PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-012926
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SECOND ST
Dir	W
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Road Name	CLIFTON AVE
☒ Feet / ☐ Miles	25
☐ N ☐ E ☒ S ☐ W	
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/17/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1818
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4603-40-67-39
25 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - MARQUEZ CNST & I-
36 Number & Street	416 3RD STREET APT 1B
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F25 / BLK / 2012 / D91LRH / NJ
44 VIN / 45 Expires	1FT7W2B61CEA00770 / 08 22
46 Vehicle Removed To	☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	MWTB315916
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HUGO E SANDOVAL -
59 Sex	M
57 Number & Street	1810 GREENWICH WOOD DR APT 21
58 City / State / Zip	SILVER SPRING MD 20903
60 Eyes / DL Class / Restrictions / Endorsements	02 / C / - / -
61 State	MD
62 Driver's License Number	E236319031391
63 DOB mm dd yyyy	05/24/1996
64 Expires mm yy	05 27
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PENSKE LEASING - AND RENTAL CO -
66 Number & Street	PO BOX 1321 ROUTE 10
67 City / State / Zip	READING PA 19603
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INTER / 4000 SER / WT / 15 / BA82566 / CT
74 VIN / 75 Expires	3HAMMMML2FL507801 / 04 22
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 327574 ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	PENSKE TRUCK RENTAL
Number & Street	PO BOX 1321 RT 10
City / State / Zip	READING PA 19603

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	45	M	-	-	-	11	04	-	-	FORTINO M MARQUEZMORENO - 1075 W COUNTY LINE RI LAKEWOOD NJ 08701
B	2	01	01	05	25	M	-	-	-	04	04	-	-	HUGO E SANDOVAL - 1810 GREENWICH WOOI SILVER SPRING MD 20903
C														
D														

New Jersey Police Crash Investigation Report

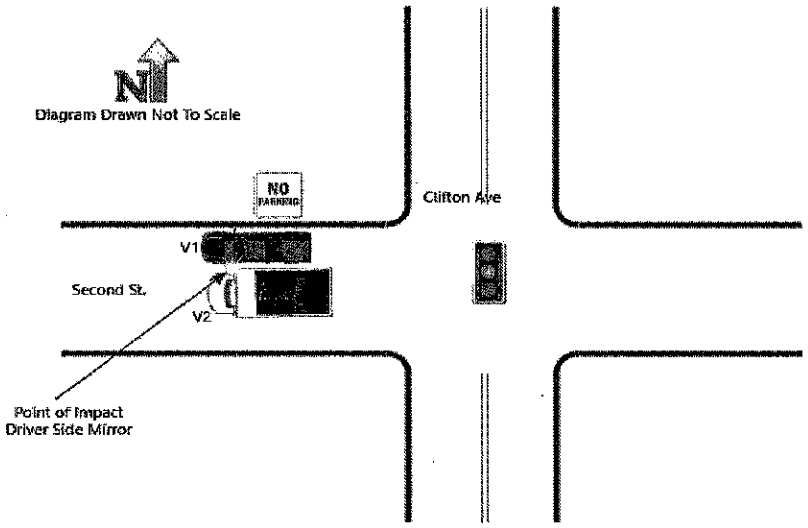
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012926

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was illegally parked on Second St. when the driver side mirror was struck by vehicle 2 as it drove past.

Owner of vehicle 1 states he was sitting in his vehicle on Second St. when vehicle 2 drove past him and struck his driver side mirror causing damage to it.

Driver of vehicle 2 states he was driving on Second St. when the box of his vehicle struck the driver side mirror of vehicle 1, which was illegally parked.

Based on my investigation and the statements made to me by both parties, I determined both parties to be at fault. Driver 1 for being illegally parked and driver 2 for driver inattention.

Vehicle 2 Out of State Insurance Info:

Connecticut Insurance Company: Old Republic Insurance # 24147 1-800-645-2592
Agency/Company Aon Risk Services Central, Inc. 200 East Randolph Chicago IL. 60601

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YAHR J	273	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-012616
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On	200 LEHIGH AVE
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
16 Speed Limit	-
☐ At Intersection With	
Road Name	
Dir	-
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
14	-
15	
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.072080
22 Longitude	-74.173180
4 Date of Crash mm dd yy	02/16/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1616
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	PC201100049
25 NJ Ins. Code	117
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RENE D BAEZ-RAMIREZ -
29 Sex	M
27 Number & Street	202 ELMWOOD AVE
28 City / State / Zip	WEST LAWN PA 19609
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / PA
32 Driver's License Number / 33 DOB / 34 Expires	31800533 / 09/21/1996 / 09 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JASBIR S GILL -
36 Number & Street	123 PENNSYLVANIA AVE
37 City / State / Zip	KEARNY NJ 07032
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FREI / CES / GRN / 2012 / AX913J / NJ
44 VIN / 45 Expires	1FUJGLDRXCSBN0048 / 05 22
46 Vehicle Removed To	-
☐ 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 2634381 ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	JAAP TRUCKING INC
Number & Street	123 PENNSYLVANIA AVE
City / State / Zip	KEARNY NJ 07032

Vehicle 2

53 Veh #	2
54 Policy No.	BAS 55427006
55 NJ Ins. Code	011
☒ 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 / 64 Expires	- / - / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DANIELE J NATALE -
66 Number & Street	310 SETON HALL DR
67 City / State / Zip	FREEHOLD NJ 07728
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INTR / DURASTAR / WHI / 2017 / X076326 / NJ
74 VIN / 75 Expires	1HTMMMMLXHH461322 / 03 22
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 PENDING ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	BONITA MARIE INTERNATIONAL, INC
Number & Street	1960 RUTGERS UNIVERSITY BLVD
City / State / Zip	LAKEWOOD NJ 08701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	1	01	01	05	25	M	-	-	-	04	04	-	-	RENE D BAEZ-RAMIREZ - 202 ELMWOOD AVE WEST LAWN PA 19609 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

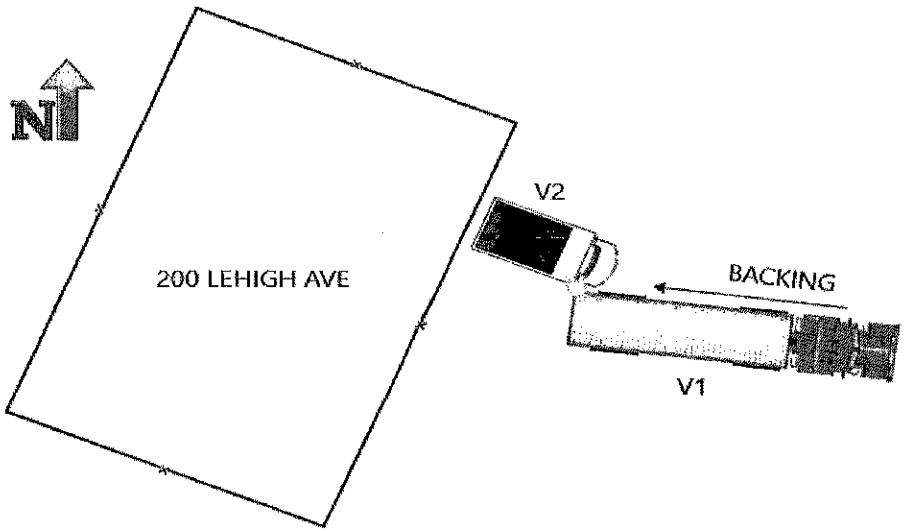
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-012616

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 - SEMI WITH TRAILER (MAINE 276192E, VIN LJRC4126XKT014863) STRUCK THE PASSENGER SIDE MIRROR OF V2 WHICH WAS PARKED NEAR THE LOADING DOCK OF A WAREHOUSE BUILDING (200 LEHIGH AVE). V1 WAS BACKING INTO A BAY TWO SPOTS AWAY FROM WHERE V2 WAS PARKED. DRIVER 1 BELIEVES THE REAR OF HIS CONTAINER TRAILER CAUGHT V2'S MIRROR AS HE WAS BACKING. I OBSERVED THAT TWO MIRRORS WERE BROKEN OFF FROM THE MOUNTING BAR ON THE PASSENGER SIDE OF V2'S CAB.

V2 WAS RECENTLY PURCHASED AND IS AWAITING THE ASSIGNMENT OF A DOT NUMBER, PER THE OWNER BONITA MARIE INTERNATIONAL. THEIR VP OF OPERATIONS, DANNY NATALE, HAS BEEN LISTED AS THE REGISTERED OWNER IN NJ MVC RECORDS.

DRIVER 1 IS RESPONSIBLE DUE TO UNSAFE BACKING. NO INJURIES WERE REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-012816
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVENUE
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: FIRST ST
Dir	
11 Speed Limit	35
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/17/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1040
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.09092
22 Longitude	-74.21647

Vehicle 1

23 Veh #	1
24 Policy No.	912804801
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	STEFANIE L VENDITTE -
29 Sex	F
27 Number & Street	5 EAST DR
28 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	NJ
32 Driver's License Number	V25147217357886
33 DOB mm dd yyyy	07/04/1988
34 Expires mm yy	07 23
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	MARC R NOVELLINO -
36 Number & Street	1399 RIVER AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / YUK / WHI / 2019 / S66LYB / NJ
44 VIN	1GKS2BKJ8KR404087
45 Expires	11 23
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JASON C HUNTER -
59 Sex	M
57 Number & Street	5410 BARCLAY BLVD MARLTON N
58 City / State / Zip	MARLTON NJ 08053
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	NJ
62 Driver's License Number	H93013886301732
63 DOB mm dd yyyy	01/14/1973
64 Expires mm yy	01 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	- - RYDER TRUCK REN -
66 Number & Street	119 MOONACHIE AVE
67 City / State / Zip	MOONACHIE NJ 07074
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FREI / M21 / WHI / 2016 / XHUB82 / NJ
74 VIN	3ALACWDT4GDHD6835
75 Expires	03 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	33	F	-	-	-	11	04	-	-	STEFANIE L VENDITTE - 5 EAST DR TOMS RIVER NJ 08753
B	02	01	01	05	49	M	-	-	-	11	04	-	-	JASON C HUNTER - 5410 BARCLAY BLVD MA MARLTON NJ 08053
C														
D														

New Jersey Police Crash Investigation Report

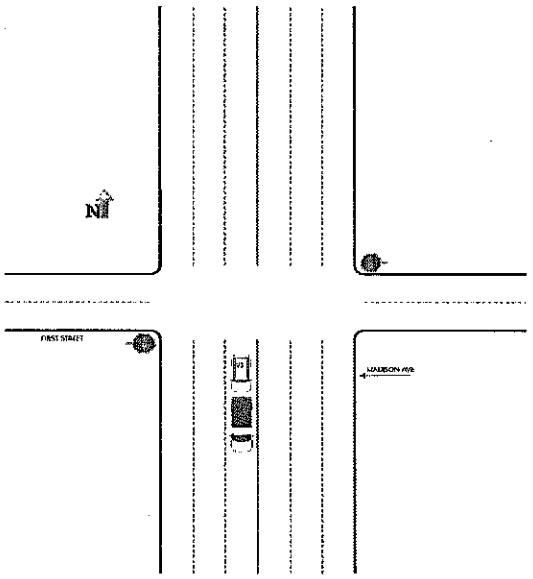
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012816

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V2- MARYLAND INSURANCE CARD-ARCH INSURANCE COMPANYPOLICY # ZACAT9254703 CO CODE 11150.

DRIVER OF V2 STATED THAT HE WAS IN THE LEFT TURN LANE, THE LIGHT WAS GREEN AND HE WAS STOPPED IN TRAFFIC AND HE WAS HIT IN THE REAR.

DRIVER OF V1 STATED THAT SHE WAS TRYING TO STOP, BUT COULD NOT STOP IN TIME.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	EM	288	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-013080
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/19/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1525
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	HURLEY AVE
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	75
15	☐ At Intersection With ☒ Feet ☐ Miles
16	☐ N ☒ E ☐ S ☐ W of:
17 Cross Road Name	RIVER AVE
18 Speed Limit	45
19 Ramp	☐ To ☐ From: 9
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	
22 Longitude	

Field	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	4589821992	935136365
NJ Ins. Code (25 / 55)	100	134
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name (26 / 56)	DARILYS	KYLE
Initial	L	-
Last Name	GONZALEZCRUZ -	TORRES -
Sex (29 / 59)	F	M
Number & Street (27 / 57)	215 CENTER ST APT B	46 RHODE ISLAND DRIVE
City (28 / 58)	LAKEWOOD	JACKSON
State	NJ	NJ
Zip	08701	08527
Eyes (30 / 60)	2	2
DL Class	I	D
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	G64591557354022	T66464380007002
DOB (33 / 63) (mm dd yyyy)	04/26/2002	07/25/2000
Expires (34 / 64) (mm yy)	04 23	07 25
Owner's (35 / 65) Same As Driver	☐	☐
Owner First Name	ROSELINE	KYLE
Owner Initial	C	-
Owner Last Name	OSORIO -	TORRES -
Owner Number & Street (36 / 66)	215 CENTER ST	46 RHODE ISLAND DRIVE
Owner City (37 / 67)	LAKEWOOD	JACKSON
State	NJ	NJ
Zip	08701	08527
Make (38 / 68)	TOYT	MAZD
Model (39 / 69)	COR	CX5
Color (40 / 70)	GRY	GRY
Year (41 / 71)	2005	2021
Plate No. (42 / 72)	C64JRZ	D32MDM
State (43 / 73)	NJ	NJ
VIN (44 / 74)	2T1KR32E15C435132	JM3KFBCY3M0366486
Expires (45 / 75)	02 22	03 23
Vehicle Removed To (46 / 76)		
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☐ Owner ☒ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48 / 78) Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.		
Carrier No. (50 / 80)	☐ USDOT ☒ None ☐ MC/MX	☐ USDOT ☒ None ☐ MC/MX
GVWR/GCWR (51 / 81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City	-	-
State	-	-
Zip	-	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	289500			

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	01	01	01	03	21	M	06	08	02	11	04	-	6304	KYLE - TORRES - 46 RHODE ISLAND DRIV JACKSON NJ 08527
B	02	01	01	05	19	F	-	-	-	11	04	-	-	DARILYS L GONZALEZCRUZ - 215 CENTER ST APT B LAKEWOOD NJ 08701
C														
D														

Code	Value
96	05
97	01
98	01
99	07
100a	03
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

Code	Value
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	07
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

New Jersey Police Crash Investigation Report

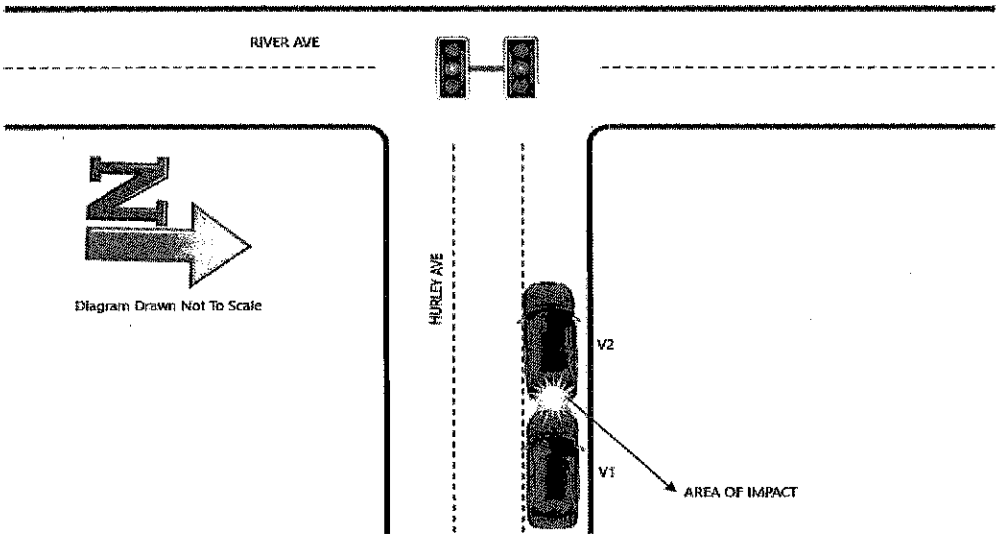
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013080

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED BOTH VEHICLES WERE ON HURLEY AVE. BOTH HAD BARELY TO NON DAMAGE VERY MINOR. VEHICLE 1 HAD MINOR SCRATCHES. VEHICLE 2 HAD MINOR SCRATCHES. BOTH VEHICLES DAMAGE WERE UNDER $500.00 USD

DRIVER OF VEHICLE 1 STATED SHE WAS SLOWING DOWN AND LIGHTLY TAPPED THE REAR OF VEHICLE 2. DRIVER OF VEHICLE 2 STATED HE WAS SLOWING AND STOPPING WHEN VEHICLE 1 STRUCK THE BACK OF HIS VEHICLE.

DRIVER OF VEHICLE 2 HAD A COMPLAINT OF BACK PAIN AND WAS TRANSPORTED TO MONMOUTH MEDICAL CENTER FOR FURTHER EVALUATION.

DRIVER OF VEHICLE 1 WAS ISSUES A SUMMONS FOR NO LICENSE.
A LICENSED DRIVER TRANSPORTED THE VEHICLE DRIVER 1 WAS IN DUE TO THE DRIVER BEING UNLICENSED.
A LICENSED DRIVER TRANSPORTED THE VEHICLE DRIVER 2 WAS IN DUE TO HIM GOING TO THE HOSPITAL.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 WAS AT FAULT FOR FOLLOWING TO CLOSE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014055
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2118
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	ELM ST
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
16 Speed Limit	25
☒ Feet / ☐ Miles	20
☐ N ☐ E of: ☐ S ☒ W	VINE ST
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.082780
22 Longitude	-74.206010

Vehicle 1

23 Veh #	1
24 Policy No.	6083-50-56-66
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YEHOSHUA - SCHECHTER -
29 Sex	M
27 Number & Street	190 CARLTON AVE S
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	S13407890006984
33 DOB mm dd yyyy	06/08/1998
34 Expires mm yy	06 23
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	YEHOSHUA - SCHECHTER -
36 Number & Street	190 CARLTON AVE S
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / GRY / 2013 / K44PFM / NJ
44 VIN	3N1AB7AP4DL564569
45 Expires	10 22
46 Vehicle Removed To	-
☒ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	8678633
55 NJ Ins. Code	096
☒ 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 yyyy	-
64 Expires mm yy	- -
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	LUIS J SOTILCABANILLAS -
66 Number & Street	212 MAIN ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / RAN / BLU / 2001 / Y13NZR / NJ
74 VIN	1FTZR15EX1TA36088
75 Expires	07 22
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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	23	M	-	-	-	11	04	-	-	YEHOSHUA - SCHECHTER - 190 CARLTON AVE S LAKEWOOD NJ 08701
B	02	01	01	05	49	M	-	-	-	11	04	-	-	LUIS J SOTILCABANILLAS - 212 MAIN ST LAKEWOOD NJ 08701
C	02	03	01	05	46	M	-	-	-	11	04	-	-	MIGUEL A MAXIMILIANO JR 350 ELM ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

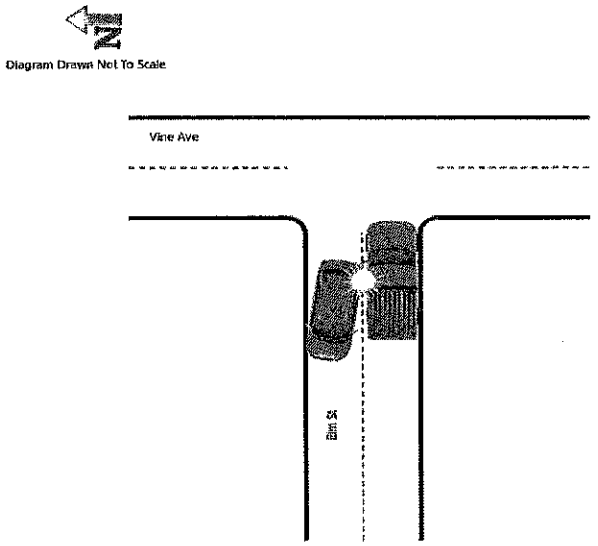
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014055

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 01 stated he was traveling East in reverse towards Vine Ave when he struck Vehicle 02 which was parked on Elm Street. Driver 01 did not have any complaint of pain or injuries.

Driver 02 stated he was parked on Elm Street dropping his friend of at his residence when Vehicle 01 struck the side of his vehicle while in reverse. Driver 02 and the passenger both did not have complaint of pain or any injuries.

After my investigation, I concluded that Driver 01 was at fault for this crash due to not paying attention while backing up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-013938
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0832
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	☒ At Intersection With E KENNEDY BLVD (Road Name)
	☐ Feet ☐ N ☐ E of: BERKOWITZ AVE (Road Name)
	☐ Miles ☐ S ☐ W
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10541
22 Longitude	-74.20824

Vehicle 1

23 Veh #	1
24 Policy No.	BA6315BJ
25 NJ Ins. Code	153
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GIOVANNA R DACOSTA -
29 Sex	F
27 Number & Street	1711 3RD AVENUE
28 City / State / Zip	ASBURY PARK NJ 07712
30 Eyes / DL Class / Restrictions / Endorsements	2 / C / - / -
31 State	NJ
32 Driver's License Number	D00772907951702
33 DOB mm dd yyyy	01/19/1970
34 Expires mm yy	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - SEMAN TOV CORP -
36 Number & Street	10 TRUAX ST
37 City / State / Zip	ELBRON NJ 07740
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	THO / 051 / YEL / 2018 / R445S1 / NJ
44 VIN	1GB6GUBG6G1132597
45 Expires	08 22
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	5129J011146
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YAKOV - LEICHTER -
59 Sex	M
57 Number & Street	127 CHEVY LN
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
61 State	NY
62 Driver's License Number	352754042
63 DOB mm dd yyyy	06/08/1999
64 Expires mm yy	06 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YAKOV - LEICHTER -
66 Number & Street	127 CHEVY LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / HGH - HI / GRY / 2021 / Y88NTA / NJ
74 VIN	5TDGZRBH8MS083904
75 Expires	06 24
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	52	F	-	-	-	04	04	-	-	GIOVANNA R DACOSTA - 1711 3RD AVENUE ASBURY PARK NJ 07712
B	1	03	01	05	22	M	-	-	-	04	04	-	-	GANDRE B DACOSTA - 227 LUDLOW ST LONG BRANCH NJ 07740
C	2	01	01	05	22	M	-	-	-	11	04	-	-	YAKOV - LEICHTER - 127 CHEVY LN LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

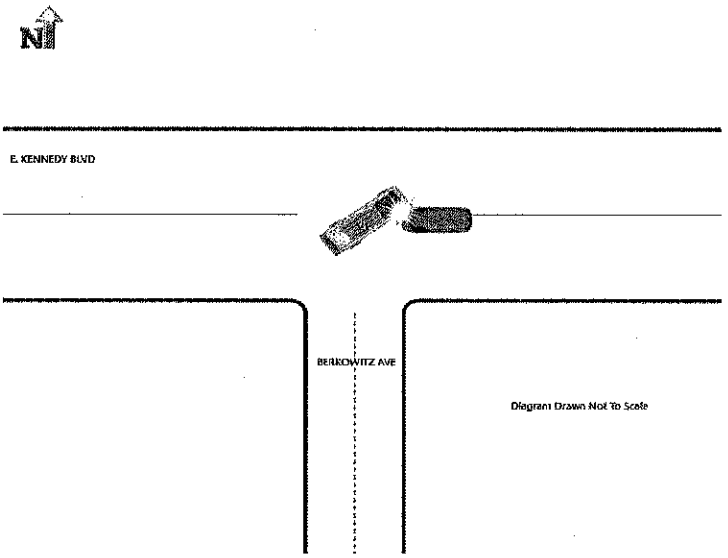
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013938

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED SHE WAS TRAVELING WEST ON E. KENNEDY BLVD WAITING TO MAKE A LEFT TURN ON BERKOWITZ AVE. SHE STATED, SHE ACTIVATED HER LEFT DIRECTIONAL AND WAITING FOR TRAFFIC TO CLEAR. AS SHE ATTEMPTED TO MAKE THE LEFT TURN, V1 WHO WAS BEHIND HER, ALSO ATTEMPTED TO MAKE A LEFT, CAUING THE COLLISION.

DRIVER OF V2 STATED HE WAS ALSO TRAVELING WEST ON E. KENNEDY BLVD, BEHIND V1. HE ADDED HE ATTEMPTED TO MAKE A LEFT ONTO BERKOWITZ, WHEN V1 MADE THE LEFT TURN, CAUSING THE COLLISION. DRIVER OF V2 DID STATE THAT V1 DID NOT HAVE ITS LEFT DIRECTIONAL ACTIVATED.

IN COCNCLUSION I FIND THE DRIVER OF V2 TO BE AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RENNA V	341	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-012844
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LEXINGTON AVENUE
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Road Name	CAREY STREET
Dir	-
☒ Feet / ☐ Miles	100
N ☐ E ☐ S ☒ W	S
of:	
19 Ramp	☐ To / ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/17/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1302
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10219
22 Longitude	-74.21405

Vehicle 1		Vehicle 2	
23 Veh #	1	53 Veh #	2
24 Policy No.	111 2035-F04-300	54 Policy No.	4433-23-15-96
25 NJ Ins. Code	962	55 NJ Ins. Code	148
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	ADEL A SARHAN -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	M	59 Sex	-
27 Number & Street	2055 STATE HIGHWAY 35	57 Number & Street	-
28 City / State / Zip	HOLMDEL NJ 07733	58 City / State / Zip	- - -
30 Eyes	2	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	S05890096109512	62 Driver's License Number	-
33 DOB mm dd yyyy	09/12/1951	63 DOB mm dd yyyy	- -
34 Expires mm yy	09 24	64 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ADEL A SARHAN -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEVI Y FRIEDMAN -
36 Number & Street	2055 STATE HIGHWAY 35	66 Number & Street	22 OLYMPIC CIRCLE
37 City / State / Zip	HOLMDEL NJ 07733	67 City / State / Zip	LAKEWOOD NJ 08701
38 Make	ROVE	68 Make	TOYT
39 Model	LR4	69 Model	SIE
40 Color	BGE	70 Color	BLK
41 Year	2011	71 Year	2017
42 Plate No.	T28LJY	72 Plate No.	T12NRA
43 State	NJ	73 State	NJ
44 VIN	SALAG2D44BA559226	74 VIN	5TDYZ3DCXHS877621
45 Expires	07 22	75 Expires	05 22
46 Vehicle Removed To		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 ☒ None ☐ MC/MX	80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	05	70	M	-	-	-	11	04	-	-	ADEL A SARHAN - 2055 STATE HIGHWAY 3 HOLMDEL NJ 07733
B	02	01	01	05	33	F	-	-	-	11	04	-	-	HADASSAH - FRIEDMAN - 22 OLYMPIC CIRCLE LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

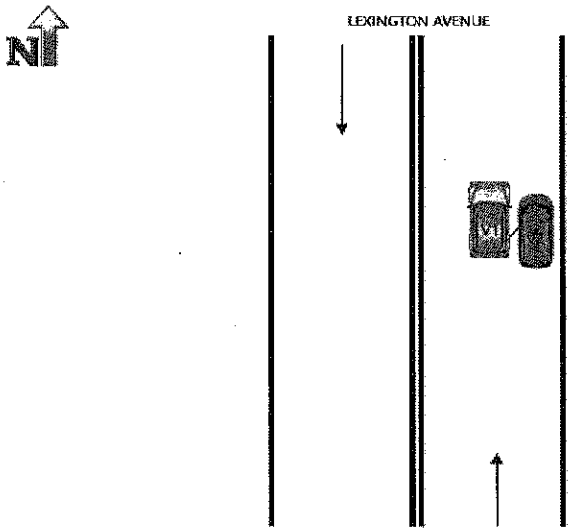
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012844

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING NORTH ON LEXINGTON AVENUE WHEN THE DRIVER OF A PARKED VEHICLE OPENED THE DRIVER DOOR INTO VEHICLE 1.

THE OCCUPANT OF VEHICLE 2 STATED SHE WAS EXITNG FROM A PARKED VEHICLE WHICH WAS PARKED ALONG THE NORTH BOUND CURB FACING NORTH. AS SHE WAS EXITING THE DRIVER DOOR WAS STRUCK BY VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE OCCUPANT OF VEHICLE 2 IS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014279
2 Police Dept of	LAKEWOOD PD
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	2ND ST
At Intersection With	☐
Road Name	2ND ST
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐ N ☒ E ☐ S ☐ W of:	CLIFTON AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1648
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.092130
22 Longitude	-74.214610

Vehicle 1

23 Veh #	1
24 Policy No.	6099491862061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEBORAH - FRANCO -
29 Sex	F
27 Number & Street	20 REID STREET
28 City / State / Zip	LONG BRANCH NJ 07740
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	F71741580062506
33 DOB mm dd yyyy	12/24/1950
34 Expires mm yy	12 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - FRANCO -
36 Number & Street	20 REID ST
37 City / State / Zip	LONG BRANCH NJ 07740
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / GRY / 2019 / S24PSC / NJ
44 VIN	3N1AB7AP0KY249199
45 Expires	02 23
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	948582826
55 NJ Ins. Code	134
☒ 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 yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARY C FELICIANO -
66 Number & Street	320 JOE PARKER RD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / ESC / GRY / 2018 / J80NST / NJ
74 VIN	1FMCU9GDXJUA70299
75 Expires	04 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	71	F	-	-	-	11	04	-	-	DEBORAH - FRANCO - 20 REID STREET LONG BRANCH NJ 07740
B	02	01	01	05	20	F	-	-	-	11	01	-	-	MARY C FELICIANO - 320 JOE PARKER RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

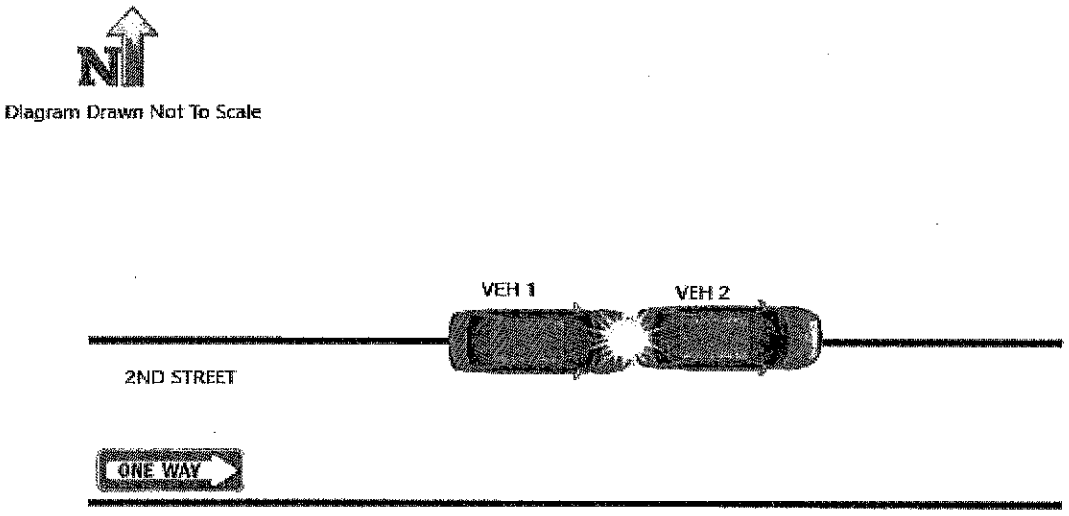
Police Dept: LAKEWOOD PD Code: 01

Station: - Case No: 22-014279

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was attempting to park her vehicle on the north side of 2nd Street. When she was parking she made slight contact with vehicle 2.

Driver of vehicle 2 stated she was parked and sitting in her vehicle on the north side of 2nd Street. While she was sitting in her vehicle, vehicle 1 slightly hit the rear of her vehicle.

Vehicle 1 sustained no damage and vehicle 2 sustained minor damage to the rear of the vehicle. Both vehicles were driven from the scene and no injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, I.	419	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014273
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	150
☐ N ☒ E ☐ S ☐ W	of: HACKETT ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1627
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09664
22 Longitude	-74.20431

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	CRAIG
Initial	P
Last Name	SMITH
29 Sex	M
27 Number & Street	568 A MAYFAIR RD
28 City	MANCHESTER
State	NJ
Zip	08759
30 Eyes	4
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S57781417706524
33 DOB mm dd yyyy	06/13/1952
34 Expires mm yy	06 23
35 Owner's First Name	-
Initial	-
Last Name	JAYS BUS SERVICE -
☐ Same As Driver	
36 Number & Street	672 CROSS ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	IC
39 Model	INT
40 Color	YEL
41 Year	2019
42 Plate No.	N638S1
43 State	NJ
44 VIN	4DRBUC8P3KB091087
45 Expires	08 22
46 Vehicle Removed To	
☒ 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 1926134 ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	JAYS BUS SERVICE
Number & Street	672 CROSS ST
City	LAKEWOOD
State	NJ
Zip	08701

Vehicle 2

53 Veh #	2
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 yyyy	
64 Expires mm yy	
65 Owner's First Name	
Initial	
Last Name	
☐ Same As Driver	
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	1	01	01	05	69	M	-	-	-	11	04	-	-	CRAIG P SMITH - 568 A MAYFAIR RD MANCHESTER NJ 08759
B	2	01	01	05	00	F	00	00	00	00	00			UNKNOWN
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-014273

1.	BAILA	BUSEL
2.	HENNY	FOGEL
3.	SARAH	SMITH
4.	RACHELI	FOGEL
5.	RIVKA	NOTIS
6.	SORY	HIRSH
7.	MINDY	WISS
8.	NECHAMA	SCHWARZ
9.	ADINA	SCHWARZ
10.	RACHELI	SCHWARZ
11.	ESTI	CIMENT
12.	ROCHEL	BUSEL
13.	FAIGY	BUSEL
14.	CHONI	COHN
15.	ESTHER	FOGEL
16.	ELISHEVA	HOOSIN
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

New Jersey Police Crash Investigation Report

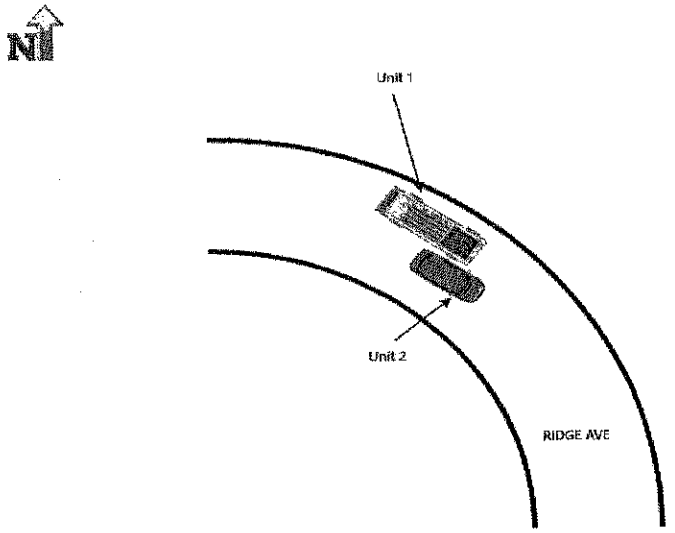
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014273

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT HE WAS TRAVELING WEST ON RIDGE AVE. AND THERE WAS A BLUE MINIVAN GOING THE OPPOSITE DIRECTION WHEN HE WAS NEAR THE CURVE IN THE ROAD NEAR HACKETT ST. THAT SWIDESWIPED HIS VEHICLE. HE ALSO SAID THERE WAS A WHITE VAN PARKED(LEGALLY) AND GARBAGE CANS IN THE ROAD WHICH MADE THE ROAD NARROWER.

VEHICLE #2 IS DESCRIBED AS A BLUE MINIVAN OPERATED BY A WHITE FEMALE. SHE LEFT THE SCENE PRIOE TO MY ARRIVAL

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-014582

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct:

97: 01 | 98: 07 | 99: 09

10 Crash Occurred On: 3 FAIRWAYS BLVD (Road Name) | 11 Speed Limit | Dir | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ At Intersection With | ☐ Feet ☐ N ☐ E of: | ☐ Miles ☐ S ☐ W | 14 | 15 | 16

19 Ramp ☐ To ☐ From: | 17 Cross Road Name | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

118a: 02 | 118b: - | 119a: - | 119b: -

4 Date of Crash mm dd yy	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
02/23/22	WEDNESDAY	1813	1514	--	--	40.05774	-74.22996

100a: 01 | 120a: 01

23 Veh #	24 Policy No.	25 NJ Ins. Code
1	95569887	994

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 1

26 Driver's First Name	Initial	Last Name	29 Sex
MARVIN	F	GOMEZFUENTES	M

27 Number & Street: 127 ATTISON AVE

28 City: TOMS RIVER | State: NJ | Zip: 08757

30 Eyes	DL Class	Restrictions	Endorsements	31 State
2	D	-	-	NJ

105: 11

32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm	yy
G63435266608912	08/01/1991	08	25

106: -

35 Owner's First Name: ☐ Same As Driver N/A | Initial: - | Last Name: THE GOMEZ CONST-

107: - | 36 Number & Street: 796 CORAL AVE

108: 05 | 37 City: LAKEWOOD | State: NJ | Zip: 08701

109: -	38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
	FORD	F25	RD	2019	XGNM14	NJ

110: 02	44 VIN	45 Expires
	1FT7W2B69KEE08139	02 22

111: - | 46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

112: - ☐ Left At Scene ☐ Towed Impounded

113: - | 47 Authority: ☒ Owner ☐ Driver ☐ Police

114: - | 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.

115: -

116: 04 | 117: - | 50 Carrier No.: ☐ USDOT ☒ None | ☐ MC/MX

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs | ☒ Weight 10,001-26,000 lbs | ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: THE GOMEZ CONSTRUCTION

Number & Street: 796 CORAL AVE

City: LAKEWOOD | State: NJ | Zip: 08701

---

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 yyyy	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: ☐ Weight <= 10,000 lbs | ☐ Weight 10,001-26,000 lbs | ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

124: 99 | 125: - | 126a: 69 | 126b: - | 126c: - | 126d: - | 126e: 69 | 127a: - | 127b: - | 127c: - | 127d: - | 127e: - | 128 | 129: 12 | 130: 17 | 131: - | 132: - | 133: 02 | 134: -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

ARM OF THE ENTRANCE GATE TO THE FAIRWAYS WAS KNOCKED FROM ITS MOUNT.

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	01	01	01	05	30	M	-	-	-	11	04	-	-	MARVIN F GOMEZFUENTES - 127 ATTISON AVE TOMS RIVER NJ 08757
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

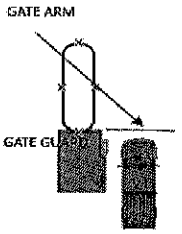
Station: _____ Case No: 22-014582

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The driver of vehicle #1 was entering the Fairways Community to provide an estimate for a resident. After being told to enter he began to move forward and the gate did not open right away. He was unable to stop before striking the arm of the gate causing it to be knocked off of its mount.

There was no damage to vehicle #1 and no further damage to property other than the arm being knocked off.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-012556
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	15
☐ N ☐ E ☒ S ☐ W of:	4TH ST &
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/16/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1128
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09385
22 Longitude	-74.21704

Vehicle 1

23 Veh #	1
24 Policy No.	F101402659
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MICHAEL R IAVARONI
29 Sex	M
27 Number & Street	21 HONEYSUCKLE WAY
28 City / State / Zip	HOWELL NJ 07731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	I09075447904562
33 DOB mm dd yyyy	04/22/1956
34 Expires mm yy	04 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL R IAVARONI
36 Number & Street	21 HONEYSUCKLE WAY
37 City / State / Zip	HOWELL NJ 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / COM - CO / BLK / 2022 / R16LWL / NJ
44 VIN	3C4NJDFB2NT113882
45 Expires	10 23
46 Vehicle Removed To	☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	AOJ2315651704014
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	REFAEL - SILBIGER
59 Sex	M
57 Number & Street	1418 E 34TH ST
58 City / State / Zip	BROOKLYN NY 11210
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / - / - / - / NY
62 Driver's License Number	466765046
63 DOB mm dd yyyy	05/21/2002
64 Expires mm yy	05 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RIVKA - ROSENBAUM
66 Number & Street	12 MELROSE C
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM - CA / SIL / 2004 / W16NZR / NJ
74 VIN	4T1BE32K04U879729
75 Expires	07 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		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	1	01	01	05	30	M	-	-	-	11	04	-	-	KEVIN W IAVARONI - 21 HONEYSUCKLE WAY HOWELL NJ 07731
B	1	01	01	05	34	F	-	-	-	11	04	-	-	TESSYKA J MORAN - 21 HONEYSUCKLE WAY HOWELL NJ 07731
C	2	01	01	05	19	M	-	-	-	11	04	-	-	REFAEL - SILBIGER - 1418 E 34TH ST BROOKLYN NY 11210
D														

New Jersey Police Crash Investigation Report

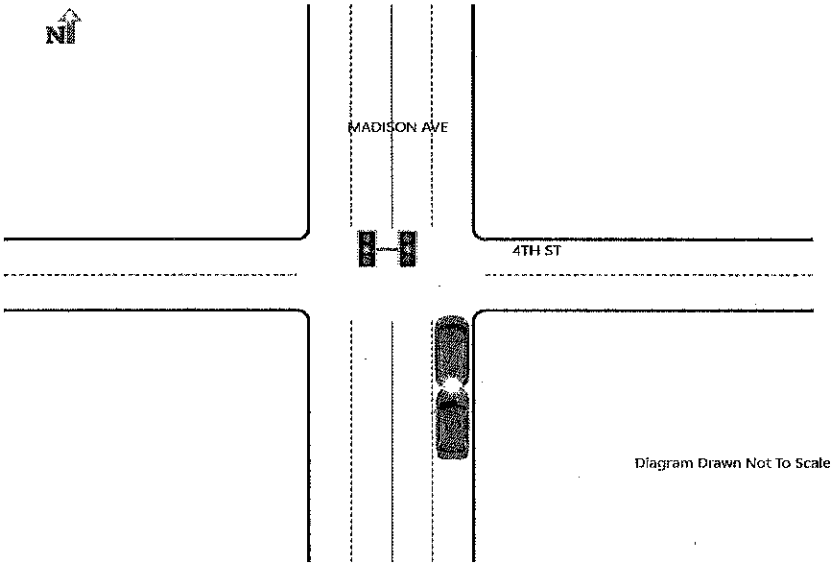
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012556

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS TRAVELING NORTH ON MADISON AVE. AS HE APPROACHED THE INTERSECTION OF FOURTH ST HE OBSERVED A RED LIGHT AND BEGAN TO BRAKE, WHEN V2 STRUCK HIS VEHICLE FROM BEHIND.

