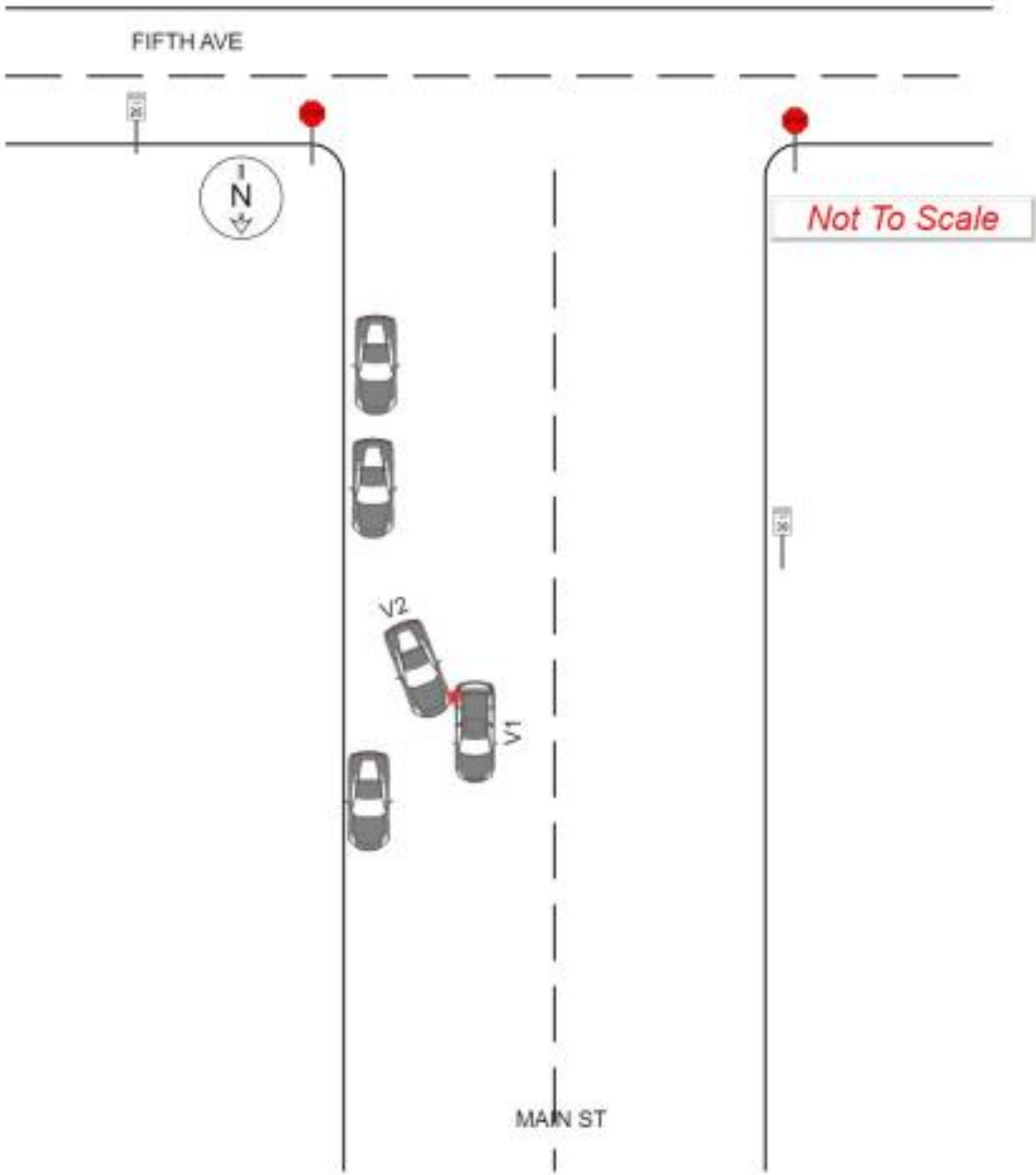
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New Jersey Police Crash Investigation Report												Case Number		Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>	
E															
F															
G															
H															
I															
J															

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

DRIVER OF VEHICLE #1 ADVISED VEHICLE #2 WAS STOPPED ON MAIN ST WAITING TO PARK. DRIVER OF VEHICLE #1 ADVISED SHE PULLED AROUND VEHICLE #2 AND STRUCK THE RIGHT FRONT BUMPER CAUSING MINOR DAMAGE TO VEHICLE #1. DRIVER OF VEHICLE #1 ADVISED SHE WAS WAITING TO PARK. DRIVER OF VEHICLE #1 ADVISED VEHICLE #2 PULLED AROUND HER AND STRUCK HER VEHICLE.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ S

☐ E

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

50. Carrier No.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

151 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Level of Autonomy

152 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

153 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

131

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

132

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

133

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

134

A

83

84

85

86

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91

92

93

94

95

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

B

83

84

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95

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

C

83

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

D

83

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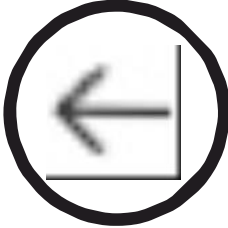
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Names & Addresses of Occupants
If Deceased, Date & Time of Death

