

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

05	1 Case Number 17-65285		2 Police Dept of TOMS RIVER POLICE DEPT		Code 01		3 Station/Precinct DISTRICT ONE		4 Date of Crash mm dd yy 11/20/17		5 Day Of Week MONDAY		6 Time (use 2400 hrs) 1216		7 Municipality Code 1507		8 Total Killed --		9 Total Injured --		11 Speed Limit -		12 Route No. -		13 Milepost -		18 Speed Limit -		10 Crash Occurred On: 2190 ROUTE 9		14 -		15 -		16 -		17 Cross Road Name -		19 Ramp -		20 Route/Name 40.034540		22 Longitude -74.224030		23 Veh # 1		24 Policy No. SNJ00048658057		25 NJ Ins. Code 038		53 Veh # 2		54 Policy No. F105889-0		55 NJ Ins. Code 426		56 Driver's First Name JOSEPH		Initial O		Last Name MOABA		29 Sex M		57 Number & Street 82 SPRING STREET APT 1		58 City BLOOMFIELD		State NJ		Zip 07003		60 Eyes 06		DL Class D		Restrictions -		Endorsements -		31 State NJ		62 Driver's License Number M60014107608616		63 DOB mm dd yyyy 08/05/1961		64 Expires mm yy 10 20		65 Owner's First Name JOHN		Initial P		Last Name STERNIK		66 Number & Street 10 LYNN DRIVE		67 City TOMS RIVER		State NJ		Zip 08753		68 Make GMC		69 Model SRA		70 Color BK		71 Year 2015		72 Plate No. F94FTY		73 State NJ		74 VIN 3GTU2UECXFG271366		75 Expires 11 19		76 Vehicle Removed To -		77 Authority -		78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending		79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -		80 Carrier No. ☐ USDOT - ☒ None		81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		82 Motor Carrier or Government Entity -		83 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No		131 06		132 06		133 02		134 02		135 02		136 06		137 02		138 02		139 02		140 02		141 02		142 02		143 02		144 02		145 02		146 02		147 02		148 02		149 02		150 02		151 02		152 02		153 02		154 02		155 02		156 02		157 02		158 02		159 02		160 02		161 02		162 02		163 02		164 02		165 02		166 02		167 02		168 02		169 02		170 02		171 02		172 02		173 02		174 02		175 02		176 02		177 02		178 02		179 02		180 02		181 02		182 02		183 02		184 02		185 02		186 02		187 02		188 02		189 02		190 02		191 02		192 02		193 02		194 02		195 02		196 02		197 02		198 02		199 02		200 02		201 02		202 02		203 02		204 02		205 02		206 02		207 02		208 02		209 02		210 02		211 02		212 02		213 02		214 02		215 02		216 02		217 02		218 02		219 02		220 02		221 02		222 02		223 02		224 02		225 02		226 02		227 02		228 02		229 02		230 02		231 02		232 02		233 02		234 02		235 02		236 02		237 02		238 02		239 02		240 02		241 02		242 02		243 02		244 02		245 02		246 02		247 02		248 02		249 02		250 02		251 02		252 02		253 02		254 02		255 02		256 02		257 02		258 02		259 02		260	
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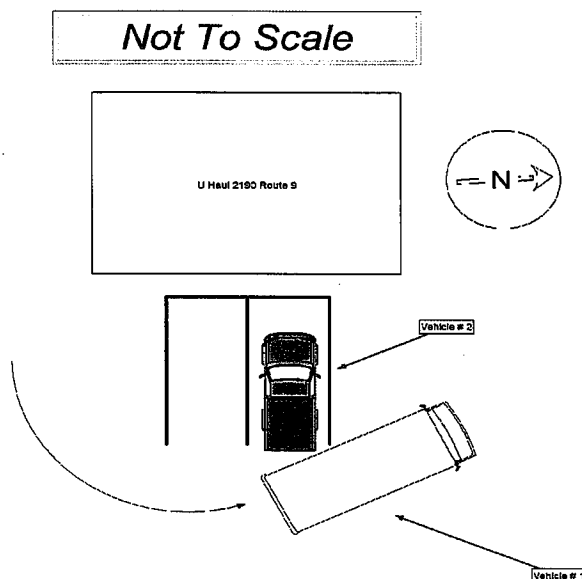
**New Jersey Police
Crash Investigation Report**

Police Dept: **TOMS RIVER POLICE DEPT** Code: **01**
 Station: **DISTRICT ONE** Case No: **17-65285**

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Veh # 2 was parked & occupied, facing west on the property of U-Haul, 2190 Route 9. Veh # 1 was attempting to turn left while in front of the building. While attempting to turn, Veh # 1 impacted Veh # 2 causing minor damage to both vehicles. Box 118a - Veh # 1 driver failed to take precautions to avoid a traffic collision. Box 24 and 25 - Veh # 1 driver privately insured the rented vehicle through his own policy which is identified above. U-Haul insurance is identified as Self Insured S012 Expiration 06-30-18.

146 Officer's Signature

WESTFALL, R.

147 Badge #

0306

148 Reviewer

EJB

Badge #

1284

149 Case Status

☐ Pending ☒ Complete