DRIVER OF V2 STATED HE WAS TRAVELING NORTH ON MADISON. HE ADDED, HE DID NOT REALIZE THE LIGHT WAS RED AND STRUCK V1 FROM BEHIND.

IN CONCLUSION I FIND THE DRIVER OF V2 TO BE AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RENNA V	341	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-012556
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/16/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1128
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	
Road Name / Dir / 12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude / 22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KEVIN / W / IAVARONI -
29 Sex	M
27 Number & Street	21 HONEYSUCKLE WAY
28 City / State / Zip	HOWELL / NJ / 07731
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	I09074338612912
33 DOB (mm dd yyyy)	12/16/1991
34 Expires (mm yy)	12 26
35 Owner's First Name / Initial / Last Name	
☐ Same As Driver	
36 Number & Street	
37 City / State / Zip	
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	
44 VIN / 45 Expires	
46 Vehicle Removed To	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 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	REFAEL - SILBIGER -
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 yyyy)	
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	
☐ Same As Driver	
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		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					30	M								KEVIN W IAVARONI - 21 HONEYSUCKLE WAY HOWELL NJ 07731
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012556

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

THE REGISTERED OWNER WAS INCORRECTLY ENTERED AS THE OPERATOR OF V1. THE INFORMATION WAS CHANGED TO REFLECT THE ACTUAL OPERATOR OF THE VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
OFC. VITO RENNA	341	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-012856

97: 01

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98: 01

3 Station/Precinct:

99: 02

4 Date of Crash (mm dd yy): 02/17/22

100a: 01

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1400

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: OCEAN AVENUE (Road Name) - (Dir)

☒ At Intersection With ☐ Feet ☐ Miles (14) ☐ N ☐ E ☐ S ☐ W (15) of: BOULDER WAY (16)

11 Speed Limit: 35

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - 17 Cross Road Name: -

20 Route/Name -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.08781

22 Longitude: -74.18170

118a: 25
118b: -
119a: 04
119b: -
120a: 01

100b: 04

23 Veh #: 1

24 Policy No.: 6112249662061

25 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

120b: 01

101: 02

26 Driver's First Name: SHAINDY - Initial - Last Name: SCHMIDT -

29 Sex: F

102: 01

27 Number & Street: 135 EAST FOURTH STREET

103: 01

28 City: LAKEWOOD State: NJ Zip: 08701

104: 2

30 Eyes: 4 DL Class: D Restrictions: - Endorsements: -

31 State: NJ

105: 07

32 Driver's License Number: S14477030062804

33 DOB (mm dd yyyy): 12/23/1980

34 Expires (mm yy): 12 25

106: -

35 Owner's ☐ Same As Driver: SHAINDY - Initial - Last Name: SCHMIDT -

107: -

36 Number & Street: 135 EAST FOURTH STREET

108: 01

37 City: LAKEWOOD State: NJ Zip: 08701

109: 01

38 Make: HOND | 39 Model: ODY | 40 Color: 2 | 41 Year: 2019 | 42 Plate No.: H30LKL | 43 State: NJ

110: 01

44 VIN: 5FNRL6H74KB112601

45 Expires: 06 22

111: 01

46 Vehicle Removed To: PRIVATE TOW

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

112: 01

☐ Left At Scene ☐ Towed Impounded

113: -

47 Authority: ☒ Owner ☐ Driver ☐ Police

114: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

115: -

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill

Hazard Class - Placard No.

116: 04

117: 01

50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

---

53 Veh #: 2

54 Policy No.: 939 842 442

55 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

120b: 01

56 Driver's First Name: YEHOSHUA - Initial - Last Name: PERKOWSKI -

59 Sex: M

121a: 01

57 Number & Street: 10 WATERVIEW DRIVE

121b: 01

58 City: LAKEWOOD State: NJ Zip: 08701

60 Eyes: 6 DL Class: D Restrictions: - Endorsements: -

61 State: NJ

122: 01

62 Driver's License Number: P27047890011956

63 DOB (mm dd yyyy): 11/24/1995

64 Expires (mm yy): 11 24

123: 03

65 Owner's ☐ Same As Driver: YEHOSHUA - Initial - Last Name: PERKOWSKI -

124: 04

66 Number & Street: 10 WATERVIEW DRIVE

125: 04

67 City: LAKEWOOD State: NJ Zip: 08701

126a: 26

68 Make: HOND | 69 Model: ACC | 70 Color: GRY | 71 Year: 2017 | 72 Plate No.: L93NCP | 73 State: NJ

126b: -

74 VIN: 1HGCR2F76HA298287

75 Expires: 01 23

126c: -

76 Vehicle Removed To: PRIVATE TOW

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

126d: -

126e: 26

77 Authority: ☒ Owner ☐ Driver ☐ Police

127a: 26

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.

127b: -

127c: -

80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

127d: -

127e: 26

82 Motor Carrier or Government Entity: -

128: 26

Number & Street: -

129: 03

City: - State: - Zip: -

130: 04

131: 12

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

132: 12
133: 04
134: 04

	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	05	41	F	-	-	-	11	04	-	-	SHAINDY - SCHMIDT - 135 EAST FOURTH STREI LAKEWOOD NJ 08701
B	02	01	01	05	26	M	-	-	-	11	11	04	-	YEHOSHUA - PERKOWSKI - 10 WATERVIEW DRIVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

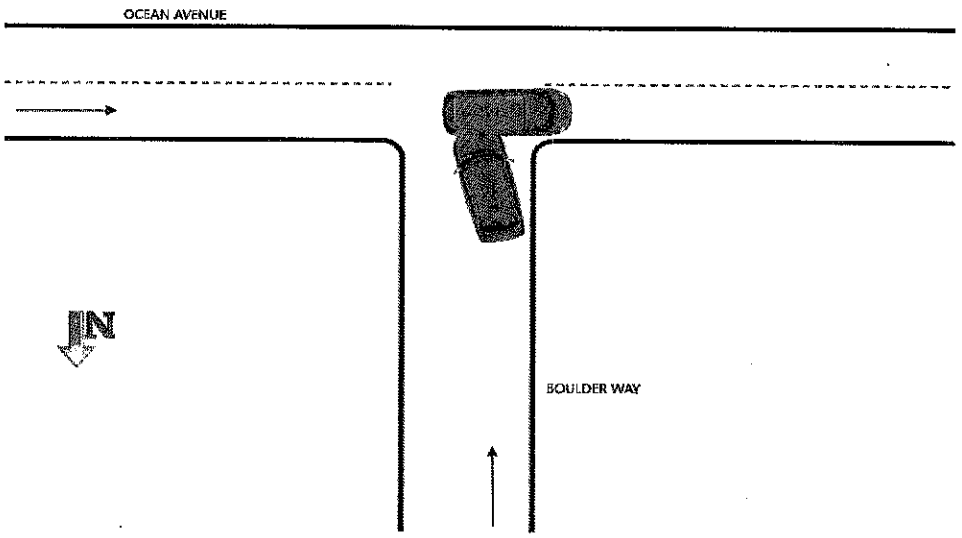
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012856

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING WEST ON OCEAN AVENUE WHEN VEHICLE 2 STRUCK VEHICLE 1 WHILE MAKING A LEFT TURN ONTO OCEAN AVENUE FROM BOULDER WAY.

INVESTIGATION DETERMINED DRIVER 2 AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013081
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE RD
☒ At Intersection With	PINE PARK AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1043
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.10956
22 Longitude	-74.23659

Vehicle 1

23 Veh #	1
24 Policy No.	F100713262
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RYAN J DELANEY -
29 Sex	M
27 Number & Street	13 BAYBERRY CT
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	D23446827111834
33 DOB mm dd yyyy	11/14/1983
34 Expires mm yy	11 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RYAN J DELANEY -
36 Number & Street	13 BAYBERRY CT
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ROG / WHI / 2018 / G78PLJ / NJ
44 VIN / 45 Expires	JN8AT2MVXJW344970 / 12 22
46 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4618032074
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YOSEF - RUBIN -
59 Sex	M
57 Number & Street	564 DAVIDS CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	R90257900002944
63 DOB mm dd yyyy	02/24/1994
64 Expires mm yy	02 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YOSEF - RUBIN -
66 Number & Street	564 DAVIDS CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / TN / 2016 / P25LSZ / NJ
74 VIN / 75 Expires	5TDKK3DC9GS699161 / 08 22
76 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	38	M	06	08	02	11	04	-	6304	RYAN J DELANEY - 13 BAYBERRY CT JACKSON NJ 08527
B	01	03	01	05	44	F	-	-	-	11	04	-	-	CAREY J MANNINENTARDIFF - 13 BAYBERRY CT JACKSON NJ 08527
C	02	01	01	05	27	M	-	-	-	11	11	04	-	YOSEF - RUBIN - 564 DAVIDS CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

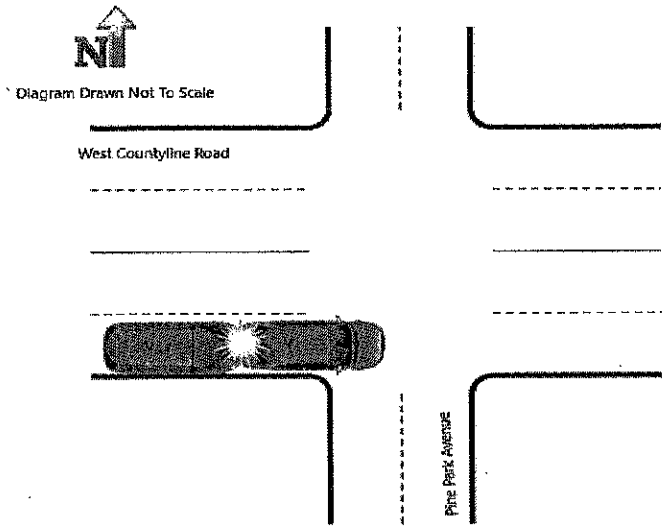
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013081

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling East on West Countyline Road. Driver of vehicle 1 stated the vehicle in front of him made a right turn onto Pine Park Avenue forcing him to come to a sudden stop. Vehicle 1 was struck in the rear by vehicle 2 causing moderate damage. Driver of vehicle 1 had a complaint of back pain and was transported to Monmouth Medical Center Southern Campus. Vehicle 1 was towed by Moishy's Auto body.

Driver of vehicle 2 stated he was traveling East on West Countyline Road. Driver of vehicle 2 stated vehicle 1 came to a sudden stop and he was unable to stop in time. Vehicle 2 struck the rear of vehicle 1 causing moderate front end damage disabling it. Vehicle 2 was towed by Moishy's Auto Body. Driver of vehicle 2 had no complaint of pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013090
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	4TH STREET
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet	200
☐ Miles	
☐ N ☒ E ☐ S ☐ W of:	MONMOUTH AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1200
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09500
22 Longitude	-74.20968

Vehicle 1

23 Veh #	1
24 Policy No.	5082-0173-02
25 NJ Ins. Code	068
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / Sex	- / - / - / -
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	- / - / - / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / LLC / - / BUGGIES CAR REN
36 Number & Street	PO BOX 1168
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 1 / 2020 / R81NTX / NJ
44 VIN / 45 Expires	4T1C11BKXLU005424 / 08 22
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	--
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	LAP0000040-2022
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / Sex	MICHAEL / A / FARLEY / - / M
57 Number & Street	9A QUINCY DR
58 City / State / Zip	WHITING / NJ / 08759
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	F06235440008465 / 08/01/1946 / 08 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / - / - / LA MEXICANA TRN
66 Number & Street	166 MAIN ST; CHEDER BNEI TORAH
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / SIL / 2006 / OT7641 / NJ
74 VIN / 75 Expires	5TDBA22C76S056208 / 10 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	--	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	75	M	-	-	-	11	04	-	-	MICHAEL A FARLEY - 9A QUINCY DR WHITING NJ 08759
B														
C														
D														

New Jersey Police Crash Investigation Report

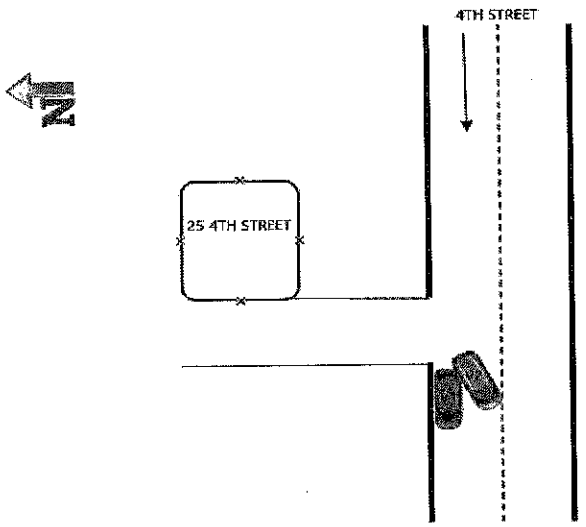
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013090

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS LEGALLY PARKED ON 4TH STREET ALONG THE CURB FACING WEST. VEHICLE 2 WAS EXITING FROM A DRIVEWAY AND WHILE MAKING A RIGHT TURN ONTO 4TH STREET, VEHICLE 2 SWIPED THE REAR OF VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 IS AT FAULT.

BOX 55: PREFERRED RISK AGENCY, LLC.
26 COLUMBIA TURNPIKE SUITE 103
FLORHAM PARK, NJ 07932

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013099
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1236
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	FOREST AVE
☒ At Intersection With	9TH ST
☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No. / Dir / Suffix / 13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.09852
22 Longitude	-74.22004

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHERRIE A CLAMPITT -
29 Sex	F
27 Number & Street	14 FORD AVENUE
28 City / State / Zip	BAYVILLE NJ 08721
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	C50587076152874
33 DOB mm dd yyyy	02/23/1987
34 Expires mm yy	02 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver UNITED STATES - POSTAL SERVICE -
36 Number & Street	1820 SWATHMORE AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / UTILIMAS / WT / 2000 / - / -
44 VIN	1FCMU69K0YZC24292
45 Expires	- -
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	LAKEWOOD POST OFFICE
Number & Street	1820 SWARTHMORE AVENUE
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	939046382
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SIMCHA - SCHLOSS -
59 Sex	M
57 Number & Street	86 COLES WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	S14347150010822
63 DOB mm dd yyyy	10/10/1982
64 Expires mm yy	10 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SIMCHA - SCHLOSS -
66 Number & Street	86 COLES WAY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / WHI / 2006 / WHE73S / NJ
74 VIN	5TDZA23C66S431650
75 Expires	10 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	34	F	-	-	-	11	04	-	-	SHERRIE A CLAMPITT - 14 FORD AVENUE BAYVILLE NJ 08721
B	02	01	01	05	39	M	-	-	-	11	04	-	-	SIMCHA - SCHLOSS - 86 COLES WAY LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

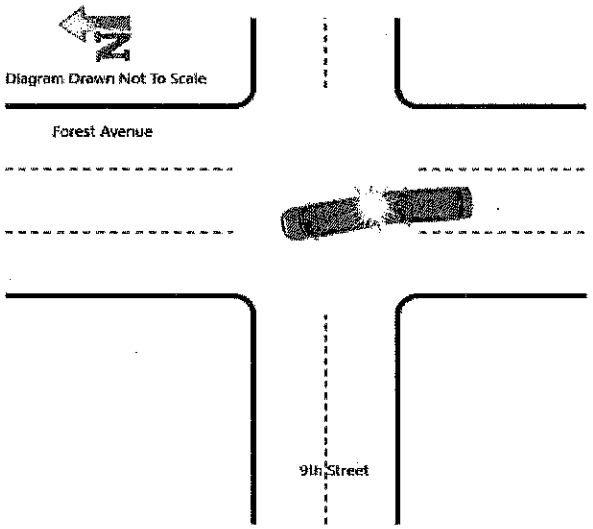
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013099

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was at the intersection of Forest Avenue and 9Th Street. Driver of vehicle 1 stated she was making a left turn onto 9th street when vehicle 2 struck the rear of vehicle 1. Vehicle 1 had minor rear end damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated he was traveling North on Forest Avenue. Driver of vehicle 2 stated he was adjusting the radio when he struck the rear of vehicle 1. Vehicle 1 had minor front end damage. Driver of vehicle 1 had no complaint of pain

Vehicle 1 is self insured
Mail truck 0227423
United States Postal Service

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-013115

97: 01

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98: 01

3 Station/Precinct:

99: 09

4 Date of Crash (mm dd yy): 02/18/22

100a: 01

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1406

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1900 SHORROCK ST | Road Name | Dir

☐ At Intersection With

☐ Feet ☐ N ☐ E of: PARKING LOT

☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

11 Speed Limit: -

12 Route No. | Suffix | 13 Milepost | 18 Speed Limit: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.05484

22 Longitude: -74.16089

118a: 10

118b: 29

119a: -

119b: -

100b: 04

101: 02

23 Veh #: 1

24 Policy No.: SNJ 000-6102-610-1

25 NJ Ins. Code: 038

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: THOMAS | Initial: M | Last Name: LAFFEY | 29 Sex: M

27 Number & Street: 730 OAK ROAD

28 City: LANOKA HARBOR | State: NJ | Zip: 08734

30 Eyes: 2 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: L01257407402872

33 DOB (mm dd yyyy): 02/27/1987

34 Expires (mm yy): 02 25

35 Owner's First Name: THOMAS | Initial: M | Last Name: LAFFEY

☐ Same As Driver

36 Number & Street: 730 OAK ROAD

37 City: LANOKA HARBOR | State: NJ | Zip: 08734

38 Make: CHEV | 39 Model: IMP - IM | 40 Color: TN | 41 Year: 2001 | 42 Plate No.: T40NZR | 43 State: NJ

44 VIN: 2G1WF55K919202237

45 Expires: 07 22

46 Vehicle Removed To: BARINA'S AUTOMOTIVE

☐ 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 ☐ MC/MX ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

118a: 10

118b: 29

119a: -

119b: -

120a: 03

120b: -

121a: -

121b: -

122: 13

123: -

124: 11

125: -

126a: 39

126b: 39

126c: 39

126d:

126e: 39

127a: -

127b: -

127c: -

127d: -

127e: -

128: 39

129: 07

130: 07

131: -

132: -

133: 04

134: -

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 yyyy) | 64 Expires (mm yy)

65 Owner's First Name | Initial | Last Name

☐ Same As Driver

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 ☐ MC/MX ☐ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	05	34	M	-	-	-	11	04	-	-	THOMAS M LAFFEY 730 OAK ROAD LANOKA HARBOR NJ 08734
B														
C														
D														

New Jersey Police Crash Investigation Report

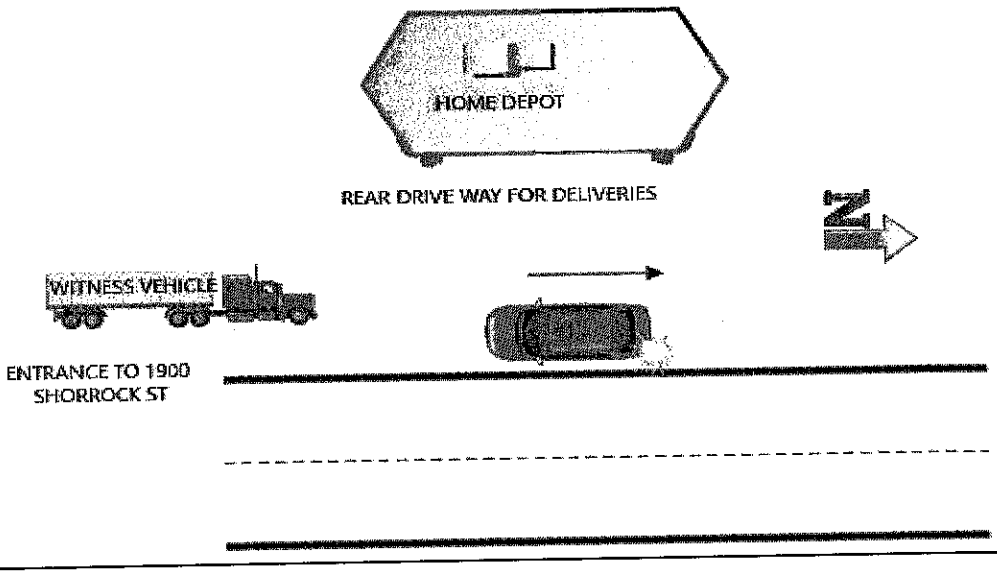
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013115

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Witness #1 stated that he was pulling his tractor trailer in to the rear (truck area) of the Home Depot (1900 Shorrock St) and noticed Veh #1 car was stopped in the middle of the roadway. He honked his horn several times then got out of his truck and advised Driver #1 that he had to move because he needed to get by. Driver #1 then backed his vehicle up at a high rate of speed hitting 3 large dumpsters before stopping. The witness then states Driver #1 fell asleep. This officers investigation finds Driver #1 at fault for the crash as he was backing unsafely and under the influence of alcohol/drugs.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013136
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1536
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	SHORROCK ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0066
Suffix	-
13 Milepost	
18 Speed Limit	50
☒ Feet / ☐ Miles	250
☐N ☐E ☒S ☐W of:	STATE HWY 70 E
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.055580
22 Longitude	-74.160890

Vehicle 1

23 Veh #	1
24 Policy No.	F5153226
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LUCILLE E ALINA -
29 Sex	F
27 Number & Street	23 SKYLARK LN
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	NJ
32 Driver's License Number	A53724906561352
33 DOB (mm dd yyyy)	11/01/1935
34 Expires (mm yy)	11 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LUCILLE E ALINA -
36 Number & Street	23 SKYLARK LN
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	LEXU
39 Model	ES
40 Color	SIL
41 Year	2013
42 Plate No.	B56DSS
43 State	NJ
44 VIN	JTHBK1GG0D2073356
45 Expires	04 23
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	648922114
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALVARO A PAUTH -
59 Sex	M
57 Number & Street	1033 MATTISON AVE
58 City / State / Zip	ASBURY PARK NJ 07712
60 Eyes / DL Class / Restrictions / Endorsements	02 - - -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	12/30/1990
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - ACTIVKONTROL IN -
66 Number & Street	426 HERBERTSVILLE RD 2FL
67 City / State / Zip	BRICK NJ 08724
68 Make	NISS
69 Model	FRO
70 Color	WHI
71 Year	2012
72 Plate No.	U25MYR
73 State	NJ
74 VIN	1N6BD0CT3CC464869
75 Expires	10 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	ACTIVKONTROL INC
Number & Street	SV 426 HERBERTSVILLE RD
City / State / Zip	BRICK NJ 08724

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	1515-A-291047	-		-
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	01	01	01	05	86	F	-	-	-	11	04	-	-	LUCILLE E ALINA - 23 SKYLARK LN LAKEWOOD NJ 08701
B	02	01	01	05	31	M	-	-	-	11	04	-	-	ALVARO A PAUTH - 1033 MATTISON AVE ASBURY PARK NJ 07712
C														
D														

New Jersey Police Crash Investigation Report

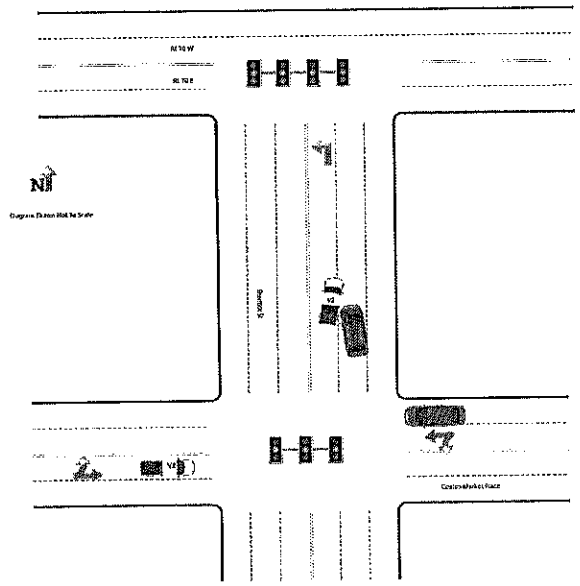
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013136

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was travelling northbound on Shorrock St in the middle lane. She reported that she had her left turn signal activated to change lanes so she can get in the left lane to turn left onto Rt 70 W. She stated that a yellow pickup (vehicle 2) came into her lane and crashed into her.

Driver of vehicle 2 was travelling northbound on Shorrock St in the left lane. He reported that the silver sedan (vehicle 1) turned into her from the middle lane resulting in the crash.

After my investigation, I determined both vehicle 1 and vehicle 2 improperly changed lanes resulting into the accident. Vehicle 1 sustained moderate damage to the front driver side bumper. Vehicle 2 sustained minor damage to the rear passenger side fender. Both vehicle 1 and vehicle 2 were able to drive from the scene. No injuries reported at the scene of the crash.

Driver of vehicle 2 was issued a summons for Unlicensed Driver 39:3-10.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013150
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/18/22
5 Day Of Week	FRIDAY
10 Crash Occurred On:	CLIFTON AVENUE
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Road Name	CLIFTON AVENUE
Dir	-
☒ Feet ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	THIRD STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
6 Time (use 2400 hrs)	1619
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.093110
22 Longitude	-74.214810

Vehicle 1

23 Veh #	1
24 Policy No.	909715650
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ELAZAR
Initial	M
Last Name	BERGER
29 Sex	M
27 Number & Street	660 6TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B26842017410042
33 DOB (mm dd yyyy)	10/29/2004
34 Expires (mm yy)	10 26
35 Owner's First Name	EVA
Initial	P
Last Name	BERGER
☐ Same As Driver	
36 Number & Street	660 6TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	3
41 Year	2012
42 Plate No.	D47BTJ
43 State	NJ
44 VIN	4T1BF1FK9CU033237
45 Expires	02 23
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	F878502-4
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	YITZCHOK
Initial	R
Last Name	KIRZNER
59 Sex	M
57 Number & Street	1501 CEDARWOOD DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K46237907911762
63 DOB (mm dd yyyy)	11/21/1976
64 Expires (mm yy)	11 26
65 Owner's First Name	YITZCHOK
Initial	R
Last Name	KIRZNER
☐ Same As Driver	
66 Number & Street	1501 CEDARWOOD DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	AVA - AV
70 Color	GRY
71 Year	2017
72 Plate No.	B32NWB
73 State	NJ
74 VIN	4T1BK1EB2HU257504
75 Expires	06 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	17	M	-	-	-	11	04	-	-	ELAZAR M BERGER - 660 6TH ST LAKEWOOD NJ 08701
B	01	03	01	05	16	M	-	-	-	11	04	-	-	SHIMON - BERGER - 419 2ND STREET LAKEWOOD NJ 08701
C	02	01	01	05	45	M	-	-	-	11	04	-	-	YITZCHOK R KIRZNER - 1501 CEDARWOOD DR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

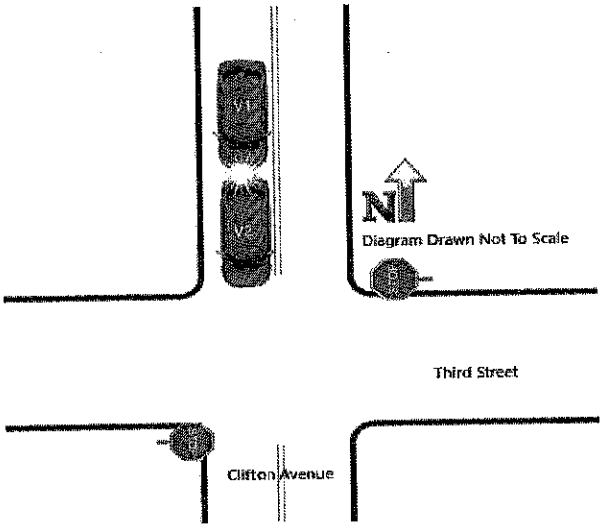
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013150

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was driving south on Clifton Avenue when he thinks vehicle 2 stopped short in front of him. He crashed into the rear of vehicle 2. Vehicle 1 sustained damage to the front end of the vehicle.

Driver 2 stated he was stopped southbound on Clifton Avenue behind a vehicle that stopped for a pedestrian in the crosswalk. He started to move forward when he was crashed into by vehicle 1. Vehicle 2 sustained damage to the rear bumper and trunk.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013305
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	145 COUNTRY CLUB DR
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☒ S ☐ W of:	-
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	
22 Longitude	
4 Date of Crash mm dd yy	02/19/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0435
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	F444474-1
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	VICTORIA
Initial	R
Last Name	FOGLIA
29 Sex	F
27 Number & Street	32 HOWE LANE
28 City	FREEHOLD
State	NJ
Zip	07728
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	F61517677954982
33 DOB mm dd yyyy	04/14/1998
34 Expires mm yy	04 23
35 Owner's First Name	ROBERT
Initial	J
Last Name	FOGLIA
☐ Same As Driver	
36 Number & Street	32 HOWE LANE
37 City	FREEHOLD
State	NJ
Zip	07728
38 Make	HYUN
39 Model	ELA
40 Color	SIL
41 Year	2020
42 Plate No.	W99NEP
43 State	NJ
44 VIN	5NPD84LFXLH628687
45 Expires	02 24
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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 ☐ MC/MX ☒ None	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
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 yyyy	-
64 Expires mm yy	-
65 Owner's First Name	THERIN
Initial	V
Last Name	BROWN JR
☐ Same As Driver	
66 Number & Street	362 URSINUS CT
67 City	PEMBERTON
State	NJ
Zip	08068
68 Make	NISS
69 Model	FAI
70 Color	SIL
71 Year	1990
72 Plate No.	L44KMN
73 State	NJ
74 VIN	CZ32503489
75 Expires	08 22
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 ☐ MC/MX ☒ None	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
D1	39:4-50	1514-A-289394	D1	39:4-50.2	1514-A-289395
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	D1	01	01	05	23	F	-	-	-	11	04	-	-	VICTORIA R FOGLIA - 32 HOWE LANE FREEHOLD NJ 07728
B	V1	03	01	05	24	F	-	-	-	11	04	-	-	MARIA N BAGINSKI - 60 HARBOR CIRCLE FREEHOLD NJ 07728
C														
D														

New Jersey Police Crash Investigation Report

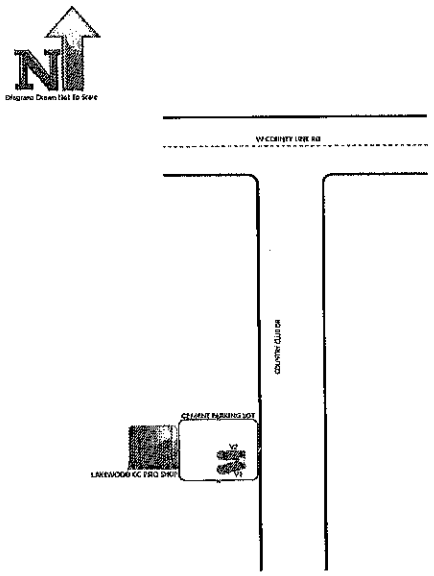
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013305

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

OWNER OF V2 REPORTED THAT HIS PARKED VEHICLE WAS STRUCK D1. V2 OWNER STATED THAT HIS VEHICLE WAS UNOCCUPIED AND PARKED ON THE CEMENT PARKING LOT ADJACENT TO THE LAKEWOOD COUNTRY CLUB PRO SHOP AND THAT D1 CRASHED INTO HIS VEHICLE ATTEMPTING TO BACK OUT OF A PARKING SPOT. OWNER OF VEHICLE 2 DID NOT HAVE A COPY OF HIS VEHICLE INSURANCE IN HIS POSSESSION. HE WAS ADVISED ON HOW TO PROVIDE THE INSURANCE BUT HE HAS NOT DONE SO AT THE TIME OF THE COMPLETION OF THIS REPORT.

D1 STATED SHE WAS TRYING TO BACK OUT OF PARKING SPOT AND CRASHED INTO V2 WHILE DOING SO. MY INVESTIGATION LED TO THE ARREST OF D1 AND ALSO BEING AT FAULT FOR THE CRASH. D1 WAS ARRESTED IN VIOLATION OF 39:4-50 AND LATER ISSUED FOR D.W.I. 39:4-50 AS WELL AS REFUSAL 39:4-50.2. PLEASE SEE INCIDENT NARRATIVE REGARDING MORE DETAILS OF THE INCIDENT INVESTIGATION AND ARREST.

NO INJURIES WERE REPORTED OR OBSERVED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013332
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	ALBERT AVE (Road Name) - (Dir)
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	50
☐ N ☐ E of: ☒ S ☐ W	READ PL
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	25
4 Date of Crash mm dd yy	02/19/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0641
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.067330
22 Longitude	-74.196470

Vehicle 1

23 Veh #	1
24 Policy No.	4627924832
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JUAN - VARELA
29 Sex	M
27 Number & Street	340 JOE PARKER RD # G
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	V05744150006981
33 DOB mm dd yyyy	06/26/1998
34 Expires mm yy	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JUAN - VARELA
36 Number & Street	340 JOE PARKER RD # G
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / GRY / 2022 / N76PHC / NJ
44 VIN	JHMFE1F78NX007183
45 Expires	11 25
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
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 yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver REUVEN - LIEBERMAN
66 Number & Street	1400 READ PL
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2016 / T33LJL / NJ
74 VIN	4T1BF1FK2GU250845
75 Expires	06 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:4-97	1514-A-292011	-		-
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	V1	01	01	05	23	M	-	-	-	11	11	03	-	JUAN - VARELA - 340 JOE PARKER RD # G LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

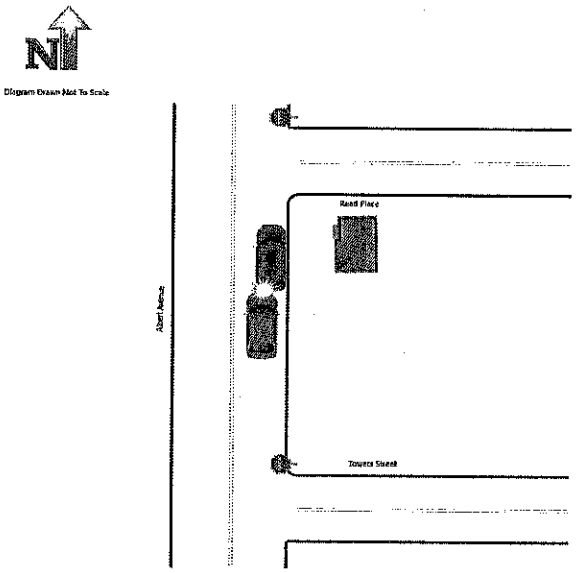
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013332

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

*****Box 54 & 55*****

Boxes could not be completed due to the Owner of Vehicle #2 not being available for contact.

Prior to the crash the Driver of Vehicle #1 stated that he was traveling north bound on Albert Avenue. The Driver of Vehicle #1 stated that he was tired and was falling asleep while driving. The Driver of Vehicle #1 stated that as he drove down Albert Avenue approaching Towers Street he began to go to sleep while driving. The Driver of Vehicle #1 stated that he was woken up by him colliding with Vehicle #2. The Driver of Vehicle #1 did not report any injuries as a result of the crash.

The Owner of Vehicle #2 was not at home and could not be contacted due to his observance of religious holidays. Vehicle #2 was unoccupied at the time of the crash. A report information card was left in the mailbox of the Owner of Vehicle #2.

I find the Driver of Vehicle #1 to be at fault for the crash. He was given a summons 1514-A-292011 for 39:4-97.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	05
99	02
100a	01
100b	04
101	02
102	01
103	01
104	1
105	13
106	-
107	-
108	00
109	-
110	00
111	-
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-013456

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct:

4 Date of Crash mm dd yy: 02/19/22

5 Day Of Week: SATURDAY

10 Crash Occurred On: STATE HWY 70 W

☐ At Intersection With Road Name

☒ Feet ☐ Miles 25 (14 15)

☐ N ☐ E ☐ S ☒ W of: TOWBIN AVE

Dir

11 Speed Limit: 45

12 Route No.: 0070 Suffix: - 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

6 Time (use 2400 hrs): 1815

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

21 Latitude: 40.05183

22 Longitude: -74.18761

118a	04
118b	05
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	01
123	49
124	04
125	04
126a	22
126b	-
126c	-
126d	-
126e	22
127a	26
127b	-
127c	-
127d	-
127e	26
128	22
129	02
130	02
131	-
132	-
133	00
134	-

Vehicle 1

23 Veh #: 1

24 Policy No.:

25 NJ Ins. Code:

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

26 Driver's First Name Initial Last Name 29 Sex:

27 Number & Street:

28 City State Zip:

30 Eyes DL Class Restrictions Endorsements 31 State:

32 Driver's License Number 33 DOB mm dd yyyy 34 Expires mm yy:

35 Owner's First Name Initial Last Name ☐ Same As Driver

36 Number & Street:

37 City State Zip:

38 Make 39 Model 40 Color 41 Year 42 Plate No. 43 State:

44 VIN 45 Expires:

46 Vehicle Removed To

☐ 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 ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

Vehicle 2

53 Veh #: P1

54 Policy No.: -

55 NJ Ins. Code:

☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: EDDY Initial: J Last Name: ORTEGA-MERINO - 59 Sex: M

57 Number & Street: 570 SQUANKUM RD

58 City: LAKEWOOD State: NJ Zip: 08701

60 Eyes: 2 DL Class: D Restrictions: - Endorsements: - 61 State: NJ

62 Driver's License Number: O76311877112012 63 DOB mm dd yyyy: 12/05/2001 64 Expires mm yy: 12 23

65 Owner's First Name Initial Last Name ☐ Same As Driver

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 ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

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	P1	-	-	03	20	M	06	08	-	-	-	-	6502	EDDY J ORTEGA-MERINO - 570 SQUANKUM RD LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

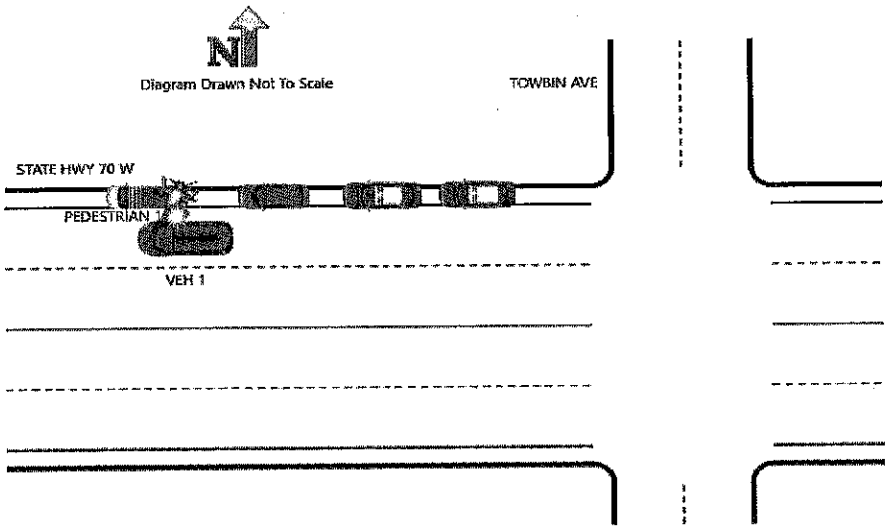
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013456

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

PEDESTRIAN ONE WAS WORKING AS A TOW TRUCK DRIVER FOR LEGACY TOWING. AT THE TIME OF THE ACCIDENT PEDESTRIAN ONE WAS ON THE SHOULDER LOADING UP A VEHICLE THAT WAS BEING IMPOUNDED BY BRICK POLICE DEPARTMENT, WHEN VEHICLE ONE STRUCK PEDESTRIAN ONE WITH THEIR PASSENGER SIDE MIRROR. VEHICLE ONE THEN PROCEEDED TO PULL OVER ONTO THE SHOULDER BREIFLY BEFORE LEAVING THE SCENE. PEDESTRIAN ONE SUFFERED A COMPLAINT OF BACK PAIN FROM THE INCIDENT. IT IS UNKNOWN THE AMOUNT OF DAMAGE VEHICLE ONE SUFFERED FROM THE ACCIDENT. VEHICLE ONE IS DESCRIBED AS A BLACK CHEVY TRANVERSE UNKNOWN REGISTRATION. THE ENTIRE INCIDENT WAS WITNESSED BY BRICK POLICE OFFICERS THAT WERE ON SCENE FOR THE VEHICLE IMPOUNDMENT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013461
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/19/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1836
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On:	MADISON AVE (Road Name) - (Dir)
At Intersection With	
☒ Feet ☐ Miles	50
☐ N ☐ E ☒ S ☐ W of:	2ND STREET
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	282 723 857
25 NJ Ins. Code	139
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	UBALDO - MORALESRAMOS
29 Sex	M
27 Number & Street	211 CLIFTON AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	M65547530011872
33 DOB (mm dd yyyy)	11/22/1987
34 Expires (mm yy)	11 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	SAMMY - AL-ASHA
36 Number & Street	52 ASCOT DRIVE
37 City / State / Zip	OCEAN NJ 07712
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TC / BLU / 2002 / B51ENL / NJ
44 VIN	2C8GP74LX2R607635
45 Expires	08 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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: 0.19 %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4527076709
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	WALTER E TORRES
59 Sex	M
57 Number & Street	9 FREDERICK DR
58 City / State / Zip	BAYVILLE NJ 08721
60 Eyes / DL Class / Restrictions / Endorsements	01 / - / - / -
61 State	NJ
62 Driver's License Number	T66467766508931
63 DOB (mm dd yyyy)	08/10/1993
64 Expires (mm yy)	08 22
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	WALTER E TORRES
66 Number & Street	9 FREDERICK DR
67 City / State / Zip	BAYVILLE NJ 08721
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / ESC / RD / 2010 / C42KTL / NJ
74 VIN	1FMCU0DG9AKA44878
75 Expires	11 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.
01	39:4-50	292171
01	39:4-96	292172
01	39:4-97	292173
01	39:4-89	292174

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	0	01	01	03	34	M	08	04	01	11	04	-	-	UBALDO - MORALESRAMOS - 211 CLIFTON AVE LAKEWOOD NJ 08701 - -
B	02	01	01	03	28	M	05	08	02	11	04	-	6502	WALTER E TORRES - 9 FREDERICK DR BAYVILLE NJ 08721 - -
C														
D														

New Jersey Police
Crash Investigation Report

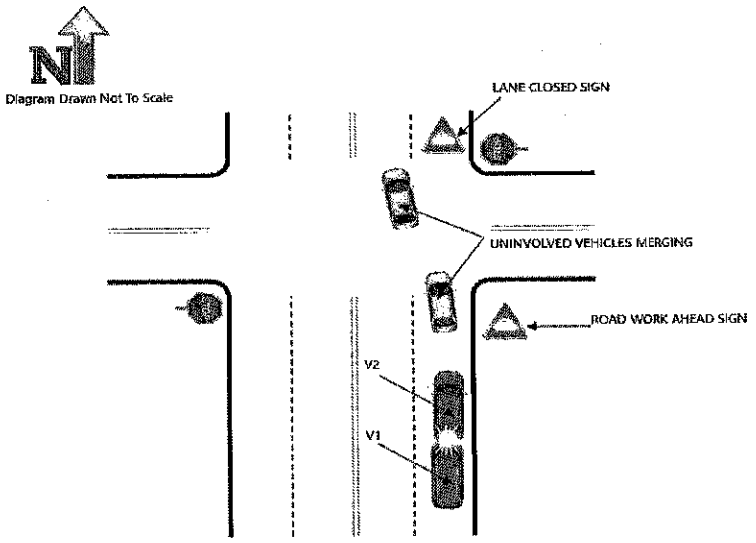
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013461

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling north on Madison Avenue when V2 came to a sudden stop. He could not avoid striking v2. The driver had a minor cut to his index finger on his right hand but refused medical attention. V1 was disabled due to damage on the front end.

