

|      |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|----------------------------------------------|--|--|--|--|--|---------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|------------------------------------------------------------------------------|--|-------------------------|--|---------------------------------------|--|-------------------|------|-----|--|--|--|------|
| 96   | Page 1 of 3                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Fatal |  | New Jersey Police Crash Investigation Report |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  | 118a                                                                         |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| 05   | 1. Case Number<br>2022-00011205                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  | 10. Crash Occurred On: 2026 RT 88                                   |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  | 11. Speed Limit<br>88                                                        |  | 12. Route No. 88        |  | 13. Milepost                          |  | 08                |      |     |  |  |  |      |
| 97   | 2. Police Dept. of<br>Brick Police                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |  | Code<br>01                                                          |  | Road Name                                                                                                                                                                                                                                                                              |  |                                                |  |                                         |  |                                        |  |                                                                              |  | Dir                     |  | 18. Speed Limit                       |  | 02                |      |     |  |  |  |      |
| 98   | 3. Station/Precinct                                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | At Intersection with                                                                                                                                                                                                                                                                   |  |                                                |  |                                         |  |                                        |  |                                                                              |  | of:                     |  | 19. To: 17. Cross Road Name/Route No. |  | 119a              |      |     |  |  |  |      |
| 03   |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | Feet                                                                                                                                                                                                                                                                                   |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  | 18. Speed Limit                       |  |                   |      |     |  |  |  |      |
| 99   |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | Miles                                                                                                                                                                                                                                                                                  |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  | 19. From:                             |  | 119b              |      |     |  |  |  |      |
| 09   | 4. Date of Crash<br>mm dd yy<br>02 11 22                                                                                                                                                                                                                                                          |  |                                |  |                                              |  |  |  |  |  | 5. Day of Week<br>Su M Tu W Th <b>F</b> Sa                          |  | 6. Time (use 2400 hrs.)<br>16 53                                                                                                                                                                                                                                                       |  | 7. Municipality Code<br>1506                   |  | 8. Total Killed                         |  | 9. Total Injured                       |  | 21. Latitude                                                                 |  | 20 Route Name/Route No. |  | 22. Longitude                         |  | 120a              |      |     |  |  |  |      |
| 01   |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  | 01                                    |  |                   |      |     |  |  |  |      |
| 100b | 23. Veh. # 24. Policy No.                                                                                                                                                                                                                                                                         |  |                                |  |                                              |  |  |  |  |  | 25. NJ Ins. Code                                                    |  | 53. Veh. # 54. Policy No.                                                                                                                                                                                                                                                              |  |                                                |  |                                         |  |                                        |  |                                                                              |  | 55. NJ Ins. Code        |  | 120b                                  |  |                   |      |     |  |  |  |      |
| 05   | 01                                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |  | *                                                                   |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| 101  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                                 |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                      |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  | 121a                                  |  |                   |      |     |  |  |  |      |
| 02   | 26. Driver's First Name<br>Sophia                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |  | Initial Last Name<br>Constant                                       |  | 29. Sex<br>F                                                                                                                                                                                                                                                                           |  | 56. Driver's First Name                        |  |                                         |  |                                        |  |                                                                              |  |                         |  | Initial Last Name                     |  | 59. Sex           | 121b |     |  |  |  |      |
| 102  | 27. Number & Street<br>2308 33RD ST                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 57. Number & Street                                                                                                                                                                                                                                                                    |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| 103  | 28. City<br>Astoria                                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |  | State Zip<br>NY 11105                                               |  | 58. City                                                                                                                                                                                                                                                                               |  |                                                |  |                                         |  |                                        |  |                                                                              |  | State Zip               |  |                                       |  |                   |      |     |  |  |  |      |
| 104  | 30. Eyes DL Class Restrictions Endorsements                                                                                                                                                                                                                                                       |  |                                |  |                                              |  |  |  |  |  | 31. State                                                           |  | 60. Eyes DL Class Restrictions Endorsements                                                                                                                                                                                                                                            |  |                                                |  |                                         |  |                                        |  |                                                                              |  | 61. State               |  |                                       |  | 122               |      |     |  |  |  |      |
| 01   | 02 D - - - - - - -                                                                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |  | NY                                                                  |  | - - - - - - -                                                                                                                                                                                                                                                                          |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 02                |      |     |  |  |  |      |
| 105  | 32. Driver's License Number                                                                                                                                                                                                                                                                       |  |                                |  |                                              |  |  |  |  |  | 33. DOB mm dd yy                                                    |  | 34. Expires mm yy                                                                                                                                                                                                                                                                      |  | 62. Driver's License Number                    |  |                                         |  |                                        |  |                                                                              |  |                         |  | 63. DOB mm dd yy                      |  | 64. Expires mm yy |      | 123 |  |  |  |      |
| 11   | 9 1 7 6 7 4 3 8 5                                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |  | 0 8 2 2 5 4                                                         |  | 0 8 2 7                                                                                                                                                                                                                                                                                |  | - - - - - - -                                  |  |                                         |  |                                        |  |                                                                              |  |                         |  | - - - - - - -                         |  | - - - - - - -     |      |     |  |  |  |      |
| 106  | 35. Owner's First Name Initial Last Name                                                                                                                                                                                                                                                          |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 65. Owner's First Name Initial Last Name                                                                                                                                                                                                                                               |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 124               |      |     |  |  |  |      |
|      | <input checked="" type="checkbox"/> Same as Driver Sophia Constant                                                                                                                                                                                                                                |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | <input type="checkbox"/> Same as Driver                                                                                                                                                                                                                                                |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 08                |      |     |  |  |  |      |
