Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR04614

Nature: BLDG CHECK

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P991

Offense Codes: POLI
Received By: Brown, D
How Received: O
Agency: P99
Responding Officers: Brown, D
Responsible Officer: Brown, D
Disposition: SC 06/10/20
When Reported: 04:16:40 06/10/20
Occurred Between: 04:16:40 06/10/20 and 04:16:40 06/10/20

Assigned To:
Detail:
Date Assigned: **/**/**
Status:
Status Date: **/**/**
Due Date: **/**/**

Complainant:
Last:
First:
Mid:
DOB: **/**/**
Dr Lic:
Address:
Race:
Sex:
Phone:
City: ,

Offense Codes

Reported:
Observed: POLI Police Information
Additional Offense: POLI Police Information

Circumstances

LT21 Restaurant

Responding Officers:
Brown, D

Unit :
P99172

Responsible Officer: Brown, D
Agency: P99
Received By: Brown, D
Last Radio Log: 04:17:37 06/10/20 C
How Received: O Ofcr. Initiated
Clearance: RR Report Required
When Reported: 04:16:40 06/10/20
Disposition: SC **Date:** 06/10/20
Judicial Status:
Occurred between: 04:16:40 06/10/20
Misc Entry:
and: 04:16:40 06/10/20

Statute:
Description :
Method :

Status: CMPLT (Rubino, T) on 08:06:58 06/10/20
Partition: P99

Date Printed: 09/16/20

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR04885

Nature: BLDG CHECK

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P991

Offense Codes: POLI

Received By: Brown, D **How Received:** O **Agency:** P99

Responding Officers: Brown, D

Responsible Officer: Brown, D **Disposition:** SC 06/19/20

When Reported: 01:34:12 06/19/20 **Occurred Between:** 01:34:12 06/19/20 and 01:34:12 06/19/20

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:

Last: **First:** **Mid:**

DOB: **/**/** **Dr Lic:** **Address:**

Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:** POLI Police Information

Additional Offense: POLI Police Information

Circumstances

LT21 Restaurant

Responding Officers: **Unit :**

Brown, D P99172

Responsible Officer: Brown, D **Agency:** P99

Received By: Brown, D **Last Radio Log:** 01:34:50 06/19/20 C

How Received: O Ofcr. Initiated **Clearance:** RR Report Required

When Reported: 01:34:12 06/19/20 **Disposition:** SC **Date:** 06/19/20

Judicial Status: **Occurred between:** 01:34:12 06/19/20

Misc Entry: **and:** 01:34:12 06/19/20

Statute: **Description :** **Method :**

Status: CMPLT (Rubino, T) on 08:05:02 06/22/20

Partition: P99

Date Printed: 09/16/20

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR04994

Nature: BLDG CHECK

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P991

Offense Codes: POLI
Received By: Brown, D
How Received: O
Agency: P99
Responding Officers: Brown, D
Responsible Officer: Brown, D
Disposition: SC 06/22/20
When Reported: 03:17:44 06/22/20
Occurred Between: 03:17:44 06/22/20 and 03:17:44 06/22/20

Assigned To:
Detail:
Date Assigned: **/**/**
Status:
Status Date: **/**/**
Due Date: **/**/**

Complainant:
Last:
First:
Mid:
DOB: **/**/**
Dr Lic:
Address:
Race:
Sex:
Phone:
City: ,

Offense Codes

Reported:
Observed: POLI Police Information
Additional Offense: POLI Police Information

Circumstances

LT21 Restaurant

Responding Officers:
Brown, D
Unit :
P99172

Responsible Officer: Brown, D
Agency: P99
Received By: Brown, D
Last Radio Log: 03:18:20 06/22/20 C
How Received: O Ofcr. Initiated
Clearance: RR Report Required
When Reported: 03:17:44 06/22/20
Disposition: SC **Date:** 06/22/20
Judicial Status:
Occurred between: 03:17:44 06/22/20
Misc Entry:
and: 03:17:44 06/22/20

Statute:
Description :
Method :

Status: CMPLT (Rubino, T) on 08:06:01 06/22/20
Partition: P99

Date Printed: 09/16/20

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR05108

Nature: EMS CALL

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P991

Offense Codes: FAID

Received By: McCormick, K **How Received:** 9 **Agency:** P99

Responding Officers: Dreher, B, Aridas, J

Responsible Officer: Aridas, J **Disposition:** SC 06/25/20

When Reported: 21:41:52 06/25/20 **Occurred Between:** 21:40:29 06/25/20 and 21:40:31 06/25/20

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:

Last: **First:** **Mid:**

DOB: **/**/** **Dr Lic:** **Address:**

Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:** FAID First Aid

Additional Offense: FAID First Aid

Circumstances

LT21 Restaurant

Responding Officers: **Unit :**

Dreher, B P99166

Aridas, J P99167

Responsible Officer: Aridas, J **Agency:** P99

Received By: McCormick, K **Last Radio Log:** 22:48:58 06/25/20 C

How Received: 9 911 Line **Clearance:** RR Report Required

When Reported: 21:41:52 06/25/20 **Disposition:** SC **Date:** 06/25/20

Judicial Status: NCI **Occurred between:** 21:40:29 06/25/20

Misc Entry: **and:** 21:40:31 06/25/20

Statute: **Description :** **Method :**

Status: CMPLT (Rubino, T) on 08:34:03 06/26/20

Partition: P99

Date Printed: 09/16/20

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR05499

20BR05499

Nature: FIRE CALL

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P991

Offense Codes: FIRE

Received By: Emmons, M **How Received:** T **Agency:** P99

Responding Officers: McCabe, A, Sofield, R

Responsible Officer: McCabe, A **Disposition:** SC 07/07/20

When Reported: 09:47:20 07/07/20 **Occurred Between:** 09:46:19 07/07/20 and 09:46:19 07/07/20

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:

Last: **First:** **Mid:**

DOB: **/**/** **Dr Lic:** **Address:**

Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:** FIRE Fire

Additional Offense: FIRE Fire

Circumstances

LT21 Restaurant

Responding Officers:	**Unit :**
McCabe, A	P99171
Sofield, R	P99161

Responsible Officer: McCabe, A **Agency:** P99

Received By: Emmons, M **Last Radio Log:** 10:45:07 07/07/20 C

How Received: T Telephone **Clearance:** RR Report Required

When Reported: 09:47:20 07/07/20 **Disposition:** SC **Date:** 07/07/20

Judicial Status: NCI **Occurred between:** 09:46:19 07/07/20

Misc Entry: **and:** 09:46:19 07/07/20

Status: CMPLT (Rubino, T) on 08:18:00 07/08/20

Partition: P99

Date Printed: 09/16/20

Statute:	Description :	Method :

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 20BR03345

Nature: BLDG CHECK

Address: 720 ASHLEY AVE # 1; SHIPWRECK GRILL BRIELLE NJ 08730

Location: P99

Offense Codes: POLI

Received By: Aridas, J **How Received:** O **Agency:** P99

Responding Officers: Aridas, J

Responsible Officer: Aridas, J **Disposition:** SC 05/08/20

When Reported: 23:45:42 05/08/20 **Occurred Between:** 23:45:42 05/08/20 and 23:45:42 05/08/20

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:

Last: **First:** **Mid:**

DOB: **/**/** **Dr Lic:** **Address:**

Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:** POLI Police Information

Additional Offense: POLI Police Information

Circumstances

LT21 Restaurant

Responding Officers: **Unit :**

Aridas, J P99167

Responsible Officer: Aridas, J **Agency:** P99

Received By: Aridas, J **Last Radio Log:** **:**:** **/**/**

How Received: O Ofcr. Initiated **Clearance:** RR Report Required

When Reported: 23:45:42 05/08/20 **Disposition:** SC **Date:** 05/08/20

Judicial Status: NCI **Occurred between:** 23:45:42 05/08/20

Misc Entry: **and:** 23:45:42 05/08/20

Statute: **Description :** **Method :**

Status: CMPLT (Aridas, J) on 23:46:33 05/08/20

Partition: P99

Date Printed: 09/16/20

Involvements

Date	Type	Description

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	18BR07467
2 Police Dept of	BRIELLE PD
Code	01
3 Station/Precinct	BRIELLE
10 Crash Occurred On:	720 ASHLEY AVE (P.LOT)
11 Speed Limit	-
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	-
At Intersection With / Road Name / Dir	
Feet / Miles	-
N E S W of:	-
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	NB SB EB WB
4 Date of Crash (mm dd yy)	08/22/18
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1900
7 Municipality Code	1309
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10654
22 Longitude	-74.05461

Vehicle 1

23 Veh #	1
24 Policy No.	6007938802061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	JEFFREY / B / GIRR
29 Sex	M
27 Number & Street	8 LAFAYETTE ABE APT B
28 City / State / Zip	SUMMIT / NJ / 07901
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	G46163936207664
33 DOB (mm dd yyyy)	07/25/1966
34 Expires (mm yy)	09 / 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RUDOLPH / J / SCHMIDT
36 Number & Street	285 WEST STEVENS AVE
37 City / State / Zip	WYCKOFF / NJ / 07481
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / ACA / BK / 2016 / J98GFJ / NJ
44 VIN	1GKKVRKD0GJ227647
45 Expires	02 / 20
46 Vehicle Removed To	DESTINATION
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F100058726
55 NJ Ins. Code	426
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LAURA / E / ANAN
66 Number & Street	905 OCEAN ROAD
67 City / State / Zip	POINT PLEASANT / NJ / 08742
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CADI / SRX / RD / 2012 / YJK53M / NJ
74 VIN	3GYFNBE3XCS530767
75 Expires	11 / 18
76 Vehicle Removed To	DESTINATION
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	52	M	-	-	-	11	00	-	-	JEFFREY B GIRR - 8 LAFAYETTE ABE APT B SUMMIT NJ 07901 - -
B	1	02	01	-	42	F	-	-	-	11	00	-	-	TAMARA A ELDREDGE - 213 MELROSE PLACE RIDGEWOOD NJ 07450 - -
C	-	-	-	-			-	-	-	-	-	-	-	- -
D	-	-	-	-			-	-	-	-	-	-	-	- -

New Jersey Police Crash Investigation Report

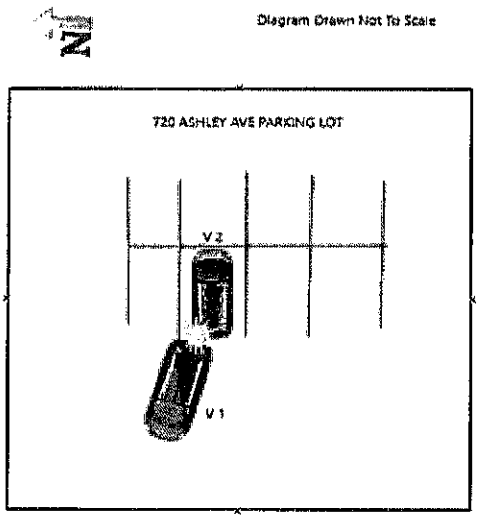
Police Dept: BRIELLE PD Code: 01

Station: BRIELLE Case No: 18BR07467

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Owner of vehicle 2 stated her vehicle was parked in the parking lot of 720 Ashley Ave (Shipwreck Grill), on 8/22/18 between the hours of 1830 and 2200. After leaving the restaurant and driving to her residence, she observed scratch markings on the rear driver's side of bumper of her vehicle. Attached to her front windshield was an unsigned note with the characters "J98GFJ" and "Black GMC" written underneath.

Contact was later made with Jeffrey Girr who stated he was operating vehicle 1. Driver 1 stated he was attempting to pull into a parking space at the restaurant. While attempting to pull into the spot, he had to re-adjust as another vehicle was improperly parked. While backing into a space, driver 1 stated the rear of vehicle 1 struck the bumper of vehicle 2. Driver 1 stated he then pulled forward and exited the vehicle to inspect for any damage. After finding no visible damage to vehicle 1, he attempted to locate damage to vehicle 2. Driver 1 stated vehicle 2 had scratches to the paint, however nothing appeared to be broken or cracked. Driver 1 stated he then entered the restaurant to notify the hostess what had occurred and provided his vehicle make and color should any one report damage to their vehicle. Driver 1 stated he then remained on scene at the restaurant for approximately 2 and a half hours with receiving no contact from the owner of vehicle 2 and subsequently left the scene.

Investigation revealed driver 1 failed to correctly monitor parked vehicles while backing, subsequently resulting in the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUSACK, B	99168	SGT. BOYD	156	☐ Pending ☒ Complete

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	14BR06309
2 Police Department of	Brielle PD
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	720 ASHLEY AVE (Road Name)
Dir	
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	-
☐ At Intersection with / ☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
17 Cross Road Name	
4 Date of Crash mm dd yy	07/25/2014
5 Day of Week	Friday
6 Time (use 2400 hrs)	07:25
7 Municipality Code	1309
8 Total Killed	-
9 Total Injured	-
19 RAMP ☐ To: / ☐ From:	-
20 (Route No.)	
☐ NB ☐ EB ☐ SB ☐ WB 20a	
21 Latitude / 22 Longitude	- / -

Vehicle 1

23 Veh No.	1
24 Policy No.	Unk
25 Ins Code	Unk
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run	
26 Driver's First Name / Init. / Last Name	- / - / -
29 Sex	-
27 Number and Street	-
30 Eyes	-
28 City / State / Zip	- / - / -
31 State / 32 Driver's License No.	- / -
33 DOB mm dd yy	-
34 Expires mm yy	-
35 Owner's First Name / Init. / Last Name	☐ Same As Driver: Hertz Corp.
36 Number and Street	5400 Butler National Dr
37 City / State / Zip	Orlando / Fl / 32812
38 Make	HYUN
39 Model	ELN
40 Color	RD
41 Year	2013
42 Plate No.	BNZV30
43 State	Fl
44 VIN Number	KMHDH4AE8DU721060
45 Expires	06-15
46 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled	-
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. ___ % ☐ Pending	
49 Hazardous Material: On Board ☐ / Spill ☐ / Name or Placard No. -	
50 Carrier No. ☐ USDOT ☐ Other*	-
51 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,000 lbs	
52 Carrier Name	-

Vehicle 2

53 Veh No.	2
54 Policy No.	A07-238-076513-7044914
55 Ins Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run	
56 Driver's First Name / Init. / Last Name	ALEXANDRA N BANCEY
59 Sex	F
57 Number and Street	881 SYCAMORE AVE
60 Eyes	05
58 City / State / Zip	TINTON FALLS / NJ / 07724
61 State / 62 Driver's License No.	NJ / B03870197557965
63 DOB mm dd yy	07-31-96
64 Expires mm yy	03-19
65 Owner's First Name / Init. / Last Name	☐ Same As Driver: CARMEN BANCEY
66 Number and Street	881 SYCAMORE AVENUE
67 City / State / Zip	TINTON FALLS / NJ / 07724
68 Make	BMW
69 Model	525
70 Color	WHT
71 Year	2002
72 Plate No.	J26EGK
73 State	NJ
74 VIN Number	WBADT43412GY43582
75 Expires	06-15
76 Vehicle Removed To ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled	-
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. ___ % ☐ Pending	
79 Hazardous Material: On Board ☐ / Spill ☐ / Name or Placard No. -	
80 Carrier No. ☐ USDOT ☐ Other*	-
81 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,000 lbs	
82 Carrier Name	-

134 Crash Diagram (NOT TO SCALE): ◯ Indicate North

135 Crash Description

Veh #1 - Legally Parked

Veh #2 - Knowingly struck Veh #1 while backing then left the scene.