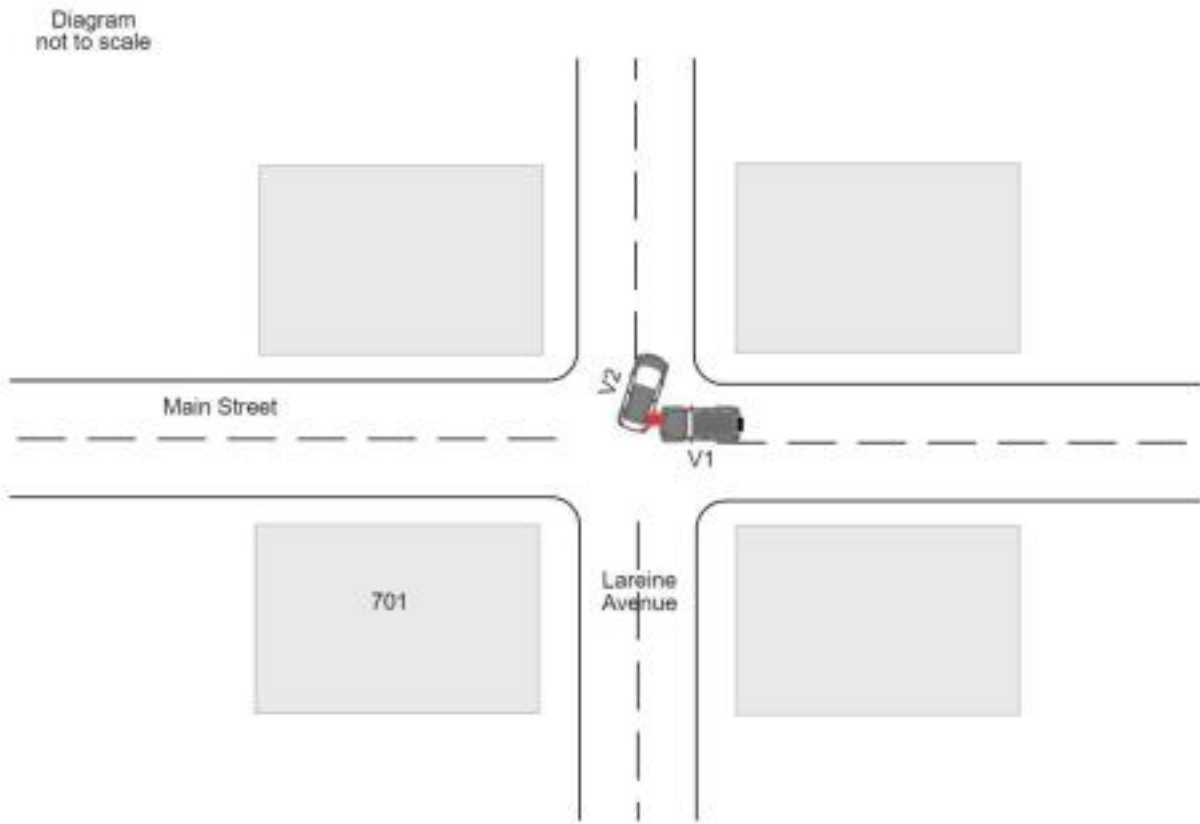
NJTR-1 P1 R01/22

New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

The driver of vehicle 1 (V1) was traveling North on Main Street approaching the intersection with Lareine Avenue when the driver of vehicle 2 (V2), traveling South on Main Street, made a left turn onto Lareine Avenue in front of V1 causing a collision. V1 sustained disabling damage to its front axle and front bumper. V2 sustained a bent rear passenger tire and damage to its passenger rear quarter panels.

Driver of V2 was issued summonses for Careless driving and for being an Unlicensed driver.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ S

☐ E

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

50. Carrier No.

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

☐ USDOT☐ None

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT☐ None

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

Level of Autonomy

152 – AVAILABLE☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

131

151 – ENGAGED☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

153 – ENGAGED☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

132

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

133

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

134

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

A

83

84

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93

94

95

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

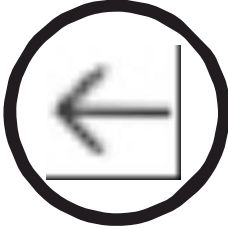
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C

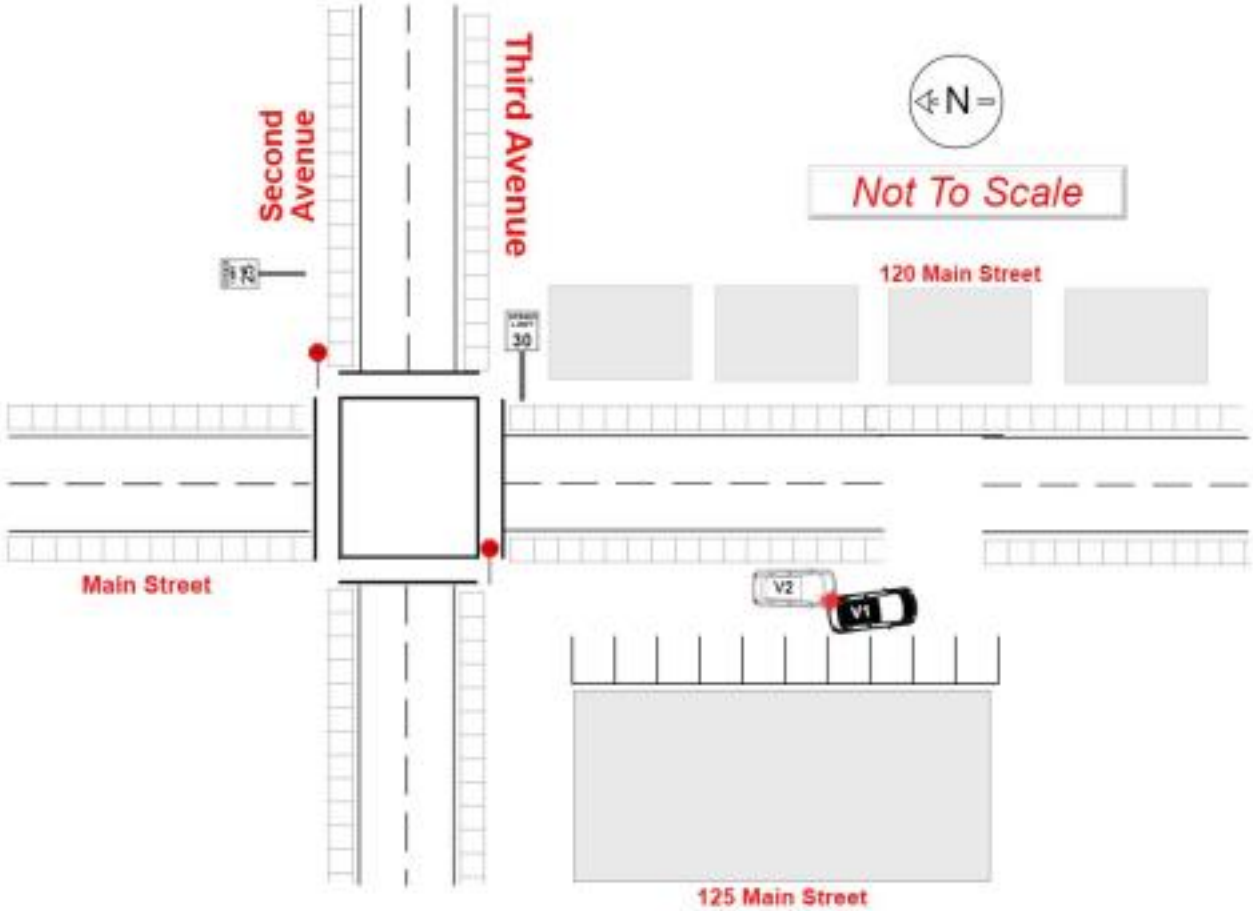
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New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

The Crash Description begins on continuation page

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: _____ Code: _____
	Station: _____ Case No: _____

145. Crash Description

Owner of Vehicle 2 stated he was working at Fins and was notified by a customer that a black pickup truck that appeared to be leaving from the parking lot of 125 main street backed up and crashed into a vehicle that was parked in the parking lot. Owner of Vehicle 2 noticed it was his vehicle. Vehicle 2 sustained damage to the front passenger side of the vehicle. The bumper was scratched and slightly not in alignment with the vehicle.

Witness stated that she was eating outside of Fins when she saw vehicle 1 across the street in the parking lot appear to leave and Vehicle 1 then reversed crashing into Vehicle 2. Driver of vehicle 1 got out of his vehicle and looked at the damage while his vehicle was blocking the exit. Witness stated that another vehicle attempting to get out of the parking lot beeped the horn at Vehicle 1 and the driver of Vehicle 1 got back into his vehicle and drove off. Witness was able to get a description of Vehicle 1 and get the black pickup truck's New York license plate number (NYEAJ4722). Witness stated Vehicle 1 should have damage to the rear drivers side bumper and stated that the vehicle was headed towards Avon.

Patrols patrolled the area in search of the vehicle. A beach front special found a black pick up truck that matched the description parked on Ocean and Kent with negative results on making contact with the driver. Dispatched received a call from another victim soon after stating to the fact of a vehicle getting hit in front of their residence and the vehicle driving off. The victim got a description of that vehicle and it matched the description of the vehicle in this reported incident. Please see case number 24-009078 and crash number 24-000060 for further inform.