| 107  | 36. Number & Street<br>2308 33RD ST                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 66. Number & Street                                                                                                                                                                                                                                                                    |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 125               |      |     |  |  |  |      |
| 108  | 37. City<br>Astoria                                                                                                                                                                                                                                                                               |  |                                |  |                                              |  |  |  |  |  | State Zip<br>NY 11105                                               |  | 67. City                                                                                                                                                                                                                                                                               |  |                                                |  |                                         |  |                                        |  |                                                                              |  | State Zip               |  |                                       |  | 126a              |      |     |  |  |  |      |
| 02   | 38. Make<br>DODGE                                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |  | 39. Model<br>Caravan                                                |  | 40. Color<br>BK                                                                                                                                                                                                                                                                        |  | 41. Year<br>2019                               |  | 42. Plate No.<br>EUS5153                |  | 43. State<br>NY                        |  | 68. Make<br>69. Model<br>70. Color<br>71. Year<br>72. Plate No.<br>73. State |  |                         |  |                                       |  |                   |      |     |  |  |  | 126b |
| 109  | 44. VIN<br>2 C 4 R D G E G 9 K R 6 7 0 6 8 2                                                                                                                                                                                                                                                      |  |                                |  |                                              |  |  |  |  |  | 45. Expires<br>08/21                                                |  | 74. VIN                                                                                                                                                                                                                                                                                |  |                                                |  |                                         |  |                                        |  |                                                                              |  | 75. Expires             |  |                                       |  | 126c              |      |     |  |  |  |      |
| 110  | 46. Vehicle Removed to:                                                                                                                                                                                                                                                                           |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 76. Vehicle Removed to:                                                                                                                                                                                                                                                                |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 126d              |      |     |  |  |  |      |
| 111  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                                                                                                                            |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | <input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded                                                                                                                                                            |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 126e              |      |     |  |  |  |      |
|      | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 50                |      |     |  |  |  |      |
| 113  | 47. Authority<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                        |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 77. Authority<br><input type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 127a              |      |     |  |  |  |      |
| 114  | 48. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. - - % <input type="checkbox"/> Pending |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 78. Alcohol Drug Test<br>Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. - - % <input type="checkbox"/> Pending |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 127b              |      |     |  |  |  |      |
| 115  | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 79. Hazardous Material<br><input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class Placard No.                                                                                                                                   |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 127c              |      |     |  |  |  |      |
| 116  | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                        |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                             |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 127d              |      |     |  |  |  |      |
| 01   | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                                                                                        |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> ≤ 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> ≥ 26,001 lbs.                                                                                                             |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 127e              |      |     |  |  |  |      |
| 117  | 52. Motor Carrier or Government Entity                                                                                                                                                                                                                                                            |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | 82. Motor Carrier or Government Entity                                                                                                                                                                                                                                                 |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 128               |      |     |  |  |  |      |
|      | Number & Street                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  | Number & Street                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 26                |      |     |  |  |  |      |
|      | City                                                                                                                                                                                                                                                                                              |  |                                |  |                                              |  |  |  |  |  | State Zip                                                           |  | City                                                                                                                                                                                                                                                                                   |  |                                                |  |                                         |  |                                        |  |                                                                              |  | State Zip               |  |                                       |  | 01                |      |     |  |  |  |      |
|      | 135. Damage to Other Property <input checked="" type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No<br>Dunkin' Donuts, .<br>2026 RT 88, BRICK TOWNSHIP, NJ 08724<br>Broken sign at exit of parking lot valued at \$250.00                                                        |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  | 130               |      |     |  |  |  |      |
|      | Oper. 136. Charge                                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |  | 137. Summons No.                                                    |  | Oper. 138. Charge                                                                                                                                                                                                                                                                      |  |                                                |  |                                         |  |                                        |  |                                                                              |  | 139. Summons No.        |  |                                       |  | 02                |      |     |  |  |  |      |
|      | Oper. 140. Charge                                                                                                                                                                                                                                                                                 |  |                                |  |                                              |  |  |  |  |  | 141. Summons No.                                                    |  | Oper. 142. Charge                                                                                                                                                                                                                                                                      |  |                                                |  |                                         |  |                                        |  |                                                                              |  | 143. Summons No.        |  |                                       |  | 134               |      |     |  |  |  |      |
|      | 83 84 85 86 87 88 89 90 91 92 93 94 95                                                                                                                                                                                                                                                            |  |                                |  |                                              |  |  |  |  |  | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| A    | 01 01 01 - 67 F - - - 11 04                                                                                                                                                                                                                                                                       |  |                                |  |                                              |  |  |  |  |  | Sophia Constant<br>2308 33RD ST Astoria NY 11105                    |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| B    |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| C    |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |
| D    |                                                                                                                                                                                                                                                                                                   |  |                                |  |                                              |  |  |  |  |  |                                                                     |  |                                                                                                                                                                                                                                                                                        |  |                                                |  |                                         |  |                                        |  |                                                                              |  |                         |  |                                       |  |                   |      |     |  |  |  |      |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2022-00011205 |    |                                                                     | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

