PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014870
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CEDARBRIDGE AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0528
Suffix	-
13 Milepost	-
☐ At Intersection With	
☒ Feet	50
☐ Miles	
☐ N ☐ E ☐ S ☐ W	
of:	AVENUE OF THE STATES
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	02/24/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2328
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078220
22 Longitude	-74.190550

Vehicle 1

23 Veh #	1
24 Policy No.	281355287
25 NJ Ins. Code	139
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YACKOV
Initial	T
Last Name	GINSBERG
29 Sex	M
27 Number & Street	1416 LAUREL WOOD AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G45187898301052
33 DOB mm dd yyyy	01/17/2005
34 Expires mm yy	01 26
35 Owner's First Name	SHOLOM
Initial	E
Last Name	GINSBERG
☐ Same As Driver	
36 Number & Street	1416 LAUREL WOOD AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HYUN
39 Model	SON
40 Color	SIL
41 Year	2021
42 Plate No.	W68PBP
43 State	NJ
44 VIN	KMHL64JA7MA166599
45 Expires	08 24
46 Vehicle Removed To	PRIVATE TOW
☐ 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

-

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

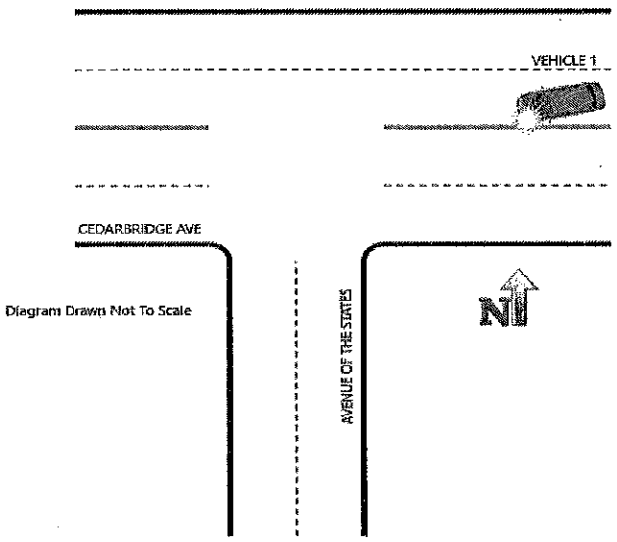
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	M	-	-	-	11	04	-	-	YACKOV T GINSBERG - 1416 LAUREL WOOD AVE LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-014870

(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 travelling west in the passing lane when he struck the curbed median dividing the west and east lane of travel.

Vehicle 1 sustained damages to the front driver side tire and the axle, disabling it. Curbed median was not damaged as a result.

Vehicle 1 was privately towed by Heshy's Towing.

From my investigation, I concluded that driver of Vehicle 1 was at fault for driver inattention, due to him not realizing the median was adjacent to him prior to striking it.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014584
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)	1837
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	137 OCEAN AVE
At Intersection With / Road Name	-
Feet / Miles	-
N E S W of:	-
11 Speed Limit	5
Dir	-
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	40.090920
22 Longitude	-74.209250

Vehicle 1

23 Veh #	1
24 Policy No.	2011510637
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 NOLBERTO - BALTAZAR-GUERRE -
36 Number & Street	10317 W ATLANTIC AVE
37 City / State / Zip	DELRAY BEACH FL 33446
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / AZERA / BLK / 2017 / IJ93XV / FL
44 VIN / 45 Expires	5NMZT3LB4HH041031 / 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	-
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 - ☒ 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														
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	01
109	01
110	01
111	00
112	-
113	00
114	-
115	-
116	01
117	03
118a	25
118b	-
119a	10
119b	-
120a	-
120b	-
121a	00
121b	00
122	10
123	13
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	28
129	11
130	11
131	05
132	05
133	02
134	00

New Jersey Police Crash Investigation Report

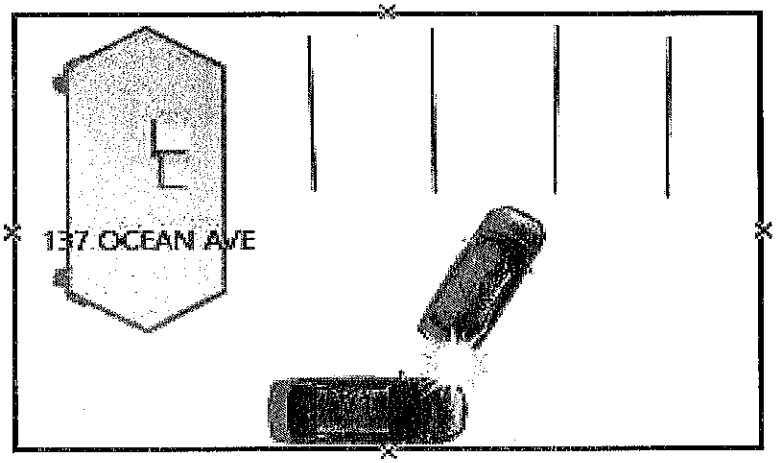
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014584

(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

VEHILCE 1 WAS PARKED FACING NORTH IN AN UNMARKED PARKING SPOT. VEHILCE 2 WAS PARKED FACING WEST IN A MARKED PARKING SPOT PERPINDICULAR TO VEHICLE 1. VEHILCE 2 BACKED INTO VEHICLE 1 AND THEN FLED THE SCENE. DEBRIS FROM VEHICLE 2 TAILIGHT WAS LEFT AT THE SCENE.

WITNESS STATED THAT VEHICLE 2 BACKED OUT OF A PARKING SPOT AT A HIGH RATE OF SPEED A CRASHED INTO VEHILCE 1 AND THEN LEFT THE SCENE CUTTING THROUGH THE NEIGHBORING BUSINESS PARKING LOT AND THEN TOWARDS ROUTE 88. WITNESS DESCRIBED THE OCCUPANTS AS TWO HISPANIC MALES AND THE VEHICLE AS A BROWN OLDER MODEL POSSIBLE TOYOTA WITH NJ REGISTRATION.

BOX 25:
DIRECT GENERAL INSURANCE COMPANY
PO BOX 3199 WINSTON SALEM, NC 27102-3199
1-800-468-3466

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

Code	Value
96	05
97	01
98	01
99	09
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

1 Case Number: 22-015565

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 02/27/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1540

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 2085 LANES MILL RD — Road Name — Dir: -

11 Speed Limit: 10

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

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

17 Cross Road Name

19 Ramp ☐ To ☐ From: -

20 Route/Name

18 Speed Limit: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.082310

22 Longitude: -74.157250

Code	Value
118a	25
118b	-
119a	02
119b	-
120a	01
120b	-
121a	01
121b	-
122	10
123	09
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	07
130	07
131	02
132	02
133	02
134	01

Vehicle 1

23 Veh #: 1

24 Policy No.: 4623840818

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 ☐ Same As Driver — First Name: HECTOR Initial: V Last Name: HERRAS -

36 Number & Street: 5-2 FOUNTAIN DR

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: MAZD 39 Model: CX 40 Color: BLU 41 Year: 2016 42 Plate No.: A30KTC 43 State: NJ

44 VIN: JM3KE4CY0G0686710 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 #: MAYER 54 Policy No. — Initial: - Last Name: PRITZKER 55 NJ Ins. Code: - M

720 CLAY AVE 59 Sex

SCRANTON State: PA Zip: 18510

58 City: 05 - - - PA

60 Eyes: 33951486 DL Class — Restrictions — Endorsements (mm dd yyyy): 03/31/2002 61 State (mm yy): 04 25

62 Driver's License Number ☐ Same As Driver — First Name: YAAKOV 63 DOB Initial: Y Last Name: KARMEL 64 Expires: -

65 Owner's: 40 KINGSFIELD DR

LAKEWOOD State: NJ Zip: 08701

TOYT SIE SIL 2010 J61CBB NJ

5TDKK4CC7AS305090 70 Color 71 Year 72 Plate No. 05 22 State

74 VIN 75 Expires

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

76 Vehicle Removed To ☒ Left At Scene ☐ Towed Impounded

☐ Owner ☒ Driver ☐ Police

77 Authority Given: ☒ No ☐ Yes ☐ Refused — ☒ None ☐ On Board ☐ Spill

78 Alcohol/Drug Test Type: ☐ Breath ☐ Blood ☐ Urine — 79 Hazardous Material: -

Results: 0. - % ☐ Pending

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

Hazard Class / Placard No.

