

|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|---------------|--|-------------|--|------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------|--|-----------|--|------|--|--------------------------------|--|-----------------------------------|--|
| 96   | Page 1 of 3                                                                                                                                                                                  |  | <input type="checkbox"/> Fatal                                                                            |  | New Jersey Police Crash Investigation Report                                                                                           |  |                             |  |               |  |             |  |                        |  | <input type="checkbox"/> Reportable                                                                                                                                                          |  | <input checked="" type="checkbox"/> Non-Reportable    |  | <input type="checkbox"/> Change Report                                                                                      |  | 118a          |  |           |  |      |  |                                |  |                                   |  |
| 05   | 1. Case Number                                                                                                                                                                               |  | 2018-00035596                                                                                             |  | 10. Crash Occurred On: 425 JACK MARTIN BLVD                                                                                            |  |                             |  |               |  |             |  |                        |  | 11. Speed Limit                                                                                                                                                                              |  | 12. Route No.                                         |  | 13. Milepost                                                                                                                |  | 10            |  |           |  |      |  |                                |  |                                   |  |
| 97   | 2. Police Dept. of                                                                                                                                                                           |  | Code                                                                                                      |  | Road Name                                                                                                                              |  |                             |  |               |  |             |  |                        |  | Dir                                                                                                                                                                                          |  | 18. Speed Limit                                       |  | 19. To: 17. Cross Road Name/Route No.                                                                                       |  | 118b          |  |           |  |      |  |                                |  |                                   |  |
| 01   | Brick Police                                                                                                                                                                                 |  | 01                                                                                                        |  | At Intersection with                                                                                                                   |  |                             |  |               |  |             |  |                        |  | <input type="checkbox"/> N <input type="checkbox"/> E                                                                                                                                        |  | <input type="checkbox"/> S <input type="checkbox"/> W |  | 20. Route Name/Route No.                                                                                                    |  | 02            |  |           |  |      |  |                                |  |                                   |  |
| 98   | 3. Station/Precinct                                                                                                                                                                          |  |                                                                                                           |  | 14. 15. 16.                                                                                                                            |  |                             |  |               |  |             |  |                        |  | 19. Ramp                                                                                                                                                                                     |  | 21. Latitude                                          |  | 22. Longitude                                                                                                               |  | 119a          |  |           |  |      |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  | 25            |  |           |  |      |  |                                |  |                                   |  |
| 99   | 4. Date of Crash                                                                                                                                                                             |  | 5. Day of Week                                                                                            |  | 6. Time (use 2400 hrs.)                                                                                                                |  |                             |  |               |  |             |  |                        |  | 7. Municipality Code                                                                                                                                                                         |  | 8. Total Killed                                       |  | 9. Total Injured                                                                                                            |  | 119b          |  |           |  |      |  |                                |  |                                   |  |
| 09   | mm dd yy                                                                                                                                                                                     |  | Su M Tu W                                                                                                 |  | mm dd yy                                                                                                                               |  |                             |  |               |  |             |  |                        |  | 1 5 0 6                                                                                                                                                                                      |  | 1 5 0 6                                               |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 100a | 0 6 1 4 1 8                                                                                                                                                                                  |  | F Sa                                                                                                      |  | 1 5 0 6                                                                                                                                |  |                             |  |               |  |             |  |                        |  | 1 5 0 6                                                                                                                                                                                      |  |                                                       |  |                                                                                                                             |  | 120a          |  |           |  |      |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  | 00            |  |           |  |      |  |                                |  |                                   |  |
| 100b | 23. Veh. #                                                                                                                                                                                   |  | 24. Policy No.                                                                                            |  | 25. NJ Ins. Code                                                                                                                       |  |                             |  |               |  |             |  |                        |  | 53. Veh. #                                                                                                                                                                                   |  | 54. Policy No.                                        |  | 55. NJ Ins. Code                                                                                                            |  | 120b          |  |           |  |      |  |                                |  |                                   |  |
| 04   | 01                                                                                                                                                                                           |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  | 02                                                                                                                                                                                           |  | 0495068-F02-30H                                       |  | 962                                                                                                                         |  |               |  |           |  |      |  |                                |  |                                   |  |
| 101  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input checked="" type="checkbox"/> Hit & Run |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  | <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          |  |           |  |      |  |                                |  |                                   |  |
| 01   | 26. Driver's First Name                                                                                                                                                                      |  | Initial Last Name                                                                                         |  | 29. Sex                                                                                                                                |  |                             |  |               |  |             |  |                        |  | 56. Driver's First Name                                                                                                                                                                      |  | Initial Last Name                                     |  | 59. Sex                                                                                                                     |  |               |  |           |  |      |  |                                |  |                                   |  |
| 102  |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  | 121b          |  |           |  |      |  |                                |  |                                   |  |
