

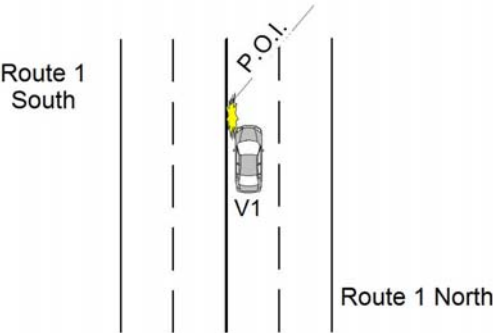
96	Page: 1 Of 2		☐ Fatal		New Jersey Police Crash Investigation Report										☒ Reportable		☐ Non-Reportable		☐ Change Report										
05	1 Case Number				10 Crash Occured On : RT 1 NORTH										11 Speed Limit		16		0		118a								
97	I-2020-004308														55		--		-		118b								
01	2 Police Dept. of				Code		☐ At Intersection with		Road Name		Dir		12 Route No		Suffix		13 Milepost		119a										
98	SOUTH BRUNSWICK POLICE				01		☒ Feet		N		E		of : RT 522				18 Speed Limit		--										
00							☐ Miles		S		W						35		119b										
99	3 Station/Precinct						14		15		16		19		To: 17 Cross Road Name/Route No.		☐ NB ☐ EB		--										
02													Ramp		From: --		☐ SB ☐ WB		--										
100a	4 Date of Crash		5 Day of Week		6 Time		7 Municipality		8 Total		9 Total		21 Latitude		20 Route Name/ Route No.		22 Longitude		120a										
01	mm dd yy		Sun		(use 2400 hrs)		Code		Killed		Injured		-- . --		-- . --		-- . --		00										
100b	01 19 20				09:49		1221		--		--		-- . --		-- . --		-- . --		120b										
04	23 Veh #		24 Policy No		25 NJ Ins Code		53 Veh #		54 Policy No		55 NJ Ins Code								--										
101	1																		--										
02	☐ Parked		☐ Ped		☐ Pedalcyclist		☐ Resp to Emergency		☒ Hit & Run				☐ Parked		☐ Ped		☐ Pedalcyclist		121a										
102	26 Driver's First Name				Initial		Last Name		29 Sex		56 Driver's First Name				Initial		Last Name		59 Sex	--									
01	UNKNOWN								--										--	--									
103	27 Number & Street								57 Number & Street										--	--									
01																			--	--									
104	28 City				State		Zip		58 City				State		Zip				--	--									
01																			--	--									
105	30 Eyes		DL Class		Restrictions		Endorsements		31 State		60 Eyes		DL Class		Restrictions		Endorsements		61 State	122									
	--		--		--		--		--		--		--		--		--		--	00									
106	32 Drivers License No				33 DOB		34 Expires		62 Drivers License No				63 DOB		64 Expires				--	--									
11	--				mm dd yy		mm yy		--				mm dd yy		mm yy				--	--									
107	35 Owner's First Name				Initial		Last Name		65 Owner's First Name				Initial		Last Name				--	--									
--	☐ Same As Driver								☐ Same As Driver										--	--									
108	36 Number & Street								66 Number & Street										--	--									
00																			--	--									
109	37 City				State		Zip		67 City				State		Zip				--	--									
--																			--	--									
110	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		126a				
00	--		--		--		--		--		--		--		--		--		--		--		--		00				
111	44 VIN				45 Expires				74 VIN				75 Expires						--	--									
--	--				--		--		--				--		--		--		--	--									
112	46 Vehicle Removed To								76 Vehicle Removed To										--	--									
00	--								--										--	--									
113	☐ Driven				☐ Towed Disabled		☐ Towed Disabled & Impounded		☐ Driven				☐ Towed Disabled		☐ Towed Disabled & Impounded				--	--									
--	☐ Left at Scene				☐ Towed Impounded				☐ Left at Scene				☐ Towed Impounded						--	--									
114	47 Authority				☐ Owner		☐ Driver		☐ Police		77 Authority				☐ Owner		☐ Driver		☐ Police		126e								
00																			--	--									
115	48 Alcohol/Drug Test				Given : ☐ No ☐ Yes ☐ Refused		49 Hazardous Material		☐ None ☐ On Board ☐ Spill		78 Alcohol/Drug Test				Given : ☐ No ☐ Yes ☐ Refused		79 Hazardous Material		☐ None ☐ On Board ☐ Spill		127a								
--																			--	--									
116	Type : ☐ Breath ☐ Blood ☐ Urine						Hazard Class		Placard No.		Type : ☐ Breath ☐ Blood ☐ Urine						Hazard Class		Placard No.		127b								
00	Results : 0. % ☐ Pending										Results : 0. % ☐ Pending								--	--									
117	50 Carrier No.				☐ USDOT		☐ None		51 Commercial Vehicle Weight		☐ < 10,000 lbs		☐ 10,001 - 26,000 lbs		☐ > 26,001 lbs		80 Carrier No.		☐ USDOT		☐ None		81 Commercial Vehicle Weight		127c				
01																			--	--									
--																			--	--									
118	52 Carrier name								82 Carrier name										--	--									
--																			--	--									
119	Number & Street								Number & Street										--	--									
00																			--	--									
120	City				State		Zip		City				State		Zip				--	--									
--																			--	--									
121	135 Damage To Other Property				☒ Yes (If yes, describe)		☐ No												--	--									
00																			--	--									
122	THE BARRIER AT ROUTE ONE NORTH 100 FEET SOUTH OF ROUTE 522 WAS DAMAGED.																		--	--									
123																			--	--									
124	Oper				136 Charge		137 Summons No		Oper		138 Charge		139 Summons No						--	--									
00																			--	--									
125	Oper				140 Charge		141 Summons No		Oper		142 Charge		143 Summons No						--	--									
--																			--	--									
126	83		84		85		86		87		88		89		90		91		92		93		94		95		Names & Address of Occupants - If Deceased, Date & Time of Death		127d
A	01		01		01		00		--		U		00		00		00		00		00		--		--		UNKNOWN		--
B	--		--		--		--		--		--		--		--		--		--		--		--		--		--		--
C	--		--		--		--		--		--		--		--		--		--		--		--		--		--		--
D	--		--		--		--		--		--		--		--		--		--		--		--		--		--		--

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

144 Crash Diagram



Show North by Arrow
(Not to Scale)



145 Crash Description

I RESPONDED TO THE ABOVE LISTED LOCATION FOR A REPORT OF A MOTOR VEHICLE CRASH. WHILE ON SCENE, I OBSERVED DAMAGE TO THE BARRIER AT ROUTE ONE NORTH JUST SOUTH OF ROUTE 522. THE DAMAGE IS INDICATIVE OF A VEHICLE CRASHING INTO IT. THERE WAS NO VEHICLE ON SCENE, PRIOR TO MY ARRIVAL. THE AREA WAS CHECKED BUT WE WERE UNABLE TO LOCATE THE SUSPECTS VEHICLE. DISPATCH MADE THE PROPER NOTIFICATION FOR REPAIRS.