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

Other

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	51	M	-	-	-	11	04	-	-	HECTOR V HERRAS - / 5-2 FOUNTAIN DR LAKEWOOD NJ 08701 - -
B	01	06	01	05	14	F	-	-	-	11	04	-	-	SAMANTHA - HERRAS - / 5-2 FOUNTAIN DR LAKEWOOD NJ 08701 - -
C	02	01	01	05	19	M	-	-	-	11	04	-	-	MAYER - PRITZKER - / 720 CLAY AVE SCRANTON PA 18510 - -
D	02	03	01	05	14	M	-	-	-	11	04	-	-	MAYER - NEUMAN - / - - - - - -

New Jersey Police
Crash Investigation Report

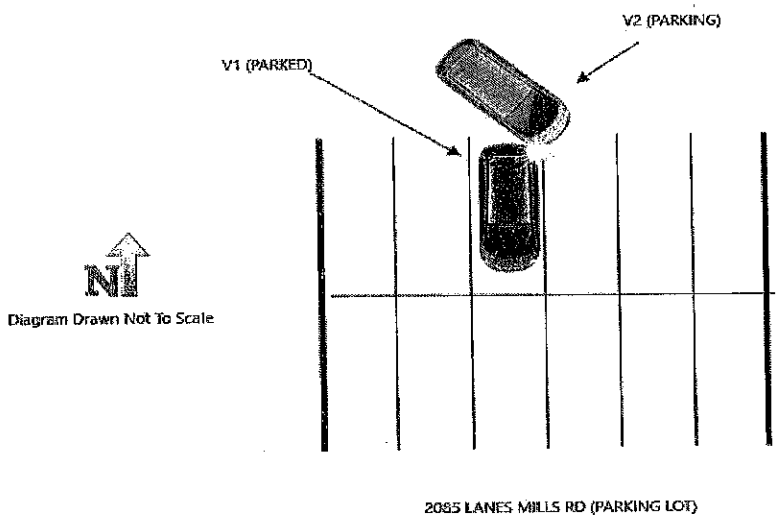
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015565

(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	11	M	-	-	-	11	04	-	-	NOACH - PRITZKER - - - - - -
	F	02	05	01	05	9	M	-	-	-	11	04	-	-	MAYER - PRITZKER - - - - - -
	G	02	06	01	05	12	M	-	-	-	11	04	-	-	AMI - NEUMAN - - - - - -
	H	02	07	01	05	10	M	-	-	-	11	04	-	-	MAYER - KARMEL - - - - - -
	I	02	08	01	05	7	M	-	-	-	11	04	-	-	MENACHEM - KARMEL - - - - - -
	J	02	09	01	05	8	M	-	-	-	11	04	-	-	YITZ - KARMEL - - - - - -

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, he was sitting in the driver seat of his parked vehicle in the parking lot of 2085 Lanes Mill Rd. He stated, the driver of vehicle 2 turned into the parking spot to close to his vehicle and side swiped the driver side rear of his vehicle. Minor damage was visible to the driver side rear. No injuries reported.

Driver 2 stated, he was attempting to park in the parking lot of 2085 Lanes Mill Rd. He stated, he was approached by driver 1 who advised him that he struck his vehicle while parking. Driver 2 stated, he did not realize he struck vehicle 1 until he was made aware by driver 1. Vehicle 2 suffered heavy amount of previous damage and driver 2 was unable to locate fresh damage from the incident. No injuries reported.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 2 at fault for the accident due to driver inattention, ultimately colliding with the parked vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-014740
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	1700 MADISON AVE
At Intersection With / Road Name / Dir	
Feet / Miles / N E S W / of:	
11 Speed Limit	--
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
14 / 15 / 16	
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)	1130
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10861
22 Longitude	-74.22127

Vehicle 1

23 Veh #	1
24 Policy No.	2007178246
25 NJ Ins. Code	233
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HEIDI - FRIEDMAN -
29 Sex	F
27 Number & Street	180 LAFAYETTE BLVD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / NJ
32 Driver's License Number	F47023220053822
33 DOB mm dd yyyy	03/18/1982
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JERRY - FRIEDMAN -
36 Number & Street	180 LAFAYETTE BLVD
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2020 / F92MFW / NJ
44 VIN	5TDYZ3DC1LS053757
45 Expires	01 24
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.	GOAU185623
55 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AGUSTIN - XOCHICALICAMPOS -
59 Sex	M
57 Number & Street	113 EASY ST
58 City / State / Zip	HOWELL / NJ / 07731
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / D / - / - / NJ
62 Driver's License Number	X6046014000879 1
63 DOB mm dd yyyy	08/30/1979
64 Expires mm yy	06 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - GOLDEN FLUFF INC -
66 Number & Street	118 MONMOUTH AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HINO / L6 / WHI / 2021 / XJUG90 / NJ
74 VIN	5PVNJ8AV6M5T50866
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.	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	39	F	-	-	-	11	04	-	-	HEIDI - FRIEDMAN - 180 LAFAYETTE BLVD LAKEWOOD NJ 08701
B	02	01	01	05	42	M	-	-	-	04	04	-	-	AGUSTIN - XOCHICALICAMPOS - 113 EASY ST HOWELL NJ 07731
C	02	02		05		M	-	-	-	02	02	-	-	ENOCH XOCHICALI 113 EASY STREET HOWELL NJ 07731
D	02	03	01	05		M	-	-	-	04	04	-	-	JOSE XOCHICALI 113 EASY STREET HOWELL NJ 07731

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

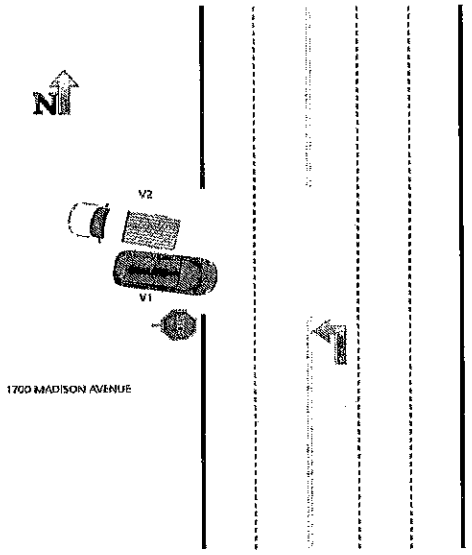
Station: _____ Case No: 22-014740

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT SHE WAS WAITING TO MAKE A RIGHT TURN AND SHE WAS A LITTLE BIT TOO MUCH OVER TO THE LEFT. DRIVER OF V2 STATED THAT HE WAS MAKING A LEFT TURN INTO THE PARKING LOT. THE CARGO BED SIZE COULD NOT BE PROPORTIONALLY DEPICTED IN THE NJTR1 DIAGRAM DUE TO THE LACK OF COMPONENTS IN THE VEHICLE TABLE SECTION TO ACCURATELY REPRESENT A BOX TRUCK.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-016155
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	943 RIVER AVE (Road Name) - (Dir)
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	- / - / - /
☐ At Intersection With / ☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
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)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1547
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.063020
22 Longitude	-74.218290