The owner of Vehicle 2 had a Pennsylvania Insurance Card that had no code but a NAIC# 11851.

Driver 1 was issued the following summonses:

- 1308BB105617: 39:4-97 (Careless Driving)
- 1308BB105618: 39:4-130 (Failure to Report Accident)
- 1308BB105619: 39:4-129D (Leaving Scene of Accident)

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

18. Speed Limit

119a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ E

☐ S

☐ W

of:

19.

☐ To:

☐ From:

17. Cross Road Name/Route No.

☐ NB

☐ EB

☐ SB

☐ WB

119b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked

☐ Ped

☐ Pedalcyclist

☐ Resp. to Emergency

☐ Hit & Run

26. Driver's First Name

Initial

Last Name

29. Sex

☐ Parked

☐ Ped

☐ Pedalcyclist

☐ Resp. to Emergency

☐ Hit & Run

56. Driver's First Name

Initial

Last Name

59. Sex

121a

102

27. Number & Street

57. Number & Street

121b

103

28. City

State

Zip

58. City

State

Zip

104

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41.Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71.Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven

☐ Towed Disabled

☐ Towed Disabled & Impounded

☐ Left at Scene

☐ Towed Impounded

47. Authority

☐ Owner

☐ Driver

☐ Police

77. Authority

☐ Owner

☐ Driver

☐ Police

126e

113

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127a

114

Given:

☐ No

☐ Yes

☐ Refused

115

Type:

☐ Breath

☐ Blood

☐ Urine

116

Results: 0.%

☐ Pending

117

50. Carrier No.

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127b

117

☐ USDOT

☐ None

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

117

☐ USDOT

☐ None

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

127e

117

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

117

Number & Street

Number & Street

129

117

City

State

Zip

City

State

Zip

130

117

Level of Autonomy

150 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

151 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

Level of Autonomy

152 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

153 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

131

117

135. Damage to Other Property

☐ Yes (If Yes, describe)

☐ No

132

117

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

133

117

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

134

A

83

84

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95

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

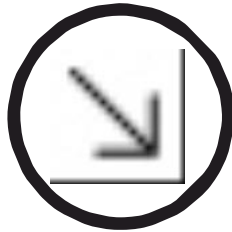
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C

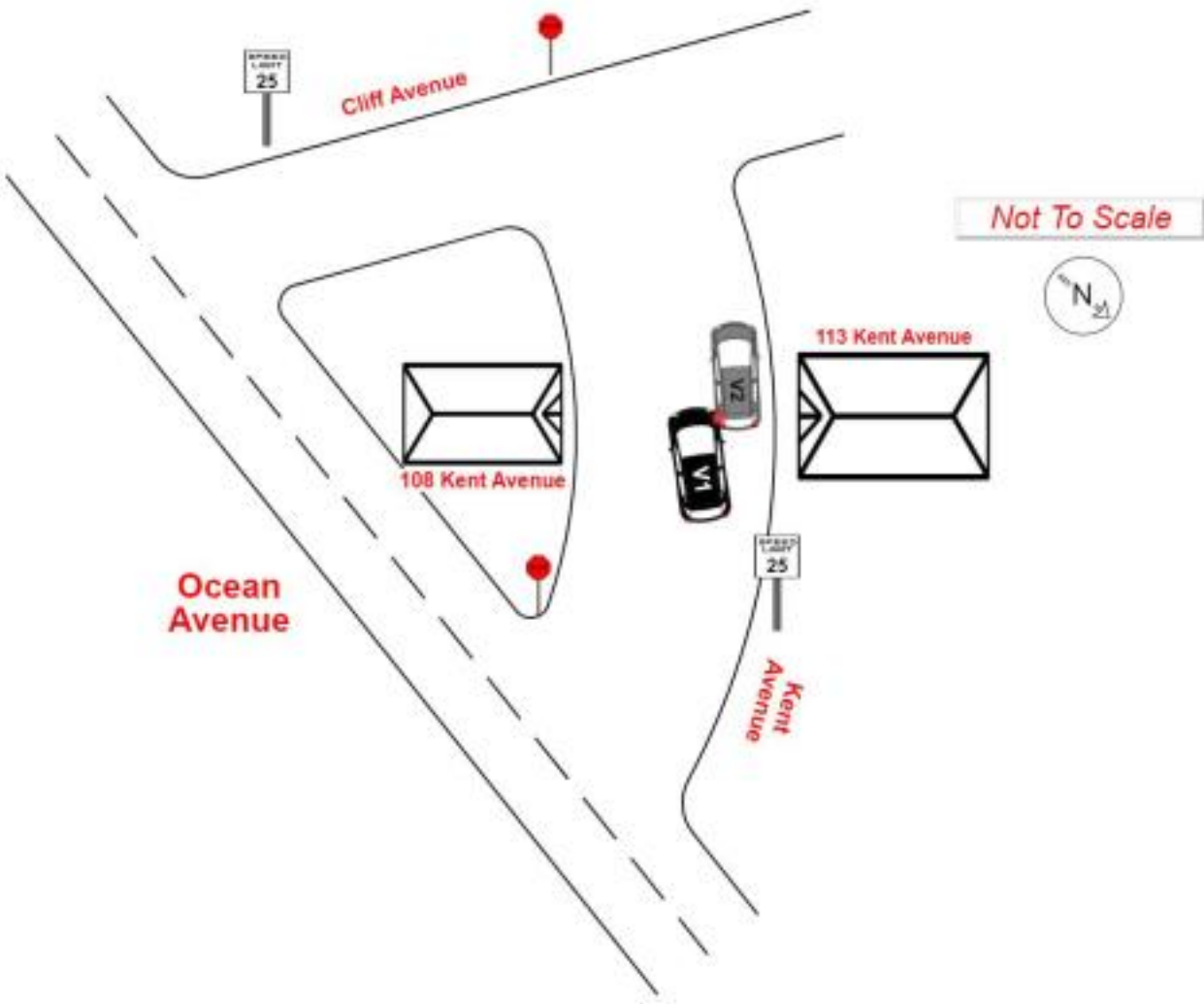
D

New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

The Crash Description begins on continuation page

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
--------------------------	--------------	---------------	---------	--

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: _____ Code: _____ Station: _____ Case No: _____
---	---

145. Crash Description

Witness stated she saw a black pickup truck in front of her residence attempting to park and while doing so crashed into vehicle 2. Witness stated that she told Driver 1 that Vehicle 1 hit Vehicle 2 and driver 1 stated to the fact of nobody is going to see i'm outta here and drove off. Witness believed the owner of the vehicle lived a few doors down and was currently on the beach. Owner of vehicle 2 later arrived on scene.

As I was investigating the scene a neighbor from across the street came out of his residence. Witness identified the neighbor to be the driver of Vehicle 1. Driver of vehicle 1 admitted to patrols to hitting both vehicles (please see case number 24-009076 for further information). Patrols followed him to his vehicle parked on Ocean and Kent where he provided appropriate documents. Patrols saw damage to Vehicle 1 on the front passenger bumper and rear drivers side bumper.

Vehicle 2 sustained damage to the rear driver's side bumper.

