New Jersey Police Crash Investigation Report

☐ Fatal | ☒ Reportable | ☐ Non-Reportable | ☐ Change Report

1. Case Number: 2017-00045155
2. Police Dept. of: Brick Twp — Code: 01
3. Station/Precinct: —
10. Crash Occurred On: RT. 88 (Road Name) — Dir.: E
11. Speed Limit: 40
12. Route No.: - - 88 — Suffix: - — 13. Milepost: -- . --
14: 250 — 15: ☐ At Intersection with ☒ Feet ☐ Miles — 16: ☐ N ☐ E ☐ S ☒ W — of: JACK MARTIN BLVD
17. Cross Road Name/Route No. — 18. Speed Limit: 40
19. Ramp ☐ To: ☐ From: — ☐ NB ☐ EB ☐ SB ☐ WB
20. Route Name/Route No.
4. Date of Crash (mm dd yy): 07 04 17
5. Day of Week: Su M (Tu) W Th F Sa
6. Time (use 2400 hrs.): 1347
7. Municipality Code: 1506
8. Total Killed: --
9. Total Injured: 02
21. Latitude: — 22. Longitude: —

Field	Vehicle 1	Field	Vehicle 2
23. Veh. #	01	53. Veh. #	02
24. Policy No.	8417654.	54. Policy No.	5767542
25. NJ Ins. Code	096	55. NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run	
26. Driver's First Name, Initial, Last Name	SIERRA H. JUTRAS	56. Driver's First Name, Initial, Last Name	CHRISTIAN LAFATA
29. Sex	F	59. Sex	M
27. Number & Street	1200 3RD AVENUE	57. Number & Street	8 TERN CT
28. City, State, Zip	TOMS RIVER NJ 08757	58. City, State, Zip	WHITING NJ 08759
30. Eyes	06	60. Eyes	05
DL Class	-D	DL Class	-A
Restrictions	——	Restrictions	EKO-
Endorsements	—	Endorsements	--
31. State	NJ	61. State	NJ
32. Driver's License Number	J9495 71268 58956	62. Driver's License Number	L0121 12400 06785
33. DOB (mm dd yy)	08 24 95	63. DOB (mm dd yy)	06 07 78
34. Expires (mm yy)	11 19	64. Expires (mm yy)	06 19
35. Owner's First Name, Initial, Last Name	☒ Same as Driver — SAME	65. Owner's First Name, Initial, Last Name	☐ Same as Driver — SAME
36. Number & Street	SAME	66. Number & Street	SAME
37. City, State, Zip	SAME	67. City, State, Zip	SAME
38. Make	TOY	68. Make	FORD
39. Model	CAM	69. Model	TAURUS
40. Color	BK	70. Color	SIL
41. Year	94	71. Year	02
42. Plate No.	N88HYF	72. Plate No.	V92FMS
43. State	NJ	73. State	NJ
44. VIN	4T1SK12E1RU345959	74. VIN	1FAFP56S12A110103
45. Expires	06/18	75. Expires	09/17
46. Vehicle Removed to	SANDY'S TOWING	76. Vehicle Removed to	
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority	☒ Owner ☐ Driver ☐ Police	77. Authority	☒ Owner ☐ Driver ☐ Police
48. Alcohol Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. __ % ☐ Pending	78. Alcohol Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. __ % ☐ Pending
49. Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79. Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50. Carrier No.	☐ USDOT ☐ MC/MX ☐ None	80. Carrier No.	☐ USDOT ☐ MC/MX ☐ None
51. GVWR / GCWR (*trucks & buses only*)	☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.	81. GVWR / GCWR (*trucks & buses only*)	☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity; Number & Street; City, State, Zip		82. Motor Carrier or Government Entity; Number & Street; City, State, Zip	

135. Damage to Other Property ☐ Yes (*If Yes, describe*) ☒ No

NONE

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
01	39:4-97.3	E1700464B			
Oper.	**140. Charge**	**141. Summons No.**	**Oper.**	**142. Charge**	**143. Summons No.**
01	39:4-97	E1700464?			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	01	01	01	04	21	F	05	08	02	11	11	01	65 05	Driver #1
B	02	01	01	–	39	M	–	–	–	11	04	–	–	Driver #2
C	03	01	01	04	81	M	04	08	02	11	04	–	65 05	Driver #3
D														