Vehicle 1

23 Veh #	1
24 Policy No.	939608864
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZACHARY J COLATRIANO -
29 Sex	M
27 Number & Street	42 PROSPERITY RD
28 City / State / Zip	NEW CASTLE DE 19720
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	05 / D / - / - / DE
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	1659018 / 07/02/1992 / 07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZACHARY J COLATRIANO -
36 Number & Street	42 PROSPERITY RD
37 City / State / Zip	NEW CASTLE DE 19720
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG / MAG / 3 / 2007 / 459851 / DE
44 VIN / 45 Expires	2D8FV47T27H628409 / 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 ☐ 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	SARA A PRESCHEL -
59 Sex	F
57 Number & Street	119 LEONARD ST
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)	P73516916160982 / 10/15/1998 / 10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - EAN HOLDINGS LL(
66 Number & Street	14002 EAST 21ST ST
67 City / State / Zip	TULSA OK 74134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MITS / ECL / SIL / 2020 / 8PCW131 / CA
74 VIN / 75 Expires	JA4AS3AA1LZ034370 / 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	EAN HOLDINGS LLC
Number & Street	14002 EAST 21ST ST
City / State / Zip	TULSA OK 74134

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	29	M	-	-	-	11	04	-	-	ZACHARY J COLATRIANO - 42 PROSPERITY RD NEW CASTLE DE 19720
B	02	01	01	05	23	F	-	-	-	11	04	-	-	SARA A PRESCHEL - 119 LEONARD ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

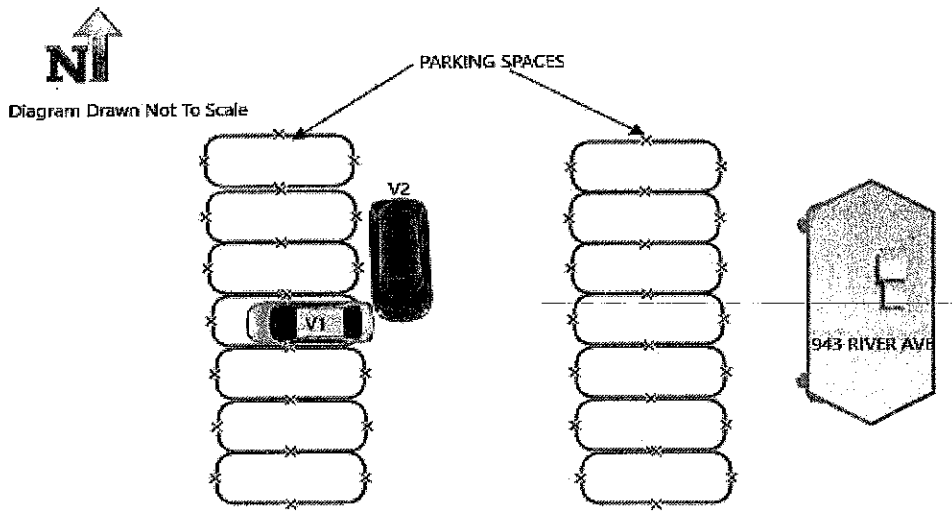
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016155

(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 is insured by Progressive Direct Insurance Co. PO Box 31260 Tampa, FL 33631.

Vehicle #2 is owned by EAN Holdings and is self insured.

This crash occurred in the parking lot of 943 River Ave. which was heavily congested at the time.

The driver of vehicle #1 reported that he was backing out of his parking space when his vehicle was struck by vehicle #2.

The driver of vehicle #2 reported that she was traveling straight through the parking lot when vehicle #1 backed into her vehicle.

There were no injuries reported at the scene of the crash. Vehicle #1 had minor scratches to the passenger side of the rear bumper cover. Vehicle #2 sustained scratches to the passenger side of the front bumper cover and a crack to the headlight trim of the passenger side headlight.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	KCM	335	☐ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number: 22-016128

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/01/22

5 Day Of Week: TUESDAY

10 Crash Occurred On: 227 RIVER AVE

☐ At Intersection With | Road Name | Dir | 11 Speed Limit | 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

6 Time (use 2400 hrs): 1339

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.08217

22 Longitude: -74.21560

Vehicle 1

23 Veh #: 1

24 Policy No.: 939538420

25 NJ Ins. Code: 054

☒ 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 ☐ Same As Driver | First Name | Initial | Last Name: CHAYA M DRILLMAN

36 Number & Street: 412 RIDGE AVE

37 City | State | Zip: LAKEWOOD NJ 08701

38 Make | 39 Model | 40 Color | 41 Year | 42 Plate No. | 43 State: HOND | ODY | GRY | 2021 | X35NBH | NJ

44 VIN | 45 Expires: 5FNRL6H79MB025697 | 11 24

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.: G01002963204

55 NJ Ins. Code: 392

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

56 Driver's First Name | Initial | Last Name | 59 Sex: FORTINO - GARCIA JUAREZ - M

57 Number & Street: 966 E COUNTY LINE RD

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) | 64 Expires (mm yy): - 07/02/1978 - -

65 Owner's ☐ Same As Driver | First Name | Initial | Last Name: ERASTO - VIDALROJAS -

66 Number & Street: 631 MAPLE AVE

67 City | State | Zip: LAKEWOOD NJ 08701

68 Make | 69 Model | 70 Color | 71 Year | 72 Plate No. | 73 State: CHEV | SLV - SI | 2 | 2003 | L70MSE | NJ

74 VIN | 75 Expires: 2GCEK19V831188599 | 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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			2	39:3-10	1514A291997
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	43	M	-	-	-	11	04	-	-	FORTINO - GARCIA JUAREZ - 966 E COUNTY LINE RD LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

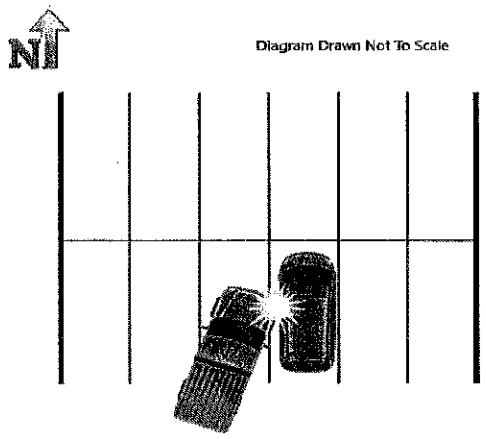
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016128

(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 V2 STATED WHILE IN THE PARKING LOT OF 27 RIVER AVE, WHILE BACKING OUT OF A PARKING SPACE, HE STRUCK PARKED V1.

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	22-016453
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1516
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	JAMES ST
At Intersection With / Road Name / Dir	CROSS ST
☒ Feet / ☐ Miles	100
☐ N ☒ E / ☐ S ☐ W	E
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	40
17 Cross Road Name	
19 Ramp ☐ To ☐ From	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.07384
22 Longitude	-74.24821

Vehicle 1

23 Veh #	1
24 Policy No.	942346116
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEVORAH - MASHINSKY -
29 Sex	F
27 Number & Street	37 WHITE DOVE CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	M07381650055812
33 DOB (mm dd yyyy)	05/06/1981
34 Expires (mm yy)	05 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JACOB - MASHINSKY -
36 Number & Street	37 WHITE DOVE CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / BLK / 2019 / H34KVK / NJ
44 VIN / 45 Expires	5FNRL6H78KB059773 / 12 / 21
46 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ 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.	VFNUTR001070201
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSEPH R LICANDRO -
59 Sex	M
57 Number & Street	235 BRICK BLVD
58 City / State / Zip	BRICK / NJ / 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	L40574107910804
63 DOB (mm dd yyyy)	10/17/1980
64 Expires (mm yy)	10 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - BOARD OF FIRE CM-
66 Number & Street	253 BRICK BLVD
67 City / State / Zip	BRICK / NJ / 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TAH - TA / WHI / 2021 / 38230MG / NJ
74 VIN / 75 Expires	1GNSKLED4MR412284 / 08 / 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	BOARD OF FIRE COMMISSIONERS
Number & Street	235 BRICK BLVD
City / State / Zip	BRICK / NJ / 08723

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:3-4	A291872			
	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	40	F	-	-	-	11	04	-	-	DEVORAH - MASHINSKY - 37 WHITE DOVE CT LAKEWOOD NJ 08701
B	01	06	01	05	4	M	-	-	-	04	04	-	-	SHLOMO MASHINSKY 37 WHITE DOVE CT LAKEWOOD NJ 08701
C	02	01	01	05	41	M	-	-	-	11	04	-	-	JOSEPH R LICANDRO - 235 BRICK BLVD BRICK NJ 08723
D														

New Jersey Police Crash Investigation Report

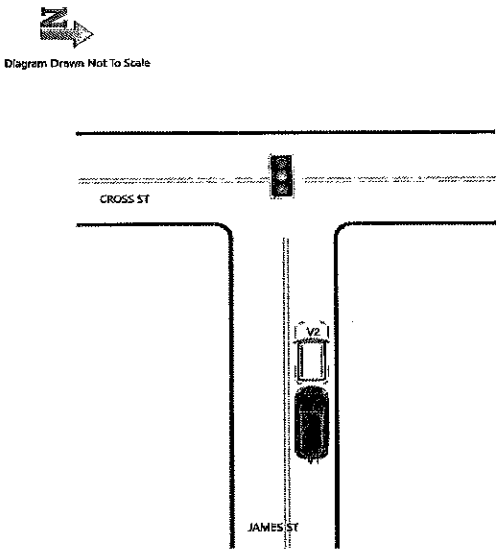
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016453

(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 #2 is an SUV registered to the Board of Fire Commissioners. It is insured by BHI Insurance Associates 240 Main St. PO Box 5018 Toms River, NJ 08723.

