

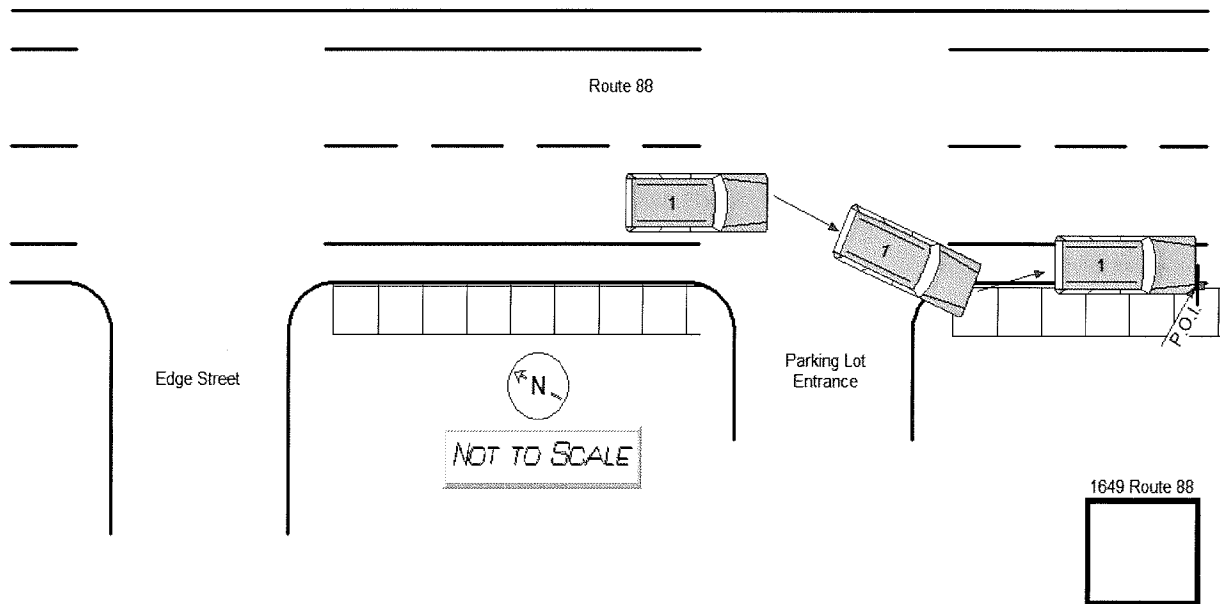
|     |                                                                                                                             |                                          |                                                     |                                                |                                          |                                                     |      |
|-----|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|------------------------------------------------|------------------------------------------|-----------------------------------------------------|------|
| 96  | Page <u>1</u> of <u>5</u>                                                                                                   | <input type="checkbox"/> Fatal           | <b>New Jersey Police Crash Investigation Report</b> | <input checked="" type="checkbox"/> Reportable | <input type="checkbox"/> Non-Reportable  | <input type="checkbox"/> Change Report              | 118a |
| 05  | 1. Case Number                                                                                                              | 2017-00039981                            |                                                     | 10. Crash Occurred On:                         | ROUTE 88                                 |                                                     | 29   |
| 97  | 2. Police Dept. of                                                                                                          | BRICK TWP. 01                            |                                                     | 11. Speed Limit                                | 40                                       |                                                     | 118b |
| 01  | 3. Station/Precinct                                                                                                         |                                          |                                                     | 12. Route No.                                  | 88                                       |                                                     | 119a |
| 98  | 4. Date of Crash                                                                                                            | 5. Day of Week                           | 6. Time (use 2400 hrs.)                             | 7. Municipality Code                           | 8. Total Killed                          | 9. Total Injured                                    | 119b |
| 01  | 06/15/17                                                                                                                    | Th                                       | 1300                                                | 1506                                           | 0                                        | 0                                                   | 07   |
| 02  | 23. Veh. #                                                                                                                  | 24. Policy No.                           | 25. NJ Ins. Code                                    | 53. Veh. #                                     | 54. Policy No.                           | 55. NJ Ins. Code                                    | 121a |
| 04  | 01                                                                                                                          | 02702 0435C 7101 7                       | 823                                                 |                                                |                                          |                                                     | 06   |
| 101 | 26. Driver's First Name                                                                                                     | Initial                                  | Last Name                                           | 29. Sex                                        |                                          |                                                     | 121b |
| 02  | BERNARD                                                                                                                     |                                          | LAUFGAS                                             | M                                              |                                          |                                                     |      |
| 102 | 27. Number & Street                                                                                                         |                                          |                                                     |                                                |                                          |                                                     |      |
| 01  | 113 SCHOONER AVE.                                                                                                           |                                          |                                                     |                                                |                                          |                                                     |      |
| 103 | 28. City                                                                                                                    | State                                    | Zip                                                 | 58. City                                       | State                                    | Zip                                                 | 122  |
| 01  | BARNEGAT                                                                                                                    | NJ                                       | 08005                                               |                                                |                                          |                                                     | 01   |
| 104 | 30. Eyes                                                                                                                    | DL Class                                 | Restrictions                                        | Endorsements                                   | 31. State                                |                                                     |      |
| 01  | 06                                                                                                                          | ED                                       |                                                     |                                                | NJ                                       |                                                     |      |
| 105 | 32. Driver's License Number                                                                                                 | 33. DOB                                  | 34. Expires                                         | 62. Driver's License Number                    | 63. DOB                                  | 64. Expires                                         | 123  |
| 11  | L0874 08500 06446                                                                                                           | 060644                                   | 0518                                                |                                                |                                          |                                                     |      |
| 106 | 35. Owner's First Name                                                                                                      | Initial                                  | Last Name                                           | 65. Owner's First Name                         | Initial                                  | Last Name                                           | 124  |
|     | Same as Driver                                                                                                              |                                          |                                                     | Same as Driver                                 |                                          |                                                     | 04   |
| 107 | 36. Number & Street                                                                                                         |                                          |                                                     |                                                |                                          |                                                     | 125  |
|     |                                                                                                                             |                                          |                                                     |                                                |                                          |                                                     |      |
| 108 | 37. City                                                                                                                    | State                                    | Zip                                                 | 67. City                                       | State                                    | Zip                                                 | 126a |
| 04  |                                                                                                                             |                                          |                                                     |                                                |                                          |                                                     | 05   |
| 109 | 38. Make                                                                                                                    | 39. Model                                | 40. Color                                           | 41. Year                                       | 42. Plate No.                            | 43. State                                           | 126b |