A motor vehicle crash occurred in the parking lot of 2026 Route 88 (Dunkin Donuts).

Driver 1 stated that they were leaving the parking lot to turn right on Route 88 and did not realize there was a sign in the exit way.

My investigation revealed that Driver 1 was exiting the parking lot and struck the stay right sign which was located on the Dunkin Donuts property. Driver 1 caused the crash due to improper turning and driver inattention.

\*It should be noted Vehicle 1 is insured out of state with the following provider: All State Insurance

Policy #: 0000000003997086 , Company Code: 011

Phone #: 800-255-7828

P.O. Box 660598

Dallas TX, 75266

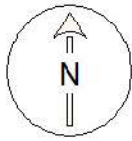
|                                                   |                     |                                |                |                                                                                                   |
|---------------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Jeffrey Kenneth Maehl | 147. Badge #<br>310 | 148. Reviewer<br>Brian D Ulman | Badge #<br>215 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|---------------------------------------------------|---------------------|--------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01  
Station:      Case No: 2022-00011205

144 Crash Diagram (NOT TO SCALE)

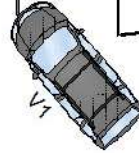
○ Indicate  
North



*Not To Scale*

Route 88

Stay Right Sign



2026 Rt 88 Dunkin Donuts

Jeffrey Kenneth Maehl

Officer's Signature

310

Badge Number