** Additional Charges for Driver #2 - 39:4-130 BB024150, 39:3-75 BB024151

136 Damage To Other Property: none

Oper.	137 Charge ☐ Multiple Charges	138 Summons No.
1	-	-
2	39:4-129d ☒ Multiple Charges	BB024149

141 Officer's Signature: Buckle, D

142 Badge No.: 99152

143 Reviewed By: SB Badge No.: 156

144 Case Status: ☐ Pending ☒ Complete

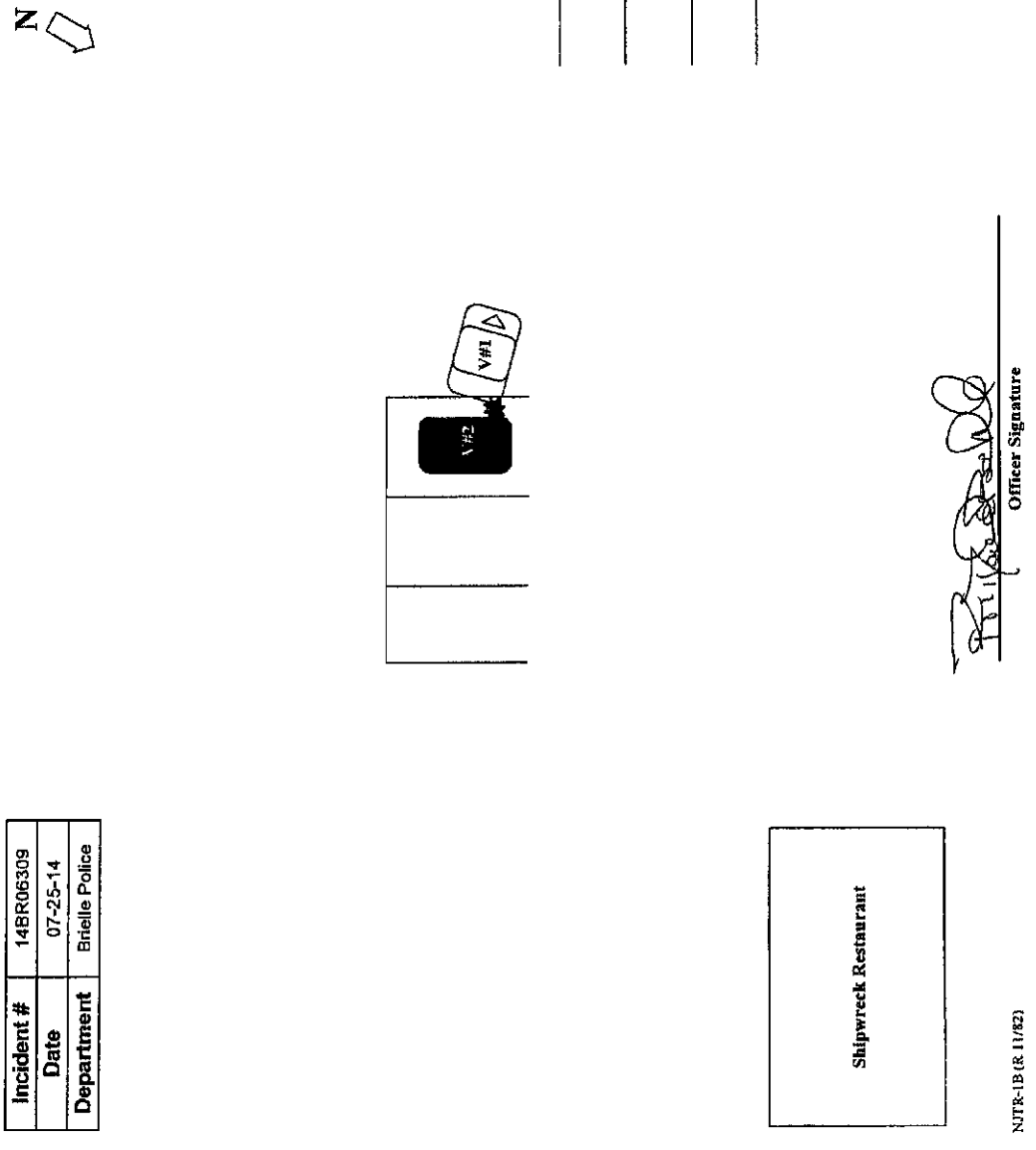
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	--	18	F	--	--	--	09	04	--	--	ALEXANDRA N BANCEY, 881 SYCAMORE AVE, TINTON FALLS NJ 07724
B	02	03	01	--	18	M	--	--	--	09	04	--	--	MICHAEL K SPADER, 111 WASHINGTON AVE, POINT PL BEACH NJ 08742
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	--	-	--	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-

STATE OF NEW JERSEY

MOTOR VEHICLE CRASH DIAGRAM

Police Agency Brielle PD

Station - **Case No.** 14BR06309



Incident #	14BR06309
Date	07-25-14
Department	Brielle Police

NJTR-1B

Buckle, D
Officer's Signature

99152
Badge Number

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 11-3808

2 Police Dept of: Brielle | Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 12 16 11

5 Day of Week: Su M Tu W Th (F) Sa

6 Time (use 2400 hrs): 1302

7 Municipality Code: 1309

8 Total Killed:

9 Total Injured:

10 Crash Occurred On: 720 Ashley Ave | Road Name | E | Dir

☐ At Intersection with ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W of:

11 Speed Limit:

12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

16 | 14 | 15

19 Ramp ☐ To: ☐ From: | 17 Cross Road Name | 20 Route/Name | 21 Latitude | 22 Longitude | ☐ NB ☐ EB ☐ SB ☐ WB

Vehicle #1

23 Veh No: 01

24 Policy No.: 4178232171

25 Ins Code: 148

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

26 Driver's First Name | Initial | Last Name

27 Number and Street

28 City | State | Zip

29 Sex | 30 Eyes

31 State | 32 Drivers License No | 33 DOB (mm dd yy) | 34 Expires (mm yy)

35 Owner's First Name | Initial | Last Name: Kathleen Omara

☐ Same As Driver

36 Number and Street: 27 Park Place

37 City: Brick | State: NJ | Zip: 08724

38 Make: Pontiac | 39 Model: G6 | 40 Color: Gray | 41 Year: 2007 | 42 Plate No.: SK873V | 43 State: NJ

44 VIN: 1G2ZH361X74131865 | 45 Expires: 06 12

46 Vehicle Removed To: Destination ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.__ %; ☐ Pending

49 Hazardous Material: On Board ☐ Spill ☐ | Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other *

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

Vehicle #2

53 Veh No: 02

54 Policy No.

55 Ins Code

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

56 Driver's First Name | Initial | Last Name: Hit and Run

57 Number and Street

58 City | State | Zip

59 Sex | 60 Eyes

61 State | 62 Drivers License No | 63 DOB (mm dd yy) | 64 Expires (mm yy)

65 Owner's First Name | Initial | Last Name: Hit and Run

☐ Same As Driver

66 Number and Street

67 City | State | Zip

68 Make | 69 Model | 70 Color | 71 Year | 72 Plate No. | 73 State

74 VIN | 75 Expires

76 Vehicle Removed To: Unknown ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.__ %; ☐ Pending

79 Hazardous Material: On Board ☐ Spill ☐ | Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other *

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

Owner of vehicle #1 stated she parked in the parking lot of Shipwreck Grill at 2130 hrs on 12/16/11 and observed, on 12/17/11 at 0930, damage to the right rear bumper area. Victim advised she did not observe any evidence at the scene when she left.

*Box 139 - Additional charges: 39:4-129; 39:4-130

136 Damage To Other Property

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☒ Multiple Charges	140 Summons No.
				2	39:4-97		TBD

141 Officer's Signature: Ptl. Ryan Meixsell | 142 Badge No.: #162 | 143 Reviewed By | Badge No. | 144 Case Status: ☐ Pending ☒ Complete

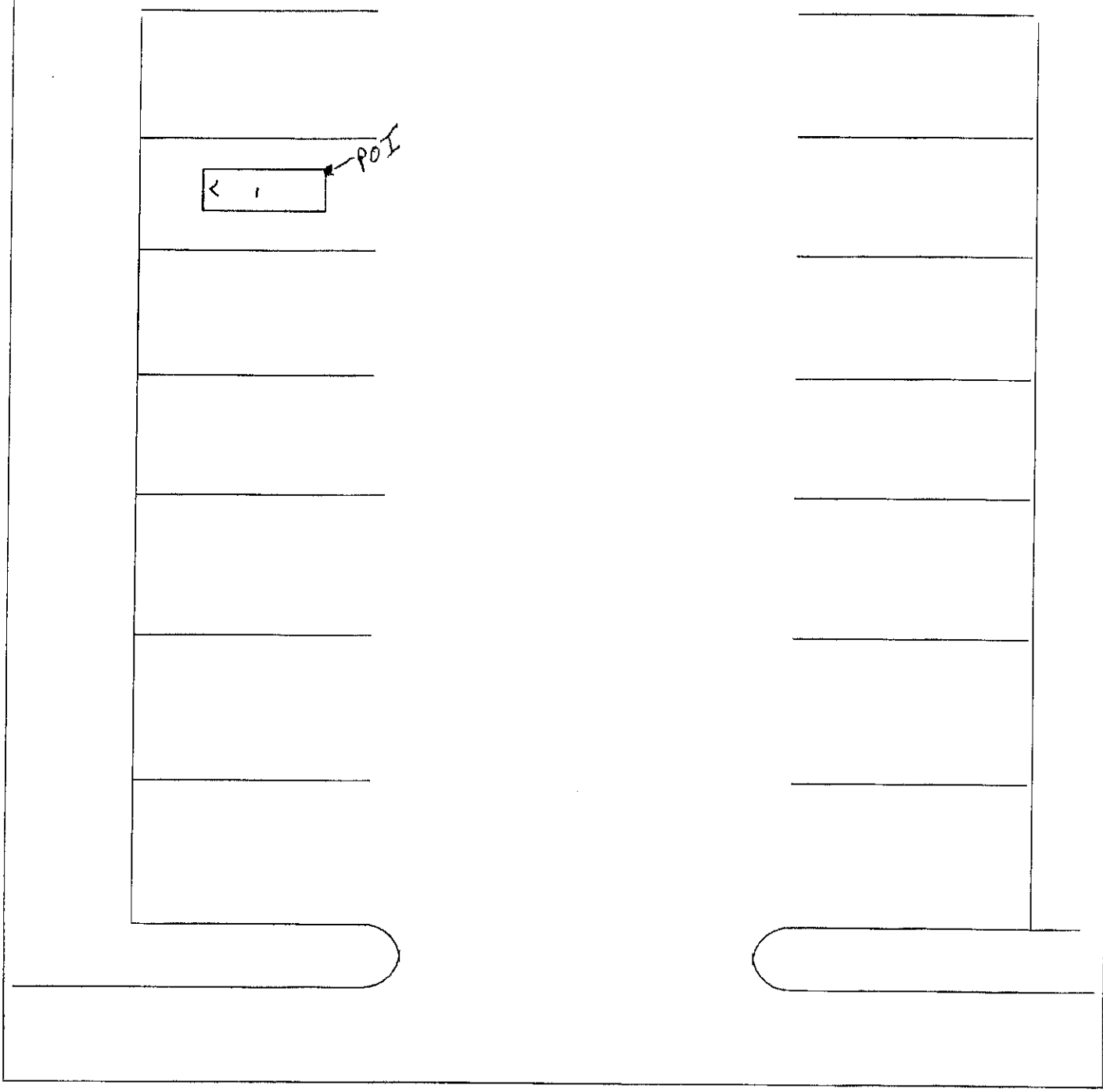
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	00	00	00	00	00	-	00	00	00	-	Unknown Driver #2
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-

96	-
97	01
98	05
99	09
100	01
101	02
102	01
103	01
104	02
105	06
106	-
107	-
108	01
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	02
117	00
118a	25
118b	-
119a	02
119b	00
120	-
121	00
122	-
123	00
124	10
125	00
126	11
127	11
128a	26
128b	-
128c	-
128d	-
129a	28
129b	-
129c	-
129d	-
130	06
131	06
132	00
133	00

New Jersey Police Crash Investigation Report Motor Vehicle Crash Diagram	Police Dept: Brielle Police Dept. Code: ------ Station: ---------- Case No.: 11-3908

134 Crash Diagram (NOT TO SCALE)

Indicate North



Officer's Signature

162
Badge Number

New Jersey Police Crash Investigation Report

Page 1 of 2 | ☐ Fatal | ☒ Reportable | ☐ Non-Reportable | ☐ Change Report

96: 05

1 Case Number: 10-2519

2 Police Dept of: Brielle | Code: 01

3 Station/Precinct:

10 Crash Occurred On: 720 Ashley Avenue (Road Name) | Dir | 11 Speed Limit | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ At Intersection with | ☐ Feet ☐ Miles | ☐ N ☐ E ☐ S ☐ W of:

17 Cross Road Name | 19 Ramp ☐ To: ☐ From: | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash mm dd yy: 08 24 10 | 5 Day of Week: Su M (Tu) W Th F Sa | 6 Time (use 2400 hrs): 1954 | 7 Municipality Code: 1309 | 8 Total Killed | 9 Total Injured

21 Latitude | 22 Longitude

Vehicle #01

23 Veh No: 01 | 24 Policy No.: Out of State Insurance | 25 Ins Code

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

26 Driver's First Name | Initial | Last Name | 29 Sex

27 Number and Street | 30 Eyes

28 City | State | Zip

31 State | 32 Drivers License No | 33 DOB mm dd yy | 34 Expires mm yy

35 Owner's First Name | Initial | Last Name: Aaron P. Chandler

☐ Same As Driver

36 Number and Street: 8887 Chandler Dr. Apt. F

37 City: Myrtle Beach, SC 29575 | State | Zip

38 Make: FOR | 39 Model: RNG | 40 Color: RED | 41 Year: 1998 | 42 Plate No.: DXE510 | 43 State: SC

44 VIN: 1FTYR10C0WPA12898 | 45 Expires: 03 11

46 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled: Remained Parked

47 Authority ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other *

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

Vehicle #02

53 Veh No: 02 | 54 Policy No.: CA7666426 | 55 Ins Code: 087

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

56 Driver's First Name | Initial | Last Name: Joseph A. Miele | 59 Sex: M

57 Number and Street: 14 Springcroft Rd. | 60 Eyes: 02

58 City: Far Hills, NJ 07931 | State | Zip

61 State: NJ | 62 Drivers License No: M4170 41061 06612 | 63 DOB mm dd yy: 06 27 61 | 64 Expires mm yy: 11 12

65 Owner's First Name | Initial | Last Name: SPECTRASERV INC.

☐ Same As Driver

66 Number and Street: 75 Jacobus Ave.

67 City: S. Kearny, NJ 07032 | State | Zip

68 Make: FOR | 69 Model: F15 | 70 Color: WT | 71 Year: 2010 | 72 Plate No.: ZFJ64U | 73 State: NJ

74 VIN: 1FTFW1EV2AKA20520 | 75 Expires: 09 10

76 Vehicle Removed To ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled: Destination

77 Authority ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other *

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

Driver #02 advised "On 08/24/10 I was parked at the Shipwreck Grill, backed into north side of parking lot against the fence. When I pulled my car out I heard a noise like I hit something. I stopped the car in the Shipwreck parking lot and saw, or thought, I hit a broken sign and large timber post that was against the fence. It was raining and at first glance I did not see any damage to my car. I then went to Squan Tavern for dinner and later noticed some damage to my car. Since I thought I hit the sign and post, I did not report the accident.".