| 103  | 27. Number & Street                                                                                                                                                                          |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  | 57. Number & Street                                                                                                                                                                          |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 104  | 28. City                                                                                                                                                                                     |  | State Zip                                                                                                 |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  | 58. City                                                                                                                                                                                     |  | State Zip                                             |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 02   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 105  | 30. Eyes                                                                                                                                                                                     |  | DL Class                                                                                                  |  | Restrictions                                                                                                                           |  | Endorsements                |  | 31. State     |  | 60. Eyes    |  | DL Class               |  | Restrictions                                                                                                                                                                                 |  | Endorsements                                          |  | 61. State                                                                                                                   |  | 122           |  |           |  |      |  |                                |  |                                   |  |
| 08   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  | 13            |  |           |  |      |  |                                |  |                                   |  |
|      | 32. Driver's License Number                                                                                                                                                                  |  | 33. DOB                                                                                                   |  | 34. Expires                                                                                                                            |  | 62. Driver's License Number |  | 63. DOB       |  | 64. Expires |  | 65. Owner's First Name |  | Initial Last Name                                                                                                                                                                            |  | 66. Number & Street                                   |  | 67. City                                                                                                                    |  | 123           |  |           |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  | mm dd yy                                                                                                  |  | mm yy                                                                                                                                  |  |                             |  | mm dd yy      |  | mm yy       |  |                        |  |                                                                                                                                                                                              |  | 208 CANDLEWICK LN                                     |  | BRIDGEWATER NJ 08807                                                                                                        |  | 10            |  |           |  |      |  |                                |  |                                   |  |
|      | 35. Owner's First Name                                                                                                                                                                       |  | Initial Last Name                                                                                         |  | 65. Owner's First Name                                                                                                                 |  |                             |  |               |  |             |  |                        |  | Initial Last Name                                                                                                                                                                            |  | 66. Number & Street                                   |  | 67. City                                                                                                                    |  | State Zip     |  | 124       |  |      |  |                                |  |                                   |  |
|      | <input type="checkbox"/> Same as Driver                                                                                                                                                      |  |                                                                                                           |  | <input type="checkbox"/> Same as Driver                                                                                                |  |                             |  |               |  |             |  |                        |  | ANDREW J REPAK                                                                                                                                                                               |  | 208 CANDLEWICK LN                                     |  | BRIDGEWATER NJ 08807                                                                                                        |  | 11            |  |           |  |      |  |                                |  |                                   |  |
|      | 36. Number & Street                                                                                                                                                                          |  |                                                                                                           |  | 66. Number & Street                                                                                                                    |  |                             |  |               |  |             |  |                        |  | 208 CANDLEWICK LN                                                                                                                                                                            |  | BRIDGEWATER NJ 08807                                  |  |                                                                                                                             |  | 125           |  |           |  |      |  |                                |  |                                   |  |
|      | 37. City                                                                                                                                                                                     |  | State Zip                                                                                                 |  | 67. City                                                                                                                               |  |                             |  |               |  |             |  |                        |  | BRIDGEWATER NJ 08807                                                                                                                                                                         |  |                                                       |  |                                                                                                                             |  | 126a          |  |           |  |      |  |                                |  |                                   |  |
| 00   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  | 28            |  |           |  |      |  |                                |  |                                   |  |
| 109  | 38. Make                                                                                                                                                                                     |  | 39. Model                                                                                                 |  | 40. Color                                                                                                                              |  | 41. Year                    |  | 42. Plate No. |  | 43. State   |  | 68. Make               |  | 69. Model                                                                                                                                                                                    |  | 70. Color                                             |  | 71. Year                                                                                                                    |  | 72. Plate No. |  | 73. State |  | 126b |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  | Lincoln                |  | MKZ                                                                                                                                                                                          |  | BK                                                    |  | 2014                                                                                                                        |  | L44HHY        |  | NJ        |  |      |  |                                |  |                                   |  |
| 110  | 44. VIN                                                                                                                                                                                      |  | 45. Expires                                                                                               |  | 74. VIN                                                                                                                                |  |                             |  |               |  |             |  |                        |  | 75. Expires                                                                                                                                                                                  |  | 3 L N 6 L 2 L U 8 E R 8 1 0 9 8 9                     |  | 12/18                                                                                                                       |  |               |  | 126c      |  |      |  |                                |  |                                   |  |
| 00   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 126d      |  |      |  |                                |  |                                   |  |
| 111  | 46. Vehicle Removed to:                                                                                                                                                                      |  |                                                                                                           |  | 76. Vehicle Removed to:                                                                                                                |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 126e      |  |      |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 28        |  |      |  |                                |  |                                   |  |
| 112  | <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 |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 127a      |  |      |  |                                |  |                                   |  |
| 00   | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                                                              |  |                                                                                                           |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 26        |  |      |  |                                |  |                                   |  |
| 113  | 47. Authority                                                                                                                                                                                |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |  | 77. Authority                                                                                                                          |  |                             |  |               |  |             |  |                        |  | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                    |  |                                                       |  |                                                                                                                             |  |               |  | 127b      |  |      |  |                                |  |                                   |  |