Please see attached Ring Camera Footage of the incident.

Driver 1 was issued the following summonses:

- 1308BB105620: 39:4-97 (Careless Driving)
- 1308BB105841: 39:4-130 (Failure to Report Accident)
- 1308BB105842: 39:4-129D (Leaving Scene of Accident)

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ S

☐ E

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

50. Carrier No.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

151 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Level of Autonomy

152 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

153 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

131

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

132

133

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

134

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

A

83

84

85

86

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90

91

92

93

94

95

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

B

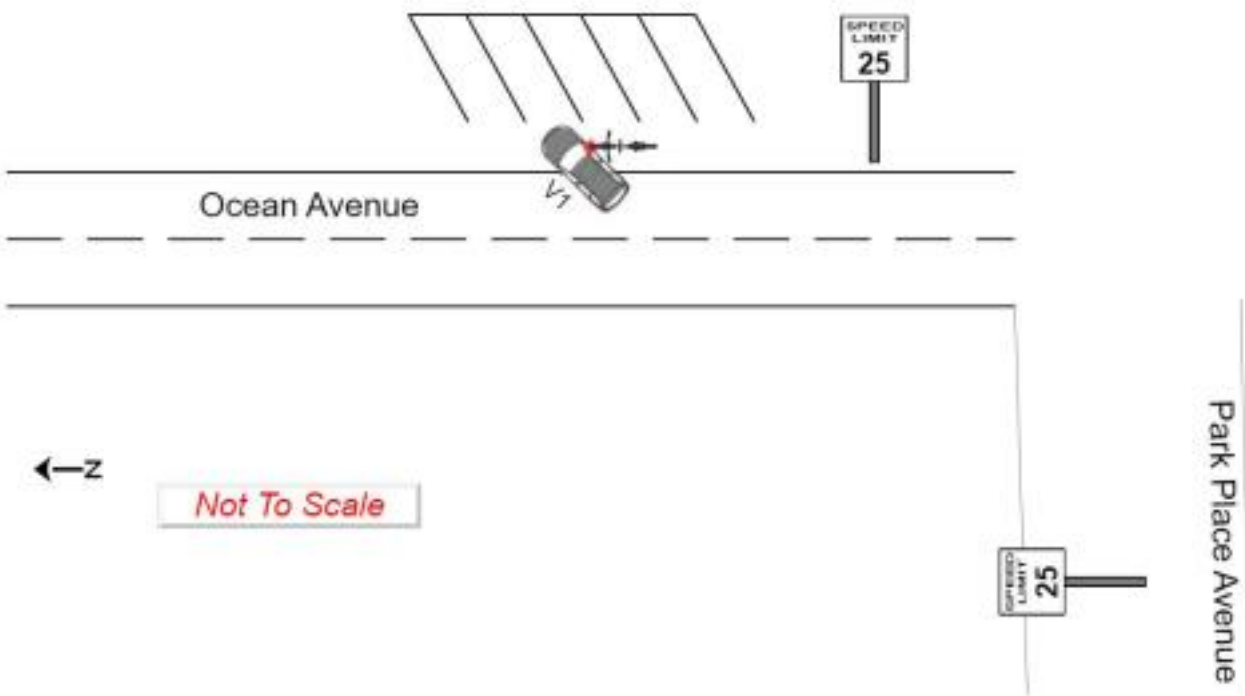
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D

New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

Driver of V1 stated he was parking in the space when bicyclist struck his vehicle on the passenger's side mirror and door. Bicyclist states he was riding north on Ocean Avenue when V1 turned right in front of him into a parking space, causing him to hit the passenger side of V1. Bicyclist had injury to his left elbow and wrist area. First aid was contacted and bicyclist RMA. V1 had minor scratches to the passenger's side door area.

Witness :

Name : Donahue, Catherine M - 3402 Waterview Way, Wall, NJ, 07719

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

18. Speed Limit

119a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ E

☐ S

☐ W

of:

19.

☐ To:

17. Cross Road Name/Route No.

☐ NB

☐ EB

☐ From:

☐ SB

☐ WB

119b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked

☐ Ped

☐ Pedalcyclist

☐ Resp. to Emergency

☐ Hit & Run

☐ Parked

☐ Ped

☐ Pedalcyclist

☐ Resp. to Emergency

☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven

☐ Towed Disabled

☐ Towed Disabled & Impounded

☐ Left at Scene

☐ Towed Impounded

☐ Driven

☐ Towed Disabled

☐ Towed Disabled & Impounded

☐ Left at Scene

☐ Towed Impounded

126e

113

47. Authority

☐ Owner

☐ Driver

☐ Police

77. Authority

☐ Owner

☐ Driver

☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given:

☐ No

☐ Yes

☐ Refused

Type:

☐ Breath

☐ Blood

☐ Urine

Results: 0. %

☐ Pending

51. GVWR / GCWR (trucks & buses only)

☐ None

☐ On Board

☐ Spill

Placard No.

81. GVWR / GCWR (trucks & buses only)

☐ None

☐ On Board

☐ Spill

Placard No.

127c

116

50. Carrier No.

☐ USDOT

☐ None

80. Carrier No.

☐ USDOT

☐ None

81. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

127d

117

☐ MC/MX

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

151 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

Level of Autonomy

152 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

153 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

131

135. Damage to Other Property

☐ Yes (If Yes, describe)