The driver of vehicle #2 reported that he was stopped in traffic on James St. observing a red traffic signal when his vehicle was struck in the rear by vehicle #1.

The driver of vehicle #1 reported that she was stopped in traffic behind vehicle #2 when she turned her attention to her child as he sat in the rear passenger seat of her vehicle. In doing so her foot slipped from the brake pedal and her vehicle struck vehicle #2.

Upon my arrival to the scene of the crash the passenger of vehicle #1 was not on scene. The driver reported that he was uninjured as a result of the crash and had been picked up by her husband. Neither of the drivers reported any injuries at the scene. There was no visible damage to the front bumper of vehicle #1. Vehicle #2 had a small hole in the rear bumper cover caused by the screw of the front license plate of vehicle #1.

Vehicle #2 was driven from the scene and vehicle #1 was impounded for being unregistered as on 12/21.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-016697
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0851
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE
At Intersection With	☐
Feet	☒
Miles	☐
500	
N ☒ E of:	VINE AVE
S ☐ W	
11 Speed Limit	45
12 Route No.	0528
Suffix	-
13 Milepost	-
16 Speed Limit	25
17 Cross Road Name	-
19 Ramp To / From	☐ / ☐
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.08626
22 Longitude	-74.21036

Vehicle 1

23 Veh #	1
24 Policy No.	939786663
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MIRIAM - GARFUNKEL
29 Sex	F
27 Number & Street	208 GLEN AVE S
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
31 State	NJ
32 Driver's License Number	G05795580056034
33 DOB (mm dd yyyy)	06/26/2003
34 Expires (mm yy)	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NOEMI - GARFUNKEL
36 Number & Street	208 GLEN AVE S
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / WHI / 2021 / N66NEF / NJ
44 VIN	5FNRL6H7XMB040208
45 Expires	01 24
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.	F10384297-7
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RYAN J BALLA
59 Sex	M
57 Number & Street	1209 NOTTINGHILL LANE
58 City / State / Zip	HAMILTON NJ 08619
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	B02896827111992
63 DOB (mm dd yyyy)	11/02/1999
64 Expires (mm yy)	11 24
65 Owner's First Name / Initial / Last Name	☒ Same As Driver RYAN J BALLA
66 Number & Street	1209 NOTTINGHILL LANE
67 City / State / Zip	HAMILTON NJ 08619
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / CRU / BLU / 2014 / P91NZR / NJ
74 VIN	1G1PC5SB2E7280660
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.	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	-	18	F	-	-	-	11	04	-	-	MIRIAM - GARFUNKEL - 208 GLEN AVE S LAKEWOOD NJ 08701
B	1	03	01	-	18	F	-	-	-	11	04	-	-	AVIVA - GARFINKEL - 165 HOLLYWOOD AVE LAKEWOOD NJ 08701
C	2	01	01	-	22	M	-	-	-	11	04	-	-	RYAN J BALLA - 1209 NOTTINGHILL LAN HAMILTON NJ 08619
D														

New Jersey Police Crash Investigation Report

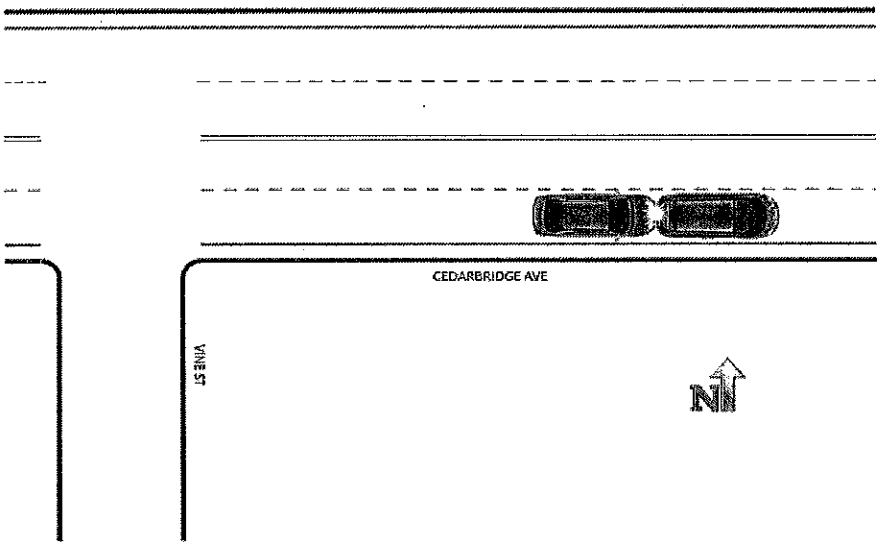
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: " Case No: 22-016697

(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 EAST ON CEDARBRIDGE AVE. VEHICLE 2 WAS TRAVELING BEHIND VEHICLE 1.

DRIVER 1 STATED THAT A VEHICLE IN FRONT OF HER STOPPED SUDDENLY SO SHE DID AS WELL WHEN VEHICLE 2 STRUCK HER VEHICLE.

DRIVER 2 STATED THAT VEHICLE 1 STOPPED SUDDENLY SO HE COULD NOT STOP IN TIME.

IT APPEARS THAT DRIVER 2 WAS FOLLOWING VEHICLE 1 TOO CLOSELY AND COULD NOT STOP IN TIME CAUSING THE CRASH. DRIVER 2 IS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-008801
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	OCEAN AVENUE
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	
☐ Feet ☐ Miles	
☐ N ☐ E ☐ S ☐ W of:	PEARL STREET
14	
15	
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	04
4 Date of Crash mm dd yy	02/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1039
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	0.00480
22 Longitude	0.03651

Vehicle 1

23 Veh #	1
24 Policy No.	6084881553
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHOSHANA R BEEBER -
29 Sex	F
27 Number & Street	30 E 9TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	NJ
32 Driver's License Number	B21607097962004
33 DOB mm dd yyyy	12/27/2000
34 Expires mm yy	12 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHOSHANA R BEEBER -
36 Number & Street	30 E 9TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CR / 1 / 2004 / P48MYT / NJ
44 VIN / 45 Expires	SHSRD788X4U244057 / 12 21
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.	A2AU000850321
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MONICA - MARTINEZMERINO -
59 Sex	F
57 Number & Street	196 WOODLAKE MANOR DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / I / - / -
61 State	NJ
62 Driver's License Number	M06915620054032
63 DOB mm dd yyyy	04/01/2003
64 Expires mm yy	04 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JORGE MARTINEZ-NICOL
66 Number & Street	1150 PINNACLE PARK BLVD. APT. 5104
67 City / State / Zip	DALLAS TX 75211
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISSAN / MAXIMA / SL / 2004 / PWV0424 / TX
74 VIN / 75 Expires	1N4BA41E84C926292 / 08 22
76 Vehicle Removed To	PRIVATE
☐ 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	39:3-4	291920
2	39:3-10	292131
-	-	-
-	-	-

