

96	04	Page 1 of 4	☐ Fatal	New Jersey Police Crash Investigation Report										☒ Reportable	☐ Non-Reportable	☐ Change Report	118a	00																					
97	01	1. Case Number		19-172669										10. Crash Occurred On:		North Avenue East		11. Speed Limit		25		12. Route No.		Suffix		13. Milepost		18. Speed Limit		118b	----								
98	01	2. Police Dept. of		Code		01		☒ At Intersection with		☐ Feet		☐ Miles		☐ N		☐ E		☐ S		☐ W		of: Spring Street		19. To: 17. Cross Road Name/Route No.		☐ NB		☐ EB		119a	----								
99	03	3. Station/Precinct						14		15		16		19. From:				☐ SB		☐ WB		21. Latitude		20 Route Name/Route No.		22. Longitude				119b	----								
100a	01	4. Date of Crash		mm		dd		yy		5. Day of Week		Su M Tu W Th F Sa		6. Time (use 2400 hrs.)		1631		7. Municipality Code		2004		8. Total Killed		00		9. Total Injured		01				120a	00						
100b	04	23. Veh. #		3		24. Policy No.		UNKNOWN		25. NJ Ins. Code				53. Veh. #		54. Policy No.		55. NJ Ins. Code												120b									
101	02	26. Driver's First Name		Initial		Last Name		29. Sex		☐ Parked		☐ Ped		☐ Pedalcyclist		☐ Resp. to Emergency		☒ Hit & Run				☐ Parked		☐ Ped		☐ Pedalcyclist		☐ Resp. to Emergency		☐ Hit & Run		121a	----						
102	01	27. Number & Street								29. Sex																						121b							
103	01	28. City				State		Zip						58. City				State		Zip												122	00						
104	03	30. Eyes		DL Class		Restrictions		Endorsements		31. State				60. Eyes		DL Class		Restrictions		Endorsements		61. State										123	----						
105	01	32. Driver's License Number								33. DOB		mm dd yy		34. Expires		mm yy		62. Driver's License Number								63. DOB		mm dd yy		64. Expires		mm yy		124	03				
106	----	35. Owner's First Name		Initial		Last Name		36. Number & Street		37. City		State		Zip		65. Owner's First Name		Initial		Last Name		66. Number & Street		67. City		State		Zip						125	----				
107	----	☐ Same as Driver		Unknown						☐ Same as Driver								☐ Same as Driver																126a	----				
108	25	38. Make		39. Model		40. Color		41. Year		42. Plate No.		43. State		68. Make		69. Model		70. Color		71. Year		72. Plate No.		73. State										126b	----				
109	----	44. VIN						45. Expires		74. VIN				75. Expires																				126c	----				
110	02	46. Vehicle Removed to:		Fled accident scene						76. Vehicle Removed to:																								126d	----				
111	----	☒ Driven		☐ Towed Disabled		☐ Towed Disabled & Impounded				☐ Driven		☐ Towed Disabled		☐ Towed Disabled & Impounded																				126e	----				
112	01	☐ Left at Scene		☐ Towed Impounded						☐ Left at Scene		☐ Towed Impounded																						127a	----				
113	----	47. Authority		☐ Owner		☐ Driver		☐ Police		77. Authority		☐ Owner		☐ Driver		☐ Police																		127b	----				
114	03	48. Alcohol Drug Test		Given: ☐ No ☐ Yes ☐ Refused		Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0. % ☐ Pending		49. Hazardous Material		☐ None ☐ On Board ☐ Spill		78. Alcohol Drug Test		Given: ☐ No ☐ Yes ☐ Refused		Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0. % ☐ Pending		79. Hazardous Material		☐ None ☐ On Board ☐ Spill										127c	----				
115	----	50. Carrier No.		☐ USDOT		☐ MC/MX		☐ None		51. GVWR / GCWR (trucks & buses only)		☐ ≤ 10,000 lbs.		☐ 10,001 - 26,000 lbs.		☐ ≥ 26,001 lbs.		80. Carrier No.		☐ USDOT		☐ MC/MX		☐ None		81. GVWR / GCWR (trucks & buses only)		☐ ≤ 10,000 lbs.		☐ 10,001 - 26,000 lbs.		☐ ≥ 26,001 lbs.		127d	----				
116	04	52. Motor Carrier or Government Entity								52. Motor Carrier or Government Entity																										127e	----		
117	----	Number & Street								Number & Street																										128	----		
		City				State		Zip		City				State		Zip																				129	----		
		135. Damage to Other Property		☐ Yes (If Yes, describe)		☒ No																														130	----		
		Oper.		136. Charge				137. Summons No.		Oper.		138. Charge				139. Summons No.																				131	----		
		Oper.		140. Charge				141. Summons No.		Oper.		142. Charge				143. Summons No.																				132	----		
		A		83		84		85		86		87		88		89		90		91		92		93		94		95		Names & Addresses of Occupants		If Deceased, Date & Time of Death		133	00				
		B																																		134	----		
		C																																					
		D																																					

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	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants <i>If Deceased, Date & Time of Death</i>
E	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
F	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
G	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
H	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
I	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
J	---	---	---	---	---	---	---	---	---	---	---	---	---	----- -----
145. Crash Description/Narrative See page 1.														
146. Officer's Signature Deabreu, Helder: PO D754														
147. Badge # 198														
148. Reviewer														
Badge #														
149. Case Status ☐ Pending ☒ Complete														

New Jersey Police Crash Investigation Report	Police Dept. <u>Elizabeth</u>	Code <u>0 1</u>
	Station _____	Case No. <u>19-172669</u>



[illegible]