Crash Investigation Reveals: Vehicle #01 was parked head-on in a parking space against fence line and was unoccupied. Vehicle #02 was backed in, in the adjacent parking space. Driver #02 collided with vehicle #01 due to driver inattention and then left the scene.

136 Damage To Other Property

None ///// Vehicle #01 Insurance Information: Bristol West Ins. Co. P# G00-1209217-13 expires 10/10 1-800-274-7865

Oper.: - | 137 Charge ☐ Multiple Charges: ----- | 138 Summons No.: - | Oper.: 02 | 139 Charge ☐ Multiple Charges: 39:4-129 | 140 Summons No.: BB021775

141 Officer's Signature: Ptl. Todd Gerlach | 142 Badge No.: 160 | 143 Reviewed By: SGT | Badge No.: #149 | 144 Case Status ☐ Pending ☒ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	-	49	M	-	-	-	09	04	-	-	Driver #02
B	02	03	01	-	49	F	-	-	-	09	04	-	-	Pamela Miele - 14 Springcroft Rd. Far Hill, NJ 07931
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-----

NJTR-1 (rev. 07/2005) Record Bureau Copy

New Jersey Police Crash Investigation Report

Page 1 of 1 | ☐ Fatal | ☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number: 10-2519
2 Police Dept of: Brielle | Code: 01
3 Station/Precinct:
4 Date of Crash (mm dd yy): 08 24 10
5 Day of Week: Su M (Tu) W Th F Sa
6 Time (use 2400 hrs): 1954
7 Municipality Code: 1309
8 Total Killed:
9 Total Injured:
10 Crash Occurred On: ☐ At Intersection with ☐ Feet ☐ Miles (14 15) | Road Name | Dir (☐ N ☐ E ☐ S ☐ W) (16) | of:
11 Speed Limit:
12 Route No. | Suffix:
13 Milepost:
16 Speed Limit:
17 Cross Road Name:
19 Ramp ☐ To: ☐ From:
20 Route/Name:
☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude:
22 Longitude:

Vehicle 1

23 Veh No:
24 Policy No.:
25 Ins Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run
26 Driver's First Name | Initial | Last Name:
29 Sex:
27 Number and Street:
30 Eyes:
28 City | State | Zip:
31 State:
32 Drivers License No:
33 DOB (mm dd yy):
34 Expires (mm yy):
35 Owner's First Name | Initial | Last Name: Aaron P. Beaulieu
☐ Same As Driver
36 Number and Street:
37 City | State | Zip:
38 Make:
39 Model:
40 Color:
41 Year:
42 Plate No.:
43 State:
44 VIN:
45 Expires:
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
47 Authority ☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.___ % ☐ Pending
49 Hazardous Material: On Board ☐ Spill ☐ | Name or Placard No.
50 Carrier No. ☐ USDOT ☐ Other *
51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
52 Carrier name:

Vehicle 2

53 Veh No:
54 Policy No.:
55 Ins Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run
56 Driver's First Name | Initial | Last Name:
59 Sex:
57 Number and Street:
60 Eyes:
58 City | State | Zip:
61 State:
62 Drivers License No:
63 DOB (mm dd yy):
64 Expires (mm yy):
65 Owner's First Name | Initial | Last Name:
☐ Same As Driver
66 Number and Street:
67 City | State | Zip:
68 Make:
69 Model:
70 Color:
71 Year:
72 Plate No.:
73 State:
74 VIN:
75 Expires:
76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
77 Authority ☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0.___ % ☐ Pending
79 Hazardous Material: On Board ☐ Spill ☐ | Name or Placard No.
80 Carrier No. ☐ USDOT ☐ Other *
81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
82 Carrier name:

134 Crash Diagram (NOT TO SCALE)
Indicate North

135 Crash Description
CHANGE REPORT: Box #35 Last name corrected.

136 Damage To Other Property

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☐ Multiple Charges	140 Summons No.

141 Officer's Signature: Ptl. Todd Gerlach
142 Badge No.: 160
143 Reviewed By: SUPV Badge No. #149
144 Case Status: ☐ Pending ☒ Complete

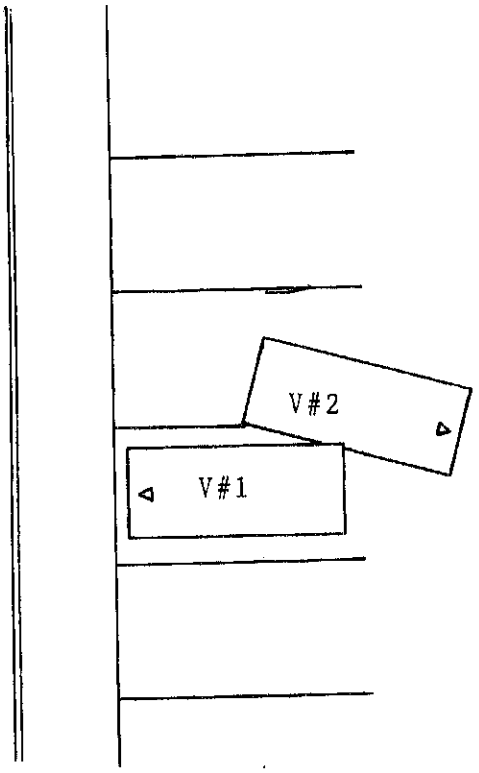
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														
E														

STATE OF NEW JERSEY	Police Agency Brielle Police Department
MOTOR VEHICLE ACCIDENT DIAGRAM	Station Case No. 10-2519

79 Show NORTH
BY ARROW

Not to scale.

Brielle Landing
Townhouses.



Shipwreck Parking Lot

Atl. Todd Gerlach
Officer's Signature

#160
Badge Number

NJTR-1B (R 11/82)

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 08-2168
2 Police Dept of: Brielle — Code: 01
3 Station/Precinct: --------
4 Date of Crash (mm dd yy): 07 31 08
5 Day of Week: Su M Tu W (Th) F Sa
6 Time (use 2400 hrs): 1919
7 Municipality Code: 1309
8 Total Killed: - -
9 Total Injured: - -

10 Crash Occurred On: 720 Ashley Avenue (Road Name) — Dir: -
11 Speed Limit: - -
12 Route No. / Suffix / 13 Milepost: - - - - / - / - - - . - -
☐ At Intersection with / ☐ Feet / ☐ Miles — 14: - 15 — ☐ N ☐ S ☐ E ☐ W (16) of: --------
17 Cross Road Name: --------
18 Speed Limit: - -
19 Ramp ☐ To: ☐ From: — 20 Route/Name: --------
☐ NB ☐ SB ☐ EB ☐ WB
21 Latitude: . — 22 Longitude: .

Vehicle 1

23 Veh No: 1
24 Policy No.: F768444-2
25 Ins Code: 426
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name: PARKED / UNOCCUPIED
29 Sex: -
30 Eyes: --
27 Number and Street: ------------------
28 City / State / Zip: ------------------
31 State: --
32 Drivers License No: -- -- -- --
33 DOB (mm dd yy): - - -
34 Expires (mm yy): - -
35 Owner's First Name / Initial / Last Name: ☐ Same As Driver — Vault
36 Number and Street: 9 Sylvan Way, Suite 380
37 City / State / Zip: Parsippanny, New Jersey 07054
38 Make: Buick
39 Model: LUC
40 Color: Black
41 Year: 2007
42 Plate No.: VMZ98R
43 State: NJ
44 VIN: IG4HD57247U108681
45 Expires: 01 11
46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — Destination
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0._-__% ☐ Pending
49 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.: --
50 Carrier No.: ☐ USDOT ☐ Other * --
51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
52 Carrier name: -----

Vehicle 2

53 Veh No: 2
54 Policy No.: -----
55 Ins Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☒ Hit & Run
56 Driver's First Name / Initial / Last Name: Unknown
59 Sex: -
60 Eyes: --
57 Number and Street: ------------------
58 City / State / Zip: ------------------
61 State: --
62 Drivers License No: - - -
63 DOB (mm dd yy): - - -
64 Expires (mm yy): - -
65 Owner's First Name / Initial / Last Name: ☐ Same As Driver — Unknown
66 Number and Street: ------------------
67 City / State / Zip: ------------------
68 Make: Toyota
69 Model: -
70 Color: White
71 Year: -
72 Plate No.: -
73 State: -
74 VIN: ------------------
75 Expires: - -
76 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — Left Scene
77 Authority: ☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0._-__% ☐ Pending
79 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.: --
80 Carrier No.: ☐ USDOT ☐ Other * --
81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
82 Carrier name: -----

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description
The registered lessee of V#1 stated he arrived at the Shipwreck Grill at approximately 5:30 PM, parked his vehicle, went inside for dinner and upon his return at 7:19 PM discovered his vehicle had sustained rear-end damage.

Investigation revealed V#1 was legally parked behind the Shipwreck Grill. During the listed times, an unknown actor crashed into the rear of V#1 due to unknown circumstances and subsequently left the scene. Damage to V#1 was observed to be a white paint exchange from the suspect vehicle, indentations and scuffing as well as a deep cut into the paint by the trunk. Furthermore, the bumper of V#1 has been pushed inward towards the trunk rendering the trunk door inoperable. If D#2 is identified summonses for 39:4-129, 39:4-130 and 39:4-97 will be issued.

136 Damage To Other Property: NONE

Oper.: - | 137 Charge: ----- ☐ Multiple Charges | 138 Summons No.: -
Oper.: 2 | 139 Charge: ----- ☐ Multiple Charges | 140 Summons No.: -

141 Officer's Signature: Off. Patrick Vaillancourt — OFF [illegible] #222
142 Badge No.: 222
143 Reviewed By: Sgt [illegible] — Badge No.: #149
144 Case Status: ☐ Pending ☒ Complete

96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117
05	--	07	09	01	02	01	01	2	06	-	00	01	00	01	00	-	00	-	-	01	00

118a	118b	119a	119b	120	121	122	123	124	125	126	127	128a	128b	128c	128d	129a	129b	129c	129d	130	131	132	133
25	-	00	-	-	00	-	00	10	00	-	11	26	-	-	-	28	-	-	-	5	5	00	00

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	-	-	00	00	-	-	-	00	00	-	-	Unknown Operator
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-----

STATE OF NEW JERSEY	Police Agency Brielle Police Department
MOTOR VEHICLE ACCIDENT DIAGRAM	Station Brielle P.D. Case No. 08-2168

79 Show NORTH
BY ARROW

720Ashley Avenue
SHIPWRECK GRILL

Embankment
for Hwy. 35
Bridge North

Off. Patrick Vaillancourt
Officer's Signature

#222
Badge Number

OFF #222

NJTR-1B (R 11/82)

New Jersey Police Crash Investigation Report

Page 1 of 2 | ☐ Fatal | ☒ Reportable | ☐ Non-Reportable | ☐ Change Report

1 Case Number: 07-3328

2 Police Dept of: Brielle | Code: 01

3 Station/Precinct:

10 Crash Occurred On: 720 Ashley Ave. (Road Name) | Dir | 11 Speed Limit | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ At Intersection with | ☐ Feet | ☐ Miles | ☐ N ☐ S ☐ E ☐ W of:

17 Cross Road Name | 19 Ramp ☐ To: ☐ From: | 20 Route/Name | ☐ NB ☐ SB ☐ EB ☐ WB

4 Date of Crash (mm dd yy): 10 27 07 | 5 Day of Week: Su M Tu W Th F (Sa) | 6 Time (use 2400 hrs): 1942 | 7 Municipality Code: 1309 | 8 Total Killed | 9 Total Injured

21 Latitude: | 22 Longitude:

Vehicle #01

23 Veh No: 01 | 24 Policy No.: F497293-1 | 25 Ins Code: 426

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

26 Driver's First Name / Initial / Last Name: Marijane L. Halloran | 29 Sex: F

27 Number and Street: 257 Sunset Ave. | 30 Eyes: 04

28 City / State / Zip: Mantolocking NJ 08738

31 State: NJ | 32 Drivers License No: H0303 251973 62464 | 33 DOB (mm dd yy): 12 20 46 | 34 Expires (mm yy): 11 07

35 Owner's First Name / Initial / Last Name: ☐ Same As Driver — Arthur T. Halloran

36 Number and Street: Same as Driver

37 City / State / Zip: Same as Driver

38 Make: MB | 39 Model: 320 | 40 Color: BK | 41 Year: 2005 | 42 Plate No.: MZH51K | 43 State: NJ

44 VIN: # WDBRF84J25F564064 | 45 Expires: 12 08

46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — Destination | 47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.: --

50 Carrier No. ☐ USDOT ☐ Other *: --

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name: -----

Vehicle #02

53 Veh No: 02 | 54 Policy No.: AA702302020-1 | 55 Ins Code: 972

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

56 Driver's First Name / Initial / Last Name: Anthony G. Conselice | 59 Sex: M

57 Number and Street: 210 Northeast Central | 60 Eyes: 04

58 City / State / Zip: Seaside Park, NJ 08752

61 State: NJ | 62 Drivers License No: C6433 05367 12584 | 63 DOB (mm dd yy): 12 08 58 | 64 Expires (mm yy): 03 10

65 Owner's First Name / Initial / Last Name: ☒ Same As Driver — Same as Driver

66 Number and Street: Same as Driver

67 City / State / Zip: Same as Driver

68 Make: LND | 69 Model: RAN | 70 Color: SL | 71 Year: 2006 | 72 Plate No.: UHG61H | 73 State: NJ

74 VIN: SALSF254X6A940218 | 75 Expires: 02 10

76 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — Destination | 77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.: --

80 Carrier No. ☐ USDOT ☐ Other *: --

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name: -----

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

Vehicle #01 was parked legally in a parking space at the Shipwreck Grill facing the Ashley Ave. entrance.

Vehicle #02 reversed into the driver side of vehicle #01. Driver # 2 stated he did not have any damage to his vehicle, and did not observe any damage to Vehicle #1.