The driver of V2 stated he was traveling north Madison Avenue when he was rear ended by V1. The driver stated he was slowing for traffic, which was merging into one lane due to construction, when he was struck. The driver had a complaint of pain to his chest and was transported to MMCSC by LEMS.

My investigation of the vehicles, roadways and drivers' statements concludes: V2 was traveling north on Madison Avenue just prior to 2nd Street. V1 was also traveling north on Madison Avenue, behind V2. V2 came to a stop due to traffic ahead when rear ended by V1. The driver of V1 is found to be at fault for following too closely. The driver of V1 was arrested on suspicion of operating a motor vehicle while under the influence. All necessary paperwork was completed.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. ROBERT MEYER JR.	401	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013475
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LANES MILL ROAD
11 Speed Limit	45
12 Route No.	0549
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ At Intersection With	OCEAN AVENUE
Road Name	
Dir	-
17 Cross Road Name	
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
14	15
16	
4 Date of Crash mm dd yy	02/19/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1943
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.081770
22 Longitude	-74.157640

Vehicle 1

23 Veh #	1
24 Policy No.	939415618
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BROCHA - COHEN
29 Sex	F
27 Number & Street	1230 HERMOSA DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	C61611000055866
33 DOB mm dd yyyy	05/18/1986
34 Expires mm yy	05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARK - COHEN -
36 Number & Street	1230 HERMOSA DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / BLU / 19 / 3623816 / PA
44 VIN	5FNRL6H74KB054635
45 Expires	04 22
46 Vehicle Removed To	MOISHYS TOWING
☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4493977328
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANGELA M DIENES -
59 Sex	F
57 Number & Street	434 MAMIE DRIVE
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	D41800437460042
63 DOB mm dd yyyy	10/12/2004
64 Expires mm yy	10 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver STEPHEN M DIENES -
66 Number & Street	434 MAMIE DR
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN / WHI / 2011 / J77PNM / NJ
74 VIN	3N1AB6APXBL717897
75 Expires	01 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	04	35	F	09	99	02	11	11	01	6505	BROCHA - COHEN - 1230 HERMOSA DR LAKEWOOD NJ 08701
B	02	01	01	05	17	F	-	-	-	11	11	02	-	ANGELA M DIENES - 434 MAMIE DRIVE BRICK NJ 08723
C	02	03	01	04	16	M	07	08	01	11	11	02	-	DANIEL - VENEZZO - 31 BURDGE DR BRICK NJ 08724
D														

New Jersey Police Crash Investigation Report

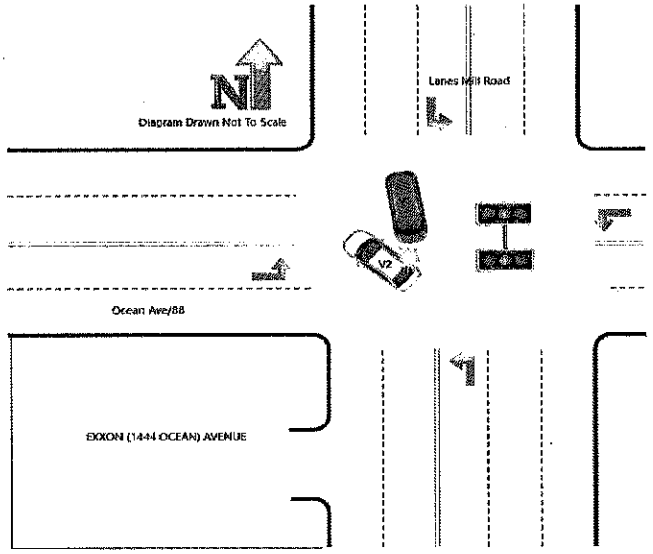
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: - Case No: 22-013475

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was driving south on Lanes Mill Road, she proceeded across the intersection of Ocean Avenue when vehicle 2 turned in front of her. She was unable to stop in time and crashed into vehicle 2. Vehicle 1 sustained damage to the front of the vehicle.

Driver 2 stated she was driving North on Chambers Bridge Road(Lanes Mill) and followed behind a car in front of her as it turned left onto Ocean Avenue. She saw vehicle 1 but thought she had more room to make the turn. Vehicle 2 sustained damage to the passenger side rear.

Based on my investigation, vehicle 2 is at fault for this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-012345
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	02/15/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2058
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	1703 LEXINGTON AVE
At Intersection With / Road Name / Dir / 12 Route No. / Suffix / 13 Milepost	
Feet / Miles; N E S W; of:	--
11 Speed Limit	--
16 Speed Limit	--
17 Cross Road Name	
19 Ramp: To / From	
NB EB SB WB	
20 Route/Name	
21 Latitude	40.10602
22 Longitude	-74.21469

Vehicle 1

23 Veh #	1
24 Policy No.	127 6832-C01-30
25 NJ Ins. Code	962
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	- / - / - / -
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	- / - / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / - / - / SELO CONSTRUCTI-
36 Number & Street	33 FALCON LN
37 City / State / Zip	DELRAN / NJ / 08075
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERZ / SPR - SP / WHI / 2020 / XKJW53 / NJ
44 VIN / 45 Expires	W1W4ECHYXLT043511 / 03 23
46 Vehicle Removed To	☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
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 yyyy) / 64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
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 ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	-	-	-	-	-	-	-	-	-	-	-	-	=---------- -
B	2	01	01	-	-	-	00	00	00	00	00	-	-	----------
C														
D														

96	05
97	01
98	07
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	03
109	01
110	02
111	00
112	01
113	00
114	03
115	00
116	01
117	04
118a	25
118b	-
119a	00
119b	-
120a	-
120b	-
121a	00
121b	00
122	10
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	12
130	12
131	00
132	00
133	01
134	00

New Jersey Police Crash Investigation Report

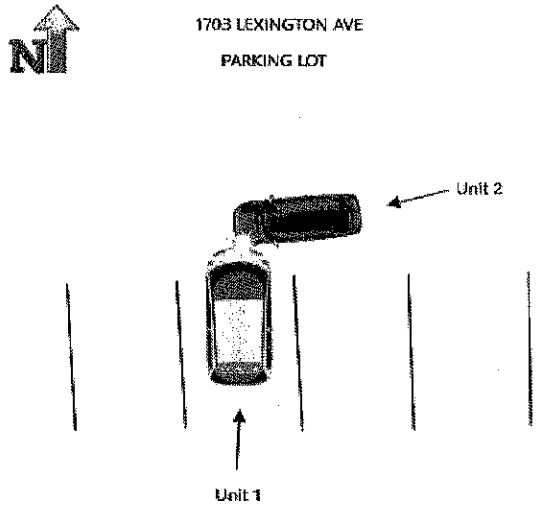
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-012345

(Refer to vehicle by number)

	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

ROSTYSLAV VASYLIV, STATED THAT HE WAS INSIDE OF HIS APARTMENT AND HEARD A LOUD NOISE. HE THEN WENT OUTSIDE AND NOTICED THAT HIS VEHICLE (#1) WAS STRUCK. VEHICLE #1 WAS PARKED IN A PARKING SPACE AND IT SUSTAINED DAMAGE ON THE FRONT. HE WAS INFORMED THAT A BLUE COLOR VEHICLE POSSIBLY AN OLDER MODEL (UNKNOWN PLATE) HONDA CAUSED THIS DAMAGE.

IT APPEARED THAT THE VEHICLE WAS TRAVELING WEST IN THE PARKING LOT 1703 LEXINGTON AVENUE AND STRUCK VEHICLE #1 WHICH WAS PARKED IN A PARKING SPACE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013010
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0220
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	S CLIFTON AVE
At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	500
☐ N ☐ E ☒ S ☐ W of:	MAIN ST
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	8699197
25 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ROBERT
Initial	A
Last Name	GADSON -
29 Sex	M
27 Number & Street	329 MARKET STREET
28 City	GLOUCESTER CIT
State	NJ
Zip	08030
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G01136580002652
33 DOB (mm dd yyyy)	02/15/1965
34 Expires (mm yy)	02 23
35 Owner's First Name	☒ Same As Driver ROBERT
Initial	A
Last Name	GADSON -
36 Number & Street	329 MARKET STREET
37 City	PCA GLOUCESTER CIT
State	NJ
Zip	08030
38 Make	PTK FORD
39 Model	FUS
40 Color	SIL
41 Year	2007
42 Plate No.	W67NBX
43 State	NJ
44 VIN	3FAHP07Z77R199292
45 Expires	01 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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. 19 % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	909 9330342
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SHOLOM
Initial	Y
Last Name	KUSHNER -
59 Sex	M
57 Number & Street	9 EVIAN CT
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K94387098802032
63 DOB (mm dd yyyy)	02/06/2003
64 Expires (mm yy)	02 26
65 Owner's First Name	☐ Same As Driver DAVID
Initial	S
Last Name	KUSHNER -
66 Number & Street	9 EVIAN CT
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	FORD
69 Model	RAN
70 Color	BLK
71 Year	1993
72 Plate No.	C13PMH
73 State	NJ
74 VIN	1FTDR15X0PPB45592
75 Expires	12 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.
D1	39:4-50	1514-A-291654
D1	39:4-89	1514-A-291656

Oper.	138 Charge	139 Summons. No.
D1	39:4-97	1514-A-291655
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	D1	01	01	05	57	M	-	-	-	11	04	-	-	ROBERT A GADSON - 329 MARKET STREET GLOUCESTER CIT NJ 08030
B	D2	01	01	05	19	M	-	-	-	11	04	-	-	SHOLOM Y KUSHNER - 9 EVIAN CT LAKEWOOD NJ 08701
C	V2	03	01	05	19	M	-	-	-	11	04	-	-	AVROHOM Y MILLER - 504 MARTIN LUTHER KII LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

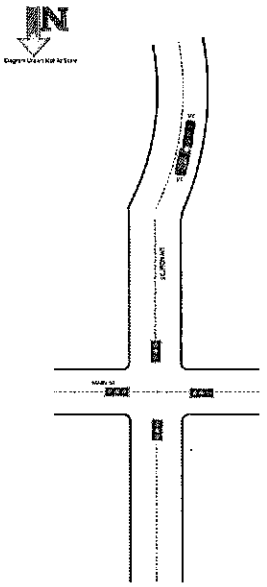
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013010

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN DRIVER 1 WAS QUESTIONED ABOUT WHAT HAPPENED REGARDING THE CRASH, HE WAS SLURRING HIS WORDS AND COULD NOT GIVE DESCRIPTIVE DETAILS AS TO HOW THE CRASH OCCURRED. D1 WAS ULTIMATELY PLACED UNDER ARREST FOR D.W.I. AND ISSUED SEVERAL SUMMONS'S. SEE MAIN NARRATIVE REGARDING THE D.W.I. ARREST INVESTIGATION.

DRIVER 2 STATED HE WAS STOPPED IN TRAFFIC AWAITING TO MAKE A LEFT TURN INTO 37 S CLIFTON AVE WHEN HE WAS SUDDENLY REAR ENDED BY D1.

BASED ON THE STATEMENTS GIVEN, MY OBSERVATION OF THE CRASH SCENE AND MY INVESTIGATION, I FOUND D1 AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013057
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	11TH STREET
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	30
☒ At Intersection With	MONMOUTH AVENUE
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W of:	-
14	-
15	-
16	-
17 Cross Road Name	-
19 Ramp ☐ To / ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB / ☐ SB ☐ WB	-
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0819
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4319743151
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NECHEMYA S KAGANOFF -
29 Sex	M
27 Number & Street	98 E 9TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	K01325848208792
33 DOB mm dd yyyy	08/15/1979
34 Expires mm yy	05 21
35 Owner's First Name / Initial / Last Name	☒ Same As Driver NECHEMYA S KAGANOFF -
36 Number & Street	98 E 9TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COR / 4 / 2012 / ZBV35B / NJ
44 VIN	2T1BU4EE7CC819977
45 Expires	08 22
46 Vehicle Removed To	HESHYS TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	1099564F1530
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROSA - GARISTA GONZALEZ -
59 Sex	F
57 Number & Street	411 MADISON AVE; APT 2
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	08/27/1989
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DIONICIO - PASTRANA -
66 Number & Street	101 SUBURBAN DR
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TRA / RD / 2010 / S99MHK / NJ
74 VIN	1GNLVFED9AJ265371
75 Expires	02 23
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-144	289499	02	39:3-10	289498
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	01	01	01	05	42	M	-	-	-	11	04	02	-	NECHEMYA S KAGANOFF - 98 E 9TH ST LAKEWOOD NJ 08701
B	02	01	01	05	32	F	-	-	-	11	04	-	-	ROSA - GARISTA GONZALEZ - 411 MADISON AVE; APT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

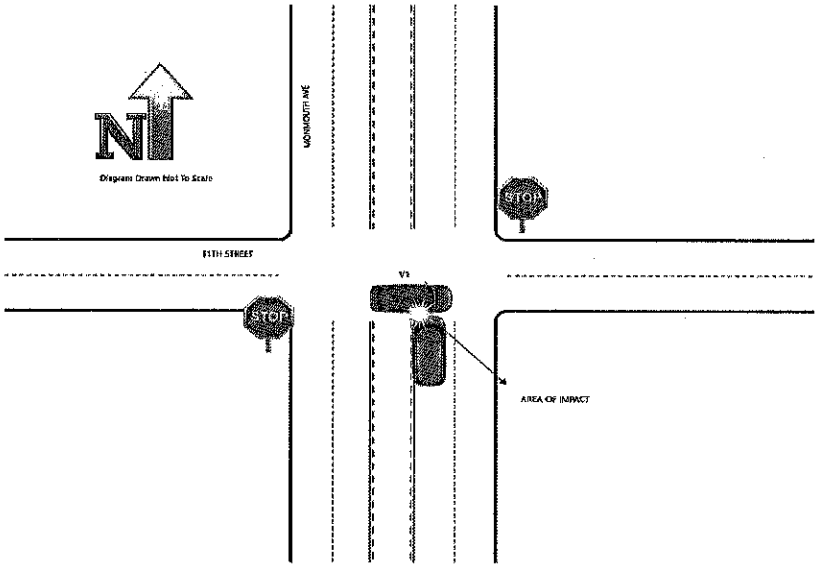
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013057

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED BOTH VEHICLES WERE FACING EAST ON 11TH STREET. VEHICLE 1 HAD FRONT AND BACK PASSENGER SIDE AIRBAGS DEPLOYED WITH DISABLING DAMAGE. VEHICLE 2 HAD MODERATE FRONT END DAMAGE. THERE WERE NO INJURIES.

VEHICLE 1 STATED THAT HE WAS HEADING EAST ON 11TH STREET WHEN HE DIDNT SEE VEHICLE 2 COMING NORTH. HE STATED HE STOPPED AT THE STOP SIGN AND THEN PROCEEDED FORWARD. HE SAID WHEN HE PROCEEDED FORWARD HE WAS STRUCK ON THE PASSENGER SIDE OF HIS VEHICLE.

VEHICLE 2 DRIVER STATED SHE WAS HEADING NORTH ON MONMOUTH AVE. WHEN VEHICLE 1 FAILED TO STOP AT THE STOP SIGN. SHE STATED SHE COULDNT AVOID VEHICLE 1 AND STRUCK THE PASSENGER SIDE OF HIS VEHICLE.

HESHYS TOWED VEHICLE 1 FOR DISABLING DAMAGE AND AIRBAG DEPLOYMENT.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 IS AT FAULT FOR FAILING TO YIELD TO VEHICLE 2. DRIVER OF VEHICLE 1 WAS ISSUED A SUMMONS FOR FAILING TO YIELD AND DRIVER OF VEHICLE 2 WAS ISSUED A SUMMONS FOR BEING UNLICENSED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013079
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/18/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1040
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OBERLIN AVE (Road Name) - (Dir)
10 At Intersection With	CEDARBRIDGE AVE
10 Feet / Miles	450 Feet ☒ N ☐ E ☐ S ☐ W of: CEDARBRIDGE AVE
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	50
19 Ramp To / From	
17 Cross Road Name	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	
21 Latitude	40.07372
22 Longitude	-74.17935

Vehicle 1

23 Veh #	1
24 Policy No.	CL2132615776
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WILLIAM - BATES
29 Sex	M
27 Number & Street	2105 S OPAL ST
28 City / State / Zip	PHILADELPHIA / PA / 19145
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	PA
32 Driver's License Number	23369986
33 DOB (mm dd yyyy)	03/11/1962
34 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver US TRANSPORT - LOGISTICS
36 Number & Street	6240 BRISTOL PIKE
37 City / State / Zip	LEVITTOWN / PA / 19057
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLV / TT / 3 / 2014 / AH05013 / PA
44 VIN / 45 Expires	4V4NC9EH6EN165114 / 05 22
46 Vehicle Removed To	☒ 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 3358281 ☐ None; ☐ MC/MX 1085830
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	US TRANSPORT LOGISTICS
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4621-02-80-77
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ISAAC - DWEK
59 Sex	M
57 Number & Street	45 GOLDCREST DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
61 State	NJ
62 Driver's License Number	D95833700002484
63 DOB (mm dd yyyy)	02/15/1948
64 Expires (mm yy)	02 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ISAAC - DWEK
66 Number & Street	45 GOLDCREST DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LEXU / ES / 1 / 2021 / Z68NLU / NJ
74 VIN / 75 Expires	58ADZ1B1XMU088397 / 03 24
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		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	01	01	01	05	59	M	-	-	-	04	04	-	-	WILLIAM - BATES - 2105 S OPAL ST PHILADELPHIA PA 19145
B	02	01	01	05	74	M	-	-	-	11	04	-	-	ISAAC - DWEK - 45 GOLDCREST DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

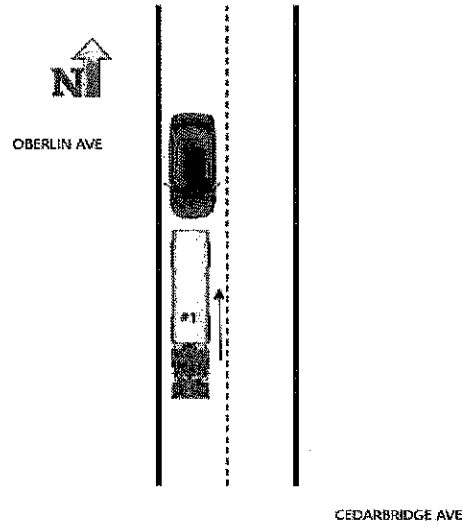
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013079

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was on Oberlin Ave and was backing into a parking lot and did not see Veh #2 behind him. Driver #2 stated he was stopped behind Veh #1 when it backed in to him, he used the horn but Driver #1 did not hear him. This officers investigation finds Driver #1 at fault for failing to make sure it was clear to back up.

BOX 25: UNITED STATES LIABILITY INS, 675 W JERICHO TURNPIKE, HUNTINGTON NY 11743 (631-385-5980)

TRAILER INFO FOR VEH #1: IDAHO REGISTRATION (TL5158) 2020 HYUN, VIN# 3H3V532C6LR442059, AMAZON LOGISTICS INC

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013956
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	S CLOVER ST
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	45
12 Route No.	Suffix
13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
14	15
16	
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1021
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.08270
22 Longitude	-74.20145

Vehicle 1

23 Veh #	1
24 Policy No.	604422707 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SOLOMON - WEISS -
29 Sex	M
27 Number & Street	1508 59TH ST
28 City / State / Zip	BROOKLYN NY 11219
30 Eyes / DL Class / Restrictions / Endorsements	2 - - -
31 State	NY
32 Driver's License Number	308871172
33 DOB mm dd yyyy	10/26/2001
34 Expires mm yy	10 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ISAAC - FINK -
36 Number & Street	1007 W KENNEDY BLVD
37 City / State / Zip	PCA LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	COV KIA FOR GRY 2020 T29MWU NJ
44 VIN	3KPF24AD4LE246025
45 Expires	09 23
46 Vehicle Removed To	HESHYS TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	648879820
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AURELIO A MENDEZ-REYES -
59 Sex	M
57 Number & Street	212 MONMOUTH AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 D - -
61 State	NJ
62 Driver's License Number	M25130686108002
63 DOB mm dd yyyy	08/01/2000
64 Expires mm yy	08 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - TULCINGO DELI&G -
66 Number & Street	256 OCEAN AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD TRA SIL 2021 XHHP46 NJ
74 VIN	NM0LS7E28M1483826
75 Expires	10 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
1	39:4-81	292051

Oper.	Charge	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	1	01	01	05	20	M	01	08	01	11	04	01	-	SOLOMON - WEISS - 1508 59TH ST BROOKLYN NY 11219
B	2	01	01	05	21	M	-	-	-	11	04	04	-	AURELIO A MENDEZ-REYES - 212 MONMOUTH AVE LAKEWOOD NJ 08701
C	2	04	01	05	38	F	-	-	-	11	04	04	-	NORBERTA - NIETO - 1413 CARLISS DR BRICK NJ 08724
D	2	05	01	05	14	M	-	-	-	11	04	04	-	PEDRO - FLORES - 1413 CARLISS DR BRICK NJ 08724

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013956

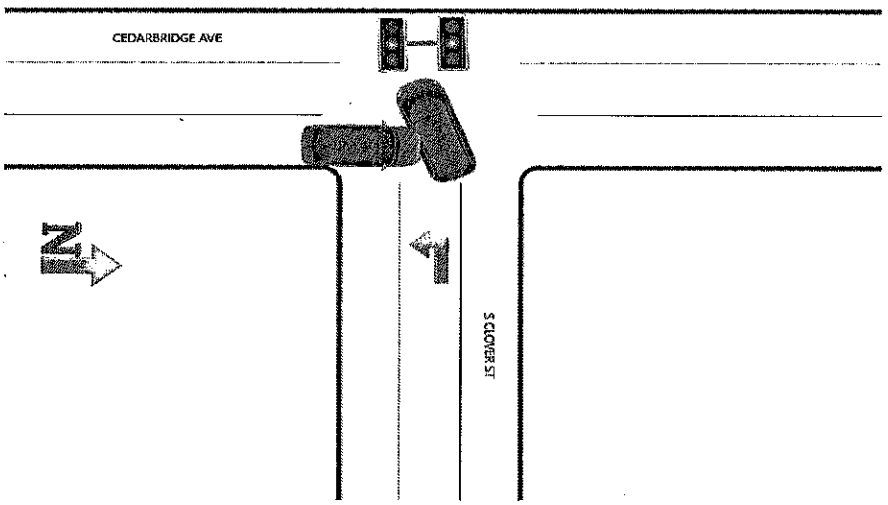
(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
E	2	06	01	05	11	F	-	-	-	11	04	04	-	MARIELA - FLORES - 1413 CARLISS DR BRICK NJ 08724
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

DRIVER OF VEHICLE 2 STATED HE WAS IN THE LEFT TURN LANE TO TURN INTO CEDARBRIDGE AVE FROM S CLOVER ST. WHEN HE HAD THE GREEN LIGHT HE MADE THE LEFT TURN, VEHICLE 1 ENTERED THE INTERSECTION AS VEHICLE 2 WAS MAKING THE LEFT TURN CAUSING THE COLLISION.

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING NORTH ON CEDARBRIDGE AVE AND COULD'VE ZONED OUT AS HE WAS ENTERING THE INTERSECTION. VEHICLE 1 WENT THROUGH THE RED TRAFFIC LIGHT CAUSING THE COLLISION.

NO REPORTED INJURIES FROM VEHICLE 2.
DRIVER OF VEHICLE 1 COMPLAINED OF PAIN TO HAND BUT REFUSED MEDICAL ATTENTION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013966
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	32 CROSS ST; LAKEWOODS GI
At Intersection With / Road Name / Dir	-
Feet / Miles	- / -
N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1208
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.054220
22 Longitude	-74.221670

Vehicle 1

23 Veh #	1
24 Policy No.	939280451
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHOSHANA / T / FRIEDMAN -
29 Sex	F
27 Number & Street	700 ALBERT AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	05 / D / - / - / NJ
32 Driver's License Number	F74027098360855
33 DOB (mm dd yyyy)	10/03/1985
34 Expires (mm yy)	10 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA - FRIEDMAN -
36 Number & Street	700 ALBERT AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2016 / P68HCX / NJ
44 VIN	4T1BF1FKXGU160617
45 Expires	10 / 22
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	HPAA00002724978
55 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AUTUMN / A / DELANDE -
59 Sex	F
57 Number & Street	210 DELAWARE TRL
58 City / State / Zip	JACKSON / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	D23440696156942
63 DOB (mm dd yyyy)	06/10/1994
64 Expires (mm yy)	06 / 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver N/A - PINE BELT AUTOM(-
66 Number & Street	229 RT 37
67 City / State / Zip	TOMS RIVER / NJ / 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ALT / BLK / 2021 / P30LCD / NJ
74 VIN	1N4BL4EV6MN302726
75 Expires	06 / 22
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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	36	F	-	-	-	11	04	-	-	SHOSHANA T FRIEDMAN - 700 ALBERT AVE LAKEWOOD NJ 08701 - -
B	V2	01	01	05	27	F	-	-	-	11	04	-	-	AUTUMN A DELANDE - 210 DELAWARE TRL JACKSON NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

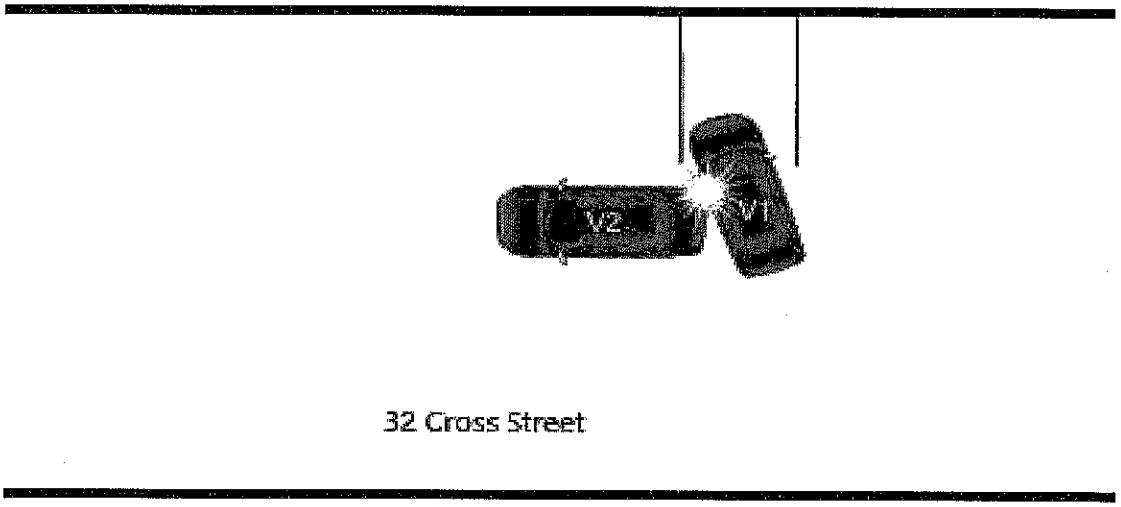
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013966

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound in the parking lot of 32 Cross Street. Driver 1 said that she started backing up as V2 was moving forward; suddenly, V2 stopped, and V1 collided with V2 as she was backing up.

Vehicle 2 was traveling Westbound in the parking lot of 32 Cross Street. Driver 2 mentioned that she was working for Doordash. She was traveling slowly in the parking because she was looking to deliver the order that was placed for a business at the address above.

Investigation revealed Vehicle 1 was traveling Southbound, and Vehicle 2 was traveling Westbound in the parking lot of 32 Cross Street. V1 was backing up and collided with V2. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013990
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1522
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PROSPECT STREET (Road Name)
☒ At Intersection With	MASSACHUSETTS AVENUE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	45
Dir	-
12 Route No.	0628
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.073330
22 Longitude	-74.227230

Vehicle 1

23 Veh #	1
24 Policy No.	945016764
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROANY E HERNANDEZ-CRUZ -
29 Sex	M
27 Number & Street	14 MAPLE ST
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	H27186586502012
33 DOB (mm dd yyyy)	02/19/2001
34 Expires (mm yy)	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ROANY E HERNANDEZ-CRUZ -
36 Number & Street	14 MAPLE ST
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / GLD / 2002 / 13FBLE / NJ
44 VIN	2HGES268X2H551433
45 Expires	07 22
46 Vehicle Removed To	MOISHYS TOWING
☐ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939777855
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSHUA L ENGEL -
59 Sex	M
57 Number & Street	164 SUNSET AVE
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	E59154117301934
63 DOB (mm dd yyyy)	01/26/1993
64 Expires (mm yy)	01 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSHUA L ENGEL -
66 Number & Street	164 SUNSET AVE
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / TAC / RD / 2014 / N81MRX / NJ
74 VIN	5TFUX4ENXEX027391
75 Expires	06 22
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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
	-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 Charge -	137 Summons. No. -	-	138 Charge -	139 Summons. No. -
-	140 Charge -	141 Summons. No. -	-	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	01	01	01	05	21	M	-	-	-	11	04	-	-	ROANY E HERNANDEZ-CRUZ - / 14 MAPLE ST JACKSON NJ 08527
B	02	01	01	05	29	M	-	-	-	11	04	-	-	JOSHUA L ENGEL - / 164 SUNSET AVE TOMS RIVER NJ 08755
C														
D														

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	05
110	01
111	02
112	-
113	-
114	-
115	-
116	04
117	01
118a	25
118b	-
119a	04
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	12
125	12
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	02
132	02
133	04
134	03

New Jersey Police Crash Investigation Report

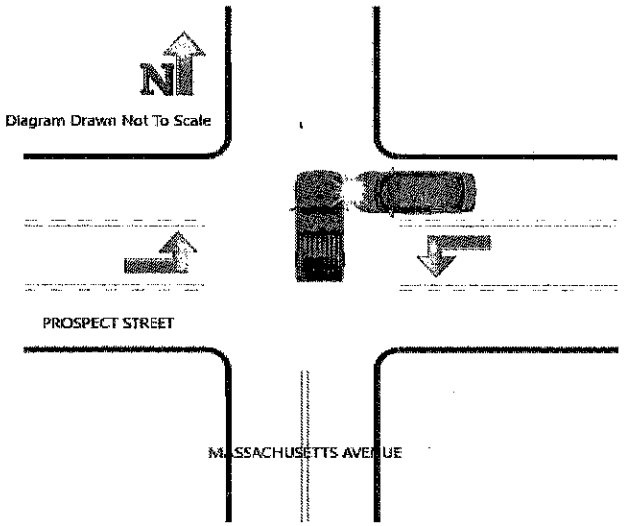
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013990

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was driving west on Prospect Street approaching Massachusetts Avenue when vehicle 2 suddenly crossed over from Massachusetts and he was unable to stop in time. Vehicle 1 sustained disabling damage to the front end.

Driver 2 stated he was driving north on Massachusetts Avenue attempting to cross over Prospect Street. There was traffic in the turning lane on Prospect Street blocking his view, he thought it was clear and was struck by vehicle 1 as he crossed into the intersection. Vehicle 2 sustained damage to the passenger side fender.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014000
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
Road Name	
Dir	
11 Speed Limit	0088
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
☐ At Intersection With	
☐ Feet	50
☐ Miles	
☐ N ☐ E ☐ S ☒ W	
of:	PEARL ST N
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1559
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.090770
22 Longitude	-74.204510

Vehicle 1

23 Veh #	1
24 Policy No.	604675407 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHAINDY - FELDER
29 Sex	F
27 Number & Street	453 PARK AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	F23627030052942
33 DOB mm dd yyyy	02/10/1994
34 Expires mm yy	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DOV - FELDER -
36 Number & Street	453 PARK AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / SIL / 2004 / C56FMX / NJ
44 VIN	4T1BF28B84U356358
45 Expires	06 22
46 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	AOS-228-096171-40 1
55 NJ Ins. Code	183
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HASMET N TIRKES -
59 Sex	M
57 Number & Street	20 FTHR CAP BLVD 1Q STATEN
58 City / State / Zip	ISLAND NY 10305
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NY
62 Driver's License Number	290575335
63 DOB mm dd yyyy	09/12/1958
64 Expires mm yy	09 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver HASMET N TIRKES -
66 Number & Street	20 FTHR CAP BLVD 1Q STATEN
67 City / State / Zip	ISLAND NY 10305
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / EXPRESS / - / 2008 / HPZ1740 / NY
74 VIN	1GAHG39K981181697
75 Expires	05 23
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	28	F	-	-	-	11	04	01	-	SHAINDY - FELDER - 453 PARK AVE LAKEWOOD NJ 08701
B	02	01	01	03	63	M	06	08	02	11	04	-	6502	HASMET N TIRKES - 20 FTHR CAP BLVD 1Q STISLAND NY 10305
C	03	01	01	05	17	M	-	-	-	11	04	-	-	LUIS A HERNANDEZSANTIAGO - 247 E 4TH ST LAKEWOOD NJ 08701
D														

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-014000
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	
10 Crash Occurred On	OCEAN AVE
11 Speed Limit	
12 Route No.	0088
At Intersection With / Feet / Miles	50 Feet
Direction	☒ W
of	PEARL ST N
4 Date of Crash	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1559
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.090770
22 Longitude	-74.204510

Left margin codes: 96 05, 97 01, 98 01, 99 05, 100a 01, 100b 04, 101 02, 102 01, 103 01, 104 3, 105 01, 106 -, 107 -, 108 04, 109 -, 110 01, 111 -, 112 -, 113 -, 114 -, 115 -, 116 04, 117 -

Right margin codes: 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 -, 127e -, 128 26, 129 06, 130 06, 131 -, 132 -, 133 02, 134 -

Vehicle 3

Field	Value
23 Veh #	3
24 Policy No.	4625-87-44-50
25 NJ Ins. Code	100
26 Driver's First Name / Initial / Last Name	LUIS A HERNANDEZSANTIA(-
29 Sex	M
27 Number & Street	247 E 4TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	H27184946112041
33 DOB	12/18/2004
34 Expires	12 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — ISAURA - HERNANDEZSANTI -
36 Number & Street	247 E 4TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	FORD
39 Model	ESP
40 Color	BLK
41 Year	2009
42 Plate No.	L85PGV
43 State	NJ
44 VIN	1FMCU03G99KA30525
45 Expires	11 / 22
46 Vehicle Removed To	
Disposition	☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle (second column)

Field	Value
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
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	-
64 Expires	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver — - - - -
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	-
Disposition	☐ 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 - ☐ MC/MX - ☐ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

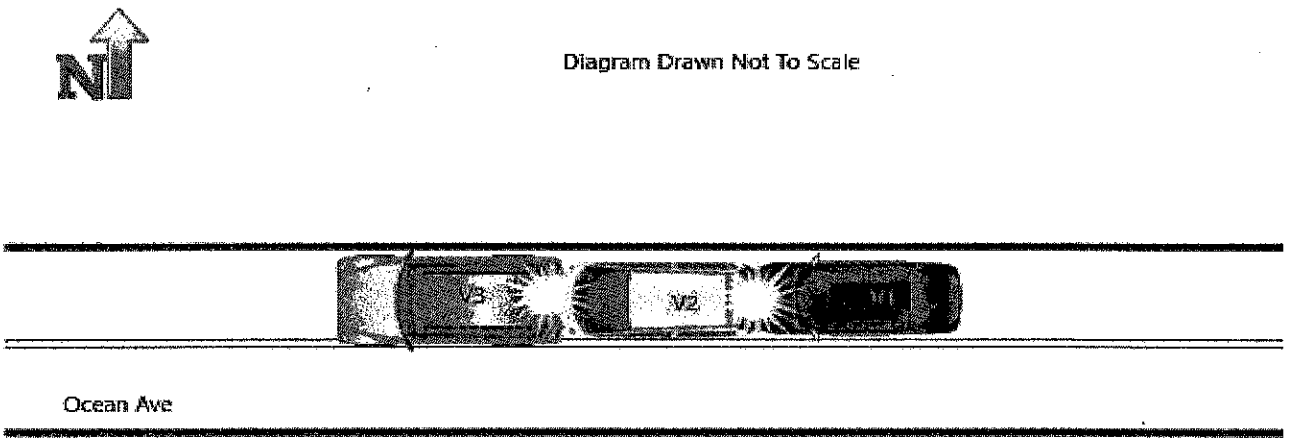
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-014000

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated that she was traveling West on Ocean Ave when she noticed veh2 slowing down in front of her. However once veh2 came to a stop, she noticed that she did not have enough time to stop completely, which resulted in a crash.

Driver of vehicle 2 stated that he was stopped in traffic on Ocean Ave when he was rear ended by veh1. After being rear ended he crashed into veh3.

Driver of vehicle 3 stated that he was stopped in traffic on Ocean Ave when he was rear ended by veh2.

No medical attention needed for the drivers of veh1 and veh3, yet the driver of veh2 had lower back pain.

All three vehicles sustained different levels of damage. Veh1 results were disabling, veh2 major damage, yet operable. Veh3 sustained very minor bumper damage.