|      | 48. Alcohol Drug Test                                                                                                                                                                        |  | Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused          |  | 49. Hazardous Material                                                                                                                 |  |                             |  |               |  |             |  |                        |  | Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                                             |  | 79. Hazardous Material                                |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                   |  |               |  | 127c      |  |      |  |                                |  |                                   |  |
|      | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                                          |  |                                                                                                           |  | <input checked="" 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                                                                                          |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
|      | Results: 0.00 % <input type="checkbox"/> Pending                                                                                                                                             |  |                                                                                                           |  | Hazard Class                                                                                                                           |  |                             |  |               |  |             |  |                        |  | Results: 0.00 % <input type="checkbox"/> Pending                                                                                                                                             |  | Hazard Class                                          |  | Placard No.                                                                                                                 |  |               |  | 127d      |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| 116  | 50. Carrier No.                                                                                                                                                                              |  | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                   |  | 51. GVWR / GCWR (trucks & buses only)                                                                                                  |  |                             |  |               |  |             |  |                        |  | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                      |  | 81. GVWR / GCWR (trucks & buses only)                 |  | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. |  |               |  | 127e      |  |      |  |                                |  |                                   |  |
| 01   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 26        |  |      |  |                                |  |                                   |  |
| 117  | 52. Motor Carrier or Government Entity                                                                                                                                                       |  |                                                                                                           |  | 82. Motor Carrier or Government Entity                                                                                                 |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 128       |  |      |  |                                |  |                                   |  |
| 04   |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 28        |  |      |  |                                |  |                                   |  |
|      | Number & Street                                                                                                                                                                              |  |                                                                                                           |  | Number & Street                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 129       |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 00        |  |      |  |                                |  |                                   |  |
|      | City                                                                                                                                                                                         |  | State Zip                                                                                                 |  | City                                                                                                                                   |  |                             |  |               |  |             |  |                        |  | State Zip                                                                                                                                                                                    |  |                                                       |  |                                                                                                                             |  |               |  | 130       |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 00        |  |      |  |                                |  |                                   |  |
|      | 135. Damage to Other Property                                                                                                                                                                |  | <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                    |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 131       |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 06        |  |      |  |                                |  |                                   |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  | 06        |  |      |  |                                |  |                                   |  |
|      | Oper.                                                                                                                                                                                        |  | 136. Charge                                                                                               |  | 137. Summons No.                                                                                                                       |  |                             |  |               |  |             |  |                        |  | Oper.                                                                                                                                                                                        |  | 138. Charge                                           |  | 139. Summons No.                                                                                                            |  |               |  |           |  |      |  |                                |  | 133                               |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  | 00                                |  |
|      | Oper.                                                                                                                                                                                        |  | 140. Charge                                                                                               |  | 141. Summons No.                                                                                                                       |  |                             |  |               |  |             |  |                        |  | Oper.                                                                                                                                                                                        |  | 142. Charge                                           |  | 143. Summons No.                                                                                                            |  |               |  |           |  |      |  |                                |  | 134                               |  |
|      |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  | 02                                |  |
|      | 83                                                                                                                                                                                           |  | 84                                                                                                        |  | 85                                                                                                                                     |  | 86                          |  | 87            |  | 88          |  | 89                     |  | 90                                                                                                                                                                                           |  | 91                                                    |  | 92                                                                                                                          |  | 93            |  | 94        |  | 95   |  | Names & Addresses of Occupants |  | If Deceased, Date & Time of Death |  |
| A    | 01                                                                                                                                                                                           |  | 01                                                                                                        |  | 01                                                                                                                                     |  | 00                          |  | 0             |  | 00          |  | 00                     |  | 00                                                                                                                                                                                           |  | —                                                     |  | 00                                                                                                                          |  | 00            |  | 00        |  | —    |  | Hit & Run                      |  | 0                                 |  |
| B    |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| C    |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |
| D    |                                                                                                                                                                                              |  |                                                                                                           |  |                                                                                                                                        |  |                             |  |               |  |             |  |                        |  |                                                                                                                                                                                              |  |                                                       |  |                                                                                                                             |  |               |  |           |  |      |  |                                |  |                                   |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2018-00035596 |    |                                                                                | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                                |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Investigation at the scene indicated the following: Vehicle 2 faced west while parked (unoccupied) in the parking garage located at 425 Jack Martin Boulevard. The rear passenger side bumper was struck by another vehicle which left light colored transfer marks. The damage was consistent with another vehicle backing into the parked vehicle.

