

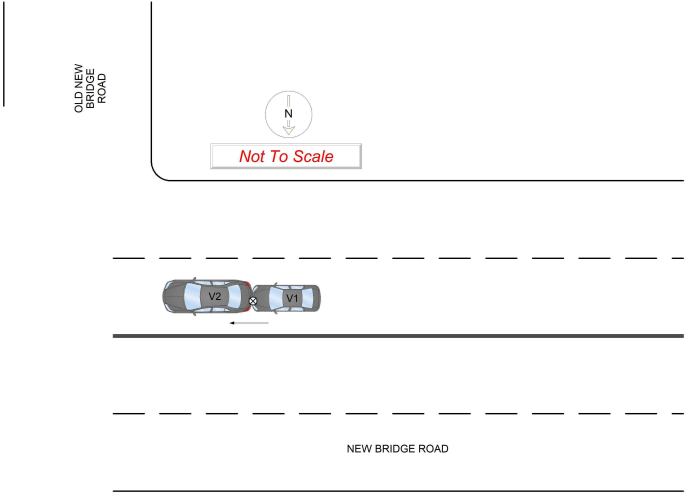
|            |                                                                                                                                                                                                                                                                                                |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------|--|-----------------------|--|----------------|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                   |    | <input type="checkbox"/> Fatal |    | New Jersey Police Crash Investigation Report                                                                                                                   |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                    |  | <input type="checkbox"/> Change Report                     |  |                       |  |                |  |
| 97<br>01   | 1 Case Number<br>I-2022-014047                                                                                                                                                                                                                                                                 |    |                                |    | 10 Crash Occured On : NEW BRIDGE ROAD                                                                                                                          |    |                                               |    | E                                                                                                                                                                                                                                                                                              |    | 11 Speed Limit<br>35                                                |    | 49                                                                                                                                                             |                                                                           | -                                              |  | ---                                                        |  | --                                                         |  | 118a<br>09            |  |                |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                        |    |                                |    | Code<br>01                                                                                                                                                     |    | <input type="checkbox"/> At Intersection with |    | Road Name                                                                                                                                                                                                                                                                                      |    | Dir                                                                 |    | 12 Route No                                                                                                                                                    |                                                                           | Suffix                                         |  | 13 Milepost                                                |  | 18 Speed Limit                                             |  | 118h<br>--            |  |                |  |
|            |                                                                                                                                                                                                                                                                                                |    |                                |    |                                                                                                                                                                |    | <input checked="" type="checkbox"/> Feet      |    | <input type="checkbox"/> N<br><input type="checkbox"/> S                                                                                                                                                                                                                                       |    | <input type="checkbox"/> E<br><input checked="" type="checkbox"/> W |    | of : OLD NEW BRIDGE ROAD                                                                                                                                       |                                                                           |                                                |  |                                                            |  | 35                                                         |  | 119a<br>25            |  |                |  |
| 99<br>05   | 3 Station/Precinct<br>NEW MTI FORD                                                                                                                                                                                                                                                             |    |                                |    |                                                                                                                                                                |    | <input type="checkbox"/> Miles                |    |                                                                                                                                                                                                                                                                                                |    | 16                                                                  |    | 19 Ramp                                                                                                                                                        |                                                                           | To: 17 Cross Road Name/Route No.               |  | <input type="checkbox"/> NB<br><input type="checkbox"/> SB |  | <input type="checkbox"/> EB<br><input type="checkbox"/> WB |  | 119h<br>--            |  |                |  |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>10 24 22                                                                                                                                                                                                                                                        |    | 5 Day of Week<br>Mon           |    | 6 Time<br>(use 2400 hrs)<br>16:24                                                                                                                              |    | 7 Municipality<br>Code<br>0238                |    | 8 Total Killed<br>--                                                                                                                                                                                                                                                                           |    | 9 Total Injured<br>--                                               |    | 21 Latitude<br>-- . -----                                                                                                                                      |                                                                           | 20 Route Name/ Route No.                       |  | 22 Longitude<br>-- . -----                                 |  |                                                            |  | 120a<br>01            |  |                |  |
| 100b<br>04 | 23 Veh #<br>01                                                                                                                                                                                                                                                                                 |    | 24 Polircv Nn<br>3556086       |    |                                                                                                                                                                |    | 25 N.I Ins Code<br>101                        |    |                                                                                                                                                                                                                                                                                                |    | 53 Veh #<br>02                                                      |    | 54 Polircv Nn<br>4243-44-94-04                                                                                                                                 |                                                                           |                                                |  | 55 N.I Ins Code<br>148                                     |  |                                                            |  | 120h<br>--            |  |                |  |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                               |    |                                |    |                                                                                                                                                                |    |                                               |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                               |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 121a<br>01            |  |                |  |
| 102<br>02  | 26 Driver's First Name<br>CARLOS A QUINONES-OROZCO                                                                                                                                                                                                                                             |    |                                |    | Initial<br>Last Name                                                                                                                                           |    |                                               |    | 29 Sex<br>M                                                                                                                                                                                                                                                                                    |    | 56 Driver's First Name<br>HENRIK HAKOBYAN                           |    |                                                                                                                                                                |                                                                           | Initial<br>Last Name                           |  |                                                            |  | 59 Sex<br>M                                                |  | 121h<br>--            |  |                |  |
| 103<br>02  | 27 Number & Street<br>52 WESTVIEW DRIVE                                                                                                                                                                                                                                                        |    |                                |    | State<br>NJ                                                                                                                                                    |    |                                               |    | Zip<br>07621-3349                                                                                                                                                                                                                                                                              |    |                                                                     |    | 57 Number & Street<br>246 HOWARD AVENUE                                                                                                                        |                                                                           |                                                |  | State<br>NJ                                                |  |                                                            |  | Zip<br>07662-3421     |  |                |  |
| 104<br>02  | 28 City<br>BERGENFIELD                                                                                                                                                                                                                                                                         |    |                                |    | State<br>NJ                                                                                                                                                    |    |                                               |    | Zip<br>07621-3349                                                                                                                                                                                                                                                                              |    |                                                                     |    | 58 City<br>ROCHELLE PARK                                                                                                                                       |                                                                           |                                                |  | State<br>NJ                                                |  |                                                            |  | Zip<br>07662-3421     |  |                |  |
|            | 30 Eyes<br>02                                                                                                                                                                                                                                                                                  |    | DL Class<br>D                  |    | Restrictions<br>NO                                                                                                                                             |    | Endorsements<br>NO                            |    | 31 State<br>NJ                                                                                                                                                                                                                                                                                 |    | 60 Eyes<br>02                                                       |    | DL Class<br>D                                                                                                                                                  |                                                                           | Restrictions<br>NO                             |  | Endorsements<br>NO                                         |  | 61 State<br>NJ                                             |  | 122<br>07             |  |                |  |
| 105<br>01  | 32 Drivers License No<br>Q91741106111972                                                                                                                                                                                                                                                       |    |                                |    | 33 DOB<br>mm dd yy<br>11 05 97                                                                                                                                 |    | 34 Expires<br>mm yy<br>11 24                  |    | 62 Drivers License No<br>H02223240004552                                                                                                                                                                                                                                                       |    |                                                                     |    | 63 DOB<br>mm dd yy<br>04 24 55                                                                                                                                 |                                                                           | 64 Expires<br>mm yy<br>04 24                   |  |                                                            |  |                                                            |  | 123<br>08             |  |                |  |
| 106<br>--  | 35 Owner's First Name<br><input checked="" type="checkbox"/> Same As Driver                                                                                                                                                                                                                    |    |                                |    | Initial<br>Last Name<br>--                                                                                                                                     |    |                                               |    | 65 Owner's First Name<br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                               |    |                                                                     |    | Initial<br>Last Name<br>KAREN HAKOBYAN                                                                                                                         |                                                                           |                                                |  |                                                            |  |                                                            |  | 124<br>11             |  |                |  |
| 107<br>--  | 36 Number & Street<br>--                                                                                                                                                                                                                                                                       |    |                                |    | State<br>--                                                                                                                                                    |    |                                               |    | Zip<br>--                                                                                                                                                                                                                                                                                      |    |                                                                     |    | 66 Number & Street<br>246 HOWARD AVE                                                                                                                           |                                                                           |                                                |  | State<br>NJ                                                |  |                                                            |  | Zip<br>07662-3421     |  |                |  |
| 108<br>01  | 38 Make<br>TOY                                                                                                                                                                                                                                                                                 |    | 39 Model<br>COA                |    | 40 Color<br>TN                                                                                                                                                 |    | 41 Year<br>2006                               |    | 42 Plate No.<br>M15MPK                                                                                                                                                                                                                                                                         |    | 43 State<br>NJ                                                      |    | 68 Make<br>TSM                                                                                                                                                 |                                                                           | 69 Model<br>3                                  |  | 70 Color<br>BL                                             |  | 71 Year<br>2022                                            |  | 72 Plate No<br>Z97RAV |  | 73 State<br>NJ |  |
| 109<br>01  | 44 VIN<br>2T1BR32E06C570880                                                                                                                                                                                                                                                                    |    |                                |    | 45 Expires<br>mm yy<br>07 23                                                                                                                                   |    | 74 VIN<br>5YJ3E1EBXNF249977                   |    |                                                                                                                                                                                                                                                                                                |    | 75 Expires<br>mm yy<br>06 26                                        |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 126c<br>--            |  |                |  |
| 110<br>01  | 46 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                             |    |                                |    |                                                                                                                                                                |    |                                               |    | 76 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                             |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 126d<br>--            |  |                |  |
| 111<br>01  | 47 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                      |    |                                |    |                                                                                                                                                                |    |                                               |    | 77 Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                      |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 126e<br>26            |  |                |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |    |                                |    | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.         |    |                                               |    | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |    |                                                                     |    | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.         |                                                                           |                                                |  |                                                            |  |                                                            |  | 127a<br>26            |  |                |  |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                      |    |                                |    | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |    |                                               |    | 80 Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                      |    |                                                                     |    | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                                                           |                                                |  |                                                            |  |                                                            |  | 127e<br>26            |  |                |  |
| 116<br>02  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                          |    |                                |    | 82 Carrier name<br>--                                                                                                                                          |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 127h<br>--            |  |                |  |
| 117<br>02  | Number & Street<br>--                                                                                                                                                                                                                                                                          |    |                                |    | 83 Carrier name<br>--                                                                                                                                          |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 127i<br>--            |  |                |  |
|            | City<br>--                                                                                                                                                                                                                                                                                     |    |                                |    | State<br>--                                                                                                                                                    |    |                                               |    | Zip<br>--                                                                                                                                                                                                                                                                                      |    |                                                                     |    | City<br>--                                                                                                                                                     |                                                                           |                                                |  | State<br>--                                                |  |                                                            |  | Zip<br>--             |  |                |  |
|            | 135 Damage To Other Property<br><input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                         |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 127j<br>--            |  |                |  |
|            |                                                                                                                                                                                                                                                                                                |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                                |    |                                                                     |    |                                                                                                                                                                |                                                                           |                                                |  |                                                            |  |                                                            |  | 127k<br>--            |  |                |  |
|            | Oper 136 Charge<br>--                                                                                                                                                                                                                                                                          |    |                                |    | 137 Summons No<br>--                                                                                                                                           |    |                                               |    | Oper 138 Charge<br>--                                                                                                                                                                                                                                                                          |    |                                                                     |    | 139 Summons No<br>--                                                                                                                                           |                                                                           |                                                |  |                                                            |  |                                                            |  | 127l<br>--            |  |                |  |
|            | Oper 140 Charge<br>--                                                                                                                                                                                                                                                                          |    |                                |    | 141 Summons No<br>--                                                                                                                                           |    |                                               |    | Oper 142 Charge<br>--                                                                                                                                                                                                                                                                          |    |                                                                     |    | 143 Summons No<br>--                                                                                                                                           |                                                                           |                                                |  |                                                            |  |                                                            |  | 127m<br>--            |  |                |  |
| A          | 83                                                                                                                                                                                                                                                                                             | 84 | 85                             | 86 | 87                                                                                                                                                             | 88 | 89                                            | 90 | 91                                                                                                                                                                                                                                                                                             | 92 | 93                                                                  | 94 | 95                                                                                                                                                             | Names & Address of Occupants - If Deceased, Date & Time of Death          |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |
|            | 01                                                                                                                                                                                                                                                                                             | 01 | 01                             | 05 | 24                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                                                                                                                                                                             | 04 | 04                                                                  | -- | --                                                                                                                                                             | QUINONES-OROZCO, CARLOS A<br>52 WESTVIEW DRIVE, BERGENFIELD NJ 07621-3349 |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |
| B          | 02                                                                                                                                                                                                                                                                                             | 01 | 01                             | 05 | 67                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                                                                                                                                                                             | 04 | 04                                                                  | -- | --                                                                                                                                                             | HAKOBYAN, HENRIK<br>246 HOWARD AVENUE, ROCHELLE PARK NJ 07662-342         |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |
| C          | 02                                                                                                                                                                                                                                                                                             | 06 | 01                             | 05 | 4                                                                                                                                                              | M  | --                                            | -- | --                                                                                                                                                                                                                                                                                             | 05 | 05                                                                  | -- | --                                                                                                                                                             | HAKOBYAN, ARSEN<br>246 HOWARD AVENUE, ROCHELLE PARK NJ 07662              |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |
| D          | --                                                                                                                                                                                                                                                                                             | -- | --                             | -- | --                                                                                                                                                             | -- | --                                            | -- | --                                                                                                                                                                                                                                                                                             | -- | --                                                                  | -- | --                                                                                                                                                             | --                                                                        |                                                |  |                                                            |  |                                                            |  |                       |  |                |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

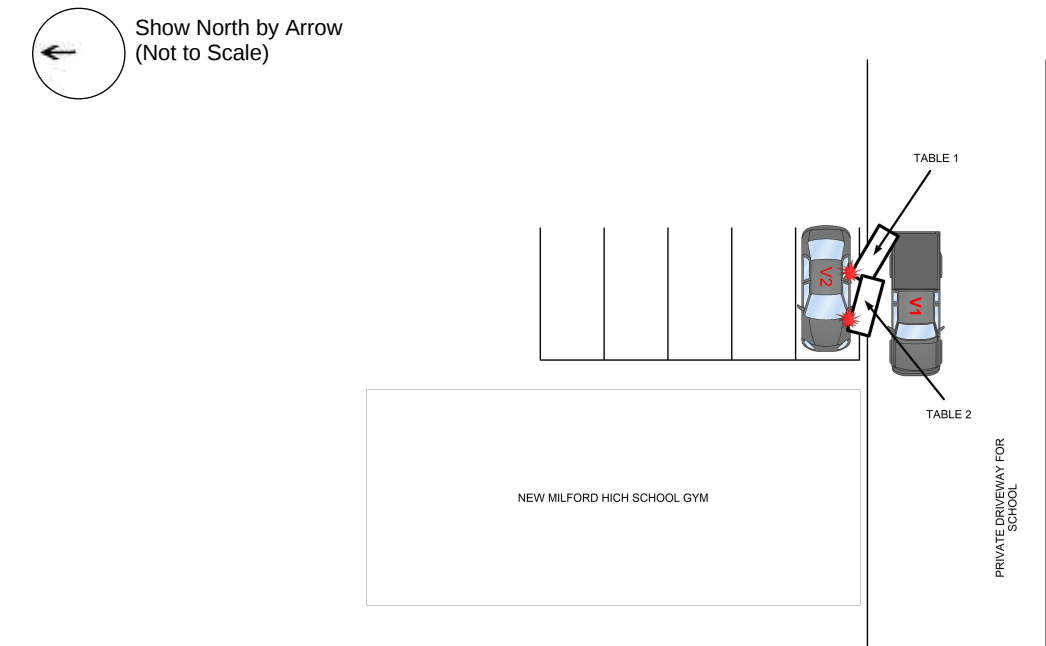
THE DRIVER OF V2 STATED HE WAS TRAVELING E/B ON NEW BRIDGE ROAD IN THE LEFT LANE, APPROACHING THE INTERSECTION WITH OLD NEW BRIDGE ROAD. V1 WAS FOLLOWING DIRECTLY BEHIND. THE DRIVER OF AS V2 STATED HE BEGAN TO SLOW IN TRAFFIC AND WAS REAR ENDED BY V1.

DRIVER OF V1 STATED HE APPLIED THE BREAKS, HOWEVER DUE TO THE WET ROAD SURFACE, HIS VEHICLE SLID INTO THE REAR OF V2.

|            |                                                                                                                                                                                                                                                                                                |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|----------|----------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------|----------|------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-----------|-------------|--|--------------|--|------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|-----------|--|-----------|--|--|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                   |          | <input type="checkbox"/> Fatal     |          | New Jersey Police Crash Investigation Report |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014175                                                                                                                                                                                                                                                                 |          |                                    |          | 10 Crash Occured On : 330 RIVER ROAD         |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             | 11 Speed Limit<br>15                           |  | 12 Route No                             |  | 13 Milepost                            |  | 118a<br>40                                                                                                                                                                                                                                                                          |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                        |          |                                    |          | Code<br>--                                   |         | <input type="checkbox"/> At Intersection with<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Miles |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  | Road Name<br>N<br>S<br>E<br>W           |  | Dir<br>--                              |  | 18 Speed Limit<br>--                                                                                                                                                                                                                                                                |  | 118h<br>--           |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 99<br>09   | 3 Station/Precinct<br>--                                                                                                                                                                                                                                                                       |          |                                    |          | 14<br>15                                     |         | 19 Ramp<br><input type="checkbox"/> To: 17 Cross Road Name/Route No.<br><input type="checkbox"/> From: --        |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  | 20 Route Name/ Route No.                |  | 22 Longitude                           |  | 119a<br>25                                                                                                                                                                                                                                                                          |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>10 26 22                                                                                                                                                                                                                                                        |          | 5 Day of Week<br>Wed               |          | 6 Time<br>(use 2400 hrs)<br>13:00            |         | 7 Municipality<br>Code<br>0238                                                                                   |          | 8 Total Killed<br>--         |          | 9 Total Injured<br>--                                                                                                                                                     |          | 21 Latitude<br>-- . --           |                                                                                                                                             | 20 Route Name/ Route No.                       |  | 22 Longitude<br>-- . --                 |  | 119h<br>--                             |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 100b<br>04 | 23 Veh #<br>01                                                                                                                                                                                                                                                                                 |          | 24 Polriv Nn<br>GPNV EP-0018485-02 |          |                                              |         | 25 N.I Ins Code<br>228                                                                                           |          |                              |          | 53 Veh #<br>02                                                                                                                                                            |          | 54 Polriv Nn<br>231 8414-A02-52C |                                                                                                                                             |                                                |  | 55 N.I Ins Code<br>328                  |  |                                        |  | 120a<br>01                                                                                                                                                                                                                                                                          |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                               |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 120h<br>--                             |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 102<br>01  | 26 Driver's First Name<br>CHRISTOPH J BAYLES                                                                                                                                                                                                                                                   |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 29 Sex<br>M                                                                                                                                                               |          | 56 Driver's First Name<br>--     |                                                                                                                                             |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  | 59 Sex<br>--         |           | 121a<br>--  |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 103<br>01  | 27 Number & Street<br>70 KINDERKAMACK ROAD                                                                                                                                                                                                                                                     |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 121h<br>--                             |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 104<br>02  | 28 City<br>HILLSDALE                                                                                                                                                                                                                                                                           |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | State<br>NJ                                                                                                                                                               |          | Zip<br>07642-2236                |                                                                                                                                             | 58 City<br>--                                  |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      |           | State<br>-- |  | Zip<br>--    |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
|            | 30 Eyes<br>02                                                                                                                                                                                                                                                                                  |          | DL Class<br>D                      |          | Restrictions<br>--                           |         | Endorsements<br>--                                                                                               |          | 31 State<br>NJ               |          | 60 Eyes<br>--                                                                                                                                                             |          | DL Class<br>--                   |                                                                                                                                             | Restrictions<br>--                             |  | Endorsements<br>--                      |  | 61 State<br>--                         |  | 122<br>01                                                                                                                                                                                                                                                                           |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 105<br>99  | 32 Drivers License No<br>B09631247105652                                                                                                                                                                                                                                                       |          |                                    |          |                                              |         | 33 DOB<br>mm dd yy<br>05 02 65                                                                                   |          | 34 Expires<br>mm yy<br>05 25 |          | 62 Drivers License No<br>--                                                                                                                                               |          |                                  |                                                                                                                                             |                                                |  | 63 DOB<br>mm dd yy<br>-- -- --          |  | 64 Expires<br>mm yy<br>-- --           |  | 123<br>10                                                                                                                                                                                                                                                                           |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 106<br>--  | 35 Owner's First Name<br>NEW MILFORD BD OF ED                                                                                                                                                                                                                                                  |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 65 Owner's First Name<br>MICHELLE HARLE                                                                                                                                   |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  | 124<br>11                                                                                                                                                                                                                                                                           |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 107<br>--  | 36 Number & Street<br>145 MADISON AVE                                                                                                                                                                                                                                                          |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 125<br>11                              |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
|            | 37 City<br>NEW MILFORD                                                                                                                                                                                                                                                                         |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | State<br>NJ                                                                                                                                                               |          | Zip<br>07646                     |                                                                                                                                             | 67 City<br>STONY POINT                         |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      |           | State<br>NY |  | Zip<br>10980 |  | 126a<br>09 |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 108<br>05  | 38 Make<br>FOR                                                                                                                                                                                                                                                                                 |          | 39 Model<br>350                    |          | 40 Color<br>WT                               |         | 41 Year<br>2021                                                                                                  |          | 42 Plate No.<br>44591MG      |          | 43 State<br>NJ                                                                                                                                                            |          | 68 Make<br>SUB                   |                                                                                                                                             | 69 Model<br>OUT                                |  | 70 Color<br>BL                          |  | 71 Year<br>2019                        |  | 72 Plate No<br>EPS8664                                                                                                                                                                                                                                                              |  | 73 State<br>NY       |           | 126h<br>28  |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 109<br>01  | 44 VIN<br>1FDRF3H63MED53711                                                                                                                                                                                                                                                                    |          |                                    |          |                                              |         |                                                                                                                  |          | 45 Expires<br>mm yy<br>01 24 |          | 74 VIN<br>4S4BSENC7K3374508                                                                                                                                               |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 75 Expires<br>mm yy<br>03 23           |  | 126c<br>--                                                                                                                                                                                                                                                                          |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 110<br>02  | 46 Vehicle Removed To<br>--                                                                                                                                                                                                                                                                    |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 126d<br>--                             |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 111<br>01  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                      |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 126e<br>09                             |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 112<br>--  | 47 Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                      |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 77 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                 |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  | 127a<br>12                                                                                                                                                                                                                                                                          |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No.              |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  | 78 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |  |                      |           |             |  |              |  |            |  | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No.   |  |             |  |           |  |           |  |  |  | 127c<br>-- |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                              |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input checked="" type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                   |  |                      |           |             |  |              |  |            |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |  |             |  |           |  |           |  |  |  | 127e<br>12 |
| 116<br>04  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                          |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          | 82 Carrier name<br>--                                                                                                                                                     |          |                                  |                                                                                                                                             |                                                |  |                                         |  |                                        |  | 128<br>09                                                                                                                                                                                                                                                                           |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| 117<br>04  | Number & Street<br>--                                                                                                                                                                                                                                                                          |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 129<br>--                              |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
|            | City<br>--                                                                                                                                                                                                                                                                                     |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | State<br>--                            |  | Zip<br>--                                                                                                                                                                                                                                                                           |  | City<br>--           |           |             |  |              |  |            |  |                                                                                                                                                                |  | State<br>-- |  | Zip<br>-- |  | 130<br>-- |  |  |  |            |
|            | 135 Damage To Other Property<br><input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                         |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | --                                     |  |                                                                                                                                                                                                                                                                                     |  |                      |           |             |  |              |  | 131<br>09  |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
|            | Oper 136 Charge<br>--                                                                                                                                                                                                                                                                          |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 137 Summons No<br>--                   |  | Oper 138 Charge<br>--                                                                                                                                                                                                                                                               |  | 139 Summons No<br>-- |           |             |  |              |  |            |  |                                                                                                                                                                |  | 132<br>09   |  |           |  |           |  |  |  |            |
|            | Oper 140 Charge<br>--                                                                                                                                                                                                                                                                          |          |                                    |          |                                              |         |                                                                                                                  |          |                              |          |                                                                                                                                                                           |          |                                  |                                                                                                                                             |                                                |  |                                         |  | 141 Summons No<br>--                   |  | Oper 142 Charge<br>--                                                                                                                                                                                                                                                               |  | 143 Summons No<br>-- |           |             |  |              |  |            |  |                                                                                                                                                                |  | 133<br>01   |  |           |  |           |  |  |  |            |
| A          | 83<br>01                                                                                                                                                                                                                                                                                       | 84<br>01 | 85<br>01                           | 86<br>-- | 87<br>57                                     | 88<br>M | 89<br>--                                                                                                         | 90<br>-- | 91<br>--                     | 92<br>11 | 93<br>04                                                                                                                                                                  | 94<br>-- | 95<br>--                         | Names & Address of Occupants - If Deceased, Date & Time of Death<br>BAYLES, CHRISTOPH J --<br>70 KINDERKAMACK ROAD. HILLSDALE NJ 07642-2236 |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      | 134<br>02 |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| B          | --                                                                                                                                                                                                                                                                                             | --       | --                                 | --       | --                                           | --      | --                                                                                                               | --       | --                           | --       | --                                                                                                                                                                        | --       | --                               | --                                                                                                                                          |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      | --        |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| C          | --                                                                                                                                                                                                                                                                                             | --       | --                                 | --       | --                                           | --      | --                                                                                                               | --       | --                           | --       | --                                                                                                                                                                        | --       | --                               | --                                                                                                                                          |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      | --        |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |
| D          | --                                                                                                                                                                                                                                                                                             | --       | --                                 | --       | --                                           | --      | --                                                                                                               | --       | --                           | --       | --                                                                                                                                                                        | --       | --                               | --                                                                                                                                          |                                                |  |                                         |  |                                        |  |                                                                                                                                                                                                                                                                                     |  |                      | --        |             |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |           |  |  |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |

144 Crash Diagram



145 Crash Description

**DRIVER OF V1 WAS PASSING PARKED V2 WHEN AN UNSECURED LOAD OF PLASTIC FOLDING TABLES (TABLE 1 AND TABLE 2) FELL OFF THE CARGO AREA OF THE TRUCK AND DAMAGED V2. THREE DENTS AND MINOR SCRATCHES WERE OBSERVED ON THE SIDE OF V2.**

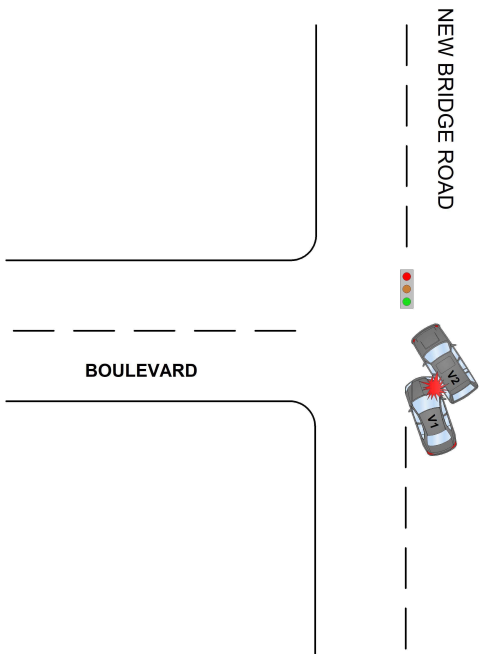
|            |                                                                                                                                      |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-------------------------------------------------|--|----------------|--|-----------------------------------------|--|-------------|--|-----------------------------------------------------|--|--|--|--------------------------------------------|--|--|--|-----------------------------------------------|--|--|--|------------|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                         |    | <input type="checkbox"/> Fatal |    | New Jersey Police Crash Investigation Report                                                                                                                   |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                                                              |  | <input type="checkbox"/> Change Report |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 97<br>01   | 1 Case Number<br>I-2022-014248                                                                                                       |    |                                |    | 10 Crash Occured On : NEW BRIDGE ROAD                                                                                                                          |    |                                               |    | E                                                                                                                                    |    | 11 Speed Limit<br>35 |    | 49                                                                                                                                                             |                                                                  | --                                             |  | --                                                                                                   |  | 118a<br>25                             |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                              |    |                                |    | Code<br>01                                                                                                                                                     |    | <input type="checkbox"/> At Intersection with |    | Road Name                                                                                                                            |    | Dir                  |    | 12 Route No                                                                                                                                                    |                                                                  | Suffix                                         |  | 13 Milepost                                                                                          |  | 118b<br>--                             |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 99<br>05   | 3 Station/Precinct<br>NEW MTI FORD                                                                                                   |    |                                |    | 10                                                                                                                                                             |    | <input checked="" type="checkbox"/> Feet      |    | <input type="checkbox"/> N                                                                                                           |    | E                    |    | of : BOULEVARD                                                                                                                                                 |                                                                  | 18 Speed Limit<br>25                           |  |                                                                                                      |  | 119a<br>06                             |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 100a<br>01 | 4 Date of Crash<br>mm dd vv<br>10 28 22                                                                                              |    |                                |    | 5 Day of Week<br>Fri                                                                                                                                           |    | 6 Time<br>(use 2400 hrs)<br>14:28             |    | 7 Municipality<br>Code<br>0238                                                                                                       |    | 8 Total Killed<br>-- |    | 9 Total Injured<br>--                                                                                                                                          |                                                                  | 21 Latitude<br>--                              |  | 20 Route Name/ Route No.<br>--                                                                       |  | 22 Longitude<br>--                     |  | 119b<br>08                                      |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 100b<br>06 | 23 Veh #<br>1                                                                                                                        |    |                                |    | 24 Polriv No<br>6088558777                                                                                                                                     |    |                                               |    | 25 N.I Ins Code<br>100                                                                                                               |    |                      |    | 53 Veh #<br>2                                                                                                                                                  |                                                                  |                                                |  | 54 Polriv No<br>6631J082961                                                                          |  |                                        |  | 55 N.I Ins Code<br>382                          |  |                |  | 120a<br>01                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 101<br>02  | <input type="checkbox"/> Parked                                                                                                      |    |                                |    | <input type="checkbox"/> Ped                                                                                                                                   |    |                                               |    | <input type="checkbox"/> Pedalcyclist                                                                                                |    |                      |    | <input type="checkbox"/> Resp to Emergency                                                                                                                     |                                                                  |                                                |  | <input type="checkbox"/> Hit & Run                                                                   |  |                                        |  | <input type="checkbox"/> Parked                 |  |                |  | <input type="checkbox"/> Ped            |  |             |  | <input type="checkbox"/> Pedalcyclist               |  |  |  | <input type="checkbox"/> Resp to Emergency |  |  |  | <input checked="" type="checkbox"/> Hit & Run |  |  |  | 120b<br>-- |  |
| 102<br>01  | 26 Driver's First Name<br>JOSE T MATHEW                                                                                              |    |                                |    | Initial                                                                                                                                                        |    |                                               |    | Last Name                                                                                                                            |    |                      |    | 29 Sex<br>M                                                                                                                                                    |                                                                  | 56 Driver's First Name<br>AVROHOM JOSH BROWN   |  |                                                                                                      |  | Initial                                |  |                                                 |  | Last Name      |  |                                         |  | 59 Sex<br>M |  | 121a<br>01                                          |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 103<br>01  | 27 Number & Street<br>745 MYRNA RD                                                                                                   |    |                                |    | State                                                                                                                                                          |    |                                               |    | Zip<br>NJ 07652-3750                                                                                                                 |    |                      |    | 57 Number & Street<br>8 PEACHTREE RD                                                                                                                           |                                                                  |                                                |  | State                                                                                                |  |                                        |  | Zip<br>NY 10956                                 |  |                |  | 121b<br>--                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 104<br>02  | 28 City<br>PARAMUS                                                                                                                   |    |                                |    | State                                                                                                                                                          |    |                                               |    | Zip<br>NJ 07652-3750                                                                                                                 |    |                      |    | 58 City<br>NEW CITY                                                                                                                                            |                                                                  |                                                |  | State                                                                                                |  |                                        |  | Zip<br>NY 10956                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | 30 Eyes<br>01                                                                                                                        |    | DL Class<br>D                  |    | Restrictions<br>0002                                                                                                                                           |    | Endorsements<br>00                            |    | 31 State<br>NJ                                                                                                                       |    | 60 Eyes<br>04        |    | DL Class<br>D                                                                                                                                                  |                                                                  | Restrictions<br>0000                           |  | Endorsements<br>00                                                                                   |  | 61 State<br>NY                         |  | 122<br>03                                       |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 105<br>02  | 32 Drivers License No<br>M08134108303511                                                                                             |    |                                |    | 33 DOB<br>mm dd vv<br>03 15 51                                                                                                                                 |    |                                               |    | 34 Expires<br>mm vv<br>03 23                                                                                                         |    |                      |    | 62 Drivers License No<br>115097141                                                                                                                             |                                                                  |                                                |  | 63 DOB<br>mm dd vv<br>01 24 90                                                                       |  |                                        |  | 64 Expires<br>mm vv<br>01 27                    |  |                |  | 123<br>03                               |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 106<br>--  | 35 Owner's First Name<br>JOSE T MATHEW                                                                                               |    |                                |    | Initial                                                                                                                                                        |    |                                               |    | Last Name                                                                                                                            |    |                      |    | 65 Owner's First Name<br>AVROHOM JOSH BROWN                                                                                                                    |                                                                  |                                                |  | Initial                                                                                              |  |                                        |  | Last Name                                       |  |                |  | 124<br>03                               |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 107<br>--  | 36 Number & Street<br>745 MYRNA RD                                                                                                   |    |                                |    | State                                                                                                                                                          |    |                                               |    | Zip<br>NJ 07652-3750                                                                                                                 |    |                      |    | 66 Number & Street<br>8 PEACHTREE RD                                                                                                                           |                                                                  |                                                |  | State                                                                                                |  |                                        |  | Zip<br>NY 10956                                 |  |                |  | 125<br>03                               |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 108<br>01  | 38 Make<br>SUB                                                                                                                       |    | 39 Model<br>IMP                |    | 40 Color<br>SL                                                                                                                                                 |    | 41 Year<br>2018                               |    | 42 Plate No.<br>T77PJZ                                                                                                               |    | 43 State<br>NJ       |    | 68 Make<br>HYUNDAI                                                                                                                                             |                                                                  | 69 Model<br>GENESIS                            |  | 70 Color<br>WHITE                                                                                    |  | 71 Year<br>2021                        |  | 72 Plate No<br>JEF1676                          |  | 73 State<br>NY |  | 126a<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 109<br>01  | 44 VIN<br>4S3GKAA67J3620765                                                                                                          |    |                                |    | 45 Expires<br>mm vv<br>12 22                                                                                                                                   |    |                                               |    | 74 VIN<br>KMUHCESC2MU074305                                                                                                          |    |                      |    | 75 Expires<br>mm vv<br>12 22                                                                                                                                   |                                                                  |                                                |  |                                                                                                      |  |                                        |  | 126b<br>--                                      |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                                          |    |                                |    | 76 Vehicle Removed To<br>--                                                                                                                                    |    |                                               |    | <input checked="" type="checkbox"/> Driven                                                                                           |    |                      |    | <input type="checkbox"/> Towed Disabled                                                                                                                        |                                                                  |                                                |  | <input type="checkbox"/> Towed Disabled & Impounded                                                  |  |                                        |  | <input checked="" type="checkbox"/> Driven      |  |                |  | <input type="checkbox"/> Towed Disabled |  |             |  | <input type="checkbox"/> Towed Disabled & Impounded |  |  |  | 126c<br>26                                 |  |  |  |                                               |  |  |  |            |  |
| 111<br>01  | <input type="checkbox"/> Left at Scene                                                                                               |    |                                |    | <input type="checkbox"/> Towed Impounded                                                                                                                       |    |                                               |    | <input type="checkbox"/> Left at Scene                                                                                               |    |                      |    | <input type="checkbox"/> Towed Impounded                                                                                                                       |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 126d<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 112<br>--  | 47 Authority<br>Owner                                                                                                                |    |                                |    | <input checked="" type="checkbox"/> Driver                                                                                                                     |    |                                               |    | <input type="checkbox"/> Police                                                                                                      |    |                      |    | 77 Authority<br>Owner                                                                                                                                          |                                                                  |                                                |  | <input type="checkbox"/> Driver                                                                      |  |                                        |  | <input type="checkbox"/> Police                 |  |                |  | 126e<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |    |                                |    | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                        |    |                                               |    | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |    |                      |    | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                        |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127a<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 114<br>--  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                 |    |                                |    | Results : 0. % <input type="checkbox"/> Pending                                                                                                                |    |                                               |    | Hazard Class                                                                                                                         |    |                      |    | Placard No.                                                                                                                                                    |                                                                  |                                                |  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                        |  | Results : 0. % <input type="checkbox"/> Pending |  |                |  | Hazard Class                            |  |             |  | Placard No.                                         |  |  |  | 127b<br>26                                 |  |  |  |                                               |  |  |  |            |  |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                      |    |                                |    | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |    |                                               |    | 80 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                      |    |                      |    | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127c<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 116<br>02  |                                                                                                                                      |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127d<br>26                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| 117<br>02  | 52 Carrier name<br>--                                                                                                                |    |                                |    | 82 Carrier name<br>--                                                                                                                                          |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127e<br>01                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | Number & Street<br>--                                                                                                                |    |                                |    | Number & Street<br>--                                                                                                                                          |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127f<br>01                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | City<br>--                                                                                                                           |    |                                |    | State                                                                                                                                                          |    |                                               |    | Zip<br>--                                                                                                                            |    |                      |    | City<br>--                                                                                                                                                     |                                                                  |                                                |  | State                                                                                                |  |                                        |  | Zip<br>--                                       |  |                |  | 127g<br>07                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | 135 Damage To Other Property<br><input type="checkbox"/> Yes (If yes, describe)                                                      |    |                                |    | <input checked="" type="checkbox"/> No                                                                                                                         |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127h<br>07                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            |                                                                                                                                      |    |                                |    |                                                                                                                                                                |    |                                               |    |                                                                                                                                      |    |                      |    |                                                                                                                                                                |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  | 127i<br>03                              |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | Oper 2<br>136 Charge<br>39:4-129B LEAVING SCENE OF ACCIDENT                                                                          |    |                                |    | 137 Summons No<br>E22002883                                                                                                                                    |    |                                               |    | Oper 2<br>138 Charge<br>39:4-97 CARELESS DRIVING                                                                                     |    |                      |    | 139 Summons No<br>E22002881                                                                                                                                    |                                                                  |                                                |  |                                                                                                      |  |                                        |  | 127j<br>03                                      |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | Oper 2<br>140 Charge<br>39:4-130 FAILURE TO REPORT AN ACCIDE                                                                         |    |                                |    | 141 Summons No<br>E22002882                                                                                                                                    |    |                                               |    | Oper 2<br>142 Charge<br>39:4-85 IMPROPER PASSING                                                                                     |    |                      |    | 143 Summons No<br>E22002884                                                                                                                                    |                                                                  |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| A          | 83                                                                                                                                   | 84 | 85                             | 86 | 87                                                                                                                                                             | 88 | 89                                            | 90 | 91                                                                                                                                   | 92 | 93                   | 94 | 95                                                                                                                                                             | Names & Address of Occupants - If Deceased, Date & Time of Death |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| B          | 01                                                                                                                                   | 01 | 01                             | 05 | 71                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                   | 11 | 04                   | -- | --                                                                                                                                                             | MATHEW, JOSE T<br>745 MYRNA RD. PARAMUS NJ 07652-3750            |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| C          | 01                                                                                                                                   | 03 | 01                             | 05 | 56                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                   | 11 | 04                   | -- | --                                                                                                                                                             | VARUDSRUHESES, RAJU<br>95 MAGNOLIA AVE, DUMONT NJ 07628          |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
| D          | 02                                                                                                                                   | 01 | 01                             | 05 | 32                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                   | 11 | 04                   | -- | --                                                                                                                                                             | AVROHOM JOSH BROWN<br>8 PEACHTREE RD, NEW CITY NY 10956          |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |
|            | --                                                                                                                                   | -- | --                             | -- | --                                                                                                                                                             | -- | --                                            | -- | --                                                                                                                                   | -- | --                   | -- | --                                                                                                                                                             | --                                                               |                                                |  |                                                                                                      |  |                                        |  |                                                 |  |                |  |                                         |  |             |  |                                                     |  |  |  |                                            |  |  |  |                                               |  |  |  |            |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>I - 2022 - 014248 |                                                             | PAGE <u>2</u> OF <u>2</u> |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----------------------------------|-------------------------------------------------------------|---------------------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95                               | Names & Address of Occupants<br>If Deceased, Date & Time of |                           |  |
| <b>E</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |
| <b>F</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |
| <b>G</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |
| <b>H</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |
| <b>I</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |
| <b>J</b>                                        | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                               | --                                                          | --                        |  |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

DRIVER OF VEHICLE ONE STATED THAT HE WAS STRUCK BY VEHICLE TWO WHILE ATTEMPTING TO MAKE A LEFT TURN FROM NEW BRIDGE ROAD TO BOULEVARD. DRIVER OF VEHICLE ONE FURTHER STATED THAT VEHICLE TWO DROVE AROUND HIS VEHICLE, CUT HIM OFF AND HIT THE FRONT END OF HIS VEHICLE CAUSING DAMAGE TO SAME. VEHICLE TWO THEN FLED EASTBOUND ON NEW BRIDGE ROAD.

