

|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|---|----|---|---|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-----------------------------------------------------------------------|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------|----------------------------------------|--|--|-------------------------------------|--|--|----|--|--|--|-----------------------------|--|--|----|
| 96   | Page 1 of 4 <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 |                                                                                                                                                                            |                                                                     | 118a |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| 05   | 1. Case Number<br><b>2021-00073828</b>                                                                                                                                                                                                                                                                |    |                                                     |   |    |   |   |   |   |    | 10. Crash Occurred On: <b>RT 88</b>                                                                                                                                                                                                                |   |   |                                                                       |  |  |  |  |  |  | 11. Speed Limit<br><b>3 5</b>                                                                                                                                                                                                                                                                         |  |                                                                                                                               | 12. Route No. Suffix 13. Milepost                                                                                                                                          |                                                                     |      | 04                                     |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| 01   | 2. Police Dept. of <b>Brick Police</b> Code <b>01</b>                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    | Road Name<br><b>Burnt Bridge Avenue</b>                                                                                                                                                                                                            |   |   |                                                                       |  |  |  |  |  |  | 18. Speed Limit<br><b>2 5</b>                                                                                                                                                                                                                                                                         |  |                                                                                                                               | 19. To: 17. Cross Road Name/Route No.                                                                                                                                      |                                                                     |      | 02                                     |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| 07   | 3. Station/Precinct                                                                                                                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | <input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E<br><input checked="" type="checkbox"/> Feet <input type="checkbox"/> S <input checked="" type="checkbox"/> W<br><input type="checkbox"/> Miles |   |   |                                                                       |  |  |  |  |  |  | 19. Ramp                                                                                                                                                                                                                                                                                              |  |                                                                                                                               | 20. Route Name/Route No.                                                                                                                                                   |                                                                     |      | 31                                     |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| 02   | 4. Date of Crash<br>mm dd yy<br><b>1 1 0 1 2 1</b>                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | 5. Day of Week<br>Su <input checked="" type="radio"/> M <input type="radio"/> Tu <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F <input type="radio"/> Sa                                                                 |   |   |                                                                       |  |  |  |  |  |  | 6. Time (use 2400 hrs.)<br><b>1 9 5 1</b>                                                                                                                                                                                                                                                             |  |                                                                                                                               | 7. Municipality Code<br><b>1 5 0 6</b>                                                                                                                                     |                                                                     |      | 8. Total Killed                        |  |  | 9. Total Injured                    |  |  | —  |  |  |  |                             |  |  |    |
| 100a | 23. Veh. # <b>01</b>                                                                                                                                                                                                                                                                                  |    |                                                     |   |    |   |   |   |   |    | 24. Policy No. <b>93978250</b>                                                                                                                                                                                                                     |   |   |                                                                       |  |  |  |  |  |  | 25. NJ Ins. Code <b>054</b>                                                                                                                                                                                                                                                                           |  |                                                                                                                               | 53. Veh. # <b>02</b>                                                                                                                                                       |                                                                     |      | 54. Policy No. <b>939738250</b>        |  |  |                                     |  |  |    |  |  |  | 55. NJ Ins. Code <b>054</b> |  |  | 01 |
| 01   | 26. Driver's First Name <b>Christopher</b> Initial <b>T</b> Last Name <b>Rainka</b>                                                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | 29. Sex <b>M</b>                                                                                                                                                                                                                                   |   |   |                                                                       |  |  |  |  |  |  | 56. Driver's First Name <b>Emily</b> Initial <b>R</b> Last Name <b>Russo</b>                                                                                                                                                                                                                          |  |                                                                                                                               | 59. Sex <b>F</b>                                                                                                                                                           |                                                                     |      |                                        |  |  | 121a                                |  |  |    |  |  |  |                             |  |  |    |
| 02   | 27. Number & Street<br><b>432 BELLA VISTA RD</b>                                                                                                                                                                                                                                                      |    |                                                     |   |    |   |   |   |   |    | 57. Number & Street<br><b>107 FAIRWAY DR</b>                                                                                                                                                                                                       |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 121b                                |  |  |    |  |  |  |                             |  |  |    |
| 01   | 28. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    | 58. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 122                                 |  |  |    |  |  |  |                             |  |  |    |
| 02   | 30. Eyes <b>0 2</b> DL Class <b>D</b> Restrictions <b>0</b> Endorsements <b>- -</b>                                                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | 31. State <b>NJ</b>                                                                                                                                                                                                                                |   |   |                                                                       |  |  |  |  |  |  | 60. Eyes <b>0 2</b> DL Class <b>D</b> Restrictions <b>T</b> Endorsements <b>- -</b>                                                                                                                                                                                                                   |  |                                                                                                                               | 61. State <b>NJ</b>                                                                                                                                                        |                                                                     |      |                                        |  |  | 02                                  |  |  |    |  |  |  |                             |  |  |    |
| 105  | 32. Driver's License Number<br><b>R 0 1 8 9 1 2 4 8 3 0 2 6 4 2</b>                                                                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | 33. DOB mm dd yy<br><b>0 2 0 4 6 4</b>                                                                                                                                                                                                             |   |   |                                                                       |  |  |  |  |  |  | 34. Expires mm yy<br><b>0 2 2 5</b>                                                                                                                                                                                                                                                                   |  |                                                                                                                               | 62. Driver's License Number<br><b>R 9 4 5 8 2 2 4 6 5 5 1 0 3 2</b>                                                                                                        |                                                                     |      | 63. DOB mm dd yy<br><b>0 1 0 6 0 3</b> |  |  | 64. Expires mm yy<br><b>0 1 2 5</b> |  |  | 01 |  |  |  |                             |  |  |    |