I find vehicle 1 to be at fault for this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SMITH D	411	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014015
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1653
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	315 4TH STREET
At Intersection With	
Feet / Miles	-
N ☐ E ☐ S ☒ W of:	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
19 Ramp To / From	☐ / ☐
17 Cross Road Name	-
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939 956 874
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NECHAMA - KAUFMAN
29 Sex	F
27 Number & Street	313 E 5TH ST # A
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
31 State	NJ
32 Driver's License Number	K08745840054984
33 DOB mm dd yyyy	04/08/1998
34 Expires mm yy	04 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - KAUFMAN
36 Number & Street	313 E 5TH ST # A
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 1 / 2017 / G10MDU / NJ
44 VIN	4T1BF1FK1HU372937
45 Expires	01 23
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle B1

53 Veh #	B1
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORDECAHI - DINKLES
59 Sex	M
57 Number & Street	115 7TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	04/22/2007
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	V1	01	01	05	23	F	-	-	-	11	04	-	-	NECHAMA - KAUFMAN - 313 E 5TH ST # A LAKEWOOD NJ 08701 - -
B	B1	01	03	03	14	M	02	05	01	08	08	-	-	MORDECAHI - DINKLES - 115 7TH ST LAKEWOOD NJ 08701 - -
C														
D														

96	05
97	01
98	01
99	09
100a	01
100b	04
101	01
102	01
103	-
104	1
105	14
106	-
107	-
108	01
109	13
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	02
118a	04
118b	-
119a	29
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	12
130	12
131	09
132	09
133	02
134	02

New Jersey Police Crash Investigation Report

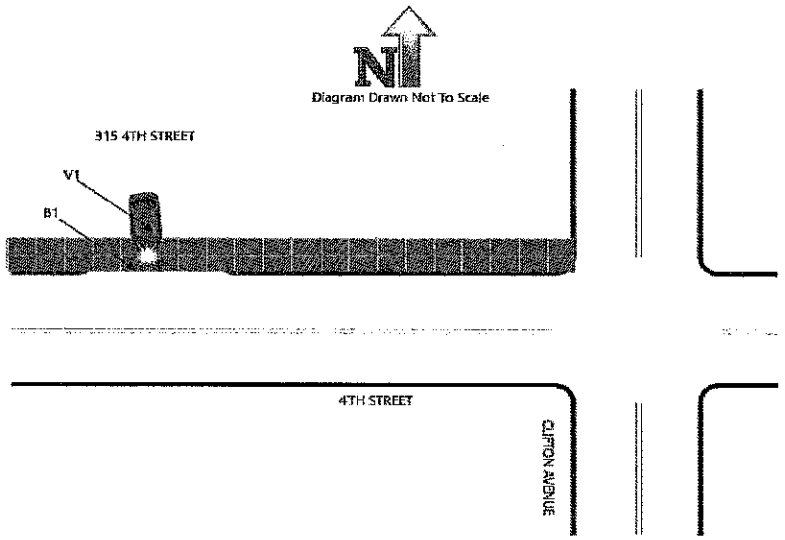
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014015

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was exiting the parking lot of 315 4th Street, attempting to enter 4th Street. The driver stated she was slowly moving forward to see if it was clear to enter the roadway when she struck B1. Damage was minor, to the passenger headlight, front passenger side fender and license plate bracket. No injuries were reported by the driver.

B1 stated he was traveling west on the sidewalk of 4th Street when he was struck by V1, who was exiting the parking lot of 315 4th Street. B1 was checked out on scene by Hatzalah EMS but refused further medical attention with a guardian. B1 had stated he had minor pain in his chin which subsided.

My investigation of the vehicles, roadways and statements from both V1 and B1 concludes: V1 was exiting 315 4th Street, attempting to enter 4th Street. B1 was traveling west on the sidewalk on the north side of 4th Street. When B1 was passing 315 4th Street, V1 moved forward and they made impact. Fault is shared as V1 did not yield to anyone on the sidewalk before attempting to enter the roadway. B1 should not have been on the sidewalk.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014026
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1808
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	HILLSIDE BLVD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	50
Feet	☒
Miles	☐
15	
N ☐ E ☐ S ☐ W	☒ N
of:	NEW EGYPT RD
16	
17 Cross Road Name	-
18 Speed Limit	45
19 Ramp	☐ To ☐ From:
20 Route/Name	NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.084800
22 Longitude	-74.253540

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MICHAEL G BUTTERLY
29 Sex	M
27 Number & Street	1306 NATURE WAY
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / B / - / - / NJ
32 Driver's License Number	B95025446705514
33 DOB (mm dd yyyy)	05/10/1951
34 Expires (mm yy)	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JAYS - BUS SERVICE INC
36 Number & Street	672 CROSS ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	IC / BUS / YEL / 2016 / G492S1 / NJ
44 VIN	4DRBUC8PXGB733246
45 Expires	08 22
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F10415242-6
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NECHAMA - FRANCO
59 Sex	F
57 Number & Street	48 GLEN AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	F71745840058972
63 DOB (mm dd yyyy)	08/13/1997
64 Expires (mm yy)	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIYAHU D FRANCO
66 Number & Street	48 GLEN AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2010 / A15MBC / NJ
74 VIN	4T1BF3EK5AU082848
75 Expires	11 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	70	M	-	-	-	11	04	-	-	MICHAEL G BUTTERLY - 1306 NATURE WAY TOMS RIVER NJ 08755
B	02	01	01	05	24	F	-	-	-	11	04	-	-	NECHAMA - FRANCO - 48 GLEN AVE LAKEWOOD NJ 08701
C	02	04	01	05	8M	M	-	-	-	06	06	-	-	SHLOMO - FRANCO - 48 GLEN AVE LAKEWOOD NJ 08701
D	02	05	01	05	4	F	-	-	-	11	04	-	-	SARA - FRANCO - 48 GLEN AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

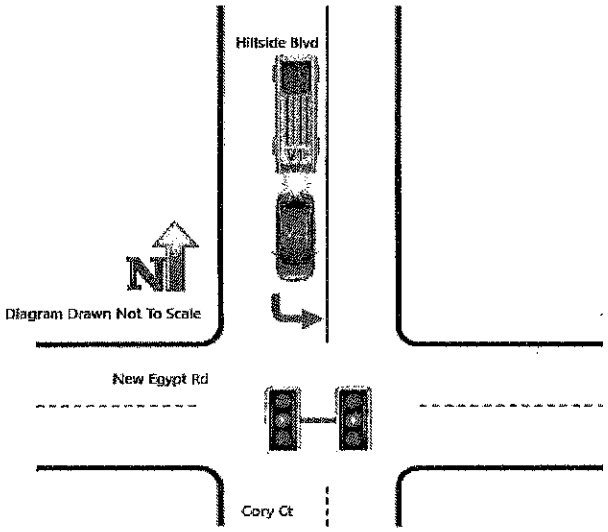
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014026

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	02	06	01	05	2	M	-	-	-	05	05	-	-	DAVID - FRANCO - 48 GLEN AVE LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was on Hillside Blvd waiting behind vehicle 2 for the red light to change when he believes vehicle 2 rolled back into him. No damage was observed on vehicle 1.

Vehicle 1's insurance # is 23787

Driver 2 stated she was on Hillside Blvd waiting behind other vehicles at a red light. Her foot was firmly on the brake and she was at a complete stop, when she felt vehicle 1 crash into her from behind. Vehicle 2 sustained minor damage to the rear bumper and fenders.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014029
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1825
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	4TH ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	5
☐N ☒E ☐S ☐W of:	LEXINGTON AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.094350
22 Longitude	-74.212570

Vehicle 1

23 Veh #	1
24 Policy No.	6055841263
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALMADELIA - RUIZ-VELEZ
29 Sex	F
27 Number & Street	4 SYLVAN CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / I / - / -
31 State	NJ
32 Driver's License Number	R91770280062842
33 DOB (mm dd yyyy)	12/07/1984
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANELI - AGUILAR
36 Number & Street	998 HEARTHSTONE DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERC / MOU / BLU / 2004 / Y65NTM / NJ
44 VIN	4M2ZU86E34UJ25029
45 Expires	05 22
46 Vehicle Removed To	☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	602344501 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RACHEL - BERMAN
59 Sex	F
57 Number & Street	1441 MONMOUTH AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
61 State	NJ
62 Driver's License Number	B27126370055646
63 DOB (mm dd yyyy)	05/24/1964
64 Expires (mm yy)	05 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RACHEL - BERMAN
66 Number & Street	1441 MONMOUTH AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / PAC / GRY / 2019 / R84LJH / NJ
74 VIN	2C4RC1BG5KR668335
75 Expires	06 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	291405			
	140 Charge	141 Summons. No.		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	01	01	01	05	37	F	-	-	-	11	04	-	-	ALMADELIA - RUIZ-VELEZ - 4 SYLVAN CT LAKEWOOD NJ 08701
B	02	01	01	05	57	F	-	-	-	11	04	-	-	RACHEL - BERMAN - 1441 MONMOUTH AVE LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02
118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	09
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	03
132	03
133	02
134	02

New Jersey Police Crash Investigation Report

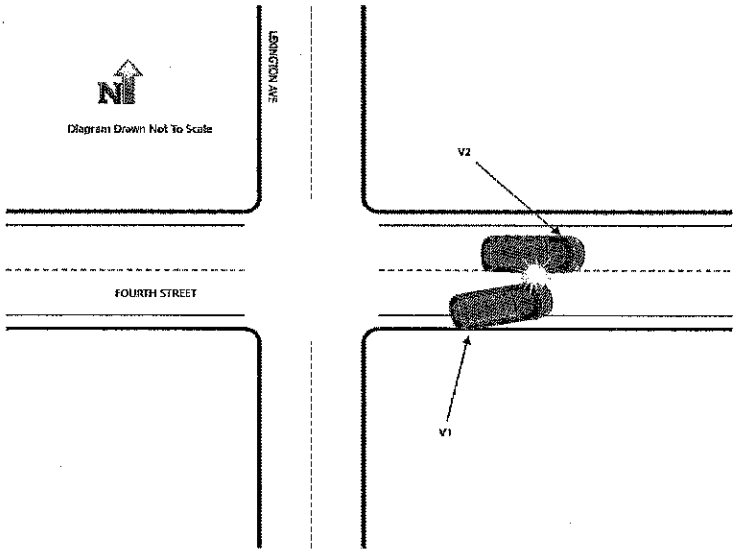
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014029

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated she was attempting to park her vehicle on Fourth Street, facing East. While attempting to correct her parking, she made contact with vehicle two.

Driver of vehicle two stated she was traveling East on Fourth Street. As she passed vehicle one, which she believed was parked, vehicle one pulled forward and struck her.

As a result of my investigation, I determined driver of vehicle one to be at fault due to failure to yield right of way to vehicle two.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014048
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2014
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	SQUANKUM RD (Road Name)
At Intersection With	
☒ Feet / ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of	APOLLO RD
11 Speed Limit	45
Dir	0547
12 Route No. / Suffix / 13 Milepost	
16 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10943
22 Longitude	-74.20136

Vehicle 1

23 Veh #	1
24 Policy No.	2812806440
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORRIS H CABASSO
29 Sex	M
27 Number & Street	130 POWDERHORN DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	C00065646809892
33 DOB (mm dd yyyy)	09/14/1989
34 Expires (mm yy)	09 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	MORRIS H CABASSO
36 Number & Street	130 POWDERHORN DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / BLK / 2020 / V34MRX / NJ
44 VIN	5FNRL6H52LB069747
45 Expires	08 24
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939 030 867
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHIRA M PRICE
59 Sex	F
57 Number & Street	103 7TH STREET
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	P73887087452684
63 DOB (mm dd yyyy)	02/05/1968
64 Expires (mm yy)	02 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	HARRY I PRICE
66 Number & Street	103 7TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRN / 2013 / F67GGU / NJ
74 VIN	5TDDK3DC2DS062004
75 Expires	01 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514-A-291854	-		-
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	1	01	01	05	32	M	-	-	-	11	11	04	-	MORRIS H CABASSO - 130 POWDERHORN DR LAKEWOOD NJ 08701
B	2	01	01	03	54	F	05	08	01	11	11	04	-	SHIRA M PRICE - 103 7TH STREET LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	03
118a	04
118b	08
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	03
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	12
132	12
133	04
134	04

New Jersey Police Crash Investigation Report

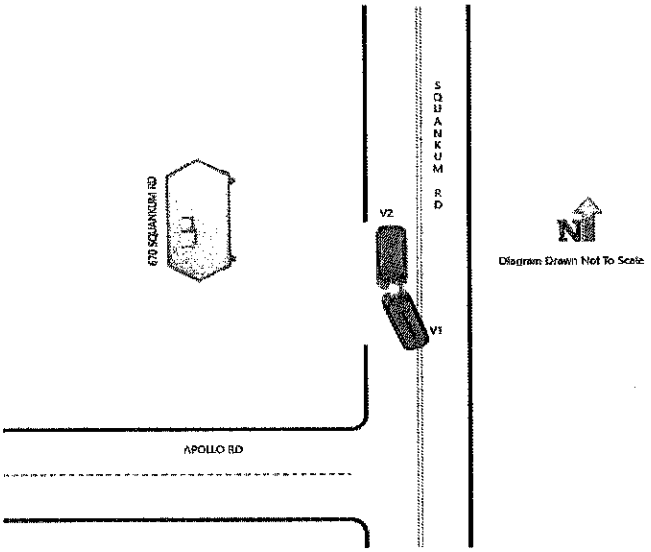
Police Dept: LAKEWOOD TOWNSHIP Code: _____

Station: _____ Case No: 22-014048

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that while traveling North on Squankum Rd he was attempting to make a left turn into 670 Squankum Rd. He stated that he began to make the left turn believing it was clear and then suddenly struck Vehicle 2.

Driver 2 stated that while traveling South on Sqaunkum Rd Vehicle 1 suddenly turned in front of her and struck her vehicle.

Vehicle 1 and 2 both sustained disabling damage to the front ends consisting of them being completely dented in, bumpers removed from the vehicles, and fluids leaking.

Due to driver statements and my observations I determined that Driver 1 carelessly made the left turn when it was not clear to do so and caused the crash.

Driver 2 had a complaint of pain to her chest, she refused medical assistance on scene but stated that her husband would be bringing her to the hospital to be evaluated. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013573
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0001
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	241 4TH ST (Road Name)
At Intersection With	
Feet / Miles	- / ☐ Miles
N/S/E/W of:	-
11 Speed Limit	10
Dir	-
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
NB EB SB WB	
21 Latitude	40.094090
22 Longitude	-74.215000

Vehicle 1

23 Veh #	1
24 Policy No.	4549-53-26-22
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DOV / M / LEVY
29 Sex	M
27 Number & Street	308 7TH ST; BASEMENT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY
32 Driver's License Number	676638880
33 DOB (mm dd yyyy)	10/16/1982
34 Expires (mm yy)	10 29
35 Owner's First Name / Initial / Last Name	☒ Same As Driver / DOV / M / LEVY
36 Number & Street	308 7TH ST; BASEMENT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / GRY / 2012 / 01746B7 / TX
44 VIN	5TDKK3DC2CS271233
45 Expires	01 22
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	**
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	REUVEN / Y / SPERO
59 Sex	M
57 Number & Street	136 BATES DR
58 City / State / Zip	MONSEY / NY / 10952
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / - / - / - / NY
62 Driver's License Number	444516017
63 DOB (mm dd yyyy)	01/22/1996
64 Expires (mm yy)	01 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / HERTZ VEHICLES - LLC
66 Number & Street	1017 RENTAL CAR DRIVE
67 City / State / Zip	MORRISVILLE / NC / 27560
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / RD / 2021 / JFA3856 / NC
74 VIN	KMHL64JAXMA146122
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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	V1	01	01	05	39	M	-	-	-	11	04	-	-	DOV M LEVY - 308 7TH ST; BASEMENT LAKEWOOD NJ 08701
B	V1	03	01	05	43	M	-	-	-	11	04	-	-	YECHIEL - HOROVITZ - UNKNOWN - - -
C	V2	01	01	05	26	M	-	-	-	11	04	-	-	REUVEN Y SPERO - 136 BATES DR MONSEY NY 10952
D	V2	03	01	05	24	M	-	-	-	11	04	-	-	AVROHOM Y SPERO - 14480 SUMMERFIELD RI UNIVERSITY HGT OH 44118

New Jersey Police Crash Investigation Report

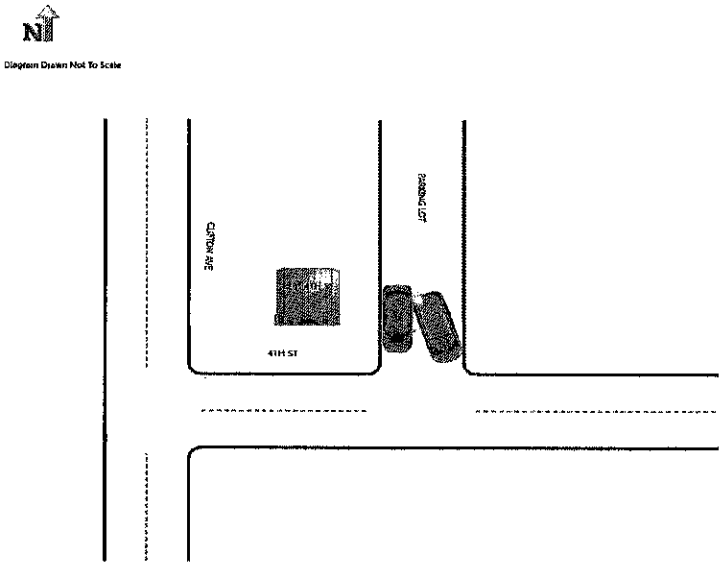
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013573

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED THAT HE WAS BACKING UP NORTHBOUND IN THE PARKING LOT LOCATED NEXT TO PIZZA PLUS (241 4TH ST). WHILE BACKING UP, HE STRUCK V2 WHO WAS PARKED FACING SOUTHBOUND IN THE SAME PARKING LOT.

THE DRIVER OF V2 STATED THAT HE WAS PARKED IN THE PARKING LOT NEXT TO PIZZA PLUS (241 4TH ST). HE STATED THAT HE WAS FACING SOUTHBOUND PARKED AND OBSERVED V1 CRASH INTO HIS VEHICLE WHILE BACKING UP.

AFTER OBSERVING THE SCENE AND SPAEKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR BACKING UP UNSAFELY.

NO INJURIES WERE REPORTED ON SCENE.

THE DRIVER OF V2 IS SELF INSURED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	02

1 Case Number: 22-013691

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

10 Crash Occurred On: RIVER AVE — 11 Speed Limit:

☒ At Intersection With — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: PINE BLVD

☐ Miles ☐ S ☐ W — 14 — 15 — 16

19 Ramp ☐ To ☐ From — 17 Cross Road Name — ☐ NB ☐ EB ☐ SB ☐ WB — 20 Route/Name

4 Date of Crash (mm dd yy): 02/20/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1037 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.06564 — 22 Longitude: -74.21878

118a	25
118b	-
119a	02
119b	04
120a	01
120b	-
121a	01
121b	-
122	01
123	03
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	11
132	11
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F0180653 — 25 NJ Ins. Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: DIANA — Initial: - — Last Name: CORDASCO — 29 Sex: F

27 Number & Street: 11 TAYLOR DR

28 City: WEST CALDWELL — State: NJ — Zip: 07006

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: C65721670057452 — 33 DOB (mm dd yyyy): 07/08/1945 — 34 Expires (mm yy): 07 22

35 Owner's First Name: GENNARO — Initial: - — Last Name: CORDASCO

☐ Same As Driver

36 Number & Street: 11 TAYLOR DR

37 City: W CALDWELL — State: NJ — Zip: 07006

38 Make: BUIC — 39 Model: LAC — 40 Color: GRY — 41 Year: 2017 — 42 Plate No.: D18JJK — 43 State: NJ

44 VIN: 1G4ZS5SS3HU169376 — 45 Expires: 11 22

46 Vehicle Removed To

☒ 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 ☐ MC/MX ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4277347037 — 55 NJ Ins. Code: 148

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: DEVORA — Initial: - — Last Name: KOSLOWITZ — 59 Sex: F

57 Number & Street: 3 SHILO RD

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K67181650059015 — 63 DOB (mm dd yyyy): 09/17/2001 — 64 Expires (mm yy): 09 23

65 Owner's First Name: BINYOMIN — Initial: M — Last Name: KOSLOWITZ

☐ Same As Driver

66 Number & Street: 3 SHILO RD

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: SIE — 70 Color: GRY — 71 Year: 2011 — 72 Plate No.: N34KAF — 73 State: NJ

74 VIN: 5TDKK3DC3BS066857 — 75 Expires: 05 22

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 ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	05	76	F	-	-	-	11	04	-	-	DIANA - CORDASCO - / 11 TAYLOR DR WEST CALDWELL NJ 07006
B	01	03	01	05	82	M	-	-	-	11	04	-	-	GENNARO - CORDASCO - / 11 TAYLOR DR W CALDWELL NJ 07006
C	02	01	01	05	20	F	-	-	-	11	04	-	-	DEVORA - KOSLOWITZ - / 3 SHILO RD LAKEWOOD NJ 08701
D	02	03	01	05	43	F	-	-	-	11	04	-	-	CHAYA S KOSLOWITZ - / 3 SHILO RD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

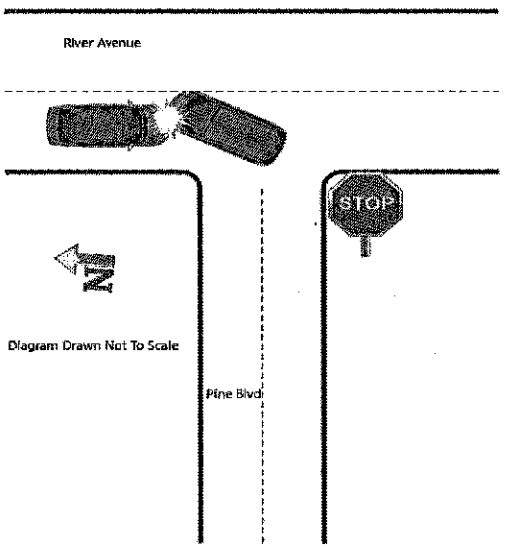
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013691

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was traveling South on River Avenue. Driver of vehicle 1 stated vehicle 2 attempted to make a left turn onto River Avenue from Pine Blvd striking the front Driver side of vehicle 1 causing moderate but functionable damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated she was making a left turn onto River Avenue from Pine Blvd. Driver of vehicle 2 stated while she was making a left turn she got scared and came to a complete stop. Vehicle 2 was struck by vehicle 1 causing moderate but functionable damage to the front of vehicle 2. Driver of vehicle 2 had no complaint of pain.

Based on my observations and statements given by both drivers I determined the driver of vehicle 2 to be at fault for failure to yield to the righter way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013724
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1432
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MADISON AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W of:	4TH ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.09385
22 Longitude	-74.21704

Vehicle 1

23 Veh #	1
24 Policy No.	6047301572061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEVORAH - GOLDSTEIN
29 Sex	F
27 Number & Street	23 NINTH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	6 / A / - / -
31 State	NJ
32 Driver's License Number	G62321650051816
33 DOB mm dd yyyy	01/13/1981
34 Expires mm yy	01 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DEVORAH - GOLDSTEIN
36 Number & Street	23 NINTH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / PAC / BLK / 2019 / T41KVN / NJ
44 VIN	2C4RC1BG9KR506997
45 Expires	01 23
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	1107956A2330A
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	FLORENTIN - PEDROMARTINEZ
59 Sex	M
57 Number & Street	712 ZLOTKIN CIR APT 7
58 City / State / Zip	FREEHOLD NJ 07728
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	P21522650010782
63 DOB mm dd yyyy	10/16/1978
64 Expires mm yy	10 25
65 Owner's First Name / Initial / Last Name	☒ Same As Driver FLORENTIN - PEDROMARTINEZ
66 Number & Street	712 ZLOTKIN CIR APT 7
67 City / State / Zip	FREEHOLD NJ 07728
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2005 / H34PFM / NJ
74 VIN	4T1BE32K35U634487
75 Expires	10 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	1	01	01	05	41	F	-	-	-	11	04	-	-	DEVORAH - GOLDSTEIN - 23 NINTH ST LAKEWOOD NJ 08701
B	1	03	01	05	19	F	-	-	-	11	04	-	-	FAIGY GOLDSTEIN 23 9TH ST LAKEWOOD NJ 08701
C	1	04	01	05	16	F	-	-	-	04	04	-	-	MIRIAM GOLDSTEIN 23 9TH ST LAKEWOOD NJ 08701
D	1	05	01	05	14	F	-	-	-	04	04	-	-	SARA GOLDSTEIN 23 9TH ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

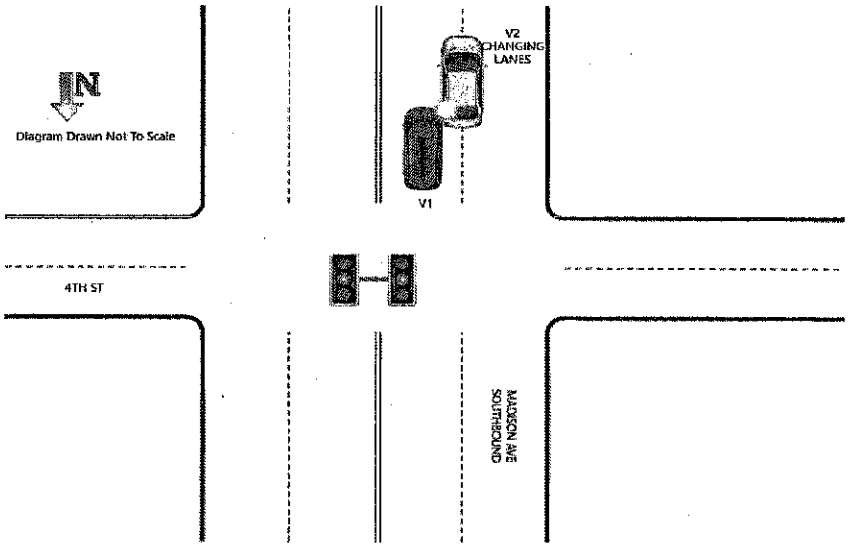
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013724

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	1	06	01	05	9M	F	-	-	-	06	06	-	-	DENA GOLDSTEIN 23 9TH ST LAKEWOOD NJ 08701
F	2	01	01	05	43	M	-	-	-	11	04	-	-	FLORENTIN - PEDROMARTINEZ - 712 ZLOTKIN CIR APT 7 FREEHOLD NJ 07728
G	2	03	01	05	14	F	-	-	-	11	04	-	-	MARITZA PEDRO 712 ZLOTKIN CIR APT 7 FREEHOLD NJ 07728
H	2	04	01	05	44	F	-	-	-	04	04	-	-	GRISELIA OVDAZ 712 ZLOTKIN CIR APT 7 FREEHOLD NJ 07728
I	2	04	01	05	8	F	-	-	-	04	04	-	-	VIRGINIA PEDRO 712 ZLOTKIN CIR APT 7 FREEHOLD NJ 07728
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling Southbound on Madison Ave in the Left Lane. She stated Vehicle 2 was traveling Southbound on Madison Ave in the Right Lane. Driver 1 stated while traveling Vehicle 2 attempted to quickly change lanes in front of her vehicle. Driver 1 stated Vehicle 2 collided into her Vehicle while changing lanes.

Driver 2 stated he was traveling Southbound on Madison Ave in the Right Lane. He stated he felt it was safe to change lanes. Driver 2 stated he utilized his blinker to indicate he was changing lanes. Driver 2 stated he collided into Vehicle 1 while attempting to change lanes.

I determined Crash was caused by Vehicle 2 for Improper Lane Change.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013726
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1440
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	W COUNTY LINE RD
☒ At Intersection With / Road Name	LAURELWOOD AVE
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	14 15 16
11 Speed Limit	45
12 Route No. / Dir / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10673
22 Longitude	-74.22813

Vehicle 1

23 Veh #	1
24 Policy No.	000000943048802
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHOLOM - KROHN
29 Sex	M
27 Number & Street	49 HEWLETT ST
28 City / State / Zip	WATERBURY CT 06710
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / CT
32 Driver's License Number	159348990
33 DOB (mm dd yyyy)	03/25/1998
34 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MIRIAM R KROHN -
36 Number & Street	11709 85TH AVE RICHMOND
37 City / State / Zip	HILL NY 11418
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIVIC / 4 / 2014 / KMP1164 / NY
44 VIN	19XFB2F52EE206020
45 Expires	10 23
46 Vehicle Removed To	HESHEY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6108076052061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PRADIP J CONTRACTOR -
59 Sex	M
57 Number & Street	393 BREWERS BRIDGE ROAD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / D / - / - / NJ
62 Driver's License Number	C64546337109801
63 DOB (mm dd yyyy)	09/13/1980
64 Expires (mm yy)	09 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PRADIP J CONTRACTOR -
66 Number & Street	393 BREWERS BRIDGE ROAD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / CHE / GRY / 2015 / X90KNZ / NJ
74 VIN	1C4PJMCS2FW652611
75 Expires	12 22
76 Vehicle Removed To	MOISHEY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514A289268			
2		-			

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	1	01	01	03	23	M	99	99	01	11	04	04	-	SHOLOM - KROHN - 49 HEWLETT ST WATERBURY CT 06710
B	2	01	01	05	41	M	-	-	-	11	04	-	-	PRADIP J CONTRACTOR - 393 BREWERS BRIDGE RJACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

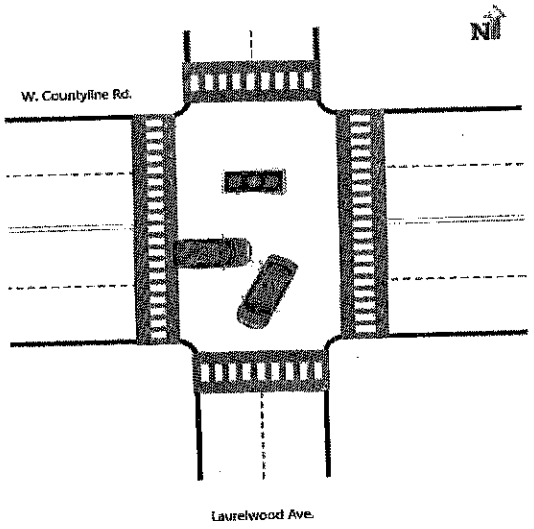
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013726

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated that he was traveling west on W. Countyline Rd. when he attempted to make a left turn onto Laurelwood Ave. and crashed into Vehicle 2. The driver of Vehicle 1 stated he did not remember turning in front of any vehicles, nor could he recall when he was hit from.

The driver of Vehicle 2 was traveling east on W. Countyline Rd. when Vehicle 2 turned in front of him, and it was too late to avoid the crash. Based on my observations and speaking with all involved parties, I determined that Vehicle 1 did not yield to Vehicle 2 prior to making the left turn and caused the crash.

Vehicle 1 Driver Injury: Dizziness.
Vehicle 1 Insurance Code: 743 Allstate Fire and Casualty Insurance - NJTR-1 would not accept code and no NAIC on insurance card.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICKERSON, K	378	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013750
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0528
Suffix	
13 Milepost	
18 Speed Limit	15
☒ Feet ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	ARLINGTON AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1619
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.085290
22 Longitude	-74.207920

Vehicle 1

23 Veh #	1
24 Policy No.	4174-72-59-62
25 NJ Ins. Code	101
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHIRA - GRUEN
29 Sex	F
27 Number & Street	1568 E 31ST ST
28 City / State / Zip	BROOKLYN NY 11234
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY
32 Driver's License Number	318118456
33 DOB mm dd yyyy	02/02/2001
34 Expires mm yy	02 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SIMA B NEWMAN
36 Number & Street	1135 E 32ND ST
37 City / State / Zip	BROOKLYN NY 11210
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / - / 2020 / KHF9580 / NY
44 VIN	3N1AB8CV0LY304527
45 Expires	12 22
46 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	12563996-08
55 NJ Ins. Code	212
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID - ZLOTNICK
59 Sex	M
57 Number & Street	1156 E 22ND ST
58 City / State / Zip	BROOKLYN NY 11210
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NY
62 Driver's License Number	307660284
63 DOB mm dd yyyy	05/15/2004
64 Expires mm yy	05 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GOLDA - ZLOTNICK
66 Number & Street	1156 E 22ND ST
67 City / State / Zip	BROOKLYN NY 11210
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACUR / TLX / BLK / 2020 / GPX7345 / NY
74 VIN	19UUB1F39LA016989
75 Expires	05 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	05	21	F	-	-	-	11	04	01	-	SHIRA - GRUEN - 1568 E 31ST ST BROOKLYN NY 11234
B	01	03	01	05	24	F	-	-	-	11	04	01	-	LEAH - DINAGRUEN - 11 SABLOW DR LAKEWOOD NJ 08701
C	02	01	01	05	17	M	-	-	-	11	04	-	-	DAVID - ZLOTNICK - 1156 E 22ND ST BROOKLYN NY 11210
D	02	03	01	05	62	M	-	-	-	11	04	-	-	PAUL A ZLOTNICK - 1156 E 22ND ST BROOKLYN NY 11210

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013750

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	04	01	05	55	F	-	-	-	11	04	-	-	GOLDA - ZLOTNICK - 1156 E 22ND ST BROOKLYN NY 11210
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

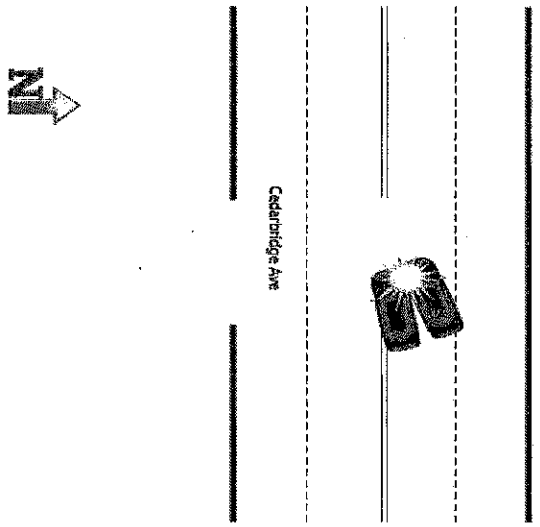


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle one stated that she was making a left turn on Cedarbridge Ave when she was hit by vehicle 2. She did not see the vehicle until they collided.

Driver of vehicle two stated that he was traveling in the passing lane when vehicle 1 improperly turned into him when trying to crossed the street.

No medical attention needed.

Both vehicles sustained disabling damage.

I find veh1 at fault for the crash. The locations of the vehicles showed that veh1 was in the shoulder lane before attempting the left turn.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SMITH D	411	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013802
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2008
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	RIVER AVE
☒ At Intersection With / Road Name	OAK ST
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	- / 14 / 15 / 16
11 Speed Limit	40
12 Route No. / Dir / Suffix	SH 9 / - / -
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.06695
22 Longitude	-74.21855

Vehicle 1

23 Veh #	1
24 Policy No.	SEE BOTTOM**
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	YOSEF / E / GOLD / - / M
27 Number & Street	411 E 3RD ST
28 City / State / Zip	BROOKLYN / NY / 11218
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / - / - / - / NY
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	886517142 / 04/25/1999 / 04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / PEARL / R / GOLD / -
36 Number & Street	411 3RD ST
37 City / State / Zip	BROOKLYN / NY / 11218
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SPORTAGE / - / 2021 / GRE9604 / NY
44 VIN / 45 Expires	KNDPMCAC3M7850800 / 06 22
46 Vehicle Removed To	MOSHE'S TOWING
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	SEE BOTTOM**
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	YEINY / - / ESCOBAR GASCA / - / F
57 Number & Street	4790 NEW 196TH TER
58 City / State / Zip	MIAMI GARDENS / FL / 33055
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / CB
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	1080930177 / 12/07/1985 / 11 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / MAURICIO / - / NEIRA GONZALEZ / -
66 Number & Street	4790 NW 196TH TER
67 City / State / Zip	MIAMI GARDENS / FL / 33055
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COA / WHI / 2020 / 92BCRF / FL
74 VIN / 75 Expires	JTDEPRAE2LJ022208 / 02 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:4-97	1514-A-291827	-		-
-		-	-		-

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	V1	01	01	05	22	M	-	-	-	11	11	04	-	YOSEF E GOLD - 411 E 3RD ST BROOKLYN NY 11218
B	V2	01	01	04	36	F	11	05	02	11	11	04	6502	YEINY - ESCOBAR GASCA - 4790 NEW 196TH TER MIAMI GARDENS FL 33055
C														
D														

New Jersey Police Crash Investigation Report

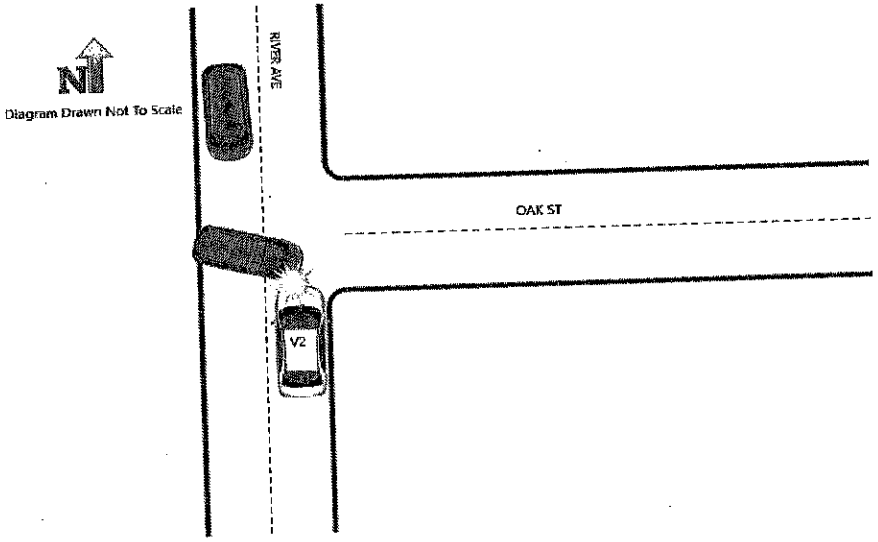
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-013802

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 stated that she was traveling north bound on River Ave when V1 had made a left hand turn in front of her causing her to strike V1 at the 2 o'clock.

Driver of V1 stated that he believed he had enough time to make a left turn onto Oak St which resulted in him being struck by V2.

The results of the investigation revealed the Driver of V1 was at fault due to not ensuring oncoming traffic was clear before making a left turn onto Oak St. Driver of V1 reported no injuries at this time. Driver V2 was transported to Monmouth Medical Center Southern Campus due to a injury sustained to her left lower leg.

V2 insurance Information
Company Name: UNITED AUTOMOBILE INSURANCE COMPANY
Policy Number: UAH-326003
Expiration: 10/23/2022
Address: 1890 SW 57 AVE SUITE #105
Miami Florida 33155
Phone number: 305-223-4681

V1 Insurance Information
Company Name: State Farm Mutual Automobile
Company Code: 328
Policy Number:245 6473-C25-32A
Expiration: 03/25/2022
Phone number:718-707-0075

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013825
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CROSS ST
☐ At Intersection With	
☒ Feet ☐ Miles	15
☐ N ☒ E ☐ S ☐ W	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0626
Suffix	-
13 Milepost	-
18 Speed Limit	35
of:	MASSACHUSETTS AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/20/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2212
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.060290
22 Longitude	-74.229380

Vehicle 1

23 Veh #	1
24 Policy No.	2815073F2132
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI - HOCHHAUSER
29 Sex	M
27 Number & Street	82 CASTLEWOOD RD
28 City / State / Zip	LONDON EN
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / -
32 Driver's License Number	HOCHH909015M99WW20
33 DOB mm dd yyyy	01/09/1995
34 Expires mm yy	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - HOCHHAUSER
36 Number & Street	82 CASTLEWOOD RD
37 City / State / Zip	LONDON EN
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / SUBN / - / 2019 / KSX8240 / NY
44 VIN	2T2BZMCA6KC173214
45 Expires	12 23
46 Vehicle Removed To	-
☒ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6044038047
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BRACHA - COHEN
59 Sex	F
57 Number & Street	3571 BLANCHE AVE
58 City / State / Zip	CLEVELAND OH 44118
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / OH
62 Driver's License Number	VE814106
63 DOB mm dd yyyy	08/16/1977
64 Expires mm yy	08 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIEZER - COHEN
66 Number & Street	454 8TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / 1 / 2016 / V71NWA / NJ
74 VIN	5FNRL5H33GB106402
75 Expires	06 22
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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	27	M	-	-	-	11	04	-	-	MORDECHAI - HOCHHAUSER - 82 CASTLEWOOD RD LONDON EN N166D - -
B	02	01	01	05	47	M	-	-	-	11	04	-	-	ELIEZER - COHEN - 454 8TH ST LAKEWOOD NJ 08701 - -
C	02	06	01	05	1	F	-	-	-	05	05	-	-	ZOCHEL - GOLDBERG - 25 PROVIDENCE LAKEWOOD NJ 08701 - -
D	02	03	01	05	12	M	-	-	-	11	04	-	-	MOSHE - COHEN - 454 8TH ST LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

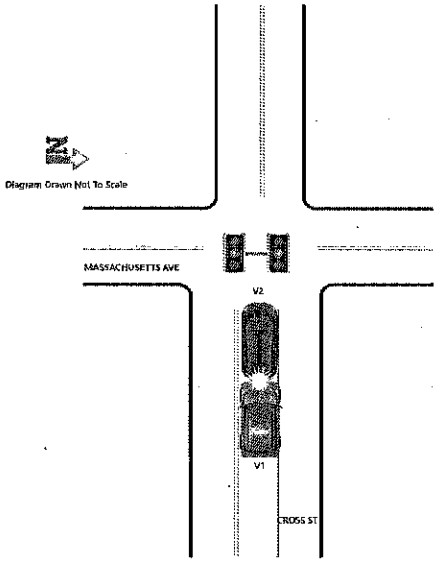
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013825

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	02	05	01	05	11	M	-	-	-	11	04	-	-	YEHOS - COHEN - 454 8TH ST LAKEWOOD NJ 08701 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 2/20/2022 at approximately 2212hrs, I was dispatched to Cross Street for a report of a crash. Upon arrival, I met with the driver of vehicle 2 who was identified as Bracha Cohen. Ms. Cohen reported that while she waiting for the traffic signal to turn green so she could make a left turn onto Massachusetts Avenue, the rear of her vehicle was suddenly struck by vehicle 1.