Left margin codes:

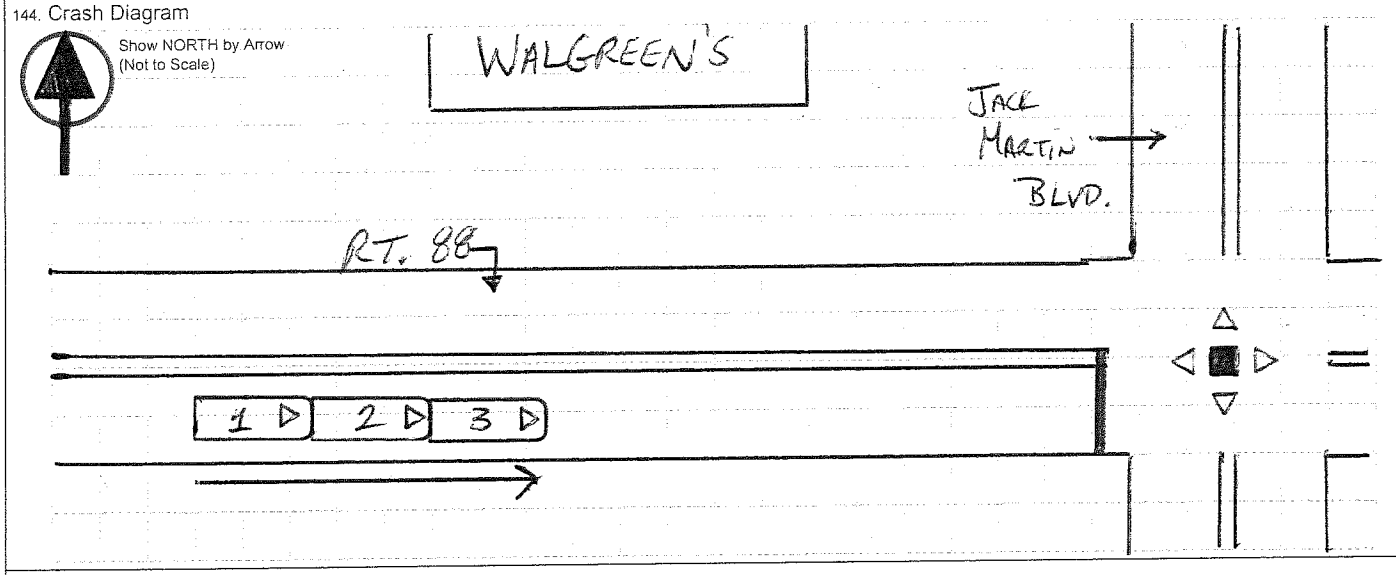
Field	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	03
105	01
106	–
107	–
108	01
109	01
110	01
111	01
112	–
113	–
114	–
115	–
116	02
117	02

Right margin codes:

Field	Value
118a	02
118b	17
119a	25
119b	–
120a	01
120b	–
121a	01
121b	–
122	01
123	03
124	04
125	04
126a	26
126b	–
126c	–
126d	
126e	26
127a	26
127b	26
127c	–
127d	
127e	26
128	26
129	12
130	12
131	06
132	12
133	04
134	03

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E														
F														
G														
H														
I														
J														

144. Crash Diagram



145. Crash Description/Narrative

-V1 WAS traveling E/B on RT. 88, APPROACHING JACK MARTIN BLVD. V2 WAS STOPPED ON RT. 88 E/B, IN TRAFFIC. V3 WAS STOPPED IN FRONT OF V2. V1 FAILED TO STOP AND STRUCK V2, CAUSING DAMAGE. IMPACT CAUSED V2 TO STRIKE V3. DRIVER 3 COMPLAINED OF NECK PAIN. DRIVER 1 COMPLAINED OF CHEST PAIN DUE TO AIRBAG DEPLOYMENT. BOTH DRIVER 1 AND DRIVER 3 WERE TRANSPORTED TO OCEAN MEDICAL CENTER FOR TREATMENT. DRIVER 1 WAS ISSUED E-TICKET SUMMONS # E17004648 for 39:4-97.3 AND E17004648 for 39:4-97.

