

|             |                                                                                                                                                                                  |       |    |                                              |    |    |    |    |    |    |                                                                                                                                                                                  |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|----------------------------------------------|----|----|----|----|----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------|--------------------------------------------------------------------|--|----------------|--|---------------|--|--|------------------------------------------------------------------------------------------------------|--|--------|--|--------------------|--|----------------------|--|----|--|------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| PAGE 1 OF 2 |                                                                                                                                                                                  | Fatal |    | New Jersey Police Crash Investigation Report |    |    |    |    |    |    |                                                                                                                                                                                  |    |              | Reportable                                                         |  | Non-Reportable |  | Change Report |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 02          | 1 Case Number<br>20NC03308                                                                                                                                                       |       |    |                                              |    |    |    |    |    |    | 10 Crash Occurred On: SR 35                                                                                                                                                      |    |              |                                                                    |  |                |  |               |  |  | 11 Speed Limit<br>35                                                                                 |  | 0035   |  | -                  |  | -                    |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 2 Police Dept of<br>NEPTUNE CITY PD                                                                                                                                              |       |    |                                              |    |    |    |    |    |    | Code<br>01                                                                                                                                                                       |    | 12 Route No. |                                                                    |  |                |  |               |  |  |                                                                                                      |  | Suffix |  | 13 Milepost        |  | 16 Speed Limit<br>35 |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 3 Station/Precinct<br>-                                                                                                                                                          |       |    |                                              |    |    |    |    |    |    | 14 -                                                                                                                                                                             |    |              |                                                                    |  |                |  |               |  |  | 15 -                                                                                                 |  | 16 -   |  | 17 Cross Road Name |  | 18 NB                |  | EB |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 02          | 4 Date of Crash<br>05/03/20                                                                                                                                                      |       |    |                                              |    |    |    |    |    |    | 5 Day Of Week<br>SUNDAY                                                                                                                                                          |    |              |                                                                    |  |                |  |               |  |  | 6 Time (use 2400 hrs)<br>1501                                                                        |  |        |  |                    |  |                      |  |    |  | 7 Municipality Code<br>1335                                                              |  |  |  |  |  |  |  |  |  | 8 Total Killed<br>--             |  |  |  |  |  |  |  |  |  | 9 Total Injured<br>2   |  |  |  |  |  |  |  |  |  | 21 Latitude<br>40.197390 |  |  |  |  |  |  |  |  |  | 22 Longitude<br>-74.028350 |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 04          | 23 Veh #<br>1                                                                                                                                                                    |       |    |                                              |    |    |    |    |    |    | 24 Policy No.<br>00134 47 83C 7103 4                                                                                                                                             |    |              |                                                                    |  |                |  |               |  |  | 25 NJ Ins. Code<br>823                                                                               |  |        |  |                    |  |                      |  |    |  | 53 Veh #<br>2                                                                            |  |  |  |  |  |  |  |  |  | 54 Policy No.<br>F199583-6       |  |  |  |  |  |  |  |  |  | 55 NJ Ins. Code<br>426 |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run |       |    |                                              |    |    |    |    |    |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp To Emergency <input type="checkbox"/> Hit & Run |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 02          | 26 Driver's First Name<br>MICHAEL                                                                                                                                                |       |    |                                              |    |    |    |    |    |    | Initial<br>R                                                                                                                                                                     |    |              |                                                                    |  |                |  |               |  |  | Last Name<br>RUGGIERO                                                                                |  |        |  |                    |  |                      |  |    |  | 29 Sex<br>M                                                                              |  |  |  |  |  |  |  |  |  | 56 Driver's First Name<br>KIMBER |  |  |  |  |  |  |  |  |  | Initial<br>L           |  |  |  |  |  |  |  |  |  | Last Name<br>CASTEEL     |  |  |  |  |  |  |  |  |  | 59 Sex<br>F                |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 27 Number & Street<br>1701 OCEAN AVE # 12; BELMAR TERRACE                                                                                                                        |       |    |                                              |    |    |    |    |    |    | 57 Number & Street<br>941A VILLAGE DRIVE WEST                                                                                                                                    |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 28 City<br>BELMAR                                                                                                                                                                |       |    |                                              |    |    |    |    |    |    | State<br>NJ                                                                                                                                                                      |    |              |                                                                    |  |                |  |               |  |  | Zip<br>07719                                                                                         |  |        |  |                    |  |                      |  |    |  | 58 City<br>N BRUNSWICK                                                                   |  |  |  |  |  |  |  |  |  | State<br>NJ                      |  |  |  |  |  |  |  |  |  | Zip<br>08902           |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 2           | 30 Eyes<br>05                                                                                                                                                                    |       |    |                                              |    |    |    |    |    |    | DL Class<br>D                                                                                                                                                                    |    |              |                                                                    |  |                |  |               |  |  | Restrictions<br>-                                                                                    |  |        |  |                    |  |                      |  |    |  | Endorsements<br>M                                                                        |  |  |  |  |  |  |  |  |  | 31 State<br>NJ                   |  |  |  |  |  |  |  |  |  | 60 Eyes<br>02          |  |  |  |  |  |  |  |  |  | DL Class<br>D            |  |  |  |  |  |  |  |  |  | Restrictions<br>-          |  |  |  |  |  |  |  |  |  | Endorsements<br>- |  |  |  |  |  |  |  |  |  | 61 State<br>NJ  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 07          | 32 Driver's License Number<br>R91355447911495                                                                                                                                    |       |    |                                              |    |    |    |    |    |    | 33 DOB<br>11/27/1949                                                                                                                                                             |    |              |                                                                    |  |                |  |               |  |  | 34 Expires<br>11 23                                                                                  |  |        |  |                    |  |                      |  |    |  | 62 Driver's License Number<br>C07744357359892                                            |  |  |  |  |  |  |  |  |  | 63 DOB<br>09/13/1989             |  |  |  |  |  |  |  |  |  | 64 Expires<br>05 21    |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 06          | 35 Owner's First Name<br>MICHAEL                                                                                                                                                 |       |    |                                              |    |    |    |    |    |    | Initial<br>R                                                                                                                                                                     |    |              |                                                                    |  |                |  |               |  |  | Last Name<br>RUGGIERO                                                                                |  |        |  |                    |  |                      |  |    |  | 65 Owner's First Name<br>KIMBER                                                          |  |  |  |  |  |  |  |  |  | Initial<br>L                     |  |  |  |  |  |  |  |  |  | Last Name<br>CASTEEL   |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 07          | 36 Number & Street<br>1701 OCEAN AVE # 12; BELMAR TERRACE                                                                                                                        |       |    |                                              |    |    |    |    |    |    | 66 Number & Street<br>941A VILLAGE DRIVE WEST                                                                                                                                    |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 37 City<br>BELMAR                                                                                                                                                                |       |    |                                              |    |    |    |    |    |    | State<br>NJ                                                                                                                                                                      |    |              |                                                                    |  |                |  |               |  |  | Zip<br>07719                                                                                         |  |        |  |                    |  |                      |  |    |  | 67 City<br>N BRUNSWICK                                                                   |  |  |  |  |  |  |  |  |  | State<br>NJ                      |  |  |  |  |  |  |  |  |  | Zip<br>08902           |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 38 Make<br>FORD                                                                                                                                                                  |       |    |                                              |    |    |    |    |    |    | 39 Model<br>FUS                                                                                                                                                                  |    |              |                                                                    |  |                |  |               |  |  | 40 Color<br>BK                                                                                       |  |        |  |                    |  |                      |  |    |  | 41 Year<br>2010                                                                          |  |  |  |  |  |  |  |  |  | 42 Plate No.<br>S36LYJ           |  |  |  |  |  |  |  |  |  | 43 State<br>NJ         |  |  |  |  |  |  |  |  |  | 68 Make<br>VOLK          |  |  |  |  |  |  |  |  |  | 69 Model<br>JET - JE       |  |  |  |  |  |  |  |  |  | 70 Color<br>WT    |  |  |  |  |  |  |  |  |  | 71 Year<br>2019 |  |  |  |  |  |  |  |  |  | 72 Plate No.<br>G51LAP |  |  |  |  |  |  |  |  |  | 73 State<br>NJ |  |  |  |  |  |  |  |  |  |
| 01          | 44 VIN<br>3FAHP0HA6AR172617                                                                                                                                                      |       |    |                                              |    |    |    |    |    |    | 45 Expires<br>11 20                                                                                                                                                              |    |              |                                                                    |  |                |  |               |  |  | 74 VIN<br>3VWE57BU5KM116369                                                                          |  |        |  |                    |  |                      |  |    |  | 75 Expires<br>03 23                                                                      |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 46 Vehicle Removed To<br>JIMS TOWING SERVICE                                                                                                                                     |       |    |                                              |    |    |    |    |    |    | 76 Vehicle Removed To<br>JIMS TOWING SERVICE                                                                                                                                     |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                           |       |    |                                              |    |    |    |    |    |    | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                           |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                                                  |       |    |                                              |    |    |    |    |    |    | <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                                                  |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 47 Authority<br>Owner Driver Police                                                                                                                                              |       |    |                                              |    |    |    |    |    |    | 77 Authority<br>Owner Driver Police                                                                                                                                              |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 48 Alcohol/Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0, - % Pending                                                                             |       |    |                                              |    |    |    |    |    |    | 49 Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No.                                                                                                         |    |              |                                                                    |  |                |  |               |  |  | 78 Alcohol/Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0, - % Pending |  |        |  |                    |  |                      |  |    |  | 79 Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No.                 |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 03          | 50 Carrier No.<br>USDOT MC/MX                                                                                                                                                    |       |    |                                              |    |    |    |    |    |    | 51 GVWR/GCWR<br>Weight <= 10,000 lbs<br>Weight 10,001-26,000 lbs<br>Weight >= 26,001 lbs                                                                                         |    |              |                                                                    |  |                |  |               |  |  | 80 Carrier No.<br>USDOT MC/MX                                                                        |  |        |  |                    |  |                      |  |    |  | 81 GVWR/GCWR<br>Weight <= 10,000 lbs<br>Weight 10,001-26,000 lbs<br>Weight >= 26,001 lbs |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 52 Motor Carrier or Government Entity<br>-                                                                                                                                       |       |    |                                              |    |    |    |    |    |    | 82 Motor Carrier or Government Entity<br>-                                                                                                                                       |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | Number & Street<br>-                                                                                                                                                             |       |    |                                              |    |    |    |    |    |    | City<br>-                                                                                                                                                                        |    |              |                                                                    |  |                |  |               |  |  | State<br>-                                                                                           |  |        |  |                    |  |                      |  |    |  | Zip<br>-                                                                                 |  |  |  |  |  |  |  |  |  | City<br>-                        |  |  |  |  |  |  |  |  |  | State<br>-             |  |  |  |  |  |  |  |  |  | Zip<br>-                 |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | 135 Damage To Other Property<br>Yes (If Yes, describe) No                                                                                                                        |       |    |                                              |    |    |    |    |    |    |                                                                                                                                                                                  |    |              |                                                                    |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | Oper. 136 Charge<br>2 39:4-144                                                                                                                                                   |       |    |                                              |    |    |    |    |    |    | 137 Summons. No.<br>E20 469                                                                                                                                                      |    |              |                                                                    |  |                |  |               |  |  | Oper. 138 Charge                                                                                     |  |        |  |                    |  |                      |  |    |  | 139 Summons. No.                                                                         |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 01          | Oper. 140 Charge                                                                                                                                                                 |       |    |                                              |    |    |    |    |    |    | 141 Summons. No.                                                                                                                                                                 |    |              |                                                                    |  |                |  |               |  |  | Oper. 142 Charge                                                                                     |  |        |  |                    |  |                      |  |    |  | 143 Summons. No.                                                                         |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| A           | 83                                                                                                                                                                               | 84    | 85 | 86                                           | 87 | 88 | 89 | 90 | 91 | 92 | 93                                                                                                                                                                               | 94 | 95           | Names & Addresses of Occupants - If Deceased, Date & Time of Death |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| B           | 1                                                                                                                                                                                | 01    | 01 | 04                                           | 70 | M  | 05 | 08 | 02 | 11 | 04                                                                                                                                                                               | -  | 6303         | MICHAEL R RUGGIERO -                                               |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| C           | 2                                                                                                                                                                                | 01    | 01 | -                                            | 30 | F  | -  | -  | -  | 11 | 11                                                                                                                                                                               | 04 | -            | KIMBER L CASTEEL -                                                 |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| D           | 2                                                                                                                                                                                | 03    | 01 | 03                                           | 33 | M  | 08 | 04 | 01 | 11 | 11                                                                                                                                                                               | 04 | -            | CHRISTIAN A CASTEEL -                                              |  |                |  |               |  |  |                                                                                                      |  |        |  |                    |  |                      |  |    |  |                                                                                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |

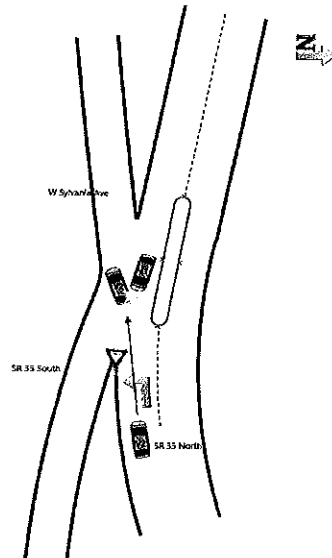
# New Jersey Police Crash Investigation Report

Police Dept: **NEPTUNE CITY PD** Code: **01**  
 Station: **-** Case No: **20NC03308**

(Refer to vehicle by number)

|                       | Veh<br>Occ | Pos<br>In/On | Eject | Phys<br>Cond | Age | Sex | Loc<br>Inj | Type<br>Inj | Ref<br>Med | Equip<br>Avail | Equip<br>Used | Bag<br>Dept | Hosp<br>Code | Names & Addresses of Occupants - If Deceased, Date & Time of Death |
|-----------------------|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
| ALL<br>IF<br>INVOLVED | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           |                                                                    |
|                       |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                       |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                       |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                       |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                       |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

144 Crash Diagram (NOT TO SCALE)



## 145 Crash Description/Narrative

V1 was traveling south on SR 35 South. V2 was traveling north on SR 35 North, at the yield to turn left on to W Sylvania Ave (west). D2 did not stop at the posted yield and wait for traffic to clear, and drove directly into the path of V1. D1, unable to stop in time, collided with V2. The front of V1 collided with the rear passenger fender and side of V2.

There was disabling damage to both vehicles, and both were towed from the scene by Jim's Towing. V2 had multiple airbag deployments, and V1 had a fluid leak. NCFD responded for the fluid leak from V1.

D1 advised he felt faint and had an elevated blood pressure after the crash. He was treated and transported to JSUMC by NCFAS. The front seat passenger in V2 had a minor cut on his right arm. He was treated by NCFAS, and refused further medical attention.

D2 was issued Summons #E20 469 for Failure to Stop or Yield, 39:4-144.

146 Officer's Signature  
**HALLGRING, A**

147 Badge #  
**35121**

148 Reviewer  
**PY21K, J**

Badge #  
**35102**

149 Case Status  
☐ Pending ☒ Complete