| 106  | 35. Owner's First Name Initial Last Name<br><input checked="" type="checkbox"/> Same as Driver <b>Christopher T Rainka</b>                                                                                                                                                                            |    |                                                     |   |    |   |   |   |   |    | 65. Owner's First Name Initial Last Name<br><input type="checkbox"/> Same as Driver <b>Maryellen Russo</b>                                                                                                                                         |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 124                                 |  |  |    |  |  |  |                             |  |  |    |
| 107  | 36. Number & Street<br><b>432 BELLA VISTA RD</b>                                                                                                                                                                                                                                                      |    |                                                     |   |    |   |   |   |   |    | 66. Number & Street<br><b>505 BURNT TAVERN RD</b>                                                                                                                                                                                                  |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 125                                 |  |  |    |  |  |  |                             |  |  |    |
| 108  | 37. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    | 67. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 126a                                |  |  |    |  |  |  |                             |  |  |    |
| 109  | 38. Make <b>MERCURY</b> 39. Model <b>Grand Marq</b> 40. Color <b>GN</b> 41. Year <b>2004</b> 42. Plate No. <b>X64NYZ</b> 43. State <b>NJ</b>                                                                                                                                                          |    |                                                     |   |    |   |   |   |   |    | 68. Make <b>Kia</b> 69. Model <b>Forte</b> 70. Color <b>BK</b> 71. Year <b>2013</b> 72. Plate No. <b>W843210</b> 73. State <b>NJ</b>                                                                                                               |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 126b                                |  |  |    |  |  |  |                             |  |  |    |
| 110  | 44. VIN<br><b>2 M E H M 7 5 W 8 4 X 6 3 9 5 8 4</b>                                                                                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | 45. Expires<br><b>07/22</b>                                                                                                                                                                                                                        |   |   |                                                                       |  |  |  |  |  |  | 74. VIN<br><b>K N A F U 4 A 2 1 D 5 7 2 0 9 6 7</b>                                                                                                                                                                                                                                                   |  |                                                                                                                               | 75. Expires<br><b>11/21</b>                                                                                                                                                |                                                                     |      |                                        |  |  | 126c                                |  |  |    |  |  |  |                             |  |  |    |
| 111  | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 76. Vehicle Removed to:                                                                                                                                                                                                                            |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 126d                                |  |  |    |  |  |  |                             |  |  |    |
| 112  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                             |    |                                                     |   |    |   |   |   |   |    | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded<br><input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                          |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 126e                                |  |  |    |  |  |  |                             |  |  |    |
| 113  | 47. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                            |    |                                                     |   |    |   |   |   |   |    | 77. Authority<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                         |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 127a                                |  |  |    |  |  |  |                             |  |  |    |
| 114  | 48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |    |                                                     |   |    |   |   |   |   |    | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                    |   |   |                                                                       |  |  |  |  |  |  | 78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |                                                                                                                               | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.            |                                                                     |      |                                        |  |  | 127b                                |  |  |    |  |  |  |                             |  |  |    |
| 115  |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 127c                                |  |  |    |  |  |  |                             |  |  |    |
| 116  | 50. Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                                         |   |   |                                                                       |  |  |  |  |  |  | 80. Carrier No. <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                               |  |                                                                                                                               | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs. |                                                                     |      |                                        |  |  | 127d                                |  |  |    |  |  |  |                             |  |  |    |
| 117  | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                                |    |                                                     |   |    |   |   |   |   |    | 82. Motor Carrier or Government Entity                                                                                                                                                                                                             |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 127e                                |  |  |    |  |  |  |                             |  |  |    |
| 02   | Number & Street                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    | Number & Street                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 128                                 |  |  |    |  |  |  |                             |  |  |    |
|      | City State Zip                                                                                                                                                                                                                                                                                        |    |                                                     |   |    |   |   |   |   |    | City State Zip                                                                                                                                                                                                                                     |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 129                                 |  |  |    |  |  |  |                             |  |  |    |
|      | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                                  |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 130                                 |  |  |    |  |  |  |                             |  |  |    |
|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 131                                 |  |  |    |  |  |  |                             |  |  |    |
|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 132                                 |  |  |    |  |  |  |                             |  |  |    |
|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 133                                 |  |  |    |  |  |  |                             |  |  |    |
|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  | 134                                 |  |  |    |  |  |  |                             |  |  |    |
|      |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| A    | 01                                                                                                                                                                                                                                                                                                    | 01 | 01                                                  | — | 57 | M | — | — | — | 11 | 04                                                                                                                                                                                                                                                 | — | — | Christopher Todd Rainka<br>432 BELLA VISTA RD BRICK TOWNSHIP NJ 08724 |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| B    | 02                                                                                                                                                                                                                                                                                                    | 01 | 01                                                  | — | 18 | F | — | — | — | 11 | 04                                                                                                                                                                                                                                                 | — | — | Emily Russo<br>107 FAIRWAY DR BRICK TOWNSHIP NJ 08724                 |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| C    | 02                                                                                                                                                                                                                                                                                                    | 03 | 01                                                  | — | 18 | F | — | — | — | 11 | 04                                                                                                                                                                                                                                                 | — | — | Kiersten Reilly Hawkins<br>112 SOLAR DR BRICK TOWNSHIP NJ 08724       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |
| D    |                                                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                    |   |   |                                                                       |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |                                                                                                                                                                            |                                                                     |      |                                        |  |  |                                     |  |  |    |  |  |  |                             |  |  |    |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2021-00073828 |    |                                                                     | Page 2 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
| E<br><br>F<br><br>G<br><br>H<br><br>I<br><br>J  | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
|                                                 |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle #1 was exiting the parking lot of 2213 Route 88 (Dim Sum). Vehicle #2 was traveling east on Route 88.

