

| Page 1 of 5 |    | Fatal                                                        |    | New Jersey Police Crash Investigation Report |    |    |    |    |    |    |    |                                                                                           |    | Reportable |                                                                     | Non-Reportable |  | Change Report |  | 118a |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|-------------|----|--------------------------------------------------------------|----|----------------------------------------------|----|----|----|----|----|----|----|-------------------------------------------------------------------------------------------|----|------------|---------------------------------------------------------------------|----------------|--|---------------|--|------|--|-------------------------------------------------------------------------------------------------------|--|----------------------|--|--------------|--|--------|--|--|--|-------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|
| 96          | 05 | 1. Case Number<br>2021-00084660                              |    |                                              |    |    |    |    |    |    |    | 10. Crash Occurred On: BURRSVILLE RD                                                      |    |            |                                                                     |                |  |               |  |      |  | 11. Speed Limit<br>3 5                                                                                |  | 12. Route No. Suffix |  | 13. Milepost |  | 14. 09 |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 97          | 01 | 2. Police Dept. of<br>Brick Police                           |    |                                              |    |    |    |    |    |    |    | Code<br>01                                                                                |    |            |                                                                     |                |  |               |  |      |  | 15. 02                                                                                                |  | 16. 02               |  | 17. 02       |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 98          | 05 | 3. Station/Precinct                                          |    |                                              |    |    |    |    |    |    |    | 200                                                                                       |    |            |                                                                     |                |  |               |  |      |  | 18. Speed Limit<br>4 5                                                                                |  | 19. 25               |  | 20. 25       |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 99          | 02 | 4. Date of Crash<br>mm dd yy<br>1 2 2 0 2 1                  |    |                                              |    |    |    |    |    |    |    | 5. Day of Week<br>Su Mo Tu W Th F Sa<br>M                                                 |    |            |                                                                     |                |  |               |  |      |  | 6. Time (use 2400 hrs.)<br>1 7 2 4                                                                    |  |                      |  |              |  |        |  |  |  | 7. Municipality Code<br>1 5 0 6                                                           |  |  |  |  |  |  |  |  |  | 8. Total Killed<br>-                 |  |  |  |  |  |  |  |  |  | 9. Total Injured<br>-                |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 100a        | 01 | 23. Veh. #<br>4527242715                                     |    |                                              |    |    |    |    |    |    |    | 24. Policy No.<br>100                                                                     |    |            |                                                                     |                |  |               |  |      |  | 25. NJ Ins. Code<br>100                                                                               |  |                      |  |              |  |        |  |  |  | 53. Veh. #<br>8696034                                                                     |  |  |  |  |  |  |  |  |  | 54. Policy No.<br>096                |  |  |  |  |  |  |  |  |  | 55. NJ Ins. Code<br>096              |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 100b        | 04 | 26. Driver's First Name<br>Kelley                            |    |                                              |    |    |    |    |    |    |    | Initial<br>A                                                                              |    |            |                                                                     |                |  |               |  |      |  | Last Name<br>Crisonino                                                                                |  |                      |  |              |  |        |  |  |  | 29. Sex<br>F                                                                              |  |  |  |  |  |  |  |  |  | 56. Driver's First Name<br>Lorinda   |  |  |  |  |  |  |  |  |  | Initial<br>L                         |  |  |  |  |  |  |  |  |  | Last Name<br>Williams                                                                                 |  |  |  |  |  |  |  |  |  | 59. Sex<br>F                                                              |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 101         | 02 | 27. Number & Street<br>532 PENNSYLVANIA AVE                  |    |                                              |    |    |    |    |    |    |    | 28. City<br>BRICK TOWNSHIP                                                                |    |            |                                                                     |                |  |               |  |      |  | State<br>NJ                                                                                           |  |                      |  |              |  |        |  |  |  | Zip<br>08724                                                                              |  |  |  |  |  |  |  |  |  | 57. Number & Street<br>403 RIDGE AVE |  |  |  |  |  |  |  |  |  | 58. City<br>NEPTUNE                  |  |  |  |  |  |  |  |  |  | State<br>NJ                                                                                           |  |  |  |  |  |  |  |  |  | Zip<br>07753                                                              |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 102         | 01 | 30. Eyes<br>0 2                                              |    |                                              |    |    |    |    |    |    |    | DL Class<br>D                                                                             |    |            |                                                                     |                |  |               |  |      |  | Restrictions<br>-                                                                                     |  |                      |  |              |  |        |  |  |  | Endorsements<br>-                                                                         |  |  |  |  |  |  |  |  |  | 31. State<br>NJ                      |  |  |  |  |  |  |  |  |  | 60. Eyes<br>0 2                      |  |  |  |  |  |  |  |  |  | DL Class<br>D                                                                                         |  |  |  |  |  |  |  |  |  | Restrictions<br>-                                                         |  |  |  |  |  |  |  |  |  | Endorsements<br>- |  |  |  |  |  |  |  |  |  | 61. State<br>NJ       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 103         | 01 | 32. Driver's License Number<br>C 7 4 4 7 4 3 0 6 1 5 4 6 0 2 |    |                                              |    |    |    |    |    |    |    | 33. DOB<br>mm dd yy<br>0 4 1 3 6 0                                                        |    |            |                                                                     |                |  |               |  |      |  | 34. Expires<br>mm yy<br>0 4 2 5                                                                       |  |                      |  |              |  |        |  |  |  | 62. Driver's License Number<br>W 4 3 6 5 4 8 5 7 3 6 0 7 2 2                              |  |  |  |  |  |  |  |  |  | 63. DOB<br>mm dd yy<br>1 0 0 9 7 2   |  |  |  |  |  |  |  |  |  | 64. Expires<br>mm yy<br>1 0 2 5      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 104         | 03 | 35. Owner's First Name<br>Kelley A Crisonino                 |    |                                              |    |    |    |    |    |    |    | Initial<br>A                                                                              |    |            |                                                                     |                |  |               |  |      |  | Last Name<br>Crisonino                                                                                |  |                      |  |              |  |        |  |  |  | 36. Number & Street<br>532 PENNSYLVANIA AVE                                               |  |  |  |  |  |  |  |  |  | 37. City<br>BRICK TOWNSHIP           |  |  |  |  |  |  |  |  |  | State<br>NJ                          |  |  |  |  |  |  |  |  |  | Zip<br>08724                                                                                          |  |  |  |  |  |  |  |  |  | 65. Owner's First Name<br>Lorinda L Williams                              |  |  |  |  |  |  |  |  |  | Initial<br>L      |  |  |  |  |  |  |  |  |  | Last Name<br>Williams |  |  |  |  |  |  |  |  |  | 66. Number & Street<br>403 RIDGE AVE |  |  |  |  |  |  |  |  |  | 67. City<br>NEPTUNE |  |  |  |  |  |  |  |  |  | State<br>NJ |  |  |  |  |  |  |  |  |  | Zip<br>07753 |  |  |  |  |  |  |  |  |  |
| 105         | 01 | 38. Make<br>Honda                                            |    |                                              |    |    |    |    |    |    |    | 39. Model<br>Accord                                                                       |    |            |                                                                     |                |  |               |  |      |  | 40. Color<br>GY                                                                                       |  |                      |  |              |  |        |  |  |  | 41. Year<br>2015                                                                          |  |  |  |  |  |  |  |  |  | 42. Plate No.<br>T10LXP              |  |  |  |  |  |  |  |  |  | 43. State<br>NJ                      |  |  |  |  |  |  |  |  |  | 68. Make<br>Ford                                                                                      |  |  |  |  |  |  |  |  |  | 69. Model<br>Focus                                                        |  |  |  |  |  |  |  |  |  | 70. Color<br>BK   |  |  |  |  |  |  |  |  |  | 71. Year<br>2012      |  |  |  |  |  |  |  |  |  | 72. Plate No.<br>W939247             |  |  |  |  |  |  |  |  |  | 73. State<br>NJ     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 106         | 01 | 44. VIN<br>1 H G C R 2 F 8 5 F A 2 6 3 3 0 9                 |    |                                              |    |    |    |    |    |    |    | 45. Expires<br>10/22                                                                      |    |            |                                                                     |                |  |               |  |      |  | 74. VIN<br>1 H G C R 2 F 8 5 F A 2 6 3 3 0 9                                                          |  |                      |  |              |  |        |  |  |  | 75. Expires<br>01/22                                                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 107         | 01 | 46. Vehicle Removed to:                                      |    |                                              |    |    |    |    |    |    |    | 47. Authority<br>Owner Driver Police                                                      |    |            |                                                                     |                |  |               |  |      |  | 48. Alcohol Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0.00 % Pending |  |                      |  |              |  |        |  |  |  | 49. Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No.                 |  |  |  |  |  |  |  |  |  | 76. Vehicle Removed to:              |  |  |  |  |  |  |  |  |  | 77. Authority<br>Owner Driver Police |  |  |  |  |  |  |  |  |  | 78. Alcohol Drug Test<br>Given: No Yes Refused<br>Type: Breath Blood Urine<br>Results: 0.00 % Pending |  |  |  |  |  |  |  |  |  | 79. Hazardous Material<br>None On Board Spill<br>Hazard Class Placard No. |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 108         | 01 | 50. Carrier No.<br>USDOT MC/MX                               |    |                                              |    |    |    |    |    |    |    | 51. GVWR / GCWR (trucks & buses only)<br>≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs. |    |            |                                                                     |                |  |               |  |      |  | 80. Carrier No.<br>USDOT MC/MX                                                                        |  |                      |  |              |  |        |  |  |  | 81. GVWR / GCWR (trucks & buses only)<br>≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs. |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 109         | 01 | 52. Motor Carrier or Government Entity                       |    |                                              |    |    |    |    |    |    |    | 53. Motor Carrier or Government Entity                                                    |    |            |                                                                     |                |  |               |  |      |  | 54. Motor Carrier or Government Entity                                                                |  |                      |  |              |  |        |  |  |  | 55. Motor Carrier or Government Entity                                                    |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 110         | 01 | 56. Number & Street                                          |    |                                              |    |    |    |    |    |    |    | 57. Number & Street                                                                       |    |            |                                                                     |                |  |               |  |      |  | 58. Number & Street                                                                                   |  |                      |  |              |  |        |  |  |  | 59. Number & Street                                                                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 111         | 01 | 60. City                                                     |    |                                              |    |    |    |    |    |    |    | 61. City                                                                                  |    |            |                                                                     |                |  |               |  |      |  | 62. City                                                                                              |  |                      |  |              |  |        |  |  |  | 63. City                                                                                  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 112         | 01 | 64. State                                                    |    |                                              |    |    |    |    |    |    |    | 65. State                                                                                 |    |            |                                                                     |                |  |               |  |      |  | 66. State                                                                                             |  |                      |  |              |  |        |  |  |  | 67. State                                                                                 |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 113         | 01 | 68. Zip                                                      |    |                                              |    |    |    |    |    |    |    | 69. Zip                                                                                   |    |            |                                                                     |                |  |               |  |      |  | 70. Zip                                                                                               |  |                      |  |              |  |        |  |  |  | 71. Zip                                                                                   |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 114         | 01 | 135. Damage to Other Property                                |    |                                              |    |    |    |    |    |    |    | 136. Charge<br>39:4-97                                                                    |    |            |                                                                     |                |  |               |  |      |  | 137. Summons No.<br>E21-007895                                                                        |  |                      |  |              |  |        |  |  |  | 138. Charge                                                                               |  |  |  |  |  |  |  |  |  | 139. Summons No.                     |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 115         | 01 | 140. Charge                                                  |    |                                              |    |    |    |    |    |    |    | 141. Summons No.                                                                          |    |            |                                                                     |                |  |               |  |      |  | 142. Charge                                                                                           |  |                      |  |              |  |        |  |  |  | 143. Summons No.                                                                          |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 116         | 02 | 144. Charge                                                  |    |                                              |    |    |    |    |    |    |    | 145. Summons No.                                                                          |    |            |                                                                     |                |  |               |  |      |  | 146. Charge                                                                                           |  |                      |  |              |  |        |  |  |  | 147. Summons No.                                                                          |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 117         | 02 | 148. Charge                                                  |    |                                              |    |    |    |    |    |    |    | 149. Summons No.                                                                          |    |            |                                                                     |                |  |               |  |      |  | 150. Charge                                                                                           |  |                      |  |              |  |        |  |  |  | 151. Summons No.                                                                          |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 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 |                |  |               |  |      |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| B           |    | 01                                                           | 01 | 01                                           | 01 | 61 | F  | 01 | 08 | 01 | 11 | 04                                                                                        | 01 | 04         | Kelley A Crisonino<br>532 PENNSYLVANIA AVE BRICK TOWNSHIP NJ 08724  |                |  |               |  |      |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| C           |    | 02                                                           | 01 | 01                                           | 04 | 49 | F  | 01 | 08 | 01 | 11 | 04                                                                                        | 01 | 04         | Kelly Crisonono<br>532 PENNSYLVANIA AVE BRICK TOWNSHIP NJ 08724     |                |  |               |  |      |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| D           |    | 03                                                           | 01 | 01                                           | 01 | 73 | M  | 01 | 08 | 01 | 11 | 04                                                                                        | 01 | 04         | Lorinda L Williams<br>403 RIDGE AVE NEPTUNE NJ 07753                |                |  |               |  |      |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|             |    | 03                                                           | 01 | 01                                           | 01 | 73 | M  | 01 | 08 | 01 | 11 | 04                                                                                        | 01 | 04         | Charles M Miller<br>1188 WAKE FOREST DR Toms River NJ 08753         |                |  |               |  |      |  |                                                                                                       |  |                      |  |              |  |        |  |  |  |                                                                                           |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                           |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |

☐ Fatal

## New Jersey Police Crash Investigation Report

|                                                                                                    | Reportable |
|----------------------------------------------------------------------------------------------------|------------|
| 1. Name of the company                                                                             |            |
| 2. Address of the company                                                                          |            |
| 3. City                                                                                            |            |
| 4. State                                                                                           |            |
| 5. Zip                                                                                             |            |
| 6. Country                                                                                         |            |
| 7. Telephone number                                                                                |            |
| 8. Fax number                                                                                      |            |
| 9. E-mail address                                                                                  |            |
| 10. Website                                                                                        |            |
| 11. Industry                                                                                       |            |
| 12. Description of business                                                                        |            |
| 13. Products or services                                                                           |            |
| 14. Market segment                                                                                 |            |
| 15. Number of employees                                                                            |            |
| 16. Annual revenue                                                                                 |            |
| 17. Fiscal year end                                                                                |            |
| 18. Date of last audit                                                                             |            |
| 19. Auditor's name                                                                                 |            |
| 20. Auditor's firm                                                                                 |            |
| 21. Auditor's address                                                                              |            |
| 22. Auditor's city                                                                                 |            |
| 23. Auditor's state                                                                                |            |
| 24. Auditor's zip                                                                                  |            |
| 25. Auditor's country                                                                              |            |
| 26. Auditor's telephone number                                                                     |            |
| 27. Auditor's fax number                                                                           |            |
| 28. Auditor's e-mail address                                                                       |            |
| 29. Auditor's website                                                                              |            |
| 30. Auditor's industry                                                                             |            |
| 31. Auditor's description of business                                                              |            |
| 32. Auditor's products or services                                                                 |            |
| 33. Auditor's market segment                                                                       |            |
| 34. Auditor's number of employees                                                                  |            |
| 35. Auditor's annual revenue                                                                       |            |
| 36. Auditor's fiscal year end                                                                      |            |
| 37. Auditor's date of last audit                                                                   |            |
| 38. Auditor's auditor's name                                                                       |            |
| 39. Auditor's auditor's firm                                                                       |            |
| 40. Auditor's auditor's address                                                                    |            |
| 41. Auditor's auditor's city                                                                       |            |
| 42. Auditor's auditor's state                                                                      |            |
| 43. Auditor's auditor's zip                                                                        |            |
| 44. Auditor's auditor's country                                                                    |            |
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| 46. Auditor's auditor's fax number                                                                 |            |
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| 60. Auditor's auditor's auditor's city                                                             |            |
| 61. Auditor's auditor's auditor's state                                                            |            |
| 62. Auditor's auditor's auditor's zip                                                              |            |
| 63. Auditor's auditor's auditor's country                                                          |            |
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| 77. Auditor's auditor's auditor's auditor's firm                                                   |            |
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| 80. Auditor's auditor's auditor's auditor's state                                                  |            |
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| 149. Auditor's auditor's auditor's auditor's auditor's auditor's auditor's annual revenue          |            |
| 150. Auditor's auditor's auditor's auditor's auditor                                               |            |

☐ Non-Reportable☐ Change Report[illegible][illegible]

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2021-00084660 |    |                                                                                | Page <u>3</u> of <u>5</u> |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|--------------------------------------------------------------------------------|---------------------------|--|
|                                                 | 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

Driver of Vehicle 1 advised that she was traveling East on Burrsville Road, approaching State Route 88 and did not notice the vehicles stopped. She was unable to stop and Vehicle 1 struck the rear of Vehicle 2, causing moderate damage to the front of Vehicle 1.

Driver of Vehicle 2 advised that she was stopped in traffic when her vehicle was struck in the rear by Vehicle 1. The force of the impact caused Vehicle 2 to strike Vehicle 3, causing moderate damage to the front and rear of Vehicle 2.

Driver of Vehicle 3 advised that he was stopped in traffic when his vehicle was struck in the rear by Vehicle 2 causing very minor damage to the rear of Vehicle 3.

