

|      |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|------|-------------------------------------------------------------------------------------------------------------|----|--------------------------------|----|-----------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|----|--------------------------------------------|----|-------------------------|----|--------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------|--|--------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|--------------|--|--------------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------|--|-------------|--|--------------------------------------------|--|-----------------------------------------------------|--|---------------|--|------|--|------------------|--|------|--|------|--|--|--|-----|--|-----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|----|
| 96   | Page 1 of 4                                                                                                 |    | <input type="checkbox"/> Fatal |    | New Jersey Police Crash Investigation Report                                                              |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | <input checked="" type="checkbox"/> Reportable                                                              |  | <input type="checkbox"/> Non-Reportable          |  | <input type="checkbox"/> Change Report |  | 118a                                       |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 01   | 1. Case Number                                                                                              |    |                                |    | 2017-00071783                                                                                             |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 11. Speed Limit                                                                                             |  | 5                                                |  | 0                                      |  | 02                                         |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 97   | 2. Police Dept. of                                                                                          |    |                                |    | Code                                                                                                      |    | 10. Crash Occurred On: RT 70                        |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  | E                                                |  |                                        |  | 118b                                       |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 01   | Brick Police                                                                                                |    |                                |    | 01                                                                                                        |    | Road Name                                           |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  | Dir                                              |  |                                        |  | 05                                         |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 98   | 3. Station/Precinct                                                                                         |    |                                |    |                                                                                                           |    | At Intersection with                                |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  | of: Rt 88                                        |  | 18. Speed Limit                        |  | 119a                                       |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 06   |                                                                                                             |    |                                |    |                                                                                                           |    | 50                                                  |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  | 3                                      |  | 5                                          |  | 25                                                  |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 99   | 4. Date of Crash                                                                                            |    |                                |    | 5. Day of Week                                                                                            |    | 6. Time                                             |    | 7. Municipality                            |    | 8. Total                |    | 9. Total                                   |                                                                     | 19. To: 17. Cross Road Name/Route No.                                                                       |  | NB EB                                            |  | 119b                                   |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | mm dd yy                                                                                                    |    |                                |    | Su M Tu W Th F Sa                                                                                         |    | (use 2400 hrs.)                                     |    | Code                                       |    | Killed                  |    | Injured                                    |                                                                     | Ramp From: -                                                                                                |  | SB WB                                            |  | —                                      |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 100a | 1 0 2 4 1 7                                                                                                 |    |                                |    |                                                                                                           |    | 1 9 2 5                                             |    | 1 5 0 6                                    |    | -                       |    | -                                          |                                                                     | 21. Latitude                                                                                                |  | 22. Longitude                                    |  | 120a                                   |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 01   |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | -                                                                                                           |  | -                                                |  | 01                                     |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 100b | 23. Veh. #                                                                                                  |    |                                |    | 24. Policy No.                                                                                            |    |                                                     |    | 25. NJ Ins. Code                           |    |                         |    | 53. Veh. #                                 |                                                                     |                                                                                                             |  | 54. Policy No.                                   |  |                                        |  | 55. NJ Ins. Code                           |  |                                                     |  | 120b                                                                                                      |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 04   | 01                                                                                                          |    |                                |    | 903733870                                                                                                 |    |                                                     |    | 134                                        |    |                         |    | 02                                         |                                                                     |                                                                                                             |  | 01495759U71038                                   |  |                                        |  | 355                                        |  |                                                     |  | —                                                                                                         |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 101  | 26. Driver's First Name                                                                                     |    |                                |    | Initial                                                                                                   |    | Last Name                                           |    | 29. Sex                                    |    | 56. Driver's First Name |    |                                            |                                                                     | Initial                                                                                                     |  | Last Name                                        |  | 59. Sex                                |  | 121a                                       |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | Jazelle                                                                                                     |    |                                |    | J                                                                                                         |    | Hayward                                             |    | F                                          |    | Michael                 |    |                                            |                                                                     | C                                                                                                           |  | Tallant                                          |  | M                                      |  | 01                                         |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 102  | 27. Number & Street                                                                                         |    |                                |    | 23 DELEWARE AVE                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 57. Number & Street                                                                                         |  |                                                  |  | 2515 WATERS EDGE DR                    |  |                                            |  |                                                     |  |                                                                                                           |  |              |  | 121b                                       |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | 28. City                                                                                                    |    |                                |    | State                                                                                                     |    | Zip                                                 |    | 58. City                                   |    |                         |    | State                                      |                                                                     | Zip                                                                                                         |  |                                                  |  |                                        |  |                                            |  |                                                     |  | —                                                                                                         |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 104  | Red Bank                                                                                                    |    |                                |    | NJ                                                                                                        |    | 07701                                               |    | TOMS RIVER TOWNSHIP                        |    |                         |    | NJ                                         |                                                                     | 08753                                                                                                       |  |                                                  |  |                                        |  |                                            |  |                                                     |  | —                                                                                                         |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | 30. Eyes                                                                                                    |    |                                |    | DL Class                                                                                                  |    | Restrictions                                        |    | Endorsements                               |    | 31. State               |    | 60. Eyes                                   |                                                                     |                                                                                                             |  | DL Class                                         |  | Restrictions                           |  | Endorsements                               |  | 61. State                                           |  | 122                                                                                                       |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|      | 0 6                                                                                                         |    |                                |    | D                                                                                                         |    | -                                                   |    | -                                          |    | NJ                      |    | 0 4                                        |                                                                     |                                                                                                             |  | D                                                |  | -                                      |  | -                                          |  | NJ                                                  |  | 11                                                                                                        |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 105  | 32. Driver's License Number                                                                                 |    |                                |    | 33. DOB                                                                                                   |    |                                                     |    | 34. Expires                                |    |                         |    | 62. Driver's License Number                |                                                                     |                                                                                                             |  | 63. DOB                                          |  |                                        |  | 64. Expires                                |  |                                                     |  | 123                                                                                                       |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | H 0 9 7 4                                                                                                   |    |                                |    | 3 9 2 7 1                                                                                                 |    |                                                     |    | 6 0 8 5 6                                  |    |                         |    | 1 0 0 5 8 5                                |                                                                     |                                                                                                             |  | 1 0 1 1 9                                        |  |                                        |  | T 0 2 9 2                                  |  |                                                     |  | 5 4 4 6 3                                                                                                 |  |              |  | 0 8 7 1 4                                  |  |                                                     |  | 0 8 3 0 7 1                                |  |             |  | 0 8 1 8                                    |  |                                                     |  | 01            |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 106  | 35. Owner's First Name                                                                                      |    |                                |    | Initial                                                                                                   |    | Last Name                                           |    | 65. Owner's First Name                     |    |                         |    | Initial                                    |                                                                     | Last Name                                                                                                   |  |                                                  |  |                                        |  |                                            |  |                                                     |  | 124                                                                                                       |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | Same as Driver                                                                                              |    |                                |    | Colleen L Giresi                                                                                          |    | Same as Driver                                      |    |                                            |    | Michael C Tallant       |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  | 04                                         |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 107  | 36. Number & Street                                                                                         |    |                                |    | 872 BROOKSIDE DR                                                                                          |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 66. Number & Street                                                                                         |  |                                                  |  | 2515 WATERS EDGE DR                    |  |                                            |  |                                                     |  |                                                                                                           |  |              |  | 125                                        |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 01   | 37. City                                                                                                    |    |                                |    | State                                                                                                     |    | Zip                                                 |    | 67. City                                   |    |                         |    | State                                      |                                                                     | Zip                                                                                                         |  |                                                  |  |                                        |  |                                            |  |                                                     |  | 126a                                                                                                      |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|      | TOMS RIVER TOWNSHIP                                                                                         |    |                                |    | NJ                                                                                                        |    | 08753                                               |    | TOMS RIVER TOWNSHIP                        |    |                         |    | NJ                                         |                                                                     | 08753                                                                                                       |  |                                                  |  |                                        |  |                                            |  |                                                     |  | 26                                                                                                        |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 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 |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 05   | Nissan                                                                                                      |    |                                |    | Rogue                                                                                                     |    |                                                     |    | BK                                         |    |                         |    | 2014                                       |                                                                     |                                                                                                             |  | M839491                                          |  |                                        |  | NJ                                         |  |                                                     |  | DODGE                                                                                                     |  |              |  | Ram 1500                                   |  |                                                     |  | BN                                         |  |             |  | 2013                                       |  |                                                     |  | P99DSN        |  |      |  | NJ               |  |      |  | —    |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 110  | 44. VIN                                                                                                     |    |                                |    | 45. Expires                                                                                               |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 74. VIN                                                                                                     |  |                                                  |  | 75. Expires                            |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  | 126c                                       |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 01   | 5 N 1 A T 2 M V 6 E C 8 0 8 6 0 9                                                                           |    |                                |    | 11/17                                                                                                     |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 1 C 6 R R 7 L T 2 D S 6 1 5 7 1 3                                                                           |  |                                                  |  | 12/17                                  |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  | —                                          |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 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 |    | <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 |  | <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 |  | 126e          |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | <input type="checkbox"/> Left at Scene                                                                      |    |                                |    | <input type="checkbox"/> Towed Impounded                                                                  |    |                                                     |    | <input type="checkbox"/> Left at Scene     |    |                         |    | <input type="checkbox"/> Towed Impounded   |                                                                     |                                                                                                             |  | <input type="checkbox"/> Left at Scene           |  |                                        |  | <input type="checkbox"/> Towed Impounded   |  |                                                     |  | <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                                                                                               |    |                                |    | 77. Authority                                                                                             |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 127a |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | <input type="checkbox"/> Owner                                                                              |    |                                |    | <input checked="" type="checkbox"/> Driver                                                                |    | <input type="checkbox"/> Police                     |    | <input type="checkbox"/> Owner             |    |                         |    | <input checked="" type="checkbox"/> Driver |                                                                     | <input type="checkbox"/> Police                                                                             |  | <input type="checkbox"/> Owner                   |  |                                        |  | <input checked="" type="checkbox"/> Driver |  | <input type="checkbox"/> Police                     |  | <input type="checkbox"/> Owner                                                                            |  |              |  | <input checked="" type="checkbox"/> Driver |  | <input type="checkbox"/> Police                     |  | <input type="checkbox"/> Owner             |  |             |  | <input checked="" type="checkbox"/> Driver |  | <input type="checkbox"/> Police                     |  | 26            |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 114  | 48. Alcohol Drug Test                                                                                       |    |                                |    | 49. Hazardous Material                                                                                    |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 78. Alcohol Drug Test                                                                                       |  |                                                  |  |                                        |  |                                            |  |                                                     |  | 79. Hazardous Material                                                                                    |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 127b |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |    |                                |    | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |                                                  |  |                                        |  |                                            |  |                                                     |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | —    |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 115  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 127c |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | Results: 0. - % <input type="checkbox"/> Pending                                                            |    |                                |    | Hazard Class                                                                                              |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | Placard No.                                                                                                 |  | Results: 0. - % <input type="checkbox"/> Pending |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  | Hazard Class |  |                                            |  |                                                     |  |                                            |  |             |  | Placard No.                                |  |                                                     |  |               |  |      |  |                  |  | 127d |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 116  | 50. Carrier No.                                                                                             |    |                                |    | 51. GVWR / GCWR (trucks & buses only)                                                                     |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 80. Carrier No.                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  | 81. GVWR / GCWR (trucks & buses only)                                                                     |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 127e |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | <input type="checkbox"/> USDOT                                                                              |    |                                |    | <input checked="" type="checkbox"/> None                                                                  |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | <input type="checkbox"/> USDOT                                                                              |  |                                                  |  |                                        |  |                                            |  |                                                     |  | <input checked="" type="checkbox"/> None                                                                  |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 26   |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 117  | <input type="checkbox"/> MC/MX                                                                              |    |                                |    | <input type="checkbox"/> ≤ 10,000 lbs.                                                                    |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | <input type="checkbox"/> MC/MX                                                                              |  |                                                  |  |                                        |  |                                            |  |                                                     |  | <input type="checkbox"/> ≤ 10,000 lbs.                                                                    |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | —    |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| 02   | <input type="checkbox"/> 10,001 - 26,000 lbs.                                                               |    |                                |    | <input type="checkbox"/> ≥ 26,001 lbs.                                                                    |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | <input type="checkbox"/> 10,001 - 26,000 lbs.                                                               |  |                                                  |  |                                        |  |                                            |  |                                                     |  | <input type="checkbox"/> ≥ 26,001 lbs.                                                                    |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 26   |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | 52. Motor Carrier or Government Entity                                                                      |    |                                |    | 82. Motor Carrier or Government Entity                                                                    |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 128  |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | Number & Street                                                                                             |    |                                |    | Number & Street                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  | 129  |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | City                                                                                                        |    |                                |    | State                                                                                                     |    | Zip                                                 |    | City                                       |    |                         |    | State                                      |                                                                     | Zip                                                                                                         |  | City                                             |  |                                        |  | State                                      |  | Zip                                                 |  | City                                                                                                      |  |              |  | State                                      |  | Zip                                                 |  | City                                       |  |             |  | State                                      |  | Zip                                                 |  | 130           |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  | 10            |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | 135. Damage to Other Property                                                                               |    |                                |    | <input type="checkbox"/> Yes (If Yes, describe)                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | <input checked="" type="checkbox"/> No                                                                      |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  | 131 |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  | 03  |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  | 03 |  |  |  |  |  |  |  |  |  |  |  |    |
| —    | Oper.                                                                                                       |    |                                |    | 136. Charge                                                                                               |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 137. Summons No.                                                                                            |  |                                                  |  |                                        |  |                                            |  |                                                     |  | Oper.                                                                                                     |  |              |  |                                            |  |                                                     |  |                                            |  | 138. Charge |  |                                            |  |                                                     |  |               |  |      |  | 139. Summons No. |  |      |  |      |  |  |  |     |  | 133 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  | 03 |
| —    | Oper.                                                                                                       |    |                                |    | 140. Charge                                                                                               |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     | 141. Summons No.                                                                                            |  |                                                  |  |                                        |  |                                            |  |                                                     |  | Oper.                                                                                                     |  |              |  |                                            |  |                                                     |  |                                            |  | 142. Charge |  |                                            |  |                                                     |  |               |  |      |  | 143. Summons No. |  |      |  |      |  |  |  |     |  | 134 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| —    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  | 02 |
| A    | 83                                                                                                          | 84 | 85                             | 86 | 87                                                                                                        | 88 | 89                                                  | 90 | 91                                         | 92 | 93                      | 94 | 95                                         | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|      | 01                                                                                                          | 01 | 01                             | —  | 32                                                                                                        | F  | —                                                   | —  | —                                          | 11 | 04                      | —  | —                                          | Jazelle J Hayward                                                   |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|      |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            | 23 DELEWARE AVE Red Bank NJ 07701                                   |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| B    | 02                                                                                                          | 01 | 01                             | —  | 46                                                                                                        | M  | —                                                   | —  | —                                          | 11 | 04                      | —  | —                                          | Michael C Tallant                                                   |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
|      |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            | 2515 WATERS EDGE DR TOMS RIVER TOWNSHIP NJ 08753                    |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| C    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |
| D    |                                                                                                             |    |                                |    |                                                                                                           |    |                                                     |    |                                            |    |                         |    |                                            |                                                                     |                                                                                                             |  |                                                  |  |                                        |  |                                            |  |                                                     |  |                                                                                                           |  |              |  |                                            |  |                                                     |  |                                            |  |             |  |                                            |  |                                                     |  |               |  |      |  |                  |  |      |  |      |  |  |  |     |  |     |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |    |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2017-00071783 |    |                                                                                | Page 2 of 4 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|-------------|--|
|                                                 | 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