	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	-	-	SHOSHANA R BEEBER - 30 E 9TH ST LAKEWOOD NJ 08701
B	02	01	01	05	18	F	-	-	-	11	11	01	-	MONICA - MARTINEZMERINO - 196 WOODLAKE MANOR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

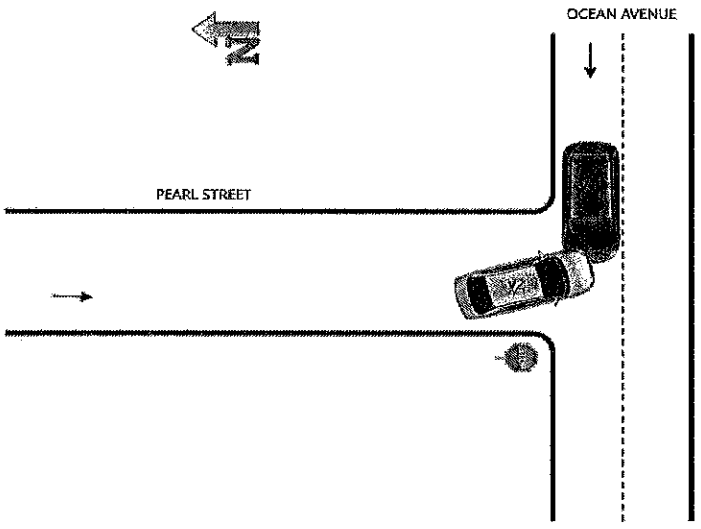
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-008801

(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 WEST ON OCEAN AVENUE WHEN VEHICLE 2 MADE A LEFT TURN AND STRUCK VEHICLE 1.

DRIVER OF VEHICLE 2 STATED SHE WAS MAKING A LEFT TURN OFF OF PEARL STREET AND WHILE TURNING ONTO OCEAN AVENUE SHE STRUCK VEHCILE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE LEFT TURN.

BOX #55... AMERICAN ACCESS CASUALTY COMPANY
2211 BUTTERFIELD RD, SUITE 200
DOWNERS GROVE, ILLINIOS 60515
630-645-7750

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: **22-008801**

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

3 Station/Precinct:

10 Crash Occurred On: ☐ At Intersection With Road Name ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: Dir

11 Speed Limit

12 Route No. Suffix 13 Milepost 18 Speed Limit

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	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
02/03/22	THURSDAY	1039	1514	--	--

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: SHOSHANA Initial: R Last Name: BEEBER 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 #: 2

54 Policy No.:

55 NJ Ins. Code:

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

56 Driver's First Name: MONICA Initial: - Last Name: MARTINEZMERINO - 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: VICENTA Initial: Last Name: MERINO LOPEZ

☐ Same As Driver

66 Number & Street: 1150 PINNACLE PARK BLVD.

67 City: DALLAS, TX 75211 State: TX Zip: 75311

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														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-008801

(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 3/2/2022, I OFFICER SEUNATH #284 MADE THE CORRECT CHANGES TO BOXES 65-67.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015030
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SQUANKUM ROAD
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: 10TH STREET
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1256
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101090
22 Longitude	-74.208870

Vehicle 1

23 Veh #	1
24 Policy No.	4624-06-72-54
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARA - PREIL
29 Sex	F
27 Number & Street	411 7TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	P73256910059026 / 09/03/2002 / 09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RASHE Z PREIL -
36 Number & Street	411 7TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / 2 / 2020 / X28LZK / NJ
44 VIN / 45 Expires	5FNRL6H7XLB011015 / 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.	6054-93-90-68
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NINO F SACCOMANNO -
59 Sex	M
57 Number & Street	1028 CENTER ST
58 City / State / Zip	FORKED RIVER NJ 08731
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	S00325936612032 / 12/20/2003 / 12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL A SACCOMANNO -
66 Number & Street	1028 CENTER ST
67 City / State / Zip	FORKED RIVER NJ 08731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / CHA - CH / SIL / 2014 / T93NHL / NJ
74 VIN / 75 Expires	2C3CDXBG8EH370947 / 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.	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	19	F	-	-	-	11	04	-	-	SARA - PREIL - 411 7TH ST LAKEWOOD NJ 08701
B	02	01	01	05	61	M	-	-	-	11	04	-	-	MICHAEL A SACCOMANNO - 1028 CENTER ST FORKED RIVER NJ 08731
C														
D														

New Jersey Police Crash Investigation Report

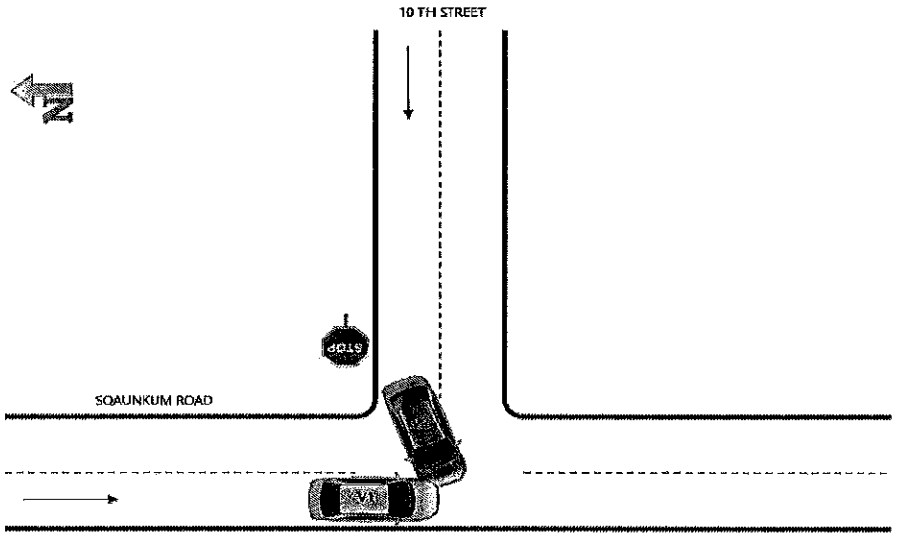
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015030

(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 SQAUNKUM ROAD WHEN VEHICLE 2 MADE A LEFT TURN AT THE INTERSECTION WITH 10TH STREET AND CRASHED INTO VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS MAKING A LEFT TURN ONTO SQAUNKUM ROAD WHEN HE STRUCK VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE LEFT TURN.

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	22-015030
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1256
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 / Dir / 12 Route No. / Suffix / 13 Milepost	
11 Speed Limit / 18 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
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	LEAH - GREENWALD -
29 Sex	F
27 Number & Street	136 CAROL STREET
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	G73134500062012
33 DOB (mm dd yyyy)	12/24/2001
34 Expires (mm yy)	12 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHMUEL - GREENWALD -
36 Number & Street	136 CAROL ST
37 City / State / Zip	01 LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / 3 / 2013 / X28PCZ / NJ
44 VIN	19XFB2F5XDE292224
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 #	
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NINO F SACCOMANNO -
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														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015030

(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

ON 3/2/2022, I OFFICER SEUANTH #284 MADE THE CORRECT CHANGES IN BOXES NUMBERED 26-45.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015319
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/26/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1949
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	RIVER AVE
☐ At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	10
☐N ☐E ☒S ☐W of:	LOCUST ST
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐NB ☐EB ☐SB ☐WB	
21 Latitude	40.048000
22 Longitude	-74.221710

Vehicle 1

23 Veh #	1
24 Policy No.	41TRDCA000052
25 NJ Ins. Code	120
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	CHAIM
Initial	-
Last Name	MERMELSTEIN
29 Sex	M
27 Number & Street	10 SABLOW DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
31 State	NY
32 Driver's License Number	139153913
33 DOB (mm dd yyyy)	10/07/2001
34 Expires (mm yy)	10 25
35 Owner's First Name	-
Initial	-
Last Name	JUST FOUR WHEELS
☐ Same As Driver	
36 Number & Street	324 E WHITE HORSE PIKE
37 City	GALLOWAY
State	NJ
Zip	08205
38 Make	NISS
39 Model	SEN
40 Color	SIL
41 Year	2021
42 Plate No.	U63NKM
43 State	NJ
44 VIN	3N1AB8BV6MY226516
45 Expires	04 22
46 Vehicle Removed To	PRIVATE TOW
☐ 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	JUST FOUR WHEELS INC
Number & Street	324 E WHITE HORSE PIKE
City	GALLOWAY
State	NJ
Zip	08205