I then met with the driver of vehicle 1 who was identified as Mordechai Hochhauser. Mr. Hochhauser reported that while he was waiting at the traffic signal, he was using his cell phone. Mr. Hochhauser then reported that he must not have realized and took his foot off the brakes and struck vehicle 2.

There were no injuries reported at the scene of the crash.

Vehicle 1 sustained scratches and cracks to the front bumper.

Vehicle 2 sustained cracks and scratches to the rear bumper.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHEEHAN, M	423	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	05
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-013924

2 Police Dept of: LAKEWOOD TOWNSHIP F Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 02/21/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0723

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: AIRPORT RD (Road Name) - Dir

11 Speed Limit: 40

12 Route No.: - Suffix: - 13 Milepost: -

☐ At Intersection With

14: 1000 ☒ Feet ☐ Miles

15/16: ☐ N ☐ E ☒ S ☐ W of: CEDARBRIDGE AVE RAMP

17 Cross Road Name

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.068070

22 Longitude: -74.167590

Code	Value
118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	03
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	03
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 02898014-1

25 NJ Ins. Code: 135

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: JABES Initial: C Last Name: VOLPE -

29 Sex: M

27 Number & Street: 601 MIDSTREAMS RD

28 City: BRICK State: NJ Zip: 08724

30 Eyes: 02 DL Class: D Restrictions: - Endorsements: -

31 State: NJ

32 Driver's License Number: V62953796301532

33 DOB (mm dd yyyy): 01/31/1953

34 Expires (mm yy): 01 26

35 Owner's First Name: - Initial: - Last Name: PACIFIC HOME IMF -

☐ Same As Driver

36 Number & Street: 1 THIRD AVE STE-4

37 City: LONG BRANCH State: NJ Zip: 07740

38 Make: RAM

39 Model: 250

40 Color: BLK

41 Year: 2018

42 Plate No.: D77KYE

43 State: NJ

44 VIN: 3C6UR5HL8JG425845

45 Expires: 01 23

46 Vehicle Removed To: -

☒ 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 ☐ MC/MX ☒ None

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City / State / Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: F175578-4

55 NJ Ins. Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: JENNIFER Initial: - Last Name: ZANNA-KOLAKOWSK -

59 Sex: F

57 Number & Street: 16 STUYVESANT RD

58 City: BRICK State: NJ Zip: 08723

60 Eyes: 02 DL Class: D Restrictions: - Endorsements: -

61 State: NJ

62 Driver's License Number: Z04473950055752

63 DOB (mm dd yyyy): 05/18/1975

64 Expires (mm yy): 05 24

65 Owner's First Name: JENNIFER Initial: - Last Name: ZANNA-KOLAKOWS -

☐ Same As Driver

66 Number & Street: 16 STUYVESANT RD

67 City: BRICK State: NJ Zip: 08723

68 Make: JEEP

69 Model: CHE

70 Color: BLU

71 Year: 2019

72 Plate No.: RM57LF

73 State: NJ

74 VIN: 1C4PJMDX1KD397756

75 Expires: 07 22

76 Vehicle Removed To: PRIVATE TOW

☐ 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 ☐ MC/MX ☒ None

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City / State / Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
1	136 Charge	137 Summons No.
2	140 Charge	141 Summons No.
1	138 Charge	139 Summons No.
2	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	01	01	01	-	69	M	-	-	-	11	04	-	-	JABES C VOLPE - 601 MIDSTREAMS RD BRICK NJ 08724
B	02	01	01	-	46	F	-	-	-	11	11	02	-	JENNIFER - ZANNA-KOLAKOWSKI - 16 STUYVESANT RD BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

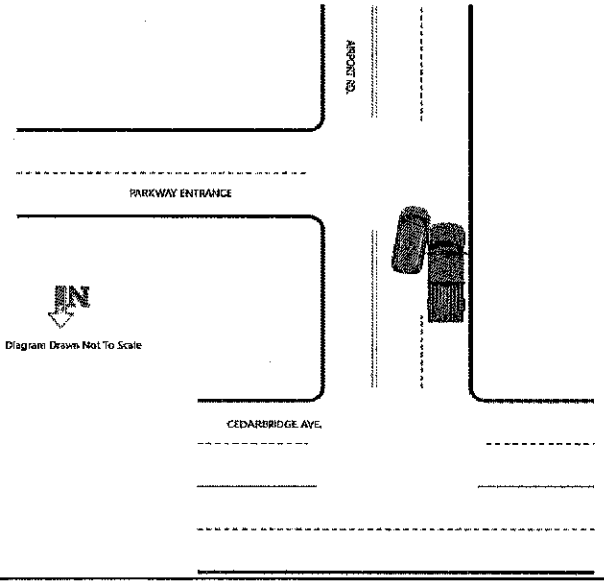
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013924

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that he was traveling south in the far right lane on Airport Rd. when V2 who was in the left lane entered his lane of travel and caused the crash.

Driver of V2 stated that she was in the left lane of travel, preparing to make a left turn onto the parkway entrance. Driver of V2 further stated that as she was preparing to make the left turn, she entered V1's lane of travel slightly and caused the crash.

In conclusion to my investigation, I determined that driver of V2 was at fault for the crash for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014290
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1724
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	6TH ST (Road Name)
At Intersection With	
☒ Feet 250 ☐ Miles	☐ N ☐ E ☐ S ☒ W of: MADISON AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.09579
22 Longitude	-74.21741

Vehicle 1

23 Veh #	1
24 Policy No.	C2XBHK
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDEHAY - OVANOUNOU
29 Sex	M
27 Number & Street	407 6TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	O95295630002592 / 02/19/1959 / 02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDEHAY - OVANOUNOU
36 Number & Street	407 6TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CADI / XTS / BLK / 2017 / Y64PEC / NJ
44 VIN / 45 Expires	2G61M5S36H9110746 / 11 22
46 Vehicle Removed To	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6033-82-23-85
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISROEL Z RUBNITZ -
59 Sex	M
57 Number & Street	315 N MARTEL AVE
58 City / State / Zip	LOS ANGELES CA 90036
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	3 / I / - / - / CA
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	Y2601940 / 10/18/1996 / 10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YISROEL Z RUBNITZ -
66 Number & Street	315 N MARTEL AVE
67 City / State / Zip	LOS ANGELES CA 90036
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / MAR / 2016 / C83MTY / NJ
74 VIN / 75 Expires	4T1BK1EB1GU199626 / 08 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	63	M	-	-	-	11	04	-	-	MORDEHAY - OVANOUNOU - 407 6TH ST LAKEWOOD NJ 08701
B	2	01	01	05	25	M	-	-	-	11	04	-	-	YISROEL Z RUBNITZ - 315 N MARTEL AVE LOS ANGELES CA 90036
C														
D														

New Jersey Police Crash Investigation Report

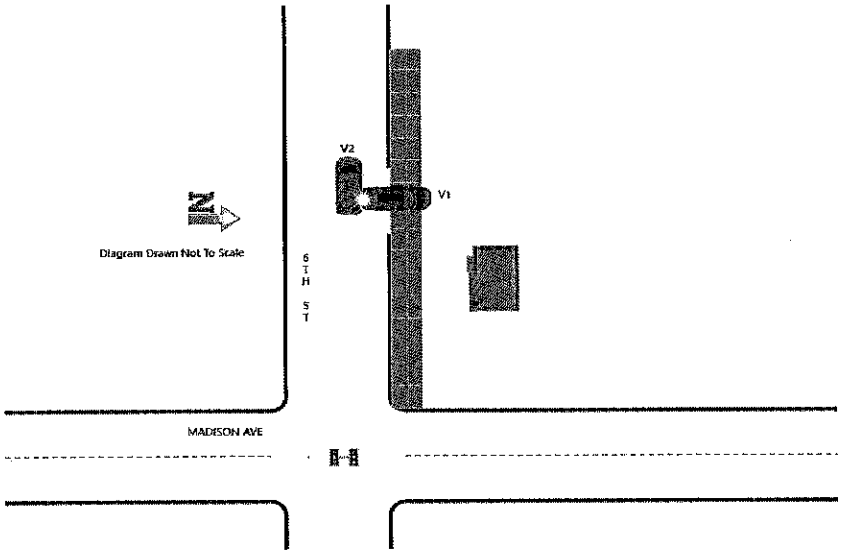
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014290

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that while backing out of his driveway (407 6th St) Driver 2 attempted to speed past him so that he did not have to wait on him to back out of the driveway and he struck Vehicle 2.

Driver 2 stated that while traveling West on 6th St he saw Vehicle 1 begin to back out of the driveway and beeped in an attempt to get Driver 1's attention but Driver 1 kept backing and crashed into Vehicle 2.

Vehicle 1 sustained damage to the rear bumper consisting of it popping slightly out of place and minor scratches/dents.

Vehicle 2 sustained damage to the rear passenger side door area near the rear wheel well consisting of it being dented in and scratched.

Due to driver statements and my observations I determined that Driver 1 improperly backed out of the driveway and failed to yield the right of way to Vehicle 2 causing the crash.

There were no injuries reported on scene.

***Vehicle 1 Insurance information: Arizona Insurance Company, Policy # C2XBHK.**
Root Ins. Co ADOT 1522
Suit 500 Columbus OH 43215
866-980-9431

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014296
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0623
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet	100
☐ Miles	
☒ N ☐ E ☐ S ☐ W of:	HEALTHCARE WAY
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	25
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1846
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
20 Route/Name	
21 Latitude	40.055420
22 Longitude	-74.195860

Vehicle 1

23 Veh #	1
24 Policy No.	945906309
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JEZELLE L ORTIZ -
29 Sex	F
27 Number & Street	417 CEDAR BRIDGE AVE AP 119
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	076334017362032
33 DOB mm dd yyyy	12/14/2003
34 Expires mm yy	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LESEN - FELICIANO -
36 Number & Street	417 CEDAR BRIDGE AVE APT119
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / SIL / 1999 / Y37NDD / NJ
44 VIN	2HGEJ6672XH567330
45 Expires	02 23
46 Vehicle Removed To	☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	27444255
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	XAVIER A GARCIA-IPARRAGUI -
59 Sex	M
57 Number & Street	753 NEPTUNE AVE
58 City / State / Zip	BEACHWOOD NJ 08722
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	G05547886108902
63 DOB mm dd yyyy	08/09/1990
64 Expires mm yy	08 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PERCY E GARCIA-VELEZ -
66 Number & Street	124 CORBIN CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / MUR / WHI / 2017 / L95PBC / NJ
74 VIN	5N1AZ2MG1HN189863
75 Expires	07 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	-	11	04	-	-	JEZELLE L ORTIZ - 417 CEDAR BRIDGE AVE LAKEWOOD NJ 08701
B	2	01	01	04	31	M	-	-	01	11	04	-	-	XAVIER A GARCIA-IPARRAGUIR - 753 NEPTUNE AVE BEACHWOOD NJ 08722
C														
D														

New Jersey Police Crash Investigation Report

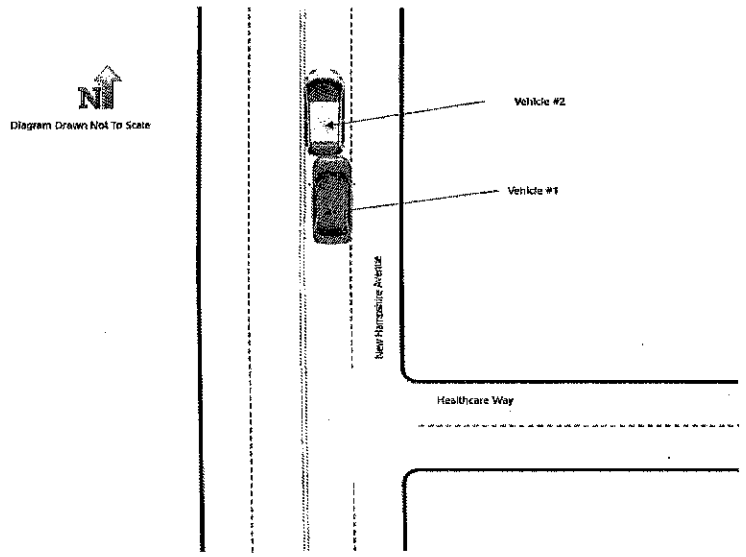
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014296

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle #1 stated she was traveling North on New Hampshire Avenue in traffic. She further reported that a vehicle changed lanes in front of her and she crashed into the rear of Vehicle #2 as a result.

The driver of Vehicle #2 stated he was stopped in traffic on New Hampshire Avenue north of Healthcare Way awaiting to make a left turn to go to his friends house. He further reported he was rear ended by Vehicle #1. He stated his back might be hurt, but refused medical attention.

I observed damage to the front driver area on Vehicle #1 and damage to the rear passenger area on Vehicle #2.

Vehicle #1 was parked at "J Knipper & Co Inc" located at 1 Healthcare Way to be towed privately.

The driver of Vehicle #1 is at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DUNPHEY C	357	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014318
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CLIFTON AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	9TH ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2146
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.098990
22 Longitude	-74.215910

Vehicle 1

23 Veh #	1
24 Policy No.	939908393
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZAHAVA - DAHAN
29 Sex	F
27 Number & Street	174 ARLINGTON AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 - - -
31 State	NY
32 Driver's License Number	303463298
33 DOB mm dd yyyy	10/07/2000
34 Expires mm yy	10 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZAHAVA - DAHAN -
36 Number & Street	174 ARLINGTON AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / 4 / 2014 / K37PFL / NJ
44 VIN	4T1BK1EB7EU081559
45 Expires	10 22
46 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	607130382 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YAAKOV Y BLUMENKRANTZ -
59 Sex	M
57 Number & Street	30 GEFEN DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 D - -
61 State	NJ
62 Driver's License Number	B56537898812964
63 DOB mm dd yyyy	12/19/1996
64 Expires mm yy	12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BINYOMIN - BLUMENKRANTZ -
66 Number & Street	30 GEFEN DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / BLK / 2022 / X48PRL / NJ
74 VIN	5NPEG4JA7NH147667
75 Expires	01 25
76 Vehicle Removed To	HESHY'S TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	290882	-		-
-	140 Charge	141 Summons. No.	-	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	01	01	01	05	21	F	-	-	-	11	11	04	-	ZAHAVA - DAHAN - 174 ARLINGTON AVE LAKEWOOD NJ 08701
B	02	01	01	05	25	M	-	-	-	11	11	04	-	YAAKOV Y BLUMENKRANTZ - 30 GEFEN DR LAKEWOOD NJ 08701
C	02	03	01	05	19	F	-	-	-	11	11	04	-	ESTHER - FELDER - 10 LAUREL PARK RD FALLSBURG NY 12733
D														

New Jersey Police
Crash Investigation Report

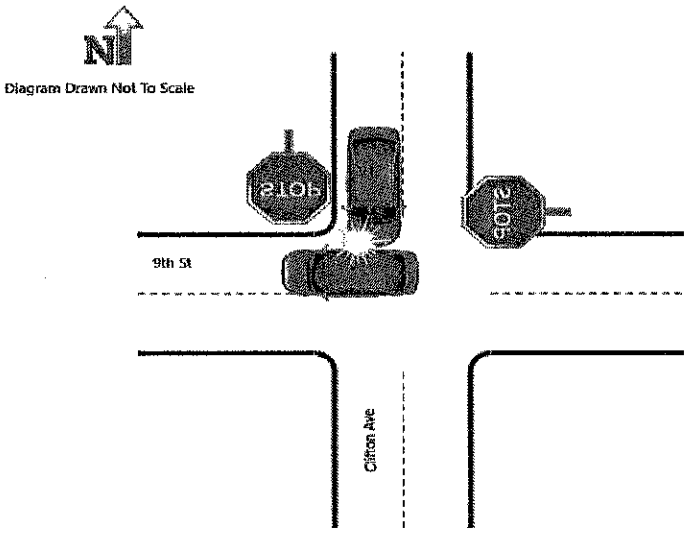
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014318

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 01 stated that she was traveling South on Clifton Ave after exiting a nearby parking lot and did not see the stop sign for the intersection. Driver 01 stated she saw Vehicle 02 stopped at their stop sign so she continued traveling South on Clifton Ave. Driver 01 stated that she then struck the side of Vehicle 02 in the intersection. Driver 01 did not have any complaint of pain or injuries.

Driver 02 stated he stopped at his stop sign and then began traveling West on 9th St through the intersection when Vehicle 01 had struck the side of his vehicle. Driver 02 and Passenger 02 had no complaint of pain or injuries.

After my investigation, I concluded that Driver 01 was at fault for this crash due to the statements from both drivers and the damage sustained on the vehicle's involved.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-012631
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	2ND STREET
Road Name	
Dir	W
11 Speed Limit	20
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/16/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1752
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6082386597
25 NJ Ins. Code	639
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSE - GARCIA-MUNOZ -
36 Number & Street	9 GOLDWEBER AVE
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	RAM 150 BLK 2020 C46PGS NJ
44 VIN / 45 Expires	1C6RR6TT1LS136353 10 22
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	5603748590
55 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JACOB D ABRAMSKY -
59 Sex	M
57 Number & Street	17 OVERHILL RD
58 City / State / Zip	MONSEY NY 10952
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 - - - NY
62 Driver's License Number	804873677
63 DOB mm dd yyyy	10/05/1994
64 Expires mm yy	10 23
65 Owner's First Name / Initial / Last Name	☒ Same As Driver JACOB D ABRAMSKY -
66 Number & Street	17 OVERHILL RD
67 City / State / Zip	MONSEY NY 10952
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFI Q50 3 2019 JKL9333 NY
74 VIN / 75 Expires	JN1EV7AR8KM556617 07 23
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	33	M	-	-	-	11	04	-	-	JOSE - GARCIA-MUNOZ - 9 GOLDWEBER AVE JACKSON NJ 08527 12/08/1988 1752
B	2	03	01	05	25	F	-	-	-	11	04	04	-	ABIGAIL - EHRMAN - 1554 PRIALLA COURT TOMS RIVER NJ 08755 08/24/1996 1752
C														
D														

New Jersey Police Crash Investigation Report

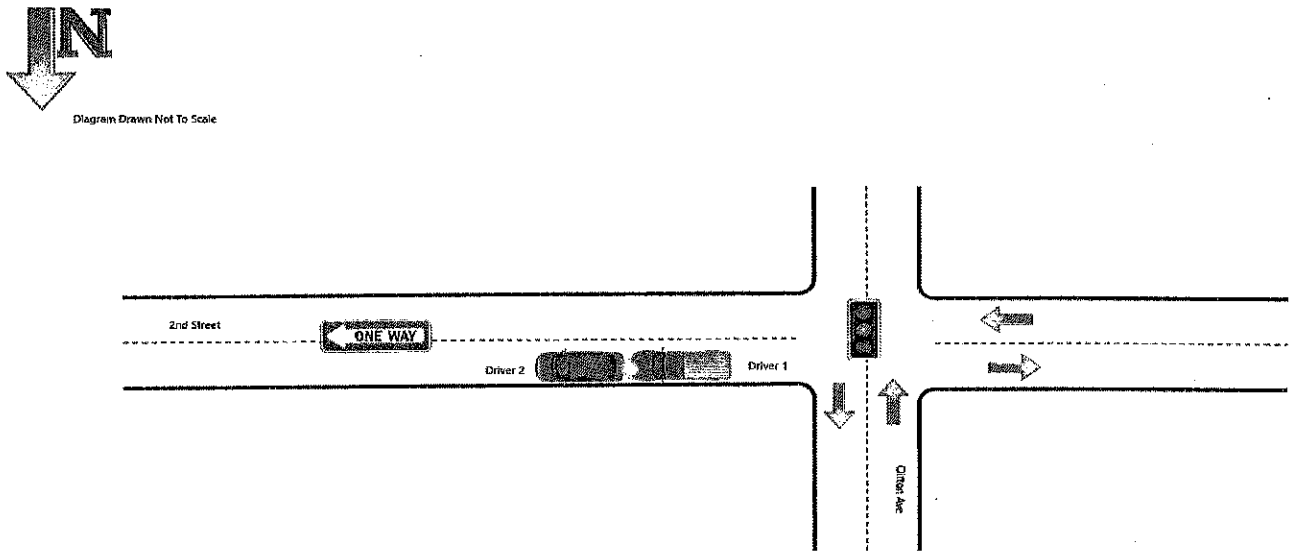
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-012631

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 states that he was parked in his vehicle when Driver 2 struck his front end while attempting to park.

Driver 2 states that he struck Driver 1 while in reverse while attempting to park.

Based on my investigation I came to the conclusion that Driver 2 was at fault for reversing into the parked vehicle of Driver 1.

End of report.

Submitted by Officer Lorenzo Camacho (#828)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	828	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014175
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVENUE
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐N ☐E ☐S ☐W of: E. KENNEDY BLVD.
11 Speed Limit	45
Dir / 12 Route No. / Suffix / 13 Milepost	- - - -
16 Speed Limit	35
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	7
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0849
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10693
22 Longitude	-74.21948

Vehicle 1

23 Veh #	1
24 Policy No.	60524715
25 NJ Ins. Code	358
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	MATTHEW J DIAS
29 Sex	M
27 Number & Street	26 LENA CT
28 City / State / Zip	BAYVILLE NJ 08721
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	D40245297105015
33 DOB mm dd yyyy	05/25/2001
34 Expires mm yy	05 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PAYNE & SONS LLC -
36 Number & Street	789 FISHER BLVD
37 City / State / Zip	TOMS RIVER NJ 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	- / EC / WHI / 2016 / X41HEA / NJ
44 VIN	1GCWGAFF5G1129458
45 Expires	10 20
46 Vehicle Removed To	
☐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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4521821837
55 NJ Ins. Code	100
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	AVIVA M JENKINS
59 Sex	F
57 Number & Street	9 WYOMING DRIVE
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	J25460717454874
63 DOB mm dd yyyy	04/02/1987
64 Expires mm yy	04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIZABETH R JENKINS -
66 Number & Street	131 TUDOR CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2017 / N51PFL / NJ
74 VIN	5TDKZ3DC6HS807605
75 Expires	10 22
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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐Yes (If Yes, describe) ☒No

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	01	01	01	05	20	M	-	-	-	11	04	-	-	MATTHEW J DIAS - 26 LENA CT BAYVILLE NJ 08721
B	02	01	01	05	34	F	-	-	-	11	04	-	-	AVIVA M JENKINS - 9 WYOMING DRIVE JACKSON NJ 08527
C	02	03	01	05	2	M	-	-	-	05	05	-	-	TZVI JENKINS 9 WYOMING DRIVE JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

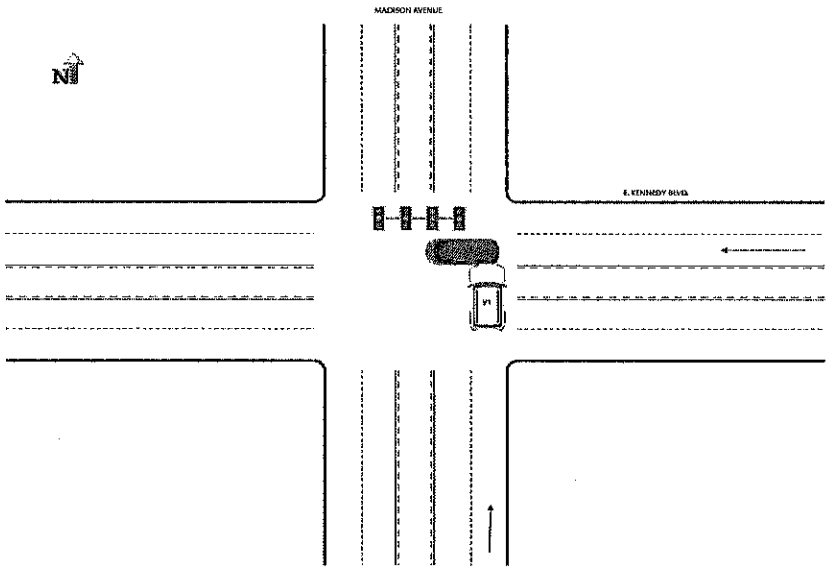
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014175

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS IN THE RIGHT LANE ON MADISON AVENUE TRAVELING NORTH THROUGH A GREEN TRAFFIC LIGHT AT THE INTERSECTION WITH E. KENNEDY BLVD. AS HE WAS TRAVELING THROUGH THE INTERSECTION, VEHICLE 2 WENT THROUGH A RED TRAFFIC LIGHT AND STRUCK VEHICLE 1.

DRIVER OF VEHICLE 2 STATED "IT'S MY FAULT... I WAS CHANGING THE RADIO STATION FOR MY SON WHEN MY FOOT MUST HAVE COME OFF THE BRAKE PEDAL."

THIS INVESTIGATION DETERMINED THAT HE DRIVER OF VEHICLE 2 FAILED TO STOP AT A RED TRAFFIC LIGHT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014180
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0911
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	☒ Feet ☐ Miles
Road Name	VINE ST
Dir	☐ N ☒ E ☐ S ☐ W
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
14	250
15	
16	
17 Cross Road Name	
18 Speed Limit	35
19 Ramp	☐ To ☐ From:
20 Route/Name	"
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.084440
22 Longitude	-74.205740

Vehicle 1

23 Veh #	1
24 Policy No.	G00814900610
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	VANESSA
Initial	J
Last Name	SUMMERS
29 Sex	F
27 Number & Street	28 GLEN ROAD
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S92467627153955
33 DOB (mm dd yyyy)	03/20/1995
34 Expires (mm yy)	03 22
35 Owner's First Name	☐ Same As Driver STEVEN
Initial	J
Last Name	JAMISON
36 Number & Street	28 GLEN RD
37 City	PCA HOWELL
State	NJ
Zip	07731
38 Make	TOYT
39 Model	CAM - CA
40 Color	BLU
41 Year	2010
42 Plate No.	W99NEK
43 State	NJ
44 VIN	4T1BF3EK6AU520664
45 Expires	04 22
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939898548
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	TEHILLA
Initial	C
Last Name	PERLSTEIN
59 Sex	F
57 Number & Street	1401 CENTRAL AVENUE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	P27117326358022
63 DOB (mm dd yyyy)	08/16/2002
64 Expires (mm yy)	08 24
65 Owner's First Name	☐ Same As Driver CHANA
Initial	-
Last Name	PERLSTEIN
66 Number & Street	1401 CENTRAL AVENUE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	GRY
71 Year	2016
72 Plate No.	F64PGV
73 State	NJ
74 VIN	4T1BF1FK4GU526071
75 Expires	11 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136 Charge	137 Summons. No.	1	138 Charge	139 Summons. No.
2	140 Charge	141 Summons. No.	2	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	01	01	01	-	26	F	-	-	-	11	04	-	-	VANESSA J SUMMERS - 28 GLEN ROAD HOWELL NJ 07731
B	01	03	01	-	58	M	-	-	-	11	04	-	-	STEVEN J JAMISON - 28 GLEN RD HOWELL NJ 07731
C	02	01	01	-	19	F	-	-	-	11	04	-	-	TEHILLA C PERLSTEIN - 1401 CENTRAL AVENUE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014180

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

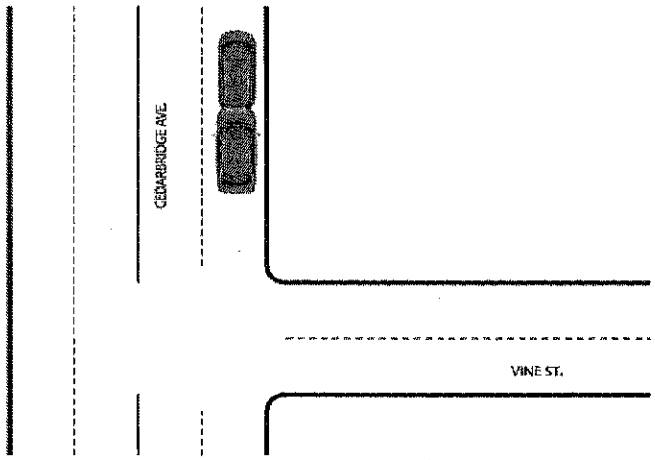


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of V1 stated that she was traveling east on Cedarbridge Ave. in stop and go traffic. Driver of V1 further stated that a vehicle in front of her proceeded to come to an abrupt stop and in doing so she came to a complete stop. That is when she was struck in the rear by V2.

Driver of V2 stated that she was directly behind V1 when they came to an abrupt stop. Driver of V2 stated that as she went to come to a stop, she ultimately ended up striking V1 in the rear.

In conclusion to my investigation, I determined that the driver of V2 was at fault for the crash due to following too closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014232
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1219
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVENUE
☒ At Intersection With	CHATEAU DRIVE
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No.	0009
Suffix	
13 Milepost	
16 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.06264
22 Longitude	-74.21927

Vehicle 1

23 Veh #	1
24 Policy No.	506-06-61-35
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AZRIEL / Y / RESPLER -
29 Sex	M
27 Number & Street	301 PARK AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	R28150718803994
33 DOB (mm dd yyyy)	03/23/1999
34 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / ESTHER - KLEIN -
36 Number & Street	37A GRACE TERR
37 City / State / Zip	PASSAIC / NJ / 07055
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	SUV / HYUN / ELA / BLK / 2020 / N94MZD / NJ
44 VIN	5NPD84LF5LH620142
45 Expires	09 23
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	21-T021-05-21
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	THERESA / W / MOLETTIERE -
59 Sex	F
57 Number & Street	124 SCHOOLHOUSE RD
58 City / State / Zip	SELLERSVILLE / PA / 18960
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / PA
62 Driver's License Number	21643121
63 DOB (mm dd yyyy)	09/25/1967
64 Expires (mm yy)	09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / AIR - FLEET -
66 Number & Street	4001 LEADENHALL RD
67 City / State / Zip	MOUNT LAUREL / NJ / 08054
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / EQX / 3 / 2018 / KSW7600 / PA
74 VIN	3GNAXHEV83S617683
75 Expires	04 23
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
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	01	01	01	05	22	M	-	-	-	11	04	-	-	AZRIEL Y RESPLER - 301 PARK AVE LAKEWOOD NJ 08701
B	02	01	01	05	54	F	-	-	-	11	04	-	-	THERESA W MOLETTIERE - 124 SCHOOLHOUSE RD SELLERSVILLE PA 18960
C														
D														

New Jersey Police Crash Investigation Report

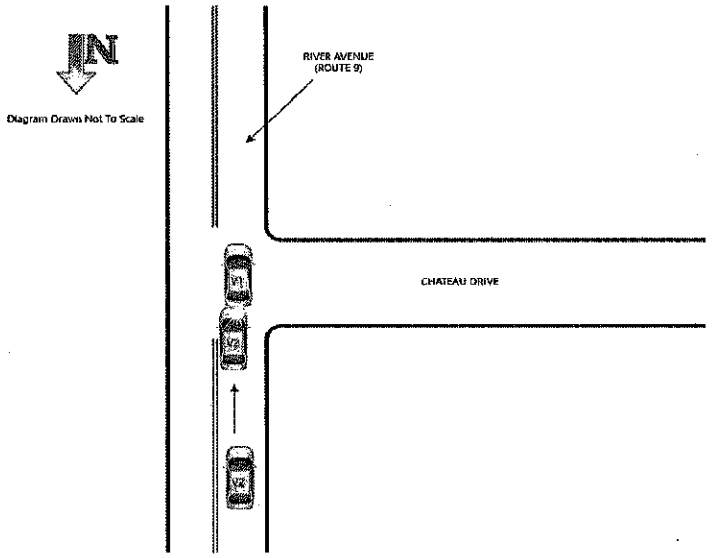
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014232

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

***Box #55: Vehicle #2 is insured out of state by:**
Pennsylvania Lumbermans Mutual Insurance

Driver #1 stated he was traveling South on River Avenue (Route 9) in the area of Chateau drive and his vehicle was rear-ended by Vehicle #2.

Driver #2 stated she was traveling South on River Avenue (Route 9) in the area of Chateau Drive and looked down for a moment and then collided with Vehicle #1.

Vehicle #1 sustained moderate damage to the left rear corner. Vehicle #1 sustained minor damage to the center front. Both vehicles were able to be driven from the scene.

Based on statements from both drivers, damage to the vehicles and my observations, I determined that Driver #2 is at fault due to driver in attention.

No summons issued and no injuries reported at the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014239
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	WILLIAMS ST
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
Road Name	
Dir	
☒ Feet	100
☐ Miles	
☐ N ☐ E ☒ S ☐ W of:	BIRCH ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1244
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.077810
22 Longitude	-74.22109

Vehicle 1

23 Veh #	1
24 Policy No.	4372-41-51-76
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YONATHAN
Initial	D
Last Name	CONDE
29 Sex	M
27 Number & Street	47 BIRCH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	03/22/2003
34 Expires mm yy	- -
35 Owner's First Name	JOSE
Initial	-
Last Name	MUNOZ-CORNEJO
☐ Same As Driver	
36 Number & Street	2203 DEER PATH
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	FORD
39 Model	150
40 Color	YEL
41 Year	2002
42 Plate No.	X91FZJ
43 State	NJ
44 VIN	1FTRF07L72KB69283
45 Expires	10 21
46 Vehicle Removed To	47 BIRCH ST
☐ 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	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 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 yyyy	-
64 Expires mm yy	- -
65 Owner's First Name	-
Initial	-
Last Name	-
☐ Same As Driver	
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	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

SMALL TREE IN THE YARD OF 17 WILLIAMS ST.

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-10	1514A292114			
1	39:3-4	1514A292115			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	M	-	-	-	11	00	-	-	YONATHAN D CONDE 47 BIRCH ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

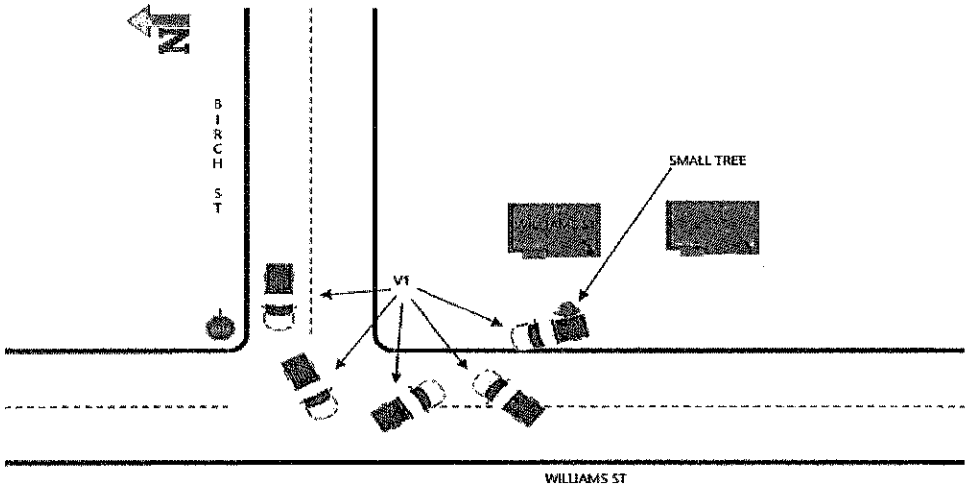
Station: - Case No: 22-014239

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of V1 said he was at the stop sign on Birch St. He started to make a left onto Williams, but gave the vehicle too much gas and the vehicle began to spin out. He lost control of the vehicle and struck a curb. The vehicle came to rest on the lawn of 17 Williams St.

The rear passenger side tire of the vehicle broke off from the impact of hitting the curb.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014260		
2 Police Dept of	LAKEWOOD TOWNSHIP P	Code	01
3 Station/Precinct			
4 Date of Crash (mm dd yy)	02/22/22		
5 Day Of Week	TUESDAY		
6 Time (use 2400 hrs)	1534		
7 Municipality Code	1514		
8 Total Killed	--		
9 Total Injured	1		
10 Crash Occurred On:	RIVER AVE		
At Intersection With / Road Name	WALNUT AVE		
Feet / Miles	50 Feet	☒N ☐E ☐S ☐W of:	
11 Speed Limit	50		
12 Route No.	0009	Suffix	13 Milepost
16 Speed Limit	25		
17 Cross Road Name			
19 Ramp	☐ To ☐ From:		
20 Route/Name		☐NB ☐EB ☐SB ☐WB	
21 Latitude	40.05303		
22 Longitude	-74.22017		

Vehicle 1

23 Veh #	1		
24 Policy No.	937539634		
25 NJ Ins. Code	135		
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run			
26 Driver's First Name	YEHUDA	Initial	-
Last Name	KLEIN		-
29 Sex	M		
27 Number & Street	22 GROVE DR		
28 City	LAKEWOOD	State	NJ
Zip	08701		
30 Eyes	6		
DL Class	D		
Restrictions	-		
Endorsements	-		
31 State	NJ		
32 Driver's License Number	K52347890011826		
33 DOB (mm dd yyyy)	11/01/1982		
34 Expires (mm yy)	11 24		
35 Owner's First Name	☐ Same As Driver YEHUDA	Initial	-
Last Name	KLEIN		-
36 Number & Street	22 GROVE DR		
37 City	LAKEWOOD	State	NJ
Zip	08701		
38 Make	HOND		
39 Model	ODY		
40 Color	GRY		
41 Year	2020		
42 Plate No.	L17MLC		
43 State	NJ		
44 VIN	5FNRL6H59LB056736		
45 Expires (mm yy)	06 23		
46 Vehicle Removed To			
☒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 ☐MC/MX ☒None		
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
52 Motor Carrier or Government Entity			
Number & Street			
City / State / Zip			

Vehicle 2

53 Veh #	2		
54 Policy No.	4605903543		
55 NJ Ins. Code	148		
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run			
56 Driver's First Name	MIRIAM	Initial	C
Last Name	PHILLIP		-
59 Sex	F		
57 Number & Street	222 RIVERS EDGE LANE		
58 City	TOMS RIVER	State	NJ
Zip	08755		
60 Eyes	2		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	P34625586351912		
63 DOB (mm dd yyyy)	01/15/1991		
64 Expires (mm yy)	01 24		
65 Owner's First Name	☐ Same As Driver MIRIAM	Initial	C
Last Name	PHILLIP		-
66 Number & Street	222 RIVERS EDGE LANE		
67 City	TOMS RIVER	State	NJ
Zip	08755		
68 Make	NISS		
69 Model	MUR		
70 Color	WHI		
71 Year	2019		
72 Plate No.	W83LVP		
73 State	NJ		
74 VIN	5N1AZ2MSXKN165654		
75 Expires (mm yy)	09 23		
76 Vehicle Removed To	MOSHIES TOWING		
☐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 ☐MC/MX ☒None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City / State / Zip			

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	03	39	M	12	08	01	11	04	-	-	YEHUDA - KLEIN - 22 GROVE DR LAKEWOOD NJ 08701
B	02	01	01	05	31	F	-	-	-	11	11	02	-	MIRIAM C PHILLIP - 222 RIVERS EDGE LANE TOMS RIVER NJ 08755
C	02	05	01	05	4	F	-	-	-	05	05	02	-	ESTHER - PHILLIP - 222 RIVERS EDGE LANE TOMS RIVER NJ 08755
D	02	01	01	05	2	M	-	-	-	05	05	02	-	YAAKOV - PHILLIP - 222 RIVERS EDGE LANE TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report

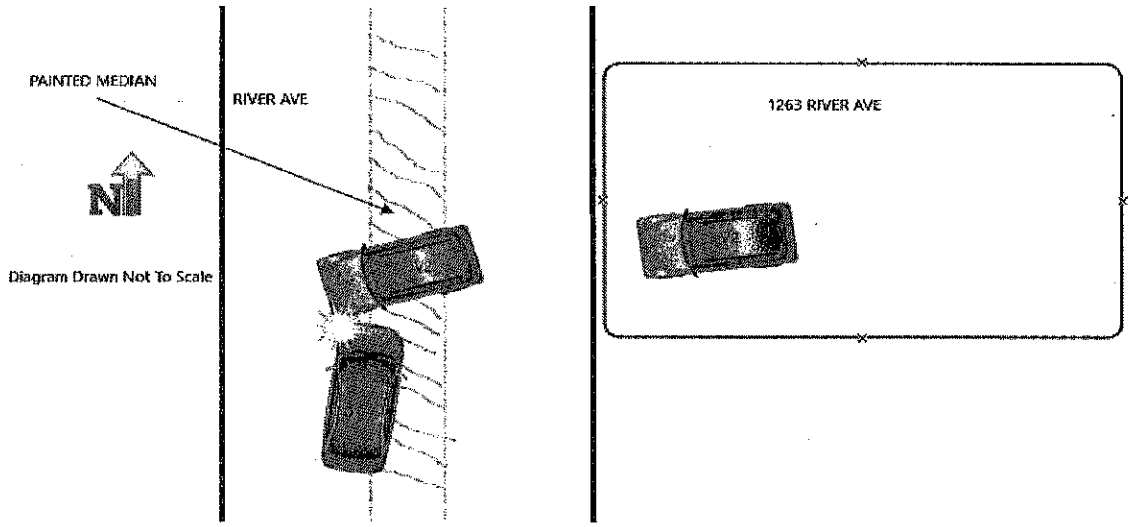
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014260

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Northbound on River Ave. He stated as he was going forward vehicle 2 turned left in front of him causing him to crash into her vehicle. It should be noted I observed vehicle 1 in the Southbound lane and asked driver 1 about it. He stated as he was going forward, there were vehicles stopped ahead of him. He stated he then attempted to go around them by crossing over the painted median and going North in Southbound lane but then vehicle 2 turned in front of him.

