Page 1 of ___ ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 04 | 97 01 | 98 01 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 02 | 105 02 | 106 ---- | 107 ---- | 108 30 | 109 01 | 110 03 | 111 00 | 112 ---- | 113 ---- | 114 ---- | 115 ---- | 116 01 | 117 01

1. Case Number: 20-047740
2. Police Dept. of: Elizabeth — Code: 01
3. Station/Precinct:
4. Date of Crash (mm dd yy): 04 01 20
5. Day of Week: Su M Tu (W) Th F Sa
6. Time (use 2400 hrs.): 1024
7. Municipality Code: 2004
8. Total Killed: 00
9. Total Injured: 00
10. Crash Occurred On: West Jersey Street (Road Name) ___ (Dir) — ☐ At Intersection with ☐ Feet ☐ Miles (14 15) ☐N ☐E ☐S ☐W (16) of: Chilton Street
11. Speed Limit: 25
12. Route No. ___ Suffix ___ 13. Milepost ___
18. Speed Limit ___
19. Ramp ☐To: ☐From: 17. Cross Road Name/Route No. ___ ☐NB ☐EB ☐SB ☐WB
20 Route Name/Route No. ___ 21. Latitude ___ 22. Longitude ___

118a 25 | 118b ---- | 119a 00 | 119b ---- | 120a 01 | 120b | 121a 00 | 121b | 122 10 | 123 01 | 124 ---- | 125 ---- | 126a ---- | 126b ---- | 126c ---- | 126d ---- | 126e ---- | 127a 28 | 127b ---- | 127c ---- | 127d ---- | 127e 28 | 128 28 | 129 07 | 130 07 | 131 01 | 132 01 | 133 02 | 134 00

Vehicle 1

23. Veh. #: 1
24. Policy No.: SELF INSURED / GOV'T ENTITY
25. NJ Ins. Code:
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run
26. Driver's First Name / Initial / Last Name: Reneau Saintilme
29. Sex: M
27. Number & Street: 710 Westfield Ave Apt 3-B
28. City / State / Zip: Elizabeth, NJ 07208-1366
30. Eyes: 1 — DL Class: ---- — Restrictions: ---- — Endorsements: ----
31. State: NJ
32. Driver's License Number: S0191 64700 05701
33. DOB (mm dd yy): 05 13 70
34. Expires (mm yy): 05/23
35. Owner's First Name / Initial / Last Name: ☐ Same as Driver City Of Elizabeth H
36. Number & Street: 50 Winfield Scott Plza
37. City / State / Zip: Elizabeth, NJ 07201
38. Make: NO-DATA — 39. Model: NO-DATA — 40. Color: WT — 41. Year: 11 — 42. Plate No.: MG91390 — 43. State: NJ
44. VIN: 1FDFE4FS7BDB26780
45. Expires: 10/20
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 (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 26,001 lbs.
52. Motor Carrier or Government Entity: ----------
Number & Street: ----------
City / State / Zip: ----------

Vehicle 2

53. Veh. #: 2
54. Policy No.: HIT AND RUN
55. NJ Ins. Code:
☐ 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 yy): ---
64. Expires (mm yy): ----
65. Owner's First Name / Initial / Last Name: ☐ Same as Driver ---------- --
66. Number & 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: ----------HIT AND RUN----------
☒ 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 (trucks & buses only): ☐≤ 10,000 lbs. ☐10,001 - 26,000 lbs. ☐≥ 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.
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Oper.	**140. Charge**	**141. Summons No.**	**Oper.**	**142. Charge**	**143. Summons No.**
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	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	05	49	M	----	----	1	04	00	----	----	Saintilme, Reneau-710 Westfield Ave Apt 3-B, Elizabeth, NJ 07208-1366
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New Jersey Police Crash Investigation Report	Case Number 20-047740	Page 2 of ____