|     | HONDA                                                                                                                       | CR-V                                     | GN                                                  | 12                                             | W43BP                                    | NJ                                                  | 56   |
| 110 | 44. VIN                                                                                                                     | 45. Expires                              | 74. VIN                                             | 75. Expires                                    |                                          |                                                     |      |
| 01  | 5J6RM4H33CL016837                                                                                                           | 3/18                                     |                                                     |                                                |                                          |                                                     |      |
| 111 | 46. Vehicle Removed to:                                                                                                     |                                          |                                                     |                                                |                                          |                                                     | 126d |
|     | LEFT AT SCENE                                                                                                               |                                          |                                                     |                                                |                                          |                                                     |      |
| 112 | <input type="checkbox"/> Driven                                                                                             | <input type="checkbox"/> Towed Disabled  | <input type="checkbox"/> Towed Disabled & Impounded | <input type="checkbox"/> Driven                | <input type="checkbox"/> Towed Disabled  | <input type="checkbox"/> Towed Disabled & Impounded | 126e |
|     | <input checked="" type="checkbox"/> Left at Scene                                                                           | <input type="checkbox"/> Towed Impounded |                                                     | <input type="checkbox"/> Left at Scene         | <input type="checkbox"/> Towed Impounded |                                                     | 39   |
| 113 | 47. Authority                                                                                                               |                                          |                                                     |                                                |                                          |                                                     | 127a |
|     | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                   |                                          |                                                     |                                                |                                          |                                                     |      |
| 114 | 48. Alcohol Drug Test                                                                                                       |                                          |                                                     |                                                |                                          |                                                     | 127b |
|     | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                 |                                          |                                                     |                                                |                                          |                                                     |      |
| 115 | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                         |                                          |                                                     |                                                |                                          |                                                     | 127c |
|     | Results: 0.00 % <input type="checkbox"/> Pending                                                                            |                                          |                                                     |                                                |                                          |                                                     |      |
| 116 | 49. Hazardous Material                                                                                                      |                                          |                                                     |                                                |                                          |                                                     | 127d |
|     | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                              |                                          |                                                     |                                                |                                          |                                                     |      |
| 117 | 50. Carrier No.                                                                                                             |                                          |                                                     |                                                |                                          |                                                     | 127e |
|     | <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> MC/MX                                 |                                          |                                                     |                                                |                                          |                                                     |      |
|     | 51. GVWR / GCWR (trucks & buses only)                                                                                       |                                          |                                                     |                                                |                                          |                                                     | 128  |
|     | <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs. |                                          |                                                     |                                                |                                          |                                                     |      |
|     | 52. Motor Carrier or Government Entity                                                                                      |                                          |                                                     |                                                |                                          |                                                     | 56   |
|     | Number & Street                                                                                                             |                                          |                                                     |                                                |                                          |                                                     | 129  |
|     | City                                                                                                                        | State                                    | Zip                                                 | City                                           | State                                    | Zip                                                 | 130  |
|     |                                                                                                                             |                                          |                                                     |                                                |                                          |                                                     | 01   |
|     | 135. Damage to Other Property                                                                                               |                                          |                                                     |                                                |                                          |                                                     | 131  |
|     | <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No                                      |                                          |                                                     |                                                |                                          |                                                     |      |
|     | PLASTIC SIGN FOR CARBONES BARBER SHOP.                                                                                      |                                          |                                                     |                                                |                                          |                                                     | 132  |
|     | 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<br>If Deceased, Date & Time of Death |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------------------------------------------------|
| A | 01 | 01 | 01 | -  | 72 | M  | -  | -  | -  | 11 | 04 | -  | -  | DRIVER 1                                                            |
| B |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |
| C |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |
| D |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                     |