Driver of vehicle 2 stated she was in the parking lot of 1263 River Ave. She stated she was stopped and was waiting to make a left turn onto River Ave. She stated the traffic both on the Northbound and Southbound side stopped to let her turn. She stated when she attempted to turn left vehicle 1 crashed into her vehicle. She stated vehicle 1 must have went around the vehicles that were stopped to let her pass because he was driving on the wrong side of the road.

In my investigation I find both vehicle 1 and vehicle 2 at fault for crash. I find vehicle 1 at for fault for driver inattention and improper passing as vehicle 1 cannot pass over a painted median and can not pass vehicles by going in the opposite lane of travel. Vehicle 2 is at fault for driver inattention and improper turning as vehicle 2 can not make a left turn if there is a painted median.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014263
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1551
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVE
At Intersection With	☐
Road Name	OCEAN AVE
Dir	-
11 Speed Limit	40
12 Route No.	0088
Suffix	-
13 Milepost	-
14 Feet	100
15 Miles	☐
16 N ☒ E S ☐ W of:	E of: HOLLY ST S
17 Cross Road Name	HOLLY ST S
18 Speed Limit	25
19 Ramp To / From	☐ To ☐ From: -
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	☐ ☐ ☐ ☐
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	994787804 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOSEF - LANDAU -
29 Sex	M
27 Number & Street	109 VINTAGE CIR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
31 State	NJ
32 Driver's License Number	L03947900002842
33 DOB (mm dd yyyy)	02/22/1984
34 Expires (mm yy)	02 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOSEF - LANDAU -
36 Number & Street	109 VINTAGE CIR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / 1 / 2005 / P78NBX / NJ
44 VIN	1HGCM56415A194680
45 Expires	01 23
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	935262541
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GABRIELA A SALVADOR-PINTO -
59 Sex	F
57 Number & Street	1203 FISCHER BOULEVARD
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	S03302706151802
63 DOB (mm dd yyyy)	01/18/1980
64 Expires (mm yy)	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CARMEN S SALVADOR-PINTO -
66 Number & Street	314 WOODLAKE MANOR DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / RD / 2004 / X31MHK / NJ
74 VIN	JHMES966X4S003755
75 Expires	02 23
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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

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	01	01	01	05	38	M	-	-	-	11	04	-	-	YOSEF - LANDAU - 109 VINTAGE CIR LAKEWOOD NJ 08701 - -
B	02	01	01	05	42	F	-	-	-	11	04	-	-	GABRIELA A SALVADOR-PINTO - 1203 FISCHER BOULEVA TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

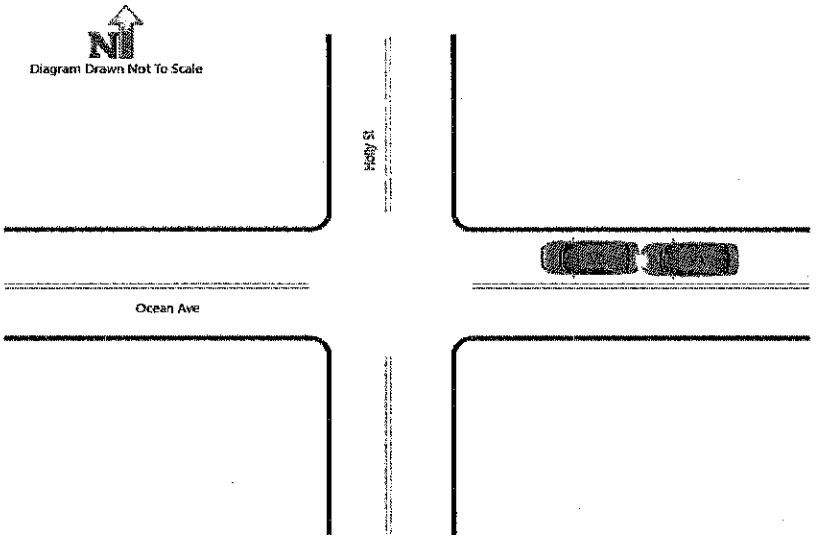
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014263

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Both vehicle's 1 and 2 were traveling west bound on Ocean Avenue when vehicle 1 struck the rear end of vehicle 2.

Driver 1 stated he attempted to stop when he noticed how close he was to vehicle 2 but could not due to his vehicle sliding.

Driver 2 stated she was driving very slowly due to traffic when vehicle 1 struck the rear end of her vehicle.

My investigation determined vehicle 1 is at fault due to following to closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014266
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1600
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	HIGH ST
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.07058
22 Longitude	-74.21985

Vehicle 1

23 Veh #	1
24 Policy No.	MWTB312033-22
25 NJ Ins. Code	263
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MICHAEL
Initial	D
Last Name	RIGGLEMAN JR
29 Sex	M
27 Number & Street	1228 PENSACOLA RD.
28 City	FORKED RIVER
State	NJ
Zip	08731
30 Eyes	5
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R42385446406755
33 DOB (mm dd yyyy)	06/11/1975
34 Expires (mm yy)	06 22
35 Owner's First Name	-
Initial	-
Last Name	RM TERMITE AND P
☐ Same As Driver	
36 Number & Street	605 FRANKLIN BLVD SUITE 4
37 City	SOMERSET
State	NJ
Zip	08873
38 Make	FORD
39 Model	F15
40 Color	WHI
41 Year	2020
42 Plate No.	XJPB79
43 State	NJ
44 VIN	1FTMF1CB8LKD48401
45 Expires	06 22
46 Vehicle Removed To	
☒ 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	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	TERMITE AND PEST CONTROL
Number & Street	605 FRANKLIN BLVD SUIT 4
City	SOMERSET
State	NJ
Zip	08873

Vehicle 2

53 Veh #	2
54 Policy No.	HPA00002710921
55 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JORGE
Initial	A
Last Name	GONZALEZRUIZ
59 Sex	M
57 Number & Street	973 PRINCEWOOD AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	I
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	G64594100010890
63 DOB (mm dd yyyy)	10/23/1989
64 Expires (mm yy)	- -
65 Owner's First Name	JORGE
Initial	A
Last Name	CORDEROCAMPECH
☐ Same As Driver	
66 Number & Street	98 OAK RIDGE PKWY
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	HOND
69 Model	CIV
70 Color	BLK
71 Year	2007
72 Plate No.	L63KWX
73 State	NJ
74 VIN	2HGFG12867H500010
75 Expires	01 23
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	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-10	291640			
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	01	01	01	05	46	M	-	-	-	11	04	-	-	MICHAEL D RIGGLEMAN JR - 1228 PENSACOLA RD. FORKED RIVER NJ 08731
B	02	01	01	05	32	M	-	-	-	11	04	-	-	JORGE A GONZALEZRUIZ - 973 PRINCEWOOD AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

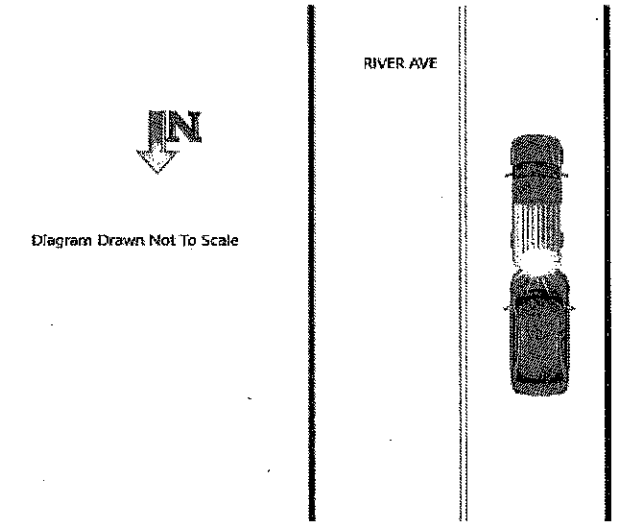
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014266

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Southbound on River Ave and was in stop and go traffic. He stated while he was stopped, vehicle 2 crashed into the rear of his vehicle. He stated vehicle 2 was behind him.

Driver of vehicle 2 stated he was Southbound on River Ave and was in stop and go traffic. He stated as he was going forward he crashed into the rear of vehicle 1 who was in front of him. He stated as he was going forward and observed vehicle 1 stopped, he was not making attention.

In my investigation I find vehicle 2 at fault for this crash for driver inattention and following too closely as vehicle 2 needs to make sure he has enough room to stop safely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-012268
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SPRUCE ST
☒ At Intersection With	RIVER AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	02/15/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1255
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.072350
22 Longitude	-74.217660

Vehicle 1

23 Veh #	1
24 Policy No.	F57319899
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROCCO - TARANTINO
29 Sex	M
27 Number & Street	1400 STATE HWY 70 E
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	T05376600007304
33 DOB (mm dd yyyy)	07/30/1930
34 Expires (mm yy)	07 22
35 Owner's First Name / Initial / Last Name	Same As Driver - 613 HOLDINGS LLC -
36 Number & Street	188 FLINTLOCK DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ROVE / RR / WHI / 2022 / L59PNE / NJ
44 VIN	SALWZ2RE7NA219090
45 Expires	12 25
46 Vehicle Removed To	
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	041986210
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YEHUDA - AZATCHI
59 Sex	M
57 Number & Street	188 FLINTLOCK DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / D / - / - / NJ
62 Driver's License Number	A97167890003915
63 DOB (mm dd yyyy)	03/28/1991
64 Expires (mm yy)	03 25
65 Owner's First Name / Initial / Last Name	Same As Driver ROCCO - TARANTINO
66 Number & Street	1400 STATE HWY 70 E
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / MAL - MA / BLU / 2011 / D83EDS / NJ
74 VIN	1G1ZB5E16BF363721
75 Expires	04 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	91	M	-	-	-	11	04	-	-	ROCCO - TARANTINO - 1400 STATE HWY 70 E LAKEWOOD NJ 08701
B	2	01	01	-	30	M	-	-	-	11	04	-	-	YEHUDA - AZATCHI - 188 FLINTLOCK DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

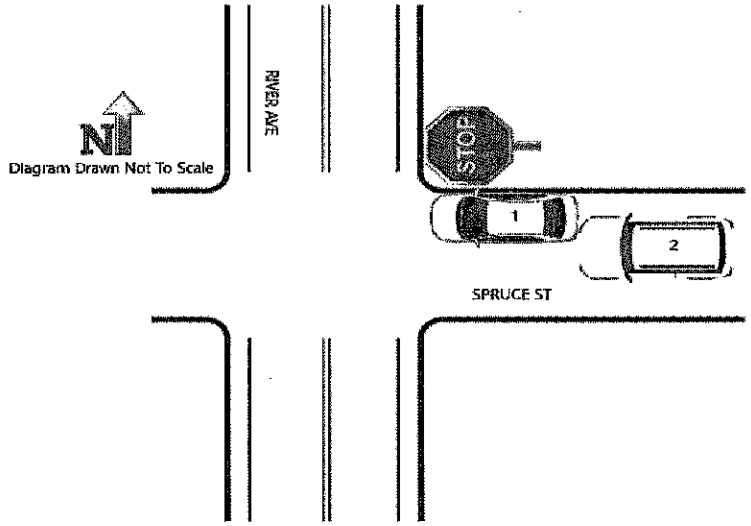
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012268

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling West on Spruce St at the intersection with River Ave. Vehicle #2 was traveling West on Spruce St behind vehicle #1. The vehicles collided in the roadway.

Driver #1 stated that he was stopped at the stop sign and vehicle #2 struck his vehicle from the rear.

Driver #2 stated that vehicle #1 was stopped at the stop sign, he was stopped behind vehicle #1 and vehicle #1 began backing and struck his vehicle.

Video of the crash was located and has been attached to this report. Upon viewing the video, it was found that Driver #2's account of the crash was correct. Driver #1 did in fact begin backing and struck vehicle #2.

Driver #1 was backing unsafely causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-012268
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/15/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1255
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: Road Name
11 Speed Limit	Dir
12 Route No.	Suffix
13 Milepost	18 Speed Limit
14	15
16	19 Ramp ☐ To ☐ From:
17 Cross Road Name	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROCCO - TARANTINO -
29 Sex	
27 Number & Street	
28 City / State / Zip	
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2
32 Driver's License Number	
33 DOB (mm dd yyyy)	
34 Expires (mm yy)	
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ROCCO - TARANTINO -
36 Number & Street	1400 STATE HWY 70 E
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	CHEV
39 Model	MAL - MA
40 Color	BLU
41 Year	2011
42 Plate No.	D83EDS
43 State	NJ
44 VIN	1G1ZB5E16BF363721
45 Expires	04 22
46 Vehicle Removed To	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YEHUDA - AZATCHI -
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 yyyy)	
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - 613 HOLDINGS LLC -
66 Number & Street	188 FLINTLOCK DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	ROVE
69 Model	RR
70 Color	WHI
71 Year	2022
72 Plate No.	L59PNE
73 State	NJ
74 VIN	SALWZ2RE7NA219090
75 Expires	12 25
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

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

	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	1	03	01	-	96	F	-	-	-	11	04	-	-	MARY - TARANTINO - 1400 STATE HWY 70 E LAKEWOOD NJ 08701
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-012268

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Driver's were mistakenly listed in the wrong vehicles in initial report. Change report is to reflect the correct drivers in correct vehicles. Passenger was also added to vehicle #1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. J. PRZEWOZNIK	#308	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014862
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2257
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDAR BRIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0528
Suffix	-
13 Milepost	-
14	20 Feet ☐ Miles
15	☐ N ☒ E ☐ S ☐ W
of:	MARTIN LUTHER KING DR
16	
17 Cross Road Name	
18 Speed Limit	30
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.086260
22 Longitude	-74.210360

Vehicle 1

23 Veh #	1
24 Policy No.	939959493
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	RIKKI - KASTEN - F
27 Number & Street	600 TWIN OAKS DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	BL D - - NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	K07756570053004 03/10/2000 03 22
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	DANIEL J KASTEN -
36 Number & Street	600 TWIN OAKS DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLV XC6 BLK 2018 H26PCF NJ
44 VIN / 45 Expires	LYV102RL5JB097276 09 22
46 Vehicle Removed To	-
☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	F191880-4
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	KENNETH F ONEILL - M
57 Number & Street	440 SHADY LANE
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	HA A - - NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	059054316611685 11/13/1968 11 24
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	KENNETH F ONEILL -
66 Number & Street	440 SHADY LANE
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA OUT GRY 2011 C92GJE NJ
74 VIN / 75 Expires	4S4BRDLC3B2422214 02 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	V1	01	01	05	21	F	-	-	-	11	04	-	-	RIKKI - KASTEN - 600 TWIN OAKS DR LAKEWOOD NJ 08701
B	V2	01	01	05	53	M	-	-	-	11	04	-	-	KENNETH F ONEILL - 440 SHADY LANE HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

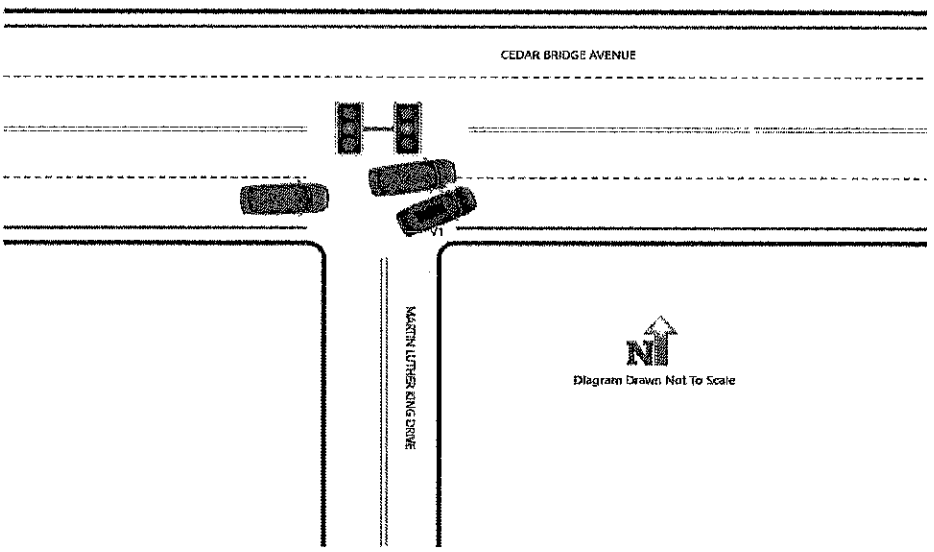
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014862

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated to the effect: I was turning right off of Martin Luther King Drive in to the right lane on Cedar Bridge Avenue. As I was turning I felt vehicle two strike my vehicle.

Driver of vehicle two stated to the effect: I was traveling East on Cedar Bridge Avenue. I was proceeding from the green traffic signal at the intersection of Martin Luther King Drive. Upon going straight ahead to continue traveling East, vehicle one turned right off of Martin Luther King Drive and struck my vehicle.

As a result of my investigation, I have determined the driver of vehicle one to be at fault for failing to obey the red traffic signal, subsequently violating vehicle two's right of way and colliding with his vehicle.
No injuries observed or reported, both vehicles sustained minor damage and were driven from the scene. Drivers agreed they would handle the incident amongst themselves.

END OF NARRATIVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	LNJ	322	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Left margin codes	
96	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	02
103	02
104	2
105	03
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	04

Right margin codes	
118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	08
125	04
126a	26
126b	05
126c	56
126d	62
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	08
130	08
131	12
132	12
133	04
134	04

1 Case Number: 22-014846
2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01
3 Station/Precinct: -

10 Crash Occurred On: E COUNTY LINE RD (Road Name) | Dir
11 Speed Limit: 45
12 Route No.: 0526 | Suffix: - | 13 Milepost
☒ At Intersection With ☐ Feet ☐ Miles (14, 15) ☐ N ☐ E ☐ S ☐ W (16) of:
17 Cross Road Name: MONMOUTH AVE
18 Speed Limit: 25
19 Ramp ☐ To ☐ From: -
20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 02/24/22
5 Day Of Week: THURSDAY
6 Time (use 2400 hrs): 2143
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --
21 Latitude: 40.10573
22 Longitude: -74.21266

	Vehicle 1	Vehicle 2
Veh # (23 / 53)	1	2
Policy No. (24 / 54)	4496-10-11-16	5129J001927
NJ Ins. Code (25 / 55)	148	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
Driver's First Name (26 / 56)	JOEL	PESSY
Initial	-	-
Last Name	SACRAMENTO-CONTI -	KLINGER -
Sex (29 / 59)	M	F
Number & Street (27 / 57)	P.O. BOX 29	2 REMON LN
City (28 / 58)	BAYVILLE	LAKEWOOD
State	NJ	NJ
Zip	08721	08701
Eyes (30 / 60)	2	2
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	NJ
Driver's License Number (32 / 62)	S00824050009732	K53746250058012
DOB (33 / 63) mm dd yyyy	09/27/1973	08/06/2001
Expires (34 / 64) mm yy	09 23	08 23
Owner's (35 / 65)	☒ Same As Driver	☐ Same As Driver
Owner First Name	JOEL	ZIESEL
Initial	-	-
Last Name	SACRAMENTO-CON -	KLINGER -
Number & Street (36 / 66)	P.O. BOX 29	204 LAWRENCE AVE
City (37 / 67)	BAYVILLE	LAKEWOOD
State	NJ	NJ
Zip	08721	08701
Make (38 / 68)	GMC	TOYT
Model (39 / 69)	CAN	CAM
Color (40 / 70)	GRY	1
Year (41 / 71)	2017	2015
Plate No. (42 / 72)	X34KNZ	R67PGU
State (43 / 73)	NJ	NJ
VIN (44 / 74)	1GTG6DEN5H1143718	4T1BF1FK7FU926205
Expires (45 / 75)	11 22	11 22
Vehicle Removed To (46 / 76)	ACME TOWING	YITZ TOWING
Removal	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test (48 / 78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No. (50 / 80)	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT ☐ MC/MX ☒ None
GVWR/GCWR (51 / 81)	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City	-	-
State		
Zip	-	-

135 Damage To Other Property: ☒ Yes (If Yes, describe) ☐ No

SCRAPES AND SCRATCHES TO FIRE HYDRANT BUT NOTHING STRUCTURAL.

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	01	01	01	05	48	M	-	-	-	11	04	-	-	JOEL - SACRAMENTO-CONTRE - P.O. BOX 29 BAYVILLE NJ 08721
B	02	01	01	05	20	F	-	-	-	11	11	04	-	PESSY - KLINGER - 2 REMON LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

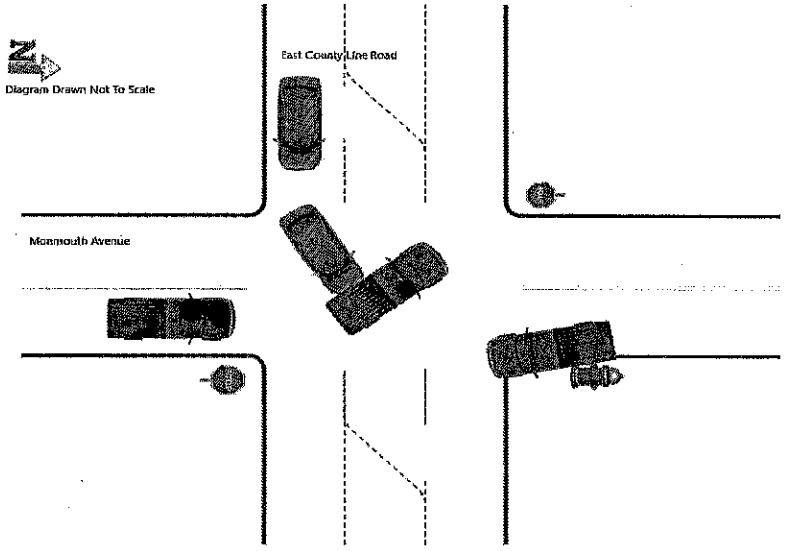
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014846

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was facing West, stopped at the stop sign, at the intersection of East County Line Road and Monmouth Avenue. Vehicle 2 was travelling West on East County Line Road approaching the intersection with Monmouth Avenue. Vehicle 1 proceeded into the intersection in front of vehicle 2. Vehicle 2 was unable to stop and collided with vehicle 1. This caused vehicle 1 to spin around 180 degrees and go over the curb into a fire hydrant were it came to a stop.

Driver of vehicle 1 stated that after stopping at the stop sign, he observed the road to be clear and proceeded forward. After proceeding forward he felt vehicle 2 strike him.

Driver of vehicle 2 stated she was driving West when vehicle 1 pulled out in front of her.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MILANO, M	381	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014841
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	AIRPORT RD
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
☒ At Intersection With	GARDEN STATE PWAY NORTH RAMP
16 Speed Limit	25
☐ Feet	-
☐ Miles	
14	15
☐ N ☐ E ☐ S ☐ W of:	16
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2126
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.06877
22 Longitude	-74.16708

Vehicle 1

23 Veh #	1
24 Policy No.	F2090637
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LOUQUASHA D LETT
29 Sex	F
27 Number & Street	2660 SPRUCE DR
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	L28804896456952
33 DOB mm dd yyyy	06/11/1995
34 Expires mm yy	06 24
35 Owner's: ☒ Same As Driver	LOUQUASHA D LETT
36 Number & Street	2660 SPRUCE DR
37 City / State / Zip	MANCHESTER NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / SIL / 2012 / V59JLY / NJ
44 VIN	5NPEB4AC7CH320682
45 Expires	11 21
46 Vehicle Removed To	ACME TOWING
☐ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F9338633
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHRISTINE M MORRIS
59 Sex	F
57 Number & Street	1139 ARGYLL CIR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
61 State	NJ
62 Driver's License Number	M66511247461464
63 DOB mm dd yyyy	11/25/1946
64 Expires mm yy	11 23
65 Owner's: ☐ Same As Driver	CHRISTINE M MORRIS
66 Number & Street	1139 ARGYLL CIR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / BRZ / 2015 / R83CJG / NJ
74 VIN	2T1BURHE5FC455734
75 Expires	08 22
76 Vehicle Removed To	ACME TOWING
☐ 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: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	291892	-		-
-		-	-		-

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	01	01	01	05	26	F	01	08	01	11	04	-	-	LOUQUASHA D LETT - 2660 SPRUCE DR MANCHESTER NJ 08759 - -
B	02	01	01	05	75	F	-	-	-	11	04	-	-	CHRISTINE M MORRIS - 1139 ARGYLL CIR LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

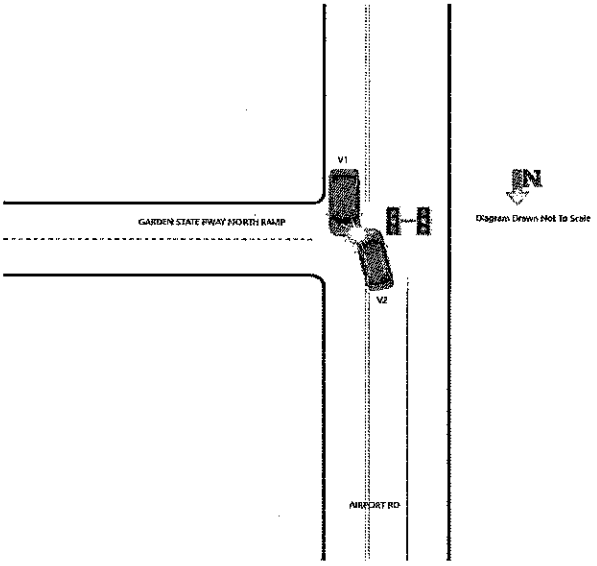
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014841

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 2/24/2022 at approximately 2126hrs, I was dispatched to Airport Road for a report of a crash. Upon arrival, I met with the driver of vehicle 2 who was identified as Christine Morris. Ms. Morris reported that while she was traveling South on Airport Road, she was attempting to make a left turn onto the Garden State Parkway North entrance ramp. Ms. Morris stated that while she was turning, vehicle 1 came out of nowhere and she struck the front driver side of vehicle 1. Ms. Morris reported that the turning arrow on the traffic signal was in fact green.

I then spoke to the driver of vehicle 1 who was identified as Louquasha Lett. Ms. Lett reported that while she was traveling North on Airport Road, vehicle 2 suddenly turned in front of her, causing her to strike the front driver side of vehicle 2. Ms. Lett did state that the traffic signal was green at this time. Ms. Lett had complaints of pain to her head and shoulder but refused medical treatment by Lakewood EMS.

Due to conflicting stories by both parties and no witnesses in the area, a determination of who was at fault could not be made at this time.

Both vehicles were towed by Acme Towing.

Vehicle 1 sustained heavy front end damage.

Vehicle 2 sustained heavy front end damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHEEHAN, M	423	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014830
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1946
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	NEW HAMPSHIRE AVE
☒ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	50
Road Name / Dir	
12 Route No. / Suffix / 13 Milepost	0623 - -
14 / 15 / 16	
18 Speed Limit	-
19 Ramp ☐ To ☒ From:	STATE HIGHWAY 70
17 Cross Road Name / 20 Route/Name	
☐ NB ☒ EB ☐ SB ☐ WB	
21 Latitude	40.049650
22 Longitude	-74.196820

Vehicle 1

23 Veh #	1
24 Policy No.	939 962 756
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MALKY - KREMER
29 Sex	F
27 Number & Street	42-11 HIGHLAND AVE
28 City / State / Zip	BROOKLYN NY 11224
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY
32 Driver's License Number	651810286
33 DOB (mm dd yyyy)	01/30/2002
34 Expires (mm yy)	01 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DEVORAH - SILBERMAN -
36 Number & Street	26 AROSA HILL
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / GC / BLK / 2019 / W32LEN / NJ
44 VIN	1C4RJFBG5KC695918
45 Expires	04 22
46 Vehicle Removed To	-
☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4464-95-66-16
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TYLER J VEIT -
59 Sex	M
57 Number & Street	2405 MOORE AVE
58 City / State / Zip	PT PLEASANT NJ 08742
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	V23187527109966
63 DOB (mm dd yyyy)	09/16/1996
64 Expires (mm yy)	09 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver TYLER J VEIT -
66 Number & Street	2405 MOORE AVE
67 City / State / Zip	PT PLEASANT NJ 08742
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2009 / N66LRT / NJ
74 VIN	4T4BE46K09R129714
75 Expires	08 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	20	F	-	-	-	11	04	-	-	MALKY - KREMER - 42-11 HIGHLAND AVE BROOKLYN NY 11224
B	02	01	01	05	25	M	-	-	-	11	04	-	-	TYLER J VEIT - 2405 MOORE AVE PT PLEASANT NJ 08742
C														
D														

New Jersey Police Crash Investigation Report

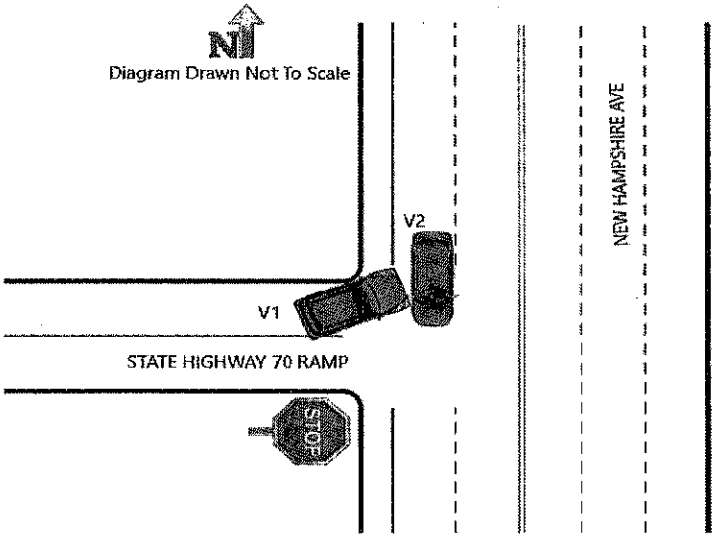
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014830

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was stopped at the stop sign on the ramp from State Highway 70 E. She was attempting to make a left turn onto New Hampshire Ave. V1 began to turn, but did not observe V2 traveling south on New Hampshire Ave. V1 and V2 collided.

The driver of V2 stated he was traveling south on New Hampshire Ave. While traveling straight, V1 collided with the passenger side of V2.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014801
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0623
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	50
☐ N ☐ E ☒ S ☐ W of:	RIDGE AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1640
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.099570
22 Longitude	-74.176540

Vehicle 1

23 Veh #	1
24 Policy No.	909375772
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	THERESA / A / GAGLIANO -
29 Sex	F
27 Number & Street	8 MOSS HAVEN WAY.
28 City / State / Zip	HOWELL / NJ / 07731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	G01457396162932
33 DOB mm dd yyyy	12/31/1993
34 Expires mm yy	12 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / FRANCINE / M / GAGLIANO -
36 Number & Street	8 MOSS HAVEN WAY
37 City / State / Zip	HOWELL / NJ / 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / BLK / 2014 / H353CC / NJ
44 VIN	3N1AB7AP3EY246446
45 Expires	04 / 22
46 Vehicle Removed To	☒ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939 411 199
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHAIM / - / GUTMAN -
59 Sex	M
57 Number & Street	32 WHISPERING PINES LANE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	G94891200010822
63 DOB mm dd yyyy	10/13/1982
64 Expires mm yy	10 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / CHAIM / - / GUTMAN -
66 Number & Street	32 WHISPERING PINES LANE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / HIG / BLK / 2019 / M93KZK / NJ
74 VIN	5TDJZRFH2KS582548
75 Expires	03 / 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136 Charge	137 Summons. No. N/A	2	138 Charge 39:4-97	139 Summons. No. 1514A290644
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	1	01	01	03	28	F	04	08	02	11	04	-	-	THERESA A GAGLIANO - 8 MOSS HAVEN WAY. HOWELL NJ 07731
B	2	01	01	-	39	M	-	-	-	11	04	-	-	CHAIM - GUTMAN - 32 WHISPERING PINES LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

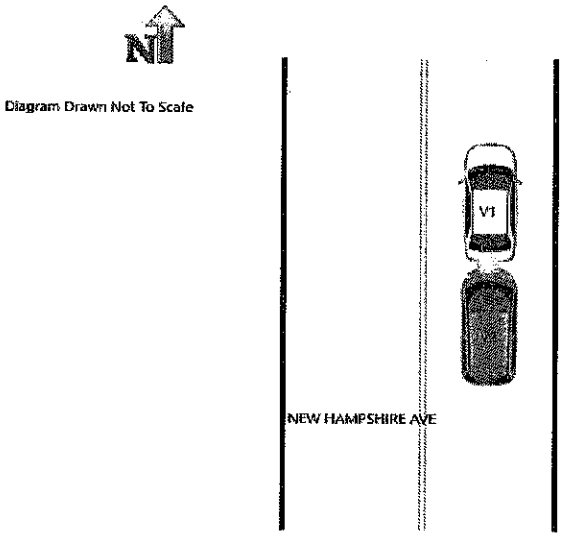
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014801

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was stopped in traffic facing North on New Hampshire Avenue. Vehicle #2 was behind Vehicle #1 and crashed into the rear of Vehicle #1. Vehicle #1 sustained scratches to the rear bumper. Vehicle #2 sustained scratches to the front bumper. Driver 1 had a complaint of pain to her neck and went to the hospital on her own accord.

Driver 1 stated she was stopped in traffic facing North on New Hampshire Avenue. As she was awaiting for the traffic light, Vehicle #2 crashed into the rear of her vehicle which caused her to hit her head onto her steering wheel.

Driver 2 stated she was behind Vehicle #1 who started to proceed forward in traffic. Due to this action, Driver 2 also proceeded forward. Driver 2 then stated Vehicle #1 suddenly hit the brakes and he could not stop in time.

My investigation finds Vehicle #2 to be at fault for following too closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014789
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MANETTA AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	RIDGE AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1545
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.096320
22 Longitude	-74.198150

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	- / - / - / - / -
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / DAWN / M / CHIARAVALLO -
36 Number & Street	343 ALDO DR
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / TRA / GRY / 2015 / YPK80D / NJ
44 VIN / 45 Expires	1GNKVGKD8FJ241169 / 01 23
46 Vehicle Removed To	☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	BA 2997BD
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MANSFIELD / A / WILLIAMS / - / M
57 Number & Street	1 LE DIAMANT ST
58 City / State / Zip	TOMS RIVER / NJ / 08757
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	W43655166101632
63 DOB mm dd yyyy	01/07/1963
64 Expires mm yy	01 / 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / - / - / JAYS BUS SERVICE -
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	THO / 310 / YEL / 2015 / J433S1 / NJ
74 VIN / 75 Expires	4UZABRDU6FCFX0770 / 08 22
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 1926134 ☐ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	JAYS BUS SERVICE
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD / NJ / 08701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1		N/A	2		N/A
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	2	01	01	05	59	M	-	-	-	11	04	-	-	MANSFIELD A WILLIAMS - 1 LE DIAMANT ST TOMS RIVER NJ 08757
B														
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.

Station _____ Case No. 22-014789

1.	CINDY	RIANO
2.	YANCY	SARACAY
3.	YASMIN	INIGUEZ
4.	SANDRA	BARRANCO
5.	JUAN	TONBIO
6.	ADEEN	AFELLANO
7.	EDUARDO	INIGUEZ
8.	BRIAN	GONZALEZ
9.	RASHEL	VINCENTE
10.	CELESTE	GONZALEZ
11.	ISRAEL	PADILLA
12.	ISRAEL	VARGAS
13.	JACOB	CASTELLANOS
14.	YAIR	COPO
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

New Jersey Police Crash Investigation Report

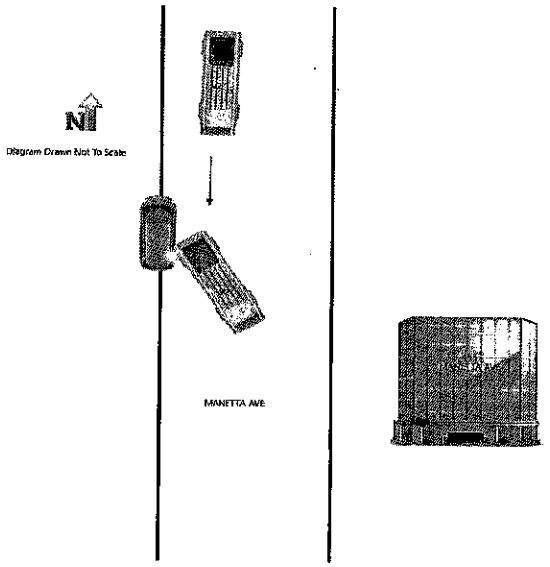
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014789

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked facing North on Manetta Avenue and on the West side of the road next to 480 Manetta Avenue. Vehicle #2(Jays Bus 231) was travelling South on Manetta Avenue and was making a left turn into 455 Manetta Avenue (Ella G Clarke School). As Vehicle #2 was turning, it struck the rear passenger side of Vehicle #1. Both Vehicle #1 and 2 sustained scratches to the rear passenger side of the vehicle. There were no reports of injuries.

The owner/operator of Vehicle #1 was not on scene nor spoken to when the crash occurred.

Driver 2 stated he was getting ready to turn into the school. As he was turning, part of his vehicle struck Vehicle #1 which was parked.

Vehicle #2 Insurance Info:
Central Insurers Group Inc
Tammy W Jones
1360 North Atherton St
State College, PA 16803
Phone: 814-234-6667

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014778
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: WHITE RD
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
16 Speed Limit	35
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	08
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1503
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.080370
22 Longitude	-74.255430

Vehicle 1

23 Veh #	1
24 Policy No.	6100159222061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZEHAVA - NEIMAN -
29 Sex	F
27 Number & Street	45 MARTIN ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	N22777940056012
33 DOB mm dd yyyy	06/29/2001
34 Expires mm yy	06 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZEHAVA - NEIMAN -
36 Number & Street	45 MARTIN ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BLK / 2012 / S46LVR / NJ
44 VIN	1HGCP2F67CA143611
45 Expires	09 22
46 Vehicle Removed To	
☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	PAAC21227
55 NJ Ins. Code	168
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JUDY B LICHTENSTEIN -
59 Sex	F
57 Number & Street	300 CAREY ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	L40904186262676
63 DOB mm dd yyyy	12/20/1967
64 Expires mm yy	12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SIMCHA - LICHTENSTEIN -
66 Number & Street	300 CAREY ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN / SIL / 2019 / N30MHL / NJ
74 VIN	3N1AB7AP6KY378628
75 Expires	01 23
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
			2	39:4-125	1514A291586

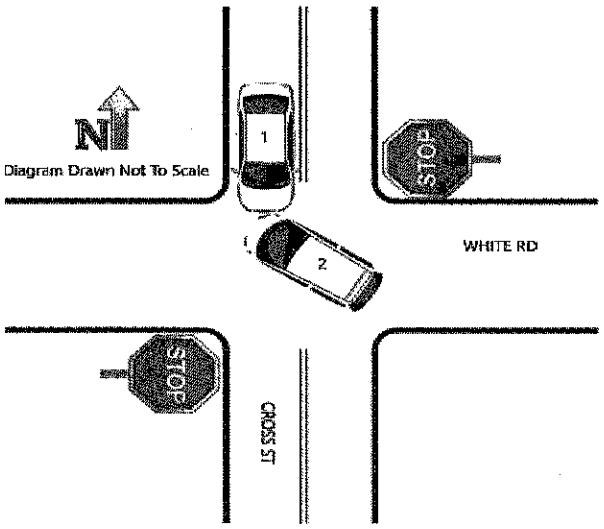
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	20	F	-	-	-	11	04	-	-	ZEHAVA - NEIMAN - 45 MARTIN ST LAKEWOOD NJ 08701
B	2	01	01	-	54	F	-	-	-	11	04	-	-	JUDY B LICHTENSTEIN - 300 CAREY ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIF Code: 01 Station: _____ Case No: 22-014778

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling South on Cross ST at the intersection with White Rd. Vehicle #2 was traveling North on Cross St at the intersection with White Rd. Vehicle #2 made a U-turn in front of vehicle #1. The vehicles collided in the intersection. Driver #1 stated that was going straight, vehicle #2 turned in front of her and she did not have time to stop. Driver #2 stated that she thought it was clear prior to making her turn and she did not see vehicle #1. Driver #2 made an unsafe U-turn during heavy traffic causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014759
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MARYS LN
At Intersection With Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	200
☒ N ☐ E ☐ S ☐ W of:	4TH ST
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.09478
22 Longitude	-74.20829

Vehicle 1

23 Veh #	1
24 Policy No.	IL56V0001190
25 NJ Ins. Code	013
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	VINCENT
Initial	J
Last Name	FREEMAN
29 Sex	M
27 Number & Street	938 MARCELLA ST
28 City	PHILADELPHIA
State	PA
Zip	19124
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	PA
32 Driver's License Number	27748928
33 DOB mm dd yyyy	04/12/1963
34 Expires mm yy	04 22
35 Owner's First Name	CORP
Initial	-
Last Name	SDB PACKAGE & DE-
☐ Same As Driver	
36 Number & Street	292 BIRCH BARK DR
37 City	BRICK
State	NJ
Zip	08723
38 Make	GMC
39 Model	SAV
40 Color	WHI
41 Year	2016
42 Plate No.	XKYE38
43 State	NJ
44 VIN	1GD37TCG3G1306497
45 Expires	09 22
46 Vehicle Removed To	
☒ 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 265752 ☐ None	
☐ MC/MX	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6203114702
55 NJ Ins. Code	030
☒ 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 yyyy	-
64 Expires mm yy	-
65 Owner's First Name	SALEM TRUCK
Initial	-
Last Name	LEASING
☐ Same As Driver	
66 Number & Street	46 PARIS ST
67 City	NEWARK
State	NJ
Zip	07105
68 Make	INTR
69 Model	999
70 Color	-
71 Year	2015
72 Plate No.	75218MN
73 State	NY
74 VIN	3HAMMMML2FL688592
75 Expires	07 22
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 397557 ☐ None	
☐ MC/MX	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	01	01	01	05	58	M	-	-	-	11	04	-	-	VINCENT J FREEMAN - 938 MARCELLA ST PHILADELPHIA PA 19124
B														
C														
D														

New Jersey Police Crash Investigation Report

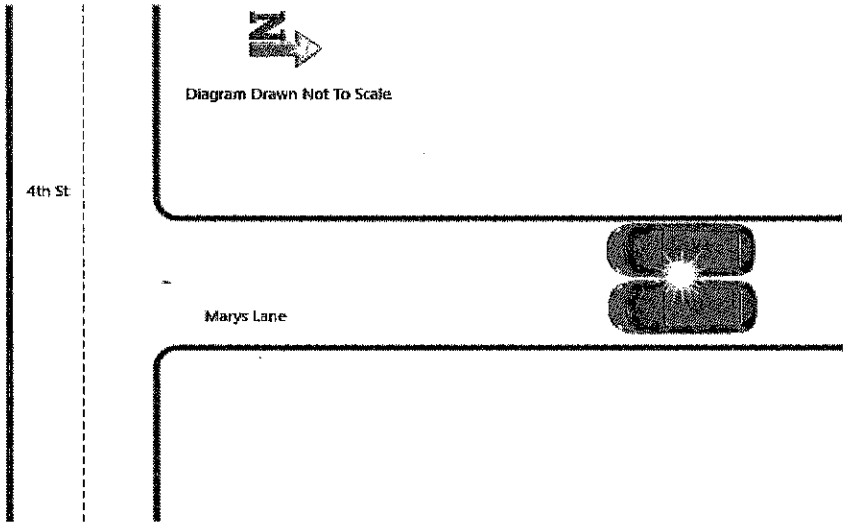
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014759

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling south on Mary's Lane. Driver of vehicle 1 stated while passing vehicle 2, the owner of vehicle 2 opened the door striking the passenger side mirror of vehicle 1 causing minor damage. Driver of vehicle 1 had no complaint of pain.