On 10/24/17 at 1925 hours I was dispatched to the area of Rt 70 and Rt 88 in reference to a two car motor vehicle accident. Dispatch advised they had moved from the roadway and pulled into a nearby parking lot located by T-Mobile.

Upon arrival I spoke with driver 1 who advised she was traveling eastbound on Rt 70 near Rt 88. Once she realized she was in a turn only lane she attempted to change lanes. She activated her left turn signal and began moving over believing she had a clearing. As she entered the lane she struck vehicle 2's right middle with the lower left front of her vehicle.

Driver 2 advised he was traveling in the third lane from the left on Rt 70 heading eastbound. As he approached the intersection of Rt 88 vehicle 1 attempted to change lanes. Due to traffic around him he could not avoid the collision. Vehicle 1 entered his lane and ultimately crashed into his vehicle.

Investigation at the scene revealed vehicle 1 was at fault. Due to the rain, driver 1 advised her visibility was limited and could not see vehicle 2 next to her. Both vehicles sustained minor damage and were

|                                               |                     |                                |                |                                                                                                   |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Joseph L Lardieri | 147. Badge #<br>251 | 148. Reviewer<br>Robert A Hine | Badge #<br>158 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|-----------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Description

Police Dept: Brick Police Code: 01

Station:        Case No: 2017-00071783

145 Crash Description

driven away from the scene. No injuries were reported at this time.

