ACCIDENT / PROPERTY DAMAGE REPORT FORM

NOTE: THIS FORM MUST BE FILLED OUT AND SUBMITTED TO THE HUMAN RESOURCE OFFICE WITHIN 24 HOURS OF ANY INCIDENT UNLESS OCCURRING ON WEEKEND OVERTIME HOURS.

DATE: 7/20/20 TIME: 8:30 (AM) / PM

LOCATION: Easy St. Edison NJ.

DESCRIPTION OF INCIDENT: I was picking metal on Easy St., backed up and hit a parked car with the metal gate.

EMPLOYEE / DRIVER NAME AND DEPARTMENT: Wayne K Enoch / Sanitation

ADDRESS: 82 Benard ave. Edison NJ

PHONE: (732) 947-0837 DOB: 7/27/96

CITIZEN/RESIDENT NAME: Joey Decon

ADDRESS: ? Easy St

PHONE: ?

WITNESS TO INCIDENT: Danny Eramis PHONE: (732) 423-7369

NOTIFIED POLICE: (YES) NO

IF ACCIDENT: TOWNSHIP VEHICLE: YEAR 2016 MAKE: Freightliner MODEL: Back truck PLATE: 1467UMG TWP # G-17

EMPLOYEE SIGNATURE: [signature] DATE: 7/20/20

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	20034786
2 Police Dept of	EDISON POLICE DEPART
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/20/20
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0826
7 Municipality Code	1205
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	EASY STREET
Road Name	
Dir	W
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	LLOYD STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	*
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WAYNE K ENOCH
29 Sex	M
27 Number & Street	[redacted]
28 City / State / Zip	[redacted]
30 Eyes	02
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	[redacted]
33 DOB (mm dd yyyy)	[redacted]
34 Expires (mm yy)	[redacted]
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EDISON - TOWNSHIP -
36 Number & Street	100 MUNICIPAL BLVD
37 City / State / Zip	EDISON NJ 08817
38 Make	FREIGHTLINE
39 Model	TR
40 Color	WT
41 Year	2016
42 Plate No.	19674MG
43 State	NJ
44 VIN	1FVACWCY7GHHM3435
45 Expires	04 22
46 Vehicle Removed To	-
☒ 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 EXEMPT ☐ 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	EDISON TOWNSHIP
Number & Street	100 MUNICIPAL BLVD
City / State / Zip	EDISON NJ 08817

Vehicle 2

53 Veh #	2
54 Policy No.	919069092
55 NJ Ins. Code	135
☒ 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 JOSEPH S DEAKYNE
66 Number & Street	[redacted]
67 City / State / Zip	[redacted]
68 Make	[redacted]
69 Model	[redacted]
70 Color	[redacted]
71 Year	[redacted]
72 Plate No.	[redacted]
73 State	[redacted]
74 VIN	[redacted]
75 Expires	[redacted]
76 Vehicle Removed To	-
☐ 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	-	23	M	-	-	-	11	04	-	-	DRIVER 1 - - - - - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: EDISON POLICE DEPAR Code: 01

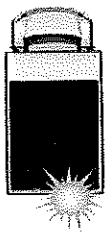
Station: - Case No: 20034786

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

144 Crash Diagram (NOT TO SCALE)

Vehicle 1 moved prior to arrival



Unit 1

Unit 2

145 Crash Description/Narrative

V1 insurance: Self insured ID: 19-98

V1 (Township Open Body Garbage Truck) was backing down Easy Street toward Lloyd Street and in the process the tailgate struck V2 which was parked and unoccupied.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALAN ESPOSITO	0442	DECHIRICO	0199	☐ Pending ☒ Complete