The front driver side bumper of Vehicle #1 struck the passenger side doors of Vehicle #2 on Route 88 EB, causing damage to both vehicles.

Vehicle #1 operator stated he was exiting the parking lot of Dim Sum, turning right onto Route 88 EB. Vehicle #1 operator stated he did not observe Vehicle #2 in the roadway when he began turning right out of the parking lot, subsequently causing the collision. Vehicle #1 operator stated Vehicle #2 did not have headlights on prior to the crash.

Vehicle #2 operator stated she was traveling on Route 88 EB when Vehicle #2 turned into the roadway, directly in front of her vehicle. Vehicle #2 operator stated she swerved to the left in an attempt to avoid the collision.

Vehicle #2 operator stated her headlights were on prior to the crash.

No injuries were reported. Based on my investigation, Vehicle #1 was determined to be at fault for causing the collision. Although the environmental conditions were dark at the time of the crash, the operator of Vehicle #1

|                                                  |                     |                                |                |                                                                                                   |
|--------------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Evan Charles Mancini | 147. Badge #<br>282 | 148. Reviewer<br>Frank W Mauro | Badge #<br>207 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|--------------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01Station: — Case No: 2021-00073828

## 145 Crash Description

should have assured the roadway was clear prior to turning right onto Route 88. I was unable to make a determination if the Vehicle #2 headlights were illuminated prior to the crash due to conflicting statements.