Crash Investigation Reveals: Vehicle #01 was parked legally at the Shipwreck Grill facing the Ashley Ave. entrance, when Vehicle #02 reversed out of a parking space and struck Vehicle #01 and then left the scene, according to the witness (Henry Ricco - 125 Ocean Gate Dr. - Berkley, NJ). Driver # 2 was issued summonses for Failure to Report 39:4-130 and Careless Driving 39:4-97.

136 Damage To Other Property: None

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☒ Multiple Charges	140 Summons No.
-	-----		-	2	39:4-130		BB011788

141 Officer's Signature: Off. Steven Angelo #206 | 142 Badge No.: #226 | 143 Reviewed By: | Badge No. | 144 Case Status: ☐ Pending ☒ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	-	48	M	-	-	-	-	00	-	-	Driver #02
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-----

NJTR-1 (rev. 07/2005) Record Bureau Copy

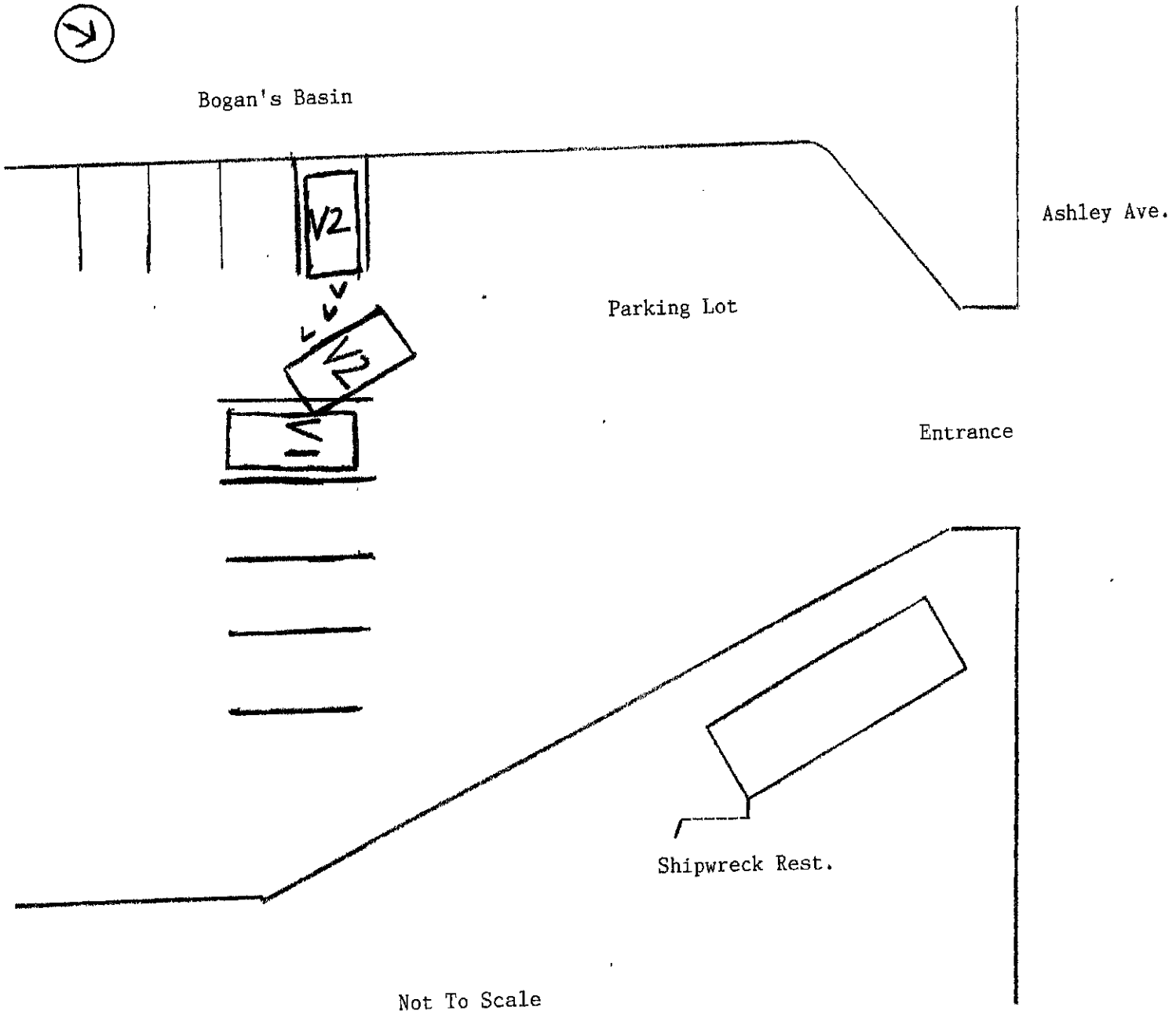
STATE OF NEW JERSEY

MOTOR VEHICLE ACCIDENT DIAGRAM

Police Agency: Brielle Police Department

Station: Brielle Case No.: 07-3328

79 Show NORTH BY ARROW



Not To Scale

Off. Steven Angelo
Officer's Signature

#226
Badge Number

NJTR-1B (R 11/82)

Page 1 of 1 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	09
100	01
101	02
102	01
103	01
104	01
105	15
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	-

1 Case Number: 07-2683

2 Police Dept of: Brielle Code: 01

3 Station/Precinct: --------

10 Crash Occurred On: 720 Ashley Ave Dir: N (Road Name)

11 Speed Limit: - - 12 Route No. - - - - Suffix - 13 Milepost - - - . - - 15 Speed Limit

☐ At Intersection with ☐ Feet ☐ Miles 14 15 ☐ N ☐ S ☐ E ☐ W 16 of: -------- 17 Cross Road Name --------

19 Ramp ☐ To: ☐ From: 20 Route/Name ☐ NB ☐ SB ☐ EB ☐ WB

21 Latitude . 22 Longitude .

4 Date of Crash (mm dd yy): 08 30 07

5 Day of Week: Su M Tu W Th (F) Sa

6 Time (use 2400 hrs): 1533

7 Municipality Code: 1309

8 Total Killed: - -

9 Total Injured: - -

118a: 02 | 118b: - | 119a: - | 119b: -

Vehicle 1

23 Veh No: 01 24 Policy No.: 10718585 25 Ins Code: 011

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

26 Driver's First Name / Initial / Last Name: Eileen A Altamura 29 Sex: F

27 Number and Street: 22 Devon Ct. 30 Eyes: 04

28 City / State / Zip: Spring Lake Heights, NJ, 07762

31 State: NJ 32 Drivers License No: A5615 19761 59474 33 DOB (mm dd yy): 09 23 47 34 Expires (mm yy): 11 12

35 Owner's First Name / Initial / Last Name: ☐ Same As Driver — Steven J Altamura

36 Number and Street: 22 Devon Ct.

37 City / State / Zip: Spring Lake Heights, NJ, 07762

38 Make: Honda 39 Model: Acc 40 Color: Beige 41 Year: 2005 42 Plate No.: RSX82J 43 State: NJ

44 VIN: 1HGCM56445A099031 45 Expires: 04 08

46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — Destination

47 Authority: ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0._-__% ☐ Pending

49 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No. --

50 Carrier No. ☐ USDOT ☐ Other * --

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name: -----

Vehicle 2

53 Veh No: - 54 Policy No.: ----- 55 Ins Code: -

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

56 Driver's First Name / Initial / Last Name: ------------------ 59 Sex: -

57 Number and Street: ------------------ 60 Eyes: --

58 City / State / Zip: ------------------

61 State: -- 62 Drivers License No: - - - 63 DOB: - - - 64 Expires: - -

65 Owner's First Name / Initial / Last Name: ☐ Same As Driver ------------------

66 Number and Street: ------------------

67 City / State / Zip: ------------------

68 Make: - 69 Model: - 70 Color: - 71 Year: - 72 Plate No.: - 73 State: -

74 VIN: ------------------ 75 Expires: - -

76 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled ------------------

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0._-__% ☐ Pending

79 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No. --

80 Carrier No. ☐ USDOT ☐ Other * --

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name: -----

Field	Value
120	01
121	-
122	-
123	-
124	13
125	-
126	11
127	-
128a	39
128b	-
128c	-
128d	-
129a	-
129b	-
129c	-
129d	-
130	06
131	06
132	-
133	-

134 Crash Diagram (NOT TO SCALE) Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

D#1 stated " I asked a deliver driver from Dairyland to move his truck so I could get out of my parking space. The driver moved the truck and left a hand truck with goods on it which was not visible. I backed up into it and damaged my car."

Investigation revealed due to D#1 inattention while backing out of the parking space she collided into the hand truck.

* Worker- Miguel Pineda 423 Castlehill Ave, 1, Bronx NY, 10473, DOB:3/2/80, 347-220-2051.

Company- Dairyland USA Corp: 1300 Viele Ave, Bronx, NY 10474, 718-842-8700

136 Damage To Other Property: Hand Truck

Oper.: 01 137 Charge: ----- ☐ Multiple Charges 138 Summons No.: -

Oper.: - 139 Charge: ----- ☐ Multiple Charges 140 Summons No.: -

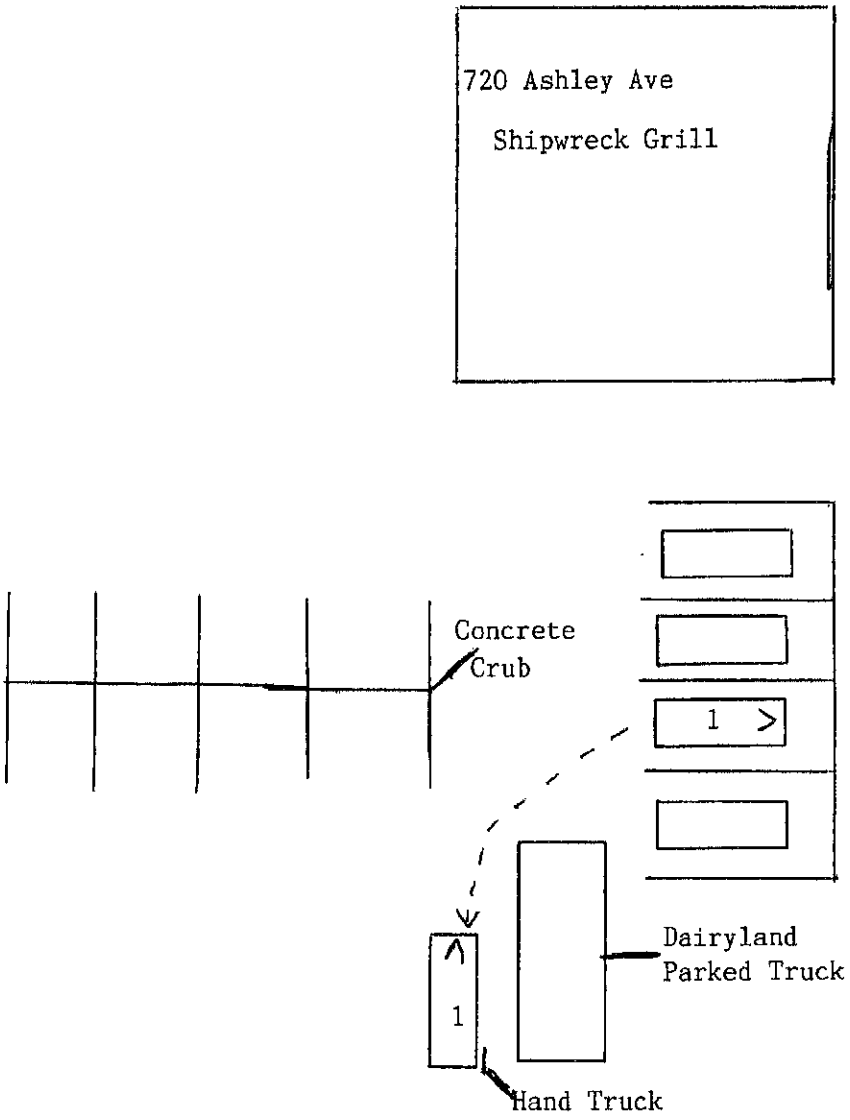
141 Officer's Signature: S/O. Ryan Meixsell [signature] 142 Badge No.: 225 143 Reviewed By: [signature] Badge No.: #149

144 Case Status: ☐ Pending ☒ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	59	F	-	-	-	09	04	-	-	Driver #1
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-

STATE OF NEW JERSEY	Police Agency Brielle Police Department
MOTOR VEHICLE ACCIDENT DIAGRAM	Station Case No.

79 Show NORTH
BY ARROW



Off. Ryan Meixsell Off Ryan Mey
Officer's Signature

225
Badge Number

NJTR-1B (R 11/82)

BRIELLE POLICE DEPARTMENT

C- No.	MINOR M V ACCIDENT			CASE NO. 06-3520
	TIME- 20:00	DATE- 12/22/06	DAY OF WEEK- Friday	OFFICER & NO- Off. Patrick Vaillancourt #222

LOCATION- 720 Ashley Avenue, Brielle, NJ 08730 (Shipwreck Grill)

Dark, Wet, Dusk, Dry, Concrete, Fog, Dawn, Snow, Gravel, Dy Lt, Rain, Bk. Tp

	VEH #1		VEH #2	
NAME-	Karen J. Kennedy		George I. Dapper	
ADD-	1002 Cedar Lane		P.O. Box 974	
CITY-	Brielle	STATE- NJ	CITY- Normandy Beach	STATE- NJ
DL#-	K2557 42471 61554	D.O.B.- 11/10/55	DL#- D0527 27869 12456	D.O.B.- 12/23/45
OWNER-	Karen J. Kennedy		OWNER- George I. Dapper	
ADD-	1002 Cedar Lane		P.O. Box 974	
CITY-	Brielle	STATE- NJ	CITY- Normandy Beach	STATE- NJ
Veh & Yr-	1998 Lexus 470	REG#- NJ-RMJ16S	Veh & Yr- 2005 Porsche	REG#- NJ-SL161M
BODY TYPE-	WAGON		BODY TYPE- 2 Door	
INS. ID#-	#00954 Policy# 101 0451938		INS. ID#- #426 Policy# 863671-4	

NARRATIVE- Driver #2 stated that he arrived at the above location and parked his vehicle in a parking spot prior to Vehicle #1 arriving. Driver #1 stated that she arrived at the above establishment and parked in front of Vehicle #2. While leaving, Driver #2 observed Vehicle #1 parked in front of his vehicle. Upon closer observation he observed Vehicle #2 was parked so close the front bumper was on top of his bumper. He made contact with Driver #1 inside the Shipwreck and requested she adjust her vehicle so he may leave. Driver #1 adjusted her vehicle which caused the front license plate of Vehicle #2 to become unfastened. No damaged was observed on either vehicle. The license plate of Vehicle #2 was adjusted by hand and will not require future repair.