A WITNESS PROVIDED RIVER EDGE PD WITH THE REGISTRATION OF THE FLEEING VEHICLE. RIVER EDGE PD WAS ABLE TO MAKE A MOTOR VEHICLE STOP OF THE FLEEING VEHICLE WHO OBSERVED DAMAGE TO THE VEHICLES DRIVER SIDE REAR DOOR AND WHEEL AREA.

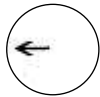
WITNESS INFORMATION: RICHARD SAWYER 347-245-7012.

|                                                                  |                             |                                              |                         |                                                                                                  |
|------------------------------------------------------------------|-----------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------|
| 146 Officer's Signature<br><b>PATROL OFFICER O'NEILL, DANIEL</b> | 147 Badge No.<br><b>207</b> | 148 Reviewed By<br><b>SERGEANT MONE, BRY</b> | Badge No.<br><b>186</b> | 149 Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|------------------------------------------------------------------|-----------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------|

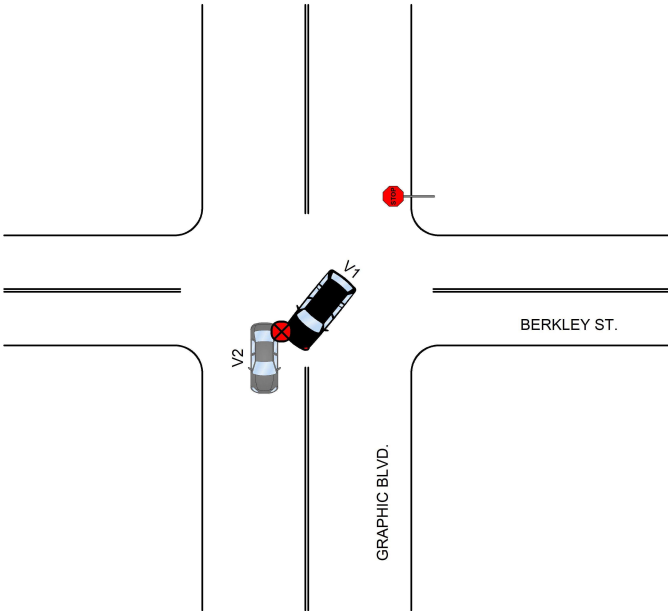
|            |                                                                                                                                                                                                                                                    |  |                                |  |                                                                                                                                                                                  |  |                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                                                                |  |                                                |  |                                                                                                                                                                                                                                                    |  |                                        |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------|--|--|--|----------------|--|--|--|------------|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|------------------------------------------------------------------|--|--|--|------------|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|------------------------------------------------------------------|--|--|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report                                                                                                                                     |  |                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                                                                |  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                                                                                                                                                                                                            |  | <input type="checkbox"/> Change Report |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014296                                                                                                                                                                                                                     |  |                                |  | 10 Crash Occured On : GRAPHIC BOULEVARD                                                                                                                                          |  |                                                          |  | 11 Speed Limit<br>25                                                                                                                                                                                                                                                                            |  | 12 Route No                    |  | 13 Milepost                                                                                                                                                    |  | 18 Speed Limit<br>25                           |  | 118a<br>02                                                                                                                                                                                                                                         |  |                                        |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                            |  |                                |  | Code<br>01                                                                                                                                                                       |  | <input checked="" type="checkbox"/> At Intersection with |  | Road Name                                                                                                                                                                                                                                                                                       |  | Dir                            |  | 17 Cross Road Name/Route No.                                                                                                                                   |  | 19 NB<br>20 SB                                 |  | 118b<br>--                                                                                                                                                                                                                                         |  |                                        |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 99<br>07   | 3 Station/Precinct<br>NEW MILFORD                                                                                                                                                                                                                  |  |                                |  | 4 Date of Crash<br>mm dd yy<br>10 29 22                                                                                                                                          |  | 5 Day of Week<br>Sat                                     |  | 6 Time<br>(use 2400 hrs)<br>17:17                                                                                                                                                                                                                                                               |  | 7 Municipality<br>Code<br>0238 |  | 8 Total Killed<br>0                                                                                                                                            |  | 9 Total Injured<br>0                           |  | 119a<br>25                                                                                                                                                                                                                                         |  |                                        |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 100a<br>01 | 23 Veh #<br>V1                                                                                                                                                                                                                                     |  |                                |  | 24 Polriv No<br>4426-60-17-30                                                                                                                                                    |  |                                                          |  | 25 N.I Ins Code<br>148                                                                                                                                                                                                                                                                          |  |                                |  | 53 Veh #<br>V2                                                                                                                                                 |  |                                                |  | 54 Polriv No<br>6076-52-63-64                                                                                                                                                                                                                      |  |                                        |  | 55 N.I Ins Code<br>148                                                                                                     |  |  |  | 119b<br>--                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 100b<br>04 | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                   |  |                                |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                                                                                                |  |                                                |  |                                                                                                                                                                                                                                                    |  |                                        |  | 119c<br>25                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 101<br>02  | 26 Driver's First Name<br>Initial<br>Last Name<br>MARIA A BELLIARD                                                                                                                                                                                 |  |                                |  | 29 Sex<br>F                                                                                                                                                                      |  |                                                          |  | 56 Driver's First Name<br>Initial<br>Last Name<br>ABBAS ZAREIMEHRVARZ                                                                                                                                                                                                                           |  |                                |  | 59 Sex<br>M                                                                                                                                                    |  |                                                |  |                                                                                                                                                                                                                                                    |  |                                        |  | 121a<br>01                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 102<br>01  | 27 Number & Street<br>254 B FALLER DR                                                                                                                                                                                                              |  |                                |  | 28 City<br>NEW MILFORD                                                                                                                                                           |  |                                                          |  | State<br>NJ                                                                                                                                                                                                                                                                                     |  |                                |  | Zip<br>07646-2239                                                                                                                                              |  |                                                |  | 57 Number & Street<br>1662 EAST 32ND STREET APT 2                                                                                                                                                                                                  |  |                                        |  | 58 City<br>BROOKLYN                                                                                                        |  |  |  | State<br>NY                                                                                                                                                                                                                                                                                     |  |  |  | Zip<br>11234                                                                                                                                           |  |  |  | 121b<br>--                                                                      |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 103<br>01  | 30 Eyes<br>02                                                                                                                                                                                                                                      |  |                                |  | DL Class<br>D                                                                                                                                                                    |  |                                                          |  | Restrictions<br>NONE                                                                                                                                                                                                                                                                            |  |                                |  | Endorsements<br>NO                                                                                                                                             |  |                                                |  | 31 State<br>NJ                                                                                                                                                                                                                                     |  |                                        |  | 60 Eyes<br>02                                                                                                              |  |  |  | DL Class<br>E                                                                                                                                                                                                                                                                                   |  |  |  | Restrictions<br>NONE                                                                                                                                   |  |  |  | Endorsements<br>NO                                                              |  |  |  | 61 State<br>NY                                                                                                                                                 |  |  |  | 122<br>03              |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 104<br>02  | 32 Drivers License No<br>B24005196158622                                                                                                                                                                                                           |  |                                |  | 33 DOB<br>mm dd yy<br>08 07 62                                                                                                                                                   |  |                                                          |  | 34 Expires<br>mm yy<br>08 23                                                                                                                                                                                                                                                                    |  |                                |  | 62 Drivers License No<br>274408728                                                                                                                             |  |                                                |  | 63 DOB<br>mm dd yy<br>04 21 66                                                                                                                                                                                                                     |  |                                        |  | 64 Expires<br>mm yy<br>04 26                                                                                               |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  | 123<br>01                                                                                                                                              |  |  |  |                                                                                 |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 105<br>03  | 35 Owner's First Name<br>Initial<br>Last Name<br><input type="checkbox"/> Same As Driver<br>RAOUEL A BELLIARD-RIVAS                                                                                                                                |  |                                |  | 36 Number & Street<br>254 B FALLER DRIVE                                                                                                                                         |  |                                                          |  | 37 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |  |                                |  | State<br>NJ                                                                                                                                                    |  |                                                |  | Zip<br>07646-6524                                                                                                                                                                                                                                  |  |                                        |  | 65 Owner's First Name<br>Initial<br>Last Name<br><input checked="" type="checkbox"/> Same As Driver<br>ABBAS ZAREIMEHRVARZ |  |  |  | 66 Number & Street<br>1662 EAST 32ND STREET APT 2                                                                                                                                                                                                                                               |  |  |  | 67 City<br>BROOKLYN                                                                                                                                    |  |  |  | State<br>NY                                                                     |  |  |  | Zip<br>11234                                                                                                                                                   |  |  |  | 124<br>08              |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 106<br>--  | 38 Make<br>JEE                                                                                                                                                                                                                                     |  |                                |  | 39 Model<br>CHK                                                                                                                                                                  |  |                                                          |  | 40 Color<br>BK                                                                                                                                                                                                                                                                                  |  |                                |  | 41 Year<br>2006                                                                                                                                                |  |                                                |  | 42 Plate No.<br>V53GVY                                                                                                                                                                                                                             |  |                                        |  | 43 State<br>NJ                                                                                                             |  |  |  | 68 Make<br>TOYOTA                                                                                                                                                                                                                                                                               |  |  |  | 69 Model<br>PRIUS                                                                                                                                      |  |  |  | 70 Color<br>GRAY                                                                |  |  |  | 71 Year<br>2015                                                                                                                                                |  |  |  | 72 Plate No<br>KWW5423 |  |  |  | 73 State<br>NY |  |  |  | 125<br>11  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 107<br>--  | 44 VIN<br>1J4GR48K76C279076                                                                                                                                                                                                                        |  |                                |  | 45 Expires<br>mm yy<br>07 23                                                                                                                                                     |  |                                                          |  | 74 VIN<br>JTDKDTB36F1577317                                                                                                                                                                                                                                                                     |  |                                |  | 75 Expires<br>mm yy<br>05 24                                                                                                                                   |  |                                                |  |                                                                                                                                                                                                                                                    |  |                                        |  |                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                        |  |  |  | 126a<br>26                                                                      |  |  |  |                                                                                                                                                                |  |  |  |                        |  |  |  |                |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 108<br>04  | 46 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |  |                                |  | 47 Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                        |  |                                                          |  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |  |                                |  | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.         |  |                                                |  | 76 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |  |                                        |  | 77 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police  |  |  |  | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |  |  |  | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No. |  |  |  | 80 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX |  |  |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |  |  |  | 82 Carrier name        |  |  |  | 83             |  |  |  | 126b<br>-- |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 109<br>01  | 50 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                    |  |                                |  | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                   |  |                                                          |  | 80 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                                                                 |  |                                |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |  |                                                |  | 82 Carrier name                                                                                                                                                                                                                                    |  |                                        |  | 83                                                                                                                         |  |  |  | 84                                                                                                                                                                                                                                                                                              |  |  |  | 85                                                                                                                                                     |  |  |  | 86                                                                              |  |  |  | 87                                                                                                                                                             |  |  |  | 88                     |  |  |  | 89             |  |  |  | 90         |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126c<br>-- |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |
| 110<br>01  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126d<br>-- |
| 111<br>01  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126e<br>26 |
| 112<br>--  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126f<br>26 |
| 113<br>--  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126g<br>-- |
| 114<br>--  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126h<br>-- |
| 115<br>00  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126i<br>-- |
| 116<br>01  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126j<br>26 |
| 117<br>04  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126k<br>26 |
| 118<br>01  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126l<br>-- |
| 119<br>04  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126m<br>01 |
| 120<br>01  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126n<br>01 |
| 121<br>07  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126o<br>07 |
| 122<br>07  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126p<br>07 |
| 123<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126q<br>03 |
| 124<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126r<br>03 |
| 125<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126s<br>03 |
| 126<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126t<br>03 |
| 127<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  | 72 |  |  |  | 73 |  |  |  | 74 |  |  |  | 75 |  |  |  | 76 |  |  |  | 77 |  |  |  | 78 |  |  |  | 79 |  |  |  | 80 |  |  |  | 81 |  |  |  | 82 |  |  |  | 83 |  |  |  | 84 |  |  |  | 85 |  |  |  | 86 |  |  |  | 87 |  |  |  | 88 |  |  |  | 89 |  |  |  | 90 |  |  |  | 91 |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95 |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  | 126u<br>03 |
| 128<br>03  | 52 Carrier name                                                                                                                                                                                                                                    |  |                                |  | 53                                                                                                                                                                               |  |                                                          |  | 54                                                                                                                                                                                                                                                                                              |  |                                |  | 55                                                                                                                                                             |  |                                                |  | 56                                                                                                                                                                                                                                                 |  |                                        |  | 57                                                                                                                         |  |  |  | 58                                                                                                                                                                                                                                                                                              |  |  |  | 59                                                                                                                                                     |  |  |  | 60                                                                              |  |  |  | 61                                                                                                                                                             |  |  |  | 62                     |  |  |  | 63             |  |  |  | 64         |  |  |  | 65 |  |  |  | 66 |  |  |  | 67 |  |  |  | 68 |  |  |  | 69 |  |  |  | 70                                                               |  |  |  | 71         |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

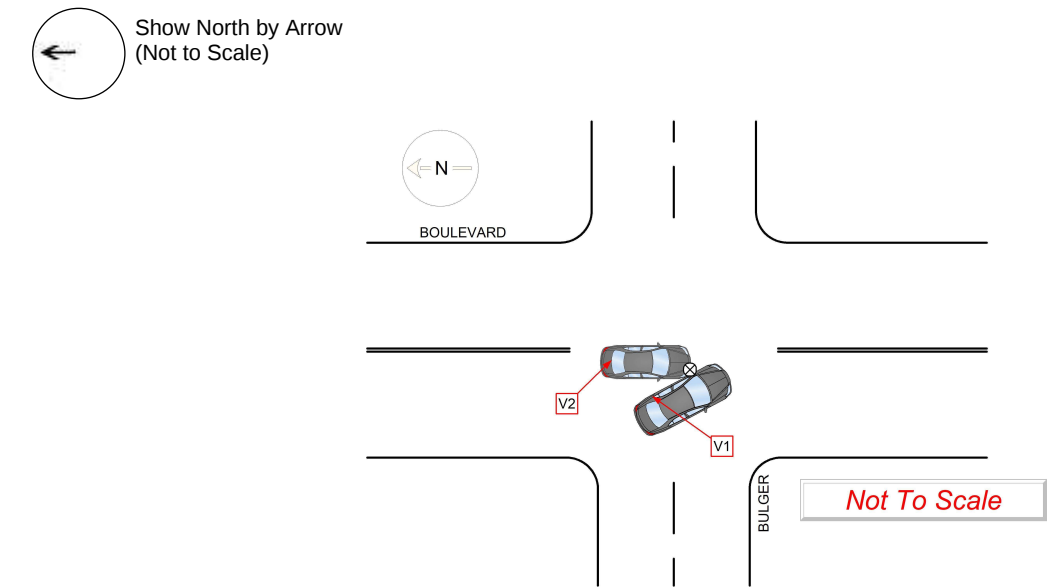
THE DRIVER OF V1 STATED THAT HE ATTEMPTED TO MAKE A LEFT TURN ONTO GRAPHIC BLVD FROM BERKLEY ST STRIKING V2.

THE DRIVER OF V2 STATED THAT HE WAS TRAVELING WESTBOUND ON GRAPHIC BLVD. AND WAS STRUCK BY V1.

|      |                                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
|------|--------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|---------------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|------------------------------|--|--------------|--|---------------------------------------|--|------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|-------------|--|------------------------------------|--|----------------|--|-----------------------------------------|--|-------------------|--|-----------|--|--|--|--|--|-----------------------------------------------------|--|--------------------------|--|--------|--|------|--|--|--|--------------------------------------------|--|----------|--|-----------|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------|--|
| 96   | Page: 1 Of 2                                                                                                 |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  | <input checked="" type="checkbox"/> Reportable          |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 05   | 1 Case Number                                                                                                |  |                                |  | 10 Crash Occured On : <b>BOULEVARD</b>       |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  | 11 Speed Limit                                          |  | 118a                                    |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 07   | <b>I-2022-014309</b>                                                                                         |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  | <b>S 25</b>                                             |  | <b>07</b>                               |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | 2 Police Dept. of                                                                                            |  |                                |  | Code                                         |  | <input checked="" type="checkbox"/> At Intersection with |  | Road Name                                             |  | Dir                                                                                            |  | 12 Route No                                |  | Suffix                                                  |  | 13 Milepost                             |  | 118h                                   |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 06   | <b>NEW MILFORD POLICE</b>                                                                                    |  |                                |  | <b>01</b>                                    |  | <input type="checkbox"/> Feet                            |  | <input type="checkbox"/> N <input type="checkbox"/> E |  | of : <b>BULGER AVENUE</b>                                                                      |  |                                            |  |                                                         |  | <b>25</b>                               |  | <b>06</b>                              |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 07   | 3 Station/Precinct                                                                                           |  |                                |  |                                              |  | <input type="checkbox"/> Miles                           |  | <input type="checkbox"/> S <input type="checkbox"/> W |  | 19                                                                                             |  | To: 17 Cross Road Name/Route No.           |  | <input type="checkbox"/> NB <input type="checkbox"/> EB |  |                                         |  | <b>119h</b>                            |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 07   | <b>NEW MILFORD</b>                                                                                           |  |                                |  |                                              |  | 14                                                       |  | 16                                                    |  | Ramp                                                                                           |  | From: --                                   |  | <input type="checkbox"/> SB <input type="checkbox"/> WB |  |                                         |  | <b>--</b>                              |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 100a | 4 Date of Crash                                                                                              |  |                                |  | 5 Day of Week                                |  | 6 Time (use 2400 hrs)                                    |  | 7 Municipality Code                                   |  | 8 Total Killed                                                                                 |  | 9 Total Injured                            |  | 21 Latitude                                             |  | 20 Route Name/ Route No.                |  | 22 Longitude                           |  | 120a                                                                                                         |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>10 29 22</b>                                                                                              |  |                                |  | <b>Sat</b>                                   |  | <b>21:49</b>                                             |  | <b>0238</b>                                           |  | <b>--</b>                                                                                      |  | <b>--</b>                                  |  | <b>--</b>                                               |  | <b>--</b>                               |  | <b>--</b>                              |  | <b>01</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 100b | 23 Veh #                                                                                                     |  |                                |  | 24 Polriv No                                 |  |                                                          |  | 25 NJ Ins Code                                        |  |                                                                                                |  | 53 Veh #                                   |  |                                                         |  | 54 Polriv No                            |  |                                        |  | 55 NJ Ins Code                                                                                               |  |                             |  | 120b                         |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 04   | <b>1</b>                                                                                                     |  |                                |  | <b>012612182</b>                             |  |                                                          |  | <b>USAA</b>                                           |  |                                                                                                |  | <b>2</b>                                   |  |                                                         |  | <b>3068331A0952</b>                     |  |                                        |  | <b>328</b>                                                                                                   |  |                             |  | <b>--</b>                    |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 101  | <input type="checkbox"/> Parked                                                                              |  |                                |  | <input type="checkbox"/> Ped                 |  |                                                          |  | <input type="checkbox"/> Pedalcyclist                 |  |                                                                                                |  | <input type="checkbox"/> Resp to Emergency |  |                                                         |  | <input type="checkbox"/> Hit & Run      |  |                                        |  | <input type="checkbox"/> Parked                                                                              |  |                             |  | <input type="checkbox"/> Ped |  |              |  | <input type="checkbox"/> Pedalcyclist |  |                                                                                                |  | <input type="checkbox"/> Resp to Emergency |  |             |  | <input type="checkbox"/> Hit & Run |  |                |  | 121a                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 02   |                                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  | <b>01</b>                                  |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 102  | 26 Driver's First Name                                                                                       |  |                                |  |                                              |  |                                                          |  |                                                       |  | Initial                                                                                        |  |                                            |  |                                                         |  |                                         |  |                                        |  | Last Name                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | 29 Sex                                                                                         |  | 56 Driver's First Name                     |  | Initial     |  |                                    |  |                |  |                                         |  |                   |  | Last Name |  |  |  |  |  |                                                     |  |                          |  | 59 Sex |  | 121h |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>JENNIFER S CHARLES-DELABROUS</b>                                                                          |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>JENNIFER S CHARLES-DELABROUS</b>                                                                          |  |                             |  |                              |  |              |  |                                       |  | <b>F</b>                                                                                       |  | <b>DARLENE M RAMIREZ</b>                   |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  | <b>DARLENE M RAMIREZ</b> |  |        |  |      |  |  |  |                                            |  | <b>F</b> |  | <b>--</b> |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 103  | 27 Number & Street                                                                                           |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | 57 Number & Street                                                                                           |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 121a                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>15 WINDSOR DRIVE</b>                                                                                      |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>549 RYESIDE AVE</b>                                                                                       |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 104  | 28 City                                                                                                      |  |                                |  |                                              |  |                                                          |  |                                                       |  | State                                                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | Zip                                                                                                          |  |                             |  |                              |  |              |  |                                       |  | 58 City                                                                                        |  | State                                      |  |             |  |                                    |  |                |  |                                         |  | Zip               |  |           |  |  |  |  |  |                                                     |  | 121h                     |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 02   | <b>DUMONT</b>                                                                                                |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>NJ</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>07628-2022</b>                                                                                            |  |                             |  |                              |  |              |  |                                       |  | <b>NEW MILFORD</b>                                                                             |  | <b>NJ</b>                                  |  |             |  |                                    |  |                |  |                                         |  | <b>07646-1340</b> |  |           |  |  |  |  |  |                                                     |  | <b>--</b>                |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 105  | 30 Eyes                                                                                                      |  |                                |  | DL Class                                     |  |                                                          |  | Restrictions                                          |  |                                                                                                |  | Endorsements                               |  |                                                         |  | 31 State                                |  | 60 Eyes                                |  |                                                                                                              |  | DL Class                    |  |                              |  | Restrictions |  |                                       |  | Endorsements                                                                                   |  |                                            |  | 61 State    |  | 122                                |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 02   | <b>06</b>                                                                                                    |  |                                |  | <b>D</b>                                     |  |                                                          |  | <b>--</b>                                             |  |                                                                                                |  | <b>--</b>                                  |  |                                                         |  | <b>NJ</b>                               |  | <b>02</b>                              |  |                                                                                                              |  | <b>D</b>                    |  |                              |  | <b>1</b>     |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  | <b>NJ</b>   |  | <b>07</b>                          |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 106  | 32 Drivers License No                                                                                        |  |                                |  |                                              |  |                                                          |  |                                                       |  | 33 DOB                                                                                         |  |                                            |  |                                                         |  |                                         |  |                                        |  | 34 Expires                                                                                                   |  |                             |  |                              |  |              |  |                                       |  | 62 Drivers License No                                                                          |  |                                            |  |             |  |                                    |  |                |  | 63 DOB                                  |  |                   |  |           |  |  |  |  |  | 64 Expires                                          |  |                          |  |        |  |      |  |  |  | 123                                        |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 02   | <b>C32253958259956</b>                                                                                       |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>09 26 95</b>                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>09 24</b>                                                                                                 |  |                             |  |                              |  |              |  |                                       |  | <b>R03551567457032</b>                                                                         |  |                                            |  |             |  |                                    |  |                |  | <b>07 05 03</b>                         |  |                   |  |           |  |  |  |  |  | <b>07 25</b>                                        |  |                          |  |        |  |      |  |  |  | <b>15</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 107  | 35 Owner's First Name                                                                                        |  |                                |  |                                              |  |                                                          |  |                                                       |  | Initial                                                                                        |  |                                            |  |                                                         |  |                                         |  |                                        |  | Last Name                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | 65 Owner's First Name                                                                          |  | Initial                                    |  |             |  |                                    |  |                |  |                                         |  | Last Name         |  |           |  |  |  |  |  |                                                     |  | 124                      |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| --   | <input checked="" type="checkbox"/> Same As Driver                                                           |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>JENNIFER S CHARLES-DELABROUS</b>                                                            |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> Same As Driver                                                                      |  | <b>M M MONTESDEOCACSTLL</b> |  |                              |  |              |  |                                       |  |                                                                                                |  | <b>04</b>                                  |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 108  | 36 Number & Street                                                                                           |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | 66 Number & Street                                                                                           |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 125                                     |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>15 WINDSOR DRIVE</b>                                                                                      |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>19 VERMILYEA AVE APT 2C</b>                                                                               |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | <b>04</b>                               |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 109  | 37 City                                                                                                      |  |                                |  |                                              |  |                                                          |  |                                                       |  | State                                                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | Zip                                                                                                          |  |                             |  |                              |  |              |  |                                       |  | 67 City                                                                                        |  |                                            |  |             |  |                                    |  |                |  | State                                   |  |                   |  |           |  |  |  |  |  | Zip                                                 |  |                          |  |        |  |      |  |  |  | 126a                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| --   | <b>DUMONT</b>                                                                                                |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>NJ</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>07628-2022</b>                                                                                            |  |                             |  |                              |  |              |  |                                       |  | <b>NEW YORK</b>                                                                                |  |                                            |  |             |  |                                    |  |                |  | <b>NY</b>                               |  |                   |  |           |  |  |  |  |  | <b>10034</b>                                        |  |                          |  |        |  |      |  |  |  | <b>26</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 110  | 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          |  | 126h      |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>SUB</b>                                                                                                   |  |                                |  | <b>OUT</b>                                   |  |                                                          |  | <b>GY</b>                                             |  |                                                                                                |  | <b>2011</b>                                |  |                                                         |  | <b>PL30CM</b>                           |  |                                        |  | <b>NJ</b>                                                                                                    |  | <b>BMW</b>                  |  |                              |  | <b>XXX</b>   |  |                                       |  | <b>BLACK</b>                                                                                   |  |                                            |  | <b>2014</b> |  |                                    |  | <b>GMZ3772</b> |  |                                         |  | <b>NY</b>         |  | <b>--</b> |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 111  | 44 VIN                                                                                                       |  |                                |  |                                              |  |                                                          |  |                                                       |  | 45 Expires                                                                                     |  |                                            |  |                                                         |  |                                         |  |                                        |  | 74 VIN                                                                                                       |  |                             |  |                              |  |              |  |                                       |  | 75 Expires                                                                                     |  |                                            |  |             |  |                                    |  |                |  | 126c                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <b>4S4BRBCC4B3420762</b>                                                                                     |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>10 23</b>                                                                                   |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>WBA3D5C51EKX96966</b>                                                                                     |  |                             |  |                              |  |              |  |                                       |  | <b>02 24</b>                                                                                   |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 112  | 46 Vehicle Removed To                                                                                        |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | 76 Vehicle Removed To                                                                                        |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 126d                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 01   | <input checked="" type="checkbox"/> Driven                                                                   |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> Towed Disabled                                                        |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> Towed Disabled & Impounded                                                          |  |                             |  |                              |  |              |  |                                       |  | <input checked="" type="checkbox"/> Driven                                                     |  |                                            |  |             |  |                                    |  |                |  | <input type="checkbox"/> Towed Disabled |  |                   |  |           |  |  |  |  |  | <input type="checkbox"/> Towed Disabled & Impounded |  |                          |  |        |  |      |  |  |  | 126e                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 113  | <input type="checkbox"/> Left at Scene                                                                       |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> Towed Impounded                                                       |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> Left at Scene                                                                       |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> Towed Impounded                                                       |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  | 126f                                                |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 114  | 47 Authority                                                                                                 |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input checked="" type="checkbox"/> Owner                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> Driver                                                                              |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> Police                                                                |  |                                            |  |             |  |                                    |  |                |  | 77 Authority                            |  |                   |  |           |  |  |  |  |  | <input type="checkbox"/> Owner                      |  |                          |  |        |  |      |  |  |  | <input checked="" type="checkbox"/> Driver |  |          |  |           |  |  |  |  |  | <input type="checkbox"/> Police |  |  |  |  |  |  |  |  |  | 127a      |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| --   |                                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  | 127b      |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 115  | 48 Alcohol/Drug Test                                                                                         |  |                                |  |                                              |  |                                                          |  |                                                       |  | 49 Hazardous Material                                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | 78 Alcohol/Drug Test                                                                                         |  |                             |  |                              |  |              |  |                                       |  | 79 Hazardous Material                                                                          |  |                                            |  |             |  |                                    |  |                |  | 127c                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| --   | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                            |  |                                                         |  |                                         |  |                                        |  | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                            |  |             |  |                                    |  |                |  | 127d                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 116  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                                |  |                                              |  |                                                          |  |                                                       |  | --                                                                                             |  |                                            |  |                                                         |  |                                         |  |                                        |  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                             |  |                              |  |              |  |                                       |  | --                                                                                             |  |                                            |  |             |  |                                    |  |                |  | 127e                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | Results : <b>0</b> % <input type="checkbox"/> Pending                                                        |  |                                |  |                                              |  |                                                          |  |                                                       |  | Hazard Class                                                                                   |  |                                            |  |                                                         |  |                                         |  |                                        |  | Placard No.                                                                                                  |  |                             |  |                              |  |              |  |                                       |  | Results : <b>0</b> % <input type="checkbox"/> Pending                                          |  |                                            |  |             |  |                                    |  |                |  | Hazard Class                            |  |                   |  |           |  |  |  |  |  | Placard No.                                         |  |                          |  |        |  |      |  |  |  | 127f                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 117  | 50 Carrier No.                                                                                               |  |                                |  |                                              |  |                                                          |  |                                                       |  | 51 Commercial Vehicle Weight                                                                   |  |                                            |  |                                                         |  |                                         |  |                                        |  | 80 Carrier No.                                                                                               |  |                             |  |                              |  |              |  |                                       |  | 81 Commercial Vehicle Weight                                                                   |  |                                            |  |             |  |                                    |  |                |  | 127g                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <input type="checkbox"/> USDOT                                                                               |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> < 10,000 lbs                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> USDOT                                                                               |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> < 10,000 lbs                                                          |  |                                            |  |             |  |                                    |  |                |  | 127h                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <input type="checkbox"/> MC/MX                                                                               |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> 10,001 - 26,000 lbs                                                   |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> MC/MX                                                                               |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> 10,001 - 26,000 lbs                                                   |  |                                            |  |             |  |                                    |  |                |  | 127i                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <input type="checkbox"/> > 26,001 lbs                                                                        |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> > 26,001 lbs                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input type="checkbox"/> > 26,001 lbs                                                                        |  |                             |  |                              |  |              |  |                                       |  | <input type="checkbox"/> > 26,001 lbs                                                          |  |                                            |  |             |  |                                    |  |                |  | 127j                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 118  | 52 Carrier name                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | 82 Carrier name                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 127k                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>11</b>                               |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 119  | Number & Street                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | Number & Street                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 127l                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>09</b>                               |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 120  | City                                                                                                         |  |                                |  |                                              |  |                                                          |  |                                                       |  | State                                                                                          |  |                                            |  |                                                         |  |                                         |  |                                        |  | Zip                                                                                                          |  |                             |  |                              |  |              |  |                                       |  | City                                                                                           |  |                                            |  |             |  |                                    |  |                |  | State                                   |  |                   |  |           |  |  |  |  |  | Zip                                                 |  |                          |  |        |  |      |  |  |  | 127m                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  | <b>--</b>                                           |  |                          |  |        |  |      |  |  |  | <b>01</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 121  | 135 Damage To Other Property                                                                                 |  |                                |  |                                              |  |                                                          |  |                                                       |  | <input type="checkbox"/> Yes (If yes, describe)                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  | <input checked="" type="checkbox"/> No                                                                       |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  | 127n                                    |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  |                                            |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   |                                                                                                              |  |                                |  |                                              |  |                                                          |  |                                                       |  |                                                                                                |  |                                            |  |                                                         |  |                                         |  |                                        |  |                                                                                                              |  |                             |  |                              |  |              |  |                                       |  |                                                                                                |  |                                            |  |             |  |                                    |  |                |  |                                         |  |                   |  |           |  |  |  |  |  |                                                     |  |                          |  |        |  |      |  |  |  | <b>01</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 122  | Oper                                                                                                         |  |                                |  |                                              |  |                                                          |  |                                                       |  | 136 Charge                                                                                     |  |                                            |  |                                                         |  |                                         |  |                                        |  | 137 Summons No                                                                                               |  |                             |  |                              |  |              |  |                                       |  | Oper                                                                                           |  |                                            |  |             |  |                                    |  |                |  | 138 Charge                              |  |                   |  |           |  |  |  |  |  | 139 Summons No                                      |  |                          |  |        |  |      |  |  |  | 127o                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  | <b>--</b>                                           |  |                          |  |        |  |      |  |  |  | <b>02</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 123  | Oper                                                                                                         |  |                                |  |                                              |  |                                                          |  |                                                       |  | 140 Charge                                                                                     |  |                                            |  |                                                         |  |                                         |  |                                        |  | 141 Summons No                                                                                               |  |                             |  |                              |  |              |  |                                       |  | Oper                                                                                           |  |                                            |  |             |  |                                    |  |                |  | 142 Charge                              |  |                   |  |           |  |  |  |  |  | 143 Summons No                                      |  |                          |  |        |  |      |  |  |  | 127p                                       |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 03   | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  | <b>--</b>                                           |  |                          |  |        |  |      |  |  |  | <b>--</b>                                  |  |          |  |           |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| 124  | 83                                                                                                           |  |                                |  |                                              |  |                                                          |  |                                                       |  | 84                                                                                             |  |                                            |  |                                                         |  |                                         |  |                                        |  | 85                                                                                                           |  |                             |  |                              |  |              |  |                                       |  | 86                                                                                             |  |                                            |  |             |  |                                    |  |                |  | 87                                      |  |                   |  |           |  |  |  |  |  | 88                                                  |  |                          |  |        |  |      |  |  |  | 89                                         |  |          |  |           |  |  |  |  |  | 90                              |  |  |  |  |  |  |  |  |  | 91        |  |  |  |  |  |  |  |  |  | 92        |  |  |  |  |  |  |  |  |  | 93        |  |  |  |  |  |  |  |  |  | 94        |  |  |  |  |  |  |  |  |  | 95                                   |  |  |  |  |  |  |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  |  |  |  |  |  |  | 127q |  |
| A    | <b>01</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>01</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>01</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>27</b>                               |  |                   |  |           |  |  |  |  |  | <b>F</b>                                            |  |                          |  |        |  |      |  |  |  | <b>--</b>                                  |  |          |  |           |  |  |  |  |  | <b>--</b>                       |  |  |  |  |  |  |  |  |  | <b>11</b> |  |  |  |  |  |  |  |  |  | <b>04</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>CHARLES-DELABROUS, JENNIFER !</b> |  |  |  |  |  |  |  |  |  | <b>--</b>                                                        |  |  |  |  |  |  |  |  |  |      |  |
| B    | <b>02</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>01</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>01</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>19</b>                               |  |                   |  |           |  |  |  |  |  | <b>F</b>                                            |  |                          |  |        |  |      |  |  |  | <b>--</b>                                  |  |          |  |           |  |  |  |  |  | <b>--</b>                       |  |  |  |  |  |  |  |  |  | <b>11</b> |  |  |  |  |  |  |  |  |  | <b>04</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>RAMIREZ, DARLENE M</b>            |  |  |  |  |  |  |  |  |  | <b>--</b>                                                        |  |  |  |  |  |  |  |  |  |      |  |
| C    | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  | <b>--</b>                                           |  |                          |  |        |  |      |  |  |  | <b>--</b>                                  |  |          |  |           |  |  |  |  |  | <b>--</b>                       |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b>                            |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |
| D    | <b>--</b>                                                                                                    |  |                                |  |                                              |  |                                                          |  |                                                       |  | <b>--</b>                                                                                      |  |                                            |  |                                                         |  |                                         |  |                                        |  | <b>--</b>                                                                                                    |  |                             |  |                              |  |              |  |                                       |  | <b>--</b>                                                                                      |  |                                            |  |             |  |                                    |  |                |  | <b>--</b>                               |  |                   |  |           |  |  |  |  |  | <b>--</b>                                           |  |                          |  |        |  |      |  |  |  | <b>--</b>                                  |  |          |  |           |  |  |  |  |  | <b>--</b>                       |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b> |  |  |  |  |  |  |  |  |  | <b>--</b>                            |  |  |  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |  |  |  |      |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description

**BODY CAMERA FOOTAGE AVAILABLE.**

**VEHICLE ONE AND VEHICLE TWO WERE TRAVELING SOUTH ON BOULEVARD APPROACHING BULGER AVENUE.**

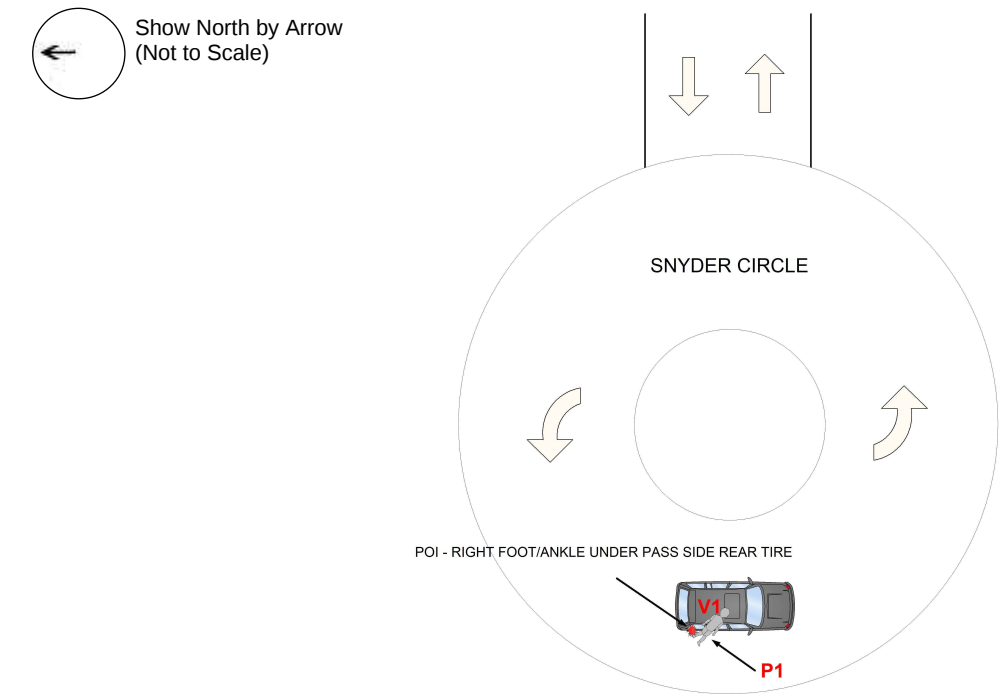
**DRIVER ONE REPORTS SHE INTENDED TO TURN RIGHT ONTO BULGER AVENUE WITH HER TURN SIGNAL ON, BUT SWITCHED TO HER LEFT TURN SIGNAL AND ATTEMPTED TO TURN LEFT INSTEAD.**