Vehicle 2

53 Veh #	2
54 Policy No.	60810479076
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	KARLY
Initial	N
Last Name	GLOVICH
59 Sex	F
57 Number & Street	44 EAST 5TH ST
58 City	HOWELL
State	NJ
Zip	07731
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	G55694257561934
63 DOB (mm dd yyyy)	11/12/1993
64 Expires (mm yy)	11 23
65 Owner's First Name	WALTER
Initial	D
Last Name	SMITH
JR	
☐ Same As Driver	
66 Number & Street	611 CLAIRMORE AVE
67 City	LANOKA HARBOR
State	NJ
Zip	08734
68 Make	BUIC
69 Model	CEN
70 Color	TN
71 Year	2001
72 Plate No.	K93MJK
73 State	NJ
74 VIN	2G4WS52J411136012
75 Expires	11 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.	136 Charge	137 Summons. No.
01	39:4-123	1514-A-290914
02	39:3-40	1514-A-291049

Oper.	138 Charge	139 Summons. No.
02	39:3-4	1514-A-291048
-		-

	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	02	-	CHAIM - MERMELSTEIN - 10 SABLOW DR LAKEWOOD NJ 08701
B	02	01	01	05	28	F	-	-	-	11	04	-	-	KARLY N GLOVICH - 44 EAST 5TH ST HOWELL NJ 07731
C	02	03	01	05	34	M	-	-	-	11	04	-	-	FELIX J FREITAS - 44 EAST 5TH STREET HOWELL NJ 07731
D	02	04	01	05	6	F	-	-	-	07	07	-	-	GIANNA FREITAS 44 EAST 5TH STREET HOWELL NJ 07731 07/20/2015

New Jersey Police Crash Investigation Report

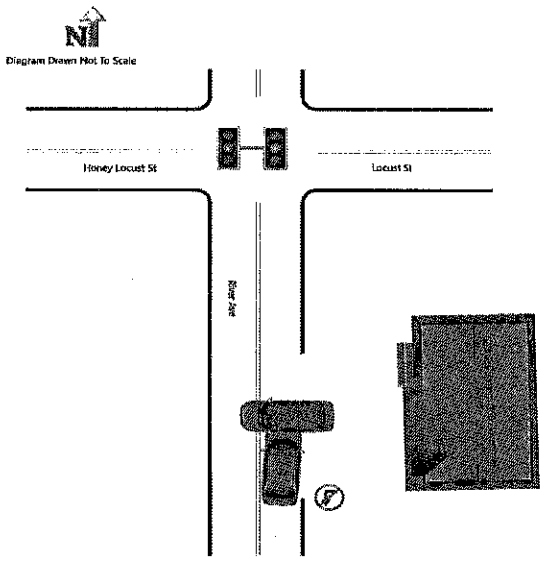
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015319

(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 was stopped facing westbound attempting to turn leave the Gulf Gas Station on River Ave and head southbound on River Ave. He reported that he was blinded by the headlights coming northbound on River Ave on the overpass. He added that he was trying to make a left hand turn out of the gas station, not knowing there was a no left-turn sign right there.

Driver of vehicle 2 was travelling northbound on River Avenue approaching the intersection on Locust St. She reported that vehicle 2 attempted to make an illegal left turn out of the gas station that ultimately caused the crash.

After my investigation, I determined that driver of vehicle 1 is at fault for improper turning. Vehicle 1 sustained disabling damage to the driver side front and rear door causing side airbag deployment. Vehicle 2 sustained minor damage to the front passenger side bumper. Vehicle 1 was towed by Heshy's Towing. Vehicle 2 was parked left on scene parked on private property.

Vehicle 1 was issued a summons for Improper Turning (39:4-123).
Vehicle 2 was issued a summons for Unregistered Vehicle (39:3-4) and Driving While Suspended (39:3-40).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015349
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	ALBERT 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:	OAK ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/26/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2140
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.06235
22 Longitude	-74.19990

Vehicle 1

23 Veh #	1
24 Policy No.	TCA000002030716
25 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YISROEL - ZELISHOVSKY
29 Sex	M
27 Number & Street	49 FREEDOM DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	Z23857900006034
33 DOB mm dd yyyy	06/08/2003
34 Expires mm yy	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver HENDY - ZELISHOVSKY
36 Number & Street	49 FREEDOM DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / 532 / BLK / 2020 / D19MCW / NJ
44 VIN / 45 Expires	5XXGT4L3XLG420046 / 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 ☒ 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.	F10155743-7
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ISRAEL - BRIEF
59 Sex	M
57 Number & Street	770 ALBERT AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	B74033760006792
63 DOB mm dd yyyy	06/04/1979
64 Expires mm yy	03 22
65 Owner's First Name / Initial / Last Name	☒ Same As Driver ISRAEL - BRIEF
66 Number & Street	770 ALBERT 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 / R36LHT / NJ
74 VIN / 75 Expires	2C4RC1BG2KR550534 / 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	V1	01	01	05	42	M	-	-	-	11	04	-	-	ISRAEL - BRIEF - 770 ALBERT AVE LAKEWOOD NJ 08701
B	V2	01	01	05	18	M	-	-	-	11	04	-	-	YISROEL - ZELISHOVSKY - 49 FREEDOM DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

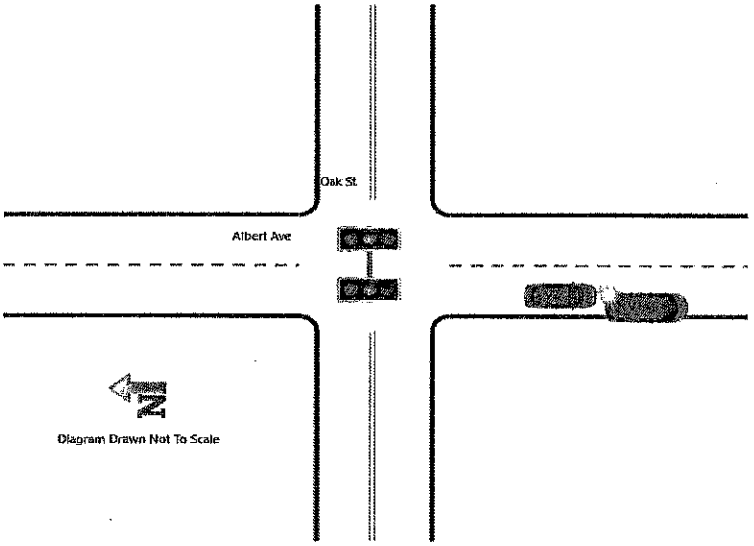
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015349

(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 Albert Ave and made a U-Turn just before the intersection of Oak St. Once he entered the South Bound lane, he decided to pull to the side of the road to pick up his son, who was walking to his vehicle. As he was beginning to park, he began to correct his vehicle's positioning since he was in the road, the driver of V2 rear ended him as he was backing up. V1 sustained what appeared to be moderate damage to the rear driver side. V1 was not towed at the owners request. No injuries were reported or observed from this crash.

The driver of V2 stated he was traveling South on Albert Ave, passing the intersection of Oak St. He observed V1 stopped in the roadway attempting to park on the side. He attempted to move out of the way but the driver of V1 stopped to quickly.