I spoke to the owner of vehicle 2 and he stated the following:

The owner parked his vehicle in the parking garage at approximately 0700 hours today and did not notice any damage the rear bumper of the vehicle. When he returned to his vehicle at 1506 hours, he saw damage to the vehicle. The owner spoke to the Hospital's security who told him there are no surveillance cameras pointing in the area of his vehicle.

I checked the surrounding area and did not locate a vehicle with damage that would be consistent with the accident.

|                                         |                     |                                |                |                                                                                                   |
|-----------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Ryan G Wynn | 147. Badge #<br>261 | 148. Reviewer<br>James J Kelly | Badge #<br>233 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-----------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

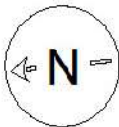
New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:        Case No: 2018-00035596

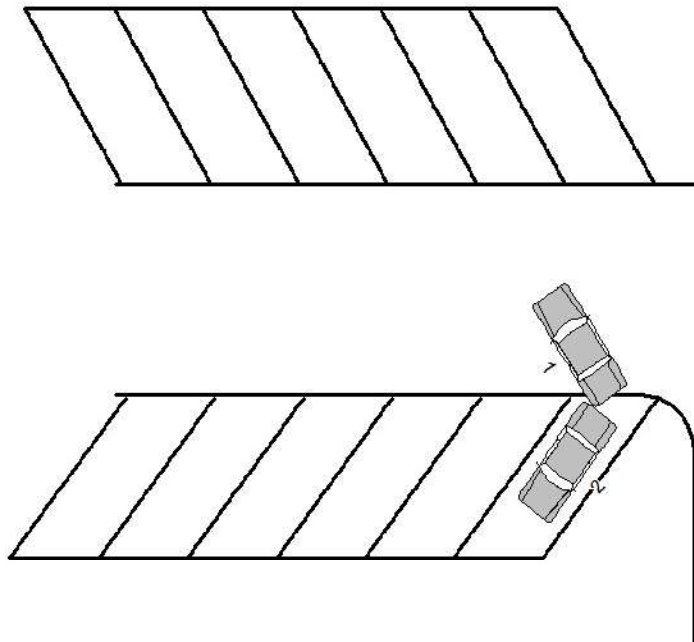
144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North

Parking Garage  
425 Jack Martin Boulevard



*NOT TO SCALE*



Ryan G Wynn

Officer's Signature

261

Badge Number