☐ No

132

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

133

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

134

A

83

84

85

86

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

B

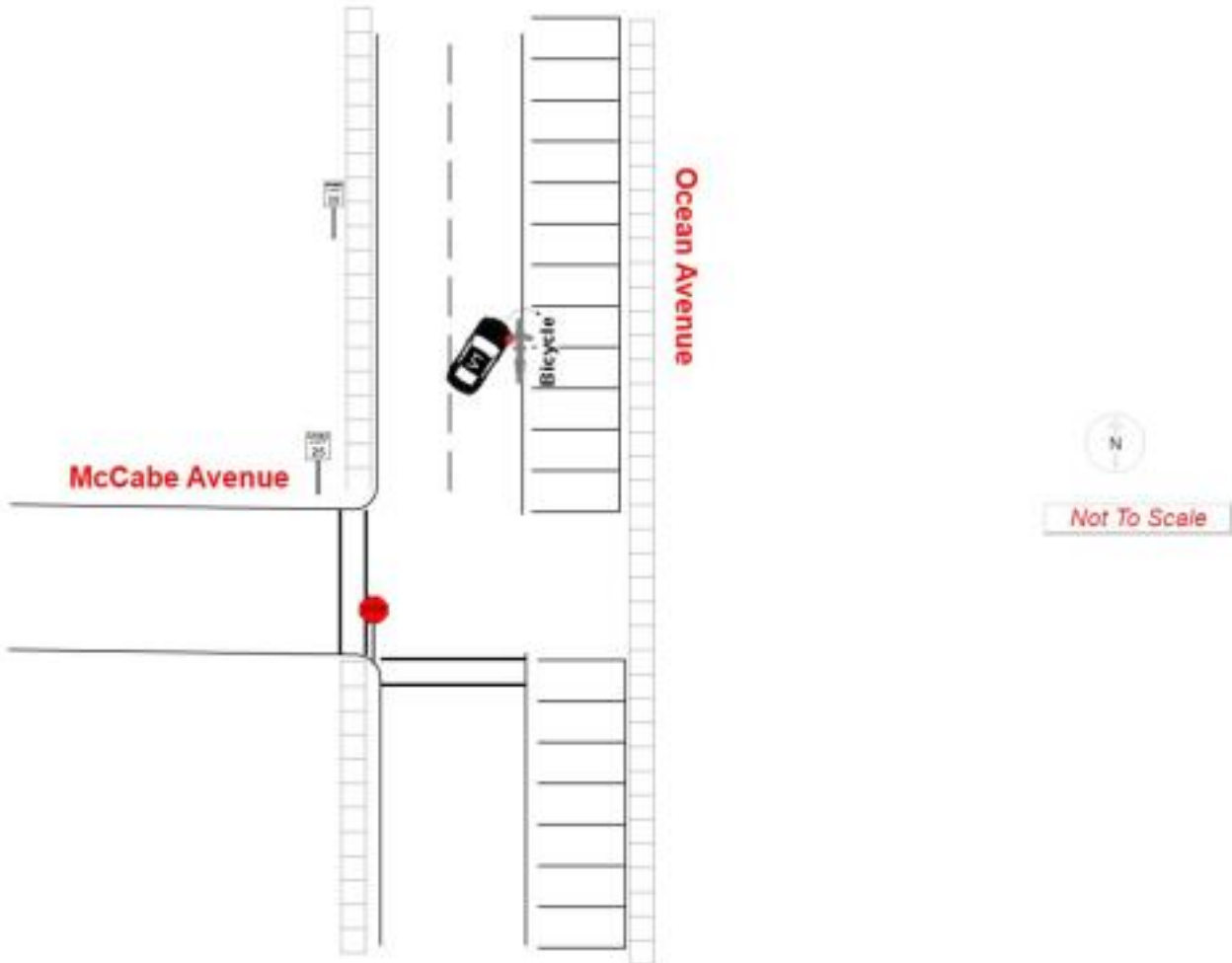
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D

New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative				
Driver 1 stated he was driving North and attempted to turn right to pull into the parking space on the East end of Ocean Avenue and McCabe when he crashed into the bicyclist. Driver 1 stated he did not see the bicyclist. Bicyclist stated he was traveling North when he was struck by Vehicle 1. Bicyclist sustained minor injuries to his left arm (road rash) and right knee (cut). First Aid was dispatched and Bicyclist RMA. No visible damage to both vehicle and Bicycle. Driver 1 was issued a summons. 39:4-97 Careless Driving (Summons Number 1308BB105846)				
146. Officer's Signature		147. Badge #	148. Reviewer	149. Case Status
				☐ Pending ☐ Complete

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ E

☐ S

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

50. Carrier No.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

151 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Level of Autonomy

152 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

153 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

131

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

132

133

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

134

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

A

83

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92

93

94

95

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

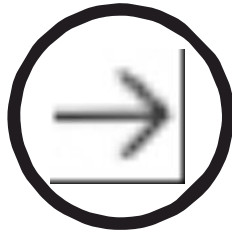
B

C

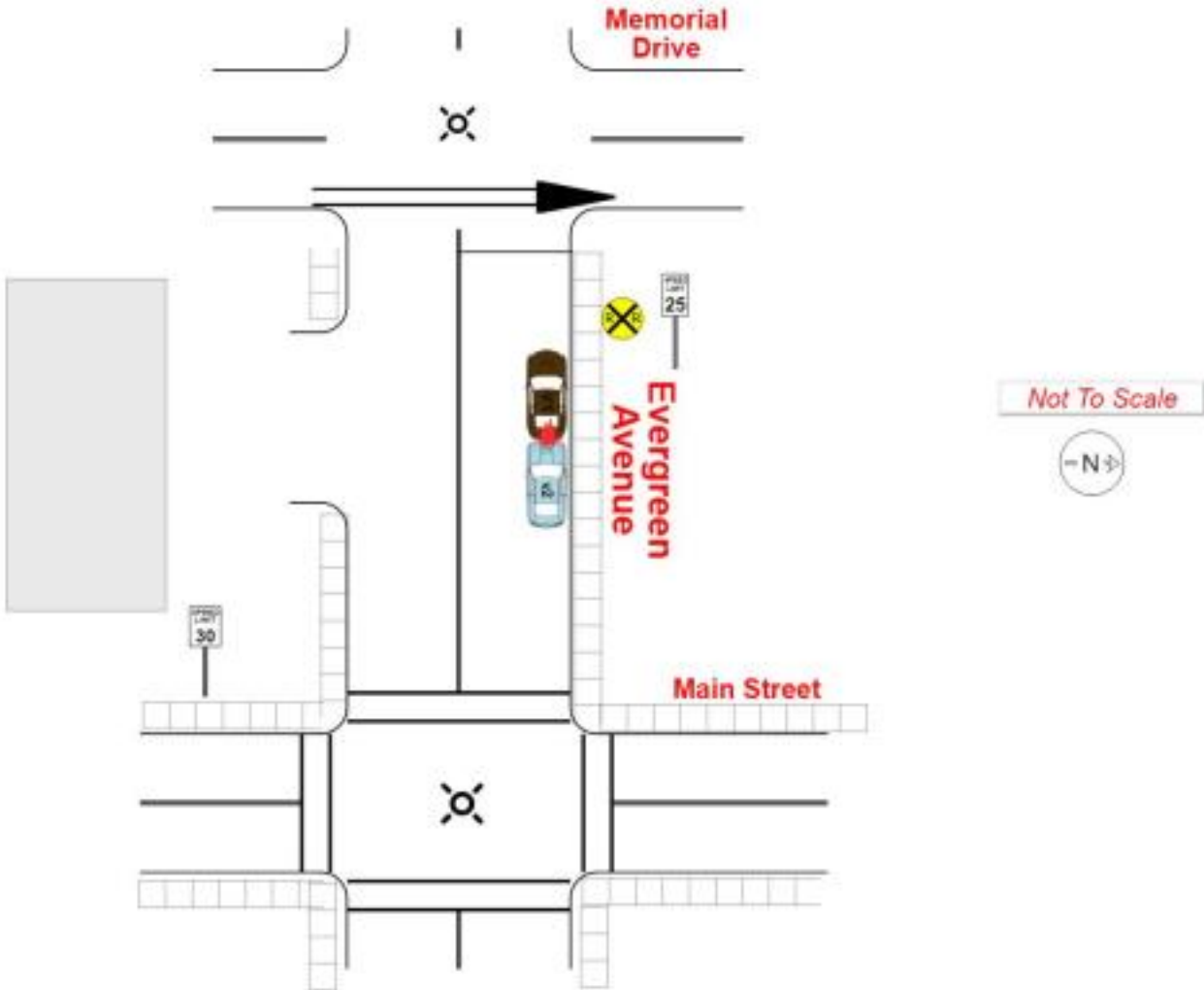
D

New Jersey Police Crash Investigation Report												Case Number			Page ____ of ____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

Driver 1 stated that she was stopped at the light on Evergreen and Memorial when Vehicle 2 crashed into Vehicle 1.