**DRIVER TWO REPORTS WHILE TRAVELING SOUTH ON BOULEVARD, DRIVER ONE INITIATED HER RIGHT TURN SIGNAL. DRIVER TWO ATTEMPTED TO PASS ON THE LEFT SIDE AT WHICH POINT DRIVER ONE INITIATED HER LEFT TURN SIGNAL AND ATTEMPTED TO TURN LEFT. VEHICLE 1 AND 2 COLLIDED.**

|            |                                                                                                                                      |    |                                |                                                                                                                                                                                  |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|----------------------------|------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|----------------------------------------|-----------------------------|-------------------|----------------|----------------|------------|------------|------------|-------------|--|------------|--|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                         |    | <input type="checkbox"/> Fatal |                                                                                                                                                                                  | New Jersey Police Crash Investigation Report                                                                                                                   |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             | <input checked="" type="checkbox"/> Reportable                                                                                                                 |                                                                                                                                                                                             | <input type="checkbox"/> Non-Reportable |                              | <input type="checkbox"/> Change Report |                             |                   |                |                |            |            |            |             |  |            |  |  |
| 97<br>01   | 1 Case Number<br>I-2022-014387                                                                                                       |    |                                |                                                                                                                                                                                  | 10 Crash Occured On : 1 SNYDER CIRCLE                                                                                                                          |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             | S                                                                                                                                                              | 11 Speed Limit<br>15                                                                                                                                                                        |                                         | --                           |                                        | --                          |                   | --             |                | --         |            | 118a<br>02 |             |  |            |  |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                              |    |                                |                                                                                                                                                                                  | Code<br>--                                                                                                                                                     |                                | <input type="checkbox"/> At Intersection with |                            | Road Name                    |                              | Dir                                                                                                                       |                                                                                                      | 12 Route No            |                                                                                                                             | Suffix                                                                                                                                                         |                                                                                                                                                                                             | 13 Milepost                             |                              | 18 Speed Limit                         |                             | --                |                | 118h<br>--     |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                |                                                                                                                                                                                  |                                                                                                                                                                | <input type="checkbox"/> Feet  |                                               | <input type="checkbox"/> N |                              | <input type="checkbox"/> E   |                                                                                                                           | of :                                                                                                 |                        | --                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   | 119a<br>85     |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                |                                                                                                                                                                                  |                                                                                                                                                                | <input type="checkbox"/> Miles |                                               | <input type="checkbox"/> S |                              | <input type="checkbox"/> W   |                                                                                                                           | 19 Ramp                                                                                              |                        | <input type="checkbox"/> To:                                                                                                |                                                                                                                                                                | 17 Cross Road Name/Route No.                                                                                                                                                                |                                         | <input type="checkbox"/> NB  |                                        | <input type="checkbox"/> EB |                   | 119h<br>--     |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                |                                                                                                                                                                                  |                                                                                                                                                                | 14                             |                                               | 15                         |                              | 16                           |                                                                                                                           |                                                                                                      |                        | <input type="checkbox"/> From:                                                                                              |                                                                                                                                                                | --                                                                                                                                                                                          |                                         | <input type="checkbox"/> SB  |                                        | <input type="checkbox"/> WB |                   | 119h<br>--     |                |            |            |            |             |  |            |  |  |
| 100a<br>02 | 4 Date of Crash<br>mm dd yy<br>10 31 22                                                                                              |    | 5 Day of Week<br>Mon           |                                                                                                                                                                                  | 6 Time<br>(use 2400 hrs)<br>07:52                                                                                                                              |                                | 7 Municipality<br>Code<br>0238                |                            | 8 Total Killed<br>--         |                              | 9 Total Injured<br>1                                                                                                      |                                                                                                      | 21 Latitude<br>-- . -- |                                                                                                                             | 20 Route Name/ Route No.                                                                                                                                       |                                                                                                                                                                                             | 22 Longitude<br>-- . --                 |                              |                                        |                             |                   |                | 120a<br>01     |            |            |            |             |  |            |  |  |
| 100b<br>04 | 23 Veh #<br>V1                                                                                                                       |    | 24 Polriv Nn<br>954119623      |                                                                                                                                                                                  |                                                                                                                                                                |                                | 25 N.I Ins Code<br>134                        |                            |                              |                              | 53 Veh #<br>P1                                                                                                            |                                                                                                      | 54 Polriv Nn<br>--     |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             | 55 N.I Ins Code<br>--                   |                              |                                        |                             |                   |                | 120h<br>--     |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                         |                              |                                        |                             |                   | 121a<br>01     |                |            |            |            |             |  |            |  |  |
| 102<br>01  | 26 Driver's First Name<br>LYNNA PAULINO-REYES                                                                                        |    |                                |                                                                                                                                                                                  |                                                                                                                                                                |                                |                                               |                            | Initial                      |                              | Last Name                                                                                                                 |                                                                                                      | 29 Sex<br>F            |                                                                                                                             | 56 Driver's First Name<br>NOAH REYES                                                                                                                           |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                | Initial        |            | Last Name  |            | 59 Sex<br>M |  | 121h<br>-- |  |  |
|            |                                                                                                                                      |    |                                | 27 Number & Street<br>367 LACEY DR                                                                                                                                               |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | State                                                                                                |                        | Zip                                                                                                                         |                                                                                                                                                                | 57 Number & Street<br>367 LACEY DRIVE                                                                                                                                                       |                                         |                              |                                        |                             |                   |                |                | State      |            | Zip        |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 28 City<br>NEW MILFORD                                                                                                                                                           |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | NJ                                                                                                   |                        | 07646-1050                                                                                                                  |                                                                                                                                                                | 58 City<br>NEW MILFORD                                                                                                                                                                      |                                         |                              |                                        |                             |                   |                |                | NJ         |            | 07646      |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 30 Eves<br>02                                                                                                                                                                    |                                                                                                                                                                | DL Class<br>D                  |                                               | Restrictions<br>01         |                              | Endorsements<br>00           |                                                                                                                           | 31 State<br>NJ                                                                                       |                        | 60 Eves<br>--                                                                                                               |                                                                                                                                                                | DL Class<br>--                                                                                                                                                                              |                                         | Restrictions<br>--           |                                        | Endorsements<br>--          |                   | 61 State<br>-- |                |            |            | 122<br>05  |             |  |            |  |  |
| 105<br>13  | 32 Drivers License No<br>P08825000055732                                                                                             |    |                                |                                                                                                                                                                                  |                                                                                                                                                                |                                | 33 DOB<br>mm dd yy<br>05 28 73                |                            | 34 Expires<br>mm yy<br>05 25 |                              | 62 Drivers License No<br>--                                                                                               |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             | 63 DOB<br>mm dd yy<br>12 21 08          |                              | 64 Expires<br>mm yy<br>-- --           |                             |                   |                |                |            | 123<br>37  |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 35 Owner's First Name<br><input type="checkbox"/> Same As Driver<br>HONDA LEASE TRUST                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | Initial                                                                                              |                        | Last Name                                                                                                                   |                                                                                                                                                                | 65 Owner's First Name<br><input type="checkbox"/> Same As Driver<br>--                                                                                                                      |                                         |                              |                                        |                             |                   |                |                | Initial    |            | Last Name  |             |  |            |  |  |
| 106<br>--  |                                                                                                                                      |    |                                |                                                                                                                                                                                  | 36 Number & Street<br>201 LITTLE FALLS DRIVE                                                                                                                   |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      | State                  |                                                                                                                             | Zip                                                                                                                                                            |                                                                                                                                                                                             | 66 Number & Street<br>--                |                              |                                        |                             |                   |                |                |            | State      |            | Zip         |  |            |  |  |
|            |                                                                                                                                      |    |                                | 37 City<br>WILMINGTON                                                                                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | DE                                                                                                   |                        | 19808                                                                                                                       |                                                                                                                                                                | 67 City<br>--                                                                                                                                                                               |                                         |                              |                                        |                             |                   |                |                | --         |            | --         |             |  |            |  |  |
| 108<br>04  | 38 Make<br>ACU                                                                                                                       |    | 39 Model<br>MDX                |                                                                                                                                                                                  | 40 Cnlr<br>RD                                                                                                                                                  |                                | 41 Year<br>2022                               |                            | 42 Plate No.<br>Y27KNR       |                              | 43 State<br>NJ                                                                                                            |                                                                                                      | 68 Make<br>--          |                                                                                                                             | 69 Model<br>--                                                                                                                                                 |                                                                                                                                                                                             | 70 Cnlr<br>--                           |                              | 71 Year<br>--                          |                             | 72 Plate No<br>-- |                | 73 State<br>-- |            | 126h<br>-- |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 44 VIN<br>5J8YE1H87NL020550                                                                                                                                                      |                                                                                                                                                                |                                |                                               |                            |                              | 45 Expires<br>mm yy<br>10 22 |                                                                                                                           | 74 VIN<br>--                                                                                         |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         | 75 Expires<br>mm yy<br>-- -- |                                        |                             |                   |                |                | 126c<br>-- |            |            |             |  |            |  |  |
| 110<br>01  |                                                                                                                                      |    |                                |                                                                                                                                                                                  | 46 Vehicle Removed To<br>--                                                                                                                                    |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             | 76 Vehicle Removed To<br>--                                                                                                                                    |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                      |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                                       |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| 112<br>--  | 47 Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police            |    |                                |                                                                                                                                                                                  |                                                                                                                                                                |                                |                                               |                            |                              |                              | 77 Authority<br><input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police            |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |    |                                |                                                                                                                                                                                  | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                        |                                |                                               |                            |                              |                              | 78 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |                                                                                                      |                        |                                                                                                                             | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                        |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                             |                                                                                                                                                                |                                |                                               | --                         |                              |                              |                                                                                                                           | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |                        |                                                                                                                             |                                                                                                                                                                | --                                                                                                                                                                                          |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | Results : 0. % <input type="checkbox"/> Pending                                                                                                                                  |                                                                                                                                                                |                                |                                               | Hazard Class Placard No.   |                              |                              |                                                                                                                           | Results : 0. % <input type="checkbox"/> Pending                                                      |                        |                                                                                                                             |                                                                                                                                                                | Hazard Class Placard No.                                                                                                                                                                    |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                    |    |                                |                                                                                                                                                                                  | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                |                                               |                            |                              |                              | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                         |                                                                                                      |                        |                                                                                                                             | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| 116<br>03  |                                                                                                                                      |    |                                |                                                                                                                                                                                  |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 52 Carrier name<br>--                                                                                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | 82 Carrier name<br>--                                                                                                       |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | Number & Street<br>--                                                                                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | Number & Street<br>--                                                                                                       |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | City<br>--                                                                                                                                                                       |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | City<br>--                                                                                                                  |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | State Zip<br>-- --                                                                                                                                                               |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | State Zip<br>-- --                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 135 Damage To Other Property <input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                              |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | --                                                                                                                                                                               |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        |                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | Oper 136 Charge<br>--                                                                                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | 137 Summons No<br>--                                                                                 |                        | Oper 138 Charge<br>--                                                                                                       |                                                                                                                                                                | 139 Summons No<br>--                                                                                                                                                                        |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | Oper 140 Charge<br>--                                                                                                                                                            |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           | 141 Summons No<br>--                                                                                 |                        | Oper 142 Charge<br>--                                                                                                       |                                                                                                                                                                | 143 Summons No<br>--                                                                                                                                                                        |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
|            |                                                                                                                                      |    |                                | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                                                                                           |                                                                                                                                                                |                                |                                               |                            |                              |                              |                                                                                                                           |                                                                                                      |                        | Names & Address of Occupants - If Deceased, Date & Time of Death                                                            |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| A          | 01                                                                                                                                   | 01 | 01                             | 05                                                                                                                                                                               | 49                                                                                                                                                             | F                              | --                                            | --                         | --                           | 11                           | 04                                                                                                                        | --                                                                                                   | --                     | PAULINO-REYES, LYNNA<br>367 LACEY DR. NEW MILFORD NJ 07646-1050                                                             |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| B          | P                                                                                                                                    | -- | --                             | 03                                                                                                                                                                               | 13                                                                                                                                                             | M                              | 11                                            | 08                         | 02                           | --                           | --                                                                                                                        | --                                                                                                   | 5205                   | REYES, NOAH<br>367 LACEY DRIVE, NEW MILFORD NJ 07646                                                                        |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| C          | --                                                                                                                                   | -- | --                             | --                                                                                                                                                                               | --                                                                                                                                                             | --                             | --                                            | --                         | --                           | --                           | --                                                                                                                        | --                                                                                                   | --                     | --                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |
| D          | --                                                                                                                                   | -- | --                             | --                                                                                                                                                                               | --                                                                                                                                                             | --                             | --                                            | --                         | --                           | --                           | --                                                                                                                        | --                                                                                                   | --                     | --                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                             |                                         |                              |                                        |                             |                   |                |                |            |            |            |             |  |            |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description  
 DRIVER OF V1 WAS UNLOADING PASSENGERS AT 1 SNYDER CIRCLE (NEW MILFORD HIGH SCHOOL).  
  
 DRIVER 1 STATED THAT SHE BELIEVED EVERYONE SHE DROPPED OFF WAS CLEAR OF V1. V1 BEGAN TO DRIVE AWAY AND P1 WAS NOT CLEAR OF THE PASSENGER SIDE REAR OF V1. P1 HAD HIS RIGHT FOOT/ANKLE DRIVEN OVER BY V1. P1 HAD A COMPLAINT OF PAIN IN HIS RIGHT FOOT/ANKLE. HOLY NAME HOSPITAL EMS TRANSPORTED P1 TO HOLY NAME HOSPITAL.  
  
 VEHICLE 1 SUSTAINED NO DAMAGE.

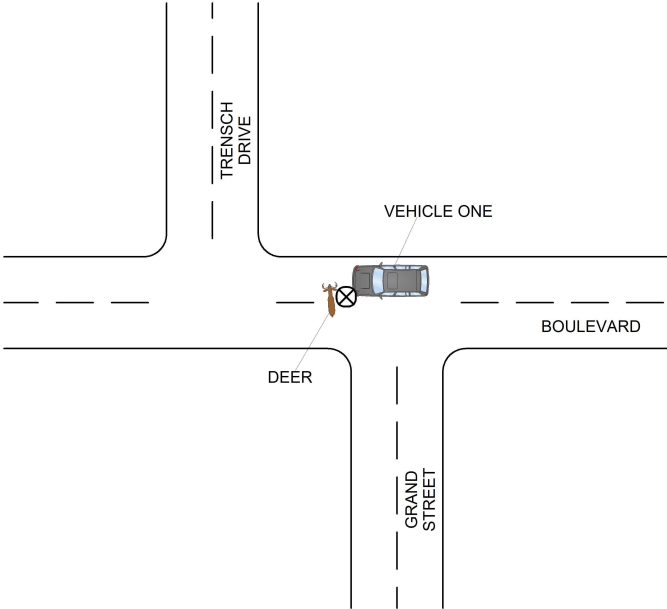
|                              |                                                                                                                                      |  |                                |                                                 |                                                                                                                                    |  |                                               |                                        |                                                                                                                           |  |                                       |             |                                                                                                                         |  |                                                |                  |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|--|----------------------------------------|----------------------|-----------------------------------------------------------------------|--|------------|------------|------------------------------|--|--|----|---------------------------------------|--|--|----|--------------------------------------------|--|--|----|------------------------------------|--|--|----|-------------------|--|--|----|----------------|--|--|----|------------|--|--|------------------------------------------------------------------|--|
| 96<br>05                     | Page: 1 Of 2                                                                                                                         |  | <input type="checkbox"/> Fatal |                                                 | New Jersey Police Crash Investigation Report                                                                                       |  |                                               |                                        |                                                                                                                           |  |                                       |             |                                                                                                                         |  | <input checked="" type="checkbox"/> Reportable |                  | <input type="checkbox"/> Non-Reportable                                                              |  | <input type="checkbox"/> Change Report |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 97<br>01                     | 1 Case Number<br>I-2022-014413                                                                                                       |  |                                |                                                 | 10 Crash Occured On : BOULEVARD                                                                                                    |  |                                               |                                        | N                                                                                                                         |  | 11 Speed Limit<br>25                  |             | --                                                                                                                      |  | --                                             |                  | --                                                                                                   |  | --                                     |                      | 118a<br>57                                                            |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 98<br>06                     | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                              |  |                                |                                                 | Code<br>01                                                                                                                         |  | <input type="checkbox"/> At Intersection with |                                        | Road Name                                                                                                                 |  | Dir                                   |             | 12 Route No                                                                                                             |  | Suffix                                         |                  | 13 Milepost                                                                                          |  | 18 Speed Limit                         |                      | 118h<br>--                                                            |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 99<br>07                     | 3 Station/Precinct<br>NEW MILFORD POLICE                                                                                             |  |                                |                                                 | 14                                                                                                                                 |  | 5                                             |                                        | <input checked="" type="checkbox"/> Feet                                                                                  |  | <input checked="" type="checkbox"/> N |             | <input type="checkbox"/> E                                                                                              |  | of : GRAND STREET                              |                  | 16                                                                                                   |  | <input type="checkbox"/> S             |                      | 119a<br>--                                                            |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 100a<br>01                   | 4 Date of Crash<br>mm dd vv<br>10 31 22                                                                                              |  |                                |                                                 | 5 Day of Week<br>Mon                                                                                                               |  | 6 Time<br>(use 2400 hrs)<br>18:38             |                                        | 7 Municipality<br>Code<br>0238                                                                                            |  | 8 Total Killed<br>0                   |             | 9 Total Injured<br>0                                                                                                    |  | 19 Ramp                                        |                  | 20 Route Name/ Route No.                                                                             |  | 21 Latitude<br>-- . --                 |                      | 22 Longitude<br>-- . --                                               |  | 119h<br>-- |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 100b<br>04                   | 23 Veh #<br>01                                                                                                                       |  |                                |                                                 | 24 Polriv No<br>TCA00002029480                                                                                                     |  |                                               |                                        | 25 N.I Ins Code<br>632                                                                                                    |  |                                       |             | 53 Veh #<br>--                                                                                                          |  |                                                |                  | 54 Polriv No<br>--                                                                                   |  |                                        |                      | 55 N.I Ins Code<br>--                                                 |  |            |            | 120a<br>01                   |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 101<br>01                    | <input type="checkbox"/> Parked                                                                                                      |  |                                |                                                 | <input type="checkbox"/> Ped                                                                                                       |  |                                               |                                        | <input type="checkbox"/> Pedalcyclist                                                                                     |  |                                       |             | <input type="checkbox"/> Resp to Emergency                                                                              |  |                                                |                  | <input type="checkbox"/> Hit & Run                                                                   |  |                                        |                      | <input type="checkbox"/> Parked                                       |  |            |            | <input type="checkbox"/> Ped |  |  |    | <input type="checkbox"/> Pedalcyclist |  |  |    | <input type="checkbox"/> Resp to Emergency |  |  |    | <input type="checkbox"/> Hit & Run |  |  |    | 120h<br>--        |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 102<br>01                    | 26 Driver's First Name<br>DANIEL P FREEMAN                                                                                           |  |                                |                                                 | Initial                                                                                                                            |  |                                               |                                        | Last Name                                                                                                                 |  |                                       |             | 29 Sex<br>M                                                                                                             |  |                                                |                  | 56 Driver's First Name<br>--                                                                         |  |                                        |                      | Initial                                                               |  |            |            | Last Name                    |  |  |    | 59 Sex<br>--                          |  |  |    | 121a<br>--                                 |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 103<br>01                    | 27 Number & Street<br>59 BERGEN AVE                                                                                                  |  |                                |                                                 | 28 City<br>WALDWICK                                                                                                                |  |                                               |                                        | State<br>NJ                                                                                                               |  |                                       |             | Zip<br>07463-1918                                                                                                       |  |                                                |                  | 57 Number & Street<br>--                                                                             |  |                                        |                      | 58 City<br>--                                                         |  |            |            | State<br>--                  |  |  |    | Zip<br>--                             |  |  |    | 121h<br>--                                 |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 104<br>01                    | 30 Eyes<br>05                                                                                                                        |  |                                |                                                 | DL Class<br>D                                                                                                                      |  |                                               |                                        | Restrictions<br>01                                                                                                        |  |                                       |             | Endorsements<br>00                                                                                                      |  |                                                |                  | 31 State<br>NJ                                                                                       |  |                                        |                      | 60 Eyes<br>--                                                         |  |            |            | DL Class<br>--               |  |  |    | Restrictions<br>--                    |  |  |    | Endorsements<br>--                         |  |  |    | 61 State<br>--                     |  |  |    | 122<br>01         |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 105<br>12                    | 32 Drivers License No<br>F73041537705895                                                                                             |  |                                |                                                 | 33 DOB<br>mm dd vv<br>05 25 89                                                                                                     |  |                                               |                                        | 34 Expires<br>mm vv<br>08 22                                                                                              |  |                                       |             | 62 Drivers License No<br>--                                                                                             |  |                                                |                  | 63 DOB<br>mm dd vv<br>-- -- --                                                                       |  |                                        |                      | 64 Expires<br>mm vv<br>-- -- --                                       |  |            |            | 123<br>--                    |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 106<br>--                    | 35 Owner's First Name<br>DANIEL P FREEMAN                                                                                            |  |                                |                                                 | Initial                                                                                                                            |  |                                               |                                        | Last Name                                                                                                                 |  |                                       |             | 65 Owner's First Name<br>--                                                                                             |  |                                                |                  | Initial                                                                                              |  |                                        |                      | Last Name                                                             |  |            |            | 124<br>11                    |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 107<br>--                    | 36 Number & Street<br>59 BERGEN AVE                                                                                                  |  |                                |                                                 | 37 City<br>WALDWICK                                                                                                                |  |                                               |                                        | State<br>NJ                                                                                                               |  |                                       |             | Zip<br>07463-1918                                                                                                       |  |                                                |                  | 66 Number & Street<br>--                                                                             |  |                                        |                      | 67 City<br>--                                                         |  |            |            | State<br>--                  |  |  |    | Zip<br>--                             |  |  |    | 125<br>--                                  |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 108<br>04                    | 38 Make<br>CHEVY                                                                                                                     |  |                                |                                                 | 39 Model<br>EQUINOX                                                                                                                |  |                                               |                                        | 40 Color<br>GRAY                                                                                                          |  |                                       |             | 41 Year<br>2018                                                                                                         |  |                                                |                  | 42 Plate No.<br>T20PMT                                                                               |  |                                        |                      | 43 State<br>NJ                                                        |  |            |            | 68 Make<br>--                |  |  |    | 69 Model<br>--                        |  |  |    | 70 Color<br>--                             |  |  |    | 71 Year<br>--                      |  |  |    | 72 Plate No<br>-- |  |  |    | 73 State<br>-- |  |  |    | 126a<br>24 |  |  |                                                                  |  |
| 109<br>--                    | 44 VIN<br>2GNAXJEV7J6320183                                                                                                          |  |                                |                                                 | 45 Expires<br>mm vv<br>12 22                                                                                                       |  |                                               |                                        | 74 VIN<br>--                                                                                                              |  |                                       |             | 75 Expires<br>mm vv<br>-- -- --                                                                                         |  |                                                |                  | 126b<br>--                                                                                           |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 110<br>01                    | 46 Vehicle Removed To<br>--                                                                                                          |  |                                |                                                 | 76 Vehicle Removed To<br>--                                                                                                        |  |                                               |                                        | 126c<br>--                                                                                                                |  |                                       |             |                                                                                                                         |  |                                                |                  |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 111<br>--                    | <input checked="" type="checkbox"/> Driven                                                                                           |  |                                |                                                 | <input type="checkbox"/> Towed Disabled                                                                                            |  |                                               |                                        | <input type="checkbox"/> Towed Disabled & Impounded                                                                       |  |                                       |             | <input type="checkbox"/> Driven                                                                                         |  |                                                |                  | <input type="checkbox"/> Towed Disabled                                                              |  |                                        |                      | <input type="checkbox"/> Towed Disabled & Impounded                   |  |            |            | 126d<br>--                   |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 112<br>--                    | <input type="checkbox"/> Left at Scene                                                                                               |  |                                |                                                 | <input type="checkbox"/> Towed Impounded                                                                                           |  |                                               |                                        | <input type="checkbox"/> Left at Scene                                                                                    |  |                                       |             | <input type="checkbox"/> Towed Impounded                                                                                |  |                                                |                  | 126e<br>24                                                                                           |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 113<br>--                    | 47 Authority<br><input checked="" type="checkbox"/> Owner                                                                            |  |                                |                                                 | <input type="checkbox"/> Driver                                                                                                    |  |                                               |                                        | <input type="checkbox"/> Police                                                                                           |  |                                       |             | 77 Authority<br><input type="checkbox"/> Owner                                                                          |  |                                                |                  | <input type="checkbox"/> Driver                                                                      |  |                                        |                      | <input type="checkbox"/> Police                                       |  |            |            | 127a<br>--                   |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 114<br>--                    | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |                                                 | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                               |                                        | 78 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                       |             | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                |                  | 127b<br>--                                                                                           |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 115<br>--                    | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                 |  |                                |                                                 | Results : 0. % <input type="checkbox"/> Pending                                                                                    |  |                                               |                                        | Hazard Class                                                                                                              |  |                                       |             | Placard No.                                                                                                             |  |                                                |                  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                        |                      | Results : 0. % <input type="checkbox"/> Pending                       |  |            |            | Hazard Class                 |  |  |    | Placard No.                           |  |  |    | 127c<br>--                                 |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 116<br>01                    | 50 Carrier No.<br><input type="checkbox"/> USDOT                                                                                     |  |                                |                                                 | <input checked="" type="checkbox"/> None                                                                                           |  |                                               |                                        | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs                                                     |  |                                       |             | 80 Carrier No.<br><input type="checkbox"/> USDOT                                                                        |  |                                                |                  | <input type="checkbox"/> None                                                                        |  |                                        |                      | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs |  |            |            | 127d<br>--                   |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 117<br>--                    | <input type="checkbox"/> MC/MX                                                                                                       |  |                                |                                                 | 52 Carrier name<br>--                                                                                                              |  |                                               |                                        | 82 Carrier name<br>--                                                                                                     |  |                                       |             | 127e<br>--                                                                                                              |  |                                                |                  |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| Number & Street<br>--        |                                                                                                                                      |  |                                | Number & Street<br>--                           |                                                                                                                                    |  |                                               | 127f<br>--                             |                                                                                                                           |  |                                       |             |                                                                                                                         |  |                                                |                  |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| City<br>--                   |                                                                                                                                      |  |                                | State<br>--                                     |                                                                                                                                    |  |                                               | City<br>--                             |                                                                                                                           |  |                                       | State<br>-- |                                                                                                                         |  |                                                | 127g<br>--       |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 135 Damage To Other Property |                                                                                                                                      |  |                                | <input type="checkbox"/> Yes (If yes, describe) |                                                                                                                                    |  |                                               | <input checked="" type="checkbox"/> No |                                                                                                                           |  |                                       | 127h<br>--  |                                                                                                                         |  |                                                |                  |                                                                                                      |  |                                        |                      |                                                                       |  |            |            |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| Oper                         |                                                                                                                                      |  |                                | 136 Charge<br>--                                |                                                                                                                                    |  |                                               | 137 Summons No<br>--                   |                                                                                                                           |  |                                       | Oper        |                                                                                                                         |  |                                                | 138 Charge<br>-- |                                                                                                      |  |                                        | 139 Summons No<br>-- |                                                                       |  |            | 127i<br>-- |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| Oper                         |                                                                                                                                      |  |                                | 140 Charge<br>--                                |                                                                                                                                    |  |                                               | 141 Summons No<br>--                   |                                                                                                                           |  |                                       | Oper        |                                                                                                                         |  |                                                | 142 Charge<br>-- |                                                                                                      |  |                                        | 143 Summons No<br>-- |                                                                       |  |            | 127j<br>-- |                              |  |  |    |                                       |  |  |    |                                            |  |  |    |                                    |  |  |    |                   |  |  |    |                |  |  |    |            |  |  |                                                                  |  |
| 83                           |                                                                                                                                      |  |                                | 84                                              |                                                                                                                                    |  |                                               | 85                                     |                                                                                                                           |  |                                       | 86          |                                                                                                                         |  |                                                | 87               |                                                                                                      |  |                                        | 88                   |                                                                       |  |            | 89         |                              |  |  | 90 |                                       |  |  | 91 |                                            |  |  | 92 |                                    |  |  | 93 |                   |  |  | 94 |                |  |  | 95 |            |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |
| A                            |                                                                                                                                      |  |                                | 01                                              |                                                                                                                                    |  |                                               | 01                                     |                                                                                                                           |  |                                       | 01          |                                                                                                                         |  |                                                | 05               |                                                                                                      |  |                                        | 33                   |                                                                       |  |            | M          |                              |  |  | -- |                                       |  |  | -- |                                            |  |  | 04 |                                    |  |  | 04 |                   |  |  | -- |                |  |  | -- |            |  |  | FREEMAN, DANIEL P                                                |  |
| B                            |                                                                                                                                      |  |                                | --                                              |                                                                                                                                    |  |                                               | --                                     |                                                                                                                           |  |                                       | --          |                                                                                                                         |  |                                                | --               |                                                                                                      |  |                                        | --                   |                                                                       |  |            | --         |                              |  |  | -- |                                       |  |  | -- |                                            |  |  | -- |                                    |  |  | -- |                   |  |  | -- |                |  |  | -- |            |  |  | 59 BERGEN AVE, WALDWICK NJ 07463-1918                            |  |
| C                            |                                                                                                                                      |  |                                | --                                              |                                                                                                                                    |  |                                               | --                                     |                                                                                                                           |  |                                       | --          |                                                                                                                         |  |                                                | --               |                                                                                                      |  |                                        | --                   |                                                                       |  |            | --         |                              |  |  | -- |                                       |  |  | -- |                                            |  |  | -- |                                    |  |  | -- |                   |  |  | -- |                |  |  | -- |            |  |  | --                                                               |  |
| D                            |                                                                                                                                      |  |                                | --                                              |                                                                                                                                    |  |                                               | --                                     |                                                                                                                           |  |                                       | --          |                                                                                                                         |  |                                                | --               |                                                                                                      |  |                                        | --                   |                                                                       |  |            | --         |                              |  |  | -- |                                       |  |  | -- |                                            |  |  | -- |                                    |  |  | -- |                   |  |  | -- |                |  |  | -- |            |  |  | --                                                               |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

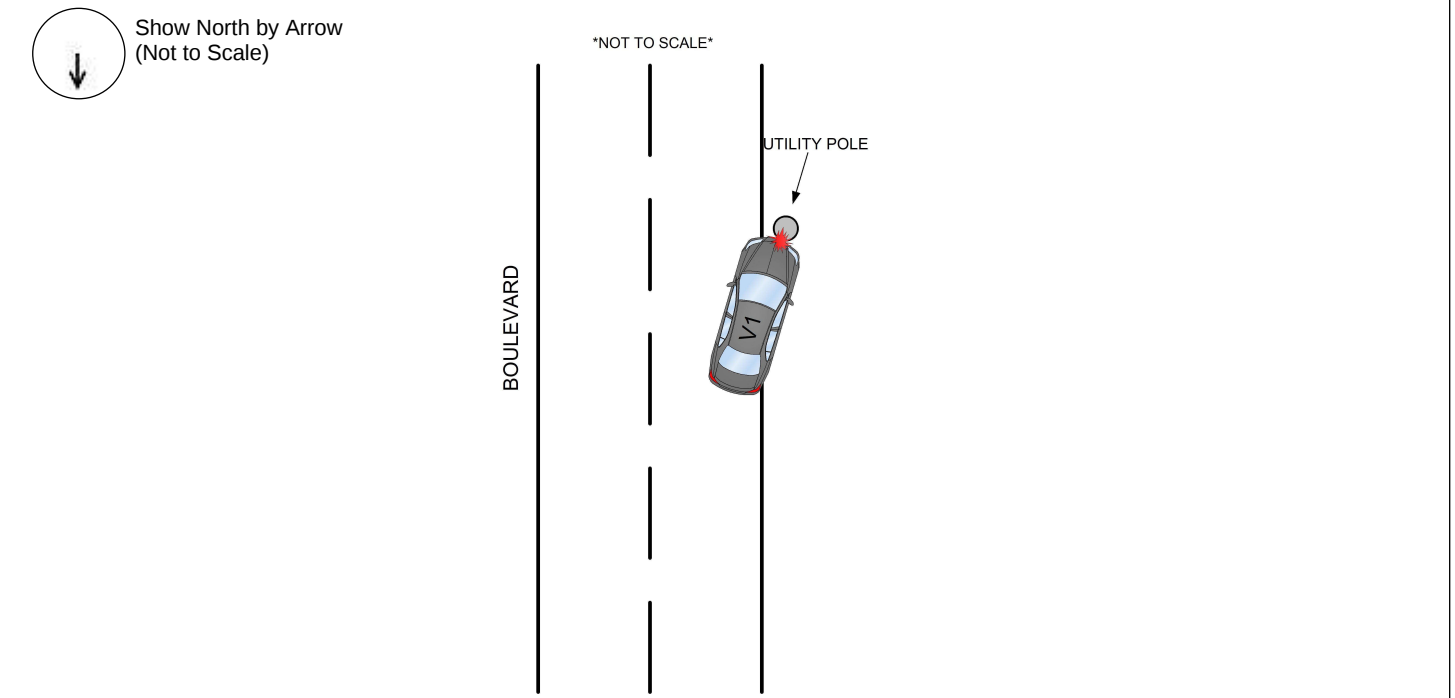
MY BODY WORM CAMERA WAS ACTIVATED

VEHICLE ONE DRIVER STATES HE WAS TRAVELING NORTH ON BOULEVARD WHEN A DEER RAN INTO THE ROADWAY AND WAS STRUCK BY HIS VEHICLE CAUSING FRONT DAMAGE TO THE GRILL, DRIVERS SIDE BUMPER, AND DRIVERS SIDE FOG LIGHT.

|            |                                                                                                                                                                                                                                                                                                 |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|----------|----------------------------------------------|---------|--------------------------------------------------------------------------------------------------|----------|------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|------------|----------------------|--|--------------|--|------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|-----------|--|------------|--|--|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                    |          | <input type="checkbox"/> Fatal  |          | New Jersey Police Crash Investigation Report |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          | <input checked="" type="checkbox"/> Reportable |                                                                                                           | <input type="checkbox"/> Non-Reportable                                                |          | <input type="checkbox"/> Change Report                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014418                                                                                                                                                                                                                                                                  |          |                                 |          | 10 Crash Occured On : BOULEVARD              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          | S                                              | 11 Speed Limit<br>25                                                                                      |                                                                                        | --       | --                                                                                                                                                                                                             | --       | --                                                                                                                                                                                                                                                                                   | 118a<br>02 |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 98<br>07   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                         |          |                                 |          | Code<br>01                                   |         | <input type="checkbox"/> At Intersection with<br><input checked="" type="checkbox"/> Feet<br>400 |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           | Road Name<br><input checked="" type="checkbox"/> N<br><input type="checkbox"/> S<br>16 |          | Dir<br>of : GRAPHIC BOULEVARD                                                                                                                                                                                  |          | 12 Route No<br>13 Milepost<br>25                                                                                                                                                                                                                                                     |            | 18 Speed Limit<br>25 | 118b<br>29 |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 99<br>07   | 3 Station/Precinct<br>--                                                                                                                                                                                                                                                                        |          |                                 |          | 14                                           |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          | 15                                             | 19 Ramp<br><input type="checkbox"/> To: 17 Cross Road Name/Route No.<br><input type="checkbox"/> From: -- |                                                                                        | NB<br>SB |                                                                                                                                                                                                                | EB<br>WB |                                                                                                                                                                                                                                                                                      | 119a<br>-- |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>10 31 22                                                                                                                                                                                                                                                         |          | 5 Day of Week<br>Mon            |          | 6 Time<br>(use 2400 hrs)<br>23:22            |         | 7 Municipality<br>Code<br>0238                                                                   |          | 8 Total<br>Killed<br>0       |          | 9 Total<br>Injured<br>1                                                                                                                                        |          | 21 Latitude<br>-- . --                                                 |                                                                                                                                          | 20 Route Name/ Route No.                       |                                                                                                           | 22 Longitude<br>-- . --                                                                |          | 120a<br>09                                                                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 100b<br>04 | 23 Veh #<br>01                                                                                                                                                                                                                                                                                  |          | 24 Polriv Nn<br>606557347 206 1 |          |                                              |         | 25 N.I Ins Code<br>884                                                                           |          |                              |          | 53 Veh #<br>--                                                                                                                                                 |          | 54 Polriv Nn<br>--                                                     |                                                                                                                                          |                                                |                                                                                                           | 55 N.I Ins Code<br>--                                                                  |          |                                                                                                                                                                                                                |          | 120b<br>01                                                                                                                                                                                                                                                                           |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                                |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 121a<br>--                                                                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 102<br>02  | 26 Driver's First Name<br>LISA B SCHULHOF                                                                                                                                                                                                                                                       |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | Initial<br>Last Name                                                                                                                                           |          | 29 Sex<br>F                                                            |                                                                                                                                          | 56 Driver's First Name<br>--                   |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            | Initial<br>Last Name |  | 59 Sex<br>-- |  | 121b<br>-- |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 103<br>02  | 27 Number & Street<br>1119 KORFITSEN ROAD                                                                                                                                                                                                                                                       |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 57 Number & Street<br>--                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 104<br>01  | 28 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | State<br>NJ                                                                                                                                                    |          | Zip<br>07646-2410                                                      |                                                                                                                                          | 58 City<br>--                                  |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            | State<br>--          |  | Zip<br>--    |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
|            | 30 Eyes<br>04                                                                                                                                                                                                                                                                                   |          | DL Class<br>D                   |          | Restrictions<br>NONE                         |         | Endorsements<br>NONE                                                                             |          | 31 State<br>NJ               |          | 60 Eyes<br>--                                                                                                                                                  |          | DL Class<br>--                                                         |                                                                                                                                          | Restrictions<br>--                             |                                                                                                           | Endorsements<br>--                                                                     |          | 61 State<br>--                                                                                                                                                                                                 |          | 122<br>01                                                                                                                                                                                                                                                                            |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 105<br>11  | 32 Drivers License No<br>S15514766257764                                                                                                                                                                                                                                                        |          |                                 |          |                                              |         | 33 DOB<br>mm dd yy<br>07 28 76                                                                   |          | 34 Expires<br>mm yy<br>07 25 |          | 62 Drivers License No<br>--                                                                                                                                    |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           | 63 DOB<br>mm dd yy<br>-- -- --                                                         |          | 64 Expires<br>mm yy<br>-- -- --                                                                                                                                                                                |          | 123<br>--                                                                                                                                                                                                                                                                            |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 106<br>--  | 35 Owner's First Name<br><input type="checkbox"/> Same As Driver<br>TOYOTA LEASE TRUST                                                                                                                                                                                                          |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | Initial<br>Last Name                                                                                                                                           |          | 65 Owner's First Name<br><input type="checkbox"/> Same As Driver<br>-- |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            | Initial<br>Last Name |            | 124<br>11            |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 107<br>--  | 36 Number & Street<br>PO BOX 105386                                                                                                                                                                                                                                                             |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 66 Number & Street<br>--                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  | 125<br>--  |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
|            | 37 City<br>ATLANTA                                                                                                                                                                                                                                                                              |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | State<br>GA                                                                                                                                                    |          | Zip<br>30348                                                           |                                                                                                                                          | 67 City<br>--                                  |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            | State<br>--          |  | Zip<br>--    |  | 126a<br>05 |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 108<br>02  | 38 Make<br>LEX                                                                                                                                                                                                                                                                                  |          | 39 Model<br>RX                  |          | 40 Color<br>BK                               |         | 41 Year<br>2020                                                                                  |          | 42 Plate No.<br>C14MLG       |          | 43 State<br>NJ                                                                                                                                                 |          | 68 Make<br>--                                                          |                                                                                                                                          | 69 Model<br>--                                 |                                                                                                           | 70 Color<br>--                                                                         |          | 71 Year<br>--                                                                                                                                                                                                  |          | 72 Plate No<br>--                                                                                                                                                                                                                                                                    |            | 73 State<br>--       |            | 126b<br>56           |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 109<br>--  | 44 VIN<br>JTJHZKFA8L2024301                                                                                                                                                                                                                                                                     |          |                                 |          |                                              |         |                                                                                                  |          | 45 Expires<br>mm yy<br>03 23 |          | 74 VIN<br>--                                                                                                                                                   |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 75 Expires<br>mm yy<br>-- -- --                                                                                                                                                                                |          | 126c<br>52                                                                                                                                                                                                                                                                           |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 110<br>01  | 46 Vehicle Removed To<br>BERGEN BROOKSIDE TOWING - 188 JOHNSON AVENUE, HACKB                                                                                                                                                                                                                    |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 76 Vehicle Removed To<br>--                                                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  | 126d<br>-- |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 111<br>--  | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                       |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  | 126e<br>52 |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 112<br>--  | 47 Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                       |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | 77 Authority<br><input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                 |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          | 127a<br>--                                                                                                                                                                                                                                                                           |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.            |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          | 78 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |            |                      |            |                      |  |              |  |            |  | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.            |  |             |  |           |  |            |  |  |  | 127b<br>-- |
| 114<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None<br><input type="checkbox"/> MC/MX --                                                                                                                                                                          |          |                                 |          |                                              |         |                                                                                                  |          |                              |          | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None<br><input type="checkbox"/> MC/MX --                                                                                                                                                               |            |                      |            |                      |  |              |  |            |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |  |             |  |           |  |            |  |  |  | 127c<br>-- |
| 115<br>--  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                           |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 82 Carrier name<br>--                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  | 127d<br>-- |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 116<br>03  | Number & Street<br>--                                                                                                                                                                                                                                                                           |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | Number & Street<br>--                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  | 127e<br>-- |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| 117<br>--  | City<br>--                                                                                                                                                                                                                                                                                      |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | State<br>--                                                                                                                                                                                                    |          | Zip<br>--                                                                                                                                                                                                                                                                            |            | City<br>--           |            |                      |  |              |  |            |  |                                                                                                                                                                |  | State<br>-- |  | Zip<br>-- |  | 127f<br>-- |  |  |  |            |
|            | 135 Damage To Other Property <input checked="" type="checkbox"/> Yes (If yes, describe) <input type="checkbox"/> No<br>UTILITY POLE #61111 STRUCK AND SNAPPED INTO THREE PIECES.                                                                                                                |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 132<br>--                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
|            | Oper 136 Charge<br>--                                                                                                                                                                                                                                                                           |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 137 Summons No<br>--                                                                                                                                                                                           |          | Oper 138 Charge<br>--                                                                                                                                                                                                                                                                |            | 139 Summons No<br>-- |            |                      |  |              |  |            |  |                                                                                                                                                                |  | 133<br>04   |  |           |  |            |  |  |  |            |
|            | Oper 140 Charge<br>--                                                                                                                                                                                                                                                                           |          |                                 |          |                                              |         |                                                                                                  |          |                              |          |                                                                                                                                                                |          |                                                                        |                                                                                                                                          |                                                |                                                                                                           |                                                                                        |          | 141 Summons No<br>--                                                                                                                                                                                           |          | Oper 142 Charge<br>--                                                                                                                                                                                                                                                                |            | 143 Summons No<br>-- |            |                      |  |              |  |            |  |                                                                                                                                                                |  | 134<br>--   |  |           |  |            |  |  |  |            |
| A          | 83<br>01                                                                                                                                                                                                                                                                                        | 84<br>01 | 85<br>01                        | 86<br>04 | 87<br>46                                     | 88<br>F | 89<br>04                                                                                         | 90<br>05 | 91<br>01                     | 92<br>11 | 93<br>11                                                                                                                                                       | 94<br>01 | 95<br>--                                                               | Names & Address of Occupants - If Deceased, Date & Time of Death<br>SCHULHOF, LISA B --<br>1119 KORFITSEN ROAD. NEW MILFORD NJ 07646-241 |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| B          | --                                                                                                                                                                                                                                                                                              | --       | --                              | --       | --                                           | --      | --                                                                                               | --       | --                           | --       | --                                                                                                                                                             | --       | --                                                                     | --                                                                                                                                       |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| C          | --                                                                                                                                                                                                                                                                                              | --       | --                              | --       | --                                           | --      | --                                                                                               | --       | --                           | --       | --                                                                                                                                                             | --       | --                                                                     | --                                                                                                                                       |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |
| D          | --                                                                                                                                                                                                                                                                                              | --       | --                              | --       | --                                           | --      | --                                                                                               | --       | --                           | --       | --                                                                                                                                                             | --       | --                                                                     | --                                                                                                                                       |                                                |                                                                                                           |                                                                                        |          |                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                      |            |                      |            |                      |  |              |  |            |  |                                                                                                                                                                |  |             |  |           |  |            |  |  |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



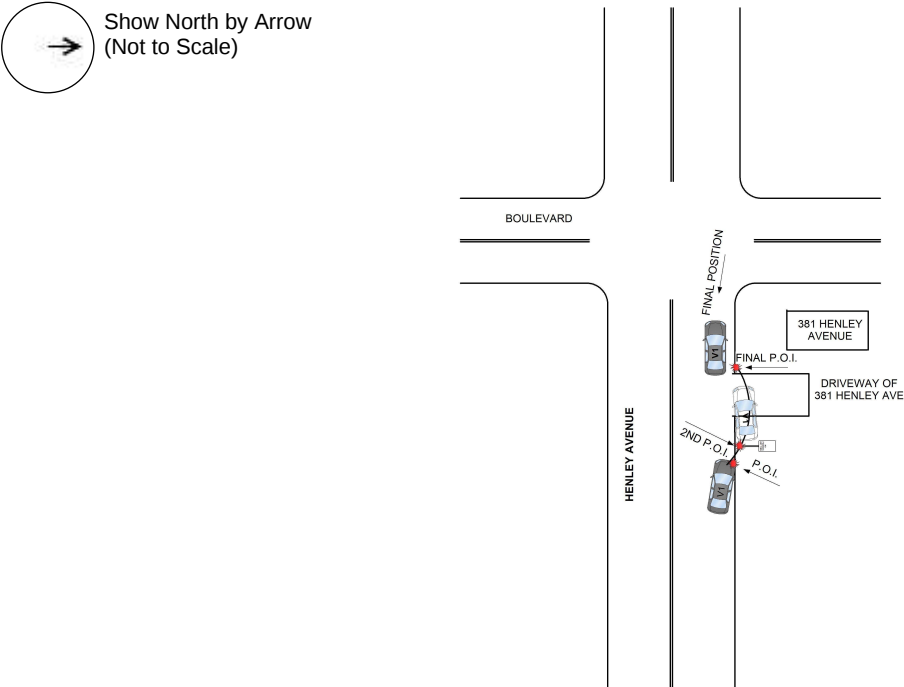
145 Crash Description

DRIVER 1 STATED TO THE AFFECT THAT SHE FELL ASLEEP WHILE DRIVING, WHICH CAUSED HER TO DRIFT OFF THE ROADWAY INTO THE UTILITY POLE. SHE STATED SHE WOKE UP JUST PRIOR TO IMPACT WITH THE POLE. HOLY NAME BLS RESPONDED TO THE SCENE AND ASSESSED DRIVER 1. PSE&G WAS CONTACTED TO ASSESS AND REPAIR DAMAGED POLE.



|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                          |

144 Crash Diagram



145 Crash Description

VEHICLE 1 WAS TRAVELING WEST BOUND ON HENLEY AVENUE WHEN THE DRIVER FELL ASLEEP WHILE OPERATING VEHICLE 1. VEHICLE 1 CONTINUED TRAVELING ON HENLEY AVENUE WHEN IT STRUCK THE CURB LINE AND DAMAGED A BOROUGH NO PARKING SIGN. VEHICLE 1 THEN PROCEEDED TO TRAVEL OVER THE DRIVEWAY AND FRONT LAWN OF 381 HENLEY AVE, AND REENTERED HENLEY AVENUE COMING TO A REST JUST 10 FEET FROM THE INTERSECTION OF HENLEY AVENUE AND BOULEVARD. VEHICLE 1 DRIVER WAS TAKEN TO ENGLEWOOD HOSPITAL FOLLOWING THE COMPLAINT OF PAIN. VEHICLE 1 SUFFERED DISABLING DAMAGE TO THE PASSENGER SIDE FRONT TIRE. BERGEN BROOKSIDE REMOVED VEHICLE 1 FROM THE SCENE.