154

TRAFFIC SAFETY
SCTS 1145

#222

New Jersey Police Crash Investigation Report

Page 1 of 1 | ☐ Fatal | ☒ Reportable | ☐ Non-Reportable | ☐ Change Report

1 Case Number: 06-0952

2 Police Dept of: Brielle | Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 04 20 06

5 Day of Week: Su M Tu W (Th) F Sa

6 Time (use 2400 hrs): 2327

7 Municipality Code: 1309

8 Total Killed:

9 Total Injured:

10 Crash Occurred On: 720 Ashley Avenue (Road Name) | 11 Speed Limit | 12 Route No. | Suffix | 13 Milepost | 16 Speed Limit

☐ At Intersection with ☐ Feet ☐ Miles (14, 15) | ☐ N ☐ S ☐ E ☐ W of: (16)

19 Ramp ☐ To: ☐ From: | 17 Cross Road Name | 20 Route/Name | ☐ NB ☐ SB ☐ EB ☐ WB

21 Latitude | 22 Longitude

Vehicle #1

23 Veh No: 1 | 24 Policy No.: 25AA706799 | 25 Ins Code: 411

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

26 Driver's First Name: Parked / Unoccupied | Initial | Last Name | 29 Sex

27 Number and Street: | 30 Eyes

28 City | State | Zip

31 State | 32 Drivers License No | 33 DOB (mm dd yy) | 34 Expires (mm yy)

35 Owner's First Name: Sharon J. | Initial | Last Name: Gallo ☐ Same As Driver

36 Number and Street: 5 Hollycrest Drive

37 City: Toms River, | State: New Jersey | Zip: 08753

38 Make: MB | 39 Model: 320 | 40 Color: Blue | 41 Year: 1999 | 42 Plate No.: UJM79A | 43 State: NJ

44 VIN: WDBLJ65GXXF063552 | 45 Expires: 01 07

46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

5 Hollycrest Dr. Toms River, NJ 08753

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.:

50 Carrier No. ☐ USDOT ☐ Other

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name:

Vehicle #2

53 Veh No: 2 | 54 Policy No.: | 55 Ins Code:

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

56 Driver's First Name: Unknown | Initial | Last Name | 59 Sex

57 Number and Street: | 60 Eyes

58 City | State | Zip

61 State | 62 Drivers License No | 63 DOB (mm dd yy) | 64 Expires (mm yy)

65 Owner's First Name: Unknown | Initial | Last Name ☐ Same As Driver

66 Number and Street:

67 City | State | Zip

68 Make | 69 Model | 70 Color | 71 Year | 72 Plate No. | 73 State

74 VIN | 75 Expires

76 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

Left Scene

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.:

80 Carrier No. ☐ USDOT ☐ Other

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name:

134 Crash Diagram (NOT TO SCALE)

Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

The owner of Vehicle #1 stated she arrived at the Shipwreck Grill at approximately 10:00 pm, parked her vehicle and went inside for dinner. She further advised subsequent to exiting the establishment she noticed her vehicle had been struck.

Vehicle #1 was struck on the driver's side door by another vehicle and the accused fled the scene. The undersigned observed Vehicle #1 to be parked legally and to have sustained extensive damage to the driver's side door handle/panel. At this time, Vehicle #2 and the operator of same are unidentified as vehicle left the scene.

136 Damage To Other Property: None

Oper.	137 Charge	138 Summons No.	Oper.	139 Charge	140 Summons No.
1	None		2		

141 Officer's Signature: Off. Patrick Vaillancourt

142 Badge No.: #222

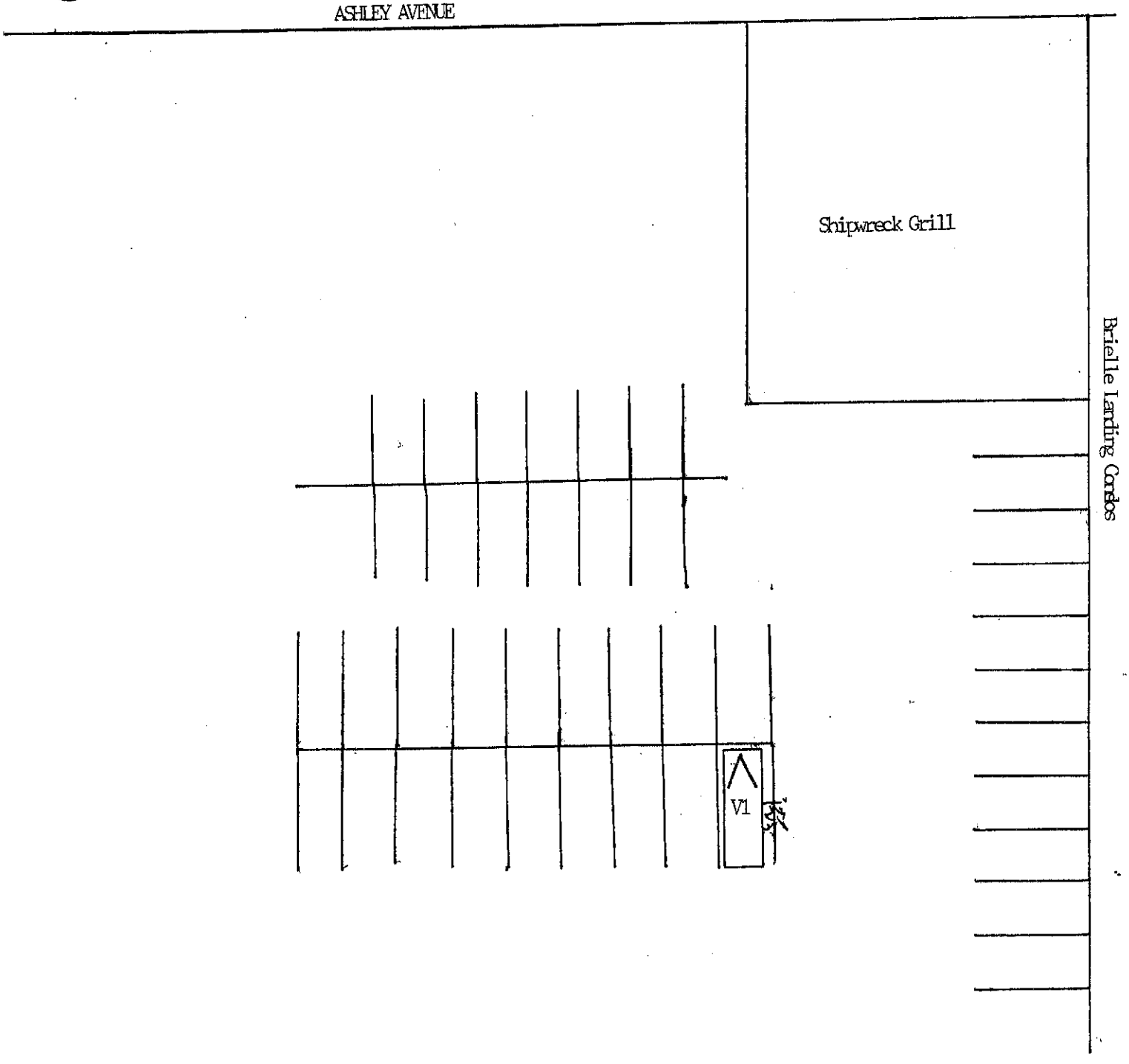
143 Reviewed By: Badge No.: #149

144 Case Status: ☒ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	1	1	-	00	00	-	-	-	00	00	-	-	Unknown Operator
B														
C														
D														
E														

STATE OF NEW JERSEY	Police Agency Brielle Police Department
MOTOR VEHICLE ACCIDENT DIAGRAM	Station Brielle P.D. Case No. 06-0952

79 Show NORTH BY ARROW



Off. Patrick Vaillancourt
Officer's Signature

#222
Badge Number

NJTR-1B (R 11/82)

PAGE 1 OF 2 **NEW JERSEY POLICE ACCIDENT REPORT** ☑ REPORTABLE ☐ NON-REPORTABLE

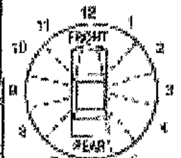
43 CASE NUMBER	6054-96
44 POLICE DEPARTMENT OF / CODE	BRIELLE / 101
45 STATION/PRECINCT	PATROL
ACCIDENT OCCURRED ON	720 ASHLEY AVE (HARBOR INN) — 52 ROAD NAME ☒ STREET ADDRESS
46 DATE OF COLLISION (MONTH DAY YEAR)	10 23 96
47 DAY OF WEEK	S M Tu (W) Th F S
48 TIME (USE 2400 HRS.)	2151
49 MUNICIPALITY CODE	1309
50 TOTAL KILLED	00
51 TOTAL INJURED	00

Right margin codes: 25, 02, —, —, 3, 4, 3, —, 8, —, 10, 13, 16, —, —, —, 14, 16, —, —, 6

Left margin codes: 1, 12, 12, 8, 1, 2, 1, 1, —, —, 01, 01, —, —, 5, 2

	VEH NO. 1	VEH NO. 2
Policy No. / Ins. Code	869898 / 800	CNJ 000 6727567 5 / 882
Type	☒ PARKED	☒ HIT & RUN
Driver's Name		EDWARD D COLLINS
Number and Street		24 WHITEHALL WAY.
City / State / Zip / Expires		ENGLISHTOWN NJ 07726 6/85
Driver's License Number / State / DOB / Eyes / Sex		C6277 19264 09526 NJ 9/13/52 6 M
Owner's Name	BRETT H. SEELANDT	C&C TILE CONTRACTORS
Number and Street	1025 18TH AVE.	24 WHITEHALL WAY
City / State / Zip / Expires	WALL TWP. NJ 07719 4/97	ENGLISHTOWN NJ 07726 4/97
Make and Model / Color / Year / Plate No. / State	CHE CAV / BL / 95 / ACE4035T / NJ	CAD 4-DR / BLU / 75 / EA775P / NJ
VIN Number	361JF12DSS 586993 98	2 6D495 5ES 29931
Vehicle Removed To	FROM SCENE ☒ DRIVEN — Authority: 1 OWNER	FROM SCENE ☒ DRIVEN — Authority: 2 DRIVER

CLOCKPOINT DIAGRAM



17 ROOF 14 UNDERCARRIAGE 15 OVERTURNED 16 TOTALLED 17 NONE 18 OTHER

88 AREAS DAMAGED — INITIAL IMPACT / PRINCIPAL IMPACT: VEH. 1: 3 / 9; VEH. 2: 7 / 6

87 ACCIDENT DIAGRAM — INDICATE NORTH

* SEE ATTACHED DIAGRAM

108 ALCOHOL DATA — DRIVER 1: ☒ NO; DRIVER 2: ☒ NO; RESULTS 0.__%

89 POSTED SPEED: — —

114 ACCIDENT DESCRIPTION: UPON PATROL'S ARRIVAL, THIS OFFICER WAS MET IN THE PARKING LOT, BY THE VICTIM'S BROTHER, ERIC SEELANDT. HE ADVISED THIS OFFICER THAT HE AND ANOTHER WITNESS HAD OBSERVED AN OLDER MODEL, LIGHT BLUE CADILLAC LEAVE THE SCENE OF THE ACCIDENT SUBSEQUENT TO THE COLLISION. UPON CLOSER OBSERVATION OF VICTIM'S VEH., EXTENSIVE DAMAGE WAS NOTICED TO REAR PORTION OF SAME. WITNESSES STATED SUSPECT VEH. WAS BACKING OUT OF ITS PARKING SPACE, COLLIDED WITH VEH. #1, THEN LEFT SCENE.

115 DAMAGE TO OTHER PROPERTY: NONE

NUMBER OF VEHICLES: 02

OPER.	116 CHARGE	SUMMONS NUMBER	OPER.	117 CHARGE	SUMMONS NUMBER
—	—		2	39:4-129	14791

118 OFFICER'S SIGNATURE: Ptl. [illegible]

119 BADGE NUMBER: 154 — 120 REVIEWED BY: Sgt — BADGE NUMBER: 137 — 121 STATUS: ☐ PENDING ☒ COMPLETE

	17	18	19	20	21	22	23	24	25	26	27	NAMES & ADDRESSES OF OCCUPANTS—IF DECEASED DATE & TIME OF DEATH
A	2	1	—	1	44	M	—	9	02	02	—	EDWARD D. COLLINS (DRIVER #1)
B												
C												
D												* #2 AND #3 - PARKING LOT / PARKING SPACE
E												#36 - UNKNOWN

NJTR-1 (R 8/95)

123 DEP CASE NUMBER (SAFETYNET ONLY)

RECORD BUREAU COPY

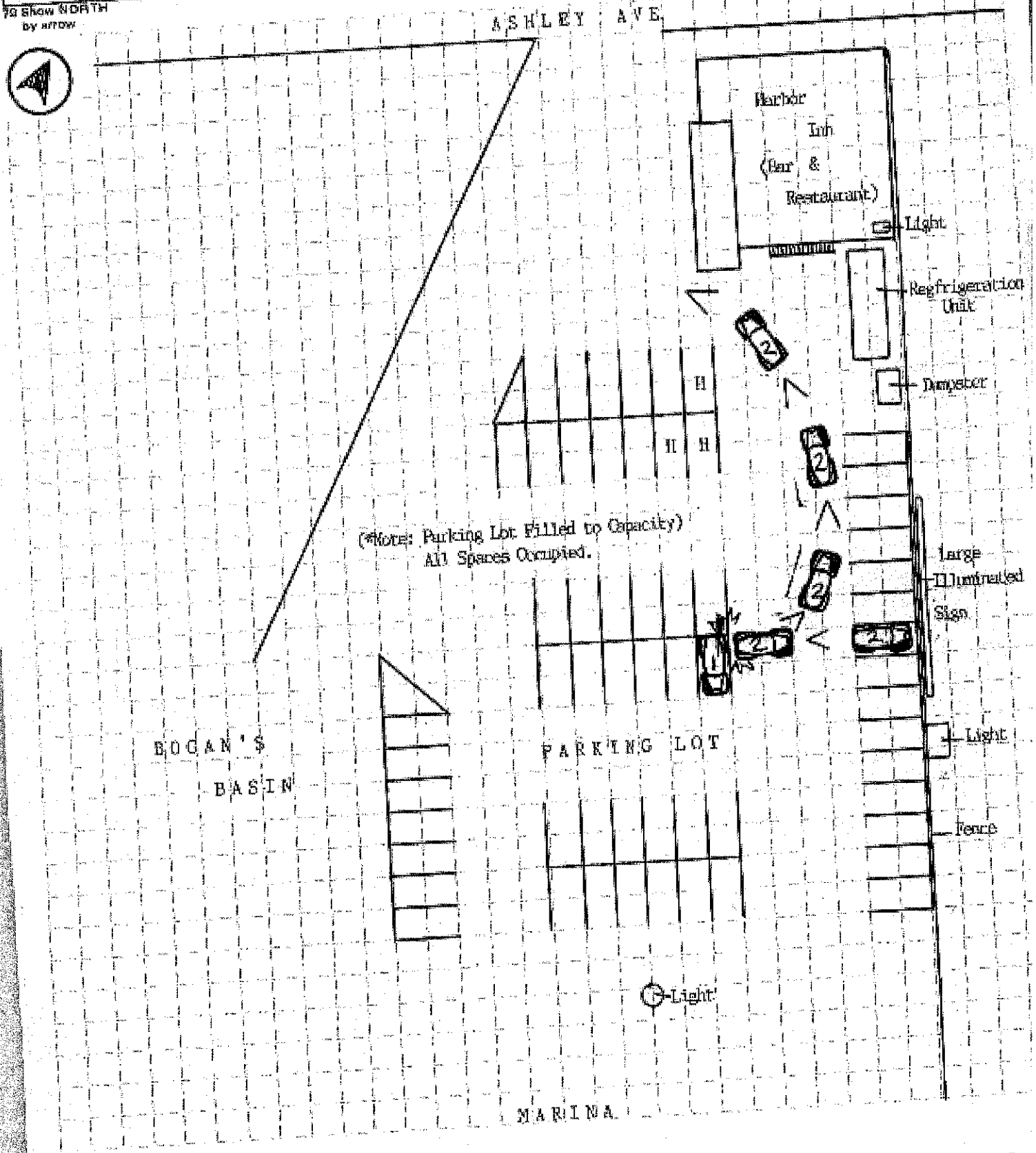
STATE OF NEW JERSEY

MOTOR VEHICLE ACCIDENT DIAGRAM

Police Agency Brielle P.D. Case No. 6054-96

Station

To Show NORTH by arrow



#154

Officer's Signature

#154

Badge Number

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: BRIELLE POLICE DEPT

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
12-2478	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Simple Assault	1 [redacted]	29	F	Wt
	2 [redacted]			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:12-1a	1 [redacted]	[redacted]
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
At						1 [redacted]	
X	04:32	2	8	27	12	2 -	-
						3 -	-