Based on the statements provided and observation, I find the driver of V1 at fault due to "Backing Unsafely". The driver of V1 was attempting to park on the side of the road to which was non existing and was still on the roadway.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015012
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/26/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0628
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	CLIFTON AVE (Road Name)
At Intersection With	6TH STREET
Feet / Miles	-
N E S W of:	
11 Speed Limit	35
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	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6078003313
25 NJ Ins. Code	101
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YISROEL M NUSSBAUM -
29 Sex	M
27 Number & Street	144 SOMERSET AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	N94557907401042
33 DOB (mm dd yyyy)	01/08/2004
34 Expires (mm yy)	01 25
35 Owner's First Name / Initial / Last Name	Same As Driver: ELIMELECH - NUSSBAUM -
36 Number & Street	144 SOMERSET AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / GRY / 2019 / E12LUX / NJ
44 VIN	2HKRW6H34KH226488
45 Expires	10 22
46 Vehicle Removed To	MOISHYS
☐ 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.	6091212560
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HARRY - SUSSMAN -
59 Sex	M
57 Number & Street	1405 ARBORETUM PKWY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	S94573160010524
63 DOB (mm dd yyyy)	10/19/1952
64 Expires (mm yy)	10 23
65 Owner's First Name / Initial / Last Name	Same As Driver: HARRY - SUSSMAN -
66 Number & Street	1405 ARBORETUM PKWY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACUR / MDX / SIL / 2020 / T49MMF / NJ
74 VIN	5J8YD4H51LL028831
75 Expires	06 23
76 Vehicle Removed To	HESHYS 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.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:4-144	289910			
	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	18	M	-	-	-	11	04	04	-	YISROEL M NUSSBAUM - 144 SOMERSET AVE LAKEWOOD NJ 08701
B	02	01	01	03	69	M	04	08	01	11	04	04	-	HARRY - SUSSMAN - 1405 ARBORETUM PKWY LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

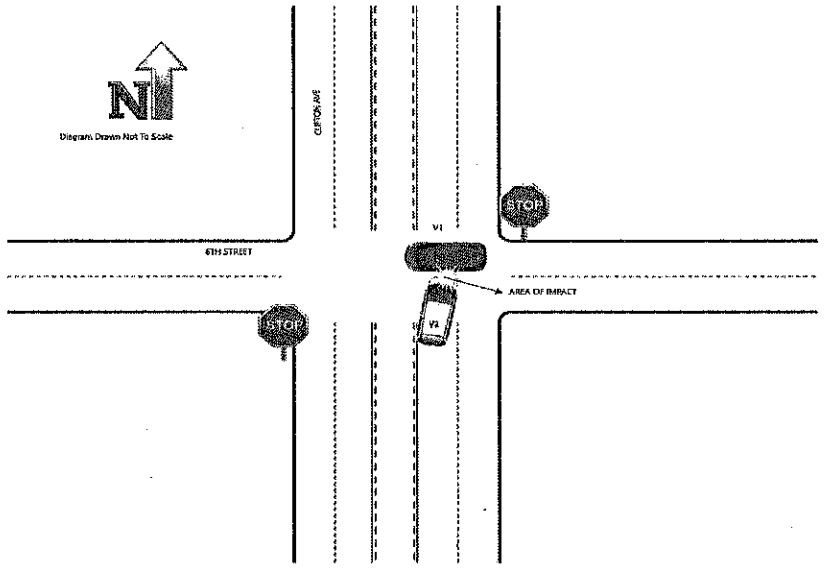
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015012

(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 IN THE ROADWAY WITH DISABLING DAMAGE. BOTH VEHICLES HAD AIRBAGS DEPLOYED. DRIVER OF VEHICLE 1 HAD NO INJURIES WHILE DRIVER OF VEHICLE 2 COMPLAINED OF NECK PAIN.

DRIVER OF VEHICLE 1 STATED HE WAS GOING WEST ON 6TH STREET AND STOPPED AT THE STOP SIGN. HE STATED HE THOUGHT HE CAN CROSS OVER THE INTERSECTION BEFORE VEHICLE 2 PASSES HIM. AS HE PASSED OVER DRIVER OF VEHICLE 2 STRUCK HIS VEHICLE.

DRIVER OF VEHICLE 2 STATED HE WAS GOING NORTH ON CLIFTON AVE WHEN HE SAW DRIVER OF VEHICLE 1 FAIL TO STOP AT THE STOP SIGN, WHICH LEAD TO HIS VEHICLE BEING STRUCK BY VEHICLE 1.

DRIVER OF VEHICLE 1 WAS ISSUED A SUMMONS IN THE MAIL FOR FAILING TO YIELD AND STOP FOR A MOVING VEHICLE. VEHICLE 1 WAS TOWED BY MOISHY'S AND VEHICLE 2 WAS TOWED BY HESHY'S.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 WAS AT FAULT FOR FAILING TO YIELD TO VEHICLE AND FAILING TO STOP AT STOP SIGN.

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	22-014989
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/26/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0920
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	PINE ST
At Intersection With / Road Name	WARREN STREET
Feet / Miles	-
N E S W of:	
11 Speed Limit	35
Dir	-
12 Route No.	-
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	-
22 Longitude	-

Vehicle 1 / Driver 1

23 Veh #	1
24 Policy No.	939939456
25 NJ Ins. Code	054
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	
26 Driver's First Name / Initial / Last Name	YOSEF - FEDER
29 Sex	M
27 Number & Street	1339 14TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	F21297900011942
33 DOB (mm dd yyyy)	11/28/1994
34 Expires (mm yy)	11 23
35 Owner's First Name / Initial / Last Name	☒ Same As Driver YOSEF - FEDER
36 Number & Street	1339 14TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 3 / 2010 / H78NPD / NJ
44 VIN	4T1BF3EK6AU061118
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 / Driver 2

53 Veh #	2
54 Policy No.	29W1460921
55 NJ Ins. Code	276
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	
56 Driver's First Name / Initial / Last Name	FREDERICK E BEDDIGES JR
59 Sex	M
57 Number & Street	622 ACADEMY DRIVE
58 City / State / Zip	POINT PLEASANT NJ 08742
60 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
61 State	NJ
62 Driver's License Number	B21252686510556
63 DOB (mm dd yyyy)	10/03/1955
64 Expires (mm yy)	10 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - WOODHAVEN LMBI-
66 Number & Street	200 JAMES ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / SIL / WHI / 2020 / E21MSR / NJ
74 VIN	1GCRWAEH0LZ335138
75 Expires	09 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	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	27	M	-	-	-	11	04	-	-	YOSEF - FEDER - 1339 14TH ST LAKEWOOD NJ 08701
B	01	06	01	05	2	M	-	-	-	05	05	-	-	AKIVA - FEDER - 230 LINCOLN ST LAKEWOOD NJ 08701
C	02	01	01	05	66	M	-	-	-	11	04	-	-	FREDERICK E BEDDIGES JR - 622 ACADEMY DRIVE POINT PLEASANT NJ 08742
D														

New Jersey Police Crash Investigation Report

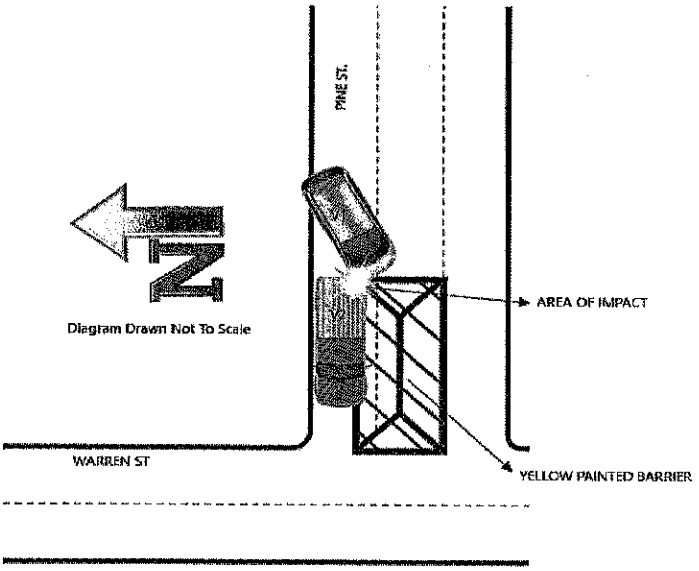
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014989

(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 PARKED ON WARREN ST FACING NORTH. BOTH VEHICLES HAD MODERATE DAMAGE. VEHICLE 1 PASSENGER SIDE MIRROR WAS DAMAGED AND VEHICLE 2 REAR DRIVER SIDE LIGHT AND PANEL WAS DAMAGED.