118A- 29- VEHICLE 1 DRIVER FELL ASLEEP BEHIND THE WHEEL.

126B-69- VEHICLE 1 STRUCK A NO PARKING SIGN.

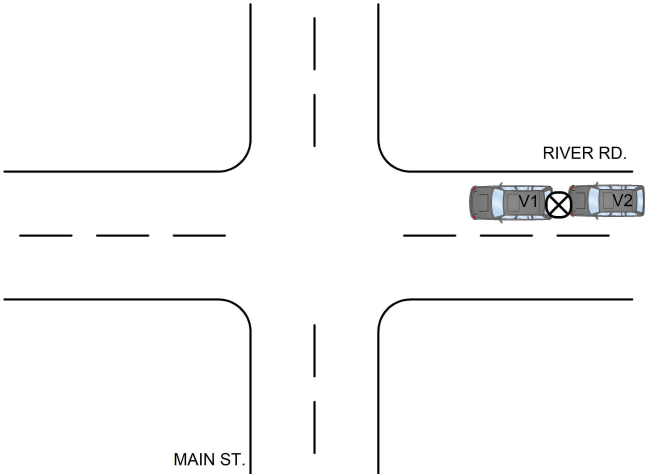
|          |                                         |  |                                |                                                                                                                                                                                                                                                                                                 |                                              |                              |                                               |                                                                                                                                                                                                                                                             |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|----------|-----------------------------------------|--|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------|-------------------|--|-----------------|--|-----------------------|--|----------------|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|------------------------------------------------------------------|--|--|--|----|--|--|--|
| 96<br>05 | Page: 1 Of 2                            |  | <input type="checkbox"/> Fatal |                                                                                                                                                                                                                                                                                                 | New Jersey Police Crash Investigation Report |                              |                                               |                                                                                                                                                                                                                                                             |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    | <input checked="" type="checkbox"/> Reportable |                                                                                                                                                                | <input type="checkbox"/> Non-Reportable |                                       | <input type="checkbox"/> Change Report |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 97<br>01 | 1 Case Number<br>I-2022-014565          |  |                                |                                                                                                                                                                                                                                                                                                 | 10 Crash Occured On : MAIN STREET            |                              |                                               |                                                                                                                                                                                                                                                             | 11 Speed Limit<br>25 |                                            | 12 Route No |                                                                                                                                                                                                                                                                                                 | 13 Milepost          |                                    | 118a<br>25                                     |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 98<br>01 | 2 Police Dept. of<br>NEW MILFORD POLICE |  |                                |                                                                                                                                                                                                                                                                                                 | Code<br>01                                   |                              | <input type="checkbox"/> At Intersection with |                                                                                                                                                                                                                                                             | Road Name            |                                            | Dir         |                                                                                                                                                                                                                                                                                                 | 18 Speed Limit<br>25 |                                    | 118b<br>--                                     |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | <input checked="" type="checkbox"/> Feet                                                                                                                                                                                                                                                        |                                              | <input type="checkbox"/> N   |                                               | <input type="checkbox"/> E                                                                                                                                                                                                                                  |                      | of : RIVER ROAD                            |             |                                                                                                                                                                                                                                                                                                 |                      | 119a<br>02                         |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | <input type="checkbox"/> Miles                                                                                                                                                                                                                                                                  |                                              | <input type="checkbox"/> S   |                                               | <input checked="" type="checkbox"/> W                                                                                                                                                                                                                       |                      | 19                                         |             | 17 Cross Road Name/Route No.                                                                                                                                                                                                                                                                    |                      | 119b<br>--                         |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 14                                                                                                                                                                                                                                                                                              |                                              | 15                           |                                               | 16                                                                                                                                                                                                                                                          |                      | Ramp                                       |             | From: --                                                                                                                                                                                                                                                                                        |                      | 119h<br>--                         |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 21 Latitude                                                                                                                                                                                                                                                                                     |                                              | 20 Route Name/ Route No.     |                                               | 22 Longitude                                                                                                                                                                                                                                                |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      | 120a<br>01                         |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 23 Veh #                                                                                                                                                                                                                                                                                        |                                              | 24 Polriv No                 |                                               | 25 N.J Ins Code                                                                                                                                                                                                                                             |                      | 53 Veh #                                   |             | 54 Polriv No                                                                                                                                                                                                                                                                                    |                      | 55 N.J Ins Code                    |                                                | 120b<br>04                                                                                                                                                     |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 1                                                                                                                                                                                                                                                                                               |                                              | 2054921970                   |                                               | 945                                                                                                                                                                                                                                                         |                      | 2                                          |             | Y421631-C10-30K                                                                                                                                                                                                                                                                                 |                      | 25178                              |                                                | 120h<br>--                                                                                                                                                     |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | <input type="checkbox"/> Parked                                                                                                                                                                                                                                                                 |                                              | <input type="checkbox"/> Ped |                                               | <input type="checkbox"/> Pedalcyclist                                                                                                                                                                                                                       |                      | <input type="checkbox"/> Resp to Emergency |             | <input type="checkbox"/> Hit & Run                                                                                                                                                                                                                                                              |                      | <input type="checkbox"/> Hit & Run |                                                | 121a<br>01                                                                                                                                                     |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 26 Driver's First Name<br>LAZARA DERCOLE                                                                                                                                                                                                                                                        |                                              |                              |                                               | 29 Sex<br>F                                                                                                                                                                                                                                                 |                      | 56 Driver's First Name<br>MEGAN G NORMAN   |             |                                                                                                                                                                                                                                                                                                 |                      | 59 Sex<br>F                        |                                                | 121b<br>--                                                                                                                                                     |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 27 Number & Street<br>196 GLANZ AVE                                                                                                                                                                                                                                                             |                                              |                              |                                               | 57 Number & Street<br>619 FEMERY DRIVE                                                                                                                                                                                                                      |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 28 City<br>NORTHVALE                                                                                                                                                                                                                                                                            |                                              |                              |                                               | State<br>NJ                                                                                                                                                                                                                                                 |                      | Zip<br>07647-1537                          |             | 58 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |                      |                                    |                                                | State<br>NJ                                                                                                                                                    |                                         | Zip<br>07646                          |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 30 Eyes<br>02                                                                                                                                                                                                                                                                                   |                                              | DL Class<br>D                |                                               | Restrictions<br>0                                                                                                                                                                                                                                           |                      | Endorsements<br>0                          |             | 31 State<br>NJ                                                                                                                                                                                                                                                                                  |                      | 60 Eyes<br>04                      |                                                | DL Class<br>D                                                                                                                                                  |                                         | Restrictions<br>1                     |                                        | Endorsements<br>0 |  | 61 State<br>NJ  |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 32 Drivers License No<br>D26644470059642                                                                                                                                                                                                                                                        |                                              |                              |                                               | 33 DOB<br>09   26   64                                                                                                                                                                                                                                      |                      | 34 Expires<br>mm   vv   yy<br>09   25      |             | 62 Drivers License No<br>N66135376756044                                                                                                                                                                                                                                                        |                      |                                    |                                                | 63 DOB<br>mm   dd   yy<br>06   03   04                                                                                                                         |                                         | 64 Expires<br>mm   vv   yy<br>06   25 |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 35 Owner's First Name<br>Initial Last Name<br><input type="checkbox"/> Same As Driver<br>LAWRENCE E DERCOLE                                                                                                                                                                                     |                                              |                              |                                               | 65 Owner's First Name<br>Initial Last Name<br><input type="checkbox"/> Same As Driver<br>JOHN H NORMAN                                                                                                                                                      |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 36 Number & Street<br>196 GLANZ AVE                                                                                                                                                                                                                                                             |                                              |                              |                                               | 66 Number & Street<br>619 FEMERY DRIVE                                                                                                                                                                                                                      |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 37 City<br>NORTHVALE                                                                                                                                                                                                                                                                            |                                              |                              |                                               | State<br>NJ                                                                                                                                                                                                                                                 |                      | Zip<br>07647-1537                          |             | 67 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |                      |                                    |                                                | State<br>NJ                                                                                                                                                    |                                         | Zip<br>07646-1019                     |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 38 Make<br>JEE                                                                                                                                                                                                                                                                                  |                                              | 39 Model<br>WRG              |                                               | 40 Color<br>BK                                                                                                                                                                                                                                              |                      | 41 Year<br>2009                            |             | 42 Plate No.<br>E24CHJ                                                                                                                                                                                                                                                                          |                      | 43 State<br>NJ                     |                                                | 68 Make<br>FOR                                                                                                                                                 |                                         | 69 Model<br>ESC                       |                                        | 70 Color<br>GLD   |  | 71 Year<br>2010 |  | 72 Plate No<br>ZNR97V |  | 73 State<br>NJ |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 44 VIN<br>1J4FA54199L772364                                                                                                                                                                                                                                                                     |                                              |                              |                                               | 45 Expires<br>08   23                                                                                                                                                                                                                                       |                      | 74 VIN<br>1FMCU0DG7AKB78367                |             |                                                                                                                                                                                                                                                                                                 |                      | 75 Expires<br>02   23              |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 46 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded                                     |                                              |                              |                                               | 76 Vehicle Removed To<br><input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 47 Authority<br><input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Driver<br><input type="checkbox"/> Police                                                                                                                                                                 |                                              |                              |                                               | 77 Authority<br><input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Driver<br><input type="checkbox"/> Police                                                                                                                             |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |                                              |                              |                                               | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                         |                      |                                            |             | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |                      |                                    |                                                | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.            |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 50 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                                                                 |                                              |                              |                                               | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                                                                                              |                      |                                            |             | 80 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                                                                 |                      |                                    |                                                | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 52 Carrier name                                                                                                                                                                                                                                                                                 |                                              |                              |                                               | 82 Carrier name                                                                                                                                                                                                                                             |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | Number & Street                                                                                                                                                                                                                                                                                 |                                              |                              |                                               | Number & Street                                                                                                                                                                                                                                             |                      |                                            |             |                                                                                                                                                                                                                                                                                                 |                      |                                    |                                                |                                                                                                                                                                |                                         |                                       |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | City                                                                                                                                                                                                                                                                                            |                                              |                              |                                               | State                                                                                                                                                                                                                                                       |                      | Zip                                        |             | City                                                                                                                                                                                                                                                                                            |                      |                                    |                                                | State                                                                                                                                                          |                                         | Zip                                   |                                        |                   |  |                 |  |                       |  |                |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |    |  |  |  |
|          |                                         |  |                                | 135 Damage To Other Property                                                                                                                                                                                                                                                                    |                                              |                              |                                               | <input type="checkbox"/> Yes (If yes, describe)                                                                                                                                                                                                             |                      |                                            |             | <input checked="" type="checkbox"/> 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 & Address of Occupants - If Deceased, Date & Time of Death |  |  |  |    |  |  |  |
|          |                                         |  |                                | A                                                                                                                                                                                                                                                                                               |                                              |                              |                                               | 01                                                                                                                                                                                                                                                          |                      |                                            |             | 01                                                                                                                                                                                                                                                                                              |                      |                                    |                                                | 01                                                                                                                                                             |                                         |                                       |                                        | --                |  |                 |  | 58                    |  |                |  | F  |  |  |  | -- |  |  |  | -- |  |  |  | 11 |  |  |  | 04 |  |  |  | -- |  |  |  | -- |  |  |  | DERCOLE, LAZARA                                                  |  |  |  | -- |  |  |  |
|          |                                         |  |                                | B                                                                                                                                                                                                                                                                                               |                                              |                              |                                               | 02                                                                                                                                                                                                                                                          |                      |                                            |             | 01                                                                                                                                                                                                                                                                                              |                      |                                    |                                                | 01                                                                                                                                                             |                                         |                                       |                                        | --                |  |                 |  | 18                    |  |                |  | F  |  |  |  | -- |  |  |  | -- |  |  |  | 11 |  |  |  | 04 |  |  |  | -- |  |  |  | -- |  |  |  | NORMAN, MEGAN G                                                  |  |  |  | -- |  |  |  |
|          |                                         |  |                                | C                                                                                                                                                                                                                                                                                               |                                              |                              |                                               | --                                                                                                                                                                                                                                                          |                      |                                            |             | --                                                                                                                                                                                                                                                                                              |                      |                                    |                                                | --                                                                                                                                                             |                                         |                                       |                                        | --                |  |                 |  | --                    |  |                |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | --                                                               |  |  |  | -- |  |  |  |
|          |                                         |  |                                | D                                                                                                                                                                                                                                                                                               |                                              |                              |                                               | --                                                                                                                                                                                                                                                          |                      |                                            |             | --                                                                                                                                                                                                                                                                                              |                      |                                    |                                                | --                                                                                                                                                             |                                         |                                       |                                        | --                |  |                 |  | --                    |  |                |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | -- |  |  |  | --                                                               |  |  |  | -- |  |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

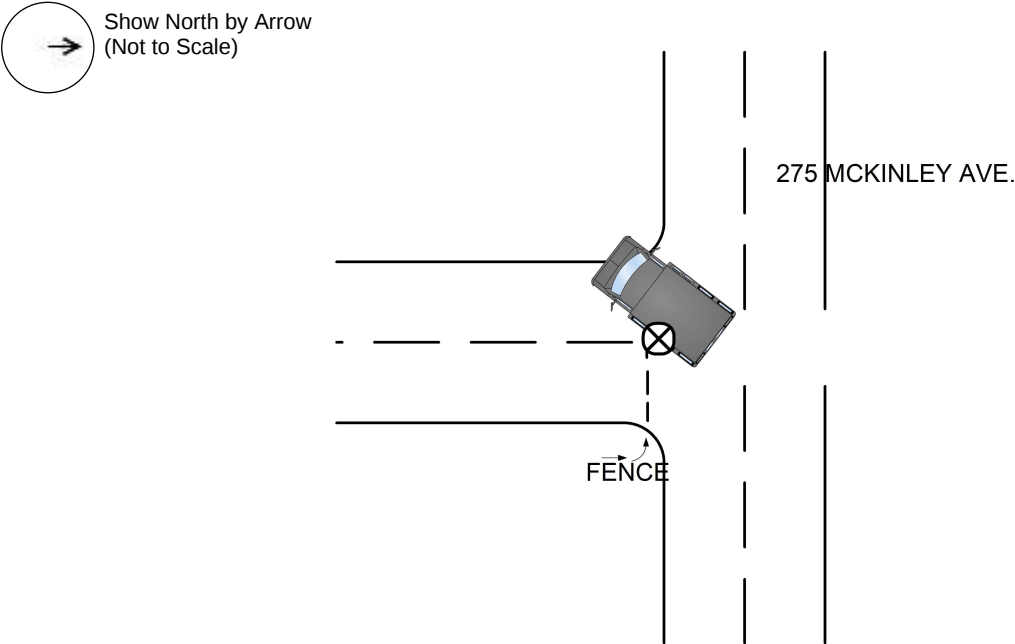
**DRIVER 1 STATED WHILE STOPPED IN TRAFFIC AT A RED LIGHT FACING EASTBOUND, HER VEHICLE WAS STRUCK BY VEHICLE 2.**

**DRIVER 2 STATED WHILE TRAVELING EASTBOUND ON MAIN ST, SHE COULD NOT REACT IN TIME TO STOP FOR THE RED LIGHT AND STRUCK THE BACK OF VEHICLE 1.**

|    |                                                                                                              |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  |                                                                                                                                                                                  |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------------------------------------------------------------------------------------|--|----------------------------|--|----------------------------------------------|--|------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|--|--|--|---------------------------------------|--|--|--|----------|--|--|--|-------------|--|--|--|----------|--|--|--|-------------------|--|--|--|------------------------------------------------------------------|--|--|--|----|--|--|--|
| 96 | Page: 1 Of 2                                                                                                 |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report                                                                                                                                     |  |                                               |  |                                                                                                |  |                            |  |                                              |  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                                                                                                                                          |  | <input type="checkbox"/> Change Report |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 05 | 1 Case Number                                                                                                |  |                                |  | 10 Crash Occured On : 275 MCKINLEY AVENUE                                                                                                                                        |  |                                               |  |                                                                                                |  |                            |  |                                              |  | 11 Speed Limit                                 |  | 118a                                                                                                                                                                             |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | I-2022-014566                                                                                                |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 02                                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 2 Police Dept. of                                                                                            |  |                                |  | Code                                                                                                                                                                             |  | <input type="checkbox"/> At Intersection with |  | Road Name                                                                                      |  | Dir                        |  | 12 Route No                                  |  | Suffix                                         |  | 13 Milepost                                                                                                                                                                      |  | 118h                                   |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | NEW MILFORD POLICE                                                                                           |  |                                |  | 01                                                                                                                                                                               |  | <input type="checkbox"/> Feet                 |  | <input type="checkbox"/> N                                                                     |  | <input type="checkbox"/> E |  |                                              |  |                                                |  |                                                                                                                                                                                  |  | --                                     |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 |                                                                                                              |  |                                |  |                                                                                                                                                                                  |  | <input type="checkbox"/> Miles                |  | <input type="checkbox"/> S                                                                     |  | <input type="checkbox"/> W |  | of :                                         |  |                                                |  | 18 Speed Limit                                                                                                                                                                   |  | --                                     |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 09 | 3 Station/Precinct                                                                                           |  |                                |  |                                                                                                                                                                                  |  | 14                                            |  | 15                                                                                             |  | 16                         |  | 19                                           |  | To: 17 Cross Road Name/Route No.               |  | <input type="checkbox"/> NB                                                                                                                                                      |  | <input type="checkbox"/> EB            |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 09 | NEW MILFORD POLICE                                                                                           |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  | Ramp                                         |  | From: --                                       |  | <input type="checkbox"/> SB                                                                                                                                                      |  | <input type="checkbox"/> WB            |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 4 Date of Crash                                                                                              |  |                                |  | 5 Day of Week                                                                                                                                                                    |  | 6 Time (use 2400 hrs)                         |  | 7 Municipality Code                                                                            |  | 8 Total Killed             |  | 9 Total Injured                              |  | 21 Latitude                                    |  | 20 Route Name/ Route No.                                                                                                                                                         |  | 22 Longitude                           |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 11 03 22                                                                                                     |  |                                |  | Thu                                                                                                                                                                              |  | 15:13                                         |  | 0238                                                                                           |  | --                         |  | --                                           |  | -- . --                                        |  | -- . --                                                                                                                                                                          |  | -- . --                                |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 04 | 23 Veh #                                                                                                     |  |                                |  | 24 Polriv Nn                                                                                                                                                                     |  |                                               |  | 25 N.I Ins Code                                                                                |  |                            |  | 53 Veh #                                     |  |                                                |  | 54 Polriv Nn                                                                                                                                                                     |  |                                        |  | 55 N.I Ins Code                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 1                                                                                                            |  |                                |  | GPNV-EP-0014315                                                                                                                                                                  |  |                                               |  | 021000                                                                                         |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 |                                                                                                              |  |                                |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 26 Driver's First Name                                                                                       |  |                                |  | Initial                                                                                                                                                                          |  |                                               |  | Last Name                                                                                      |  |                            |  | 29 Sex                                       |  |                                                |  | 56 Driver's First Name                                                                                                                                                           |  |                                        |  | Initial                                  |  |  |  | Last Name                                                                                      |  |  |  | 59 Sex                                       |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | GAMALIER                                                                                                     |  |                                |  | JIMENEZ                                                                                                                                                                          |  |                                               |  |                                                                                                |  |                            |  | M                                            |  |                                                |  |                                                                                                                                                                                  |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 27 Number & Street                                                                                           |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 57 Number & Street                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 86 N TAYLOR ST                                                                                               |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 28 City                                                                                                      |  |                                |  | State                                                                                                                                                                            |  |                                               |  | Zip                                                                                            |  |                            |  |                                              |  |                                                |  | 58 City                                                                                                                                                                          |  |                                        |  | State                                    |  |  |  | Zip                                                                                            |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | BERGENFIELD                                                                                                  |  |                                |  | NJ                                                                                                                                                                               |  |                                               |  | 07621-4620                                                                                     |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 30 Eyes                                                                                                      |  |                                |  | DL Class                                                                                                                                                                         |  |                                               |  | Restrictions                                                                                   |  |                            |  | Endorsements                                 |  |                                                |  | 31 State                                                                                                                                                                         |  |                                        |  | 60 Eyes                                  |  |  |  | DL Class                                                                                       |  |  |  | Restrictions                                 |  |  |  | Endorsements                          |  |  |  | 61 State |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 02                                                                                                           |  |                                |  | B                                                                                                                                                                                |  |                                               |  | 4                                                                                              |  |                            |  | 2                                            |  |                                                |  | NJ                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 32 Drivers License No                                                                                        |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 33 DOB                                                                                         |  |                            |  | 34 Expires                                   |  |                                                |  | 62 Drivers License No                                                                                                                                                            |  |                                        |  |                                          |  |  |  | 63 DOB                                                                                         |  |  |  | 64 Expires                                   |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | J44232720005512                                                                                              |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 05 28 51                                                                                       |  |                            |  | 05 25                                        |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 35 Owner's First Name                                                                                        |  |                                |  | Initial                                                                                                                                                                          |  |                                               |  | Last Name                                                                                      |  |                            |  |                                              |  |                                                |  | 65 Owner's First Name                                                                                                                                                            |  |                                        |  | Initial                                  |  |  |  | Last Name                                                                                      |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input type="checkbox"/> Same As Driver                                                                      |  |                                |  | RAINBOW TRANSPORTION INC                                                                                                                                                         |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | <input type="checkbox"/> Same As Driver                                                                                                                                          |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 36 Number & Street                                                                                           |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 66 Number & Street                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 445 CONRAD RD                                                                                                |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 37 City                                                                                                      |  |                                |  | State                                                                                                                                                                            |  |                                               |  | Zip                                                                                            |  |                            |  |                                              |  |                                                |  | 67 City                                                                                                                                                                          |  |                                        |  | State                                    |  |  |  | Zip                                                                                            |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | ENGLEWOOD                                                                                                    |  |                                |  | NJ                                                                                                                                                                               |  |                                               |  | 07631                                                                                          |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 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 |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | BLB                                                                                                          |  |                                |  | B2                                                                                                                                                                               |  |                                               |  | YELLOW                                                                                         |  |                            |  | 2009                                         |  |                                                |  | F928S1                                                                                                                                                                           |  |                                        |  | NJ                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  | --          |  |  |  | --       |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 44 VIN                                                                                                       |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 45 Expires                                                                                     |  |                            |  |                                              |  |                                                |  | 74 VIN                                                                                                                                                                           |  |                                        |  |                                          |  |  |  | 75 Expires                                                                                     |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 1GBJG31K781193050                                                                                            |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 02 23                                                                                          |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 46 Vehicle Removed To                                                                                        |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 76 Vehicle Removed To                                                                                                                                                            |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input checked="" type="checkbox"/> Driven                                                                   |  |                                |  | <input type="checkbox"/> Towed Disabled                                                                                                                                          |  |                                               |  | <input type="checkbox"/> Towed Disabled & Impounded                                            |  |                            |  |                                              |  |                                                |  | <input type="checkbox"/> Driven                                                                                                                                                  |  |                                        |  | <input type="checkbox"/> Towed Disabled  |  |  |  | <input type="checkbox"/> Towed Disabled & Impounded                                            |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input type="checkbox"/> Left at Scene                                                                       |  |                                |  | <input type="checkbox"/> Towed Impounded                                                                                                                                         |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | <input type="checkbox"/> Left at Scene                                                                                                                                           |  |                                        |  | <input type="checkbox"/> Towed Impounded |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 47 Authority                                                                                                 |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 77 Authority                                                                                                                                                                     |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input checked="" type="checkbox"/> Owner                                                                    |  |                                |  | <input type="checkbox"/> Driver                                                                                                                                                  |  |                                               |  | <input type="checkbox"/> Police                                                                |  |                            |  |                                              |  |                                                |  | <input type="checkbox"/> Owner                                                                                                                                                   |  |                                        |  | <input type="checkbox"/> Driver          |  |  |  | <input type="checkbox"/> Police                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 48 Alcohol/Drug Test                                                                                         |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 49 Hazardous Material                                                                          |  |                            |  |                                              |  |                                                |  | 78 Alcohol/Drug Test                                                                                                                                                             |  |                                        |  |                                          |  |  |  | 79 Hazardous Material                                                                          |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |  |                                                                                                                                                                                  |  |                                               |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                            |  |                                              |  |                                                |  | Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                                |  |                                        |  |                                          |  |  |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                                |  |                                                                                                                                                                                  |  |                                               |  | --                                                                                             |  |                            |  | --                                           |  |                                                |  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                             |  |                                        |  |                                          |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Results : 0. %                                                                                               |  |                                |  | <input type="checkbox"/> Pending                                                                                                                                                 |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | Results : 0. %                                                                                                                                                                   |  |                                        |  | <input type="checkbox"/> Pending         |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 50 Carrier No.                                                                                               |  |                                |  |                                                                                                                                                                                  |  |                                               |  | 51 Commercial Vehicle Weight                                                                   |  |                            |  |                                              |  |                                                |  | 80 Carrier No.                                                                                                                                                                   |  |                                        |  |                                          |  |  |  | 81 Commercial Vehicle Weight                                                                   |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input type="checkbox"/> USDOT                                                                               |  |                                |  | --                                                                                                                                                                               |  |                                               |  | <input type="checkbox"/> None                                                                  |  |                            |  | <input type="checkbox"/> < 10,000 lbs        |  |                                                |  |                                                                                                                                                                                  |  |                                        |  | <input type="checkbox"/> USDOT           |  |  |  | --                                                                                             |  |  |  | <input type="checkbox"/> None                |  |  |  | <input type="checkbox"/> < 10,000 lbs |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input type="checkbox"/> MC/MX                                                                               |  |                                |  | --                                                                                                                                                                               |  |                                               |  |                                                                                                |  |                            |  | <input type="checkbox"/> 10,001 - 26,000 lbs |  |                                                |  |                                                                                                                                                                                  |  |                                        |  | <input type="checkbox"/> MC/MX           |  |  |  | --                                                                                             |  |  |  | <input type="checkbox"/> 10,001 - 26,000 lbs |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | <input type="checkbox"/> > 26,001 lbs                                                                        |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  | <input type="checkbox"/> > 26,001 lbs        |  |                                                |  |                                                                                                                                                                                  |  |                                        |  | <input type="checkbox"/> > 26,001 lbs    |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 52 Carrier name                                                                                              |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | 82 Carrier name                                                                                                                                                                  |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Number & Street                                                                                              |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | Number & Street                                                                                                                                                                  |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | City                                                                                                         |  |                                |  | State                                                                                                                                                                            |  |                                               |  | Zip                                                                                            |  |                            |  |                                              |  |                                                |  | City                                                                                                                                                                             |  |                                        |  | State                                    |  |  |  | Zip                                                                                            |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  |                                              |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 135 Damage To Other Property                                                                                 |  |                                |  | <input checked="" type="checkbox"/> Yes (If yes, describe)                                                                                                                       |  |                                               |  | <input type="checkbox"/> No                                                                    |  |                            |  |                                              |  |                                                |  |                                                                                                                                                                                  |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | DAMAGE TO THE GATE LOCATED AT 275 MCKINLEY AVENUE, NEW MILFORD NJ 07646.                                     |  |                                |  |                                                                                                                                                                                  |  |                                               |  |                                                                                                |  |                            |  |                                              |  |                                                |  |                                                                                                                                                                                  |  |                                        |  |                                          |  |  |  |                                                                                                |  |  |  |                                              |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Oper                                                                                                         |  |                                |  | 136 Charge                                                                                                                                                                       |  |                                               |  |                                                                                                |  |                            |  | 137 Summons No                               |  |                                                |  | Oper                                                                                                                                                                             |  |                                        |  | 138 Charge                               |  |  |  |                                                                                                |  |  |  | 139 Summons No                               |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  |                                                                                                |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  |                                                                                                |  |  |  | --                                           |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | Oper                                                                                                         |  |                                |  | 140 Charge                                                                                                                                                                       |  |                                               |  |                                                                                                |  |                            |  | 141 Summons No                               |  |                                                |  | Oper                                                                                                                                                                             |  |                                        |  | 142 Charge                               |  |  |  |                                                                                                |  |  |  | 143 Summons No                               |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  |                                                                                                |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  |                                                                                                |  |  |  | --                                           |  |  |  |                                       |  |  |  |          |  |  |  |             |  |  |  |          |  |  |  |                   |  |  |  |                                                                  |  |  |  |    |  |  |  |
| 01 | 83                                                                                                           |  |                                |  | 84                                                                                                                                                                               |  |                                               |  | 85                                                                                             |  |                            |  | 86                                           |  |                                                |  | 87                                                                                                                                                                               |  |                                        |  | 88                                       |  |  |  | 89                                                                                             |  |  |  | 90                                           |  |  |  | 91                                    |  |  |  | 92       |  |  |  | 93          |  |  |  | 94       |  |  |  | 95                |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  |    |  |  |  |
| 01 | 01                                                                                                           |  |                                |  | 01                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  | 71                                           |  |                                                |  | M                                                                                                                                                                                |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | 11                                    |  |  |  | 04       |  |  |  | --          |  |  |  | --       |  |  |  | JIMENEZ, GAMALIER |  |  |  | --                                                               |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  | --          |  |  |  | --       |  |  |  | --                |  |  |  | 86 N TAYLOR ST. BERGENFIELD NJ 07621-4620                        |  |  |  | -- |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  | --          |  |  |  | --       |  |  |  | --                |  |  |  | --                                                               |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  | --          |  |  |  | --       |  |  |  | --                |  |  |  | --                                                               |  |  |  |    |  |  |  |
| 01 | --                                                                                                           |  |                                |  | --                                                                                                                                                                               |  |                                               |  | --                                                                                             |  |                            |  | --                                           |  |                                                |  | --                                                                                                                                                                               |  |                                        |  | --                                       |  |  |  | --                                                                                             |  |  |  | --                                           |  |  |  | --                                    |  |  |  | --       |  |  |  | --          |  |  |  | --       |  |  |  | --                |  |  |  | --                                                               |  |  |  |    |  |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description

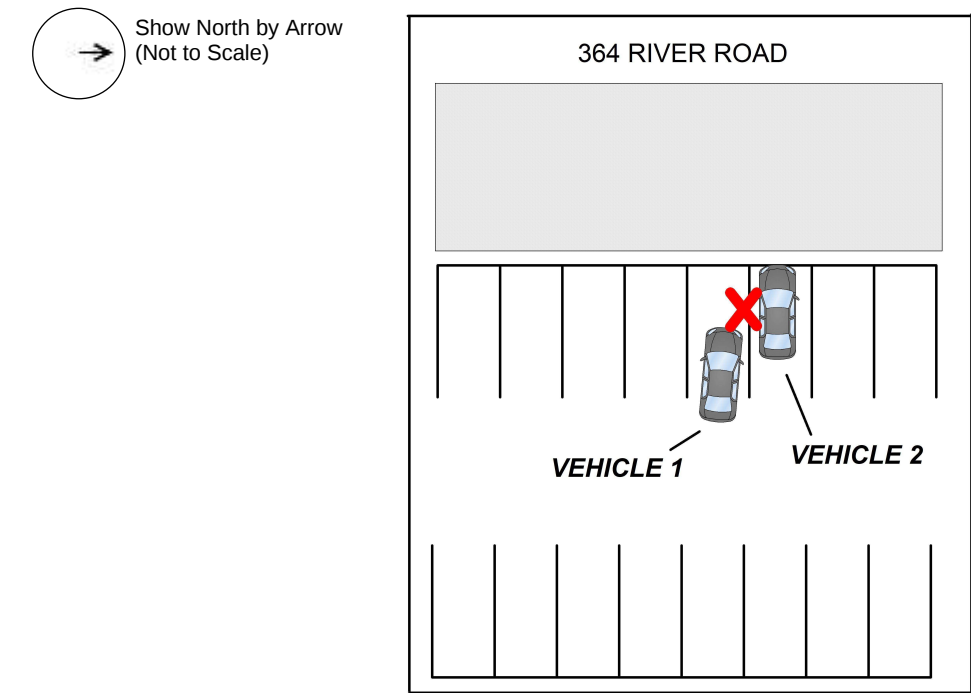
**DRIVER 1 STATED AS HE ATTEMPTED TO MAKE A LEFT TURN OUT OF THE PARKING LOT OF 275 MCKINLEY AVE, HE MISJUDGED THE TURN AND STRUCK THE FENCE WHICH SUBSEQUENTLY DAMAGED THE LAST TWO REAR WINDOWS ON THE LEFT SIDE OF THE SCHOOL BUS.**

**BOX 126A\*(69) - GATE**

|            |                                                                                                                                                                                                                                                                                                 |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-------------|--|-------------------|--|------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|--|--|--|--|--|--|------------|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                    |    | <input type="checkbox"/> Fatal |    | New Jersey Police Crash Investigation Report                                                                                                                   |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                                                                         |  | <input type="checkbox"/> Change Report |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 97<br>01   | 1 Case Number<br>I-2022-014571                                                                                                                                                                                                                                                                  |    |                                |    | 10 Crash Occured On : 364 RIVER ROAD (PARKING LOT) -- --                                                                                                       |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              | 11 Speed Limit<br>--                           |  | --                                                                                                              |  | --                                     |  | 118a<br>02                                                                                                                                                                                                                                                                                      |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                         |    |                                |    | Code<br>01                                                                                                                                                     |    | <input type="checkbox"/> At Intersection with Road Name Dir<br><input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of : -- |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  | 12 Route No                                                                                                     |  | Suffix                                 |  | 13 Milepost                                                                                                                                                                                                                                                                                     |  | 118b<br>--     |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 99<br>09   | 3 Station/Precinct<br>--                                                                                                                                                                                                                                                                        |    |                                |    | 14                                                                                                                                                             |    | 15                                                                                                                                                                                                               |    | 16                                                                                |    | 19 Ramp                                                                                                                                                        |    | To: 17 Cross Road Name/Route No.                                                                                                                               |                                                                                                                              | From: --                                       |  | <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  | 119a<br>25                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>11 03 22                                                                                                                                                                                                                                                         |    | 5 Day of Week<br>Thu           |    | 6 Time<br>(use 2400 hrs)<br>16:37                                                                                                                              |    | 7 Municipality<br>Code<br>0238                                                                                                                                                                                   |    | 8 Total Killed<br>0                                                               |    | 9 Total Injured<br>0                                                                                                                                           |    | 21 Latitude<br>-- . --                                                                                                                                         |                                                                                                                              | 20 Route Name/ Route No.                       |  | 22 Longitude<br>-- . --                                                                                         |  | 119b<br>--                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 100b<br>04 | 23 Veh #<br>1                                                                                                                                                                                                                                                                                   |    | 24 Polriv Nn<br>950293480      |    |                                                                                                                                                                |    | 25 N.I Ins Code<br>134                                                                                                                                                                                           |    |                                                                                   |    | 53 Veh #<br>2                                                                                                                                                  |    | 54 Polriv Nn<br>0597-81-04-07                                                                                                                                  |                                                                                                                              |                                                |  | 55 N.I Ins Code<br>148                                                                                          |  |                                        |  | 120a<br>01                                                                                                                                                                                                                                                                                      |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                                |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 120b<br>--                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 102<br>01  | 26 Driver's First Name<br>MEDICE CAVAS                                                                                                                                                                                                                                                          |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | Initial                                                                                                                                                        |    | Last Name                                                                                                                                                      |                                                                                                                              | 29 Sex<br>F                                    |  | 56 Driver's First Name<br>MICHAEL E HOFFMAN                                                                     |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  | Initial           |  | Last Name  |  | 59 Sex<br>M                                                                                                                                                    |  | 121a<br>01 |  |  |  |  |  |  |  |            |  |
| 103<br>01  | 27 Number & Street<br>543 RIVER ROAD                                                                                                                                                                                                                                                            |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 121b<br>--                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 104<br>02  | 28 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | State<br>NJ                                                                                                                                                    |    | Zip<br>07646                                                                                                                                                   |                                                                                                                              | 58 City<br>TENAFLY                             |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  | State<br>NJ |  | Zip<br>07670-2927 |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | 30 Eyes<br>01                                                                                                                                                                                                                                                                                   |    | DL Class<br>D                  |    | Restrictions<br>NO                                                                                                                                             |    | Endorsements<br>NO                                                                                                                                                                                               |    | 31 State<br>NJ                                                                    |    | 60 Eyes<br>06                                                                                                                                                  |    | DL Class<br>D                                                                                                                                                  |                                                                                                                              | Restrictions<br>1                              |  | Endorsements<br>NO                                                                                              |  | 61 State<br>NJ                         |  | 122<br>09                                                                                                                                                                                                                                                                                       |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 105<br>06  | 32 Drivers License No<br>C09085370051611                                                                                                                                                                                                                                                        |    |                                |    |                                                                                                                                                                |    | 33 DOB<br>mm dd yy<br>01 01 61                                                                                                                                                                                   |    | 34 Expires<br>mm yy<br>01 25                                                      |    | 62 Drivers License No<br>H61235446509736                                                                                                                       |    |                                                                                                                                                                |                                                                                                                              |                                                |  | 63 DOB<br>mm dd yy<br>09 15 73                                                                                  |  | 64 Expires<br>mm yy<br>09 24           |  | 123<br>10                                                                                                                                                                                                                                                                                       |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 106<br>--  | 35 Owner's First Name<br>YAHKUP CAVAS                                                                                                                                                                                                                                                           |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | Initial                                                                                                                                                        |    | Last Name                                                                                                                                                      |                                                                                                                              | 65 Owner's First Name<br>MICHAEL E HOFFMAN     |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  | Initial     |  | Last Name         |  | 124<br>11  |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 107<br>--  | 36 Number & Street<br>543 RIVER ROAD                                                                                                                                                                                                                                                            |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 125<br>11                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | 37 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | State<br>NJ                                                                                                                                                    |    | Zip<br>07646-2912                                                                                                                                              |                                                                                                                              | 67 City<br>TENAFLY                             |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  | State<br>NJ |  | Zip<br>07670-2927 |  | 126a<br>28 |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 108<br>01  | 38 Make<br>NIS                                                                                                                                                                                                                                                                                  |    | 39 Model<br>ROG                |    | 40 Color<br>GY                                                                                                                                                 |    | 41 Year<br>2017                                                                                                                                                                                                  |    | 42 Plate No.<br>Z80MJX                                                            |    | 43 State<br>NJ                                                                                                                                                 |    | 68 Make<br>DOD                                                                                                                                                 |                                                                                                                              | 69 Model<br>CVN                                |  | 70 Color<br>BK                                                                                                  |  | 71 Year<br>2015                        |  | 72 Plate No<br>P55MXP                                                                                                                                                                                                                                                                           |  | 73 State<br>NJ |  | 126b<br>--  |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 109<br>01  | 44 VIN<br>JN8AT2MV1HW001300                                                                                                                                                                                                                                                                     |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    | 45 Expires<br>mm yy<br>04 23                                                      |    | 74 VIN<br>2C4RDGBG0FR516792                                                                                                                                    |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 75 Expires<br>mm yy<br>10 23           |  | 126c<br>--                                                                                                                                                                                                                                                                                      |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                                                                                                                                                                                                     |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 126d<br>--                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 111<br>01  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                       |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 126e<br>28                             |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 112<br>--  | 47 Authority<br>Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                                                |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | 77 Authority<br>Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                               |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  | 127a<br>26                                                                                                                                                                                                                                                                                      |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No. |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |  |                |  |             |  |                   |  |            |  | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No. |  |            |  |  |  |  |  |  |  | 127b<br>-- |  |
| 114<br>--  |                                                                                                                                                                                                                                                                                                 |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  | 127c<br>--                                                                                                                                                     |  |            |  |  |  |  |  |  |  |            |  |
| 115<br>--  |                                                                                                                                                                                                                                                                                                 |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  | 127d<br>--                                                                                                                                                     |  |            |  |  |  |  |  |  |  |            |  |
| 116<br>04  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                               |    |                                |    | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |    |                                                                                                                                                                                                                  |    | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None |    |                                                                                                                                                                |    | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  | 127e<br>26     |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| 117<br>04  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                           |    |                                |    | 82 Carrier name<br>--                                                                                                                                          |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  | 128<br>26      |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | Number & Street<br>--                                                                                                                                                                                                                                                                           |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 129<br>12                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | City<br>--                                                                                                                                                                                                                                                                                      |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 130<br>12                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | State<br>--                                                                                                                                                                                                                                                                                     |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 131<br>10                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | Zip<br>--                                                                                                                                                                                                                                                                                       |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 132<br>10                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | 135 Damage To Other Property <input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                             |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 133<br>03                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            |                                                                                                                                                                                                                                                                                                 |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  | 134<br>02                              |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
|            | 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                                                                                                                                                                                                                                                          |    |                                |    |                                                                                                                                                                |    |                                                                                                                                                                                                                  |    |                                                                                   |    |                                                                                                                                                                |    |                                                                                                                                                                |                                                                                                                              |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| A          | 01                                                                                                                                                                                                                                                                                              | 01 | 01                             | 05 | 61                                                                                                                                                             | F  | --                                                                                                                                                                                                               | -- | --                                                                                | 11 | 04                                                                                                                                                             | -- | --                                                                                                                                                             | Names & Address of Occupants - If Deceased, Date & Time of Death<br>CAVAS, MEDICE --<br>543 RIVER ROAD. NEW MILFORD NJ 07646 |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| B          | 02                                                                                                                                                                                                                                                                                              | 01 | 01                             | 05 | 49                                                                                                                                                             | M  | --                                                                                                                                                                                                               | -- | --                                                                                | 11 | 04                                                                                                                                                             | -- | --                                                                                                                                                             | HOFFMAN, MICHAEL E --<br>20 HOWARD PARK DR, TENAFLY NJ 07670-2927                                                            |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| C          | --                                                                                                                                                                                                                                                                                              | -- | --                             | -- | --                                                                                                                                                             | -- | --                                                                                                                                                                                                               | -- | --                                                                                | -- | --                                                                                                                                                             | -- | --                                                                                                                                                             | -- --                                                                                                                        |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |
| D          | --                                                                                                                                                                                                                                                                                              | -- | --                             | -- | --                                                                                                                                                             | -- | --                                                                                                                                                                                                               | -- | --                                                                                | -- | --                                                                                                                                                             | -- | --                                                                                                                                                             | -- --                                                                                                                        |                                                |  |                                                                                                                 |  |                                        |  |                                                                                                                                                                                                                                                                                                 |  |                |  |             |  |                   |  |            |  |                                                                                                                                                                |  |            |  |  |  |  |  |  |  |            |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description  
 DRIVER 1 STATED AS SHE WAS PULLING INTO THE PARKING SPOT, DRIVER 2 OPENED HIS DRIVER SIDE DOOR AND SHE STRUCK HIS DOOR. DRIVER 1 STATED SHE COULD NOT AVOID THE COLLISION.  
  
