

96	Page 1 of 2	Fatal	New Jersey Police Crash Investigation Report										Reportable	Non-Reportable	Change Report	118a					
05	1. Case Number		2017-00024562										11. Speed Limit		88		118b				
01	2. Police Dept. of		Code		10. Crash Occurred On: RT 88										12. Route No.		Suffix		13. Milepost		119a
01	3. Station/Precinct		101		100										14		15		16		119b
02	4. Date of Crash		5. Day of Week		6. Time		7. Municipality		8. Total		9. Total		19. To: 17. Cross Road Name/Route No.		18. Speed Limit		21. Latitude		22. Longitude		120a
01	04/12/17		Su M Tu W Th F Sa		0800		1506		-		-		REGINA DR		25						120b
04	23. Veh. #		24. Policy No.		25. NJ Ins. Code		53. Veh. #		54. Policy No.		55. NJ Ins. Code		56. Driver's First Name		57. Driver's Last Name		58. Driver's Initial		59. Driver's Sex		121a
02	01		90459851		134		02		PAA1000257222		963		LORRAINE		CONNOLLY		F				121b
01	26. Driver's First Name		27. Driver's Last Name		28. Driver's Initial		29. Driver's Sex		30. Eyes		31. DL Class		32. Restrictions		33. Endorsements		34. State		35. Driver's License Number		122
01	RYAN		STUBBS		A		M		06		-D		--		1		NJ		S8400		123
01	5 HARBELL HALLOW		37. City		38. State		39. Zip		40. Make		41. Model		42. Color		43. Year		44. Plate No.		45. State		124
01	TOMS RIVER		NJ		08755		MANCHESTER		NJ		08759										125
02	30. Eyes		31. DL Class		32. Restrictions		33. Endorsements		34. State		35. Driver's License Number		36. Driver's Initial		37. Driver's Sex		38. Driver's License Number		39. Driver's Initial		126a
01	06		-D		--		1		NJ		05		-D		--		NJ		0618		126b
01	32. Driver's License Number		33. DOB		34. Expires		35. Owner's First Name		36. Owner's Last Name		37. Owner's Initial		38. Owner's Sex		39. Owner's License Number		40. Owner's Initial		41. Owner's Sex		126c
01	S8400		68261		06906		062890		1220		C6421		48700		62465		122246		0618		126d
01	35. Owner's First Name		36. Owner's Last Name		37. Owner's Initial		38. Owner's Sex		39. Owner's License Number		40. Owner's Initial		41. Owner's Sex		42. Owner's License Number		43. Owner's Initial		44. Owner's Sex		126e
01	Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		Same as Driver		127a
01	36. Number & Street		37. City		38. State		39. Zip		40. Make		41. Model		42. Color		43. Year		44. Plate No.		45. State		127b
01	5 HARBELL HALLOW		TOMS RIVER		NJ		08755		HON		ACC		GY		12		MZN34M		NJ		127c
01	44. VIN		45. Expires		46. Vehicle Removed to:		47. Vehicle Removed to:		48. Vehicle Removed to:		49. Vehicle Removed to:		50. Vehicle Removed to:		51. Vehicle Removed to:		52. Vehicle Removed to:		53. Vehicle Removed to:		127d
01	2G4WS52J021110413		02-18		BRICK PERFORMANCE		ANDREWS AUTO BODY														127e
01	46. Vehicle Removed to:		47. Vehicle Removed to:		48. Vehicle Removed to:		49. Vehicle Removed to:		50. Vehicle Removed to:		51. Vehicle Removed to:		52. Vehicle Removed to:		53. Vehicle Removed to:		54. Vehicle Removed to:		55. Vehicle Removed to:		128
01	Driven		Towed Disabled		Towed Disabled & Impounded		Driven		Towed Disabled		Towed Disabled & Impounded		Driven		Towed Disabled		Towed Disabled & Impounded		Driven		129
01	Left at Scene		Towed Impounded				Left at Scene		Towed Impounded				Left at Scene		Towed Impounded				Left at Scene		130
01	47. Authority		48. Alcohol Drug Test		49. Hazardous Material		50. Carrier No.		51. GVWR / GCWR (trucks & buses only)		52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		131
01	Owner		No		None		USDOT		≤ 10,000 lbs.		None		Yes		No		No		NONE		132
01	Driver		Breath		On Board		None		10,001 - 26,000 lbs.		None		No		No		No		NONE		133
01	Police		Urine		Spill		None		≥ 26,001 lbs.		None		No		No		No		NONE		134
01	Results: 0. %		Type: Breath		Type: Blood		Type: Urine		Type: Spill		Type: None		Type: Yes		Type: No		Type: No		Type: NONE		135
01	50. Carrier No.		51. GVWR / GCWR (trucks & buses only)		52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		136
01	USDOT		≤ 10,000 lbs.		None		Yes		No		No		No		No		No		No		137
01	MC/MX		10,001 - 26,000 lbs.		None		No		No		No		No		No		No		No		138
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		139
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		140
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		141
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		142
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		143
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		144
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		145
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		146
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		147
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		148
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		149
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		150
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		151
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		152
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		153
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		154
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		155
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		156
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		157
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		158
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		159
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		160
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		161
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		162
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		163
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		164
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		165
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		166
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		167
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		168
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		169
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		170
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		171
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		172
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		173
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		174
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		175
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		176
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		177
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		178
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		179
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		180
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		181
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		182
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		183
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		184
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		185
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		186
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		187
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		188
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		189
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		190
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		191
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		192
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		193
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		194
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		195
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		196
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE		57. NONE		58. NONE		59. NONE		60. NONE		61. NONE		197
01	Number & Street		City		State		Zip		City		State		Zip		City		State		Zip		198
01	52. Motor Carrier or Government Entity		53. Damage to Other Property		54. Yes (If Yes, describe)		55. No		56. NONE												

