

96	05	Page 1 of 1	☐ Fatal	New Jersey Police Crash Investigation Report										☒ Reportable	☐ Non-Reportable	☐ Change Report	118a	25											
97	01	1. Case Number 19-174211		10. Crash Occurred On: 515 South Fifth Street										11. Speed Limit		12. Route No. Suffix		13. Milepost	18. Speed Limit	118b	25								
98	01	2. Police Dept. of Elizabeth		Code 01		☐ At Intersection with										☐ N ☐ E		☐ S ☐ W		of:	☐ NB ☐ EB		119a	00					
99	07	3. Station/Precinct		14. ☐ Feet ☐ Miles										15. ☐ N ☐ E		16. ☐ S ☐ W		19. To: 17. Cross Road Name/Route No.		☐ NB ☐ EB		119b	00						
100a	01	4. Date of Crash mm dd yy 11 23 19		5. Day of Week Su M Tu W Th F Sa Th F Sa		6. Time (use 2400 hrs.) 15 52		7. Municipality Code 2004		8. Total Killed 00		9. Total Injured 00		21. Latitude		20. Route Name/Route No.		22. Longitude		120a	----								
100b	04	23. Veh. # 1		24. Policy No. 4375-05-90-21		25. NJ Ins. Code 100		53. Veh. # 2		54. Policy No. UNKNOWN		55. NJ Ins. Code								120b									
101	02	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run		26. Driver's First Name Initial Last Name		29. Sex		56. Driver's First Name Initial Last Name		59. Sex										121a	00								
102	01	27. Number & Street						57. Number & Street												121b	00								
103	01	28. City		State Zip				58. City		State Zip										122	10								
104	02	30. Eyes		DL Class		Restrictions		Endorsements		31. State				60. Eyes		DL Class		Restrictions		Endorsements		61. State	123	09					
105	08	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	11						
106	----	35. Owner's First Name Initial Last Name		Gerson A Reyes-Benitez				65. Owner's First Name Initial Last Name		Antonio J Correia												125	11						
107	----	36. Number & Street 515 S 5th St Apt 1						66. Number & Street 534 S Broad St														126a	28						
108	01	37. City Elizabeth, NJ 07206-1012		State Zip				67. City Elizabeth, NJ 07202-3556		State Zip												126b	----						
109	05	38. Make MBZ		39. Model C		40. Color WHT		41. Year 11		42. Plate No. D74EXD		43. State NJ		68. Make FOR		69. Model F15		70. Color TAN		71. Year 98		72. Plate No. N96JDJ		73. State NJ	126c	----			
110	01	44. VIN WDDGF8BB8BR155670		45. Expires 12/19				74. VIN 1FTRX18L4WNC07929		75. Expires 09/20												126d	----						
111	00	46. Vehicle Removed to: left at scene						76. Vehicle Removed to: left at scene														126e	28						
112	----	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded						☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded														127a	26						
113	----	47. Authority ☒ Owner ☐ Driver ☐ Police						77. Authority ☐ Owner ☐ Driver ☐ Police														127b	----						
114	----	48. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused		49. Hazardous Material ☐ None ☐ On Board ☐ Spill				78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused		79. Hazardous Material ☐ None ☐ On Board ☐ Spill												127c	----						
115	----	Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0. % ☐ Pending		Hazard Class Placard No.		Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0. % ☐ Pending		Hazard Class Placard No.										127d	----						
116	----	50. Carrier No. ☐ USDOT ☐ MC/MX		51. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.				80. Carrier No. ☐ USDOT ☐ MC/MX		81. GVWR / GCWR (trucks & buses only) ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.												127e	26						
117	00	52. Motor Carrier or Government Entity						82. Motor Carrier or Government Entity														128	26						
		Number & Street						Number & Street														129	12						
		City		State Zip				City		State Zip												130	11						
		135. Damage to Other Property ☐ Yes (If Yes, describe) ☒ No																				131	----						
		Oper.		136. Charge		137. Summons No.		Oper.		138. Charge		139. Summons No.										133	02						
		Oper.		140. Charge		141. Summons No.		Oper.		142. Charge		143. Summons No.										134	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		----		----		----		----		----		----		----		----		----		----		----		----		----		----	
B		----		----		----		----		----		----		----		----		----		----		----		----		----		----	
C		----		----		----		----		----		----		----		----		----		----		----		----		----		----	
D		----		----		----		----		----		----		----		----		----		----		----		----		----		----	

New Jersey Police Crash Investigation Report	Police Dept. <u>Elizabeth</u>	Code <u>0 1</u>
	Station _____	Case No. <u>19-174211</u>

Motor Vehicle Crash Description