 DRIVER 2 STATED HE PARKED HIS VEHICLE IN A PARKING SPOT. DRIVER 2 STATED HE OPENED HIS DRIVER SIDE DOOR TO EXIT HIS VEHICLE AND VEHICLE 1 STRUCK HIS DOOR.  
  
 NO INJURIES WERE REPORTED.

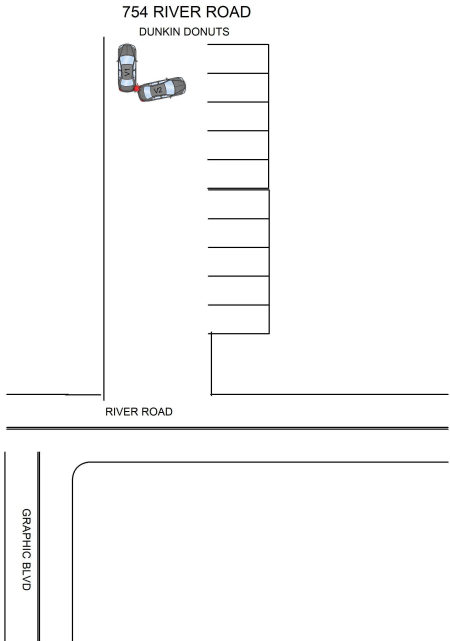
|            |                                                                                                                           |  |                                |                                            |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              |                                                                                                                         |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|------------|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------|----------------------------------------|---------------------------------------|-----------------------------------------------------|----------------|----------------|----------------------------------------------|-------------------------------|--|--|-----------|-----------|--|--|----|----|--|--|----|----|--|--|----|----|--|--|----|----|--|--|----|----|--|--|----|---------------------|--|--|------------------------------------------------------------------|----|--|--|--|----|--|--|--|--|--|
| 96<br>05   | Page: 1 Of 2                                                                                                              |  | <input type="checkbox"/> Fatal |                                            | New Jersey Police Crash Investigation Report                                                                            |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              |                                                                                                                         |                              | <input checked="" type="checkbox"/> Reportable |                                            | <input type="checkbox"/> Non-Reportable    |                             | <input type="checkbox"/> Change Report |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 97<br>01   | 1 Case Number<br>I-2022-014601                                                                                            |  |                                |                                            | 10 Crash Occured On : 754 RIVER ROAD                                                                                    |                            |                                               |                                                 | S                                                                                                                                    |                    | 11 Speed Limit<br>--           |                                              | --                                                                                                                      |                              | --                                             |                                            | --                                         |                             | 118a<br>13                             |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                   |  |                                |                                            | Code<br>01                                                                                                              |                            | <input type="checkbox"/> At Intersection with |                                                 | Road Name                                                                                                                            |                    | Dir                            |                                              | 12 Route No                                                                                                             |                              | Suffix                                         |                                            | 13 Milepost                                |                             | 118h<br>--                             |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> Feet              |                                                                                                                         | <input type="checkbox"/> N |                                               | <input type="checkbox"/> E                      |                                                                                                                                      | of :               |                                | --                                           |                                                                                                                         |                              |                                                | 18 Speed Limit                             |                                            | 119a<br>10                  |                                        |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> Miles             |                                                                                                                         | <input type="checkbox"/> S |                                               | <input type="checkbox"/> W                      |                                                                                                                                      | 19                 |                                | <input type="checkbox"/> To:                 |                                                                                                                         | 17 Cross Road Name/Route No. |                                                | <input type="checkbox"/> NB                |                                            | <input type="checkbox"/> EB |                                        | 119h<br>--                            |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | 14                                         |                                                                                                                         | 15                         |                                               | 16                                              |                                                                                                                                      | Ramp               |                                | <input type="checkbox"/> From:               |                                                                                                                         | --                           |                                                | <input type="checkbox"/> SB                |                                            | <input type="checkbox"/> WB |                                        | 119b<br>--                            |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 99<br>09   | 3 Station/Precinct<br>NEW MILFORD                                                                                         |  |                                |                                            | 4 Date of Crash<br>mm dd yy<br>11 04 22                                                                                 |                            | 5 Day of Week<br>Fri                          |                                                 | 6 Time<br>(use 2400 hrs)<br>09:26                                                                                                    |                    | 7 Municipality<br>Code<br>0238 |                                              | 8 Total Killed<br>--                                                                                                    |                              | 9 Total Injured<br>--                          |                                            | 21 Latitude<br>--                          |                             | 20 Route Name/ Route No.               |                                       | 22 Longitude<br>--                                  |                | 120a<br>--     |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 100a<br>01 | 23 Veh #<br>01                                                                                                            |  |                                |                                            | 24 Polriv No<br>939772124                                                                                               |                            |                                               |                                                 | 25 N.J Ins Code<br>054                                                                                                               |                    |                                |                                              | 53 Veh #<br>02                                                                                                          |                              |                                                |                                            | 54 Polriv No<br>F1500388                   |                             |                                        |                                       | 55 N.J Ins Code<br>426                              |                |                |                                              | 120h<br>--                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input checked="" type="checkbox"/> Parked |                                                                                                                         |                            |                                               | <input type="checkbox"/> Ped                    |                                                                                                                                      |                    |                                | <input type="checkbox"/> Pedalcyclist        |                                                                                                                         |                              |                                                | <input type="checkbox"/> Resp to Emergency |                                            |                             |                                        | <input type="checkbox"/> Hit & Run    |                                                     |                |                | 121a<br>01                                   |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> Parked            |                                                                                                                         |                            |                                               | <input type="checkbox"/> Ped                    |                                                                                                                                      |                    |                                | <input type="checkbox"/> Pedalcyclist        |                                                                                                                         |                              |                                                | <input type="checkbox"/> Resp to Emergency |                                            |                             |                                        | <input type="checkbox"/> Hit & Run    |                                                     |                |                | 121b<br>--                                   |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 102<br>01  | 26 Driver's First Name<br>Initial<br>--                                                                                   |  |                                |                                            | Last Name<br>--                                                                                                         |                            |                                               |                                                 | 29 Sex<br>--                                                                                                                         |                    |                                |                                              | 56 Driver's First Name<br>Initial<br>--                                                                                 |                              |                                                |                                            | Last Name<br>SHANNON E VERNIERI            |                             |                                        |                                       | 59 Sex<br>F                                         |                |                |                                              | 121h<br>--                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 103<br>01  | 27 Number & Street<br>--                                                                                                  |  |                                |                                            |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              | 57 Number & Street<br>337 E WOODLAND RD                                                                                 |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 104<br>02  | 28 City<br>--                                                                                                             |  |                                |                                            | State<br>--                                                                                                             |                            |                                               |                                                 | Zip<br>--                                                                                                                            |                    |                                |                                              | 58 City<br>NEW MILFORD                                                                                                  |                              |                                                |                                            | State<br>NJ                                |                             |                                        |                                       | Zip<br>07646-1525                                   |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | 30 Eyes<br>--                              |                                                                                                                         | DL Class<br>--             |                                               | Restrictions<br>--                              |                                                                                                                                      | Endorsements<br>-- |                                | 31 State<br>--                               |                                                                                                                         | 60 Eyes<br>02                |                                                | DL Class<br>D                              |                                            | Restrictions<br>01          |                                        | Endorsements<br>0                     |                                                     | 61 State<br>NJ |                | 122<br>10                                    |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 105<br>06  | 32 Drivers License No<br>--                                                                                               |  |                                |                                            | 33 DOB<br>mm dd yy<br>-- -- --                                                                                          |                            |                                               |                                                 | 34 Expires<br>mm yy<br>-- -- --                                                                                                      |                    |                                |                                              | 62 Drivers License No<br>V27267036554052                                                                                |                              |                                                |                                            | 63 DOB<br>mm dd yy<br>04 24 05             |                             |                                        |                                       | 64 Expires<br>mm yy<br>04 26                        |                |                |                                              | 123<br>13                     |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | 35 Owner's First Name<br>Initial<br>--     |                                                                                                                         |                            |                                               | Last Name<br>EDIN PJETROVIC                     |                                                                                                                                      |                    |                                | 65 Owner's First Name<br>Initial<br>--       |                                                                                                                         |                              |                                                | Last Name<br>TARA J VERNIERI               |                                            |                             |                                        |                                       |                                                     |                |                | 124<br>11                                    |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 106<br>--  | 36 Number & Street<br>5 MARGRAFF CT                                                                                       |  |                                |                                            |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              | 66 Number & Street<br>337 E WOODLAND RD                                                                                 |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              | 125<br>11                     |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 107<br>--  | 37 City<br>ORADELL                                                                                                        |  |                                |                                            | State<br>NJ                                                                                                             |                            |                                               |                                                 | Zip<br>07649-1953                                                                                                                    |                    |                                |                                              | 67 City<br>NEW MILFORD                                                                                                  |                              |                                                |                                            | State<br>NJ                                |                             |                                        |                                       | Zip<br>07646-1525                                   |                |                |                                              | 126a<br>26                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 108<br>01  | 38 Make<br>LR                                                                                                             |  | 39 Model<br>RR                 |                                            | 40 Color<br>WT                                                                                                          |                            | 41 Year<br>2016                               |                                                 | 42 Plate No.<br>P38NKD                                                                                                               |                    | 43 State<br>NJ                 |                                              | 68 Make<br>CHE                                                                                                          |                              | 69 Model<br>EQU                                |                                            | 70 Color<br>BK                             |                             | 71 Year<br>2013                        |                                       | 72 Plate No<br>TJST0Y                               |                | 73 State<br>NJ |                                              | 126h<br>--                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 109<br>01  | 44 VIN<br>SALGS2KF5GA258968                                                                                               |  |                                |                                            | 45 Expires<br>03 23                                                                                                     |                            |                                               |                                                 | 74 VIN<br>2GNFLEEK3D6305277                                                                                                          |                    |                                |                                              | 75 Expires<br>02 23                                                                                                     |                              |                                                |                                            |                                            |                             |                                        |                                       | 126c<br>--                                          |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                               |  |                                |                                            |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              | 76 Vehicle Removed To<br>--                                                                                             |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              | 126d<br>--                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 111<br>01  | <input checked="" type="checkbox"/> Driven                                                                                |  |                                |                                            | <input type="checkbox"/> Towed Disabled                                                                                 |                            |                                               |                                                 | <input type="checkbox"/> Towed Disabled & Impounded                                                                                  |                    |                                |                                              | <input checked="" type="checkbox"/> Driven                                                                              |                              |                                                |                                            | <input type="checkbox"/> Towed Disabled    |                             |                                        |                                       | <input type="checkbox"/> Towed Disabled & Impounded |                |                |                                              | 126e<br>26                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> Left at Scene     |                                                                                                                         |                            |                                               | <input type="checkbox"/> Towed Impounded        |                                                                                                                                      |                    |                                | <input type="checkbox"/> Left at Scene       |                                                                                                                         |                              |                                                | <input type="checkbox"/> Towed Impounded   |                                            |                             |                                        |                                       |                                                     |                |                | 127a<br>28                                   |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 112<br>--  | 47 Authority<br><input type="checkbox"/> Owner                                                                            |  |                                |                                            | <input checked="" type="checkbox"/> Driver                                                                              |                            |                                               |                                                 | <input type="checkbox"/> Police                                                                                                      |                    |                                |                                              | 77 Authority<br><input type="checkbox"/> Owner                                                                          |                              |                                                |                                            | <input checked="" type="checkbox"/> Driver |                             |                                        |                                       | <input type="checkbox"/> Police                     |                |                |                                              | 127h<br>--                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |                                            | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |                            |                                               |                                                 | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |                    |                                |                                              | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |                              |                                                |                                            |                                            |                             |                                        |                                       | 127c<br>--                                          |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 114<br>--  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                      |  |                                |                                            | --                                                                                                                      |                            |                                               |                                                 | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                 |                    |                                |                                              | --                                                                                                                      |                              |                                                |                                            |                                            |                             |                                        |                                       | 127d<br>--                                          |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 115<br>--  | Results : 0 % <input type="checkbox"/> Pending                                                                            |  |                                |                                            | Hazard Class                                                                                                            |                            |                                               |                                                 | Placard No.                                                                                                                          |                    |                                |                                              | Results : 0 % <input type="checkbox"/> Pending                                                                          |                              |                                                |                                            | Hazard Class                               |                             |                                        |                                       | Placard No.                                         |                |                |                                              | 127e<br>28                    |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 116<br>04  | 50 Carrier No.<br><input type="checkbox"/> USDOT                                                                          |  |                                |                                            | --                                                                                                                      |                            |                                               |                                                 | <input type="checkbox"/> None                                                                                                        |                    |                                |                                              | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs                                                   |                              |                                                |                                            | <input type="checkbox"/> USDOT             |                             |                                        |                                       | --                                                  |                |                |                                              | <input type="checkbox"/> None |  |  |           | 128<br>28 |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> MC/MX             |                                                                                                                         |                            |                                               | --                                              |                                                                                                                                      |                    |                                | <input type="checkbox"/> 10,001 - 26,000 lbs |                                                                                                                         |                              |                                                | <input type="checkbox"/> MC/MX             |                                            |                             |                                        | --                                    |                                                     |                |                | <input type="checkbox"/> 10,001 - 26,000 lbs |                               |  |  | 129<br>05 |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | <input type="checkbox"/> > 26,001 lbs      |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                | <input type="checkbox"/> > 26,001 lbs        |                                                                                                                         |                              |                                                |                                            |                                            |                             |                                        | <input type="checkbox"/> > 26,001 lbs |                                                     |                |                |                                              |                               |  |  | 130<br>07 |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
| 117<br>03  | 52 Carrier name<br>--                                                                                                     |  |                                |                                            |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                |                                              | 82 Carrier name<br>--                                                                                                   |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              |                               |  |  |           | 132<br>07 |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | Number & Street<br>--                      |                                                                                                                         |                            |                                               |                                                 |                                                                                                                                      |                    |                                | Number & Street<br>--                        |                                                                                                                         |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              |                               |  |  | 133<br>02 |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | City<br>--                                 |                                                                                                                         |                            |                                               | State<br>--                                     |                                                                                                                                      |                    |                                | Zip<br>--                                    |                                                                                                                         |                              |                                                | City<br>--                                 |                                            |                             |                                        | State<br>--                           |                                                     |                |                | Zip<br>--                                    |                               |  |  | 134<br>02 |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | 135 Damage To Other Property               |                                                                                                                         |                            |                                               | <input type="checkbox"/> Yes (If yes, describe) |                                                                                                                                      |                    |                                | <input checked="" type="checkbox"/> No       |                                                                                                                         |                              |                                                |                                            |                                            |                             |                                        |                                       |                                                     |                |                |                                              |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | Oper                                       |                                                                                                                         |                            |                                               | 136 Charge<br>--                                |                                                                                                                                      |                    |                                | 137 Summons No<br>--                         |                                                                                                                         |                              |                                                | Oper                                       |                                            |                             |                                        | 138 Charge<br>--                      |                                                     |                |                | 139 Summons No<br>--                         |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | Oper                                       |                                                                                                                         |                            |                                               | 140 Charge<br>--                                |                                                                                                                                      |                    |                                | 141 Summons No<br>--                         |                                                                                                                         |                              |                                                | Oper                                       |                                            |                             |                                        | 142 Charge<br>--                      |                                                     |                |                | 143 Summons No<br>--                         |                               |  |  |           |           |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |    |  |  |    |                     |  |  |                                                                  |    |  |  |  |    |  |  |  |  |  |
|            |                                                                                                                           |  |                                | 83                                         |                                                                                                                         |                            |                                               | 84                                              |                                                                                                                                      |                    |                                | 85                                           |                                                                                                                         |                              |                                                | 86                                         |                                            |                             |                                        | 87                                    |                                                     |                |                | 88                                           |                               |  |  | 89        |           |  |  | 90 |    |  |  | 91 |    |  |  | 92 |    |  |  | 93 |    |  |  | 94 |    |  |  | 95 |                     |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |    |  |  |  |    |  |  |  |  |  |
| A          | 02                                                                                                                        |  |                                |                                            | 01                                                                                                                      |                            |                                               |                                                 | 01                                                                                                                                   |                    |                                |                                              | 05                                                                                                                      |                              |                                                |                                            | 17                                         |                             |                                        |                                       | F                                                   |                |                |                                              | --                            |  |  |           | --        |  |  |    | -- |  |  |    | 11 |  |  |    | 04 |  |  |    | -- |  |  |    | -- |  |  |    | VERNIERI, SHANNON E |  |  |                                                                  | -- |  |  |  |    |  |  |  |  |  |
| B          | --                                                                                                                        |  |                                |                                            | --                                                                                                                      |                            |                                               |                                                 | --                                                                                                                                   |                    |                                |                                              | --                                                                                                                      |                              |                                                |                                            | --                                         |                             |                                        |                                       | --                                                  |                |                |                                              | --                            |  |  |           | --        |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | --                  |  |  |                                                                  | -- |  |  |  | -- |  |  |  |  |  |
| C          | --                                                                                                                        |  |                                |                                            | --                                                                                                                      |                            |                                               |                                                 | --                                                                                                                                   |                    |                                |                                              | --                                                                                                                      |                              |                                                |                                            | --                                         |                             |                                        |                                       | --                                                  |                |                |                                              | --                            |  |  |           | --        |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | --                  |  |  |                                                                  | -- |  |  |  | -- |  |  |  |  |  |
| D          | --                                                                                                                        |  |                                |                                            | --                                                                                                                      |                            |                                               |                                                 | --                                                                                                                                   |                    |                                |                                              | --                                                                                                                      |                              |                                                |                                            | --                                         |                             |                                        |                                       | --                                                  |                |                |                                              | --                            |  |  |           | --        |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | -- |  |  |    | --                  |  |  |                                                                  | -- |  |  |  | -- |  |  |  |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

VEHICLE 1 WAS IMPROPERLY PARKED INSIDE THE LOT OF 754 RIVER ROAD (DUNKIN DONUTS). THE VEHICLE WAS PARKED FACING WESTBOUND NOT INSIDE OF A PARKING STALL.

DRIVER OF VEHICLE 2 WAS REVERSING OUT OF A PARKING SPACE WHEN HER VEHICLE STRUCK VEHICLE 1.

NO INJURIES WERE REPORTED.

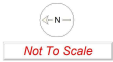
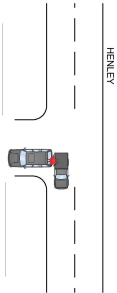
|    |                                                                                                                                        |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|----|--------------------------------------------------------------------------------------------------------------|----|----------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|-----------------|--|----------|--|-----------|--|--|--|--------------|--|------|--|--------------|--|--|--|----------|--|--|--|-----|--|
| 96 | Page: 1 Of 2                                                                                                                           |    | <input type="checkbox"/> Fatal |    | New Jersey Police Crash Investigation Report                                                                                                                                     |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  |                                                                  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 05 | 1 Case Number                                                                                                                          |    |                                |    | 10 Crash Occured On : HENLEY AVENUE                                                                                                                                              |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  |                                                                  | 11 Speed Limit                                 |  | 118a                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | I-2022-014705                                                                                                                          |    |                                |    | S                                                                                                                                                                                |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  |                                                                  | 25                                             |  | 70                                      |  | 25                                     |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | 2 Police Dept. of                                                                                                                      |    |                                |    | Code                                                                                                                                                                             |    | <input type="checkbox"/> At Intersection with |    | Road Name                                                                                                    |    | Dir      |    | 12 Route No                                                                                                                                                                      |                                                                  | Suffix                                         |  | 13 Milepost                             |  | 118b                                   |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | NEW MILFORD POLICE                                                                                                                     |    |                                |    | 01                                                                                                                                                                               |    | <input checked="" type="checkbox"/> Feet      |    | N                                                                                                            |    | E        |    | of : TRENTON STREET                                                                                                                                                              |                                                                  | 18 Speed Limit                                 |  | 25                                      |  | --                                     |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 05 | 3 Station/Precinct                                                                                                                     |    |                                |    | 14                                                                                                                                                                               |    | <input type="checkbox"/> Miles                |    | S                                                                                                            |    | 16       |    | 19                                                                                                                                                                               |                                                                  | To: 17 Cross Road Name/Route No.               |  | <input type="checkbox"/> NB             |  | <input type="checkbox"/> EB            |  | 119a            |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 05 | NEW MILFORD                                                                                                                            |    |                                |    | 15                                                                                                                                                                               |    |                                               |    |                                                                                                              |    |          |    | Ramp                                                                                                                                                                             |                                                                  | From: --                                       |  | <input type="checkbox"/> SB             |  | <input type="checkbox"/> WB            |  | 119b            |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | 4 Date of Crash                                                                                                                        |    |                                |    | 5 Day of Week                                                                                                                                                                    |    | 6 Time                                        |    | 7 Municipality                                                                                               |    | 8 Total  |    | 9 Total                                                                                                                                                                          |                                                                  | 21 Latitude                                    |  | 20 Route Name/ Route No.                |  | 22 Longitude                           |  | 119c            |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | mm dd vv                                                                                                                               |    |                                |    | Mon                                                                                                                                                                              |    | 08:33                                         |    | 0238                                                                                                         |    | 0        |    | 0                                                                                                                                                                                |                                                                  | -- . --                                        |  | -- . --                                 |  | -- . --                                |  | 119d            |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 04 | 23 Veh #                                                                                                                               |    |                                |    | 24 Polriv No                                                                                                                                                                     |    |                                               |    | 25 N.I Ins Code                                                                                              |    |          |    | 53 Veh #                                                                                                                                                                         |                                                                  |                                                |  | 54 Polriv No                            |  |                                        |  | 55 N.I Ins Code |  |          |  | 120a      |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 02 | 1                                                                                                                                      |    |                                |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |    |                                               |    | 2                                                                                                            |    |          |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                                                  |                                                |  |                                         |  |                                        |  | 120b            |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | 26 Driver's First Name                                                                                                                 |    |                                |    | Initial                                                                                                                                                                          |    |                                               |    | Last Name                                                                                                    |    |          |    | 29 Sex                                                                                                                                                                           |                                                                  |                                                |  | 56 Driver's First Name                  |  |                                        |  | Initial         |  |          |  | Last Name |  |  |  | 59 Sex       |  | 121a |  |              |  |  |  |          |  |  |  |     |  |
| 01 | LOUIS M MAJOR JR                                                                                                                       |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    | M                                                                                                                                                                                |                                                                  |                                                |  | MANISH M SACHALA                        |  |                                        |  |                 |  |          |  |           |  |  |  | M            |  |      |  | 121b         |  |  |  |          |  |  |  |     |  |
| 01 | 27 Number & Street                                                                                                                     |    |                                |    | 28 City                                                                                                                                                                          |    |                                               |    | State                                                                                                        |    |          |    | Zip                                                                                                                                                                              |                                                                  |                                                |  | 57 Number & Street                      |  |                                        |  | 58 City         |  |          |  | State     |  |  |  | Zip          |  |      |  | 122          |  |  |  |          |  |  |  |     |  |
| 01 | 758 HIGHLAND AVE.                                                                                                                      |    |                                |    | PARAMUS                                                                                                                                                                          |    |                                               |    | NJ                                                                                                           |    |          |    | 07652-3726                                                                                                                                                                       |                                                                  |                                                |  | 47 CANTERBURY LANE                      |  |                                        |  | NEW MILFORD     |  |          |  | NJ        |  |  |  | 07646-3261   |  |      |  | 01           |  |  |  |          |  |  |  |     |  |
| 02 | 30 Eyes                                                                                                                                |    |                                |    | DL Class                                                                                                                                                                         |    |                                               |    | Restrictions                                                                                                 |    |          |    | Endorsements                                                                                                                                                                     |                                                                  |                                                |  | 31 State                                |  |                                        |  | 60 Eyes         |  |          |  | DL Class  |  |  |  | Restrictions |  |      |  | Endorsements |  |  |  | 61 State |  |  |  | 123 |  |
| 02 | 06                                                                                                                                     |    |                                |    | D                                                                                                                                                                                |    |                                               |    | --                                                                                                           |    |          |    | --                                                                                                                                                                               |                                                                  |                                                |  | NJ                                      |  |                                        |  | 01              |  |          |  | D         |  |  |  | --           |  |      |  | --           |  |  |  | NJ       |  |  |  | 13  |  |
| 08 | 32 Drivers License No                                                                                                                  |    |                                |    | 33 DOB                                                                                                                                                                           |    |                                               |    | 34 Expires                                                                                                   |    |          |    | 62 Drivers License No                                                                                                                                                            |                                                                  |                                                |  | 63 DOB                                  |  |                                        |  | 64 Expires      |  |          |  | 124       |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 08 | M02074887403586                                                                                                                        |    |                                |    | mm dd vv                                                                                                                                                                         |    |                                               |    | 03 11 58                                                                                                     |    |          |    | 03 23                                                                                                                                                                            |                                                                  |                                                |  | S00435167411721                         |  |                                        |  | mm dd vv        |  |          |  | 11 29 72  |  |  |  | 10 22        |  |      |  | 04           |  |  |  |          |  |  |  |     |  |
| 06 | 35 Owner's First Name                                                                                                                  |    |                                |    | Initial                                                                                                                                                                          |    |                                               |    | Last Name                                                                                                    |    |          |    | 65 Owner's First Name                                                                                                                                                            |                                                                  |                                                |  | Initial                                 |  |                                        |  | Last Name       |  |          |  | 125       |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| -- | <input checked="" type="checkbox"/> Same As Driver                                                                                     |    |                                |    | LOUIS M MAJOR JR                                                                                                                                                                 |    |                                               |    | <input checked="" type="checkbox"/> Same As Driver                                                           |    |          |    | MANISH M SACHALA                                                                                                                                                                 |                                                                  |                                                |  |                                         |  |                                        |  | 126             |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 07 | 36 Number & Street                                                                                                                     |    |                                |    | 37 City                                                                                                                                                                          |    |                                               |    | State                                                                                                        |    |          |    | Zip                                                                                                                                                                              |                                                                  |                                                |  | 66 Number & Street                      |  |                                        |  | 67 City         |  |          |  | State     |  |  |  | Zip          |  |      |  | 127          |  |  |  |          |  |  |  |     |  |
| -- | 758 HIGHLAND AVE.                                                                                                                      |    |                                |    | PARAMUS                                                                                                                                                                          |    |                                               |    | NJ                                                                                                           |    |          |    | 07652-3726                                                                                                                                                                       |                                                                  |                                                |  | 47 CANTERBURY LANE                      |  |                                        |  | NEW MILFORD     |  |          |  | NJ        |  |  |  | 07646-3261   |  |      |  | 11           |  |  |  |          |  |  |  |     |  |
| 05 | 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 |  | 126a      |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 05 | RAM                                                                                                                                    |    | 150                            |    | GY                                                                                                                                                                               |    | 2019                                          |    | M99MEA                                                                                                       |    | NJ       |    | HON                                                                                                                                                                              |                                                                  | CRV                                            |  | BROWN                                   |  | 2011                                   |  | Y24CSA          |  | NJ       |  | 26        |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 04 | 44 VIN                                                                                                                                 |    |                                |    | 45 Expires                                                                                                                                                                       |    |                                               |    | 74 VIN                                                                                                       |    |          |    | 75 Expires                                                                                                                                                                       |                                                                  |                                                |  | 126b                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 04 | 1C6SRFBT4KN636331                                                                                                                      |    |                                |    | 01 23                                                                                                                                                                            |    |                                               |    | 5J6RE4H59BL095427                                                                                            |    |          |    | 12 23                                                                                                                                                                            |                                                                  |                                                |  | --                                      |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | 46 Vehicle Removed To                                                                                                                  |    |                                |    | 76 Vehicle Removed To                                                                                                                                                            |    |                                               |    | 126c                                                                                                         |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded |    |                                |    | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                           |    |                                               |    | 126d                                                                                                         |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 01 | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                        |    |                                |    | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                                                  |    |                                               |    | 126e                                                                                                         |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 12 | 47 Authority                                                                                                                           |    |                                |    | 77 Authority                                                                                                                                                                     |    |                                               |    | 127a                                                                                                         |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| -- | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                              |    |                                |    | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                        |    |                                               |    | 127b                                                                                                         |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 13 | 48 Alcohol/Drug Test                                                                                                                   |    |                                |    | 49 Hazardous Material                                                                                                                                                            |    |                                               |    | 78 Alcohol/Drug Test                                                                                         |    |          |    | 79 Hazardous Material                                                                                                                                                            |                                                                  |                                                |  | 127c                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| -- | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                           |    |                                |    | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                        |    |                                               |    | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |    |          |    | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                        |                                                                  |                                                |  | 127d                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 14 | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                   |    |                                |    | --                                                                                                                                                                               |    |                                               |    | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |    |          |    | --                                                                                                                                                                               |                                                                  |                                                |  | 127e                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| -- | Results : 0. % <input type="checkbox"/> Pending                                                                                        |    |                                |    | Hazard Class                                                                                                                                                                     |    |                                               |    | Placard No.                                                                                                  |    |          |    | Results : 0. % <input type="checkbox"/> Pending                                                                                                                                  |                                                                  |                                                |  | Hazard Class                            |  |                                        |  | Placard No.     |  |          |  | 127f      |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 15 | 50 Carrier No.                                                                                                                         |    |                                |    | 51 Commercial Vehicle Weight                                                                                                                                                     |    |                                               |    | 80 Carrier No.                                                                                               |    |          |    | 81 Commercial Vehicle Weight                                                                                                                                                     |                                                                  |                                                |  | 127g                                    |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| -- | <input type="checkbox"/> USDOT                                                                                                         |    |                                |    | <input type="checkbox"/> < 10,000 lbs                                                                                                                                            |    |                                               |    | <input type="checkbox"/> USDOT                                                                               |    |          |    | <input type="checkbox"/> < 10,000 lbs                                                                                                                                            |                                                                  |                                                |  | 26                                      |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 04 | <input type="checkbox"/> MC/MX                                                                                                         |    |                                |    | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                                                                     |    |                                               |    | <input type="checkbox"/> MC/MX                                                                               |    |          |    | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                                                                     |                                                                  |                                                |  | 26                                      |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| 03 | <input type="checkbox"/> > 26,001 lbs                                                                                                  |    |                                |    | <input type="checkbox"/> > 26,001 lbs                                                                                                                                            |    |                                               |    | <input type="checkbox"/> > 26,001 lbs                                                                        |    |          |    | <input type="checkbox"/> > 26,001 lbs                                                                                                                                            |                                                                  |                                                |  | 26                                      |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | 52 Carrier name                                                                                                                        |    |                                |    | 82 Carrier name                                                                                                                                                                  |    |                                               |    | 129                                                                                                          |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | 05                                                                                                           |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | Number & Street                                                                                                                        |    |                                |    | Number & Street                                                                                                                                                                  |    |                                               |    | 130                                                                                                          |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | 05                                                                                                           |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | City                                                                                                                                   |    |                                |    | State                                                                                                                                                                            |    |                                               |    | Zip                                                                                                          |    |          |    | 131                                                                                                                                                                              |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | --                                                                                                           |    |          |    | 06                                                                                                                                                                               |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | 135 Damage To Other Property                                                                                                           |    |                                |    | <input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                           |    |                                               |    | 132                                                                                                          |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | 06                                                                                                           |    |          |    |                                                                                                                                                                                  |                                                                  |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | Oper                                                                                                                                   |    |                                |    | 136 Charge                                                                                                                                                                       |    |                                               |    | 137 Summons No                                                                                               |    |          |    | Oper                                                                                                                                                                             |                                                                  |                                                |  | 138 Charge                              |  |                                        |  | 139 Summons No  |  |          |  | 133       |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | --                                                                                                           |    |          |    | --                                                                                                                                                                               |                                                                  |                                                |  | --                                      |  |                                        |  | 03              |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | Oper                                                                                                                                   |    |                                |    | 140 Charge                                                                                                                                                                       |    |                                               |    | 141 Summons No                                                                                               |    |          |    | Oper                                                                                                                                                                             |                                                                  |                                                |  | 142 Charge                              |  |                                        |  | 143 Summons No  |  |          |  | 134       |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | --                                                                                                                                     |    |                                |    | --                                                                                                                                                                               |    |                                               |    | --                                                                                                           |    |          |    | --                                                                                                                                                                               |                                                                  |                                                |  | --                                      |  |                                        |  | 03              |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| A  | 83                                                                                                                                     | 84 | 85                             | 86 | 87                                                                                                                                                                               | 88 | 89                                            | 90 | 91                                                                                                           | 92 | 93       | 94 | 95                                                                                                                                                                               | Names & Address of Occupants - If Deceased, Date & Time of Death |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    | 01                                                                                                                                     | 01 | 01                             | 05 | 64                                                                                                                                                                               | M  | --                                            | -- | --                                                                                                           | 11 | 04       | -- | --                                                                                                                                                                               | MAJOR JR, LOUIS M --                                             |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    |                                                                                                                                        |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  | 758 HIGHLAND AVE. . PARAMUS NJ 07652-3726                        |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| B  | 02                                                                                                                                     | 01 | 01                             | 05 | 49                                                                                                                                                                               | M  | --                                            | -- | --                                                                                                           | 11 | 04       | -- | --                                                                                                                                                                               | SACHALA, MANISH M --                                             |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    |                                                                                                                                        |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  | 47 CANTERBURY LANE, NEW MILFORD NJ 07646-3261                    |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| C  | 02                                                                                                                                     | 06 | 01                             | 05 | 2                                                                                                                                                                                | M  | --                                            | -- | --                                                                                                           | 05 | 05       | -- | --                                                                                                                                                                               | SACHALA, SHIVAM --                                               |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    |                                                                                                                                        |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  | 47 CANTERBURY LANE, NEW MILFORD NJ 07646                         |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
| D  | --                                                                                                                                     | -- | --                             | -- | --                                                                                                                                                                               | -- | --                                            | -- | --                                                                                                           | -- | --       | -- | --                                                                                                                                                                               | --                                                               |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |
|    |                                                                                                                                        |    |                                |    |                                                                                                                                                                                  |    |                                               |    |                                                                                                              |    |          |    |                                                                                                                                                                                  | --                                                               |                                                |  |                                         |  |                                        |  |                 |  |          |  |           |  |  |  |              |  |      |  |              |  |  |  |          |  |  |  |     |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



Not To Scale

145 Crash Description

**DRIVER OF V1 ADVISED HE WAS TRAVELING WEST ON HENLEY AVE TOWARDS RIVER ROAD. AS DRIVER OF VEHICLE BEGAN TO PASS THE ENTRANCE TO THE DELTA GAS STATION V2 BEGAN TO BACK OUT OF THE PARKING LOT STRIKING V1.**

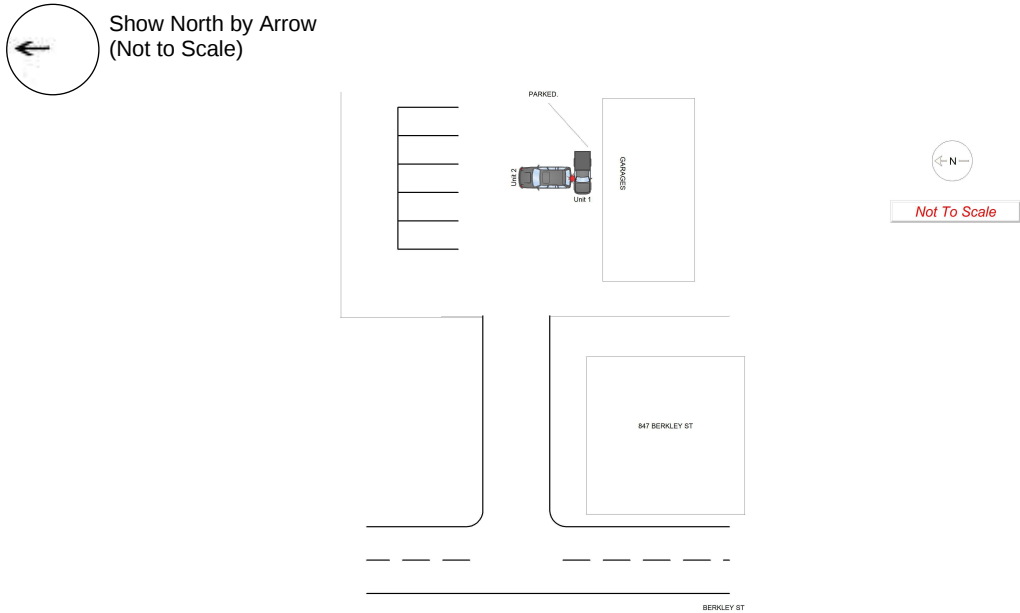
**DRIVER OF V2 ADVISED HE WAS BACKING ON OF THE PARKING LOT OF THE DELTA GAS STATION WAS HE BACKED INTO V1.**