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
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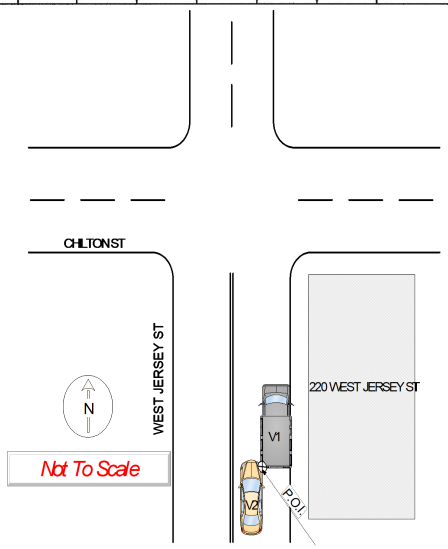
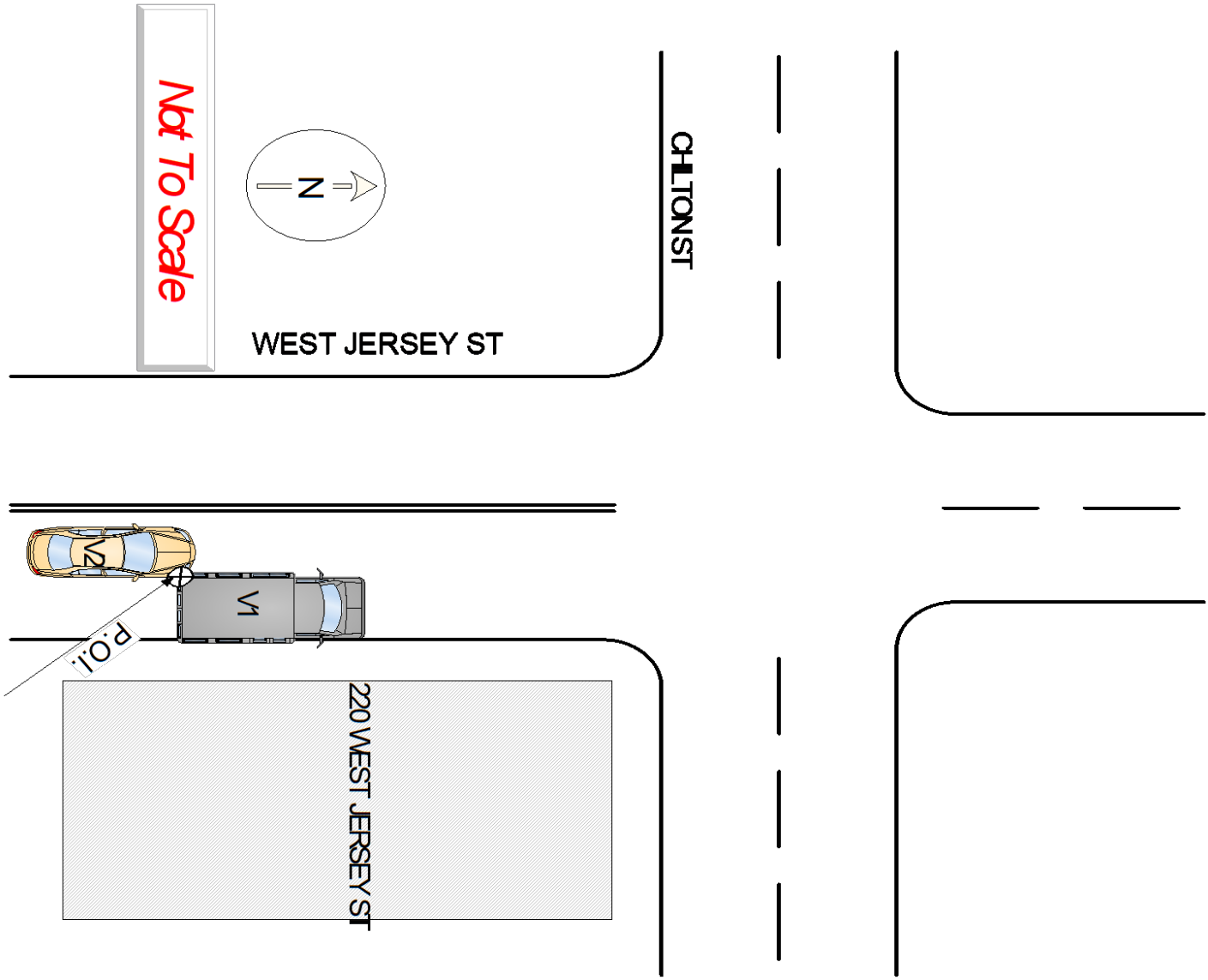


145. Crash Description/Narrative

Driver 1 stated he was dropped off two passengers at 220 West Jersey St. He was parked right in front of the building when a gold in color Honda Accord (No plate) hit / sideswiped the rear driver's side bumper. This caused damage to the bumper. Driver 1 was advised accordingly. BWR

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Goldate, Timothy: PO G887		RSCHALEN		☒ Pending ☐ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. Elizabeth Station_____	Code 0 1 Case No. 20-047740



Goldate, Timothy: PO G887
Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. Elizabeth Station_____	Code 0 1 Case No. 20-047740

NJTR-1A (rev. 01/17)

Goldate, Timothy: PO G887
Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: Elizabeth Code: 0 1 Station: _____ Case No.: 20-047740

(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
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Goldate, Timothy: PO G887
Officer's Signature

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Badge Number