-DRIVER #1 ADVISED THAT PRIOR TO THE CRASH, SHE WAS USING HER CELL PHONE TO MAKE A PHONE CALL. WITNESS, M.V., WHO WAS ON SCENE AND COMPLETED AT MOTOR VEHICLE CRASH STATEMENT FORM, ADVISED THAT FROM HER VANTAGE POINT (DIRECTLY BEHIND V1), IT APPEARED DRIVER 1 WAS UTILIZING A CELL PHONE AT THE TIME OF THE CRASH.

-BOTH DRIVER 2 AND 3 ADVISED THAT PRIOR TO THE CRASH, BOTH WERE →

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
PTL. J. Turin	178		159	☐ Pending ☒ Complete

Page 3 of 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☑ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2017-00045155
2. Police Dept. of: Brick Twp — Code: 01
3. Station/Precinct:

10. Crash Occurred On: Rt. 88 — Road Name — E — Dir
11. Speed Limit: 40
12. Route No.: 88 — Suffix: — 13. Milepost:
18. Speed Limit:
☐ At Intersection with ☐ Feet ☐ Miles — 14 — 15 — ☐N ☐E ☐S ☐W — 16 — of:
19. Ramp ☐To: ☐From: 17. Cross Road Name/Route No. ☐NB ☐EB ☐SB ☐WB
21. Latitude 20 Route Name/Route No. 22. Longitude

4. Date of Crash mm dd yy: 07 04 17
5. Day of Week: Su M Tu W Th F Sa — Tu
6. Time (use 2400 hrs.): 1347
7. Municipality Code: 1506
8. Total Killed: --
9. Total Injured: 01

Vehicle 1

23. Veh. #: 03
24. Policy No.: APA0002008365
25. NJ Ins. Code: 411
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: CHARLES — Initial: — Last Name: COCUZZA — 29. Sex: M
27. Number & Street: 119 PORT ROYAL DRIVE
28. City: TOMS RIVER — State: NJ — Zip: 08757
30. Eyes: 02 — DL Class: D — Restrictions: — — Endorsements: — — 31. State: NJ
32. Driver's License Number: C0069 12000 02362 — 33. DOB mm dd yy: 02 22 36 — 34. Expires mm yy: 06 19

35. Owner's First Name: ☑ Same as Driver — SAME — Initial — Last Name
36. Number & Street: SAME
37. City: SAME — State — Zip
38. Make: CHEVY — 39. Model: COL — 40. Color: RD — 41. Year: 07 — 42. Plate No.: VN221P — 43. State: NJ
44. VIN: 1GCCS199578255415 — 45. Expires: 02/18
46. Vehicle Removed to: LEFT ON SCENE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☑ Left at Scene ☐ Towed Impounded
47. Authority: ☑ Owner ☐ Driver ☐ Police
48. Alcohol Drug Test: Given: ☑ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. % ☐ Pending
49. Hazardous Material: ☑ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
50. Carrier No.: ☐ USDOT ☐ None ☐ MC/MX
51. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
52. Motor Carrier or Government Entity
Number & Street
City — State — Zip

Vehicle 2

53. Veh. #:
54. Policy No.:
55. NJ Ins. Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: — Initial: — Last Name: — 59. Sex:
57. Number & Street:
58. City: — State: — Zip:
60. Eyes: — DL Class: — Restrictions: — Endorsements: — 61. State:
62. Driver's License Number: — 63. DOB mm dd yy: — 64. Expires mm yy:

65. Owner's First Name: ☐ Same as Driver — Initial — Last Name
66. Number & Street:
67. City: — State — Zip:
68. Make: — 69. Model: — 70. Color: — 71. Year: — 72. Plate No.: — 73. State:
74. VIN: — 75. Expires:
76. Vehicle Removed to:
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☐ Driver ☐ Police
78. Alcohol Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. % ☐ Pending
79. Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class — Placard No.
80. Carrier No.: ☐ USDOT ☐ None ☐ MC/MX
81. GVWR / GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs.
82. Motor Carrier or Government Entity
Number & Street
City — State — Zip

135. Damage to Other Property ☐ Yes (If Yes, describe) ☑ No

NONE

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.