13. Crime/Incident Location							
720 Ashley Ave. Brielle NJ 08730							
14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time			
Brielle	Monmouth	1309	Victim	8/27/12- 04:32			
17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone		
Wtrfrnt Facility	57	Phys. Force	30	S.A.A			

32. Method of Operation
See Narrative

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification
-	-	-	-	-	-	-

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	-	-	-	-	-	-

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency
-	-	-	-	-

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
01	01	0	Clear-Arrest	Court		

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]	[redacted]	[redacted]	49	M	Wt	[redacted]
-			-	-	-	-
-			-	-	-	-
-			-	-	-	-

63. Narrative
[redacted]

Off. Dylan Lovgren	229	Page 1 of 2 Pages	8/27/12	
Signature		69	70	71

MCUCR-IR-1-20M-AP-7/88

Police Department

Monmouth County Uniform Crime Report

0. Agency **Brielle Police Department** — **Continuation Page**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number

[redacted]

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Off. Dylan Lovgren	#229	Page 2 of 2	8/27/12	
Signature		69	70	71

MCUCR-IR-MB-20M-AP-7/88

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY POLICE DEPARTMENT	OPERATIONS REPORT		
1309		2 10:11	3 DATE OF INCIDENT 7-11-12	4 INCIDENT NUMBER 12-1965

5. NATURE OF INCIDENT	Dock Dispute
6. LOCATION OF INCIDENT	720 Ashley Ave. Brielle, NJ 08730
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

The undersigned responded to the listed address for a boat docked at the wrong slip. [redacted]

[redacted]

9. SIGNATURE Ptl. Robert Clayton 10. BADGE NUMBER #158

FORM 101

MUNICIPAL CODE NUMBER 1309	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY POLICE DEPARTMENT	2 21:50	3 DATE OF INCIDENT 7/4/12	4 INCIDENT NUMBER 12-1870

OPERATIONS REPORT

5. NATURE OF INCIDENT	911 Call
6. LOCATION OF INCIDENT	720 Ashley Ave. Brielle NJ 08730
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Off. Dylan Lovgren 10. BADGE NUMBER 229

FORM 101

Rm 4458

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 14:42	3 DATE OF INCIDENT 6/2/12	4 INCIDENT NUMBER 12-1471

5. NATURE OF INCIDENT	Wire Down
6. LOCATION OF INCIDENT	720 Ashley Ave. Shipwreck Grill
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

Patrols responded to the above location for a down power line. Upon arrival, patrols located a down power line coming from pole # JC124BRE and stretched across the parking lot. JCP&L was notified and advised they would be responding. Brielle FD then arrived and took control of the scene. No further BPD action taken.

9. SIGNATURE Ptl. Kevin Williams 10. BADGE NUMBER #163

FORM 101

Ptl. K 163

Williams

MUNICIPAL CODE NUMBER 1309	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY POLICE DEPARTMENT	2 18:46	3 DATE OF INCIDENT 11/12/11	4 INCIDENT NUMBER 11-3471

OPERATIONS REPORT

5. NATURE OF INCIDENT	Police Information
6. LOCATION OF INCIDENT	Shipwreck Grill / 720 Ashley Avenue
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

Rec'd #58

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: BRIELLE POLICE DEPT

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
11-2834	1309	528-8050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Disorderly Conduct	1 State of New Jersey			
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:33-2.a.(1)	1	
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
						1	
At X	21:22	6	9	9	11	2	
						3	

13. Crime/Incident Location	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
720 Ashley Avenue Brielle NJ 08730	1309	Ship Wreck employee	9/9/11- 21:22

14. Municipality	15. County
Brielle	Monmouth

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Comm. Prk. Lot	03	Phys. Force	30	720 Ashley Avenue Brielle NJ.	732-292-9380

32. Method of Operation
See Narrative

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
01	01	-	Closed	Clear		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]	52	F	Wt	[redacted]

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed by
Off. Dylan Lovgren	229	Page 1 of 2 Pages	9/9/11	
Signature		69	70	71

MCUCR- IR-1-20M-AP-7/80

Police Department

Monmouth County Uniform Crime Report

0. Agency **Brielle Police Department**

Continuation Page

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
11-2834		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Off. Dylan Lovgren	229	Page 2 of 2	9/9/11	DSY
Signature		69	70	71

MCUCR-IR-1B-20M-AP-7/80

Brielle Police Department
First Aid Report

Case Number: 11-1903 **Date:** 7/7/11 **Time:** 20:23

Location: 720 Ashley Ave. Brielle NJ 08730

Victim: [redacted] **DOB:** [redacted] **Age:** 53

Victims Address: [redacted] **Phone:** N/A

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Cardiac

Comments: (If Needed) [redacted]

Officer: Off. Dylan Lovgren **Badge#:** 229

AM
162

Brielle Police Department
First Aid Report

Case Number: 10-2487 **Date:** 08-21-10 **Time:** 11:49

Location: 720 Ashley Ave. Brielle, NJ 08730

Victim: [redacted] **DOB:** [redacted] **Age:** 52

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:** Ocean Care Center

Nature: Laceration

Comments: (If Needed) [redacted]

Officer: Ptl. Robert Clayton **Badge#:** #158

MUNICIPAL CODE NUMBER 1309	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY POLICE DEPARTMENT	2 00:26	3 DATE OF INCIDENT 7/24/10	4 INCIDENT NUMBER 10-2131

OPERATIONS REPORT

5. NATURE OF INCIDENT	Welfare Check
6. LOCATION OF INCIDENT	720 Ashley Ave. Shipwreck Bar and Grill
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Off. Kevin Williams

Off. K. Williams #228

10. BADGE NUMBER #228

FORM 101

A. T-C #160

Brielle Police Department
First Aid Report

Case Number: 10-751 **Date:** 3/16/10 **Time:** 19:13

Location: 720 Ashley Ave. (Shipwreck Grill)

Victim: [redacted] **DOB:** [redacted] **Age:** 55

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** (X) **Transported to:** _____

Nature: Difficulty Breathing

Comments: (If Needed) [redacted]

Officer: Off. Nicholas Narciu #227 **Badge#:** #227

#156

Brielle Police Department
First Aid Report

Case Number: 09-3601 **Date:** 12/16/09 **Time:** 19:42

Location: Shipwreck Grill (720 Ashley Ave.)

Victim: [redacted] **DOB:** [redacted] **Age:** 68

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** (X) **Transported to:** _____

Nature: Choking

Comments: (If Needed) [redacted]

Officer: Off. Nicholas Olivia #227 **Badge#:** #227

Run #158

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT
ARREST REPORT

Identification Number: 6768

0. AGENCY: BRIELLE POLICE DEPARTMENT

1. Complaint Number	2. Mun. Code	3. Phone Number	4. U C R	5. Prosecutor's Case Number	6. Department Case Number
09-3208	1309	(732) 528-5050			

7. Name Last	First	Middle	8. Phone	9. Alias - Nickname
Young	Kyle	Matthew	[redacted]	None

10. Full Address - Number - Street - Municipality - Zip Code	11. Place of Birth
[redacted]	Point Pleasant - NJ

12. Date of Birth	13. Age	14. Sex	15. Race	16. Height	17. Weight	18. Hair	19. Eyes	20. Complexion	21. Marital Status
[redacted]	22	M	W	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

22. Other Descriptive Information	23. Driver's License Number
[redacted]	[redacted]

24. Employer	25. Occupation	26. Social Security Number
[redacted]	[redacted]	[redacted]

27. Employer's Address	28. Business Phone
[redacted]	N/A

DETAILS OF ARREST

29. Arrest Date	30. Time	31. Location of Arrest	32. Municipal Code
10/30/09	23:44	Hwy. 35 Bridge (Northbound Side)	1309

33. Crime	34. N. J. S. Statute	35. Arresting Officer
Disorderly Conduct	2C:29-3.a.	Ptl. Gary Olsen

36. Complainant's Name and Address - Zip Code	37. Phone Number
Ptl. Gary Olsen 601 union Ln. Brielle, N.J. 08730	(732) 528-5050

38. Crime Date	39. Time	40. Location of Crime	41. Municipal Code
10/30/09	23:30	720 Ashley Ave. (Ship Wreck Grill)	1309

42. Arrest Type	43. Juvenile Status	44. Code	45. Constitutional Rights - By Whom	46. How Responded
On View	-	-	N/A	N/A

47. Own	48. Multiple	49. Other	50. Printed	51. Photo	52. Prev. Rec.	53. UCR - A. S. R. Reported Month	Year
Yes	No	No	No	Yes	-		

54. Vehicle Information - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information
N/A (Pedestrian)

BAIL HEARING

55. Date	56. Court	57. Judge / Authorized Person
10/31/09	Brielle Municipal Court	Ptl. G. Olsen #154 OIC

58. Amount Bail	59. Results of Hearing	60. Code	61. Place Committed / Detained
N/A	Released on Summons		Brielle Police Headquarters

FINAL RESULTS

62. Date	63. Court	64. Judge

65. Verdict	66. Code	67. Disposition	68. Date	69. Code

JUVENILE INFORMATION

70. Parent / Guardian Contacted By	71. Date	72. Time	73. Released To:	Relationship

74. Full Address - Number - Street - Municipality - State - Zip Code	75. Date	76. Time	77. Phone Number

78. Parent / Guardian	79. Full Address - Number - Street - Municipality - State - Zip Code	80. Phone Number

81	82	83	84	85	86	87	88
#73	#72/160	#79/162	#71/227	#75/228	#70/151	Friday	

89. Narrative
[redacted]

Name	91. Badge Number	92. Completed	93. Date of Report	94. Reviewed
Ptl. Gary Olsen	#154	Yes	10/31/09	

90. Signature

MCUCR - AR -1-30M - AP -7/80

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: **BRIELLE POLICE DEPT**

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
09-2954	1309	528-5050			

5. Crime/Incident: Simple Assault

6. NJS: 2C:12-1a

23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
1 [redacted]	22	M	Wt
2			
3			

27. Victim/s/ Home Address — Phone

1 [redacted] — [redacted]

2

3

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
At X	22:05	6	10	2	09

28. Employer — Phone

1 [redacted] — [redacted]

2

3

13. Crime/Incident Location: 720 Ashley Ave. Brielle, NJ 08730

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Brielle	Monmouth	1309	Victim	10/2/09 @ 22:05

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address — Phone
Bars	45	Other Action	56	[redacted]

32. Method of Operation: ***See Narrative***

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification
-	-	-	-	-	-	-

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	-	-	-	-	-	-

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency
-	-	-	-	-

List Accused - List and Identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
1	1	-	Clear	Closed		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]	49	M	Wt	[redacted]

63. Narrative

[redacted]

Off. Kevin Williams		Page 1 of 2 Pages	67. Date Report 10/2/09	68. Reviewed by #145
Signature #228	#228	69	70	71

MCUCR- IR-1-20M-AP-7/80

Police Department

Monmouth County Uniform Crime Report

0. Agency **Brielle Police Department** — **Continuation Page**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
09-2954		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Off. Kevin Williams	#228	Page 2 of 2	10/2/09	Sgt. ff #145
Signature Off. [illegible] #228		69	70	71

MCUCR-IR-1B-20M-AP-7/80

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 1609	3 DATE OF INCIDENT 9/20/09	4 INCIDENT NUMBER 09-2824

5. NATURE OF INCIDENT	First Aid / Medevac
6. LOCATION OF INCIDENT	720 Ashley Ave, [redacted]
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. Ryan Meixsell 10. BADGE NUMBER 162

FORM 101

MUNICIPAL CODE NUMBER 1309	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
	POLICE DEPARTMENT	2 16:45	3 DATE OF INCIDENT 07/23/09	4 INCIDENT NUMBER 09-2037

5. NATURE OF INCIDENT	911 Call
6. LOCATION OF INCIDENT	720 Ashley Ave. Brielle NJ. 08730 (Shipwreck Grill)
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. Ronald Sofield 10. BADGE NUMBER #161

FORM 101

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 23:43	3 DATE OF INCIDENT 6/27/09	4 INCIDENT NUMBER 09-1709

5. NATURE OF INCIDENT	Suspicious Person
6. LOCATION OF INCIDENT	720 Ashley Ave. Shipwreck Bar and Grill Parking Lot
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Off. Kevin Williams 10. BADGE NUMBER 228

FORM 101

Off [redacted] 228

Brielle Police Department
First Aid Report

Case Number: 09-0165 **Date:** 1/23/09 **Time:** 22:40

Location: 720 Ashley Ave. (Shipwreck Grill

Victim: [redacted] **DOB:** [redacted] **Age:** 46

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** (X) **Transported to:**

Nature: Unconscious Female

Comments: (If Needed) [redacted]

Officer: Off. Kevin Williams **Badge#:** 228

Off [illegible] #228

Brielle Police Department
First Aid Report

Case Number: 08-3263 **Date:** 11/7/08 **Time:** 22:40

Location: 720 Ashley Ave. (Shipwreck Grill)

Victim: [redacted] **DOB:** [redacted] **Age:** 53

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** (X) **Transported to:** _____

Nature: Unconscious

Comments: (If Needed) [redacted]

Officer: Off. Kevin Williams #228 **Badge#:** 228

#156

Brielle Police Department
First Aid Report

Case Number: 08-2571 **Date:** 9/3/08 **Time:** 21:24

Location: 720 Ashley Avenue Brielle NJ 08730

Victim: [redacted] **DOB:** [redacted] **Age:** 63

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Allergic Reaction

Comments: (If Needed) [redacted]

