Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 20-048262

2. Police Dept. of: Elizabeth — Code: 01

3. Station/Precinct:

10. Crash Occurred On: 1147 Magnolia Avenue (Road Name) — W (Dir)

11. Speed Limit: 25

12. Route No. — Suffix — 13. Milepost

18. Speed Limit

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

19. Ramp ☐To: ☐From: 17. Cross Road Name/Route No. ☐NB ☐EB ☐SB ☐WB

21. Latitude — 20 Route Name/Route No. — 22. Longitude

4. Date of Crash (mm dd yy): 04 02 20

5. Day of Week: Su M Tu W Th F Sa — Th

6. Time (use 2400 hrs.): 1103

7. Municipality Code: 2004

8. Total Killed: 00

9. Total Injured: 00

Vehicle 1

23. Veh. #: 01

24. Policy No.: G00 9794209 00

25. NJ Ins. Code: 392

☒ Parked ☐ Ped ☐ Pedalcylist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name — Initial — Last Name: --

29. Sex:

27. Number & Street:

28. City — State — Zip:

30. Eyes — DL Class — Restrictions — Endorsements — 31. State:

32. Driver's License Number — 33. DOB (mm dd yy) — 34. Expires (mm yy):

35. Owner's First Name — Initial — Last Name

☐ Same as Driver: Solange Ducasse-Lamarre

36. Number & Street: 1147 Magnolia Ave FL 1

37. City — State — Zip: Elizabeth, NJ, 07201

38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State
GMC	ENV	BK	02	X42LNW	NJ

44. VIN: 1GKDT13S922300742 — 45. Expires: 08/20

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 ☐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. #: 02

54. Policy No.

55. NJ Ins. Code

☐ Parked ☐ Ped ☐ Pedalcylist ☐ 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:

☐ 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.
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														
B														
C														
D														

New Jersey Police Crash Investigation Report	Case Number 20-048262	Page 2 of 2

	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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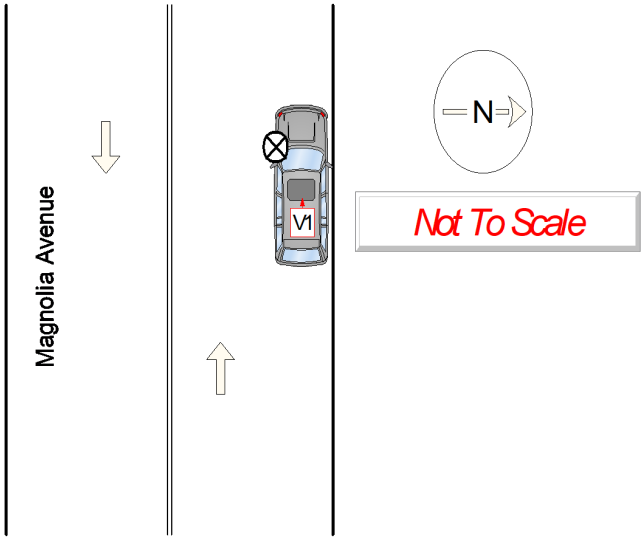


145. Crash Description/Narrative

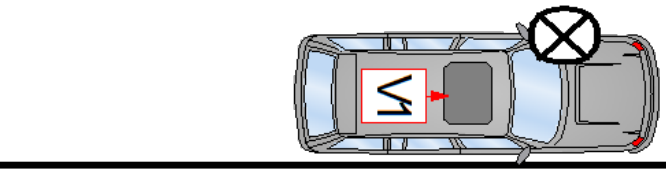
Owner of V1 stated she parked her vehicle at 1147 Magnolia Avenue last night 04/01/2020 at approximately 22:00 hours. Same stated she heard a loud noise at approximately 08:00 hours today 04/02/2020 but did not come outside to check. She then stepped out of the house at 11:03 hours where she observed damage to her vehicle. There was visible damage to the driver side fender, door and wheel.

BWR

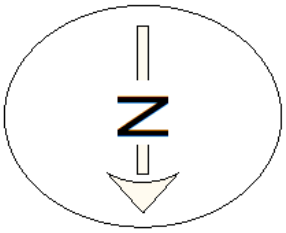
146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Serrano, Zuannette: PO S970	S970	RSCHALEN		☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. Elizabeth Code 0 1 Station Case No. 20-048262

Magnolia Avenue



Not To Scale



Serrano, Zuannette: PO S970
Officer's Signature

S970
Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. Elizabeth Code 0 1 Station Case No. 20-048262

Serrano, Zuannette: PO S970
Officer's Signature

S970
Badge Number

New Jersey Police Crash Investigation Report	Police Dept: Elizabeth	Code: 0 1
Motor Vehicle Crash Description	Station:	Case No.: 20-048262

(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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Serrano, Zuannette: PO S970
Officer's Signature

S970
Badge Number

NJTR-1M (Rev. 01/17)