

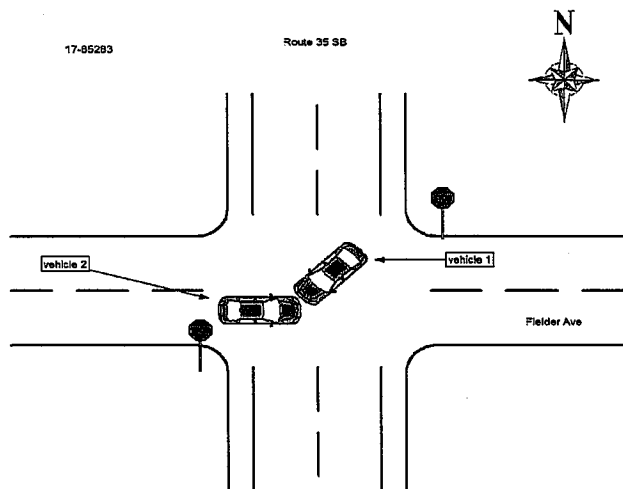
|      |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| 96   | PAGE <b>1</b> OF <b>2</b> <input type="checkbox"/> Fatal                                                                                                                         |  | <b>New Jersey Police Crash Investigation Report</b>                                                                                                                              |  | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |  |
| 05   | 1 Case Number                                                                                                                                                                    |  | 10 Crash Occurred On: <b>FIELDER AVE</b>                                                                                                                                         |  | 11 Speed Limit <b>25</b>                                                                                                      |  |
| 97   | <b>17-65283</b>                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
| 98   | 2 Police Dept of                                                                                                                                                                 |  | Road Name                                                                                                                                                                        |  | 12 Route No. Suffix 13 Milepost                                                                                               |  |
| 01   | <b>TOMS RIVER POLICE DEPT 01</b>                                                                                                                                                 |  | <input checked="" type="checkbox"/> At Intersection With <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E of: <b>ROUTE 35 SB</b>              |  | 18 Speed Limit <b>45</b>                                                                                                      |  |
| 99   | 3 Station/Precinct                                                                                                                                                               |  | <input type="checkbox"/> S <input type="checkbox"/> W                                                                                                                            |  | <input type="checkbox"/> NB <input type="checkbox"/> EB                                                                       |  |
| 02   | <b>DISTRICT ONE</b>                                                                                                                                                              |  | 14 Miles 15                                                                                                                                                                      |  | <input type="checkbox"/> SB <input type="checkbox"/> WB                                                                       |  |
| 100a | 4 Date of Crash mm dd yy                                                                                                                                                         |  | 6 Time (use 2400 hrs)                                                                                                                                                            |  | 21 Latitude                                                                                                                   |  |
| 01   | <b>11/20/17</b>                                                                                                                                                                  |  | <b>1257</b>                                                                                                                                                                      |  | <b>39.95324</b>                                                                                                               |  |
| 100b | 5 Day Of Week                                                                                                                                                                    |  | 7 Municipality Code                                                                                                                                                              |  | 22 Longitude                                                                                                                  |  |
| 04   | <b>MONDAY</b>                                                                                                                                                                    |  | <b>1507</b>                                                                                                                                                                      |  | <b>-74.07345</b>                                                                                                              |  |
| 101  | 23 Veh #                                                                                                                                                                         |  | 25 NJ Ins. Code                                                                                                                                                                  |  | 53 Veh #                                                                                                                      |  |
| 04   | <b>1</b>                                                                                                                                                                         |  | <b>182</b>                                                                                                                                                                       |  | <b>2</b>                                                                                                                      |  |
| 101  | 24 Policy No.                                                                                                                                                                    |  | 54 Policy No.                                                                                                                                                                    |  | 55 NJ Ins. Code                                                                                                               |  |
| 02   | <b>AO2 238 4717131067</b>                                                                                                                                                        |  | <b>X00 8874 F3030S</b>                                                                                                                                                           |  | <b>962</b>                                                                                                                    |  |
| 102  | <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 |  |                                                                                                                               |  |
| 02   | 26 Driver's First Name Initial Last Name                                                                                                                                         |  | 56 Driver's First Name Initial Last Name                                                                                                                                         |  | 59 Sex                                                                                                                        |  |
| 102  | <b>ANNE E COOKE</b>                                                                                                                                                              |  | <b>FREDERICK B VERSACI</b>                                                                                                                                                       |  | <b>M</b>                                                                                                                      |  |
| 103  | 27 Number & Street                                                                                                                                                               |  | 57 Number & Street                                                                                                                                                               |  |                                                                                                                               |  |
| 01   | <b>126 STOCKTON AVE POB 225</b>                                                                                                                                                  |  | <b>203 DAVAL RD</b>                                                                                                                                                              |  |                                                                                                                               |  |
| 104  | 28 City State Zip                                                                                                                                                                |  | 58 City State Zip                                                                                                                                                                |  |                                                                                                                               |  |
| 2    | <b>SEASIDE PARK NJ 08752</b>                                                                                                                                                     |  | <b>HILLSBOROUGH NJ 08844</b>                                                                                                                                                     |  |                                                                                                                               |  |
| 105  | 30 Eyes DL Class Restrictions Endorsements                                                                                                                                       |  | 60 Eyes DL Class Restrictions Endorsements                                                                                                                                       |  | 61 State                                                                                                                      |  |
| 04   | <b>03 D - - NJ</b>                                                                                                                                                               |  | <b>02 D - - NJ</b>                                                                                                                                                               |  | <b>03</b>                                                                                                                     |  |
| 106  | 32 Driver's License Number                                                                                                                                                       |  | 62 Driver's License Number                                                                                                                                                       |  | 63 DOB mm dd yyyy                                                                                                             |  |