**ALL PARTIES REFUSED MEDICAL ATTENTION. END OF REPORT.**

|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 |                                                     |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|-----------------------------|-----------------------------------------------------|-----------------------------|----------------------------------------|---------------------------------------|-----------------------------------------------------------------------|----------------|------------------------------------|-------------|-------------------------------------------------------------------|-------------------|---------------------------------|------------------------------------------------------------------|------------|--|--|
| 96<br>05                                       | Page: 1 Of 2                                                                                                              |  | <input type="checkbox"/> Fatal |                                        | New Jersey Police Crash Investigation Report                                                                                       |                                          |                                                     |                                       |                                                                                                                                      |                                                 |                                                     |                                        |                                                                                                                                    |                                          | <input checked="" type="checkbox"/> Reportable |                             | <input type="checkbox"/> Non-Reportable             |                             | <input type="checkbox"/> Change Report |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 97<br>01                                       | 1 Case Number<br>I-2022-014714                                                                                            |  |                                |                                        | 10 Crash Occured On : 847 BERKLEY STREET PARKING LOT                                                                               |                                          |                                                     |                                       | S                                                                                                                                    |                                                 | 11 Speed Limit<br>10                                |                                        | --                                                                                                                                 |                                          | --                                             |                             | --                                                  |                             | --                                     |                                       | 118a<br>25                                                            |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 98<br>01                                       | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                   |  |                                |                                        | Code<br>01                                                                                                                         |                                          | <input type="checkbox"/> At Intersection with       |                                       | Road Name                                                                                                                            |                                                 | Dir                                                 |                                        | 12 Route No                                                                                                                        |                                          | Suffix                                         |                             | 13 Milepost                                         |                             | 18 Speed Limit                         |                                       | 118h<br>--                                                            |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    | <input type="checkbox"/> Feet            |                                                     | <input type="checkbox"/> N            |                                                                                                                                      | <input type="checkbox"/> E                      |                                                     | of :                                   |                                                                                                                                    | --                                       |                                                |                             |                                                     | 25                          |                                        | 119a<br>02                            |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    | <input type="checkbox"/> Miles           |                                                     | <input type="checkbox"/> S            |                                                                                                                                      | <input type="checkbox"/> W                      |                                                     | 19                                     |                                                                                                                                    | To: 17 Cross Road Name/Route No.         |                                                | <input type="checkbox"/> NB |                                                     | <input type="checkbox"/> EB |                                        | 119h<br>10                            |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    | 14                                       |                                                     | 15                                    |                                                                                                                                      | 16                                              |                                                     | Ramp                                   |                                                                                                                                    | From: --                                 |                                                | <input type="checkbox"/> SB |                                                     | <input type="checkbox"/> WB |                                        | 120a<br>01                            |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 100a<br>01                                     | 4 Date of Crash<br>mm dd vv<br>11 07 22                                                                                   |  |                                |                                        | 5 Day of Week<br>Mon                                                                                                               |                                          | 6 Time<br>(use 2400 hrs)<br>15:24                   |                                       | 7 Municipality<br>Code<br>0238                                                                                                       |                                                 | 8 Total Killed<br>0                                 |                                        | 9 Total Injured<br>0                                                                                                               |                                          | 21 Latitude<br>-- . --                         |                             | 20 Route Name/ Route No.                            |                             | 22 Longitude<br>-- . --                |                                       | 120h<br>--                                                            |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 100b<br>04                                     | 23 Veh #<br>1                                                                                                             |  | 24 Polriv Nn<br>989001439      |                                        |                                                                                                                                    |                                          | 25 N.I Ins Code<br>054                              |                                       | 53 Veh #<br>2                                                                                                                        |                                                 | 54 Polriv Nn<br>939389796                           |                                        |                                                                                                                                    |                                          | 55 N.I Ins Code<br>054                         |                             |                                                     |                             | 120h<br>--                             |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 101<br>02                                      | <input checked="" type="checkbox"/> Parked                                                                                |  |                                |                                        | <input type="checkbox"/> Ped                                                                                                       |                                          | <input type="checkbox"/> Pedalcyclist               |                                       | <input type="checkbox"/> Resp to Emergency                                                                                           |                                                 | <input type="checkbox"/> Hit & Run                  |                                        | <input type="checkbox"/> Parked                                                                                                    |                                          |                                                |                             | <input type="checkbox"/> Ped                        |                             | <input type="checkbox"/> Pedalcyclist  |                                       | <input type="checkbox"/> Resp to Emergency                            |                | <input type="checkbox"/> Hit & Run |             | 121a<br>01                                                        |                   |                                 |                                                                  |            |  |  |
| 102<br>01                                      | 26 Driver's First Name<br>Initial<br>--                                                                                   |  |                                |                                        | Last Name<br>--                                                                                                                    |                                          |                                                     |                                       | 29 Sex<br>--                                                                                                                         |                                                 | 56 Driver's First Name<br>Initial<br>SU K CHO       |                                        |                                                                                                                                    |                                          | Last Name<br>--                                |                             |                                                     |                             | 59 Sex<br>F                            |                                       | 121h<br>--                                                            |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 103<br>01                                      | 27 Number & Street<br>--                                                                                                  |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | 57 Number & Street<br>851 BERKLEY ST APT A          |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 104<br>02                                      | 28 City<br>--                                                                                                             |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | State<br>--                                         |                                        | Zip<br>--                                                                                                                          |                                          | 58 City<br>NEW MILFORD                         |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | State<br>NJ                                                       |                   | Zip<br>07646-5360               |                                                                  |            |  |  |
| 30 Eyes<br>--                                  |                                                                                                                           |  |                                | DL Class<br>--                         |                                                                                                                                    | Restrictions<br>--                       |                                                     | Endorsements<br>--                    |                                                                                                                                      | 31 State<br>--                                  |                                                     | 60 Eyes<br>02                          |                                                                                                                                    |                                          |                                                | DL Class<br>D               |                                                     | Restrictions<br>--          |                                        | Endorsements<br>--                    |                                                                       | 61 State<br>NJ |                                    | 122<br>10   |                                                                   |                   |                                 |                                                                  |            |  |  |
| 105<br>08                                      | 32 Drivers License No<br>--                                                                                               |  |                                |                                        | 33 DOB<br>mm dd vv<br>-- -- --                                                                                                     |                                          | 34 Expires<br>mm dd vv<br>-- -- --                  |                                       | 62 Drivers License No<br>C35697267260732                                                                                             |                                                 |                                                     |                                        | 63 DOB<br>mm dd vv<br>10 19 73                                                                                                     |                                          | 64 Expires<br>mm dd vv<br>10 10 25             |                             |                                                     |                             |                                        |                                       | 123<br>13                                                             |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 106<br>--                                      | 35 Owner's First Name<br>Initial<br>JOSE H CHACONCONTRERAS                                                                |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | 65 Owner's First Name<br>Initial<br>PETERKYUN Y CHO |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | 124<br>11                                                         |                   |                                 |                                                                  |            |  |  |
| 107<br>--                                      | 36 Number & Street<br>17 MASSEY ST APT 2                                                                                  |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | 66 Number & Street<br>851 A BERKLEY STREET          |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | 125<br>11                                                         |                   |                                 |                                                                  |            |  |  |
| 37 City<br>LODI                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      | State<br>NJ                                     |                                                     | Zip<br>07644-2402                      |                                                                                                                                    | 67 City<br>NEW MILFORD                   |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    | State<br>NJ |                                                                   | Zip<br>07646-5360 |                                 | 126a<br>26                                                       |            |  |  |
| 108<br>05                                      | 38 Make<br>CHE                                                                                                            |  | 39 Model<br>COL                |                                        | 40 Color<br>BL                                                                                                                     |                                          | 41 Year<br>2006                                     |                                       | 42 Plate No.<br>L52PML                                                                                                               |                                                 | 43 State<br>NJ                                      |                                        | 68 Make<br>LEX                                                                                                                     |                                          | 69 Model<br>RX3                                |                             | 70 Color<br>WT                                      |                             | 71 Year<br>2016                        |                                       | 72 Plate No<br>K62LHJ                                                 |                | 73 State<br>NJ                     |             | 126h<br>--                                                        |                   |                                 |                                                                  |            |  |  |
| 109<br>04                                      | 44 VIN<br>1GCDT148768276796                                                                                               |  |                                |                                        | 45 Expires<br>12 23                                                                                                                |                                          | 74 VIN<br>2T2BZMCA9GC013948                         |                                       |                                                                                                                                      |                                                 | 75 Expires<br>04 23                                 |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       | 126c<br>--                                                            |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 110<br>02                                      | 46 Vehicle Removed To<br>--                                                                                               |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | 76 Vehicle Removed To<br>--                         |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | 126d<br>--                                                        |                   |                                 |                                                                  |            |  |  |
| 111<br>01                                      | <input checked="" type="checkbox"/> Driven                                                                                |  |                                |                                        | <input type="checkbox"/> Towed Disabled                                                                                            |                                          | <input type="checkbox"/> Towed Disabled & Impounded |                                       |                                                                                                                                      |                                                 | <input checked="" type="checkbox"/> Driven          |                                        |                                                                                                                                    |                                          | <input type="checkbox"/> Towed Disabled        |                             | <input type="checkbox"/> Towed Disabled & Impounded |                             |                                        |                                       |                                                                       |                | 126e<br>26                         |             |                                                                   |                   |                                 |                                                                  |            |  |  |
|                                                |                                                                                                                           |  |                                | <input type="checkbox"/> Left at Scene |                                                                                                                                    | <input type="checkbox"/> Towed Impounded |                                                     |                                       |                                                                                                                                      |                                                 |                                                     | <input type="checkbox"/> Left at Scene |                                                                                                                                    | <input type="checkbox"/> Towed Impounded |                                                |                             |                                                     |                             |                                        |                                       |                                                                       | 127a<br>28     |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 112<br>--                                      | 47 Authority<br><input checked="" type="checkbox"/> Owner                                                                 |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | <input type="checkbox"/> Driver                     |                                        | <input type="checkbox"/> Police                                                                                                    |                                          | 77 Authority<br><input type="checkbox"/> Owner |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | <input checked="" type="checkbox"/> Driver                        |                   | <input type="checkbox"/> Police |                                                                  | 127h<br>-- |  |  |
| 113<br>--                                      | 48 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                |                                        | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |                                          |                                                     |                                       | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |                                                 |                                                     |                                        | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                | 127c<br>--                         |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 114<br>--                                      | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                      |  |                                |                                        | --                                                                                                                                 |                                          |                                                     |                                       | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                 |                                                 |                                                     |                                        | --                                                                                                                                 |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                | 127d<br>--                         |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| Results : 0 % <input type="checkbox"/> Pending |                                                                                                                           |  |                                | Hazard Class                           |                                                                                                                                    |                                          |                                                     | Placard No.                           |                                                                                                                                      | Results : 0 % <input type="checkbox"/> Pending  |                                                     |                                        |                                                                                                                                    | Hazard Class                             |                                                |                             |                                                     | Placard No.                 |                                        |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 115<br>--                                      | 50 Carrier No.<br><input type="checkbox"/> USDOT                                                                          |  |                                |                                        | --                                                                                                                                 |                                          | <input type="checkbox"/> None                       |                                       | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs                                                                |                                                 |                                                     |                                        | 80 Carrier No.<br><input type="checkbox"/> USDOT                                                                                   |                                          |                                                |                             | --                                                  |                             | <input type="checkbox"/> None          |                                       | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs |                |                                    |             | 127e<br>28                                                        |                   |                                 |                                                                  |            |  |  |
| 116<br>04                                      | <input type="checkbox"/> MC/MX                                                                                            |  |                                |                                        | --                                                                                                                                 |                                          |                                                     |                                       | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                         |                                                 |                                                     |                                        | <input type="checkbox"/> MC/MX                                                                                                     |                                          |                                                |                             | --                                                  |                             |                                        |                                       | <input type="checkbox"/> 10,001 - 26,000 lbs                          |                |                                    |             | 128<br>28                                                         |                   |                                 |                                                                  |            |  |  |
|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     | <input type="checkbox"/> > 26,001 lbs |                                                                                                                                      |                                                 |                                                     |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        | <input type="checkbox"/> > 26,001 lbs |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 117<br>03                                      | 52 Carrier name<br>--                                                                                                     |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 | 82 Carrier name<br>--                               |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             | 129<br>03                                                         |                   |                                 |                                                                  |            |  |  |
| Number & Street<br>--                          |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      | Number & Street<br>--                           |                                                     |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    | 130<br>03   |                                                                   |                   |                                 |                                                                  |            |  |  |
| City<br>--                                     |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      | State<br>--                                     |                                                     | Zip<br>--                              |                                                                                                                                    | City<br>--                               |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    | State<br>-- |                                                                   | Zip<br>--         |                                 | 131<br>06                                                        |            |  |  |
| 135 Damage To Other Property                   |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      | <input type="checkbox"/> Yes (If yes, describe) |                                                     | <input checked="" type="checkbox"/> No |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 | 132<br>06                                                        |            |  |  |
|                                                |                                                                                                                           |  |                                |                                        |                                                                                                                                    |                                          |                                                     |                                       |                                                                                                                                      |                                                 |                                                     |                                        |                                                                                                                                    |                                          |                                                |                             |                                                     |                             |                                        |                                       |                                                                       |                |                                    |             |                                                                   |                   |                                 | 133<br>03                                                        |            |  |  |
| Oper                                           |                                                                                                                           |  |                                | 136 Charge<br>--                       |                                                                                                                                    |                                          |                                                     | 137 Summons No<br>--                  |                                                                                                                                      |                                                 |                                                     | Oper                                   |                                                                                                                                    |                                          |                                                | 138 Charge<br>--            |                                                     |                             |                                        | 139 Summons No<br>--                  |                                                                       |                |                                    | 134<br>03   |                                                                   |                   |                                 |                                                                  |            |  |  |
| Oper                                           |                                                                                                                           |  |                                | 140 Charge<br>--                       |                                                                                                                                    |                                          |                                                     | 141 Summons No<br>--                  |                                                                                                                                      |                                                 |                                                     | Oper                                   |                                                                                                                                    |                                          |                                                | 142 Charge<br>--            |                                                     |                             |                                        | 143 Summons No<br>--                  |                                                                       |                |                                    |             |                                                                   |                   |                                 |                                                                  |            |  |  |
| 83                                             |                                                                                                                           |  |                                | 84                                     |                                                                                                                                    | 85                                       |                                                     | 86                                    |                                                                                                                                      | 87                                              |                                                     | 88                                     |                                                                                                                                    | 89                                       |                                                | 90                          |                                                     | 91                          |                                        | 92                                    |                                                                       | 93             |                                    | 94          |                                                                   | 95                |                                 | Names & Address of Occupants - If Deceased, Date & Time of Death |            |  |  |
| A                                              | 01                                                                                                                        |  | 01                             |                                        | 05                                                                                                                                 |                                          | 47                                                  |                                       | M                                                                                                                                    |                                                 | --                                                  |                                        | --                                                                                                                                 |                                          | 01                                             |                             | 11                                                  |                             | 04                                     |                                       | --                                                                    |                | --                                 |             | CHACONCONTRERAS, JOSE H<br>17 MASSEY ST APT 2, LODI NJ 07644-2402 |                   |                                 |                                                                  |            |  |  |
| B                                              | 02                                                                                                                        |  | 01                             |                                        | 05                                                                                                                                 |                                          | 49                                                  |                                       | F                                                                                                                                    |                                                 | --                                                  |                                        | --                                                                                                                                 |                                          | 01                                             |                             | 11                                                  |                             | 04                                     |                                       | --                                                                    |                | --                                 |             | CHO, SU K<br>851 BERKLEY ST APT A, NEW MILFORD NJ 07646-53        |                   |                                 |                                                                  |            |  |  |
| C                                              | --                                                                                                                        |  | --                             |                                        | --                                                                                                                                 |                                          | --                                                  |                                       | --                                                                                                                                   |                                                 | --                                                  |                                        | --                                                                                                                                 |                                          | --                                             |                             | --                                                  |                             | --                                     |                                       | --                                                                    |                | --                                 |             | --                                                                |                   |                                 |                                                                  |            |  |  |
| D                                              | --                                                                                                                        |  | --                             |                                        | --                                                                                                                                 |                                          | --                                                  |                                       | --                                                                                                                                   |                                                 | --                                                  |                                        | --                                                                                                                                 |                                          | --                                             |                             | --                                                  |                             | --                                     |                                       | --                                                                    |                | --                                 |             | --                                                                |                   |                                 |                                                                  |            |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description

**CRASH OCCURRED IN THE PARKING LOT BEHIND 847 BERKLEY STREET.**

**DRIVER OF V1 ADVISED HE WAS IN HIS PARKED VEHICLE GETTING READY TO LOAD UP MATERIALS FROM THE GARAGE IN THE PARKING LOT BEHIND 847 BERKLEY STREET. DRIVER OF V1 IS EMPLOYED BY BROOKCHESTER MAINTENANCE AND WAS WORKING DURING THE TIME OF THE MOTOR VEHICLE ACCIDENT. DRIVER OF V1 FURTHER ADVISED WHILE PARKED, V2 BEGAN TO REVERSE AND STRUCK V1.**

**DRIVER OF V2 ADVISED SHE WAS BACKING UP AND STRUCK V1. DRIVER OF V2 ADVISED SHE DID NOT SEE V1 AND THAT HE SHOULD NOT HAVE BEEN PARKED THERE.**

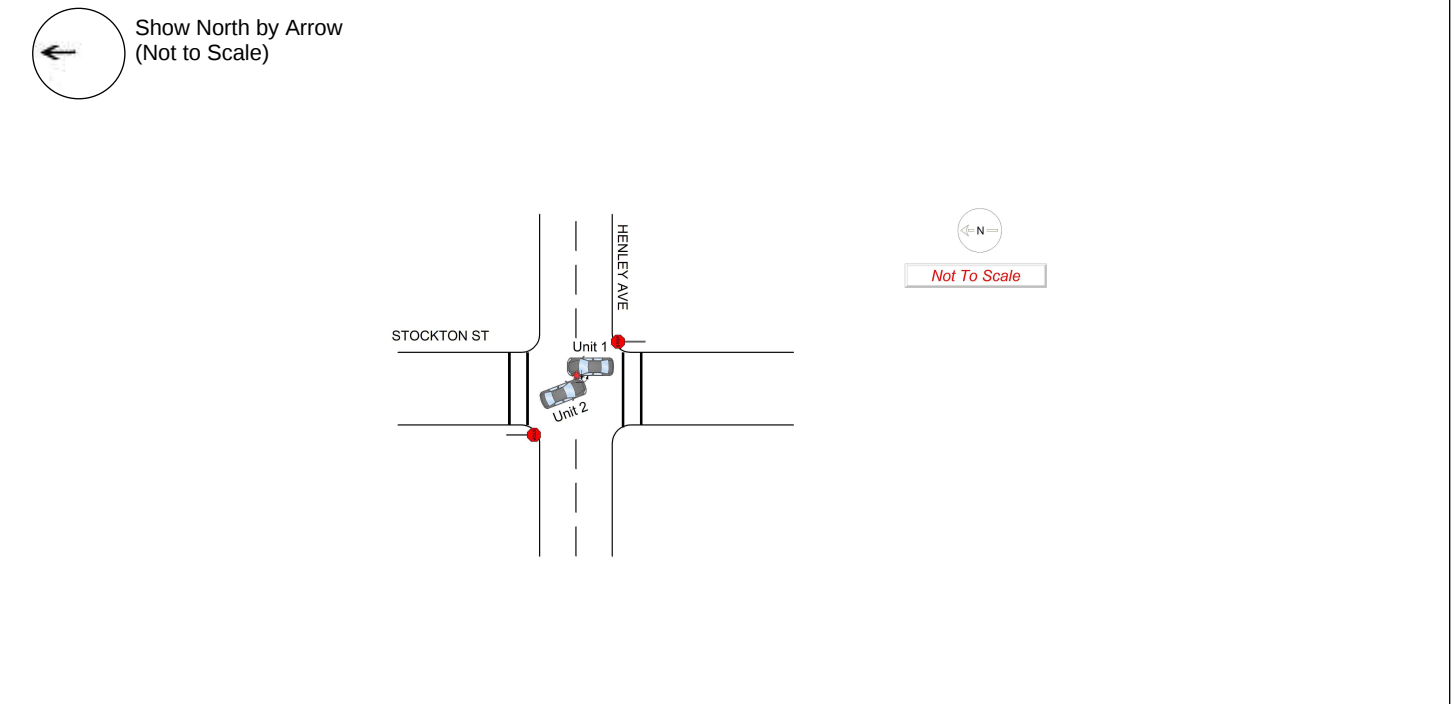
**ALL PARTIES REFUSED MEDICAL ATTENTION.**

**END OF REPORT.**

|            |                                                                                                                                      |  |                                 |  |                                                                                                                         |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-----------------------------------------------------|--|----------------|--|-------------------------------|--|--|--|-----------------------------------------------------------------------|--|--|--|----------------------------------------------|--|--|--|---------------------------------------|--|--|--|------------|--|--|--|----|--|--|--|----|--|--|--|------------------------------------------------------------------|--|--|--|-------------------------------------------|--|--|--|--|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                         |  | <input type="checkbox"/> Fatal  |  | New Jersey Police Crash Investigation Report                                                                            |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                                                              |  | <input type="checkbox"/> Change Report |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 97<br>01   | 1 Case Number<br>I-2022-014717                                                                                                       |  |                                 |  | 10 Crash Occured On : HENLEY AVENUE                                                                                     |  |                                                          |  | E                                                                                                                                    |  | 11 Speed Limit<br>25                          |  | 70                                                                                                                                 |  | --                                             |  | --                                                                                                   |  | 118a<br>00                             |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 98<br>03   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                              |  |                                 |  | Code<br>01                                                                                                              |  | <input checked="" type="checkbox"/> At Intersection with |  | Road Name                                                                                                                            |  | Dir                                           |  | 12 Route No                                                                                                                        |  | Suffix                                         |  | 13 Milepost                                                                                          |  | 118b<br>02                             |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 99<br>05   | 3 Station/Precinct<br>NEW MILFORD                                                                                                    |  |                                 |  |                                                                                                                         |  | <input type="checkbox"/> Feet                            |  | <input type="checkbox"/> N                                                                                                           |  | <input type="checkbox"/> E                    |  | of : STOCKTON STREET                                                                                                               |  | 18 Speed Limit<br>25                           |  |                                                                                                      |  | 119a<br>02                             |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>11 07 22                                                                                              |  |                                 |  | 5 Day of Week<br>Mon                                                                                                    |  | 6 Time<br>(use 2400 hrs)<br>17:20                        |  | 7 Municipality<br>Code<br>0238                                                                                                       |  | 8 Total Killed<br>0                           |  | 9 Total Injured<br>0                                                                                                               |  | 21 Latitude<br>-- . --                         |  | 20 Route Name/ Route No.                                                                             |  | 22 Longitude<br>-- . --                |  | 119b<br>04                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 100b<br>04 | 23 Veh #<br>1                                                                                                                        |  | 24 Polriv Nn<br>93022923AW      |  |                                                                                                                         |  | 25 N.I Ins Code<br>141                                   |  |                                                                                                                                      |  | 53 Veh #<br>2                                 |  | 54 Polriv Nn<br>F062185-4                                                                                                          |  |                                                |  | 55 N.I Ins Code<br>426                                                                               |  |                                        |  | 120a<br>01                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 101<br>02  | 1                                                                                                                                    |  | <input type="checkbox"/> Parked |  | <input type="checkbox"/> Ped                                                                                            |  | <input type="checkbox"/> Pedalcyclist                    |  | <input type="checkbox"/> Resp to Emergency                                                                                           |  | <input type="checkbox"/> Hit & Run            |  | 2                                                                                                                                  |  | <input type="checkbox"/> Parked                |  | <input type="checkbox"/> Ped                                                                         |  | <input type="checkbox"/> Pedalcyclist  |  | 120b<br>--                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 102<br>01  | 26 Driver's First Name<br>KENNETH R DOYLE                                                                                            |  |                                 |  | Initial                                                                                                                 |  | Last Name                                                |  | 29 Sex<br>M                                                                                                                          |  | 56 Driver's First Name<br>NICHOLAS A DIMEGLIO |  |                                                                                                                                    |  | Initial                                        |  | Last Name                                                                                            |  | 59 Sex<br>M                            |  | 121a<br>01                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 103<br>01  | 27 Number & Street<br>160 HOLLAND AVENUE                                                                                             |  |                                 |  | State                                                                                                                   |  | Zip<br>NJ 07646-2909                                     |  | 57 Number & Street<br>432 LUHMANN DRIVE                                                                                              |  |                                               |  | State                                                                                                                              |  | Zip<br>NJ 07646                                |  |                                                                                                      |  |                                        |  | 121b<br>--                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 104<br>02  | 28 City<br>NEW MILFORD                                                                                                               |  |                                 |  | State                                                                                                                   |  | Zip<br>NJ 07646-2909                                     |  | 58 City<br>NEW MILFORD                                                                                                               |  |                                               |  | State                                                                                                                              |  | Zip<br>NJ 07646                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | 30 Eyes<br>04                                                                                                                        |  | DL Class<br>D                   |  | Restrictions<br>--                                                                                                      |  | Endorsements<br>--                                       |  | 31 State<br>NJ                                                                                                                       |  | 60 Eyes<br>04                                 |  | DL Class<br>D                                                                                                                      |  | Restrictions<br>T                              |  | Endorsements<br>--                                                                                   |  | 61 State<br>NJ                         |  | 122<br>01                                           |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 105<br>07  | 32 Drivers License No<br>D69174317908464                                                                                             |  |                                 |  | 33 DOB<br>mm dd yy<br>08 25 46                                                                                          |  | 34 Expires<br>mm yy<br>08 23                             |  | 62 Drivers License No<br>D44235906108054                                                                                             |  |                                               |  | 63 DOB<br>mm dd yy<br>08 01 05                                                                                                     |  | 64 Expires<br>mm yy<br>08 22                   |  |                                                                                                      |  |                                        |  | 123<br>03                                           |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 106<br>--  | 35 Owner's First Name<br>KENNETH R DOYLE                                                                                             |  |                                 |  | Initial                                                                                                                 |  | Last Name                                                |  | 65 Owner's First Name<br>DOROTA DIMEGLIO                                                                                             |  |                                               |  | Initial                                                                                                                            |  | Last Name                                      |  |                                                                                                      |  |                                        |  | 124<br>08                                           |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 107<br>--  | 36 Number & Street<br>160 HOLLAND AVENUE                                                                                             |  |                                 |  | State                                                                                                                   |  | Zip<br>NJ 07646-2909                                     |  | 66 Number & Street<br>432 LUHMANN DRIVE                                                                                              |  |                                               |  | State                                                                                                                              |  | Zip<br>NJ 07646-1528                           |  |                                                                                                      |  |                                        |  | 125<br>08                                           |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 108<br>01  | 38 Make<br>HON                                                                                                                       |  | 39 Model<br>CIV                 |  | 40 Color<br>GRY                                                                                                         |  | 41 Year<br>2018                                          |  | 42 Plate No.<br>K88CLL                                                                                                               |  | 43 State<br>NJ                                |  | 68 Make<br>INF                                                                                                                     |  | 69 Model<br>G37                                |  | 70 Color<br>GY                                                                                       |  | 71 Year<br>2009                        |  | 72 Plate No<br>K51RJS                               |  | 73 State<br>NJ |  | 126a<br>26                    |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 109<br>01  | 44 VIN<br>2HGFC2F71JH566894                                                                                                          |  |                                 |  | 45 Expires<br>mm yy<br>10 23                                                                                            |  | 74 VIN<br>JNKC64F99M654158                               |  |                                                                                                                                      |  | 75 Expires<br>mm yy<br>09 23                  |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  | 126b<br>26                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                                          |  |                                 |  | 76 Vehicle Removed To<br>--                                                                                             |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  | 126c<br>--                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 111<br>01  | <input checked="" type="checkbox"/> Driven                                                                                           |  |                                 |  | <input type="checkbox"/> Towed Disabled                                                                                 |  |                                                          |  | <input type="checkbox"/> Towed Disabled & Impounded                                                                                  |  |                                               |  | <input checked="" type="checkbox"/> Driven                                                                                         |  |                                                |  | <input type="checkbox"/> Towed Disabled                                                              |  |                                        |  | <input type="checkbox"/> Towed Disabled & Impounded |  |                |  | 126d<br>--                    |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 112<br>--  | <input type="checkbox"/> Left at Scene                                                                                               |  |                                 |  | <input type="checkbox"/> Towed Impounded                                                                                |  |                                                          |  | <input type="checkbox"/> Left at Scene                                                                                               |  |                                               |  | <input type="checkbox"/> Towed Impounded                                                                                           |  |                                                |  |                                                                                                      |  |                                        |  | 126e<br>26                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 113<br>--  | 47 Authority<br><input checked="" type="checkbox"/> Owner                                                                            |  |                                 |  | <input type="checkbox"/> Driver                                                                                         |  |                                                          |  | <input type="checkbox"/> Police                                                                                                      |  |                                               |  | 77 Authority<br><input type="checkbox"/> Owner                                                                                     |  |                                                |  | <input checked="" type="checkbox"/> Driver                                                           |  |                                        |  | <input type="checkbox"/> Police                     |  |                |  | 127a<br>26                    |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 114<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                 |  | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                          |  | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                               |  | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |                                                |  |                                                                                                      |  |                                        |  | 127b<br>--                                          |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 115<br>--  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                 |  |                                 |  | Results : 0. % <input type="checkbox"/> Pending                                                                         |  |                                                          |  | Hazard Class                                                                                                                         |  |                                               |  | Placard No.                                                                                                                        |  |                                                |  | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                        |  | Results : 0. % <input type="checkbox"/> Pending     |  |                |  | 127c<br>--                    |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 116<br>01  | 50 Carrier No.<br><input type="checkbox"/> USDOT                                                                                     |  |                                 |  | <input type="checkbox"/> None                                                                                           |  |                                                          |  | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs                                                                |  |                                               |  | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                       |  |                                                |  | <input type="checkbox"/> > 26,001 lbs                                                                |  |                                        |  | 80 Carrier No.<br><input type="checkbox"/> USDOT    |  |                |  | <input type="checkbox"/> None |  |  |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs |  |  |  | <input type="checkbox"/> 10,001 - 26,000 lbs |  |  |  | <input type="checkbox"/> > 26,001 lbs |  |  |  | 127d<br>-- |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
| 117<br>02  | <input type="checkbox"/> MC/MX                                                                                                       |  |                                 |  |                                                                                                                         |  |                                                          |  | <input type="checkbox"/> < 10,000 lbs                                                                                                |  |                                               |  | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                       |  |                                                |  | <input type="checkbox"/> > 26,001 lbs                                                                |  |                                        |  | <input type="checkbox"/> MC/MX                      |  |                |  |                               |  |  |  | <input type="checkbox"/> < 10,000 lbs                                 |  |  |  | <input type="checkbox"/> 10,001 - 26,000 lbs |  |  |  | <input type="checkbox"/> > 26,001 lbs |  |  |  | 127e<br>26 |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | 52 Carrier name<br>--                                                                                                                |  |                                 |  | 82 Carrier name<br>--                                                                                                   |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  |                               |  |  |  | 128<br>26                                                             |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | Number & Street<br>--                                                                                                                |  |                                 |  | Number & Street<br>--                                                                                                   |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  |                               |  |  |  | 129<br>10                                                             |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | City<br>--                                                                                                                           |  |                                 |  | State                                                                                                                   |  |                                                          |  | Zip<br>--                                                                                                                            |  | City<br>--                                    |  |                                                                                                                                    |  | State                                          |  |                                                                                                      |  | Zip<br>--                              |  |                                                     |  |                |  | 130<br>10                     |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | 135 Damage To Other Property                                                                                                         |  |                                 |  | <input type="checkbox"/> Yes (If yes, describe)                                                                         |  |                                                          |  | <input checked="" type="checkbox"/> No                                                                                               |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  | 131<br>11                     |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            |                                                                                                                                      |  |                                 |  |                                                                                                                         |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  | 132<br>11                     |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            |                                                                                                                                      |  |                                 |  |                                                                                                                         |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  | 133<br>03                     |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | Oper                                                                                                                                 |  |                                 |  | 136 Charge                                                                                                              |  |                                                          |  | 137 Summons No                                                                                                                       |  |                                               |  | Oper                                                                                                                               |  |                                                |  | 138 Charge                                                                                           |  |                                        |  | 139 Summons No                                      |  |                |  | 134<br>03                     |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | --                                                                                                                                   |  |                                 |  | --                                                                                                                      |  |                                                          |  | --                                                                                                                                   |  |                                               |  | --                                                                                                                                 |  |                                                |  | --                                                                                                   |  |                                        |  | --                                                  |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  |                                           |  |  |  |  |  |
|            | 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 & Address of Occupants - If Deceased, Date & Time of Death |  |  |  |                                           |  |  |  |  |  |
| A          | 01                                                                                                                                   |  |                                 |  | 01                                                                                                                      |  |                                                          |  | 01                                                                                                                                   |  |                                               |  | 05                                                                                                                                 |  |                                                |  | 76                                                                                                   |  |                                        |  | M                                                   |  |                |  | --                            |  |  |  | --                                                                    |  |  |  | 01                                           |  |  |  | 11                                    |  |  |  | 04         |  |  |  | -- |  |  |  | -- |  |  |  | DOYLE, KENNETH R                                                 |  |  |  | --                                        |  |  |  |  |  |
| B          | 02                                                                                                                                   |  |                                 |  | 01                                                                                                                      |  |                                                          |  | 01                                                                                                                                   |  |                                               |  | 05                                                                                                                                 |  |                                                |  | 17                                                                                                   |  |                                        |  | M                                                   |  |                |  | --                            |  |  |  | --                                                                    |  |  |  | 01                                           |  |  |  | 11                                    |  |  |  | 04         |  |  |  | -- |  |  |  | -- |  |  |  | DIMEGLIO, NICHOLAS A                                             |  |  |  | --                                        |  |  |  |  |  |
| C          | 02                                                                                                                                   |  |                                 |  | 03                                                                                                                      |  |                                                          |  | 01                                                                                                                                   |  |                                               |  | 05                                                                                                                                 |  |                                                |  | 16                                                                                                   |  |                                        |  | M                                                   |  |                |  | --                            |  |  |  | --                                                                    |  |  |  | 01                                           |  |  |  | 11                                    |  |  |  | 04         |  |  |  | -- |  |  |  | -- |  |  |  | DEJESUS, CHRISTOPHER                                             |  |  |  | --                                        |  |  |  |  |  |
| D          | 02                                                                                                                                   |  |                                 |  | 04                                                                                                                      |  |                                                          |  | 01                                                                                                                                   |  |                                               |  | 05                                                                                                                                 |  |                                                |  | 16                                                                                                   |  |                                        |  | M                                                   |  |                |  | --                            |  |  |  | --                                                                    |  |  |  | 01                                           |  |  |  | 11                                    |  |  |  | 04         |  |  |  | -- |  |  |  | -- |  |  |  | VALLUZZI, TRAVIS                                                 |  |  |  | --                                        |  |  |  |  |  |
|            |                                                                                                                                      |  |                                 |  |                                                                                                                         |  |                                                          |  |                                                                                                                                      |  |                                               |  |                                                                                                                                    |  |                                                |  |                                                                                                      |  |                                        |  |                                                     |  |                |  |                               |  |  |  |                                                                       |  |  |  |                                              |  |  |  |                                       |  |  |  |            |  |  |  |    |  |  |  |    |  |  |  |                                                                  |  |  |  | 252 MONMOUTH AVENUE, NEW MILFORD NJ 07646 |  |  |  |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased. Date & Time of    |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------------------------------------------------|
| E | 02 | 06 | 01 | 05 | 16 | M  | -- | -- | 01 | 11 | 04 | -- | -- | SPEIGHTS, JAMES --<br>995 PACIFIC STREET, NEW MILFORD NJ 07646 |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                             |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                             |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                             |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                             |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                                             |

144 Crash Diagram



145 Crash Description

DRIVER OF V1 ADVISED HE WAS TRAVELING NORTH ON STOCKTON ST, TOWARDS THE HENLEY INTERSECTION. DRIVER OF V1 ADVISED HE STOPPED AT THE STOP SIGN AND STATED HE DID NOT SEE ANY TRAFFIC ON HENLEY AVE. HE FURTHER ADVISED HE NOTICED V2 AT THE STOP SIGN DIRECTLY ACROSS THE STREET FROM HIM. DRIVER OF V1 THEN BEGAN TO CROSS THE INTERSECTION WHEN V2 STRUCK V1.

DRIVER OF V2 ADVISED HE WAS STOPPED AT THE STOP SIGN ON STOCKTON ST FACING SOUTH. DRIVER OF V2 THEN ADVISED THAT HE DID NOT SEE ANY ONCOMING TRAFFIC ON HENLEY AND BEGAN TO TURN LEFT ONTO HENLEY TO HEADING EAST. DRIVER OF V2 ADVISED THAT WHEN HE TURNED LEFT HE STRUCK V1 IN THE INTERSECTION.

ALL PARTIES REFUSED MEDICAL ATTENTION.

VIDEO OF THE ACCIDENT WAS UPLOADED TO THE CASE FILE.

END OF REPORT.