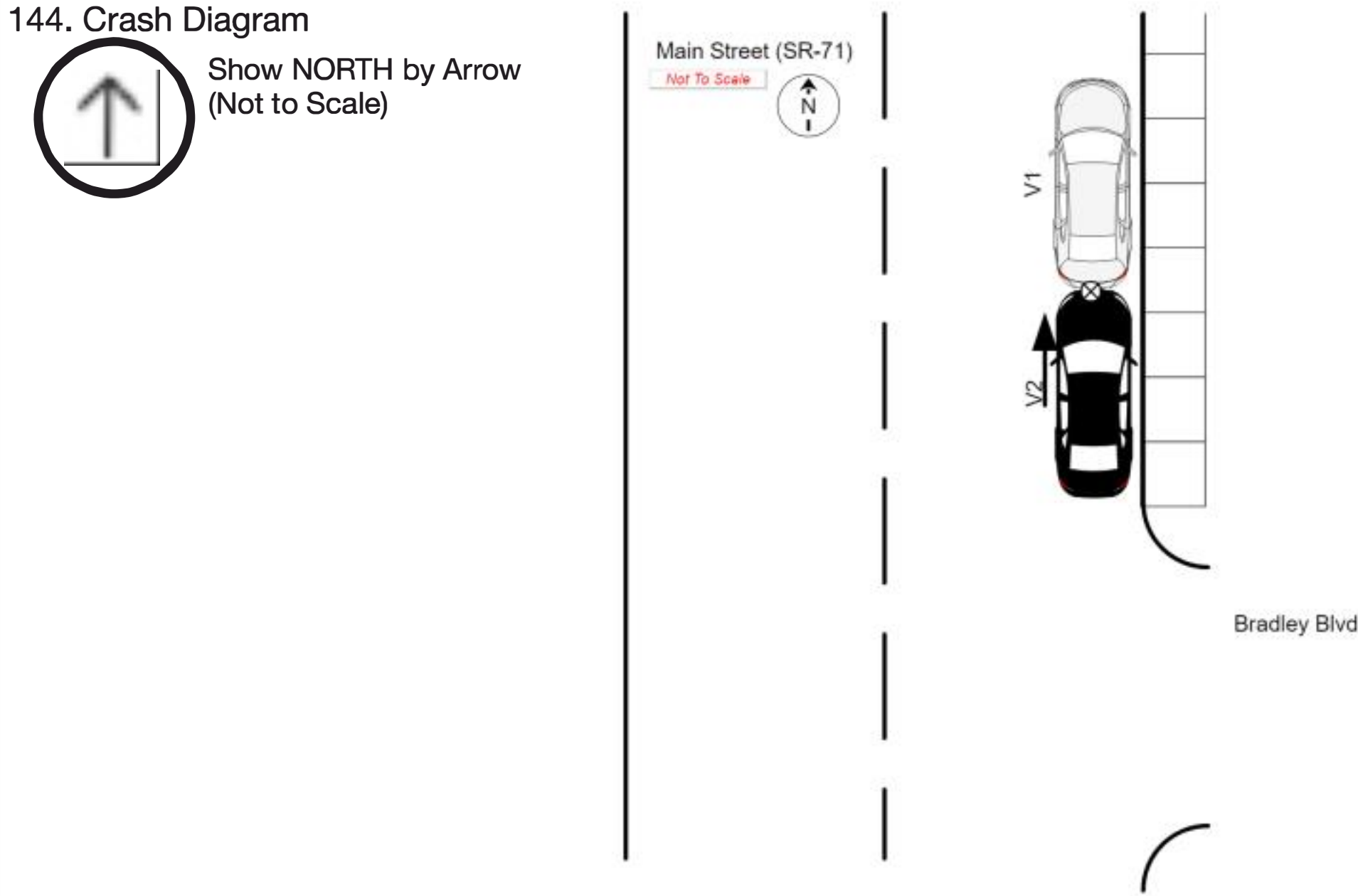
Driver 2 stated that she was traveling West on Evergreen Ave towards the light on Evergreen and Memorial. when her bags fell in her vehicle and Driver 2 failed to stop her vehicle in time and Vehicle 2 crashed into Vehicle 1.

Vehicle 1 sustained minor damage to the rear bumper. Vehicle 1 plastic under the rear bumper slightly detached.

Vehicle 2 sustained minor damage to the passenger front bumper. Vehicle 2 sustained scrapes which the color matched the color of Vehicle 1.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																



145. Crash Description/Narrative

Vehicle #1 was parked legally and unoccupied on Main Street, just north of Bradley Blvd, facing north. Vehicle #2 was being operated north on main street. The operator of V2 pulled out of the roadway, pulled in behind V1, and struck V1 causing minor damage to both vehicles.

The operator and sole occupant of V2 appeared to be having a medical emergency based on his apparent mental state. EMS and paramedics were summoned to the scene where they assessed the operator of V2. Upon assessment by paramedics, it was apparent that the driver was not suffering a medical episode but may have either cognitive or eyesight issues due to his age. Driver refused medical attention and was turned over to his daughter, who also removed V2 from the scene.

Operator of V2 to be issued for careless driving and put in for reevaluation with the NJMVC by the undersigned.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
--------------------------	--------------	---------------	---------	--

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable

☐ Non-Reportable

☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ S

☐ E

☐ W

14

15

15

of:

19.

☐ To:

☐ NB

☐ EB

☐ From:

☐ SB

☐ WB

17. Cross Road Name/Route No.

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked

☐ Ped

☐ Pedalcyclist

☐ Resp. to Emergency

☐ Hit & Run

56. Driver's First Name

Initial

Last Name

59. Sex

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

57. Number & Street

121b

103

27. Number & Street

58. City

State

Zip

122

104

28. City

State

Zip

60. Eyes

DL Class

Restrictions

Endorsements

61. State

123

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

124

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

125

107

36. Number & Street

67. City

State

Zip

126a

108

37. City

State

Zip

68. Make

39. Model

40. Color

41.Year

42. Plate No.

43. State

69. Model

70. Color

71.Year

72. Plate No.

73. State

126b

109

38. Make

39. Model

40. Color

41.Year

42. Plate No.

43. State

74. VIN

45. Expires

75. Expires

126c

110

44. VIN

45. Expires

76. Vehicle Removed to:

126d

111

46. Vehicle Removed to:

☐ Driven

☐ Towed Disabled

☐ Towed Disabled & Impounded

☐ Left at Scene

☐ Towed Impounded

77. Authority

☐ Owner

☐ Driver

☐ Police

127a

112

☐ Driven

☐ Towed Disabled

☐ Towed Disabled & Impounded

☐ Left at Scene

☐ Towed Impounded

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.

127b

113

47. 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.

127c

114

48. Alcohol Drug Test

Given:

☐ No

☐ Yes

☐ Refused

Type:

☐ Breath

☐ Blood

☐ Urine

Results: 0. %

☐ Pending

50. Carrier No.

☐ USDOT

☐ None

51. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

80. Carrier No.

☐ USDOT

☐ None

81. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

127d

115

48. Alcohol Drug Test

Given:

☐ No

☐ Yes

☐ Refused

Type:

☐ Breath

☐ Blood

☐ Urine

Results: 0. %

☐ Pending

50. Carrier No.

☐ USDOT

☐ None

51. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

80. Carrier No.

☐ USDOT

☐ None

81. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

127e

116

49. Hazardous Material

☐ None

☐ On Board

☐ Spill

Hazard Class

Placard No.