| 04   | <b>C64850506554343</b>                                                                                                                                                           |  | <b>V27602686206682</b>                                                                                                                                                           |  | <b>06/15/1968</b>                                                                                                             |  |
| 107  | 33 DOB mm dd yyyy                                                                                                                                                                |  | 63 DOB mm dd yyyy                                                                                                                                                                |  | 64 Expires mm yy                                                                                                              |  |
| 01   | <b>04/17/1934</b>                                                                                                                                                                |  | <b>12 17</b>                                                                                                                                                                     |  | <b>07 21</b>                                                                                                                  |  |
| 108  | 34 Expires mm yy                                                                                                                                                                 |  | 64 Expires mm yy                                                                                                                                                                 |  |                                                                                                                               |  |
| 01   | <b>12 17</b>                                                                                                                                                                     |  | <b>07 21</b>                                                                                                                                                                     |  |                                                                                                                               |  |
| 109  | 35 Owner's First Name Initial Last Name                                                                                                                                          |  | 65 Owner's First Name Initial Last Name                                                                                                                                          |  |                                                                                                                               |  |
| 01   | <input type="checkbox"/> Same As Driver <b>ANNE E COOKE</b>                                                                                                                      |  | <input type="checkbox"/> Same As Driver <b>FREDERICK B VERSACI</b>                                                                                                               |  |                                                                                                                               |  |
| 110  | 36 Number & Street                                                                                                                                                               |  | 66 Number & Street                                                                                                                                                               |  |                                                                                                                               |  |
| 01   | <b>126 STOCKTON AVE POB 225</b>                                                                                                                                                  |  | <b>203 DAVAL RD</b>                                                                                                                                                              |  |                                                                                                                               |  |
| 111  | 37 City State Zip                                                                                                                                                                |  | 67 City State Zip                                                                                                                                                                |  |                                                                                                                               |  |
| 01   | <b>SEASIDE PARK NJ 08752</b>                                                                                                                                                     |  | <b>HILLSBOROUGH NJ 08844</b>                                                                                                                                                     |  |                                                                                                                               |  |
| 112  | 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   | <b>TOYO CAM RD 2012 X35CSE NJ</b>                                                                                                                                                |  | <b>INFI G25 GY 2012 B43ERE NJ</b>                                                                                                                                                |  |                                                                                                                               |  |
| 113  | 44 VIN 45 Expires                                                                                                                                                                |  | 74 VIN 75 Expires                                                                                                                                                                |  |                                                                                                                               |  |
| 01   | <b>4T4BF1FK6CR262027 11 18</b>                                                                                                                                                   |  | <b>JN1DV6AR0CM861729 09 18</b>                                                                                                                                                   |  |                                                                                                                               |  |
| 114  | 46 Vehicle Removed To                                                                                                                                                            |  | 76 Vehicle Removed To                                                                                                                                                            |  |                                                                                                                               |  |
| 01   | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
| 115  | <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                                           |  |                                                                                                                               |  |
| 04   | <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                                                  |  | <input type="checkbox"/> Left At Scene <input type="checkbox"/> Towed Impounded                                                                                                  |  |                                                                                                                               |  |
| 116  | 47 Authority                                                                                                                                                                     |  | 77 Authority                                                                                                                                                                     |  |                                                                                                                               |  |
| 02   | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                        |  | <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                   |  |                                                                                                                               |  |
|      | 48 Alcohol/Drug Test                                                                                                                                                             |  | 78 Alcohol/Drug Test                                                                                                                                                             |  |                                                                                                                               |  |
|      | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                      |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                      |  |                                                                                                                               |  |
|      | 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                                                                                                                                 |  | Results: 0. - % <input type="checkbox"/> Pending                                                                                                                                 |  |                                                                                                                               |  |
|      | 49 Hazardous Material                                                                                                                                                            |  | 79 Hazardous Material                                                                                                                                                            |  |                                                                                                                               |  |
|      | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                        |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                                                                        |  |                                                                                                                               |  |
|      | Hazard Class Placard No.                                                                                                                                                         |  | Hazard Class Placard No.                                                                                                                                                         |  |                                                                                                                               |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