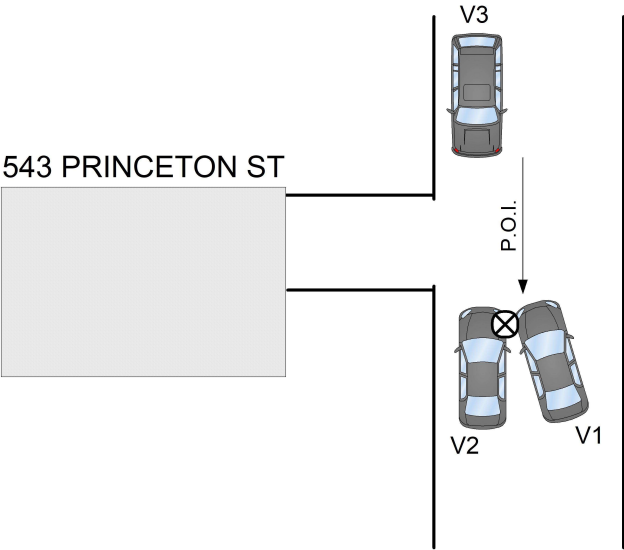
|            |                                                                                                                                                                                                                                                                                                 |          |                                |          |                                                                                                                                                                |         |                                               |          |                                                                                                                                                                                                                                                                                                 |          |                                          |          |                                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  |                |  |            |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--------------------------------------------|--|----------------------------------------|--|-----------------------|--|----------------|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                    |          | <input type="checkbox"/> Fatal |          | New Jersey Police Crash Investigation Report                                                                                                                   |         |                                               |          |                                                                                                                                                                                                                                                                                                 |          |                                          |          |                                                                                                                                                                |                                                                                                                                      | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable    |  | <input type="checkbox"/> Change Report |  |                       |  |                |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014812                                                                                                                                                                                                                                                                  |          |                                |          | 10 Crash Occured On : PRINCETON STREET                                                                                                                         |         |                                               |          | S                                                                                                                                                                                                                                                                                               |          | 11 Speed Limit<br>25                     |          | --                                                                                                                                                             |                                                                                                                                      | --                                             |  | --                                         |  | --                                     |  | 118a<br>25            |  |                |  |            |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                         |          |                                |          | Code<br>01                                                                                                                                                     |         | <input type="checkbox"/> At Intersection with |          | Road Name                                                                                                                                                                                                                                                                                       |          | Dir                                      |          | 12 Route No                                                                                                                                                    |                                                                                                                                      | Suffix                                         |  | 13 Milepost                                |  | 18 Speed Limit                         |  | 118b<br>--            |  |                |  |            |
|            |                                                                                                                                                                                                                                                                                                 |          |                                |          |                                                                                                                                                                |         | <input checked="" type="checkbox"/> Feet      |          | N                                                                                                                                                                                                                                                                                               |          | E                                        |          | of : CEDAR ROAD                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  | 25                                     |  | 119a<br>06            |  |                |  |            |
|            |                                                                                                                                                                                                                                                                                                 |          |                                |          |                                                                                                                                                                |         | <input type="checkbox"/> Miles                |          | S                                                                                                                                                                                                                                                                                               |          | W                                        |          | 19                                                                                                                                                             |                                                                                                                                      | To: 17 Cross Road Name/Route No.               |  |                                            |  | NB                                     |  | 119b<br>02            |  |                |  |            |
|            |                                                                                                                                                                                                                                                                                                 |          |                                |          |                                                                                                                                                                |         | 14                                            |          | 15                                                                                                                                                                                                                                                                                              |          | 16                                       |          | Ramp                                                                                                                                                           |                                                                                                                                      | From: --                                       |  |                                            |  | SB                                     |  | 119c<br>01            |  |                |  |            |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>11 09 22                                                                                                                                                                                                                                                         |          | 5 Day of Week<br>Wed           |          | 6 Time<br>(use 2400 hrs)<br>12:53                                                                                                                              |         | 7 Municipality<br>Code<br>0238                |          | 8 Total Killed<br>--                                                                                                                                                                                                                                                                            |          | 9 Total Injured<br>1                     |          | 21 Latitude<br>--                                                                                                                                              |                                                                                                                                      | 20 Route Name/ Route No.                       |  | 22 Longitude<br>--                         |  |                                        |  | 120a<br>01            |  |                |  |            |
| 100b<br>04 | 23 Veh #<br>1                                                                                                                                                                                                                                                                                   |          | 24 Polriv Nn<br>ANY-H110737    |          |                                                                                                                                                                |         | 25 N.I Ins Code<br>158                        |          | 53 Veh #<br>2                                                                                                                                                                                                                                                                                   |          | 54 Polriv Nn<br>F159985-1                |          |                                                                                                                                                                |                                                                                                                                      | 55 N.I Ins Code<br>426                         |  |                                            |  |                                        |  | 120b<br>--            |  |                |  |            |
| 101<br>02  | <input type="checkbox"/> Parked                                                                                                                                                                                                                                                                 |          | <input type="checkbox"/> Ped   |          | <input type="checkbox"/> Pedalcyclist                                                                                                                          |         | <input type="checkbox"/> Resp to Emergency    |          | <input type="checkbox"/> Hit & Run                                                                                                                                                                                                                                                              |          | <input type="checkbox"/> Parked          |          | <input type="checkbox"/> Ped                                                                                                                                   |                                                                                                                                      | <input type="checkbox"/> Pedalcyclist          |  | <input type="checkbox"/> Resp to Emergency |  | <input type="checkbox"/> Hit & Run     |  | 121a<br>01            |  |                |  |            |
| 102<br>01  | 26 Driver's First Name<br>RUTH A LOSCHIAVO                                                                                                                                                                                                                                                      |          |                                |          | Initial<br>Last Name                                                                                                                                           |         |                                               |          | 29 Sex<br>F                                                                                                                                                                                                                                                                                     |          | 56 Driver's First Name<br>ANNAMMA THOMAS |          |                                                                                                                                                                |                                                                                                                                      | Initial<br>Last Name                           |  |                                            |  | 59 Sex<br>F                            |  | 121b<br>--            |  |                |  |            |
| 103<br>01  | 27 Number & Street<br>543 PRINCETON ST                                                                                                                                                                                                                                                          |          |                                |          | State<br>NJ                                                                                                                                                    |         |                                               |          | Zip<br>07646-2014                                                                                                                                                                                                                                                                               |          | 57 Number & Street<br>60 SERGENT COURT   |          |                                                                                                                                                                |                                                                                                                                      | State<br>NJ                                    |  |                                            |  | Zip<br>07621-1227                      |  |                       |  |                |  |            |
| 104<br>02  | 28 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |          |                                |          | State<br>NJ                                                                                                                                                    |         |                                               |          | Zip<br>07646-2014                                                                                                                                                                                                                                                                               |          | 58 City<br>BERGENFIELD                   |          |                                                                                                                                                                |                                                                                                                                      | State<br>NJ                                    |  |                                            |  | Zip<br>07621-1227                      |  |                       |  |                |  |            |
|            | 30 Eyes<br>04                                                                                                                                                                                                                                                                                   |          | DL Class<br>D                  |          | Restrictions<br>NONE                                                                                                                                           |         | Endorsements<br>-                             |          | 31 State<br>NJ                                                                                                                                                                                                                                                                                  |          | 60 Eyes<br>01                            |          | DL Class<br>D                                                                                                                                                  |                                                                                                                                      | Restrictions<br>NONE                           |  | Endorsements<br>-                          |  | 61 State<br>NJ                         |  | 122<br>03             |  |                |  |            |
| 105<br>02  | 32 Drivers License No<br>L66896816158434                                                                                                                                                                                                                                                        |          |                                |          | 33 DOB<br>mm dd yy<br>08 05 43                                                                                                                                 |         | 34 Expires<br>mm yy<br>08 25                  |          | 62 Drivers License No<br>T35940470061521                                                                                                                                                                                                                                                        |          |                                          |          | 63 DOB<br>mm dd yy<br>11 25 52                                                                                                                                 |                                                                                                                                      | 64 Expires<br>mm yy<br>11 25                   |  |                                            |  |                                        |  | 123<br>01             |  |                |  |            |
| 106<br>--  | 35 Owner's First Name<br>DAIMLER TRUST                                                                                                                                                                                                                                                          |          |                                |          | Initial<br>Last Name                                                                                                                                           |         |                                               |          | 65 Owner's First Name<br>PUNNAVILA K THOMASKUTTY                                                                                                                                                                                                                                                |          |                                          |          | Initial<br>Last Name                                                                                                                                           |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 124<br>11      |  |            |
| 107<br>--  | 36 Number & Street<br>14372 HERITAGE PKWY                                                                                                                                                                                                                                                       |          |                                |          | State<br>TX                                                                                                                                                    |         |                                               |          | Zip<br>76177                                                                                                                                                                                                                                                                                    |          | 66 Number & Street<br>60 SERGENT COURT   |          |                                                                                                                                                                |                                                                                                                                      | State<br>NJ                                    |  |                                            |  | Zip<br>07621-1227                      |  | 125<br>11             |  |                |  |            |
| 108<br>01  | 38 Make<br>MERCEDEZ                                                                                                                                                                                                                                                                             |          | 39 Model<br>350                |          | 40 Color<br>GRAY                                                                                                                                               |         | 41 Year<br>2021                               |          | 42 Plate No.<br>D32MKD                                                                                                                                                                                                                                                                          |          | 43 State<br>NJ                           |          | 68 Make<br>HONDA                                                                                                                                               |                                                                                                                                      | 69 Model<br>ACC                                |  | 70 Color<br>GY                             |  | 71 Year<br>2016                        |  | 72 Plate No<br>PTD21N |  | 73 State<br>NJ |  | 126a<br>26 |
| 109<br>01  | 44 VIN<br>W1KZF8EB8MA881678                                                                                                                                                                                                                                                                     |          |                                |          | 45 Expires<br>mm yy<br>10 24                                                                                                                                   |         | 74 VIN<br>1HGCR2F79GA111090                   |          |                                                                                                                                                                                                                                                                                                 |          | 75 Expires<br>mm yy<br>11 23             |          |                                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  |                                        |  | 126b<br>--            |  |                |  |            |
| 110<br>01  | 46 Vehicle Removed To<br>ALL POINTS TOWING - 314 SECOND STREET, HACKENSACK NJ                                                                                                                                                                                                                   |          |                                |          | 47 Authority<br>Owner Driver Police                                                                                                                            |         |                                               |          | 76 Vehicle Removed To<br>--                                                                                                                                                                                                                                                                     |          |                                          |          | 77 Authority<br>Owner Driver Police                                                                                                                            |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 126c<br>--     |  |            |
| 111<br>01  | <input type="checkbox"/> Driven<br><input type="checkbox"/> Left at Scene                                                                                                                                                                                                                       |          |                                |          | <input checked="" type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Towed Impounded          |         |                                               |          | <input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Left at Scene                                                                                                                                                                                                            |          |                                          |          | <input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Towed Impounded                     |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 126d<br>26     |  |            |
| 112<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |          |                                |          | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No. |         |                                               |          | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |          |                                          |          | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No. |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 126e<br>26     |  |            |
| 113<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                                                                 |          |                                |          | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |         |                                               |          | 80 Carrier No.<br><input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX                                                                                                                                                                                                                 |          |                                          |          | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 126f<br>26     |  |            |
| 114<br>--  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                           |          |                                |          | 82 Carrier name<br>--                                                                                                                                          |         |                                               |          |                                                                                                                                                                                                                                                                                                 |          |                                          |          |                                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 127a<br>26     |  |            |
| 115<br>--  | Number & Street<br>--                                                                                                                                                                                                                                                                           |          |                                |          | Number & Street<br>--                                                                                                                                          |         |                                               |          |                                                                                                                                                                                                                                                                                                 |          |                                          |          |                                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 127b<br>--     |  |            |
| 116<br>02  | City<br>--                                                                                                                                                                                                                                                                                      |          |                                |          | State<br>--                                                                                                                                                    |         |                                               |          | Zip<br>--                                                                                                                                                                                                                                                                                       |          | City<br>--                               |          |                                                                                                                                                                |                                                                                                                                      | State<br>--                                    |  |                                            |  | Zip<br>--                              |  |                       |  | 127c<br>--     |  |            |
| 117<br>03  | 135 Damage To Other Property<br><input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                          |          |                                |          |                                                                                                                                                                |         |                                               |          |                                                                                                                                                                                                                                                                                                 |          |                                          |          |                                                                                                                                                                |                                                                                                                                      |                                                |  |                                            |  |                                        |  |                       |  | 127d<br>--     |  |            |
|            | Oper<br>--                                                                                                                                                                                                                                                                                      |          |                                |          | 136 Charge<br>--                                                                                                                                               |         |                                               |          | 137 Summons No<br>--                                                                                                                                                                                                                                                                            |          |                                          |          | Oper<br>--                                                                                                                                                     |                                                                                                                                      |                                                |  | 138 Charge<br>--                           |  |                                        |  | 139 Summons No<br>--  |  |                |  | 127e<br>03 |
|            | Oper<br>--                                                                                                                                                                                                                                                                                      |          |                                |          | 140 Charge<br>--                                                                                                                                               |         |                                               |          | 141 Summons No<br>--                                                                                                                                                                                                                                                                            |          |                                          |          | Oper<br>--                                                                                                                                                     |                                                                                                                                      |                                                |  | 142 Charge<br>--                           |  |                                        |  | 143 Summons No<br>--  |  |                |  |            |
| A          | 83<br>01                                                                                                                                                                                                                                                                                        | 84<br>01 | 85<br>01                       | 86<br>03 | 87<br>79                                                                                                                                                       | 88<br>F | 89<br>06                                      | 90<br>08 | 91<br>01                                                                                                                                                                                                                                                                                        | 92<br>11 | 93<br>04                                 | 94<br>-- | 95<br>--                                                                                                                                                       | Names & Address of Occupants - If Deceased, Date & Time of Death<br>LOSCHIAVO, RUTH A<br>543 PRINCETON ST. NEW MILFORD NJ 07646-2014 |                                                |  |                                            |  |                                        |  |                       |  |                |  |            |
| B          | 02                                                                                                                                                                                                                                                                                              | 01       | 01                             | 05       | 69                                                                                                                                                             | F       | --                                            | --       | --                                                                                                                                                                                                                                                                                              | 11       | 04                                       | --       | --                                                                                                                                                             | THOMAS, ANNAMMA<br>60 SERGENT COURT, BERGENFIELD NJ 07621-1227                                                                       |                                                |  |                                            |  |                                        |  |                       |  |                |  |            |
| C          | --                                                                                                                                                                                                                                                                                              | --       | --                             | --       | --                                                                                                                                                             | --      | --                                            | --       | --                                                                                                                                                                                                                                                                                              | --       | --                                       | --       | --                                                                                                                                                             | --                                                                                                                                   |                                                |  |                                            |  |                                        |  |                       |  |                |  |            |
| D          | --                                                                                                                                                                                                                                                                                              | --       | --                             | --       | --                                                                                                                                                             | --      | --                                            | --       | --                                                                                                                                                                                                                                                                                              | --       | --                                       | --       | --                                                                                                                                                             | --                                                                                                                                   |                                                |  |                                            |  |                                        |  |                       |  |                |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

**BODY WORN CAMERA WAS DEPLOYED DURING THIS INCIDENT.**

**DRIVER 1 STATED THAT SHE WAS STOPPED IN TRAFFIC FACING SOUTHBOUND DIRECTLY IN FRONT OF 543 PRINCETON STREET. DRIVER 1 FURTHER STATED THAT SHE HAD HER LEFT BLINKER ON AND WAS ATTEMPTING TO MAKE A LEFT HAND TURN INTO HER DRIVEWAY WHEN VEHICLE 2 ATTEMPTED TO PASS HER ON THE LEFT SIDE OF HER VEHICLE. VEHICLE 2 COLLIDED WITH VEHICLE 1 DURING THE TURN. DRIVER 1 REPORTED DISCOMFORT IN HER LOWER BACK HOWEVER REFUSED TO HAVE AN AMBULANCE RESPOND.**

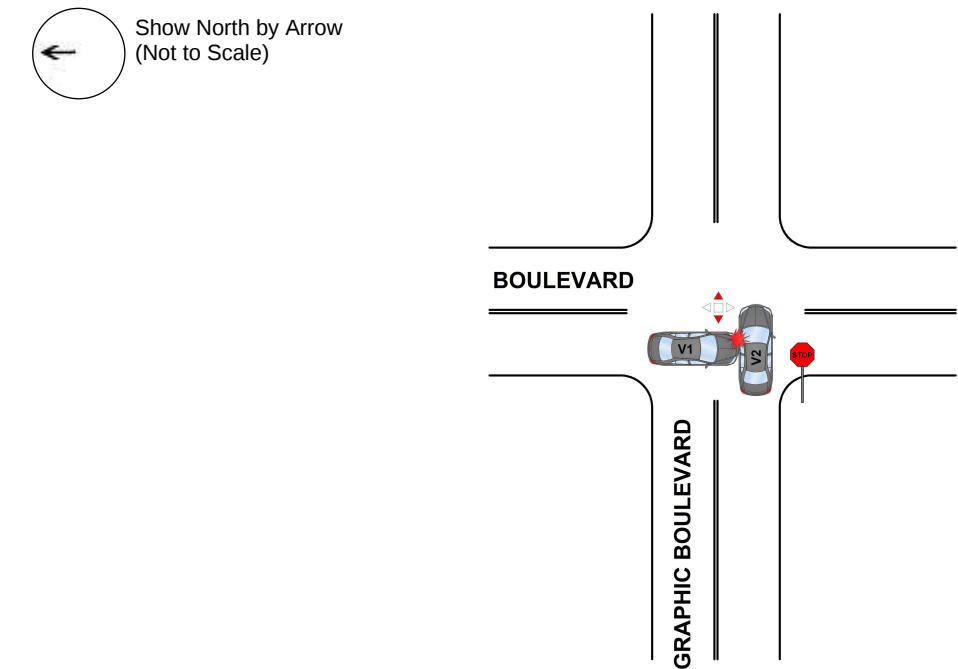
**DRIVER 2 STATED THAT VEHICLE 1 WAS STOPPED IN THE ROADWAY FACING SOUTHBOUND IN FRONT OF 543 PRINCETON STREET WITH HER LEFT BLINKER ON. DRIVER 2 FURTHER STATED THAT SHE ATTEMPTED TO PASS VEHICLE 1 ON THE LEFT AT WHICH TIME VEHICLE 1 TURNED INTO HER DRIVEWAY.**

**VEHICLE 3 (NJ REG-D12AUJ), A WITNESS OF THE COLLISION, WAS STOPPED IN TRAFFIC FACING NORTHBOUND IN FRONT OF 547 PRINCETON STREET. THE DRIVER, MS. MARISSA FLORES DOB-05/16/1956 RESIDING AT 539 PRINCETON STREET, STATED THAT SHE WAS STOPPED IN THE ROADWAY TO ALLOW VEHICLE 1 TO TURN INTO HER DRIVEWAY. AT THAT TIME, SHE OBSERVED VEHICLE 2 PASS VEHICLE 1 CAUSING A COLLISION.**

|            |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|----------------------------------------------------------|---------------|-----------------------------------|--|--------------------------------|--------------------|--------------------------------|-----------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|------------------------------------------------------------------|----------------------------------------------|----------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|------------|--------------------------------|--------------------|----------------|--|------------------------------|--------------------|-----------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|----|--|----------------|--|------------|--|------------|--|------|--|--|--|---------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Fatal |                                                                                                                        | New Jersey Police Crash Investigation Report |                                |                                                          |               |                                   |  |                                |                    |                                |                             | <input checked="" type="checkbox"/> Reportable |                                                                                                                      | <input type="checkbox"/> Non-Reportable |                        | <input type="checkbox"/> Change Report                                                                                                                                                                                                             |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 97<br>01   | 1 Case Number<br>I-2022-014872                                                                                                                                                                                                                                                                  |  |                                |                                                                                                                        | 10 Crash Occured On : BOULEVARD              |                                |                                                          |               |                                   |  |                                |                    |                                |                             | S                                              |                                                                                                                      | 11 Speed Limit<br>25                    |                        | --                                                                                                                                                                                                                                                 |                | --                     |                                                                  | --                                           |                                  | --                           |                                                                                                                          | 118a<br>25      |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                         |  |                                |                                                                                                                        | Code<br>01                                   |                                | <input checked="" type="checkbox"/> At Intersection with |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      | Road Name                               |                        | Dir                                                                                                                                                                                                                                                |                | 12 Route No            |                                                                  | Suffix                                       |                                  | 13 Milepost                  |                                                                                                                          | 118b<br>--      |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              | <input type="checkbox"/> Feet  |                                                          |               |                                   |  |                                |                    |                                |                             |                                                | <input type="checkbox"/> N<br><input type="checkbox"/> S<br><input type="checkbox"/> E<br><input type="checkbox"/> W |                                         | of : GRAPHIC BOULEVARD |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              | 18 Speed Limit<br>25             |                              | 119a<br>03                                                                                                               |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              | <input type="checkbox"/> Miles |                                                          |               |                                   |  |                                |                    |                                |                             |                                                | 14                                                                                                                   |                                         | 15                     |                                                                                                                                                                                                                                                    | 16             |                        | 19 Ramp                                                          |                                              | To: 17 Cross Road Name/Route No. |                              | <input type="checkbox"/> NB<br><input type="checkbox"/> SB<br><input type="checkbox"/> EB<br><input type="checkbox"/> WB |                 | 119b<br>04 |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 99<br>07   | 3 Station/Precinct                                                                                                                                                                                                                                                                              |  |                                |                                                                                                                        | --                                           |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          | 120a<br>01      |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100a<br>01 | 4 Date of Crash<br>mm dd yy<br>11 10 22                                                                                                                                                                                                                                                         |  |                                |                                                                                                                        | 5 Day of Week<br>Thu                         |                                |                                                          |               | 6 Time<br>(use 2400 hrs)<br>13:47 |  |                                |                    | 7 Municipality<br>Code<br>0238 |                             |                                                |                                                                                                                      | 8 Total Killed<br>--                    |                        | 9 Total Injured<br>2                                                                                                                                                                                                                               |                | 21 Latitude<br>-- . -- |                                                                  | 20 Route Name/ Route No.                     |                                  | 22 Longitude<br>-- . --      |                                                                                                                          | 120b<br>01      |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100b<br>04 | 23 Veh #<br>1                                                                                                                                                                                                                                                                                   |  | 24 Polriv Nn<br>839182621      |                                                                                                                        |                                              |                                |                                                          |               | 25 N.I Ins Code<br>012            |  |                                |                    |                                |                             | 53 Veh #<br>2                                  |                                                                                                                      | 54 Polriv Nn<br>6043106340              |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  | 55 N.I Ins Code<br>148                       |                                  |                              |                                                                                                                          |                 |            | 120h<br>--                     |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                                |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                   |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  | 121a<br>01                                                                                                                                                                                                                                                                                      |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 102<br>01  | 26 Driver's First Name<br>EDWARD B GERAIS                                                                                                                                                                                                                                                       |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  | Initial<br>Last Name           |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                | 29 Sex<br>M            |                                                                  | 56 Driver's First Name<br>HERMOGENE M CHIOCO |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  | Initial<br>Last Name         |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  | 59 Sex<br>M    |  | 121b<br>-- |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103<br>01  | 27 Number & Street<br>318 FALLER DRIVE B                                                                                                                                                                                                                                                        |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 57 Number & Street<br>52 S DEMAREST AVE                                                                                                                                                                                                            |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 104<br>02  | 28 City<br>NEW MILFORD                                                                                                                                                                                                                                                                          |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | State<br>NJ                                                                                                                                                                                                                                        |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  | Zip<br>07646-2233                                                                                                                                                                                                                                                                               |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 58 City<br>BERGENFIELD                                                                                                                                                  |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | State<br>NJ |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Zip<br>07621-2010 |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | 30 Eyes<br>02                                                                                                          |                                              |                                |                                                          | DL Class<br>D |                                   |  |                                | Restrictions<br>-- |                                |                             |                                                | Endorsements<br>--                                                                                                   |                                         |                        |                                                                                                                                                                                                                                                    | 31 State<br>NJ |                        | 60 Eyes<br>01                                                    |                                              |                                  |                              | DL Class<br>D                                                                                                            |                 |            |                                | Restrictions<br>-- |                |  |                              | Endorsements<br>-- |                 |  |                                                                                                                                                                                                                                                                                                 | 61 State<br>NJ |                       | 122<br>01         |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 105<br>03  | 32 Drivers License No<br>G26451926202582                                                                                                                                                                                                                                                        |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  | 33 DOB<br>mm dd yy<br>02 22 58 |                    |                                |                             | 34 Expires<br>mm yy<br>02 26                   |                                                                                                                      |                                         |                        | 62 Drivers License No<br>C34883277410801                                                                                                                                                                                                           |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            | 63 DOB<br>mm dd yy<br>10 23 80 |                    |                |  | 64 Expires<br>mm yy<br>10 25 |                    |                 |  | 123<br>01                                                                                                                                                                                                                                                                                       |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 106<br>--  | 35 Owner's First Name<br><input checked="" type="checkbox"/> Same As Driver<br>EDWARD B GERAIS                                                                                                                                                                                                  |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | Initial<br>Last Name                                                                                                                                                                                                                               |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  | 65 Owner's First Name<br><input checked="" type="checkbox"/> Same As Driver<br>HERMOGENE M CHIOCO                                                                                                                                                                                               |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | Initial<br>Last Name                                                                                                                                                    |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 124<br>03   |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 107<br>--  | 36 Number & Street<br>318 FALLER DRIVE B                                                                                                                                                                                                                                                        |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 66 Number & Street<br>52 S DEMAREST AVE                                                                                                                                                                                                            |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 125<br>03   |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | 37 City<br>NEW MILFORD                                                                                                 |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | State<br>NJ                                                      |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       | Zip<br>07646-2233 |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    | 67 City<br>BERGENFIELD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | State<br>NJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  | Zip<br>07621-2010 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 126a<br>26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 108<br>01  | 38 Make<br>FOR                                                                                                                                                                                                                                                                                  |  |                                |                                                                                                                        | 39 Model<br>ESC                              |                                |                                                          |               | 40 Color<br>BL                    |  |                                |                    | 41 Year<br>2018                |                             |                                                |                                                                                                                      | 42 Plate No.<br>SUJ64K                  |                        |                                                                                                                                                                                                                                                    |                | 43 State<br>NJ         |                                                                  | 68 Make<br>HON                               |                                  |                              |                                                                                                                          | 69 Model<br>HRV |            |                                |                    | 70 Color<br>GY |  |                              |                    | 71 Year<br>2021 |  |                                                                                                                                                                                                                                                                                                 |                | 72 Plate No<br>H66MWZ |                   |    |  | 73 State<br>NJ |  | 126b<br>-- |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 109<br>01  | 44 VIN<br>1FMCU9HD9JUB26828                                                                                                                                                                                                                                                                     |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  | 45 Expires<br>mm yy<br>07 23   |                    |                                |                             | 74 VIN<br>3CZRU6H5XMM704055                    |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  | 75 Expires<br>mm yy<br>12 24 |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  | 126c<br>-- |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 110<br>01  | 46 Vehicle Removed To<br><input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                              |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 76 Vehicle Removed To<br><input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 126d<br>--                                                                                                                                                              |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 111<br>01  |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 126e<br>26                                                                                                                                                              |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 112<br>--  | 47 Authority<br><input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police                                                                                                                                                                       |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 77 Authority<br><input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police                                                                                                                          |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 127a<br>26                                                                                                                                                              |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No.                                                                            |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No. |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127b<br>--  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 114<br>--  |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127c<br>--  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                               |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                                                                                     |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                               |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs          |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127d<br>--  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116<br>03  |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 127e<br>26  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 117<br>02  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                           |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        | 82 Carrier name<br>--                                                                                                                                                                                                                              |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 128<br>26   |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | Number & Street<br>--                                                                                                  |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | 69 Number & Street<br>--                                         |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | 129<br>12   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | City<br>--                                                                                                             |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | State<br>--                                                      |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       | Zip<br>--         |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    | City<br>--             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | State<br>-- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  | Zip<br>--         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 130<br>12  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | 135 Damage To Other Property<br><input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | 131<br>10   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | 132<br>10   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                |                                                                                                                        |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        |                                                                  |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  | 133<br>04   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | Oper 2<br>136 Charge<br>39:4-97 CARELESS DRIVING                                                                       |                                              |                                |                                                          |               |                                   |  |                                |                    |                                | 137 Summons No<br>E22002994 |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | Oper --<br>138 Charge<br>--                                      |                                              |                                  |                              | 139 Summons No<br>--                                                                                                     |                 |            |                                |                    |                |  |                              | 134<br>04          |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | Oper --<br>140 Charge<br>--                                                                                            |                                              |                                |                                                          |               |                                   |  |                                |                    |                                | 141 Summons No<br>--        |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | Oper --<br>142 Charge<br>--                                      |                                              |                                  |                              | 143 Summons No<br>--                                                                                                     |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                 |  |                                | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                                 |                                              |                                |                                                          |               |                                   |  |                                |                    |                                |                             |                                                |                                                                                                                      |                                         |                        |                                                                                                                                                                                                                                                    |                |                        | Names & Address of Occupants - If Deceased, Date & Time of Death |                                              |                                  |                              |                                                                                                                          |                 |            |                                |                    |                |  |                              |                    |                 |  |                                                                                                                                                                                                                                                                                                 |                |                       |                   |    |  |                |  |            |  |            |  |      |  |  |  |                                                                     |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A          | 01                                                                                                                                                                                                                                                                                              |  |                                |                                                                                                                        | 01                                           |                                |                                                          |               | 01                                |  |                                |                    | 03                             |                             |                                                |                                                                                                                      | 64                                      |                        |                                                                                                                                                                                                                                                    |                | M                      |                                                                  |                                              |                                  | 05                           |                                                                                                                          |                 |            | 08                             |                    |                |  | 01                           |                    |                 |  | 11                                                                                                                                                                                                                                                                                              |                |                       |                   | 11 |  |                |  | 01         |  |            |  | --   |  |  |  | GERAIS, EDWARD B<br>318 FALLER DRIVE B. NEW MILFORD NJ 07646-2233   |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B          | 02                                                                                                                                                                                                                                                                                              |  |                                |                                                                                                                        | 01                                           |                                |                                                          |               | 01                                |  |                                |                    | 03                             |                             |                                                |                                                                                                                      | 42                                      |                        |                                                                                                                                                                                                                                                    |                | M                      |                                                                  |                                              |                                  | 02                           |                                                                                                                          |                 |            | 08                             |                    |                |  | 02                           |                    |                 |  | 11                                                                                                                                                                                                                                                                                              |                |                       |                   | 11 |  |                |  | 04         |  |            |  | 5202 |  |  |  | CHIOCO, HERMOGENE M<br>52 S DEMAREST AVE, BERGENFIELD NJ 07621-2010 |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C          | --                                                                                                                                                                                                                                                                                              |  |                                |                                                                                                                        | --                                           |                                |                                                          |               | --                                |  |                                |                    | --                             |                             |                                                |                                                                                                                      | --                                      |                        |                                                                                                                                                                                                                                                    |                | --                     |                                                                  |                                              |                                  | --                           |                                                                                                                          |                 |            | --                             |                    |                |  | --                           |                    |                 |  | --                                                                                                                                                                                                                                                                                              |                |                       |                   | -- |  |                |  | --         |  |            |  | --   |  |  |  | --                                                                  |  |                                                                                                                                                                         |  |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D          | --                                                                                                                                                                                                                                                                                              |  |                                |                                                                                                                        | --                                           |                                |                                                          |               | --                                |  |                                |                    | --                             |                             |                                                |                                                                                                                      | --                                      |                        |                                                                                                                                                                                                                                                    |                | --                     |                                                                  |                                              |                                  | --                           |                                                                                                                          |                 |            | --                             |                    |                |  | --                           |                    |                 |  | --                                                                                                                                                                                                                                                                                              |                |                       |                   | -- |  |                |  | --         |  |            |  | --   |  |  |  | --                                                                  |  |                                                                                                                                                                         |  | -- |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description

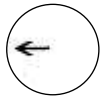
VEHICLE #1 WAS TRAVELING SOUTHBOUND ON BOULEVARD WHEN IT ENTERED THE INTERSECTION OF BOULEVARD AND GRAPHIC BOULEVARD AND WAS STRUCK BY VEHICLE #2. VEHICLE #2 WAS TRAVELING EASTBOUND ON GRAPHIC AND ENTERED THE MIDDLE OF THE INTERSECTION OF BOULEVARD AND GRAPHIC BOULEVARD AND WAS STRUCK BY VEHICLE #1. AN EYEWITNESS STATED HE OBSERVED VEHICLE #2 ENTER THE INTERSECTION OF BOULEVARD AND GRAPHIC BOULEVARD AFTER DISREGARDING A STOP SIGN AND FLASHING RED SIGNAL AT GRAPHIC BOULEVARD. VEHICLE #1 SUFFERED DISABLING DAMAGE TO THE FRONT END BUMPER AND HEADLIGHT. VEHICLE #2 SUFFERED DISABLING DAMAGE TO DRIVER'S SIDE FRONT AND BACK DOORS. VEHICLE #1 DRIVER COMPLAINED OF PAIN IN HIS CHEST AND REFUSED MEDICAL ATTENTION. VEHICLE #2 DRIVER COMPLAINED OF PAIN IN HIS FACE AND WAS TAKEN TO ENGLEWOOD HOSPITAL VIA HOLY NAME AMBULANCE.

THE OPERATOR OF VEHICLE #2 WAS ISSUED A SUMMONS FOR 39:4-97 BY MAIL AS IT WAS DETERMINED VEHICLE #1 HAD THE RIGHT OF WAY AND WAS NOT OBLIGATED TO STOP BEFORE ENTERING THE INTERSECTION OF BOULEVARD AND GRAPHIC BOULEVARD. VEHICLE #2 WAS OBLIGATED TO STOP AT A STOP SIGN AND FLASHING RED SIGNAL BEFORE ENTERING THE INTERSECTION AT BOULEVARD AND GRAPHIC BOULEVARD.

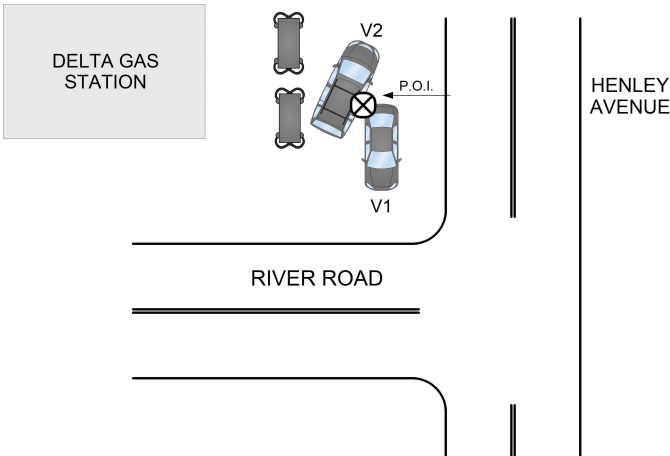
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|---------------|----------------------------------------------|--------------------------------|-------------------------------------------------------------|---------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--------------------|-----------------------------------------|----------|------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|---------------|------------------------------|------------|------------|---------------|--------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|--|--|--------------------|-----------------|--|--|----------------------|-----------------------|--|--|-----------|----------------|--|--|--|------------|------------|-------------|--|--|--|--|--|--|--|--|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Fatal |               | New Jersey Police Crash Investigation Report |                                |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> Reportable |                    | <input type="checkbox"/> Non-Reportable |          | <input type="checkbox"/> Change Report   |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014874                                                                                                                                                                                                                                                                 |  |                                |               | 10 Crash Occured On : 201 HENLEY AVENUE      |                                |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  | E                                              |                    | 11 Speed Limit<br>--                    |          | --                                       |                                                                  | --                                                                                                                                                                                                                                                                                             |                                  | 118a<br>25               |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 98<br>01   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                        |  |                                |               | Code<br>01                                   |                                | <input type="checkbox"/> At Intersection with Road Name Dir |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    | 12 Route No                             |          | Suffix                                   |                                                                  | 13 Milepost                                                                                                                                                                                                                                                                                    |                                  | 118h<br>--               |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              | <input type="checkbox"/> Feet  |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                | N                  |                                         | E        |                                          | of : --                                                          |                                                                                                                                                                                                                                                                                                | 18 Speed Limit                   |                          | 119a<br>02    |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              | <input type="checkbox"/> Miles |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                | S                  |                                         | W        |                                          | 19 Ramp                                                          |                                                                                                                                                                                                                                                                                                | To: 17 Cross Road Name/Route No. |                          | NB            |                              | EB         |            | 119h<br>--    |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              | 14 15 16                       |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         | From: -- |                                          |                                                                  |                                                                                                                                                                                                                                                                                                | SB                               |                          | WB            |                              | 120a<br>01 |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 100a<br>01 | 4 Date of Crash<br>mm dd vv<br>11 10 22                                                                                                                                                                                                                                                        |  |                                |               | 5 Day of Week<br>Thu                         |                                |                                                             |               | 6 Time<br>(use 2400 hrs)<br>13:54 |                                                                                                                     |                                                                                                                                                                                                                        |                      | 7 Municipality<br>Code<br>0238                                                                                                                                                   |  |                                                |                    | 8 Total Killed<br>--                    |          | 9 Total Injured<br>--                    |                                                                  | 21 Latitude<br>-- . --                                                                                                                                                                                                                                                                         |                                  | 20 Route Name/ Route No. |               | 22 Longitude<br>-- . --      |            | 120h<br>-- |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 100b<br>04 | 23 Veh #<br>1                                                                                                                                                                                                                                                                                  |  |                                |               | 24 Polriv No<br>0709014D0530A962             |                                |                                                             |               | 25 N.I Ins Code<br>962            |                                                                                                                     |                                                                                                                                                                                                                        |                      | 53 Veh #<br>2                                                                                                                                                                    |  |                                                |                    | 54 Polriv No<br>109565688               |          |                                          |                                                                  | 55 N.I Ins Code<br>012                                                                                                                                                                                                                                                                         |                                  |                          |               | 121a<br>01                   |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 101<br>02  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run                                                                                                               |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     |                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               | 121h<br>--                   |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 102<br>01  | 26 Driver's First Name<br>DORA E QUEVEDO                                                                                                                                                                                                                                                       |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | Initial Last Name                                                                                                                                                                                                      |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 29 Sex<br>F                                                                                                                                                                                                                                                                                    |                                  |                          |               |                              |            |            |               |                                |                       | 56 Driver's First Name<br>FRANK BULZOMI                                                                                                                                 |                      |                              |  |  |                    |                 |  |  |                      | Initial Last Name     |  |  |           |                |  |  |  |            |            | 59 Sex<br>M |  |  |  |  |  |  |  |  |  | 121b<br>-- |
| 103<br>01  | 27 Number & Street<br>1016 RIVER ROAD                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | State Zip<br>NJ 07646-3120                                                                                                                                                                                             |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 57 Number & Street<br>589 BOGERT RD                                                                                                                                                                                                                                                            |                                  |                          |               |                              |            |            |               |                                |                       | State Zip<br>NJ 07661-2149                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 104<br>02  | 28 City<br>NEW MILFORD                                                                                                                                                                                                                                                                         |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | State Zip<br>NJ 07646-3120                                                                                                                                                                                             |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 58 City<br>RIVER EDGE                                                                                                                                                                                                                                                                          |                                  |                          |               |                              |            |            |               |                                |                       | State Zip<br>NJ 07661-2149                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                | 30 Eyes<br>02 |                                              |                                |                                                             | DL Class<br>D |                                   |                                                                                                                     |                                                                                                                                                                                                                        | Restrictions<br>NONE |                                                                                                                                                                                  |  |                                                | Endorsements<br>-- |                                         |          |                                          | 31 State<br>NJ                                                   |                                                                                                                                                                                                                                                                                                |                                  |                          | 60 Eyes<br>02 |                              |            |            | DL Class<br>D |                                |                       |                                                                                                                                                                         | Restrictions<br>NONE |                              |  |  | Endorsements<br>-- |                 |  |  | 61 State<br>NJ       |                       |  |  | 122<br>08 |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 105<br>05  | 32 Drivers License No<br>Q91211756553512                                                                                                                                                                                                                                                       |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 33 DOB<br>mm dd vv<br>03 28 51                                                                                                                                                                                         |                      |                                                                                                                                                                                  |  | 34 Expires<br>mm vv<br>03 24                   |                    |                                         |          | 62 Drivers License No<br>B92352670006352 |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               | 63 DOB<br>mm dd vv<br>06 27 35 |                       |                                                                                                                                                                         |                      | 64 Expires<br>mm vv<br>06 23 |  |  |                    | 123<br>01       |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 106<br>--  | 35 Owner's First Name<br>DORA E QUEVEDO                                                                                                                                                                                                                                                        |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | Initial Last Name                                                                                                                                                                                                      |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 65 Owner's First Name<br>FRANK BULZOMI                                                                                                                                                                                                                                                         |                                  |                          |               |                              |            |            |               |                                |                       | Initial Last Name                                                                                                                                                       |                      |                              |  |  |                    |                 |  |  |                      | 124<br>11             |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 107<br>--  | 36 Number & Street<br>1016 RIVER ROAD                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | State Zip<br>NJ 07646-3120                                                                                                                                                                                             |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 66 Number & Street<br>589 BOGERT RD                                                                                                                                                                                                                                                            |                                  |                          |               |                              |            |            |               |                                |                       | State Zip<br>NJ 07661-2149                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      | 125<br>11             |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 108<br>01  | 38 Make<br>CHEVROLET                                                                                                                                                                                                                                                                           |  |                                |               | 39 Model<br>COBALT                           |                                |                                                             |               | 40 Color<br>GD                    |                                                                                                                     |                                                                                                                                                                                                                        |                      | 41 Year<br>2009                                                                                                                                                                  |  |                                                |                    | 42 Plate No.<br>SSE19V                  |          |                                          |                                                                  | 43 State<br>NJ                                                                                                                                                                                                                                                                                 |                                  |                          |               | 68 Make<br>TOYOTA            |            |            |               | 69 Model<br>SIENNA             |                       |                                                                                                                                                                         |                      | 70 Color<br>GRAY             |  |  |                    | 71 Year<br>2011 |  |  |                      | 72 Plate No<br>J46BBU |  |  |           | 73 State<br>NJ |  |  |  | 126h<br>-- |            |             |  |  |  |  |  |  |  |  |  |            |
| 109<br>01  | 44 VIN<br>1G1AT58H597258384                                                                                                                                                                                                                                                                    |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 45 Expires<br>mm vv<br>06 23                                                                                                                                                                                           |                      |                                                                                                                                                                                  |  | 74 VIN<br>5TDJK3DC1BS027339                    |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               | 75 Expires<br>mm vv<br>09 23 |            |            |               | 126c<br>--                     |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                                                                                                                                                                                                    |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 76 Vehicle Removed To<br>--                                                                                                                                                                                            |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       | 126d<br>--                                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 111<br>01  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                         |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       | 126e<br>26                                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 112<br>--  | 47 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                      |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 77 Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                              |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       | 127a<br>26                                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 49 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No.                                                |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 78 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0 % <input type="checkbox"/> Pending |                                  |                          |               |                              |            |            |               |                                |                       | 79 Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>-- --<br>Hazard Class Placard No. |                      |                              |  |  |                    |                 |  |  |                      | 127b<br>--            |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                              |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                                                         |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                              |                                  |                          |               |                              |            |            |               |                                |                       | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs          |                      |                              |  |  |                    |                 |  |  |                      | 127c<br>26            |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 116<br>04  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | 82 Carrier name<br>--                                                                                                                                                                                                  |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       | 127d<br>26                                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| 117<br>02  | Number & Street<br>--                                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | Number & Street<br>--                                                                                                                                                                                                  |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       | 127e<br>04                                                                                                                                                              |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | City<br>--                                                                                                          |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          | City<br>--                                                       |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  | 127f<br>03           |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | State Zip<br>--                                                                                                     |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          | State Zip<br>--                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  | 127g<br>03           |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | 135 Damage To Other Property <input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  | 127h<br>02           |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | Oper 136 Charge<br>--                                                                                               |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          | 137 Summons No<br>--                                             |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                | Oper 138 Charge<br>-- |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  | 139 Summons No<br>-- |                       |  |  |           |                |  |  |  |            | 127i<br>02 |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | Oper 140 Charge<br>--                                                                                               |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          | 141 Summons No<br>--                                             |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                | Oper 142 Charge<br>-- |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  | 143 Summons No<br>-- |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
|            |                                                                                                                                                                                                                                                                                                |  |                                |               |                                              |                                |                                                             |               |                                   | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                              |                                                                                                                                                                                                                        |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          | Names & Address of Occupants - If Deceased, Date & Time of Death |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| A          | 01 01 01 05 71 F -- -- -- 11 04 -- --                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | QUEVEDO, DORA E<br>1016 RIVER ROAD, NEW MILFORD NJ 07646-3120                                                                                                                                                          |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| B          | 02 01 01 05 87 M -- -- -- 11 04 -- --                                                                                                                                                                                                                                                          |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | BULZOMI, FRANK<br>589 BOGERT RD, RIVER EDGE NJ 07661-2149                                                                                                                                                              |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| C          | -- -- -- -- -- -- -- -- -- -- -- -- -- --                                                                                                                                                                                                                                                      |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | -- -- -- -- --                                                                                                                                                                                                         |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |
| D          | -- -- -- -- -- -- -- -- -- -- -- -- -- --                                                                                                                                                                                                                                                      |  |                                |               |                                              |                                |                                                             |               |                                   |                                                                                                                     | -- -- -- -- --                                                                                                                                                                                                         |                      |                                                                                                                                                                                  |  |                                                |                    |                                         |          |                                          |                                                                  |                                                                                                                                                                                                                                                                                                |                                  |                          |               |                              |            |            |               |                                |                       |                                                                                                                                                                         |                      |                              |  |  |                    |                 |  |  |                      |                       |  |  |           |                |  |  |  |            |            |             |  |  |  |  |  |  |  |  |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

**DRIVER 1 STATED THAT SHE WAS STOPPED IN THE PARKING LOT OF THE DELTA GAS STATION. SHE FURTHER STATED THAT VEHICLE 2 SIDE SWIPED HER VEHICLE WHILE ATTEMPTING TO DRIVE AROUND HER VEHICLE.**

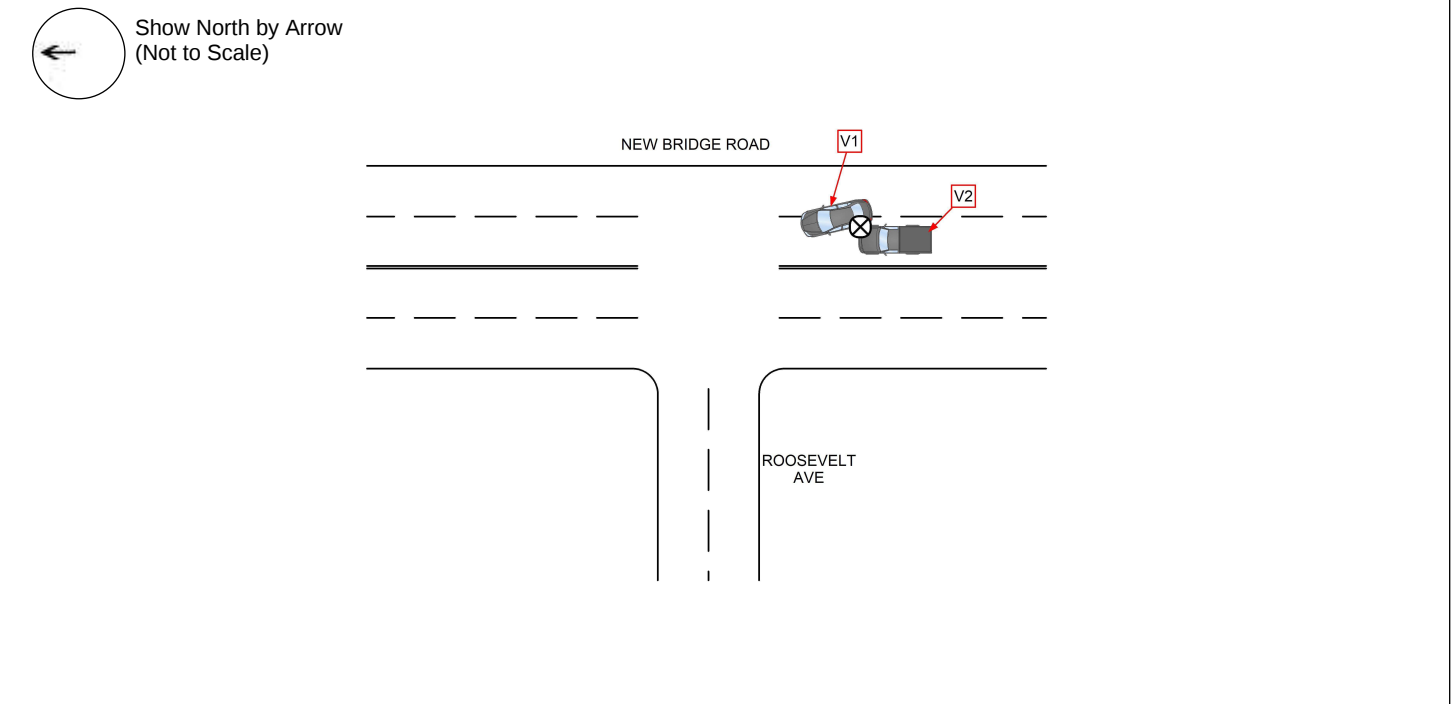
**DRIVER 2 STATED THAT HE WAS ATTEMPTING TO EXIT THE PARKING LOT OF THE LISTED ADDRESS. WHILE ATTEMPTING TO EXIT, HE COLLIDED WITH VEHICLE 1.**

**NO INJURIES REPORTED AT THIS TIME.**



|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



145 Crash Description

DRIVER OF VEHICLE 1 STATED WHILE TRAVELING EAST BOUND IN THE RIGHT LANE OF NEW BRIDGE ROAD, HE ATTEMPTED TO MERGE FROM THE RIGHT LANE TO THE LEFT LANE. HE STATED DURING HIS MERGE VEHICLE 2 SPED UP AND STRUCK HIS VEHICLE.