Evan Charles Mancini

282

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

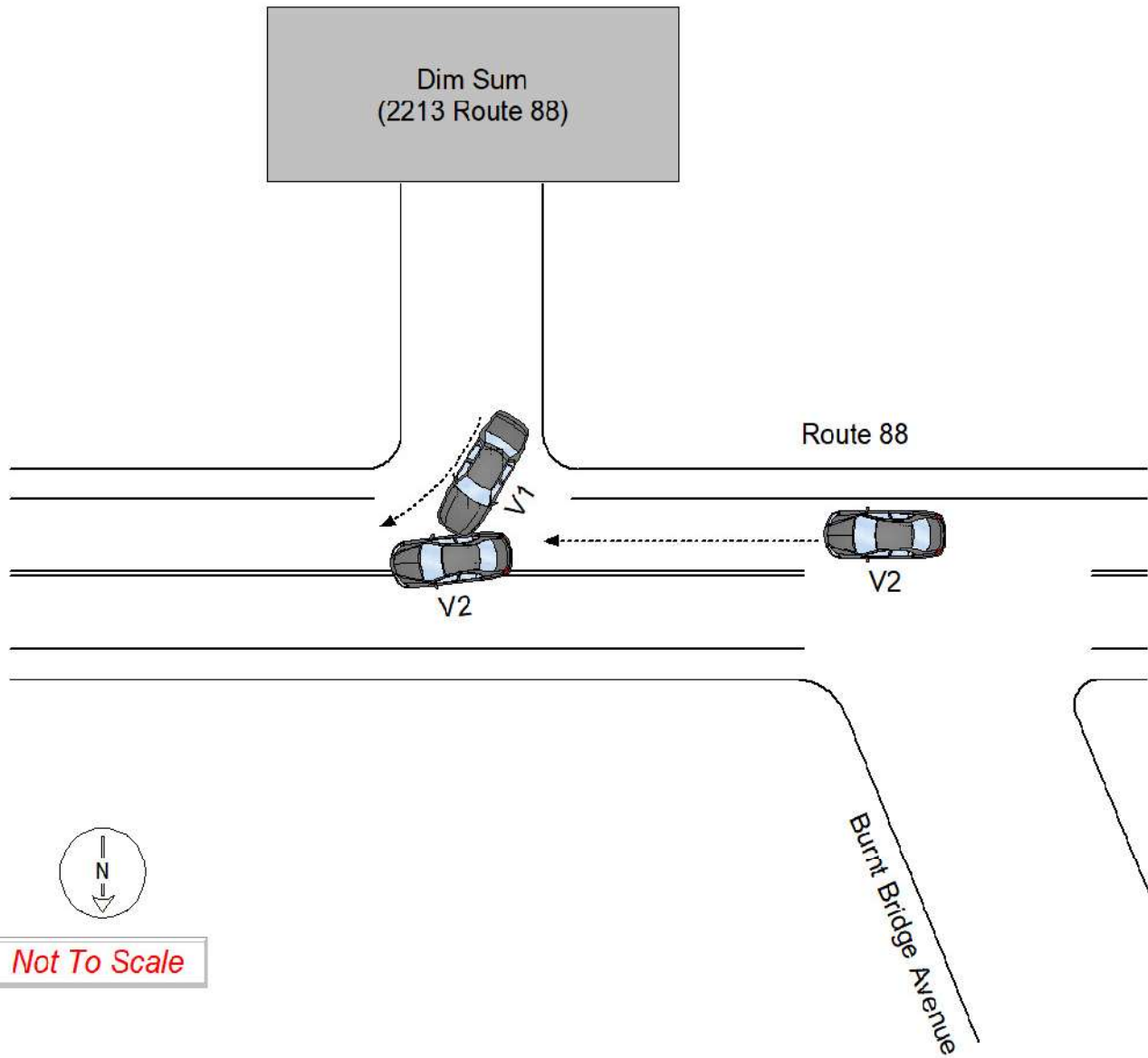
Code: 01

Station:     

Case No: 2021-00073828

144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North



Evan Charles Mancini

282