Owner of vehicle 2 stated he was parked unloading his truck on Mary's Lane. Owner of vehicle 2 stated he opened the driver side door striking vehicle 1. Vehicle 2 had minor damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014734
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1110
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	OCEAN AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	50
☒ Feet ☐ Miles	100
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.08558
22 Longitude	-74.17692

Vehicle 1

23 Veh #	1
24 Policy No.	F0557835
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSEPH S PIELA -
29 Sex	M
27 Number & Street	536 HERBERT LANE
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
31 State	NJ
32 Driver's License Number	P41674108204564
33 DOB mm dd yyyy	04/26/1956
34 Expires mm yy	04 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHRISTINA - PIELA -
36 Number & Street	536 HERBERT LN
37 City / State / Zip	BRICK NJ 08724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	SUBA / FOR - FO / WHI / 2014 / YUU79Y / NJ
44 VIN	JF2SJAMC3EH511177
45 Expires	05 22
46 Vehicle Removed To	-
☒ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	648925565
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CARLOS R JACOME-HERNANDE-
59 Sex	M
57 Number & Street	125 MICHELE WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	J00761107912982
63 DOB mm dd yyyy	12/23/1998
64 Expires mm yy	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - CAMOOSO INSULA-
66 Number & Street	1309 ATLANTIC AVENUE
67 City / State / Zip	MANASQUAN NJ 08736
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F25 / BLK / 2012 / XJDW27 / NJ
74 VIN	1FTBF2B62CEC97283
75 Expires	10 20
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-4	290436			
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	01	01	01	04	65	M	06	08	01	11	04	-	-	JOSEPH S PIELA - 536 HERBERT LANE BRICK NJ 08724
B	02	01	01	05	23	M	-	-	-	11	04	-	-	CARLOS R JACOME-HERNANDEZ - 125 MICHELE WAY LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

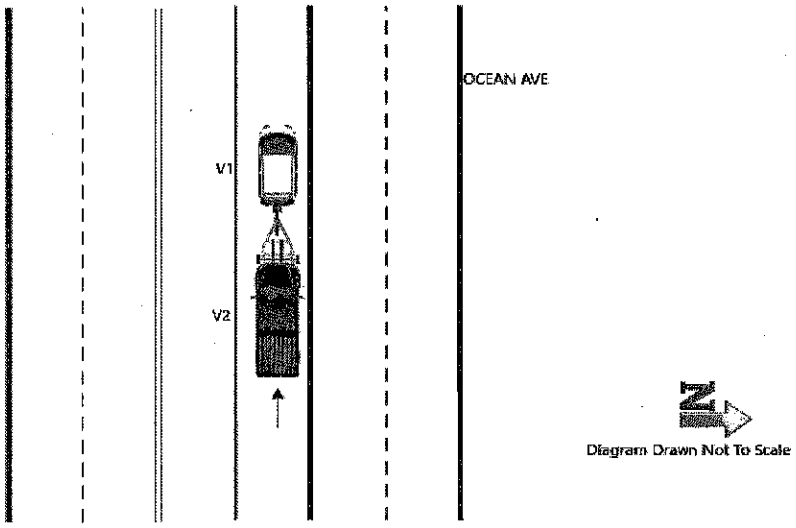
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014734

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1, Joseph Piela was operating a 2014 Subaru Forrester, NJ YUU-79Y. In tow was a KAU Trailer, NJ T15-D6K. Mr. Piela stated he was stopped in traffic traveling west on Ocean Avenue in the left turn lane just east of New Hampshire Avenue when the rear of his trailer was struck by the front of the vehicle traveling behind him.

Driver 2, Carlos Jacome-Hernandez was operating a 2012 Ford F-250, NJ XJD-W27. Mr. Jacome-Hernandez stated he was traveling west on New Hampshire Avenue behind vehicle 1. When vehicle 1 came to a stop he applied his brakes but was unable to stop in time and struck the trailer vehicle 1 was towing.

Driver 1 had a complaint of back pain but refused medical attention. Driver 2 was determined to be at fault for following too closely. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014727
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	150 JAMES ST
☐ At Intersection With	Road Name
Dir	
11 Speed Limit	15
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1047
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078840
22 Longitude	-74.225740

Vehicle 1

23 Veh #	1
24 Policy No.	956189176
25 NJ Ins. Code	882
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIEZER - BARK -
29 Sex	M
27 Number & Street	4000 ALTON RD
28 City / State / Zip	MIAMI BEACH FL 33140
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / FL
32 Driver's License Number	B620200962850
33 DOB mm dd yyyy	08/05/1996
34 Expires mm yy	08 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIEZER - BARK -
36 Number & Street	4000 ALTON RD
37 City / State / Zip	MIAMI BEACH FL 33140
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAMRY / GRY / 2014 / 324101T / NJ
44 VIN	4T1BF1FK6EU471006
45 Expires	03 22
46 Vehicle Removed To	
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939104526
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SUSAN S AZOOLAY -
59 Sex	F
57 Number & Street	24 SHAJA RD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	A97607278262852
63 DOB mm dd yyyy	12/07/1985
64 Expires mm yy	12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEOR M AZOOLAY -
66 Number & Street	24 SHAYAS RD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / BLU / 2018 / A90LWN / NJ
74 VIN	5TDKZ3DC3JS910731
75 Expires	09 21
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	25	M	-	-	-	11	04	-	-	ELIEZER - BARK - 4000 ALTON RD MIAMI BEACH FL 33140
B	2	01	01	-	36	F	-	-	-	11	04	-	-	SUSAN S AZOOLAY - 24 SHAJA RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

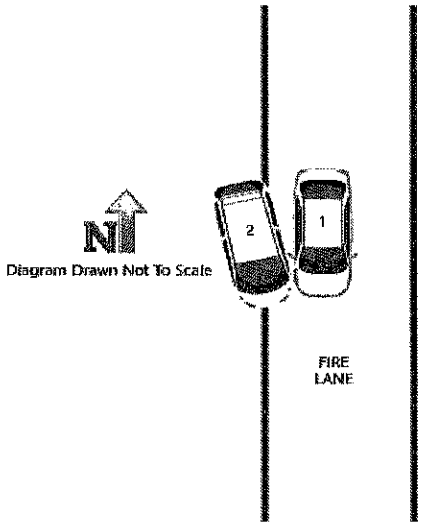
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014727

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling South in the fire lane through the parking lot of 150 James St. Vehicle #2 was parked improperly along the curb of the fire lane facing South. Vehicle #2 started from parking and entered the fire lane as vehicle #1 was passing. Vehicle #2 struck vehicle #1. Driver #2 was parked improperly in the fire lane and failed to yield the right of way to vehicle #1 causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014710
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0936
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	FOREST AVENUE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
14 Feet	50
15 Miles	
16 N ☐ E ☐ S ☐ W of:	10TH ST
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.09947
22 Longitude	-74.22023

Vehicle 1

23 Veh #	1
24 Policy No.	4592-67-07-58
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI M JACOBS
29 Sex	M
27 Number & Street	1005 FOREST AVE APT 8
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	J00755637408972
33 DOB mm dd yyyy	08/14/1997
34 Expires mm yy	08 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - PLYM
36 Number & Street	405 9TH ST APT 20C
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 3 / 2007 / H98LGL / NJ
44 VIN	4T1BE46KX7U678991
45 Expires	05 22
46 Vehicle Removed To	
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	602964537 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISSOCHER D KUSHNER
59 Sex	M
57 Number & Street	130 12TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	K94387906402974
63 DOB mm dd yyyy	02/04/1997
64 Expires mm yy	02 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ARON - KUSHNER
66 Number & Street	130 12TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / 3 / 2013 / X23BNN / NJ
74 VIN	5TDKK3DC5DS370954
75 Expires	11 22
76 Vehicle Removed To	MOISHYS TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		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	01	01	01	05	24	M	-	-	-	11	04	-	-	MORDECHAI M JACOBS - 1005 FOREST AVE APT 8 LAKEWOOD NJ 08701
B	01	03	01	05	22	F	-	-	-	11	04	-	-	RECHEL - JACOBS - 1005 FOREST AVE APT 8 LAKEWOOD NJ 08701
C	01	06	01	05	01	M	-	-	-	06	06	-	-	YITZCHOK JACOBS 1005 FOREST AVE APT LAKEWOOD NJ 08701
D	02	01	01	05	25	M	-	-	-	11	04	-	-	YISSOCHER D KUSHNER - 130 12TH ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

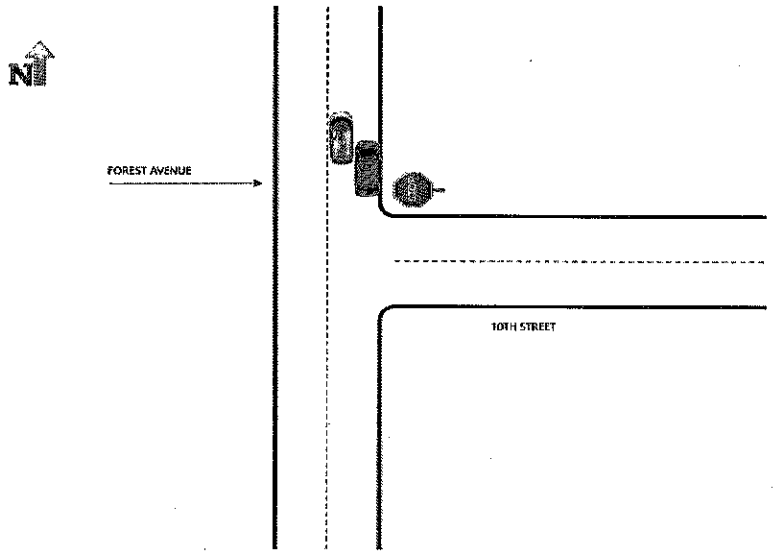
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014710

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT HE BEGAN TO PULL OUT INTO THE ROAD AND THE OTHER VEHICLE(V2) MUST HAVE BEEN IN HIS BLIND SPOT. DRIVER OF V2 STATED THAT HE WAS DRIVING AND ALL OF A SUDDEN HE WAS HIT. V2 HAD THE RIGHT OF WAY AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	99
106	-
107	-
108	01
109	-
110	-
111	-
112	-
113	-
114	-
115	-
116	02
117	-

Field	Value
1 Case Number	22-014706
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0902
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	485 RIVER AVE; ATLANTIC CO-
11 Speed Limit	15
At Intersection With / Feet / Miles (14, 15, 16)	☐ / ☐ N ☐ E ☐ S ☐ W of:
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
19 Ramp	☐ To ☐ From:
17 Cross Road Name	
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.07636
22 Longitude	-74.21566

Field	Value
118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	11
125	-
126a	99
126b	-
126c	-
126d	-
126e	99
127a	-
127b	-
127c	-
127d	-
127e	-
128	
129	14
130	14
131	-
132	-
133	02
134	-

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	G01020076503
25 NJ Ins. Code	392
Flags	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	GERRY L ARTIS -
29 Sex	M
27 Number & Street	18 BOLINGBROKE DR
28 City / State / Zip	TOMS RIVER NJ 08757
30 Eyes	2
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	A76332800010572
33 DOB (mm dd yyyy)	10/29/1957
34 Expires (mm yy)	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver; GERRY L ARTIS -
36 Number & Street	18 BOLINGBROKE DR
37 City / State / Zip	TOMS RIVER NJ 08757
38 Make	HYUN
39 Model	ELA
40 Color	BLU
41 Year	2010
42 Plate No.	A23FVM
43 State	NJ
44 VIN	KMHDU4AD6AU008513
45 Expires	08 22
46 Vehicle Removed To	
Removal	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

Field	Value
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
Flags	☐ 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	-
64 Expires	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver; - - - -
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	-
Removal	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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	1	01	01	05	64	M	-	-	-	11	00	-	-	GERRY L ARTIS - 18 BOLINGBROKE DR TOMS RIVER NJ 08757
B														
C														
D														

New Jersey Police Crash Investigation Report

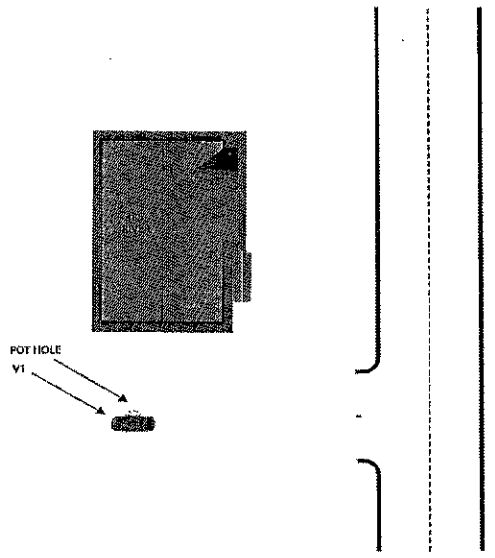
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014706

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said as he was traveling through the parking lot of 485 River he struck a pot hole. There was a piece of cement in the pot hole wich wedged into the undercarriage causing damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014875
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CEDARBRIDGE AVE -
At Intersection With Road Name	
☒ Feet ☐ Miles	30
☒ N ☐ E ☐ S ☐ W of:	AVENUE OF THE STATES
11 Speed Limit	45
12 Route No.	0005
Suffix	-
13 Milepost	-
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2359
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.07822
22 Longitude	-74.19055

Vehicle 1

23 Veh #	1
24 Policy No.	941574079
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	CHAIM / M / MULLER / - / M
27 Number & Street	133 E 4TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	M92191207411722
33 DOB mm dd yyyy	11/21/1972
34 Expires mm yy	11 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM M MULLER -
36 Number & Street	133 E 4TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / BLK / 2015 / N28LAJ / NJ
44 VIN	5FNRL5H44FB115830
45 Expires	03 23
46 Vehicle Removed To	MOSHE
	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	5129J001523
55 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MOSHE / - / GROSS / - / M
57 Number & Street	199 JOE PARKER RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	G75765670001032
63 DOB mm dd yyyy	01/14/2003
64 Expires mm yy	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BORUCH A GROS -
66 Number & Street	25 WINDERMERE ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / PAC / WHI / 2020 / D68MLA / NJ
74 VIN	2C4RC1BG6LR106428
75 Expires	07 23
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

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	1	01	01	05	49	M	-	-	-	11	04	-	-	CHAIM M MULLER - 133 E 4TH ST LAKEWOOD NJ 08701 - -
B	2	01	01	-	19	M	-	-	-	11	04	-	-	MOSHE - GROSS - 199 JOE PARKER RD LAKEWOOD NJ 08701 - -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - - - - - - -
D	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - - - - - - -

New Jersey Police Crash Investigation Report

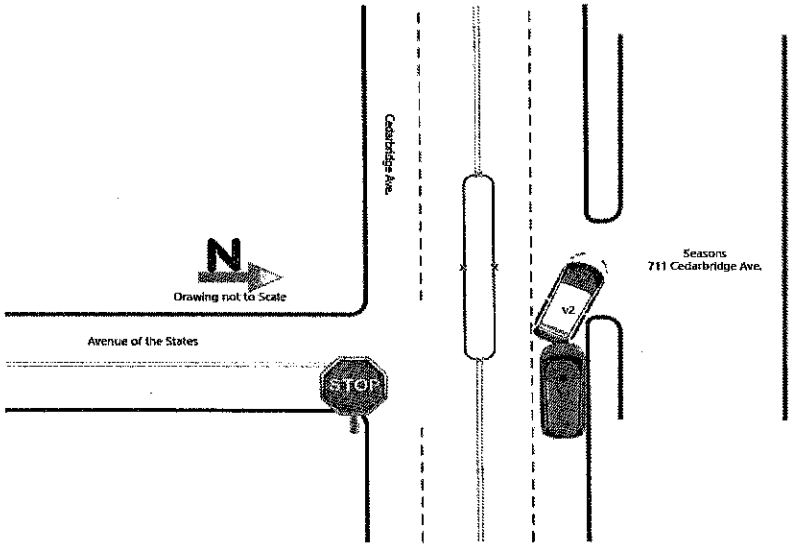
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014875

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 and Vehicle 2 were both traveling West on Cedarbridge Ave. Just after passing the intersection of Avenue of the States, Vehicle 1 collided with Vehicle 2 as it negotiated a turn into the business "Seasons" parking lot at 711 Cedarbridge Ave.

The driver of Vehicle 1 stated that Vehicle 2 made a sudden stop and did not activate his right turn blinker to indicate that he was turning into the parking lot. He stated that because he didn't use his blinker and due to rain he could not stop in time.

Driver of Vehicle 2 stated that he used his blinker to make a turn into the parking lot when driver of Vehicle 1 collided from behind him.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS D	406	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014598
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2022
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	415 CLIFTON AVE
At Intersection With / Road Name	
Feet / Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	10
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
14	
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.094760
22 Longitude	-74.214500

Vehicle 1

23 Veh #	1
24 Policy No.	9500226518
25 NJ Ins. Code	882
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM Y LEVINE -
36 Number & Street	3 DAVOS PL
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT YAR 1 2015 P82LSZ NJ
44 VIN / 45 Expires	VNKKTUD33FA028977 08 22
46 Vehicle Removed To	☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALMONOR - DIEUFOR
59 Sex	M
57 Number & Street	67 SAINT PAULS PL A6
58 City / State / Zip	BROOKLYN NY 11226
60 Eyes / DL Class / Restrictions / Endorsements	01 - - -
61 State	NY
62 Driver's License Number	323431605
63 DOB mm dd yyyy	07/24/1971
64 Expires mm yy	07 27
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - EAN HOLDINGS LL(
66 Number & Street	14002 EAST 21ST ST STE 1500
67 City / State / Zip	TULSA OK 74134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INTR 430 WHI 2017 XDVC36 NJ
74 VIN / 75 Expires	1HTMMMML0HH500788 08 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	05	50	M	-	-	-	04	04	-	-	ALMONOR - DIEUFOR - 67 SAINT PAULS PL A6 BROOKLYN NY 11226
B														
C														
D														

96	05
97	01
98	05
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	02
112	-
113	20
114	-
115	03
116	04
117	01
118a	25
118b	-
119a	08
119b	12
120a	-
120b	-
121a	01
121b	-
122	10
123	02
124	11
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	05
130	05
131	04
132	04
133	03
134	01

New Jersey Police Crash Investigation Report

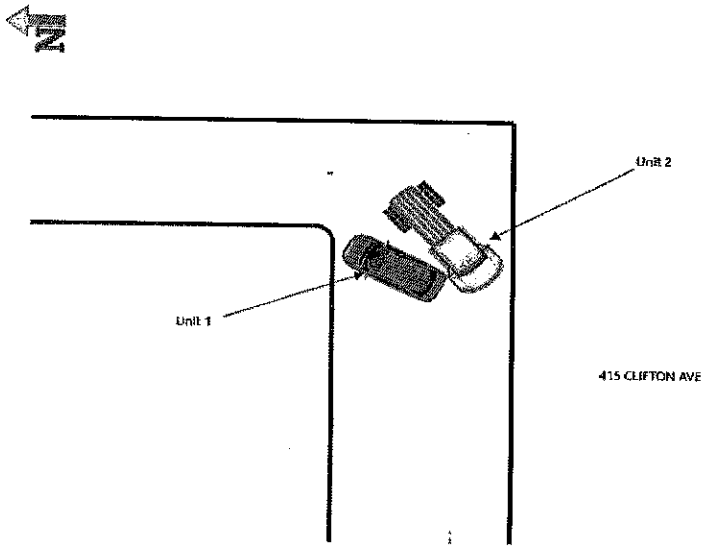
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014598

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

OWNER OF VEHICLE #1 STATED THAT HE WAS INSIDE 415 CLIFTON AVE AND OTHER WORKERS INFORMED HIM THAT VEHICLE #2 STRUCK HIS VEHICLE. VEHICLE #2 THEN ATTEMPTED TO LEAVE THE PARKING LOT BUT WAS STOPPED BY THE OWNER OF VEHICLE #1.

DRIVER #2 STATED THAT HE WAS IN THE PARKING LOT OF 415 CLIFTON AVE BUT WAS NOT INVOLVED IN A CRASH.

A WITNES WHO DID NOT WANT TO BE IDENTIFIED SAID THAT HE DID NOT SEE THE ACCIDENT. AFTER BEING ON SEEN AND THE WITNESS TALKING TO OWNER OF VEHICLE #1 HE CHANGED HIS MIND AND SAID THAT HE SAW VEHICLE #2 COLLIDE WITH VEHICLE #1.

THE PARKING LOT IS MARKED ONE WAY TRAFFIC AND VEHICLE #2 WAS TRAVELING THE WRONG WAY DURING THE CRASH. THERE ARE CAMERAS AT 415 CLIFTON AVE THAT SHOW VEHICLE #2 THE ONLY VEHICLE DRIVING THROUGH THE PARKING LOT PRIOR TO THE CRASH. THE CAMERA DOES NOT CAPTURE THE ACTUALLY CRASH.

VEHICLE #2 INSURANCE INFO:
EAN HOLDINGS LLC
14002 EAST 21ST ST STE 1500
TULSA, OK 74134

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014567
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
☒ Feet / ☐ Miles	40
N ☐ E ☐ S ☐ W	
of:	CHESTNUT ST
14	15
16	
17 Cross Road Name	
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.053420
22 Longitude	-74.220830

Vehicle 1

23 Veh #	1
24 Policy No.	934 658 678
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LUIS M CORTEZ SANTOS -
29 Sex	M
27 Number & Street	780 RIVER AVE; 7
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 - - -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	07/09/2003
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LIZBETH - SERRANO -
36 Number & Street	98 PINEWOOD RD
37 City / State / Zip	TOMS RIVER NJ 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV EQU GRY 2008 V92NCP NJ
44 VIN	2CNDL33F286333115
45 Expires	02 23
46 Vehicle Removed To	-
☐ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	939 897 063
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MINDY - NEUMANN -
59 Sex	F
57 Number & Street	65A RENA LN
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	06 D - -
61 State	NJ
62 Driver's License Number	N29025550052996
63 DOB (mm dd yyyy)	02/10/1999
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHOLOM - NEUMANN -
66 Number & Street	65A RENA LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM BLK 2016 F12NWB NJ
74 VIN	4T4BF1FK9GR564904
75 Expires	06 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	A292037	-		-
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	01	01	01	05	18	M	-	-	-	11	04	-	-	LUIS M CORTEZ SANTOS - 780 RIVER AVE; 7 LAKEWOOD NJ 08701
B	02	01	01	05	23	F	-	-	-	11	04	-	-	MINDY - NEUMANN - 65A RENA LN LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	03
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	04
132	04
133	04
134	03

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

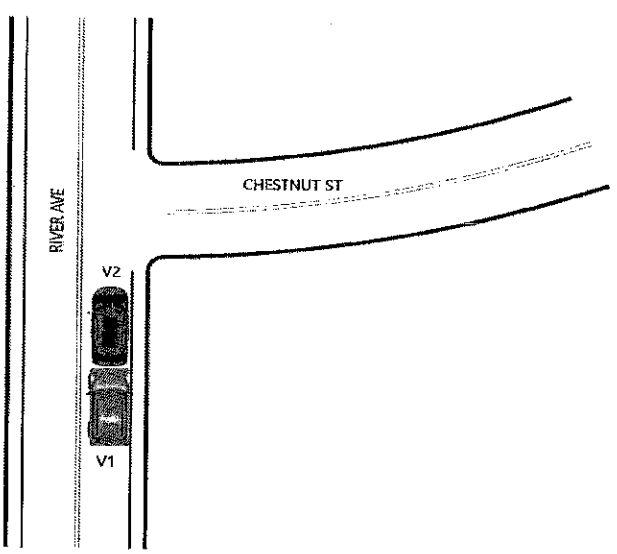
Station: - Case No: 22-014567

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The driver of V1 stated he was traveling north on River Ave. He took his eyes off of the road for a moment. When he looked up, he observed V2 stopped in traffic. V1 was unable to stop in time. V1 and V2 collided.

The driver of V2 stated she was traveling north on River Ave. She was stopped in traffic when V1 struck the rear of V2.

Based on my investigation, V1 caused the crash by striking the rear of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014552
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	AVENUE OF THE STATES
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: STADIUM WAY
11 Speed Limit	30
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1611
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.07830
22 Longitude	-74.19078

Vehicle 1

23 Veh #	1
24 Policy No.	909 945 367
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	KELLY
Initial	A
Last Name	BUSKEY -
29 Sex	F
27 Number & Street	79 CARDINAL DRIVE
28 City	TOMS RIVER
State	NJ
Zip	08755
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B94464306160834
33 DOB mm dd yyyy	10/27/1983
34 Expires mm yy	10 25
35 Owner's First Name	KELLY
Initial	A
Last Name	BUSKEY -
☐ Same As Driver	
36 Number & Street	79 CARDINAL DRIVE
37 City	TOMS RIVER
State	NJ
Zip	08755
38 Make	KIA
39 Model	SOR
40 Color	BLK
41 Year	2020
42 Plate No.	H34CUZ
43 State	NJ
44 VIN	5XYPG4A37LG712160
45 Expires	12 22
46 Vehicle Removed To	-
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	939 130 009
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ALICIA
Initial	M
Last Name	FARRALES -
59 Sex	F
57 Number & Street	45 BURTON DRIVE
58 City	HOWELL
State	NJ
Zip	07731
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F06600237461864
63 DOB mm dd yyyy	11/16/1986
64 Expires mm yy	11 25
65 Owner's First Name	ALICIA
Initial	M
Last Name	FARRALES -
☐ Same As Driver	
66 Number & Street	45 BURTON DRIVE
67 City	HOWELL
State	NJ
Zip	07731
68 Make	HOND
69 Model	ODY
70 Color	SIL
71 Year	2021
72 Plate No.	M68NEC
73 State	NJ
74 VIN	5FNRL6H5XMB039915
75 Expires	01 24
76 Vehicle Removed To	HESHEYS
☐ 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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	04	38	F	08	08	01	11	04	-	-	KELLY A BUSKEY - 79 CARDINAL DRIVE TOMS RIVER NJ 08755
B	02	01	01	04	35	F	06	08	01	11	11	01	-	ALICIA M FARRALES - 45 BURTON DRIVE HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

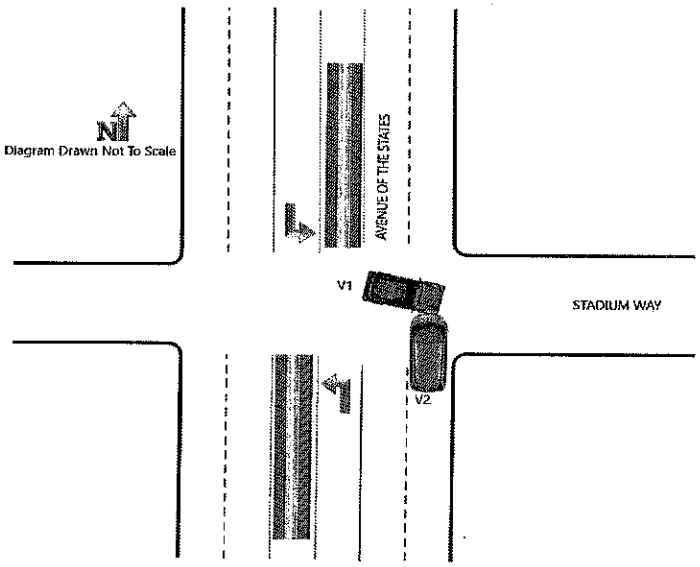
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014552

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was traveling south on Avenue of the States. She was attempting to turn left onto Stadium Way. A vehicle in the traveling north on Avenue of the States in the left lane stopped to allow V1 to turn. V1 started to turn left but did not observe V2 traveling north in the right lane on Avenue of the States. V1 and V2 collided.

The driver of V2 stated she was traveling north on Avenue of the States in the right lane. There was heavy traffic. She observed V1 turning left in front of her and attempted to avoid the collision but was unable. V1 and V2 collided.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-012902
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	02/17/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1651
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	MADISON AVE (Road Name) - (Dir)
At Intersection With	☐
Feet / Miles	.5 ☒ Miles
N ☐ E ☐ S ☐ W of:	☒ N ☐ E ☐ S ☐ W of: K KENNEDY BLVD
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	0009 -
18 Speed Limit	30
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.106930
22 Longitude	-74.219480

Vehicle 1

23 Veh #	1
24 Policy No.	60743222362061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	YEHUDA Z MANN - M
27 Number & Street	3594 SHANNON RD
28 City / State / Zip	CLEVELAND HGHTS OH 44118
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - OH
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	TZ043330 / 08/13/1993 / 08 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - PERETZ -
36 Number & Street	19 ENGLEBERG TER
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / SIL / 2018 / N71PJM / NJ
44 VIN / 45 Expires	5NPE24AF7JH681336 / 10 22
46 Vehicle Removed To	YITZ
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	SHLOMO - PECHMAN - M
57 Number & Street	7/2 RAV BEN ZAKKAI
58 City / State / Zip	BEITAR ISRAEL IS 99999
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 - - - NY
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	339712614 / 05/12/1968 / 05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PV HOLDING - CORP -
66 Number & Street	300 CENTRE POINTE DR
67 City / State / Zip	VIRGINIA BEACH VA 23450
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / 4 DOOR / SIL / 2021 / UKE3683 / VA
74 VIN / 75 Expires	3KPF24AD9ME326153 / 02 23
76 Vehicle Removed To	YITZ
☐ 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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	28	M	-	-	-	11	04	-	-	YEHUDA Z MANN - 3594 SHANNON RD CLEVELAND HGHTS OH 44118
B	01	03	01	05	25	M	-	-	-	11	04	-	-	SHIMON T MANN - 3594 SHANNON RD CLEVELAND HGHTS OH 44118
C	02	01	01	05	53	M	-	-	-	11	04	-	-	SHLOMO - PECHMAN - 7/2 RAV BEN ZAKKAI BEITAR ISRAEL IS 99999
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-012902

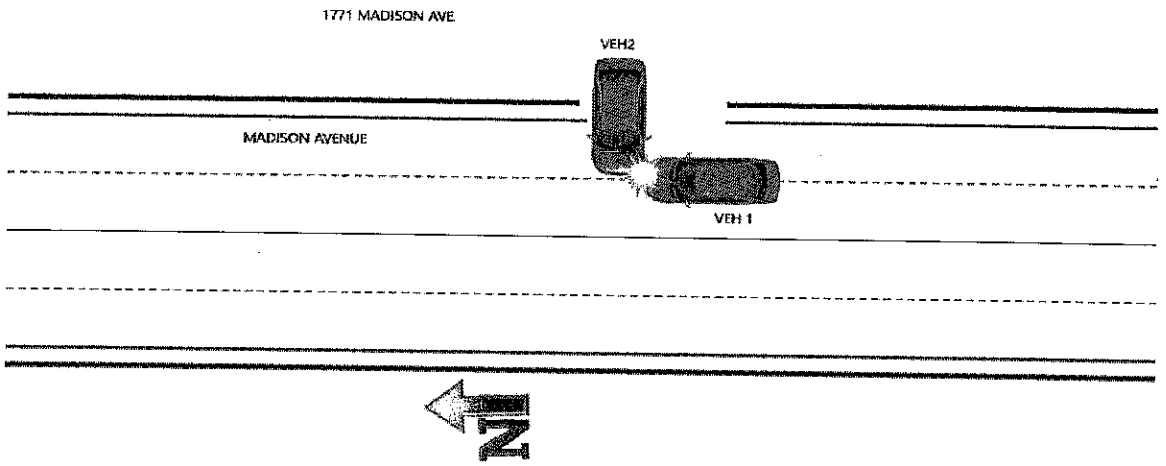
(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED HE WAS TRAVELING NORTH ON MADISON AVENUE IN THE RIGHT LANE OF TRAFFIC, WHEN VEHICLE 2 PULLED OUT FROM 1771 MADISON AVENUE INTO THE ROADWAY CAUSING HIM TO HIT VEH 2.

DRIVER OF VEH 2 STATED HE WAS PULLING OUT OF 1771 MADISON AVENUE ATTEMPTING TO MAKE A LEFT TURN ONTO TO MADISON AVENUE TO HEAD SOUTH BOUND. DRIVER 2 SAID HE DID NOT SEE VEHICLE 1 AND WAS STUCK BY VEH 1.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☐ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013934
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	1328 RIVER AVE
At Intersection With / Road Name	-
Feet / Miles	-
N E S W of:	-
Dir	-
11 Speed Limit	-
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
4 Date of Crash mm dd yy	02/21/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0828
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.051150
22 Longitude	-74.22310

Vehicle 1

23 Veh #	1
24 Policy No.	941014125
25 NJ Ins. Code	882
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAISY - ALMEIDA
29 Sex	F
27 Number & Street	581 PATTEN AVE; 57
28 City / State / Zip	LONG BRANCH NJ 07740
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	04/22/1993
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - BRASIL ENTERPRIS-
36 Number & Street	647 BROADWAY SUITE 185
37 City / State / Zip	LONG BRANCH NJ 07740
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / FOC / WHI / 2013 / N55MFF / NJ
44 VIN	1FADP3N2XDL206977
45 Expires	02 23
46 Vehicle Removed To	-
☐ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	948488898
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BARUCH - GREENBERGER
59 Sex	M
57 Number & Street	11 LODZ DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	G73060770007946
63 DOB mm dd yyyy	07/26/1994
64 Expires mm yy	07 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BARUCH - GREENBERGER -
66 Number & Street	11 LODZ DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2008 / R23LNY / NJ
74 VIN	5TDZK23CX8S139550
75 Expires	07 22
76 Vehicle Removed To	MOISHY'S TOWING
☐ 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	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	289747	2		-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
1		-	2		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	28	F	-	-	-	11	04	-	-	DAISY - ALMEIDA - 581 PATTEN AVE; 57 LONG BRANCH NJ 07740
B	V1	03	01	05	32	F	-	-	-	11	04	-	-	DIANE - ALMEIDA - 581 PATTEN AVE; 57 LONG BRANCH NJ 07740
C	V2	01	01	05	27	M	-	-	-	11	04	-	-	BARUCH - GREENBERGER - 11 LODZ DR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

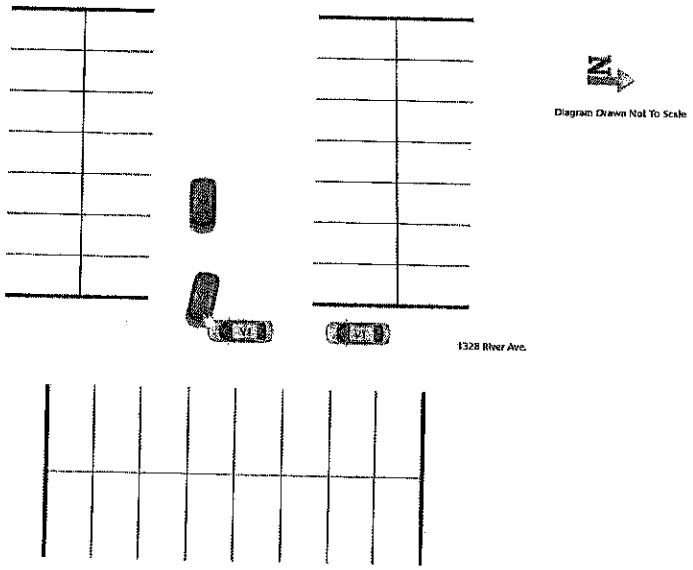
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013934

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 stated she was traveling southbound in the travel lane within the parking lot of 1328 River Ave. when her vehicle was struck by vehicle #2. The driver of vehicle #2 stated he attempted to make a right turn in the parking lot, but inadvertently collided with vehicle #1. Driver #2 is at fault for the collision for failing to yield to vehicle #1. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014269
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On	CROSS ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐N ☐E ☐S ☐W of: WHITE RD
11 Speed Limit	45
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
14	-
15	-
16	-
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1608
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.080370
22 Longitude	-74.255430

Vehicle 1

23 Veh #	1
24 Policy No.	944681216
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHAMYRA / L / BOSWELL -
29 Sex	F
27 Number & Street	166 HOLLYWOOD AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	B67547037357032 / 07/05/2003 / 07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / NICOLE / C / GEATHERS -
36 Number & Street	1004 WILLOWPOINT DR
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR / ILX / WHI / 2017 / W35MHC / NJ
44 VIN / 45 Expires	19UDE2F78HA007322 / 01 22
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	281548380
55 NJ Ins. Code	315
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSHUA / - / FRIEDMAN -
59 Sex	M
57 Number & Street	325 CASE RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	F74024110012992 / 12/13/1999 / 12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ANN / - / FRIEDMAN -
66 Number & Street	325 CASE RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / BLK / 2020 / X55MRE / NJ
74 VIN / 75 Expires	1HGCV1F15LA068363 / 06 24
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	-	11	04	-	-	SHAMYRA L BOSWELL - / 166 HOLLYWOOD AVE LAKEWOOD NJ 08701 - -
B	2	01	01	05	22	M	-	-	-	11	04	-	-	JOSHUA - FRIEDMAN - / 325 CASE RD LAKEWOOD NJ 08701 - -
C	1	04	01	05	9M	F	-	-	-	06	06	-	-	AZYIAH - BOSWELL - / 166 HOLLYWOOD AVE LAKEWOOD NJ 08701 - -
D	1	06	01	05	68	F	-	-	-	11	04	-	-	WANDA - BOSWELL - / 166 HOLLYWOOD AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

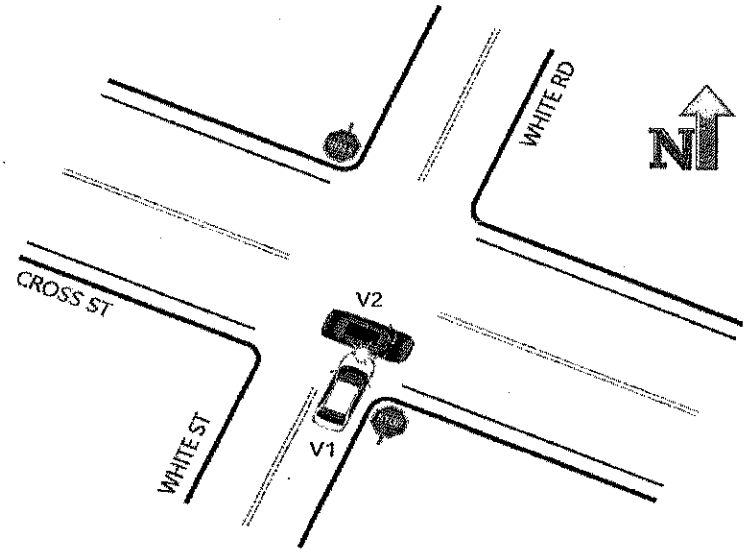
Police Dept: **LAKEWOOD POLICE** Code: **01**

Station: **-** Case No: **22-014269**

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 and V2 crashed in the intersection of Cross Street and White Road. Prior to the crash V1 was being driven north on White Street/Road while V2 was being driven east on Cross Street. Traffic on White Street/Road is controlled by a stop sign at Cross Street. Traffic on Cross Street has the right of way at this intersection. White Street changes to White Road at Cross Street, where the municipal boundary between Jackson and Lakewood lies.