|      | 50 Carrier No.                                                                                                                                                                   |  | 80 Carrier No.                                                                                                                                                                   |  |                                                                                                                               |  |
|      | <input type="checkbox"/> USDOT <input type="checkbox"/> None                                                                                                                     |  | <input type="checkbox"/> USDOT <input type="checkbox"/> None                                                                                                                     |  |                                                                                                                               |  |
|      | <input type="checkbox"/> MC/MX <input type="checkbox"/> None                                                                                                                     |  | <input type="checkbox"/> MC/MX <input type="checkbox"/> None                                                                                                                     |  |                                                                                                                               |  |
|      | 51 GVWR/GCWR                                                                                                                                                                     |  | 81 GVWR/GCWR                                                                                                                                                                     |  |                                                                                                                               |  |
|      | <input type="checkbox"/> Weight <= 10,000 lbs                                                                                                                                    |  | <input type="checkbox"/> Weight <= 10,000 lbs                                                                                                                                    |  |                                                                                                                               |  |
|      | <input type="checkbox"/> Weight 10,001-26,000 lbs                                                                                                                                |  | <input type="checkbox"/> Weight 10,001-26,000 lbs                                                                                                                                |  |                                                                                                                               |  |
|      | <input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                                    |  | <input type="checkbox"/> Weight >= 26,001 lbs                                                                                                                                    |  |                                                                                                                               |  |
|      | 52 Motor Carrier or Government Entity                                                                                                                                            |  | 82 Motor Carrier or Government Entity                                                                                                                                            |  |                                                                                                                               |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
|      | Number & Street                                                                                                                                                                  |  | Number & Street                                                                                                                                                                  |  |                                                                                                                               |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
|      | City State Zip                                                                                                                                                                   |  | City State Zip                                                                                                                                                                   |  |                                                                                                                               |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
|      | 135 Damage To Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                              |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
|      |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
|      | Oper. 136 Charge                                                                                                                                                                 |  | Oper. 137 Summons. No.                                                                                                                                                           |  | Oper. 138 Charge                                                                                                              |  |
|      | <b>1 -</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  | <b>2 -</b>                                                                                                                    |  |
|      | Oper. 140 Charge                                                                                                                                                                 |  | Oper. 141 Summons. No.                                                                                                                                                           |  | Oper. 142 Charge                                                                                                              |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                    |  |
|      | 139 Summons. No.                                                                                                                                                                 |  | 143 Summons. No.                                                                                                                                                                 |  |                                                                                                                               |  |
|      | <b>---</b>                                                                                                                                                                       |  | <b>---</b>                                                                                                                                                                       |  |                                                                                                                               |  |
|      | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                                                                                           |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                                               |  |                                                                                                                               |  |
|      | <b>1 01 - - 83 F - - 04 04 - -</b>                                                                                                                                               |  | <b>ANNE E COOKE</b>                                                                                                                                                              |  | <b>-</b>                                                                                                                      |  |
|      | <b>2 01 - - 49 M - - 04 04 - -</b>                                                                                                                                               |  | <b>126 STOCKTON AVE POB SEASIDE PARK NJ 08752</b>                                                                                                                                |  | <b>-- --</b>                                                                                                                  |  |
|      |                                                                                                                                                                                  |  | <b>FREDERICK B VERSACI</b>                                                                                                                                                       |  | <b>-</b>                                                                                                                      |  |
|      |                                                                                                                                                                                  |  | <b>203 DAVAL RD HILLSBOROUGH NJ 08844</b>                                                                                                                                        |  | <b>-- --</b>                                                                                                                  |  |
|      |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
|      |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |
|      |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                               |  |

New Jersey Police  
Crash Investigation ReportPolice Dept: TOMS RIVER POLICE DEPT Code: 01  
Station: DISTRICT ONE Case No: 17-65283

(Refer to vehicle by number)

|   | Veh<br>Occ | Pos<br>In/On | Eject | Phys<br>Cond | Age | Sex | Loc<br>Inj | Type<br>Inj | Ref<br>Med | Equip<br>Avail | Equip<br>Used | Bag<br>Dept | Hosp<br>Code | Names & Addresses of Occupants - If Deceased, Date & Time of Death |
|---|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
| A | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| I |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| N |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| O |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| D |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| J |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was stopped on Fielder Ave westbound at Rt35. Vehicle 2 was stopped eastbound on Fielder Ave at Rt 35. Both vehicle proceeded to cross Rt 35 at the same time. As vehicle 2 travelled straight across Rt 35 it was struck by Vehicle 1 which attempted to turn left onto Rt 35 southbound. Driver 2 stated that she didn't see the other car and she turned right into him. No injuries reported, both vehicles driven from the scene.

146 Officer's Signature  
**LEIGHTON, C.**147 Badge #  
**0253**148 Reviewer  
**EJB**Badge #  
**1284**149 Case Status  
☐ Pending ☒ Complete