Officer: Ofc. Nicholas Norcia #227 **Badge#:** #227

Brielle Police Department
First Aid Report

Case Number: 08-914 **Date:** 4-16-08 **Time:** 13:20

Location: 720 Ashley Ave

Victim: [redacted] **DOB:** _____ **Age:** 87

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Hip Injury

Comments: (If Needed) [redacted]

Officer: Ptl. David Buckle **Badge#:** #152

Ptl. [signature] Sct Sk. #149

Brielle Police Department
First Aid Report

Case Number: 07-3125 **Date:** 10-07-07 **Time:** 22:00

Location: 720 Ashley Ave. (Shipwreck Grill)

Victim: [redacted] **DOB:** [redacted] **Age:** 68

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:**

Nature: Fall Victim

Comments (If Needed) [redacted]

Officer: Ptl. Robert Clayton **Badge#:** #158

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 21:30	3 DATE OF INCIDENT 09/29/07	4 INCIDENT NUMBER 07-3043

5. NATURE OF INCIDENT	Disorderly Person
6. LOCATION OF INCIDENT	720 Ashley Avenue (Shipwreck Grill)
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 21:10	3 DATE OF INCIDENT 8/17/07	4 INCIDENT NUMBER 07-2498

5. NATURE OF INCIDENT	Verbal Altercation
6. LOCATION OF INCIDENT	720 Ashley Avenue (Shipwreck Grill)
7. VICTIM COMPLAINANT ACCUSED	[redacted]
8. ACTION TAKEN	[redacted]

Sgt. [redacted]

9. SIGNATURE Off. Patrick Vaillancourt 10. BADGE NUMBER #222

FORM 101

OFF #222

POLICE DEPARTMENT

MONMOUTH COUNTY UNIFORM CRIME REPORT

ARREST REPORT

Identification Number: 6204

0. AGENCY: BRIELLE POLICE DEPARTMENT

1. Complaint Number	2. Mun. Code	3. Phone Number	4. U C R	5. Prosecutor's Case Number	6. Department Case Number
06-2646	1309	(732) 528-5050			

7. Name Last	First	Middle	8. Phone	9. Alias - Nickname
Santos	Pedro	Nava	[redacted]	[redacted]

10. Full Address - Number - Street - Municipality - Zip Code	11. Place of Birth
[redacted]	[redacted]

12. Date of Birth	13. Sex	14. Race	15. Height	17. Weight	18. Hair	19. Eyes	20. Complexion	21. Marital Status
[redacted]								

22. Other Descriptive Information	23. Driver's License Number
[redacted]	N/A

24. Employer	25. Occupation	26. Social Security Number
N/A	N/A	[redacted]

27. Employer's Address	28. Business Phone
N/A	N/A

DETAILS OF ARREST

29. Arrest Date	30. Time	31. Location of Arrest	32. Municipal Code
9/20/06	21:13	403 Higgins Avenue (Simkos)	1309

33. Crime	34. N. J. S. Statue	35. Arresting Officer
Criminal Sexual Contact / Criminal Restraint / Harassment	2C:13-2(a)	Ptl. Michael Mechler

36. Complainant's Name and Address - Zip Code	37. Phone Number
Det/Sgt. James Stewart 601 Union Ln. Brielle, N.J. 08730	(732) 528-5050

38. Crime Date	39. Time	40. Location of Crime	41. Municipal Code
9/17/06	15:30	720 Ashley Avenue (Shipwreck Grill)	1309

42. Arrest Type	43. Juvenile Status	44. Code	45. Constitutional Rights - By Whom	46. How Responded
W/Warrant			Yes - Mechler	Understood

47. Own	48. Multiple	49. Other	50. Printed	51. Photo	52. Prev. Rec.	53. UCR - A. S. R. Reported Month	Year
Yes	No	No	Yes	Yes	-		

54. Vehicle Information - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information

N/A

BAIL HEARING

55. Date	56. Court	57. Judge / Authorized Person
[redacted]		

FINAL RESULTS

62. Date	63. Court	64. Judge

65. Verdict	66. Code	67. Disposition	68. Date	69. Code

JUVENILE INFORMATION

70. Parent / Guardian Contacted By	71. Date	72. Time	73. Released To:	Relationship

74. Full Address - Number - Street - Municipality - State - Zip Code	75. Date	76. Time	77. Phone Number

78. Parent / Guardian	79. Full Address - Number - Street - Municipality - State - Zip Code	80. Phone Number

81	82	83	84	85	86	87	88
72	147	158/70	226/75	Cool	3p-1a		

89. Narrative

[redacted]

Name	91. Badge Number	92. Completed	93. Date of Report	94. Reviewed
Ptl. Michael Mechler	157		9-20-06	

90. Signature

MCUCR - AR -1-30M - AP -7/80

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 22:48	3 DATE OF INCIDENT 01/07/06	4 INCIDENT NUMBER 06-0086

5. NATURE OF INCIDENT	Verbal Argument
6. LOCATION OF INCIDENT	Ship Wreck Bar & Grill / 720 Ashley Ave. Brielle, NJ 08730
7. VICTIM COMPLAINANT ACCUSED	[redacted]
8. ACTION TAKEN	[redacted]

9. SIGNATURE Ptl. [redacted] #154

10. BADGE NUMBER #154

FORM 101

SGT/CERT 49

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 12:36	3 DATE OF INCIDENT 2-4-05	4 INCIDENT NUMBER 05-321

5. NATURE OF INCIDENT	911 Hang-up
6. LOCATION OF INCIDENT	720 Ashley Ave. Brielle, NJ
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. David Buckle 10. BADGE NUMBER #152

FORM 101

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: BRIELLE POLICE DEPT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
04-2345	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Burglary Theft	1 [redacted]	34	F	W
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:18-2.a 2C:20-3.a	1 [redacted]	
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
X	18:30	1	7	25	04	1 [redacted]	[redacted]
At	19:00	1	7	25	04	2	
						3	

13. Crime/Incident Location	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Shipwreck Grill 720 Ashley Ave. Brielle, NJ	1309	S.A.A.	7-26-04 @ 20:13hrs

14. Municipality	15. County	31. Address	Phone
Brielle	Monmouth	[redacted]	

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
Motor Veh.	90	Phys. Force	30

32. Method of Operation
SEE NARRATIVE

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	$20.00	$475.00				$1,090.00

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency
$1,090.00				

List Accused - List and Identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
0	0	0	Active	Invest		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative
[redacted]

64. Name	65. Badge Number	66	67. Date Report	68
Ptl. David Buckle Signature	#152	Page 1 of 2 Pages	7-26-04	
		69	70	71

MCUCR- IR-A20M-AP6/80

Police Department

Monmouth County Uniform Crime Report

Continuation Page

0. Agency **Brielle Police Department**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
04-2345		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Ptl. David Buckle	#152	Page 2 of 2	7-26-04	
Signature		69	70	71

MCUCR-IR-1M-20M-AP-7/80

POLICE DEPARTMENT

MONMOUTH COUNTY UNIFORM CRIME REPORT

ARREST REPORT

Identification Number: 5770

0. AGENCY: BRIELLE POLICE DEPARTMENT

1. Complaint Number	2. Mun. Code	3. Phone Number	4. U C R	5. Prosecutor's Case Number	6. Department Case Number
04-1909	1309	(732) 528-5050			

7. Name Last	First	Middle	8. Phone	9. Alias - Nickname
Johnson	Donald	J.	[redacted]	[redacted]

10. Full Address - Number - Street - Municipality - Zip Code	11. Place of Birth
[redacted]	N/A

12. Date of Birth	13. Age	14. Sex	15. Race	16. Height	17. Weight	18. Hair	19. Eyes	20. Complexion	21. Marital Status
[redacted]									

22. Other Descriptive Information	23. Driver's License Number
	[redacted]

24. Employer	25. Occupation	26. Social Security Number
[redacted]	Owner	[redacted]

27. Employer's Address	28. Business Phone
Brick NJ	N/A

DETAILS OF ARREST

29. Arrest Date	30. Time	31. Location of Arrest	32. Municipal Code
6/22/04	2059	Ship Wreck Grill / 720 Ashley Ave , Brielle NJ	1309

33. Crime	34. N. J. S. Statue	35. Arresting Officer
Agg Assault / Resisting / Simple Assault	2C:12-1b	Ptl. Gary Olsen

36. Complainant's Name and Address - Zip Code	37. Phone Number
Ptl. Gary Olsen 601 union Ln. Brielle, N.J. 08730	(732) 528-5050

38. Crime Date	39. Time	40. Location of Crime	41. Municipal Code
6-22-04	1909	720 Ashley Ave.	1309

42. Arrest Type	43. Juvenile Status	44. Code	45. Constitutional Rights - By Whom	46. How Responded
On View			Yes Olsen	Understood

47. Own	48. Multiple	49. Other	50. Printed	51. Photo	52. Prev. Rec.	53. UCR - A. S. R. Reported Month	Year
Yes	Yes	No	Yes	Yes	No		

54. Vehicle Information - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information
N/A

BAIL HEARING

55. Date	56. Court	57. Judge / Authorized Person
6-22-04	Brielle Municipal Court	M.Aspotalou

58. Amount Bail	59. Results of Hearing	60. Code	61. Place Committed / Detained
$7500.00	Released on Bail		Released on Bail

FINAL RESULTS

62. Date	63. Court	64. Judge

65. Verdict	66. Code	67. Disposition	68. Date	69. Code

JUVENILE INFORMATION

70. Parent / Guardian Contacted By	71. Date	72. Time	73. Released To: Relationship

74. Full Address - Number - Street - Municipality - State - Zip Code	75. Date	76. Time	77. Phone Number

78. Parent / Guardian	79. Full Address - Number - Street - Municipality - State - Zip Code	80. Phone Number

81	82	83	84	85	86	87	88

89. Narrative
[redacted]

Name	Ptl. Gary Olsen	Badge Number	Completed	Date of Report	Reviewed
90. Signature		154	Yes	6-22-04	SGT

MCUCR - AR -1-30M - AP -7/80

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: BRIELLE POLICE DEPT — **INVESTIGATION REPORT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
04-1844	1309	528-5050			

5. Crime/Incident	23. Victim/s' SS No.	24. Age	25. Sex	26. Race
Burglary Theft of property	1 [redacted]	41	M	W
	2			
	3			

6. NJS	27. Victim/s' Home Address	Phone
2C:18-2 2C:20-3	1 [redacted]	
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
XX		1	6	13	04	1	
At	17:30	5	6	18	04	2	
						3	

13. Crime/Incident Location	14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
720 Ashley Ave. Brielle NJ. 08730	Brielle	Monmouth	1309	Victim	06/18/04 @17:30

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Sea Transport	93	Undetermined Action	56	720 Ashley Ave. Brielle NJ. 08730	

32. Method of Operation
[redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification
					no visible registration	

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	$100.00					toilet pump

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency
$250.00				

List Accused - List and Identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
0	0	0	Active	Invest		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative
[redacted]

64. Name	65. Badge Number	66. Page 1 of 2 Pages	67. Date Report 06/18/04	68. Reviewed by Sergeant
Ptl. Ronald Sofield Signature #161	#161	69	70	71

MCUCR- IR-I-2004-AP-7/00

Police Department

Monmouth County Uniform Crime Report

0. Agency **Brielle Police Department** — **Continuation Page**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
04-1844		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Ptl. Ronald Sofield	#161	Page 2 of 2	06/18/04	
Signature		69	70	71

MCUCR-IR-III-20M-AP-2/96

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: **BRIELLE POLICE DEPT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
03-2897	1309	528-5050			

5. Crime/Incident: **Burglary**, **Criminal Mischief**

6. NJS: **2C:18-2a**, **2C:17-3**

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
XXX	01:00	6	8	15	03
At	06:00	6	8	15	03

13. Crime/Incident Location: **720 Ashley Ave. Brielle NJ 08730 (Shipwreck Grill)**

14. Municipality: **Brielle** — 15. County: **Monmouth**

17. Type of Premises: **Bar** — 18. Code: **45** — 19. Weapons-Tools: **Phys. Force**

23. Victim/s	SS No.	24. Age	25. Sex	26. Race
1 [redacted]		44	M	Wt
2				
3				

27. Victim/s Home Address: 1 [redacted] — Phone [redacted]

28. Employer: [redacted]

16. Code: **1309** — 29. Person Reporting Crime/Incident: [redacted] — 30. Date and Time: **08-15-03 @ 12:17** — Phone

20. Code: **30** — 31. Address: [redacted] — Phone [redacted]

32. Method of Operation:
Between the above listed times unknown actor(s) cut the outer screen to the rear window and entered the business.

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month / Year	57. Date Cleared
0	0	0	Active	Invest		

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative: [redacted]

64. Name				
Ptl. John Leibfried	#159	Page 1 of 2 Pages	8/15/03	
Signature [signature]		69	70	71

MCUCR-IR-1-20M-AP-7/80

Police Department

Monmouth County Uniform Crime Report

Continuation Page

0. Agency **Brielle Police Department**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
03-2897		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Ptl. John Leibfried	#150	Page 2 of 2	8/15/03	#154
Signature		69	70	71

MCUCR-IR-1B-20M-AP-7/80

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: **BRIELLE POLICE DEPT** — **INVESTIGATION REPORT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
03-2516	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Burglary	1 [redacted]	51	M	Wt
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:18-2	1 [redacted]	
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
						1	
At XXX	22:00	3	7	15	03	2	
						3	

13. Crime/Incident Location	14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
720 Ashley Ave. Brielle NJ. 08730 (Boat Docks)	Brielle	Monmouth	1309	Victim	07/17/03 @09:42

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Mobile Home/Boat	24	Phys. Force	30	720 Ashley Ave. Harbor Inn boat docks	

32. Method of Operation
*********See Narrative********

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification
			Boat			

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and Identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
0	0	0	Active	Invest		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed by
S/O Ronald Sofield	#220	Page 1 of 2 Pages	07/17/03	
Signature		69	70	71

MCUCR- IR-1-20M-AI-7/80

Police Department

Monmouth County Uniform Crime Report

0. Agency **Brielle Police Department** — **Continuation Page**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
03-2516		

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
S/0 Ronald Sofield	#220	Page 2 of 2	07/17/03	
Signature		69	70	71

MCUCR-IR-1B-20M-AP-7/80

MUNICIPAL CODE NUMBER
1309

BRIELLE BOROUGH
MONMOUTH COUNTY, NEW JERSEY
POLICE DEPARTMENT

OPERATIONS REPORT

2	3 DATE OF INCIDENT	4 INCIDENT NUMBER
22:52	11-27-02	02-4855

5. NATURE OF INCIDENT	Noise Complaint
6. LOCATION OF INCIDENT	720 Ashley Ave. Brielle NJ. 08730
7. VICTIM COMPLAINANT ACCUSED	Anonymous
8. ACTION TAKEN	[redacted]

9. SIGNATURE S/O Ronald Sofield #220
FORM 101

10. BADGE NUMBER #220 Kuc#158

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: Brielle Police Dept.