Driver of Vehicle 2 complained of back and neck pain. Brick Medical Unit #535 arrived on location to administer first aid and the driver of Vehicle 2 refused first aid attention. She advised she was following up with her general practitioner in the morning.

|                                                |                     |                               |                |                                                                                                   |
|------------------------------------------------|---------------------|-------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Peter Allen Bylsma | 147. Badge #<br>328 | 148. Reviewer<br>Erik A Olsen | Badge #<br>185 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|------------------------------------------------|---------------------|-------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick Police Code: 01Station: — Case No: 2021-00084660

## 145 Crash Description

My investigation revealed that Vehicle 1 did not notice the vehicles backed up in traffic. As a result Vehicle 1 struck the rear of Vehicle 2 and due to the force of the impact, Vehicle 2 struck the rear of Vehicle 3. Vehicle 1 was found to be at fault for the motor vehicle collision. The driver of Vehicle 1 was issued a careless driving citation (39.4-97 / E21-007895).

Peter Allen Bylsma

328

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

Code: 01

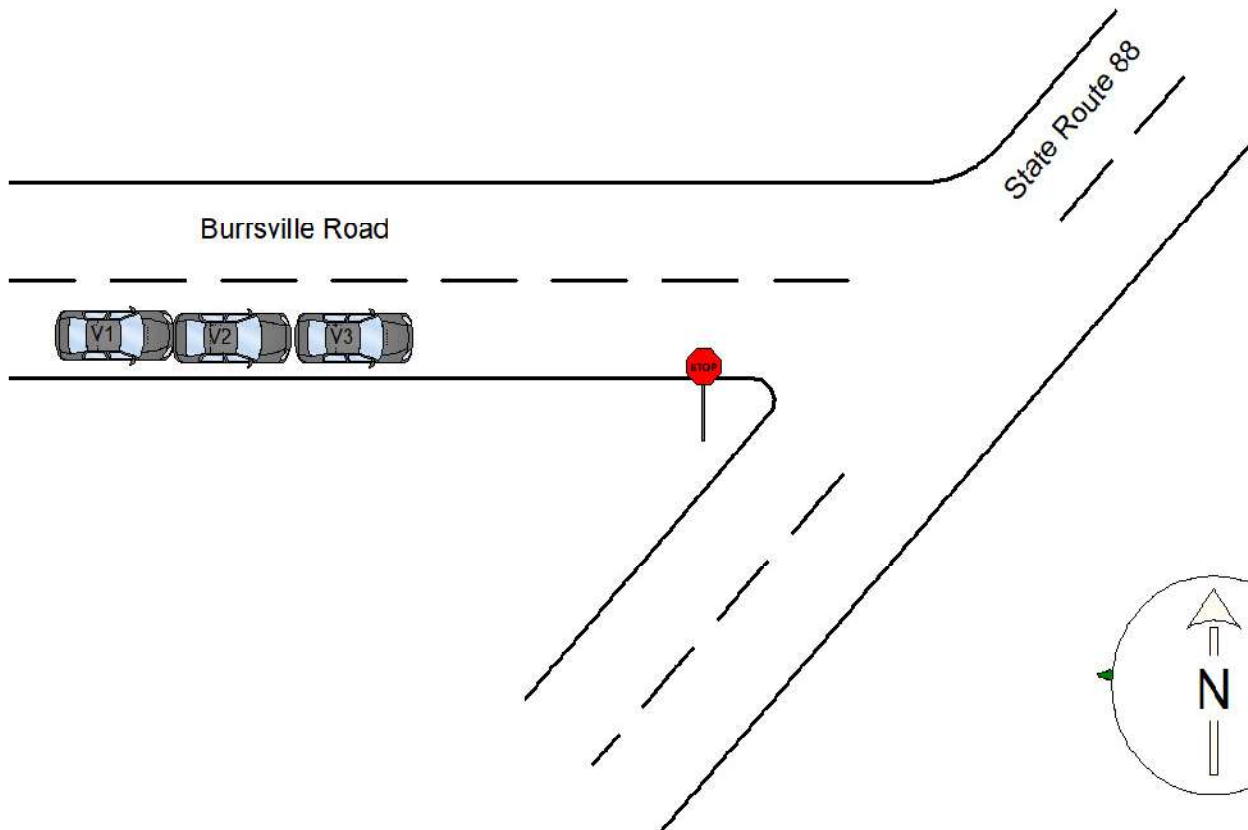
Station:     

Case No: 2021-00084660

144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North

*Not To Scale*



Peter Allen Bylsma

Officer's Signature

328

Badge Number