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

96 05 | 97 01 | 98 01 | 99 02 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 03 | 105 01 | 106 — | 107 — | 108 05 | 109 — | 110 01 | 111 — | 112 — | 113 — | 114 — | 115 — | 116 02 | 117 — | 118a 25 | 118b — | 119a — | 119b — | 120a 01 | 120b — | 121a — | 121b — | 122 08 | 123 — | 124 04 | 125 — | 126a 26 | 126b — | 126c — | 126d — | 126e 26 | 127a — | 127b — | 127c — | 127d — | 1 — | 26 | 129 06 | 130 06 | 131 — | 132 — | 133 02 | 134 —

NJTR-1 (Rev. 01/17)

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E														
F														
G														
H														
I														
J														

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)

"SEE DIAGRAM PAGE #2"

145. Crash Description/Narrative

STOPPED ON RT. 88, AREA OF WALGREENS.

-INVESTIGATION REVEALED ON SCENE THAT DRIVER #1'S PRE-CRASH ACTIONS WERE THE DIRECT CAUSE OF THIS CRASH.

END REPORT

146. Officer's Signature: PTL. J. Turrin

147. Badge # 199

148. Reviewer

Badge # 152

149. Case Status ☐ Pending ☒ Complete

Brick Township Police Department

Motor Vehicle Crash Statement Form

Witness Statement

Name: Monica VERMEULEN Age: 65 Case #: 4515517

Address: 221 Sunrise St City: BRICK State: NJ Zip: 08724

Home Phone: (732) 674-9434 Work Phone: (732) 414-1625

Date of Crash: 7/4/17 Day of Crash: Tuesday Time of Crash: APPROX. 1:40

Location of Crash: Rt. 88 BRICK Date of Statement: 7/4/17

(CIRCLE ANSWER)

1. Did you witness the crash? (Yes) / No
2. Are you related to any party involved in the crash? Yes / (No) (If Yes, relationship)_____
3. Weather conditions at the time of the crash: (Clear) / Rain / Snow / Fog / Other: _____
4. Road conditions at the time of the crash: (Dry) / Wet / Snowy / Icy / Other: _____
5. Light Condition at the time of the crash: Dawn / (Day) / Dusk / Dark
6. If Day : (Sunny) / Cloudy If Dark: Street Lights On / Off / None
7. Could you tell if the headlights of the vehicles involved in the crash were on? Yes / ~~No~~ / (NA) If yes which vehicle(s):

Pedestrian/Bicyclist Crash Only (Questions 8-11)

8. Did you clearly observe the Pedestrian/Bicyclist? Yes / No
9. What color clothing was the Pedestrian/Bicyclist wearing? _____
10. When did you first observe the Pedestrian/Bicyclist? _____
11. What was the direction of the Pedestrian/Bicyclist prior to the crash? _____

12. In your own words, can you describe the crash that you witnessed?

I was in traffic behind a black car with a young girl driving in it. She began to accelerate while looking down at what most likely was a cell phone. There were two vehicles close in front of her. Suddenly she accelerated extremely fast as if she gunned the engine while not looking straight ahead. She slammed into the silver car in front of her which, in turn, hit the red pick up truck in front of it.

CONINUE ON BACK SIDE IF NEEDED→

Signature of Person Giving Statement

******OFFICER USE ONLY******

Statement Made at: RT. 88 / JACK MARTIN BLVD. (Location) On: 7/4/17 (Date)

Investigating Officer: [signature] Badge: 199

3T 315 09/05

********DO NOT INCLUDE WITH NJTR-1********

4515517