DRIVER OF VEHICLE 2 STATED WHILE TRAVELING EAST BOUND IN THE LEFT LANE OF NEW BRIDGE ROAD, VEHICLE 2 MERGED INTO HIS LANE AND ATTEMPTED TO TURN ONTO ROOSEVELT AVE CAUSING A COLLISION.

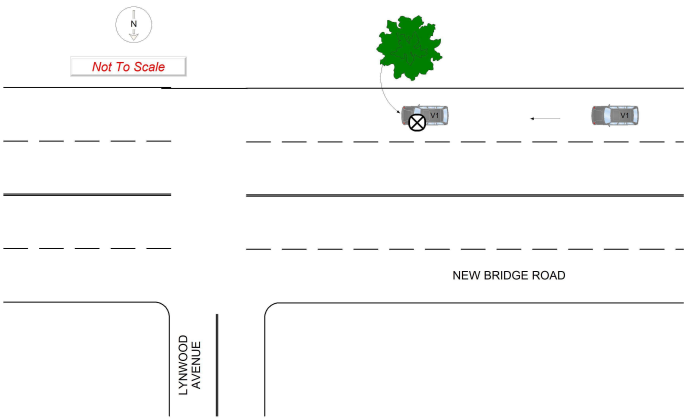
|            |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------|--|--------------------------------------------|--|------------------------------------|--|------------|
| 96<br>05   | Page: 1 Of 2                                                                                                                                                                                                                                                                                    |    | <input type="checkbox"/> Fatal  |    | New Jersey Police Crash Investigation Report                                                                                                                                   |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable                    |  | <input type="checkbox"/> Change Report                     |  |                                            |  |                                    |  |            |
| 97<br>01   | 1 Case Number<br>I-2022-014922                                                                                                                                                                                                                                                                  |    |                                 |    | 10 Crash Occured On : NEW BRIDGE ROAD                                                                                                                                          |    |                                               |    | E                                                                                                                                                                                                                                                                                    |    | 11 Speed Limit<br>35               |    | 49                                                                                                                                                                                                                      |                                                                      | -                                              |  | ---                                                        |  | --                                                         |  | 118a<br>25                                 |  |                                    |  |            |
| 98<br>06   | 2 Police Dept. of<br>NEW MILFORD POLICE                                                                                                                                                                                                                                                         |    |                                 |    | Code<br>--                                                                                                                                                                     |    | <input type="checkbox"/> At Intersection with |    | Road Name                                                                                                                                                                                                                                                                            |    | Dir                                |    | 12 Route No                                                                                                                                                                                                             |                                                                      | Suffix                                         |  | 13 Milepost                                                |  | 18 Speed Limit                                             |  | 118h<br>--                                 |  |                                    |  |            |
|            |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    | <input checked="" type="checkbox"/> Feet      |    | <input type="checkbox"/> N<br><input type="checkbox"/> S                                                                                                                                                                                                                             |    | E<br>W                             |    | of : LYNWOOD AVENUE                                                                                                                                                                                                     |                                                                      |                                                |  |                                                            |  | 25                                                         |  | 119a<br>--                                 |  |                                    |  |            |
| 99<br>05   | 3 Station/Precinct<br>NEW MTI FORD                                                                                                                                                                                                                                                              |    |                                 |    | 14                                                                                                                                                                             |    | <input type="checkbox"/> Miles                |    | 15                                                                                                                                                                                                                                                                                   |    | 16                                 |    | 19 Ramp                                                                                                                                                                                                                 |                                                                      | To: 17 Cross Road Name/Route No.               |  | <input type="checkbox"/> NB<br><input type="checkbox"/> SB |  | <input type="checkbox"/> EB<br><input type="checkbox"/> WB |  | 119h<br>--                                 |  |                                    |  |            |
| 100a<br>01 | 4 Date of Crash<br>mm dd vv<br>11 11 22                                                                                                                                                                                                                                                         |    |                                 |    | 5 Day of Week<br>Fri                                                                                                                                                           |    | 6 Time<br>(use 2400 hrs)<br>18:36             |    | 7 Municipality<br>Code<br>0238                                                                                                                                                                                                                                                       |    | 8 Total Killed<br>--               |    | 9 Total Injured<br>--                                                                                                                                                                                                   |                                                                      | 21 Latitude<br>-- . -----                      |  | 20 Route Name/ Route No.                                   |  | 22 Longitude<br>-- . -----                                 |  | 120a<br>01                                 |  |                                    |  |            |
| 100b<br>04 | 23 Veh #<br>01                                                                                                                                                                                                                                                                                  |    | 24 Polriv Nn<br>939 034 071     |    |                                                                                                                                                                                |    | 25 N.I Ins Code<br>054                        |    |                                                                                                                                                                                                                                                                                      |    | 53 Veh #<br>--                     |    | 54 Polriv Nn<br>--                                                                                                                                                                                                      |                                                                      |                                                |  | 55 N.I Ins Code<br>--                                      |  |                                                            |  | 120h<br>--                                 |  |                                    |  |            |
| 101<br>02  |                                                                                                                                                                                                                                                                                                 |    | <input type="checkbox"/> Parked |    | <input type="checkbox"/> Ped                                                                                                                                                   |    | <input type="checkbox"/> Pedalcyclist         |    | <input type="checkbox"/> Resp to Emergency                                                                                                                                                                                                                                           |    | <input type="checkbox"/> Hit & Run |    |                                                                                                                                                                                                                         |                                                                      | <input type="checkbox"/> Parked                |  | <input type="checkbox"/> Ped                               |  | <input type="checkbox"/> Pedalcyclist                      |  | <input type="checkbox"/> Resp to Emergency |  | <input type="checkbox"/> Hit & Run |  | 121a<br>-- |
| 102<br>02  | 26 Driver's First Name<br>MICHAEL J ANTEBI                                                                                                                                                                                                                                                      |    |                                 |    | Initial                                                                                                                                                                        |    | Last Name                                     |    | 29 Sex<br>M                                                                                                                                                                                                                                                                          |    | 56 Driver's First Name<br>--       |    |                                                                                                                                                                                                                         |                                                                      | Initial                                        |  | Last Name                                                  |  | 59 Sex<br>--                                               |  | 121h<br>--                                 |  |                                    |  |            |
| 103<br>02  | 27 Number & Street<br>100 RECTER CT.                                                                                                                                                                                                                                                            |    |                                 |    | State                                                                                                                                                                          |    |                                               |    | Zip<br>NJ 07621-4221                                                                                                                                                                                                                                                                 |    | 57 Number & Street<br>--           |    |                                                                                                                                                                                                                         |                                                                      | State                                          |  |                                                            |  | Zip<br>--                                                  |  |                                            |  |                                    |  |            |
| 104<br>01  | 28 City<br>BERGENFIELD                                                                                                                                                                                                                                                                          |    |                                 |    | State                                                                                                                                                                          |    |                                               |    | Zip<br>NJ 07621-4221                                                                                                                                                                                                                                                                 |    | 58 City<br>--                      |    |                                                                                                                                                                                                                         |                                                                      | State                                          |  |                                                            |  | Zip<br>--                                                  |  |                                            |  |                                    |  |            |
|            | 30 Eyes<br>05                                                                                                                                                                                                                                                                                   |    | DL Class<br>D                   |    | Restrictions<br>NO                                                                                                                                                             |    | Endorsements<br>NO                            |    | 31 State<br>NJ                                                                                                                                                                                                                                                                       |    | 60 Eyes<br>--                      |    | DL Class<br>--                                                                                                                                                                                                          |                                                                      | Restrictions<br>--                             |  | Endorsements<br>--                                         |  | 61 State<br>--                                             |  | 122<br>01                                  |  |                                    |  |            |
| 105<br>15  | 32 Drivers License No<br>A59785447104685                                                                                                                                                                                                                                                        |    |                                 |    | 33 DOB<br>mm dd vv<br>04 06 68                                                                                                                                                 |    | 34 Expires<br>mm vv<br>04 23                  |    | 62 Drivers License No<br>--                                                                                                                                                                                                                                                          |    |                                    |    | 63 DOB<br>mm dd vv<br>-- -- --                                                                                                                                                                                          |                                                                      | 64 Expires<br>mm vv<br>-- -- --                |  |                                                            |  |                                                            |  | 123<br>--                                  |  |                                    |  |            |
| 106<br>--  | 35 Owner's First Name<br><input checked="" type="checkbox"/> Same As Driver                                                                                                                                                                                                                     |    |                                 |    | Initial                                                                                                                                                                        |    | Last Name                                     |    | 65 Owner's First Name<br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                     |    |                                    |    | Initial                                                                                                                                                                                                                 |                                                                      | Last Name                                      |  |                                                            |  |                                                            |  | 124<br>11                                  |  |                                    |  |            |
| 107<br>--  | 36 Number & Street<br>--                                                                                                                                                                                                                                                                        |    |                                 |    | State                                                                                                                                                                          |    |                                               |    | Zip<br>--                                                                                                                                                                                                                                                                            |    | 66 Number & Street<br>--           |    |                                                                                                                                                                                                                         |                                                                      | State                                          |  |                                                            |  | Zip<br>--                                                  |  | 125<br>--                                  |  |                                    |  |            |
|            | 37 City<br>--                                                                                                                                                                                                                                                                                   |    |                                 |    | State                                                                                                                                                                          |    |                                               |    | Zip<br>--                                                                                                                                                                                                                                                                            |    | 67 City<br>--                      |    |                                                                                                                                                                                                                         |                                                                      | State                                          |  |                                                            |  | Zip<br>--                                                  |  | 126a<br>12                                 |  |                                    |  |            |
| 108<br>04  | 38 Make<br>JEE                                                                                                                                                                                                                                                                                  |    | 39 Model<br>GCL                 |    | 40 Color<br>BK                                                                                                                                                                 |    | 41 Year<br>2014                               |    | 42 Plate No.<br>Y70HZE                                                                                                                                                                                                                                                               |    | 43 State<br>NJ                     |    | 68 Make<br>--                                                                                                                                                                                                           |                                                                      | 69 Model<br>--                                 |  | 70 Color<br>--                                             |  | 71 Year<br>--                                              |  | 72 Plate No<br>--                          |  | 73 State<br>--                     |  | 126h<br>-- |
| 109<br>--  | 44 VIN<br>1C4RJFAG7EC497198                                                                                                                                                                                                                                                                     |    |                                 |    | 45 Expires<br>mm vv<br>06 23                                                                                                                                                   |    | 74 VIN<br>--                                  |    |                                                                                                                                                                                                                                                                                      |    | 75 Expires<br>mm vv<br>-- -- --    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 126c<br>--                                 |  |                                    |  |            |
| 110<br>01  | 46 Vehicle Removed To<br>--                                                                                                                                                                                                                                                                     |    |                                 |    | 76 Vehicle Removed To<br>--                                                                                                                                                    |    |                                               |    | <input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded                                                   |    |                                    |    | <input type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene<br><input type="checkbox"/> Towed Impounded |                                                                      |                                                |  |                                                            |  |                                                            |  | 126d<br>--                                 |  |                                    |  |            |
| 111<br>--  |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 126e<br>12                                 |  |                                    |  |            |
| 112<br>--  | 47 Authority<br><input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Driver<br><input type="checkbox"/> Police                                                                                                                                                                 |    |                                 |    | 77 Authority<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Driver<br><input type="checkbox"/> Police                                                           |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127a<br>--                                 |  |                                    |  |            |
| 113<br>--  | 48 Alcohol/Drug Test<br>Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |    |                                 |    | 49 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.                         |    |                                               |    | 78 Alcohol/Drug Test<br>Given : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results : 0. % <input type="checkbox"/> Pending |    |                                    |    | 79 Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class<br>Placard No.                                                                  |                                                                      |                                                |  |                                                            |  |                                                            |  | 127b<br>--                                 |  |                                    |  |            |
| 114<br>--  |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127c<br>--                                 |  |                                    |  |            |
| 115<br>--  | 50 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                               |    |                                 |    | 51 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                 |    |                                               |    | 80 Carrier No.<br><input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                                                                                                    |    |                                    |    | 81 Commercial Vehicle Weight<br><input type="checkbox"/> < 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> > 26,001 lbs                                                          |                                                                      |                                                |  |                                                            |  |                                                            |  | 127d<br>--                                 |  |                                    |  |            |
| 116<br>02  |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127e<br>--                                 |  |                                    |  |            |
| 117<br>--  | 52 Carrier name<br>--                                                                                                                                                                                                                                                                           |    |                                 |    | 82 Carrier name<br>--                                                                                                                                                          |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127f<br>--                                 |  |                                    |  |            |
|            | Number & Street<br>--                                                                                                                                                                                                                                                                           |    |                                 |    | Number & Street<br>--                                                                                                                                                          |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127g<br>--                                 |  |                                    |  |            |
|            | City<br>--                                                                                                                                                                                                                                                                                      |    |                                 |    | State                                                                                                                                                                          |    |                                               |    | Zip<br>--                                                                                                                                                                                                                                                                            |    | City<br>--                         |    |                                                                                                                                                                                                                         |                                                                      | State                                          |  |                                                            |  | Zip<br>--                                                  |  | 127h<br>--                                 |  |                                    |  |            |
|            | 135 Damage To Other Property<br><input checked="" type="checkbox"/> Yes (If yes, describe) <input type="checkbox"/> No                                                                                                                                                                          |    |                                 |    | A BOROUGH SHADE TREE ON THE SOUTH SIDE OF NEW BRIDGE ROAD FELL ONTO V1 DUE TO INCLEMENT WEATHER. OFFICERS ON SCENE WERE ABLE TO COLLECTIVELY MOVE THE TREE OFF OF THE ROADWAY. |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  | 127i<br>03                                 |  |                                    |  |            |
|            | Oper 136 Charge<br>--                                                                                                                                                                                                                                                                           |    |                                 |    | 137 Summons No<br>--                                                                                                                                                           |    |                                               |    | Oper 138 Charge<br>--                                                                                                                                                                                                                                                                |    |                                    |    | 139 Summons No<br>--                                                                                                                                                                                                    |                                                                      |                                                |  |                                                            |  |                                                            |  | 133<br>03                                  |  |                                    |  |            |
|            | Oper 140 Charge<br>--                                                                                                                                                                                                                                                                           |    |                                 |    | 141 Summons No<br>--                                                                                                                                                           |    |                                               |    | Oper 142 Charge<br>--                                                                                                                                                                                                                                                                |    |                                    |    | 143 Summons No<br>--                                                                                                                                                                                                    |                                                                      |                                                |  |                                                            |  |                                                            |  | 134<br>--                                  |  |                                    |  |            |
|            |                                                                                                                                                                                                                                                                                                 |    |                                 |    |                                                                                                                                                                                |    |                                               |    |                                                                                                                                                                                                                                                                                      |    |                                    |    |                                                                                                                                                                                                                         |                                                                      |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |
| A          | 01                                                                                                                                                                                                                                                                                              | 01 | 01                              | 05 | 54                                                                                                                                                                             | M  | --                                            | -- | --                                                                                                                                                                                                                                                                                   | 11 | 04                                 | -- | --                                                                                                                                                                                                                      | Names & Address of Occupants - If Deceased, Date & Time of Death     |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |
| B          | 01                                                                                                                                                                                                                                                                                              | 03 | 01                              | 05 | 55                                                                                                                                                                             | F  | --                                            | -- | --                                                                                                                                                                                                                                                                                   | 11 | 04                                 | -- | --                                                                                                                                                                                                                      | ANTEBI, MICHAEL J --<br>100 RECTER CT., BERGENFIELD NJ 07621-4221    |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |
| C          | --                                                                                                                                                                                                                                                                                              | -- | --                              | -- | --                                                                                                                                                                             | -- | --                                            | -- | --                                                                                                                                                                                                                                                                                   | -- | --                                 | -- | --                                                                                                                                                                                                                      | CUCUZZA, SUSAN F --<br>546 WASHINGTON AVE # 4211, DUMONT NJ 07628-12 |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |
| D          | --                                                                                                                                                                                                                                                                                              | -- | --                              | -- | --                                                                                                                                                                             | -- | --                                            | -- | --                                                                                                                                                                                                                                                                                   | -- | --                                 | -- | --                                                                                                                                                                                                                      | -- --                                                                |                                                |  |                                                            |  |                                                            |  |                                            |  |                                    |  |            |

|   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Address of Occupants<br>If Deceased, Date & Time of |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------------|
| E | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| F | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| G | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| H | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| I | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |
| J | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- --                                                       |

144 Crash Diagram



Show North by Arrow  
(Not to Scale)



145 Crash Description

THE DRIVER OF V1 STATED HE WAS TRAVELING E/B ON NEW BRIDGE ROAD, IN THE RIGHT LANE APPROACHING THE INTERSECTION WITH LYNWOOD AVENUE. A BOROUGH SHADE TREE ON THE SOUTH SIDE OF NEW BRIDGE ROAD BECAME UPROOTED DUE TO INCLEMENT WEATHER, FALLING ONTO V1.

|                              |                                         |          |                                |                                                                                                                                                                                  |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|------------------------------|-----------------------------------------|----------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|----------------------------------------|----------------|------------|-------------------|------------|-------------|--|------------|--|------------|--|------------|--|------------|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|---------------------|--|--|--|------------------------------------------------------------------|--|--|--|---------------------------------------------|--|--|--|--|--|--|--|
| 96<br>05                     | Page: 1 Of 2                            |          | <input type="checkbox"/> Fatal |                                                                                                                                                                                  | New Jersey Police Crash Investigation Report |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  | <input checked="" type="checkbox"/> Reportable |                                                                                                | <input type="checkbox"/> Non-Reportable |                             | <input type="checkbox"/> Change Report |                |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 97<br>01                     | 1 Case Number<br>I-2022-014953          |          |                                |                                                                                                                                                                                  | 10 Crash Occured On : WILLIAM STREET         |                                          |                                               |                                                                                                                             | S                 |                            | 11 Speed Limit<br>25 |                                                                                                              | --                               |                                                                                                                                                                                  | --                                             |                                                                                                | --                                      |                             | --                                     |                | 118a<br>25 |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 98<br>01                     | 2 Police Dept. of<br>NEW MILFORD POLICE |          |                                |                                                                                                                                                                                  | Code<br>01                                   |                                          | <input type="checkbox"/> At Intersection with |                                                                                                                             | Road Name         |                            | Dir                  |                                                                                                              | 12 Route No                      |                                                                                                                                                                                  | Suffix                                         |                                                                                                | 13 Milepost                             |                             | 18 Speed Limit                         |                | 118h<br>-- |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         |          |                                |                                                                                                                                                                                  |                                              | <input checked="" type="checkbox"/> Feet |                                               | <input checked="" type="checkbox"/> N                                                                                       |                   | <input type="checkbox"/> E |                      | of : MADISON AVENUE/74                                                                                       |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         | 25                          |                                        | 119a<br>02     |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         |          |                                |                                                                                                                                                                                  |                                              | <input type="checkbox"/> Miles           |                                               | <input type="checkbox"/> S                                                                                                  |                   | <input type="checkbox"/> W |                      | 19                                                                                                           |                                  | To: 17 Cross Road Name/Route No.                                                                                                                                                 |                                                | <input type="checkbox"/> NB                                                                    |                                         | <input type="checkbox"/> EB |                                        | 119h<br>--     |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         |          |                                |                                                                                                                                                                                  |                                              | 14                                       |                                               | 16                                                                                                                          |                   |                            |                      | Ramp                                                                                                         |                                  | From: --                                                                                                                                                                         |                                                | <input type="checkbox"/> SB                                                                    |                                         | <input type="checkbox"/> WB |                                        | 119h<br>--     |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 100a<br>01                   | 4 Date of Crash<br>mm dd yy             |          | 5 Day of Week<br>Sat           |                                                                                                                                                                                  | 6 Time<br>(use 2400 hrs)                     |                                          | 7 Municipality<br>Code                        |                                                                                                                             | 8 Total<br>Killed |                            | 9 Total<br>Injured   |                                                                                                              | 21 Latitude                      |                                                                                                                                                                                  | 20 Route Name/ Route No.                       |                                                                                                | 22 Longitude                            |                             |                                        |                | 120a<br>01 |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         | 11 12 22 |                                |                                                                                                                                                                                  |                                              | 15:23                                    |                                               | 0238                                                                                                                        |                   | --                         |                      | --                                                                                                           |                                  | -- . --                                                                                                                                                                          |                                                | -- . --                                                                                        |                                         | -- . --                     |                                        |                |            | 120a<br>01        |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 100b<br>04                   | 23 Veh #                                |          | 24 Polriv Nn<br>UCA5361358     |                                                                                                                                                                                  |                                              |                                          | 25 N.I Ins Code                               |                                                                                                                             | 105               |                            | 53 Veh #             |                                                                                                              | 54 Polriv Nn<br>Y30 5744-E10-30J |                                                                                                                                                                                  |                                                |                                                                                                | 55 N.I Ins Code                         |                             |                                        |                | 962        |                   | 120h<br>-- |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         | 01       |                                | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      | 02                                                                                                           |                                  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            | 121a<br>01  |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 26 Driver's First Name       |                                         |          |                                | Initial                                                                                                                                                                          |                                              |                                          |                                               | Last Name                                                                                                                   |                   |                            |                      | 29 Sex                                                                                                       |                                  | 56 Driver's First Name                                                                                                                                                           |                                                |                                                                                                |                                         | Initial                     |                                        |                |            | Last Name         |            |             |  | 59 Sex     |  | 121h<br>-- |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                |                                                                                                                                                                                  |                                              |                                          |                                               | RAMON A QUINONES                                                                                                            |                   |                            |                      | M                                                                                                            |                                  | 56                                                                                                                                                                               |                                                |                                                                                                |                                         |                             |                                        |                |            | SUSAN G TOMOSHIGE |            |             |  | F          |  | 121h<br>-- |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 27 Number & Street           |                                         |          |                                | 176B CEDAR LANE                                                                                                                                                                  |                                              |                                          |                                               | 34 EMERALD STREET                                                                                                           |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 122<br>01  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 28 City                      |                                         |          |                                | State                                                                                                                                                                            |                                              |                                          |                                               | Zip                                                                                                                         |                   |                            |                      | 58 City                                                                                                      |                                  |                                                                                                                                                                                  |                                                | State                                                                                          |                                         |                             |                                        | Zip            |            |                   |            |             |  |            |  |            |  | 123<br>01  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 02                           |                                         |          |                                | HIGHLAND PARK                                                                                                                                                                    |                                              |                                          |                                               | NJ 08904-6004                                                                                                               |                   |                            |                      | HACKENSACK                                                                                                   |                                  |                                                                                                                                                                                  |                                                | NJ 07601-6101                                                                                  |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 123<br>01  |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 30 Eyes                      |                                         | DL Class |                                | Restrictions                                                                                                                                                                     |                                              | Endorsements                             |                                               | 31 State                                                                                                                    |                   | 60 Eyes                    |                      | DL Class                                                                                                     |                                  | Restrictions                                                                                                                                                                     |                                                | Endorsements                                                                                   |                                         | 61 State                    |                                        |                |            |                   |            | 122<br>01   |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 02                           |                                         | D        |                                | NONE                                                                                                                                                                             |                                              | NO                                       |                                               | NJ                                                                                                                          |                   | 04                         |                      | D                                                                                                            |                                  | NONE                                                                                                                                                                             |                                                | 1                                                                                              |                                         | NJ                          |                                        |                |            |                   |            | 123<br>01   |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 32 Drivers License No        |                                         |          |                                | 33 DOB                                                                                                                                                                           |                                              |                                          |                                               | 34 Expires                                                                                                                  |                   | 62 Drivers License No      |                      |                                                                                                              |                                  | 63 DOB                                                                                                                                                                           |                                                |                                                                                                |                                         | 64 Expires                  |                                        |                |            |                   |            |             |  | 124<br>11  |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 04                           |                                         |          |                                | Q91746396102952                                                                                                                                                                  |                                              |                                          |                                               | 02   15   95                                                                                                                |                   | 02   25                    |                      | T63587276756504                                                                                              |                                  |                                                                                                                                                                                  |                                                | 06   05   50                                                                                   |                                         |                             |                                        | 07   22        |            |                   |            |             |  | 125<br>11  |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 35 Owner's First Name        |                                         |          |                                | Initial                                                                                                                                                                          |                                              |                                          |                                               | Last Name                                                                                                                   |                   |                            |                      | 65 Owner's First Name                                                                                        |                                  |                                                                                                                                                                                  |                                                | Initial                                                                                        |                                         |                             |                                        | Last Name      |            |                   |            |             |  |            |  |            |  | 126a<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | <input type="checkbox"/> Same As Driver                                                                                                                                          |                                              |                                          |                                               | PAINTERS DIST COUNCIL 711                                                                                                   |                   |                            |                      | <input checked="" type="checkbox"/> Same As Driver                                                           |                                  |                                                                                                                                                                                  |                                                | SUSAN G TOMOSHIGE                                                                              |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126b<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 36 Number & Street           |                                         |          |                                | 9 FADEM RD                                                                                                                                                                       |                                              |                                          |                                               | 34 EMERALD STREET                                                                                                           |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126c<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 37 City                      |                                         |          |                                | State                                                                                                                                                                            |                                              |                                          |                                               | Zip                                                                                                                         |                   |                            |                      | 67 City                                                                                                      |                                  |                                                                                                                                                                                  |                                                | State                                                                                          |                                         |                             |                                        | Zip            |            |                   |            |             |  |            |  |            |  | 126d<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | SPRINGFIELD                                                                                                                                                                      |                                              |                                          |                                               | NJ 07081                                                                                                                    |                   |                            |                      | HACKENSACK                                                                                                   |                                  |                                                                                                                                                                                  |                                                | NJ 07601-6101                                                                                  |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126e<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 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          |            | 126h<br>--  |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 04                           |                                         | DOD      |                                | DUR                                                                                                                                                                              |                                              | SL                                       |                                               | 2021                                                                                                                        |                   | D21NEN                     |                      | NJ                                                                                                           |                                  | FOR                                                                                                                                                                              |                                                | ESC                                                                                            |                                         | RD                          |                                        | 2013           |            | L92MZH            |            | NJ          |  | 126h<br>-- |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 44 VIN                       |                                         |          |                                | 45 Expires                                                                                                                                                                       |                                              |                                          |                                               | 74 VIN                                                                                                                      |                   |                            |                      | 75 Expires                                                                                                   |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  | 126i<br>-- |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 04                           |                                         |          |                                | 1C4RDJDG9MC557311                                                                                                                                                                |                                              |                                          |                                               | 02   25                                                                                                                     |                   |                            |                      | 1FMCU9GX1DUA37402                                                                                            |                                  |                                                                                                                                                                                  |                                                | 11   21                                                                                        |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126i<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 46 Vehicle Removed To        |                                         |          |                                | 314 SECOND ST, HACKENSACK NJ 07601                                                                                                                                               |                                              |                                          |                                               | 76 Vehicle Removed To                                                                                                       |                   |                            |                      | --                                                                                                           |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126j<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                           |                                              |                                          |                                               | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded |                   |                            |                      | <input checked="" type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                   |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126j<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 47 Authority                 |                                         |          |                                | 77 Authority                                                                                                                                                                     |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126k<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                        |                                              |                                          |                                               | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                   |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126k<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 48 Alcohol/Drug Test         |                                         |          |                                | 49 Hazardous Material                                                                                                                                                            |                                              |                                          |                                               | 78 Alcohol/Drug Test                                                                                                        |                   |                            |                      | 79 Hazardous Material                                                                                        |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126l<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                     |                                              |                                          |                                               | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                              |                   |                            |                      | Given : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |                                  |                                                                                                                                                                                  |                                                | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126l<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                             |                                              |                                          |                                               | --                                                                                                                          |                   |                            |                      | Type : <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |                                  |                                                                                                                                                                                  |                                                | --                                                                                             |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126l<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | Results : 0 % <input type="checkbox"/> Pending                                                                                                                                   |                                              |                                          |                                               | Hazard Class                                                                                                                |                   |                            |                      | Placard No.                                                                                                  |                                  |                                                                                                                                                                                  |                                                | Results : 0 % <input type="checkbox"/> Pending                                                 |                                         |                             |                                        | Hazard Class   |            |                   |            | Placard No. |  |            |  |            |  | 126l<br>-- |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 50 Carrier No.               |                                         |          |                                | 51 Commercial Vehicle Weight                                                                                                                                                     |                                              |                                          |                                               | 80 Carrier No.                                                                                                              |                   |                            |                      | 81 Commercial Vehicle Weight                                                                                 |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126m<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 03                           |                                         |          |                                | <input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                                                                                                  |                                              |                                          |                                               | <input type="checkbox"/> < 10,000 lbs                                                                                       |                   |                            |                      | <input type="checkbox"/> USDOT -- <input type="checkbox"/> None                                              |                                  |                                                                                                                                                                                  |                                                | <input type="checkbox"/> < 10,000 lbs                                                          |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126m<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | <input type="checkbox"/> MC/MX --                                                                                                                                                |                                              |                                          |                                               | <input type="checkbox"/> 10,001 - 26,000 lbs                                                                                |                   |                            |                      | <input type="checkbox"/> MC/MX --                                                                            |                                  |                                                                                                                                                                                  |                                                | <input type="checkbox"/> 10,001 - 26,000 lbs                                                   |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126m<br>26 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 52 Carrier name              |                                         |          |                                | 82 Carrier name                                                                                                                                                                  |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126n<br>11 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| --                           |                                         |          |                                | --                                                                                                                                                                               |                                              |                                          |                                               | --                                                                                                                          |                   |                            |                      | --                                                                                                           |                                  |                                                                                                                                                                                  |                                                | --                                                                                             |                                         |                             |                                        | --             |            |                   |            | --          |  |            |  |            |  | 126n<br>11 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| Number & Street              |                                         |          |                                | City                                                                                                                                                                             |                                              |                                          |                                               | State                                                                                                                       |                   |                            |                      | Zip                                                                                                          |                                  |                                                                                                                                                                                  |                                                | Number & Street                                                                                |                                         |                             |                                        | City           |            |                   |            | State       |  |            |  | Zip        |  |            |  | 126n<br>11 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| --                           |                                         |          |                                | --                                                                                                                                                                               |                                              |                                          |                                               | --                                                                                                                          |                   |                            |                      | --                                                                                                           |                                  |                                                                                                                                                                                  |                                                | --                                                                                             |                                         |                             |                                        | --             |            |                   |            | --          |  |            |  | --         |  |            |  | 126n<br>11 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 135 Damage To Other Property |                                         |          |                                | <input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No                                                                                           |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  | 126n<br>11 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| Oper                         |                                         |          |                                | 136 Charge                                                                                                                                                                       |                                              |                                          |                                               | 137 Summons No                                                                                                              |                   |                            |                      | Oper                                                                                                         |                                  |                                                                                                                                                                                  |                                                | 138 Charge                                                                                     |                                         |                             |                                        | 139 Summons No |            |                   |            |             |  |            |  |            |  | 126n<br>03 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | --                                                                                                                                                                               |                                              |                                          |                                               | --                                                                                                                          |                   |                            |                      | 01                                                                                                           |                                  |                                                                                                                                                                                  |                                                | --                                                                                             |                                         |                             |                                        | --             |            |                   |            |             |  |            |  |            |  | 126n<br>03 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| Oper                         |                                         |          |                                | 140 Charge                                                                                                                                                                       |                                              |                                          |                                               | 141 Summons No                                                                                                              |                   |                            |                      | Oper                                                                                                         |                                  |                                                                                                                                                                                  |                                                | 142 Charge                                                                                     |                                         |                             |                                        | 143 Summons No |            |                   |            |             |  |            |  |            |  | 126n<br>03 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 01                           |                                         |          |                                | --                                                                                                                                                                               |                                              |                                          |                                               | --                                                                                                                          |                   |                            |                      | 01                                                                                                           |                                  |                                                                                                                                                                                  |                                                | --                                                                                             |                                         |                             |                                        | --             |            |                   |            |             |  |            |  |            |  | 126n<br>03 |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  |                                             |  |  |  |  |  |  |  |
| 83                           |                                         |          |                                | 84                                                                                                                                                                               |                                              |                                          |                                               | 85                                                                                                                          |                   |                            |                      | 86                                                                                                           |                                  |                                                                                                                                                                                  |                                                | 87                                                                                             |                                         |                             |                                        | 88             |            |                   |            | 89          |  |            |  | 90         |  |            |  | 91         |  |  |  | 92 |  |  |  | 93 |  |  |  | 94 |  |  |  | 95                  |  |  |  | Names & Address of Occupants - If Deceased, Date & Time of Death |  |  |  |                                             |  |  |  |  |  |  |  |
| A                            |                                         |          |                                | 01                                                                                                                                                                               |                                              |                                          |                                               | 01                                                                                                                          |                   |                            |                      | 05                                                                                                           |                                  |                                                                                                                                                                                  |                                                | 27                                                                                             |                                         |                             |                                        | M              |            |                   |            | --          |  |            |  | --         |  |            |  | 11         |  |  |  | 04 |  |  |  | -- |  |  |  | -- |  |  |  | QUINONES, RAMON A   |  |  |  | --                                                               |  |  |  |                                             |  |  |  |  |  |  |  |
| B                            |                                         |          |                                | 01                                                                                                                                                                               |                                              |                                          |                                               | 03                                                                                                                          |                   |                            |                      | 05                                                                                                           |                                  |                                                                                                                                                                                  |                                                | 24                                                                                             |                                         |                             |                                        | F              |            |                   |            | --          |  |            |  | --         |  |            |  | 11         |  |  |  | 04 |  |  |  | -- |  |  |  | -- |  |  |  | ALMIRON, MARIA      |  |  |  | --                                                               |  |  |  |                                             |  |  |  |  |  |  |  |
| C                            |                                         |          |                                | 01                                                                                                                                                                               |                                              |                                          |                                               | 06                                                                                                                          |                   |                            |                      | 05                                                                                                           |                                  |                                                                                                                                                                                  |                                                | 0                                                                                              |                                         |                             |                                        | M              |            |                   |            | --          |  |            |  | --         |  |            |  | 06         |  |  |  | 06 |  |  |  | -- |  |  |  | -- |  |  |  | QUINONES, SEBASTIAN |  |  |  | --                                                               |  |  |  |                                             |  |  |  |  |  |  |  |
| D                            |                                         |          |                                | 02                                                                                                                                                                               |                                              |                                          |                                               | 01                                                                                                                          |                   |                            |                      | 02                                                                                                           |                                  |                                                                                                                                                                                  |                                                | 72                                                                                             |                                         |                             |                                        | F              |            |                   |            | --          |  |            |  | --         |  |            |  | 11         |  |  |  | 04 |  |  |  | -- |  |  |  | -- |  |  |  | TOMOSHIGE, SUSAN G  |  |  |  | --                                                               |  |  |  |                                             |  |  |  |  |  |  |  |
|                              |                                         |          |                                |                                                                                                                                                                                  |                                              |                                          |                                               |                                                                                                                             |                   |                            |                      |                                                                                                              |                                  |                                                                                                                                                                                  |                                                |                                                                                                |                                         |                             |                                        |                |            |                   |            |             |  |            |  |            |  |            |  |            |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |                     |  |  |  |                                                                  |  |  |  | 34 EMERALD STREET, HACKENSACK NJ 07601-6101 |  |  |  |  |  |  |  |

|                                                               |    |    |    |    |    |    |    |    |    |    |    |    |                                            |                                                             |    |                                         |  |  |
|---------------------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|--------------------------------------------|-------------------------------------------------------------|----|-----------------------------------------|--|--|
| <b>New Jersey Police</b><br><b>Crash Investigation Report</b> |    |    |    |    |    |    |    |    |    |    |    |    | <b>Case Number</b><br><b>I-2022-014953</b> |                                                             |    | <b>PAGE</b> <u>2</u> <b>OF</b> <u>2</u> |  |  |
|                                                               | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95                                         | Names & Address of Occupants<br>If Deceased, Date & Time of |    |                                         |  |  |
| <b>E</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
| <b>F</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
| <b>G</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
| <b>H</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
| <b>I</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
| <b>J</b>                                                      | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |
|                                                               | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --                                         | --                                                          | -- | --                                      |  |  |

**144 Crash Diagram**

↑

Show North by Arrow  
(Not to Scale)

**145 Crash Description**

**DRIVER OF VEHICLE 2 STATES THAT SHE INTENDED TO REVERSE INTO THE DRIVEWAY OF 347 WILLIAM ST. SHE STATES THAT SHE BEGAN TO TURN LEFT TO BETTER POSITION HER VEHICLE AND DID NOT SEE VEHICLE 1 APPROACHING HER FROM THE NORTH WHEN HER VEHICLE STRUCK VEHICLE 1.**

**DRIVER OF VEHICLE 1 STATE THEY WERE DRIVING SOUTHBOUND WHEN VEHICLE 2 TURNED INTO THE MIDDLE OF THE ROADWAY STRIKING HIS VEHICLE.**

**NO INJURIES REPORTED BY DRIVERS OR PASSENGERS.**

**NOTHING FURTHER TO REPORT AT THIS TIME.**

|                                                                 |                             |                                              |                         |                                                                                                  |
|-----------------------------------------------------------------|-----------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------|
| 146 Officer's Signature<br><b>PATROL OFFICER RUGANI, DANIEL</b> | 147 Badge No.<br><b>208</b> | 148 Reviewed By<br><b>SERGEANT MONE, BRY</b> | Badge No.<br><b>186</b> | 149 Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-----------------------------------------------------------------|-----------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------|