As V2 entered the intersection V1 accelerated forward, resulting in a crash. I observed significant front end damage to V1 and passenger side damage to V2. Both vehicles were able to be driven from the scene. No injuries were reported.

I find driver 1 at fault for failing to yield to V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	**361**	**E. MIICK**	**307**	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014300
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/22/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1935
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	N LAKE DR
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: LAKEWOOD AVE
11 Speed Limit	25
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6085-24-83-64
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MIRIAM - KANAREK
29 Sex	F
27 Number & Street	311 FOREST AVE APT 9
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K03805580052004
33 DOB (mm dd yyyy)	02/11/2000
34 Expires (mm yy)	02 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AHRON - KANAREK
36 Number & Street	311 FOREST AVE APT 9
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	TOYT
39 Model	CAM
40 Color	TN
41 Year	2014
42 Plate No.	T42PFJ
43 State	NJ
44 VIN	4T1BF1FK6EU423859
45 Expires	10 22
46 Vehicle Removed To	-
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	909 695 917
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANNALY M NAVARRO-DIAZ -
59 Sex	F
57 Number & Street	622 6TH ST
58 City / State / Zip	JACKSON NH 08527
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	T0202203500000082
63 DOB (mm dd yyyy)	10/17/2003
64 Expires (mm yy)	03 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ABRAHAM A NAVARRO -
66 Number & Street	622 6TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	VOLK
69 Model	JET - JE
70 Color	GRY
71 Year	2015
72 Plate No.	V54NWX
73 State	NJ
74 VIN	3VWD17AJXFM334957
75 Expires	06 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	137	-	-	139	-
-	141	-	-	143	-

	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	05	22	F	-	-	-	11	04	-	-	MIRIAM - KANAREK - 311 FOREST AVE APT 9 LAKEWOOD NJ 08701 - -
B	02	01	01	05	18	F	-	-	-	11	04	-	-	ANNALY M NAVARRO-DIAZ - 622 6TH ST JACKSON NH 08527 - -
C														
D														

New Jersey Police Crash Investigation Report

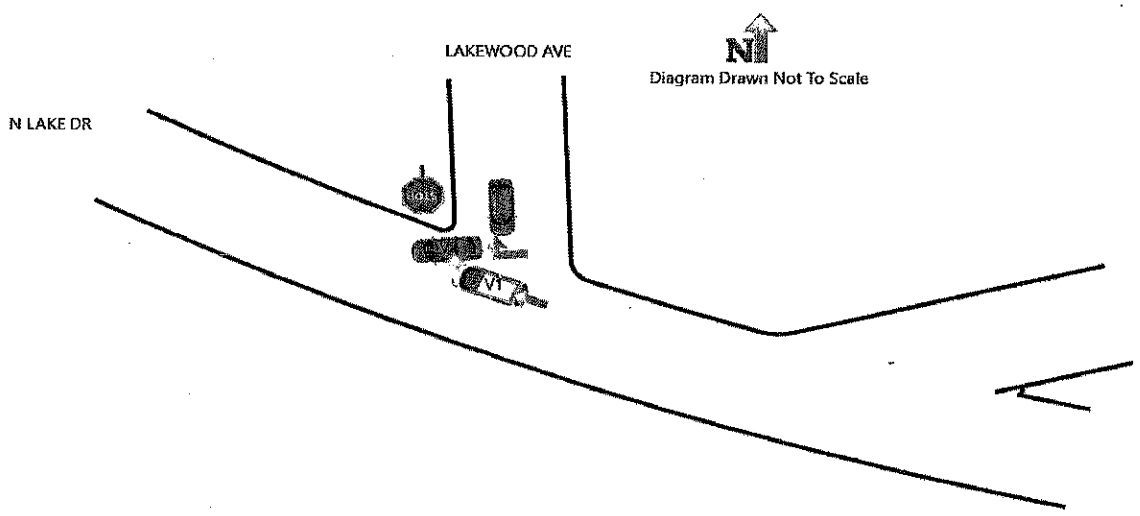
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014300

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling west on N Lake Drive prior to the crash. She added that as she approached the intersection with Lakewood Avenue, she observed vehicle 2 make a sudden right turn in front of her from behind a vehicle that was stopped at the stop sign on Lakewood Avenue facing south. She added that she applied heavy brake pressure but was unable to stop in time, thus ultimately crashing into the driver side of vehicle 2. Driver 1 was not injured. Damage to vehicle 1 was minor.

Driver 2 stated she was stopped at the stop sign on Lakewood Avenue at the intersection with N Lake Drive facing south prior to the crash. She explained that she observed that there was enough room between the west curb and the passenger side of a vehicle was that was already stopped at the stop sign for her to squeeze by and make a right turn. She explained that she looked to her left but it was hard to see vehicle 1 coming due to her vision being blocked by the vehicle that was stopped at the stop sign. She stated she began accelerating and making a right turn and then the driver side of her vehicle was suddenly struck by vehicle 1 that was driving west on N Lake Drive. Driver 2 was not injured. Damage to vehicle 2 was minor.

As a result of my investigation, driver 2 was found at fault for failing to yield to a vehicle. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT J	384	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014451
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0830
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OAK ST
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	AIRPORT RD
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
14	-
15	
16	
17 Cross Road Name	AIRPORT RD
18 Speed Limit	40
19 Ramp ☒ To ☐ From	
20 Route/Name	
21 Latitude	40.05805
22 Longitude	-74.18055
☐ NB ☐ EB ☐ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	4591-50-24-57
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MARIA
Initial	L
Last Name	RYSLIK
29 Sex	F
27 Number & Street	108 DAFFODIL DRIVE
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R96895197353622
33 DOB (mm dd yyyy)	03/24/1962
34 Expires (mm yy)	03 23
35 Owner's First Name	MARIA
Initial	L
Last Name	RYSLIK
☐ Same As Driver	
36 Number & Street	108 DAFFODIL DRIVE
37 City	JACKSON
State	NJ
Zip	08527
38 Make	SUBA
39 Model	FOR - FO
40 Color	SIL
41 Year	2013
42 Plate No.	M49MST
43 State	NJ
44 VIN	JF2SHADCXDH412821
45 Expires	07 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	109488037
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ALVIN
Initial	G
Last Name	ZAPATA
59 Sex	M
57 Number & Street	32 GOLDENROD PLACE
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	Z05130356711562
63 DOB (mm dd yyyy)	11/20/1956
64 Expires (mm yy)	11 25
65 Owner's First Name	ALVIN
Initial	G
Last Name	ZAPATA
☐ Same As Driver	
66 Number & Street	32 GOLDENROD PLACE
67 City	JACKSON
State	NJ
Zip	08527
68 Make	GMC
69 Model	YUK
70 Color	SIL
71 Year	2005
72 Plate No.	L868CC
73 State	NJ
74 VIN	1GKEK13Z05R238132
75 Expires	06 22
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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	59	F	-	-	-	11	11	01	-	MARIA L RYSLIK - 108 DAFFODIL DRIVE JACKSON NJ 08527
B	02	01	01	05	65	M	-	-	-	11	04	-	-	ALVIN G ZAPATA - 32 GOLDENROD PLACE JACKSON NJ 08527
C	02	03	01	05	61	F	-	-	-	11	04	-	-	JEANNE - ZAPATA - 32 GOLDENROD PL JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

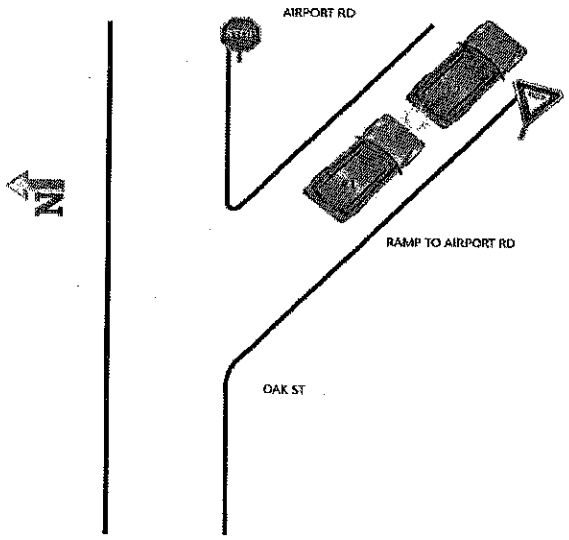
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014451

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated as she was approaching the yield to go on to Airport Rd from Oak St she looked left and did not see Veh #2 stopped in front of her.

Driver #2 stated they were stopped at the yield sign when Veh #1 struck him from behind.

This officers investigation finds Driver #1 at fault for the crash as she failed to pay attention to the actions of Veh #2 in front of her.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014452
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVENUE
Road Name	
Dir	S
11 Speed Limit	50
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	CUSHMAN
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0838
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.06264
22 Longitude	-74.21927

Vehicle 1

23 Veh #	1
24 Policy No.	6008143152061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DAVID
Initial	Z
Last Name	SENDER
29 Sex	M
27 Number & Street	11 NORTH CREST PL
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S25121568906662
33 DOB mm dd yyyy	06/11/1966
34 Expires mm yy	06 25
35 Owner's First Name	DAVID
Initial	Z
Last Name	SENDER
☐ Same As Driver	
36 Number & Street	11 NORTH CREST PL
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	NISS
39 Model	ALT
40 Color	3
41 Year	2014
42 Plate No.	B51KGS
43 State	NJ
44 VIN	1N4AL3AP5EC421846
45 Expires	07 22
46 Vehicle Removed To	HENSHEYS TOWING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	2607838A2132
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	GERSHON
Initial	C
Last Name	BERKSON
59 Sex	M
57 Number & Street	14733 77TH AVE
58 City	FLUSHING
State	NY
Zip	11367
60 Eyes	-
DL Class	D
Restrictions	-
Endorsements	-
61 State	NY
62 Driver's License Number	953141617
63 DOB mm dd yyyy	05/25/1987
64 Expires mm yy	05 23
65 Owner's First Name	GERSHON
Initial	C
Last Name	BERKSON
☐ Same As Driver	
66 Number & Street	14733 77TH AVE
67 City	FLUSHING
State	NY
Zip	11367
68 Make	TOYT
69 Model	SIENNA
70 Color	BLK
71 Year	2017
72 Plate No.	KNR6685
73 State	NY
74 VIN	5TDYZ3DC8HS824609
75 Expires	06 23
76 Vehicle Removed To	ALLSTATE COLLISION
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
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	1	01	01	04	55	M	01	08	01	11	11	01	-	DAVID Z SENDER - 11 NORTH CREST PL LAKEWOOD NJ 08701
B	2	01	01	05	34	M	-	-	01	11	11	04	-	GERSHON C BERKSON - 14733 77TH AVE FLUSHING NY 11367
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014452

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

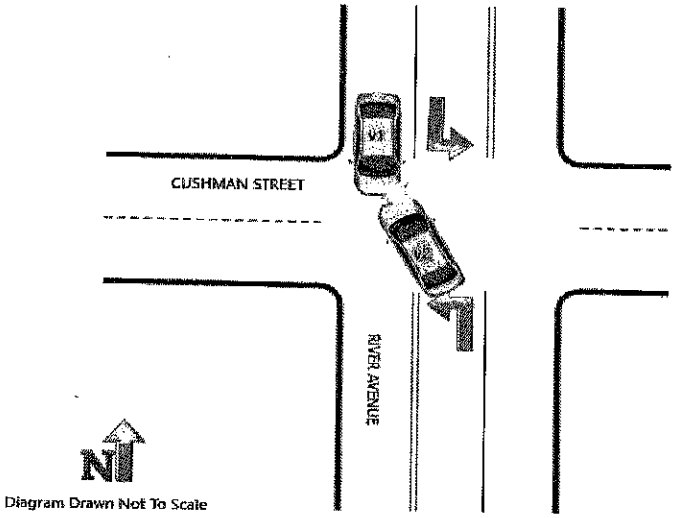


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle 1 stated he was travelling south on River Avenue approaching Cushman when Driver of vehicle 2 who was travelling north on River Avenue attempted to make a left turn onto Cushman in front of his vehicle causing both vehicles to strike head on .

Driver of vehicle 2 stated he was travelling north on River Avenue attempting to make a left turn onto Cushman when he believes Driver of vehicle 1 who was travelling north on River Avenue was travelling too fast causing their vehicles to strike head on as he attempted to make his turn.

Based on the statements from involved parties and my observations at the scene and damage to vehicles I determined that driver of vehicle 2 is at fault due to failing to yield right of way to vehicles and drivers inattention. No summonses were issued and driver of vehicle 1 has a complaint of pain to his head however refused medical attention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014464
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0930
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLIFTON AVENUE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	COURTNEY ROAD
☐ Miles ☐ S ☐ W	
11 Speed Limit	35
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10346
22 Longitude	-74.21678

Vehicle 1

23 Veh #	1
24 Policy No.	4589-58-17-60
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	STEVEN
Initial	Z
Last Name	GROSS
29 Sex	M
27 Number & Street	417 MARTIN LUTHER KING DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G75767238909922
33 DOB (mm dd yyyy)	09/25/1992
34 Expires (mm yy)	09 22
35 Owner's First Name	MIRIAM
Initial	-
Last Name	GROSS
☐ Same As Driver	
36 Number & Street	417 MARTIN LUTHER KING DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM - CA
40 Color	BLK
41 Year	2017
42 Plate No.	Z94LGK
43 State	NJ
44 VIN	4T1BF1FK2HU635663
45 Expires	05 22
46 Vehicle Removed To	-
☒ 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 ☐ MC/MX ☒ None	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	939 582 240
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DAVID
Initial	-
Last Name	MILLER
59 Sex	M
57 Number & Street	503 TWIN OAKS DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M43581560003517
63 DOB (mm dd yyyy)	03/11/1951
64 Expires (mm yy)	03 22
65 Owner's First Name	DAVID
Initial	-
Last Name	MILLER
☐ Same As Driver	
66 Number & Street	503 TWIN OAKS DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	NISS
69 Model	ROG
70 Color	SIL
71 Year	2021
72 Plate No.	E11PJZ
73 State	NJ
74 VIN	5N1AT3BB2MC693469
75 Expires	11 24
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 ☐ MC/MX ☒ None	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136 Charge	137 Summons. No. -	-	138 Charge	139 Summons. No. -
-	140 Charge	141 Summons. No. -	-	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	-	01	01	05	29	M	-	-	-	11	04	-	-	STEVEN Z GROSS - 417 MARTIN LUTHER KI LAKEWOOD NJ 08701
B	01	04	01	05	01	F	-	-	-	05	05	-	-	DEVORAH GROSS 417 MLK DRIVE LAKEWOOD NJ 08701
C	01	06	01	05	01	F	-	-	-	05	05	-	-	SARAH GROSS 417 MLK DRIVE LAKEWOOD NJ 08701
D	02	01	01	05	70	M	-	-	-	11	04	-	-	DAVID - MILLER - 503 TWIN OAKS DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

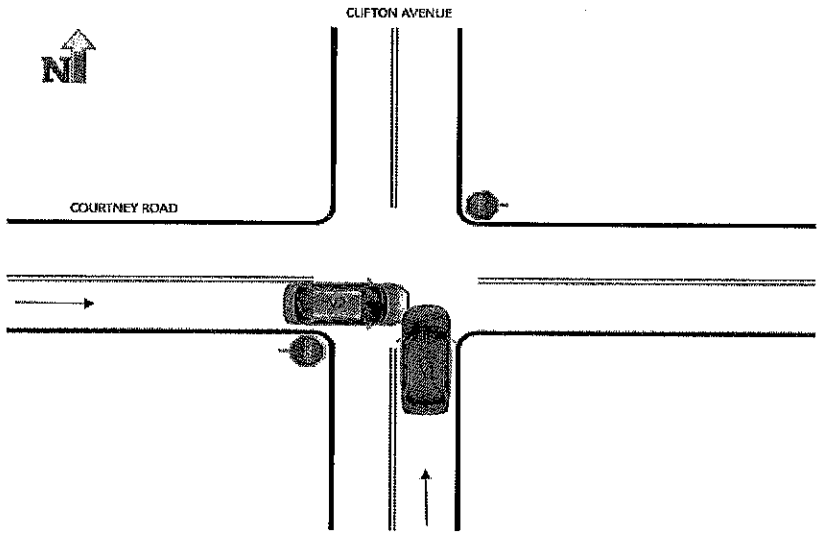
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014464

(Refer to vehicle by number)

		Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E	02	03	01	05	66	F	-	-	-	11	04	-	-	BARBARA MILLER 503 TWIN OAKS DRIVE LAKEOWOOD NJ 08701
	F	02	04	01	05	10	F	-	-	-	11	04	-	-	RIVA WEISS 503 TWIN OAKS DRIVE LAKEWOOD NJ 08701
	G	02	06	01	05	9	F	-	-	-	11	04	-	-	BATSHEVA WEISS 503 TWIN OAKS DRIVE LAKEWOOD NJ 08701
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING NORTH ON CLIFTON AVENUE WHEN VEHICLE 2 WENT THROUGH A STOP SIGN AT THE INTERSECTION WITH COURTNEY ROAD AND STRUCK VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS STOPPED AT A STOP SIGN ON COURTNEY ROAD AT THE INTERSECTION WITH CLIFTON AVENUE. HE LOOKED BOTH WAYS AND THEN PROCEEDED STRAIGHT ONCE CLEAR. AS HE ENTERED THE INTERSECTION HE WAS STUCK BY VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 FAILED TO STOP OR YIELD RIGHT OF WAY TO OTHER VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014466
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0942
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CASE ROAD
At Intersection With Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet / ☐ Miles	300
☐ N ☐ E ☒ S ☐ W of:	ARBUTUS DRIVE
19 ☐ To Ramp ☐ From:	02
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.10099
22 Longitude	-74.23107

Vehicle 1

23 Veh #	1
24 Policy No.	939 799 044
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JACQUELIN S KATZ
29 Sex	F
27 Number & Street	37 TRUDY LN
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	K08613828253844
33 DOB (mm dd yyyy)	03/01/1984
34 Expires (mm yy)	03 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NEIL - KATZ
36 Number & Street	37 TRUDY LN
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2013 / S81GLY / NJ
44 VIN	5TDKK3DC4DS377118
45 Expires	03 22
46 Vehicle Removed To	MOISHYS TOWING
☐ 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 ☐ MC/MX ☐ None	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4381-16-20-58
55 NJ Ins. Code	148
☒ 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 yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ARON L KAUFMAN
66 Number & Street	1473 PARKSIDE DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2008 / Z53BWG / NJ
74 VIN	4T1BE46K08U200578
75 Expires	10 22
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 ☐ MC/MX ☐ None	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	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	05	37	F	-	-	-	11	04	-	-	JACQUELIN S KATZ - 37 TRUDY LN LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

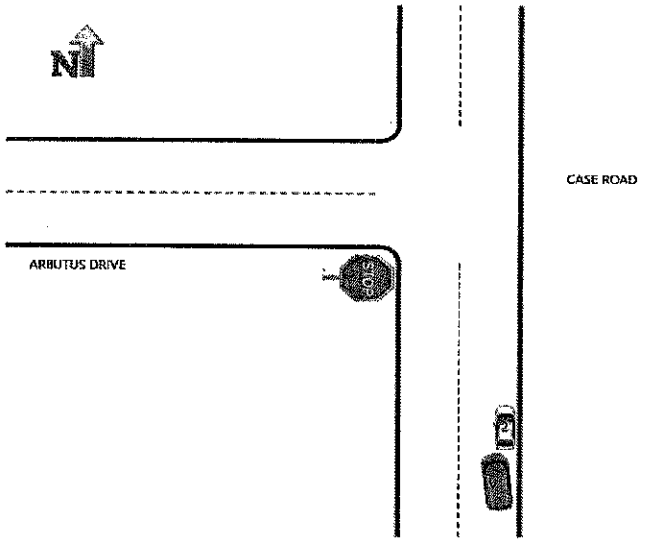
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014466

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT SHE WAS DRIVING AND THERE WERE CARS PARKED ON BOTH SIDES OF THE STREET AND SHE WAS OVER TO THE RIGHT AND WHEN SHE REALIZED SHE WAS TOO FAR RIGHT AND SHE TURNED THE WHEEL TO THE LEFT BUT SHE HIT THE PARKED CAR(V2).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014474
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1014
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	801 LEXINGTON AVE (Road Name)
At Intersection With / Feet / Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp To / From	
20 Route/Name	
21 Latitude	40.09881
22 Longitude	-74.21294

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-238-589890-40 1 9
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOSEF / Y / HERSKOWITZ
29 Sex	M
27 Number & Street	801 LEXINGTON AVE APT1C
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	H27677908805742
33 DOB (mm dd yyyy)	05/08/1974
34 Expires (mm yy)	05 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / YOSEF / Y / HERSKOWITZ
36 Number & Street	801 LEXINGTON AVE APT1C
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 3 / 2011 / C45HST / NJ
44 VIN	4T1BK3EK2BU123885
45 Expires	03 / 23
46 Vehicle Removed To	☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
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 yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / AUSTIN / K / BACON
66 Number & Street	103 ATCO CT
67 City / State / Zip	BARNEGAT / NJ / 08005
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HARL / FLH / 6 / 2021 / 4GPJ8 / NJ
74 VIN	1HD1KVP1XMB632264
75 Expires	06 / 22
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	47	M	-	-	-	11	04	-	-	YOSEF Y HERSKOWITZ - 801 LEXINGTON AVE APT1 LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

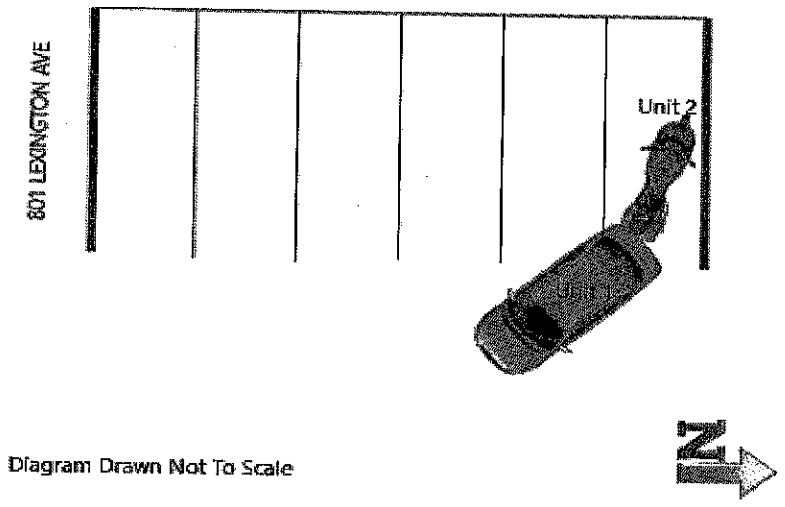
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014474

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 2 WAS PROPERLY PARKED WHEN IT WAS STRUCK BY VEHICLE 1 WHO WAS BACKING UP FROM A PARKING SPOT. DRIVER OF VEHICLE 1 STATED HE REVERSED FROM A PARKING SPOT AND DID NOT SEE VEHICLE 2 UNTIL IT WAS STRUCK. NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014503
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1237
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	RAILROAD AVE
At Intersection With Road Name	OCEAN AVE
Dir	N
☒ Feet ☐ Miles	10
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	40
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	191914727
25 NJ Ins. Code	003
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHLOMO Z PLYM
29 Sex	M
27 Number & Street	409 8TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	P56887098904984
33 DOB (mm dd yyyy)	04/13/1998
34 Expires (mm yy)	04 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE A MOSESON
36 Number & Street	929 E COUNTY LINE RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EXP - EX / BLK / 2013 / C30GZR / NJ
44 VIN	1GCSGAFX9D1170534
45 Expires	09 22
46 Vehicle Removed To	
☒ 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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4028-44-06-51
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YEHUDA L MERMELSTEIN
59 Sex	M
57 Number & Street	92 E 9TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	M27137897304002
63 DOB (mm dd yyyy)	04/12/2000
64 Expires (mm yy)	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM Y MERMELSTEIN
66 Number & Street	92 E 9TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / CON / GLD / 2007 / D89DCP / NJ
74 VIN	2A4GP54L27R267694
75 Expires	05 22
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	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		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	1	01	01	05	23	M	-	-	-	11	04	-	-	SHLOMO Z PLYM - 409 8TH ST LAKEWOOD NJ 08701
B	2	01	01	05	21	M	-	-	-	11	-	-	-	YEHUDA L MERMELSTEIN - 92 E 9TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

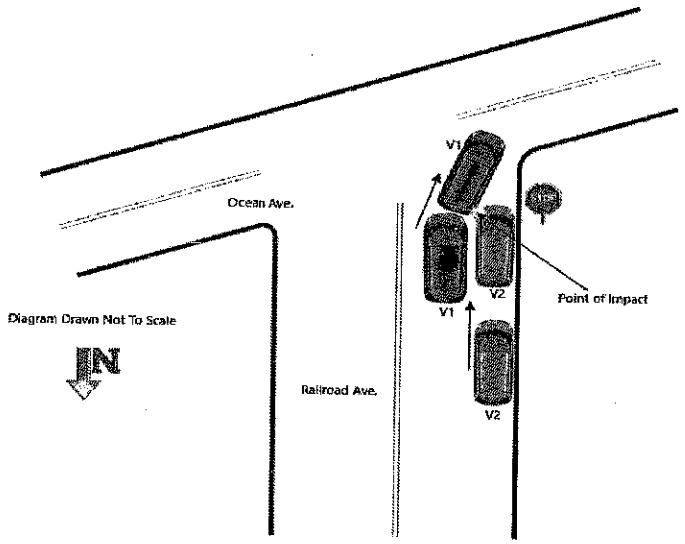
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014503

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was stopped at the stop sign on Railroad Ave./Ocean Ave. when vehicle 2 came up on the passenger side of vehicle 1 to make a right turn. As vehicle 2 was on the passenger side of vehicle 1, vehicle 1 made a right turn and struck vehicle 2. **Note this portion of Railroad Ave. is a single lane for Southbound traffic.**

Driver of vehicle 1 states he was stopped on Railroad Ave. and when he began to make the right turn onto Ocean Ave he struck vehicle 2, who came up on the passenger side of his vehicle.

Driver of vehicle 2 states he was attempting to make a right turn onto Ocean Ave. from Railroad Ave. when vehicle 1 turned right into his vehicle. Driver of vehicle 2 claims vehicle 1 had the left turn signal on and made a right turn.

Based on the statements made to me by both drivers and my investigation, I determined the driver of vehicle 2 is at fault for improperly passing vehicle 1 on a single lane roadway.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
J. YAHR	273	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014518
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1342
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	RIDGE AVENUE
At Intersection With Road Name	
☒ Feet ☐ Miles	1000
☐ N ☐ E ☒ S ☐ W of:	LANES MILL ROAD
11 Speed Limit	40
12 Route No.	0024
Suffix	
13 Milepost	
14	
15	
16	
17 Cross Road Name	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10136
22 Longitude	-74.17410

Vehicle 1

23 Veh #	1
24 Policy No.	IL56-V0001190
25 NJ Ins. Code	013
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TIMOTHY S PRILL
29 Sex	M
27 Number & Street	1442 S.CLINTON AVE.
28 City / State / Zip	TRENTON NJ 08610
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	P74197428207926
33 DOB (mm dd yyyy)	07/16/1992
34 Expires (mm yy)	07 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CORP - SDB PACKAGE & DI-
36 Number & Street	292 BIRCH BARK DR
37 City / State / Zip	BRICK NJ 08723
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / 350 / WHI / 2019 / XFTD64 / NJ
44 VIN	1FDWE3F64KDC45562
45 Expires	11 22
46 Vehicle Removed To	☒ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
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 yyyy)	
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
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 ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	-		138	139
	140	141		142	143

	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	05	29	M	-	-	-	11	04	-	-	TIMOTHY S PRILL 1442 S.CLINTON AVE. TRENTON NJ 08610
B														
C														
D														

New Jersey Police Crash Investigation Report

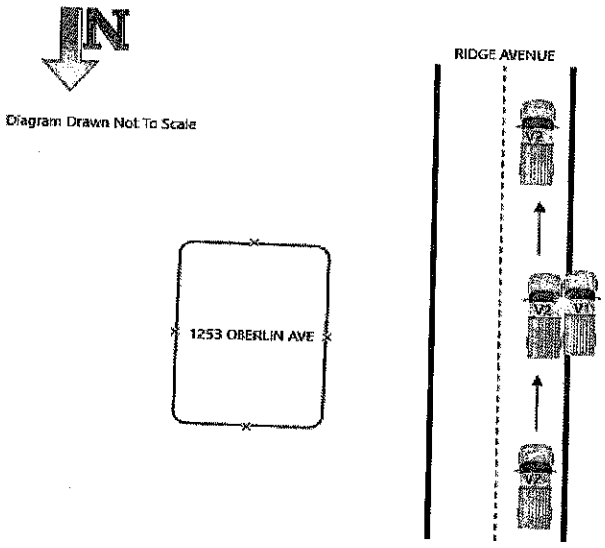
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014518

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was parked idling in his vehicle facing south in the area of 1253 Ridge Avenue. Driver #1 stated a white transit van with the word Amazon on it was traveling South on Ridge Avenue and side-swiped his vehicles driver side mirror causing the mirror to shatter. Driver #1 stated vehicle #2 never stopped and continued South on Ridge Avenue. Driver #1 said he was unable to obtain a license plate for Vehicle #2.

Driver #1 stated his vehicle is equipped with an on-board camera system and his bosses are currently trying to review the footage to obtain a license plate for the vehicle. I provided Driver #1 with my email address to send me any footage they may recover.

No injuries reported at the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014523
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1438
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MAIN ST
At Intersection With Road Name	
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	LEXINGTON AVE
11 Speed Limit	40
Dir	
12 Route No.	
Suffix	
13 Milepost	
14	
15	
16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.09021
22 Longitude	-74.21179

Vehicle 1

23 Veh #	1
24 Policy No.	4505809220
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BEATRIZ A OSORIO -
29 Sex	F
27 Number & Street	283 FRIENDSHIP RD
28 City / State / Zip	HOWELL NJ 07731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	080520786162952
33 DOB (mm dd yyyy)	12/16/1995
34 Expires (mm yy)	12 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALEX J OSORIO-PEREZ -
36 Number & Street	416 BERGEN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN / 3 / 2015 / N23KPL / NJ
44 VIN	3N1AB7AP9FL677078
45 Expires	10 22
46 Vehicle Removed To	
☒ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4620-88-08-09
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROCHEL - FUERST -
59 Sex	F
57 Number & Street	1474 14TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	F91196600053032
63 DOB (mm dd yyyy)	03/27/2003
64 Expires (mm yy)	03 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELI - FUERST -
66 Number & Street	1474 14TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN / GRY / 2021 / U53NRK / NJ
74 VIN	3N1AB8BVXMY267019
75 Expires	05 24
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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	26	F	-	-	-	11	04	-	-	BEATRIZ A OSORIO - 283 FRIENDSHIP RD HOWELL NJ 07731
B	2	01	01	05	18	F	-	-	-	11	04	-	-	ROCHEL - FUERST - 1474 14TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

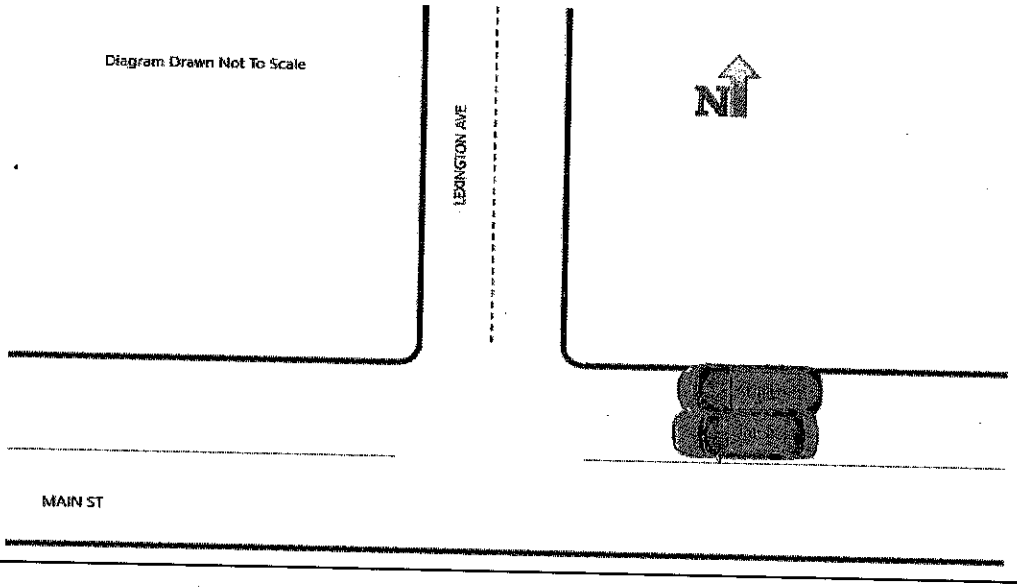
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-014523

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING WEST ON MAIN ST AND WAS STRUCK BY VEHICLE 2 THAT WAS GOING IN THE SAME DIRECTION.

DRIVER OF VEHICLE 2 STATED SHE WAS STRUCK BY VEHICLE 1 ON THE PASSENGER SIDE OF THE VEHICLE.

A VIDEO THAT CAPTURED THE INCIDENT WAS ATTACHED TO THIS REPORT. SHOWING VEHICLE 1 GOING TO THE RIGHT OF VEHICLE 2 CAUSING THE COLLISION.

NO INJURIES ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014538
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MONMOUTH AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	75 ☒ Feet ☐ Miles
15	☐ N ☐ E ☒ S ☐ W
16 of:	13TH ST
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1524
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.103860
22 Longitude	-74.212330

Vehicle 1

23 Veh #	1
24 Policy No.	27499792
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIYAHU M SALEL
29 Sex	M
27 Number & Street	6 13TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	S02652127402972
33 DOB mm dd yyyy	02/13/1997
34 Expires mm yy	02 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YITZHAK M BERNSTEIN
36 Number & Street	256 COLES WAY
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / WHI / 2010 / Z92KGR / NJ
44 VIN	5TDKK4CC9AS324076
45 Expires	07 22
46 Vehicle Removed To	YITZ AUTO BODY
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	608182503 206 1
55 NJ Ins. Code	884
☒ 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 yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHALOM - KRAUS
66 Number & Street	13 NEW YORK AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / SIL / 2017 / T70NBS / NJ
74 VIN	5TDKZ3DC0HS823685
75 Expires	12 22
76 Vehicle Removed To	PENDING
☐ 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	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	1	01	01	05	25	M	-	-	-	11	04	-	-	ELIYAHU M SALEL - 6 13TH ST LAKEWOOD NJ 08701 - -
B														
C														
D														

96 05 | 97 01 | 98 01 | 99 07 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 06 | 106 - | 107 - | 108 01 | 109 01 | 110 01 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 03 | 117 03 | 118a 08 | 118b - | 119a 25 | 119b - | 120a 01 | 120b - | 121a - | 121b - | 122 03 | 123 10 | 124 04 | 125 - | 126a 28 | 126b - | 126c - | 126d - | 126e 28 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 28 | 129 12 | 130 12 | 131 07 | 132 07 | 133 04 | 134 04

New Jersey Police Crash Investigation Report

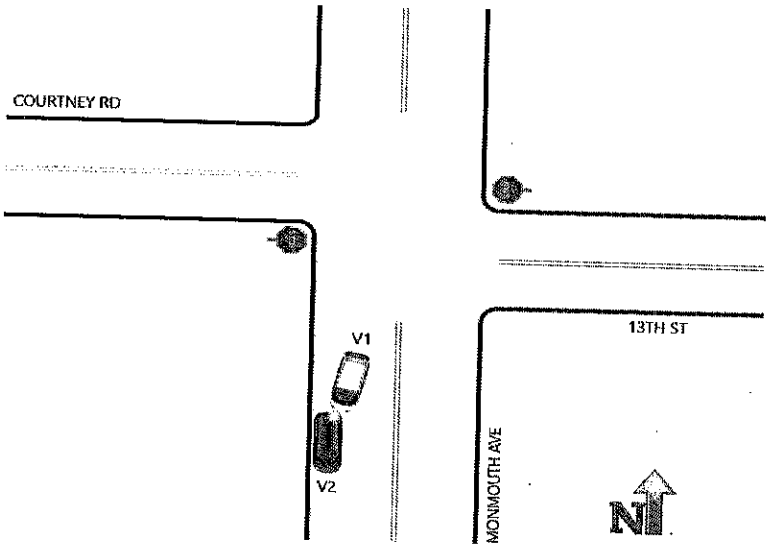
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-014538

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 STRUCK V2 WHICH WAS PARKED AGAINST THE CURB OF MONMOUTH AVENUE SOUTHBOUND, APPROXIMATELY 75 FEET SOUTH OF 13TH STREET. BOTH VEHICLES WERE DISABLED AS A RESULT OF THE CRASH. V2 WAS PARKED PROPERLY AT THE TIME OF THE CRASH.

DRIVER 1 STATED THAT HE MADE A LEFT TURN FROM 13TH STREET WESTBOUND TO MONMOUTH AVENUE SOUTHBOUND AND SWUNG TOO FAR TO THE RIGHT AS HE TURNED, RESULTING IN HIM CRASHING INTO V2.

THE OWNER OF V2'S SPOUSE RESPONDED TO THE CRASH (RIVKA OLLECH). V2 WAS LEFT AT THE SCENE PENDING A TOW. RIVKA STATED THAT SHE WISHED TO SPEAK WITH HER HUSBAND (OWNER) BEFORE REQUESTING A TOW.

DRIVER 1 DENIED CELL PHONE USAGE OR OTHER DISTRACTION. NO WITNESSES WERE IDENTIFIED. DRIVER 1 IS RESPONSIBLE DUE TO TURNING UNSAFELY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014542
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/23/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1533
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	NEW HAMPSHIRE AVE
☒ At Intersection With	SOUTH ST
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	50
12 Route No.	0623
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.061510
22 Longitude	-74.194390

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-231-797730-40 1 5
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	BLIMA
Initial	-
Last Name	GESTETNER
29 Sex	F
27 Number & Street	907 EAST END AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G28330940054972
33 DOB (mm dd yyyy)	04/25/1997
34 Expires (mm yy)	04 22
35 Owner's First Name	CHARLES
Initial	S
Last Name	GESTETNER
☐ Same As Driver	-
36 Number & Street	22 SEA POINT DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HYUN
39 Model	ELA
40 Color	WHI
41 Year	2020
42 Plate No.	L70NLH
43 State	NJ
44 VIN	5NPD84LF0LH630495
45 Expires	03 24
46 Vehicle Removed To	HESHYS TOWING
☐ 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 ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	--

Vehicle 2

53 Veh #	2
54 Policy No.	WPP1917351 00
55 NJ Ins. Code	166
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MEYER
Initial	-
Last Name	GELBWACHS
59 Sex	M
57 Number & Street	780 SOMERSET AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	G23565420007752
63 DOB (mm dd yyyy)	07/02/1975
64 Expires (mm yy)	07 22
65 Owner's First Name	-
Initial	-
Last Name	LAKEWOOD CHEDE -
☐ Same As Driver	
66 Number & Street	725 VASSAR AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	FORD
69 Model	TRA
70 Color	WHI
71 Year	2019
72 Plate No.	C10NMG
73 State	NJ
74 VIN	1FBAX2CM0KKB83888
75 Expires	03 23
76 Vehicle Removed To	AUTO CORRECT
☐ 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 ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

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	01	01	01	05	24	F	-	-	-	11	04	-	-	BLIMA - GESTETNER - 907 EAST END AVE LAKEWOOD NJ 08701
B	02	01	01	05	46	M	-	-	-	11	04	-	-	MEYER - GELBWACHS - 780 SOMERSET AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

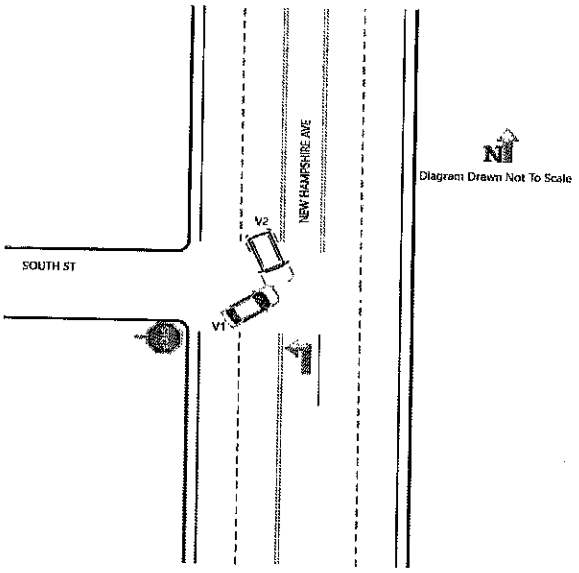
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014542

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was traveling east on South St. She was attempting to make a left turn onto New Hampshire Ave. The vehicle in the right lane of New Hampshire Ave stopped to allow V1 to turn. V1 started to turn but did not observe V2 traveling south on New Hampshire Ave in the left lane. V1 and V2 collided.

The driver of V2 stated he was traveling on New Hampshire Ave in the left lane. There was heavy traffic. He observed V1 turning left in front of him but was unable to avoid a collision. V1 and V2 collided.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E. MIICK	307	☐ Pending ☒ Complete