Page 1 of 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 2011-00015204

2 Police Dept of: NJ0150600 Code: 1

3 Station/Precinct: —

10 Crash Occurred On: MANTOLOKING RD Dir: W Road Name

11 Speed Limit: 4 0

12 Route No.: 528 Suffix: - 13 Milepost: - - - . - -

18 Speed Limit: - -

☒ At Intersection with ☐ Feet ☐ Miles (14 15)

☐ N ☐ E ☐ S ☐ W of: — HOOPER AVE

16

19 ☒ To: Ramp ☐ From: 17 Cross Road Name: 631 / HOOPER AVE.

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash mm dd yy: 03 20 11

5 Day of Week: (Su) M Tu W Th F Sa

6 Time (use 2400 hrs): 1357

7 Municipality Code: 1506

8 Total Killed: 0

9 Total Injured: 0

21 Latitude: - - . - - - - -

22 Longitude: - - . - - - - -

Vehicle 1

23 Veh No: 01 24 Policy No.: F594789-0 25 Ins Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name: George Initial: C Last Name: Clarke 29 Sex: M

27 Number and Street: 231 GULL LN 30 Eyes: 4

28 City: Toms River State: NJ Zip: 08753

31 State: NJ 32 Drivers License No: C5087 27863 33 DOB mm dd yy: 06 04 1960 34 Expires mm yy: 02 13

0 6 6 0 4

35 Owner's First Name: ☒ Same As Driver George Initial: C Last Name: Clarke

36 Number and Street: 231 GULL LN

37 City: Toms River State: NJ Zip: 08753

38 Make: FORD 39 Model: F-150 40 Color: Silve 41 Year: 2009 42 Plate No.: LE38RR 43 State: NJ

44 VIN: 1FTRX14839FB01990 45 Expires: 10 11

46 Vehicle Removed To: Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled: Driven Away

47 Authority: ☐ Owner ☒ Driver ☐ Police

Vehicle 2

53 Veh No: 02 54 Policy No.: F138150 55 Ins Code: 862

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

56 Driver's First Name: Jamie Initial: L Last Name: Raymundo 59 Sex: F

57 Number and Street: 65 SCHINDLER DR 60 Eyes: 2

58 City: BRICK TOWNSHIP State: NJ Zip: 08723

61 State: NJ 62 Drivers License No: R0966 38473 63 DOB mm dd yy: 02 10 1988 64 Expires mm yy: 05 21

52882

65 Owner's First Name: ☒ Same As Driver Jamie Initial: L Last Name: Raymundo

66 Number and Street: 65 SCHINDLER DR

67 City: BRICK TOWNSHIP State: NJ Zip: 08723

68 Make: TOYOTA 69 Model: Yaris 70 Color: Black 71 Year: 2007 72 Plate No.: VUL98A 73 State: NJ

74 VIN: JTDBT923371139183 75 Expires: 05 11

76 Vehicle Removed To: Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled: Driven Away

77 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- - % ☐ Pending

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- - % ☐ Pending

49 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No.: —

79 Hazardous Material: On Board ☐ Spill ☐ Name or Placard No.: —

50 Carrier No. ☐ USDOT ☒ Other *

80 Carrier No. ☐ USDOT ☒ Other *

51 Commercial Vehicl e Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

81 Commercial Vehicl e Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name: —

82 Carrier name: —

134 Crash Diagram (NOT TO SCALE)

Indicate North

SEE DIAGRAM PAGE

135 Crash Description

SEE NARRATIVE

136 Damage To Other Property: None

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☐ Multiple Charges	140 Summons No.
—	—		—	—	—		—

141 Officer's Signature: Tara A Schinder 142 Badge No.: 0208 143 Reviewed By: Thomas F Sin Badge No.: 0161 144 Case Status: ☐ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	04	50	M	06	08	—	09	04			George C Clarke 231 GULL LN Toms River NJ 08753
B	2	01	01	-	23	F	—		—	09	04			Jamie L Raymundo 65 SCHINDLER DR BRICK TOWNSHIP NJ 08723
C	2	03	01	-	23	F	—		—	09	04			Vanessa M Raymun 1309 FELLOWSHIP CT Toms River NJ 08753
D	2	04	01	-	—	M	—		—	05	05			Connor C Lockin 42 SCHINDLER DR Brick Township NJ 08723
E	2	06	01	-	—	F	—		—	05	05			Taliah R Iasillo 9 SCHINDLER DR BRICK TOWNSHIP NJ 08723