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
96-4698	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Theft(Movable Property) Burglary	1. Harbor Inn	---	---	---
	2.			
	3.			

6. NJS	27. Victim/s/ Home Address	Phone
2C:20-3a 2C:18-2.a(1)	1. 720 Ashley Ave Brielle,NJ	223-1074
	2.	
	3.	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
XXX	02:00	3	08	13	96	1.	
At	06:00	3	08	13	96	2.	
						3.	

13. Crime/Incident Location	14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
#27	Boro of Brielle	Monmouth	1309	[redacted]	08-13-96 14:42

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Bar	45	Unk.	Unk.	720 Ashley Ave	223-1074

32. Method of Operation
See Narrative

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification
N/A						

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	N/A	N/A	N/A	N/A	N/A	Beverages

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency
$420.00				

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status	57. Date Cleared
Unk	Unk	Unk	Active	Invest.	Month Year	

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative

[redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
S/O Stephen Boyd Signature S/O [signature]	#201	Page 1 of 2 Pages	08-13-96	Sgt #149
		69.	70.	71.

MCUCR-R-1-20M-AP-7/80

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT

0. AGENCY Brielle Police Dept. **CONTINUATION PAGE**

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
96-4698		

[redacted]

64. Name	65. Badge Number	66. Page 2 of 2 Pages	67. Date Report	68. Reviewed By
S/O Stephen Boyd	201		08-13-96	Sgt #149
Signature S/O Stephen Boyd #201		69.	70.	71.

MCUCR-IR-18-20M-AP-7/80 **DEPARTMENT COPY**

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: BRIELLE PD

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
96-2908	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
CRIMINAL MISCHIEF THEFT	1. [redacted] 2. HARBOR INN-720 ASHLEY AVE. BRIELLE, NJ 3.			

6. NJS	27. Victim/s/ Home Address	Phone
2C:17-3(2) 2C:20-3a	1. 2. 3.	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
XXX	0230	1	5	26	96	1.	
At	0848	2	5	27	96	2.	
						3.	

13. Crime/Incident Location	14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
720 ASHLEY AVE.	BRIELLE	MONMOUTH	1309	[redacted]	5/27/96@0848

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
BAR	45	PRY TOOL	50	[redacted]	

32. Method of Operation [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status	57. Date Cleared
			ACTIVE	INVEST	Month ____ Year ____	

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative [redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
PTL, A, R, WISLICENY #146 Signature [signature]	146	Page 1 of 2 Pages 69.	5/28/96 70.	71.

MCUCR-IR-1-20M-AP-7/80

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POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: Brielle P.D.

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
96-2501	1309	528-5050			

5. Crime/Incident
Simple Assault
Criminal Attempt (Burglary)

6. NJS
2C:12-1a(1)
2C:5-1a(1)

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
At XX	0030	5	05	09	96

13. Crime/Incident Location
720 Ashley (harbor Inn Lot)

14. Municipality	15. County	16. Code
Brielle	Monmouth	1309

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
Park-lot	09	Phys-Force	30

23. Victim/s/	SS No.	24. Age	25. Sex	26. Race
1. [redacted]		25	M	W
2. [redacted]		21	F	W
3.				

27. Victim/s/ Home Address — Phone
1. [redacted]
2.
3.

28. Employer — Phone
1.
2.
3.

29. Person Reporting Crime/Incident: Victim #1
30. Date and Time: 5-9-96 @ 0045
31. Address: S/A — Phone: S/A

32. Method of Operation: [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status	57. Date Cleared
0	0	2	Active	Invest	Month ____ Year ____	

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative: [redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
Ptl. Kitchenman	149	Page 1 of 1 Pages	5-9-96	#135
Signature		69.	70.	71.

MCUCR-IR-1-20M-SP-7/80

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: BRIELLE PD

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
96-2226	1309	528-5050			

5. Crime/Incident
BURGLARY
THEFT

6. NJS
2C:18-2
2C:20-3

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
XX	03:00	1	4	21	96
At	07:00				

13. Crime/Incident Location

23. Victim/s/	SS No.	24. Age	25. Sex	26. Race
1. HARBOR INN				
2.				
3.				

27. Victim/s/ Home Address	Phone
1. 720 ASHLEY AVE. BRIELLE	223-1074
2.	
3.	

28. Employer	Phone
1.	
2.	
3.	

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
BRIELLE	MONMOUTH	1309	[redacted]	

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
BARS	45	PRYING TOOL	50

32. Method of Operation
UNKNOWN ACTOR(S) BROKE INTO OUTSIDE COOLER AND FREEZER.

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency
UNKNOWN				

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month ____ Year ____	57. Date Cleared
UNKNOWN	UNKNOWN	UNKNOWN	OPEN	INVEST.		

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB
UNKNOWN				

63. Narrative
[redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
S/O F. REINIGER	#200	Page 1 of 1 Pages	4/21/96	SGT 14
Signature [signature]		69. 71	70. 72/142	71.

MCUCR-IR-1-20M-AP-7/80

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: Brielle PD

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
95-2184	1309	528-5050			

5. Crime/Incident: Theft

6. NJS: 2C:20-3

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
At XX	2100	2	5	1	95

13. Crime/Incident Location: 720 Harbor Inn Rest

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Brielle	Monmouth	1309	SAA	2110 5/1/95

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address
Bar	45	Phy For	30	SAA

23. Victim/s/	SS No.	24. Age	25. Sex	26. Race
1. [redacted]			M	W
2.				
3.				

27. Victim/s/ Home Address	Phone
1. 720 Ashley Ave Brielle NJ	
2.	
3.	

28. Employer	Phone
1. Harbor Inn Rest	
2.	
3.	

32. Method of Operation: [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month ____ Year ____	57. Date Cleared

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative: [redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
Ptlm James Stewart	147	Page 1 of 2 Pages	5/1/95	SP137
Signature		69.	70.	71.

MCUCR-IR-1-20M-AP-7/80

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT

0. AGENCY Brielle PD

CONTINUATION PAGE

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
95-2184		

[redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed By
Ptlm James Stewart	147	Page 2 of 2 Pages	5/1/95	SP137
Signature		69.	70.	71.

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT
ARREST REPORT

Identification Number: #3534

0. AGENCY: BRIELLE POLICE DEPT.

1. Complaint Number	2. Mun. Code	3. Phone Number	4. UCR	5. Prosecutor's Case Number	6. Department Case Number
95-1778	1309	528-5050			

7. Name Last	First	Middle	8. Phone	9. Alias - Nicknames
DAVIES	SEAN	PATRICK	[redacted]	NONE

10. Full Address - Number - Street - Municipality - Zip Code: [redacted]
11. Place of Birth: [redacted]

12. Date of Birth | 13. Age | 14. Sex | 15. Race | 16. Height | 17. Weight | 18. Hair | 19. Eyes | 20. Complexion | 21. Marital Status: [redacted]

22. Other Descriptive Information: [redacted]
23. Driver's License Number: [redacted]

24. Employer: [redacted]
25. Occupation: [redacted]
26. Social Security Number: [redacted]

27. Employer's Address: [redacted]
28. Business Phone: [redacted]

DETAILS OF ARREST

29. Arrest Date	30. Time	31. Location of Arrest	32. Municipal Code
04/07/95	01:43	720 ASHLEY AVE. / HARBOR INN	1309

33. Crime	34. N.J.S. Statute	35. Arresting Officer
OPERATING WHILE INTOXICATED /REFUSAL/RECKLESS	39:4-50 39:4-50.2 39:4-96	S/O G. OLSEN #198

36. Complainant's Name and Address - Zip Code	37. Phone Number
S/O GARY OLSEN #198 - BRIELLE POLICE DEPT.	#3

38. Crime Date	39. Time	40. Location of Crime	41. Municipal Code
04/07/95	01:32	720 ASHLEY AVE. / HARBOR INN	1309

42. Arrest Type	43. Juvenile Status	44. Code	45. Constitutional Rights - By Whom	46. How Recorded
ON VIEW	-	-	YES S/O. GARY OLSEN	SIGNED/UNDERSTO

47. Own	48. Multiple	49. Other	50. Printed	51. Photo	52. Prev. Rec.	53. UCR - A.S.R. Reported Month ____ Year ____
YES			NO	NO		

54. Vehicle Information - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information: [redacted]

BAIL HEARING

55. Date	56. Court	57. Judge/Authorized Person
04/10/95	BRIELLE BOROUGH MUNICIPAL COURT	JUDGE: MARK APOSTOLOU

58. Amount Bail	59. Results of Hearing	60. Code	61. Place Committed/Detained
ROR			

FINAL RESULTS

62. Date	63. Court	64. Judge

65. Verdict	66. Code	67. Disposition	68. Date	69. Code

JUVENILE INFORMATION

70. Parent/Guardian Contacted By	71. Date	72. Time	73. Released To: Relationship

74. Full Address - Number - Street - Municipality - State - Zip Code	75. Date	76. Time	77. Phone Number

78. Parent/Guardian	79. Full Address - Number - Street - Municipality - State - Zip Code	80. Phone Number

81.	82.	83.	84.	85.	86.	87.	88.
#75	#70 145	#201 DESK	12-8				

89. Narrative: [redacted]

Name	91. Badge Number	92. Completed	93. Date of Report	94. Reviewed
S/O GARY OLSEN #198	#198	04/07/95	04/07/95	#145

90. Signature: S/O

MCUCR-ARR 2/93 (Rev. 7/97) DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: Brielle PD

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
94-6300	1309	528-5060			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Criminal Mischief (MV)	1. [redacted]	25	F	W
	2.			
	3.			

6. NJS	27. Victim/s/ Home Address	Phone
2C:17-3	1. [redacted]	
	2.	
	3.	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
X	2100	3	11	29	94	1.	
At	0130	4	11	30	94	2.	

13. Crime/Incident Location: Harbor Inn Tav, 720 Ashley Ave — 3.

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time / Phone
Brielle	Monmouth	1309	SAA	11/30/94 0130

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address
Bar	45	Phy For	30	SAA

32. Method of Operation: [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month___ Year___	57. Date Cleared
			ACTIVE	INVEST		

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative: [redacted]

64. Name / Signature	65. Badge Number	66.	67. Date Report	68. Reviewed by
Ptlm J ames Stewart	147	Page 1 of 2 Pages	11/30/94	SA137
		69.	70.	71.

MCUCR-IR-1-20M-AP-7/80

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POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT

0. AGENCY Brielle PD

CONTINUATION PAGE

1. Complaint Number	21. Prosecutor's Case Number	22. Department Case Number
94-6300		

[redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed By
Ptlm James Stewart	147	Page 2 of 2 Pages	11/30/94	SS 12/1/94
Signature		69.	70.	71.

MCUCR-IR-18-2014-AP-7/80

DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM CRIME REPORT
ARREST REPORT

Identification Number: Arrest # 3347

0. AGENCY: Brielle Police Dept.

1. Complaint Number	2. Mun. Code	3. Phone Number	4. UCR	5. Prosecutor's Case Number	6. Department Case Number
94-3541	1309	528-5050			94-3541

7. Name: Last: Kennedy, First: Jeremy, Middle: Patrick
8. Phone: [redacted]
9. Alias - Nickname: N/A
10. Full Address - Number - Street - Municipality - State - Zip Code: [redacted]
11. Place of Birth: [redacted]
20. Complexion: [redacted]
21. Marital Status: [redacted]
23. Driver's License Number: N/A
24. Employer: Unemployed
25. Occupation: N/A
26. Social Security Number: [redacted]
27. Employer's Address: N/A
28. Business Phone: N/A

DETAILS OF ARREST

29. Arrest Date	30. Time	31. Location of Arrest	32. Municipal Code
7-4-94	12:49AM	Park. Lot-Harbor Inn (720 Ashley Ave.)	1309

33. Crime: Disorderly Conduct
34. N.J.S. Statute: 2C:33-2 a 1
35. Arresting Officer: Sgt. M. Luciano
36. Complainant's Name and Address - Zip Code: [redacted]
37. Phone Number: [redacted]
7-4-94 12:49 AM (Inside) Harbor Inn Tavern
41. [redacted] 1309
42. Arrest Type: On View
43. Juvenile Status:
44. Code:
45. Constitutional Rights - By Whom: Given / Luciano
46. How Responded: Signed Waiver
47. Own: Yes
48. Multiple:
49. Other:
50. Printed: No
51. Photo: Yes
52. Prev. Rec.:
53. UCR - A.S.R. Reported Month ____ Year ____
54. Vehicle Information - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information:

BAIL HEARING

55. Date	56. Court	57. Judge/Authorized Person
7-19-94	Brielle Municipal Court	Judge M. Apostolou

58. Amount Bail: ROR
59. Results of Hearing:
60. Code:
61. Place Committed/Detained:

FINAL RESULTS

62. Date	63. Court	64. Judge

65. Verdict:
66. Code:
67. Disposition:
68. Date:
69. Code:

JUVENILE INFORMATION

70. Parent/Guardian Contacted By:
71. Date:
72. Time:
73. Released To: Relationship:
74. Full Address - Number - Street - Municipality - State - Zip Code:
75. Date:
76. Time:
77. Phone Number:
78. Parent/Guardian:
79. Full Address - Number - Street - Municipality - State - Zip Code:
80. Phone Number:

81.	82.	83.	84.	85.	86.	87.	88.
Monday	/ Shift 1	/ (7-4-94)	Clear-Warm.		(Back-up-Seidel / Crosta)		

89. Narrative: [redacted]

Name	91. Badge Number	92. Completed	93. Date of Report	94. Reviewed
90. Officer Sgt. Michael M. Luciano	BPD-135	7-4-94	7-4-94	

MCCR/AR-1-20M-A-7/80 DEPARTMENT COPY

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: Brielle Police

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
94-0034	1309	528-5050			

5. Crime/Incident
BURGLARY
THEFT

6. NJS
2C:18-2
2C:20-3

23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
1. [redacted]	44	M	W
2.			
3.			

27. Victim/s/ Home Address	Phone
1. [redacted]	
2.	
3.	

28. Employer	Phone
1.	
2.	
3.	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
XXXX	0045	1	1	2	94
At		1	1	2	94

13. Crime/Incident Location
720 Ashley Ave (Harbor INN)

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Brielle	Monmouth	1309	Victim	1/2/94 0900

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address
Bar	45	Phys-For	30	Box#27 [redacted]

32. Method of Operation [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	$480.00					$800.00

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency
$1300.00				

List Accused - List and Identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month ____ Year ____	57. Date Cleared
UNK	UNK	UNK	ACTIVE	INVEST		

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB
Unknown Actor(s)				

63. Narrative [redacted]

64. Name	65. Badge Number	66.	67. Date Report	68. Reviewed by
S/O William Crosta	#197	Page 1 of 2 Pages	1-2-94	#135
Signature s/o William Crosta		69.	70.	71.

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