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station: \_\_\_\_\_ Case No: 2017-00039981

144 Crash Diagram (NOT TO SCALE)



Michael A DeFluri Jr.

270

**New Jersey Police  
Crash Investigation Report**

Case Number  
**2017-00039981**

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

**144. Crash Diagram**



Show NORTH by Arrow  
(Not to Scale)

**SEE ATTACHED DIAGRAM**

**145. Crash Description/Narrative**

Vehicle 1 traveling east on Route 88 left the roadway striking a curb and sign in front of Carbone's Barber Shop (1649 Route 88.).

Driver 1 stated he may have driven off the road and onto the sidewalk but was unsure. Driver 1 advised me that he was a diabetic and he was not feeling well due to this. Driver 1 was not injured however first aid responded due to the possible diabetic emergency. Driver 1 refused first aid as he had felt better after eating a doughnut and drinking soda. I was able to see a change in Driver 1's demeanor and mental status from the time I responded to the time after he had finished eating and drinking.

I spoke to two witnesses who separately stated they observed vehicle 1 traveling east on Route 88 when he ran off the road, up the curb, and struck a sign. The sign was described as an "A frame" sign. One witness stated he was not sure exactly where the crash took place but he thought it may have been in the area of Carbone's.

I responded to Carbone's where I observed damage to the sign that is in front of the store on the sidewalk. The hinge of the sign was broken along with tire marks on the corner. I spoke to the owner who stated he was not concerned with the sign, only the safety of the driver.

146. Officer's Signature

**Michael A DeFluri Jr.**

147. Badge #

**270**

148. Reviewer

*[Signature]*

Badge #

**1202**

149. Case Status

☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash DescriptionPolice Dept: Brick PoliceCode: 01

Station: \_\_\_\_\_

Case No: 2017-00039981

## 145 Crash Description

Driver 1 was picked up by a family member and his vehicle was left in the Windmill parking lot.

Investigation revealed that the cause of the crash was due to driver 1 possibly experiencing a diabetic emergency.

Michael A DeFluri Jr.

Officer's Signature

270

Badge Number