Page 2 of 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 2011-00015204

2 Police Dept of ____ Code ____

3 Station/Precinct ____

4 Date of Crash mm dd yy ____

5 Day of Week: Su M Tu W Th F Sa

6 Time (use 2400 hrs) ____

7 Municipality Code ____

8 Total Killed ____

9 Total Injured ____

10 Crash Occurred On: ____ 11 Speed Limit ____

☐ At Intersection with Road Name ____ Dir ____

☐ Feet ☐ Miles 14 15

☐ N ☐ E ☐ S ☐ W of: 16

12 Route No. ____ Suffix ____ 13 Milepost ____

18 Speed Limit ____

17 Cross Road Name ____

19 ☐ To: Ramp ☐ From: ____ 20 Route/Name ____

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude ____ 22 Longitude ____

Vehicle 1

23 Veh No: 03

24 Policy No. ____ 25 Ins Code ____

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name: George Initial: C Last Name: Clarke 29 Sex ____

27 Number and Street ____ 30 Eyes ____

28 City ____ State ____ Zip ____

31 State ____ 32 Drivers License No ____ 33 DOB mm dd yy ____ 34 Expires mm yy ____

35 Owner's First Name ____ Initial ____ Last Name ____

☐ Same As Driver

36 Number and Street ____

37 City ____ State ____ Zip ____

38 Make ____ 39 Model ____ 40 Color ____ 41 Year ____ 42 Plate No. ____ 43 State ____

44 VIN ____ 45 Expires ____

46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

47 Authority ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0.__ __ % ☐ Pending

49 Hazardous Material ☐ On Board ☐ Spill Name or Placard No. ____

50 Carrier No. ☐ USDOT ☒ Other * ____

51 Commercial Vehicl e Weight

☐ ≤ 10,000 lbs

☐ 10,001 - 26,000 lbs

☐ ≥ 26,001 lbs

52 Carrier name ____

Vehicle 2

53 Veh No: 04

54 Policy No. ____ 55 Ins Code ____

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

56 Driver's First Name: Jamie Initial: L Last Name: Raymundo 59 Sex ____

57 Number and Street ____ 60 Eyes ____

58 City ____ State ____ Zip ____

61 State ____ 62 Drivers License No ____ 63 DOB mm dd yy ____ 64 Expires mm yy ____

65 Owner's First Name ____ Initial ____ Last Name ____

☐ Same As Driver

66 Number and Street ____

67 City ____ State ____ Zip ____

68 Make ____ 69 Model ____ 70 Color ____ 71 Year ____ 72 Plate No. ____ 73 State ____

74 VIN ____ 75 Expires ____

76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled

77 Authority ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0.__ __ % ☐ Pending

79 Hazardous Material ☐ On Board ☐ Spill Name or Placard No. ____

80 Carrier No. ☐ USDOT ☒ Other * ____

81 Commercial Vehicl e Weight

☐ ≤ 10,000 lbs

☐ 10,001 - 26,000 lbs

☐ ≥ 26,001 lbs

82 Carrier name ____

134 Crash Diagram (NOT TO SCALE)

Indicate North

135 Crash Description

136 Damage To Other Property

Oper. ____ 137 Charge ____ ☐ Multiple Charges 138 Summons No. ____

Oper. ____ 139 Charge ____ ☐ Multiple Charges 140 Summons No. ____

141 Officer's Signature: Tara A Schinder

142 Badge No.: 0208

143 Reviewed By: Thomas F Sin Badge No.: 0161

144 Case Status ☐ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														
E														

New Jersey Police Crash Investigation Report	Police Dept: NJ0150600 Code: 1
Motor Vehicle Crash Description	Station: — Case No: 2011-00015204

(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 Depl	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	A	3		—		—	—	—	—	—	—	—	—	—	George C Clarke ---- ---- ----
	B	4		—		—	—	—	—	—	—	—	—	—	Jamie L Raymundo ---- ---- ----
	C	—	—	—	—	—	—	—	—	—	—	—	—	—	---- ---- ----
	D	—	—	—	—	—	—	—	—	—	—	—	—	—	---- ---- ----
	E	—	—	—	—	—	—	—	—	—	—	—	—	—	---- ---- ----

135 Crash Description

-This purpose of this change is to indicate that Driver #1 had complaint of pain to his back but refused first aid.