Joseph L Lardieri

Officer's Signature

251

Badge Number

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

Code: 01

Station:     

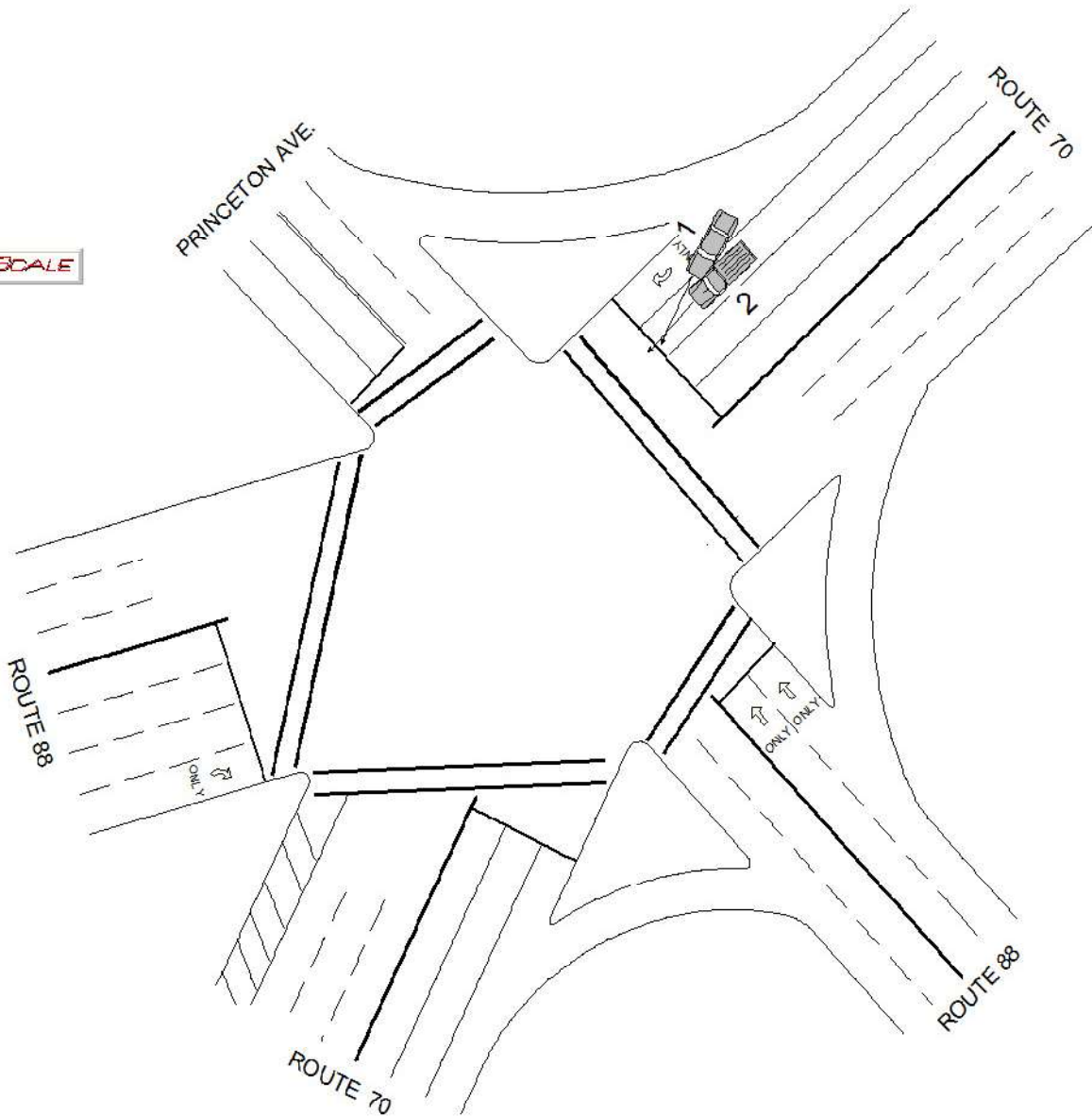
Case No: 2017-00071783

144 Crash Diagram (NOT TO SCALE)

○ Indicate North



NOT TO SCALE



Joseph L Lardieri

Officer's Signature

251

Badge Number