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

117

50. Carrier No.

☐ USDOT

☐ None

51. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

80. Carrier No.

☐ USDOT

☐ None

81. GVWR / GCWR (trucks & buses only)

☐ ≤ 10,000 lbs.

☐ 10,001 - 26,000 lbs.

☐ ≥ 26,001 lbs.

129

118

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

130

119

Number & Street

City

State

Zip

Level of Autonomy

150 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

151 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

Level of Autonomy

152 – AVAILABLE

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

153 – ENGAGED

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ Unknown

131

120

135. Damage to Other Property

☐ Yes (If Yes, describe)

☐ No

132

121

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

133

122

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

134

123

A

83

84

85

86

87

88

89

90

91

92

93

94

95

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

124

124

B

83

84

85

86

87

88

89

90

91

92

93

94

95

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

125

125

C

83

84

85

86

87

88

89

90

91

92

93

94

95

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

126

126

D

83

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94

95

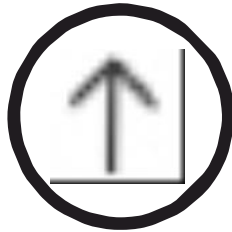
Names & Addresses of Occupants
If Deceased, Date & Time of Death

127

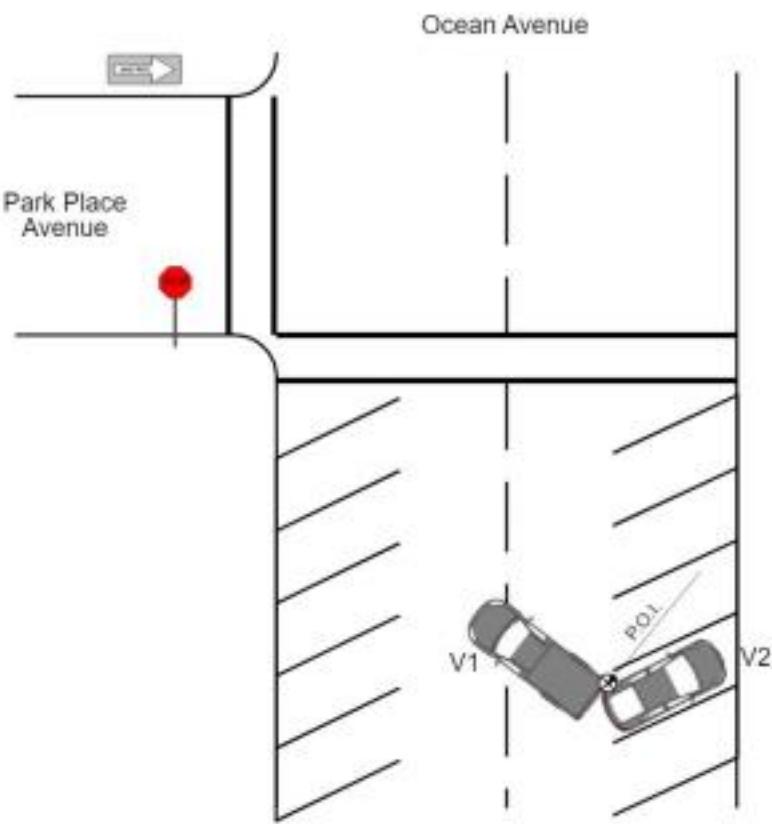
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New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



Not To Scale

145. Crash Description/Narrative

V1 was backing out of a parking space on the West Side of Ocean Avenue and was turning to travel North on Ocean Avenue. As V1 was backing, Driver 1 did not see V2 parked on the East Side of Ocean Avenue, causing the collision. V1 sustained minor damage to passenger driver side bumper area. V2 was legally parked and unoccupied at time of collision and sustained minor damage to rear driver side bumper. No injuries reported from the driver or occupants of V1

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ S

☐ E

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127d

117

50. Carrier No.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

☐ USDOT ☐ None

☐ MC/MX

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

127e

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

128

Number & Street

Number & Street

129

City

State

Zip

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

151 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Level of Autonomy

152 – AVAILABLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

153 – ENGAGED ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

131

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

132

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

133

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

134

A

83

84

85

86

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92

93

94

95

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

B

83

84

85

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91

92

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95

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

C

83

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

D

83

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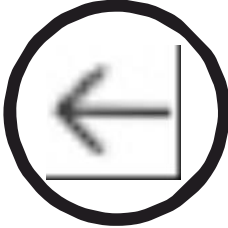
95

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

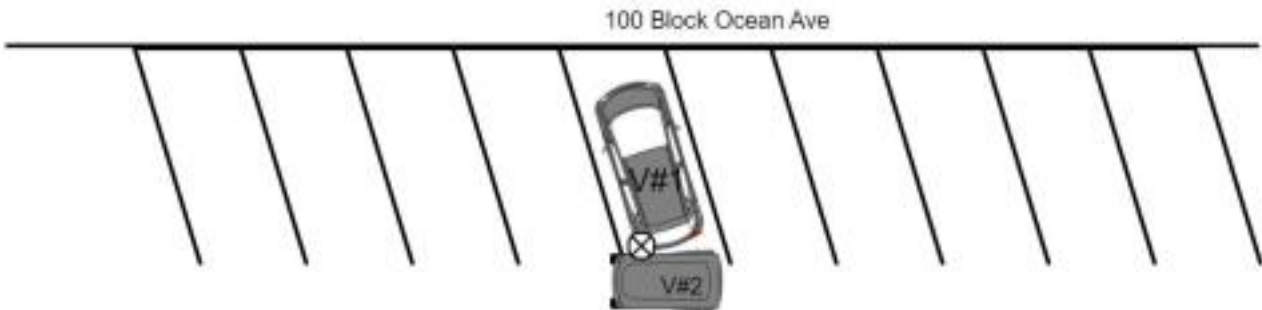
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New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

Special Police Officer Daniel Crow #304 was flagged down by a citizen in the 100 block of Ocean Avenue for an unknown reason. Special Police Officer Crow parked vehicle #2 behind vehicle #1, exited the vehicle and approached the citizen that flagged him down. Vehicle #1, which was parked in spot #102, then backed up into vehicle #2 causing minor damage to the drivers side bumper of vehicle #1. Driver of vehicle #1 stated that she did not see vehicle #2 when she was backing up. She advised that she believed vehicle #2 was too close to her car, therefore her back up camera did not pick it up. Owner of vehicle #1 put her car in reverse to show this officer her camera, where it was clear in the camera that vehicle #2 was behind her vehicle. There was no visible damage to vehicle #2. No injuries.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
--------------------------	--------------	---------------	---------	--

96

Page ____ of ____

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable☐ Non-Reportable☐ Change Report

118a

97

1. Case Number

10. Crash Occurred On:

11. Speed Limit

118b

98

2. Police Dept. of

Code

Road Name

Dir

12. Route No.

Suffix

13. Milepost

19a

99

3. Station/Precinct

☐ At Intersection with

☐ Feet

☐ Miles

☐ N

☐ E

☐ S

☐ W

of:

18. Speed Limit

19b

100a

4. Date of Crash

mm

dd

yy

5. Day of Week

Sun

M

Tu

W

Th

F

Sa

6. Time (use 2400 hrs.)

7. Municipality Code

8. Total Killed

9. Total Injured

21. Latitude

20. Route Name/Route No.

22. Longitude

120a

100b

23. Veh.#

24. Policy No.

25. NJ Ins. Code

53. Veh.#

54. Policy No.

55. NJ Ins. Code

120b

101

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

☐ Parked☐ Ped☐ Pedalcyclist☐ Resp. to Emergency☐ Hit & Run

121a

102

26. Driver's First Name

Initial

Last Name

29. Sex

56. Driver's First Name

Initial

Last Name

59. Sex

121b

103

27. Number & Street

57. Number & Street

104

28. City

State

Zip

58. City

State

Zip

30. Eyes

DL Class

Restrictions

Endorsements

31. State

60. Eyes

DL Class

Restrictions

Endorsements

61. State

122

105

32. Driver's License Number

33. DOB

mm

dd

yy

34. Expires

mm

yy

62. Driver's License Number

63. DOB

mm

dd

yy

64. Expires

mm

yy

123

106

35. Owner's First Name

Initial

Last Name

☐ Same as Driver

65. Owner's First Name

Initial

Last Name

☐ Same as Driver

124

107

36. Number & Street

66. Number & Street

125

108

37. City

State

Zip

67. City

State

Zip

126a

109

38. Make

39. Model

40. Color

41. Year

42. Plate No.

43. State

68. Make

69. Model

70. Color

71. Year

72. Plate No.

73. State

126b

110

44. VIN

45. Expires

74. VIN

75. Expires

126c

111

46. Vehicle Removed to:

76. Vehicle Removed to:

126d

112

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

☐ Driven☐ Towed Disabled☐ Towed Disabled & Impounded

☐ Left at Scene☐ Towed Impounded

126e

113

47. Authority

☐ Owner☐ Driver☐ Police

77. Authority

☐ Owner☐ Driver☐ Police

127a

114

48. Alcohol Drug Test

49. Hazardous Material

78. Alcohol Drug Test

79. Hazardous Material

127b

115

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

51. GVWR / GCWR (trucks & buses only)

80. Carrier No.

81. GVWR / GCWR (trucks & buses only)

127c

116

50. Carrier No.

☐ USDOT ☐ None

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

80. Carrier No.

☐ USDOT ☐ None

☐ ≤ 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ ≥ 26,001 lbs.

81. GVWR / GCWR (trucks & buses only)

127d

117

☐ MC/MX

52. Motor Carrier or Government Entity

82. Motor Carrier or Government Entity

127e

52. Motor Carrier or Government Entity

128

Number & Street

129

City

State

Zip

130

Level of Autonomy

150 – AVAILABLE

☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

Level of Autonomy

152 – AVAILABLE

☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

131

Level of Autonomy

151 – ENGAGED

☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

Level of Autonomy

153 – ENGAGED

☐ 0☐ 1☐ 2☐ 3☐ 4☐ 5☐ Unknown

132

135. Damage to Other Property

☐ Yes (If Yes, describe)☐ No

133

Oper.

136. Charge

137. Summons No.

Oper.

138. Charge

139. Summons No.

134

Oper.

140. Charge

141. Summons No.

Oper.

142. Charge

143. Summons No.

A

83

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

B

83

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

C

83

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

D

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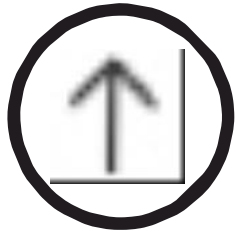
95

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

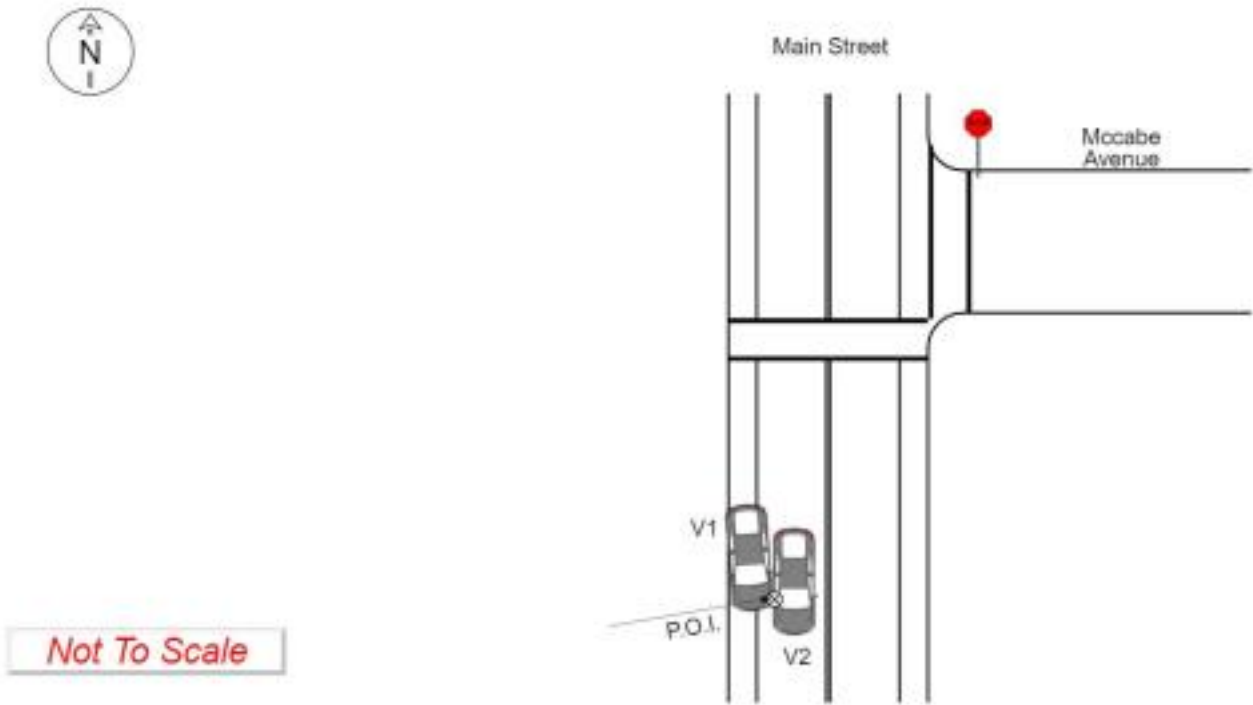
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New Jersey Police Crash Investigation Report												Case Number			Page _____ of _____	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>		
E																
F																
G																
H																
I																
J																

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

V2 had turned South onto Main Street from McCabe Avenue. As V2 continued to travel South on Main Street, V1 had attempted to enter the Southbound travel lane from a parking spot along the curb line. As V1 attempted to enter the southbound lane, the front driver side bumper made contact with the entire passenger side of V2, causing minor damage. V1 sustained minor damage to front drive side bumper. Driver 1 stated that he did not see V2 in the travel lane as he entered, causing the collision. No occupants of either vehicle were injured as a result of the collision. D1 was issued summonses for Careless Driving (39:4-97) as well as Failure to Exhibit a Valid insurance Card (39:3-29c)

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status ☐ Pending ☐ Complete
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