New Jersey Police
Crash Investigation Report

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Names & Addresses of Occupants
If Deceased, Date & Time of Death

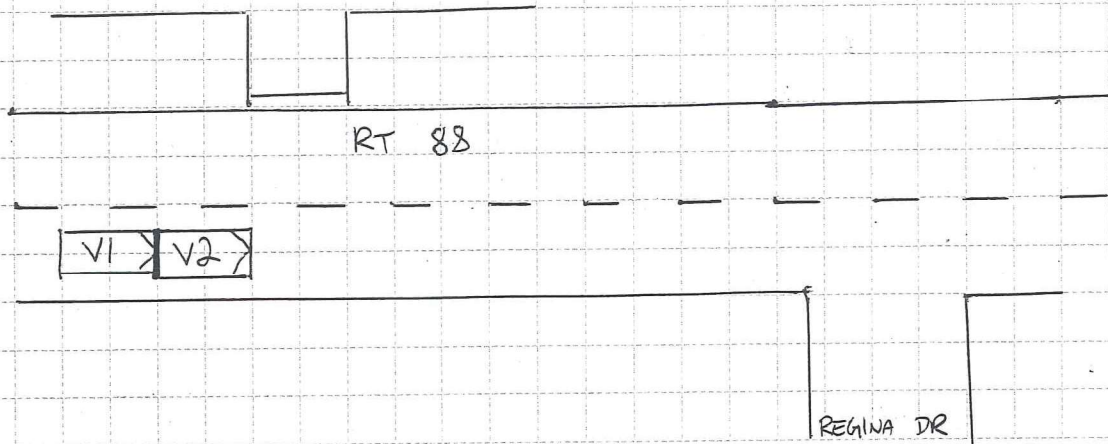
	83	84	85	86	87	88	89	90	91	92	93	94	95	
E														
F														
G														
H														
I														
J														

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)

1500 RT 88 PREFERRED BEHAVIORAL
HEALTH



145. Crash Description/Narrative

V2 WAS STOPPED ON RT 88 FACING EAST, PREPARING TO
TURN LEFT INTO THE PARKING LOT OF 1500 RT 88. V1
WAS TRAVELING EAST ON RT 88, BEHIND V2.

DRIVER 1 STATED HE DID NOT OBSERVE V2 USING A TURN
SIGNAL. DRIVER 2 STATED SHE HAD BEEN STOPPED
SEVERAL SECONDS AND HAD USED A TURN SIGNAL.

DRIVER 1 FAILED TO OBSERVE V2 HAD STOPPED.

FRONT OF V1 CONTACTED REAR OF V2 CAUSING DAMAGE.
V2 WAS DISABLED AND WAS TOWED BY ANDREWS AUTO BODY.
V1 WAS DISABLED AND WAS TOWED BY BRICK PERFORMANCE.

146. Officer's Signature

[Signature]

147. Badge #

231

148. Reviewer

[Signature]

Badge #

178

149. Case Status

☐ Pending ☒ Complete