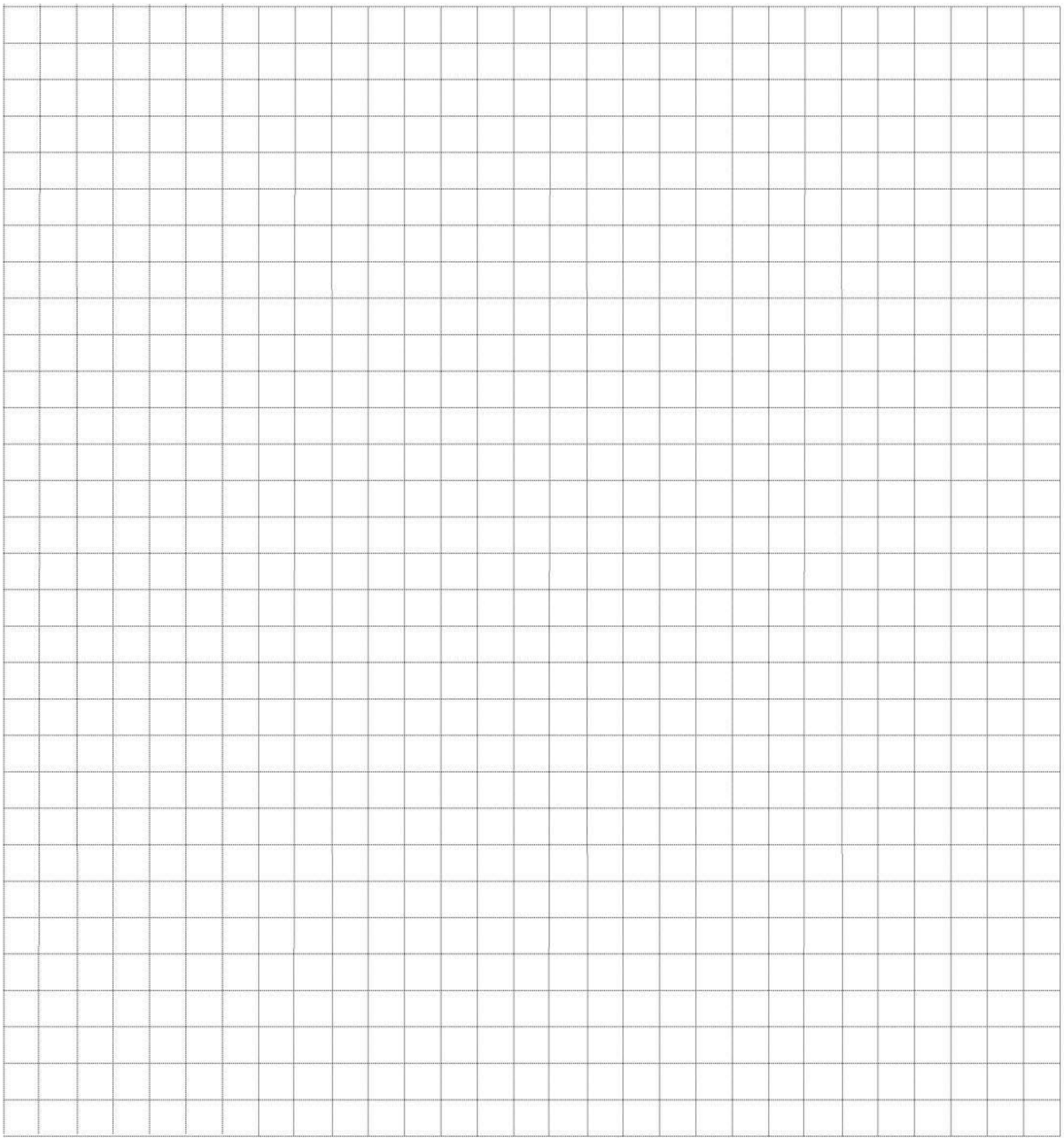
Tara A Schinder
Officer's Signature

0208
Badge Number

New Jersey Police Crash Investigation Report	Police Dept: NJ0150600 Code: 1
Motor Vehicle Crash Diagram	Station: — Case No: 2011-00015204

134 Crash Diagram (NOT TO SCALE)

Indicate North



Tara A Schinder — Officer's Signature

0208 — Badge Number