DRIVER OF VEHICLE 1 STATED HE WAS BEHIND VEHICLE 2 WHEN HE WAS IN A RUSH TO GET TO HIS WIFE. HE STATED HE WENT IN THE PAINTED MEDIAN AND IMPROPERLY PASSED VEHICLE 2 ON THE LEFT, ULTIMATELY STRIKING VEHICLE 2 ON THE REAR DRIVERS SIDE LIGHT AND PANEL.

DRIVER OF VEHICLE 1 WILL BE ISSUED A SUMMONS IN THE MAIL FOR IMPROPERLY PASSING.

DRIVER OF VEHICLE 2 STATED HE WAS SLOWING AND EVENTUALLY STOPPING IN TRAFFIC WHEN HE OBSERVED VEHICLE 1 IMPROPERLY PASS HIM ON THE LEFT AND STRIKE THE REAR SIDE OF HIS VEHICLE.

THERE WERE NO INJURIES.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 IS AT FAULT FOR IMPROPERLY PASSING IN THE YELLOW AND FOLLOWING TO CLOSELY.

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

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
96	-
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	05
106	-
107	00
108	01
109	01
110	01
111	00
112	00
113	00
114	00
115	-
116	01
117	03

1 Case Number: 22-015416
2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01
3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVE (Road Name) Dir: - 11 Speed Limit: 45 12 Route No.: 0623 Suffix: - 13 Milepost: -
☒ At Intersection With ☐ N ☐ E ☐ S ☐ W of: CORBIN CT (17 Cross Road Name) 18 Speed Limit: 15
14: - ☐ Feet ☐ Miles 15 16
19 Ramp ☐ To ☐ From: - 20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 02/27/22
5 Day Of Week: SUNDAY
6 Time (use 2400 hrs): 0228
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --
21 Latitude: 40.04704
22 Longitude: -74.19727

Vehicle 1

23 Veh #: 1
24 Policy No.: 9416835451
25 NJ Ins. Code: 134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: GIA Initial: M Last Name: KINDANGEN - 29 Sex: F
27 Number & Street: 300 CORBIN CT
28 City: LAKEWOOD State: NJ Zip: 08701
30 Eyes: 2 DL Class: D Restrictions: - Endorsements: - 31 State: NJ
32 Driver's License Number: K44662827458022
33 DOB (mm dd yyyy): 08/22/2002
34 Expires (mm yy): 08 23
35 Owner's ☐ Same As Driver First Name: GIA Initial: M Last Name: KINDANGEN -
36 Number & Street: 300 CORBIN CT
37 City: LAKEWOOD State: NJ Zip: 08701
38 Make: HYUN 39 Model: ELA 40 Color: SIL 41 Year: 2009 42 Plate No.: Z24MTV 43 State: NJ
44 VIN: KMHDU46D49U659367 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.: -
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 ☐ Same As Driver First Name: - 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: -

Code	Value
118a	25
118b	-
119a	00
119b	00
120a	01
120b	00
121a	00
121b	00
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	08
127b	26
127c	00
127d	00
127e	26
128	26
129	10
130	10
131	10
132	00
133	04
134	

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	19	F	-	-	-	11	04	-	-	GIA M KINDANGEN - 300 CORBIN CT LAKEWOOD NJ 08701 - -
B	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - -
C	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - -
D	-	-	-	-	-	-	-	-	-	-	-	-	-	- - - - - - - - -

New Jersey Police Crash Investigation Report

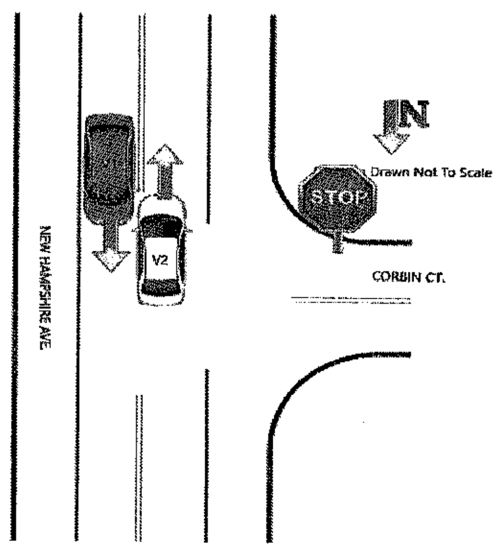
Police Dept: **LAKEWOOD TOWNSHIF** Code: **01**

Station: **-** Case No: **22-015416**

(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 North on New Hampshire Ave. towards Corbin Ct. The suspect vehicle, unknown in make, model or color was traveling South.

Driver of Vehicle 1 stated that once at the intersection of Corbin Ct. and New Hampshire, the suspect vehicle side swiped her vehicle causing driver side damage to both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS D	406	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	22-015532
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1247
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVENUE
At Intersection With / Road Name	
☒ Feet 2 ☐ Miles (14 15)	☐N ☐E ☐S ☐W of: PARK AVENUE
Dir	-
11 Speed Limit	40
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	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002606845
25 NJ Ins. Code	411
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	CUARTE - FLORES REYNALDO -
29 Sex	M
27 Number & Street	986 JESSICA CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	06/25/1989
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LILIANA - ALARCON-QUIROZ -
36 Number & Street	1038 GOOSE CREEK ROAD
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TOW / WHI / 2008 / R11PHK / NJ
44 VIN / 45 Expires	2A8HR54PX8R815104 / 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 - ☒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.	000000978437314
55 NJ Ins. Code	-
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	ASHER Z ROSENBERG -
59 Sex	M
57 Number & Street	16 DAHL CT
58 City / State / Zip	BROOKLYN / NY / 11204
60 Eyes / DL Class / Restrictions / Endorsements	02 / - / - / -
61 State	NY
62 Driver's License Number	552969944
63 DOB (mm dd yyyy)	12/12/1988
64 Expires (mm yy)	12 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MALKA R ROSENBERG -
66 Number & Street	16 DAHL CT
67 City / State / Zip	BROOKLYN / NY / 11204
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODYSSEY / - / 2022 / KLH8949 / NY
74 VIN / 75 Expires	5FNRL6H75NB005030 / 03 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.
01	39:3-10	291952	-		
-		-	-		

	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	32	M	-	-	-	11	04	-	-	CUARTE - FLORES REYNALDO - 986 JESSICA CT LAKEWOOD NJ 08701 - -
B	02	01	01	05	33	M	-	-	-	11	04	-	-	ASHER Z ROSENBERG - 16 DAHL CT BROOKLYN NY 11204 - -
C														
D														

New Jersey Police Crash Investigation Report

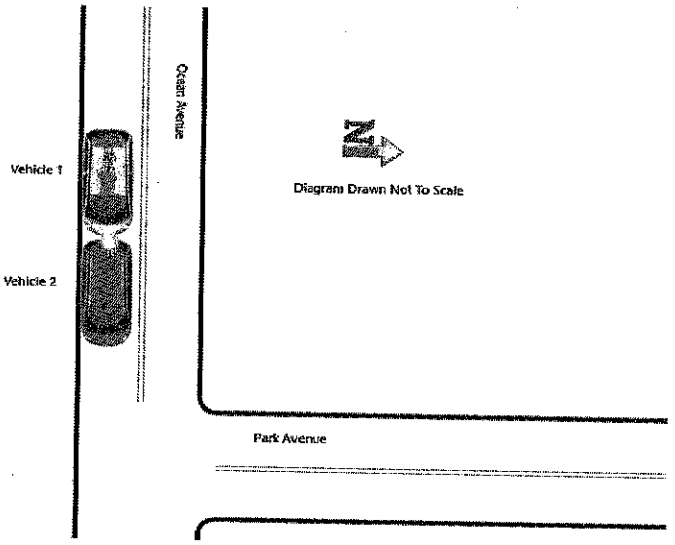
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015532

(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 was traveling east on Ocean Avenue. Vehicle 2 was in front of him and had made a sudden stop in traffic. Driver 1 attempted to stop his vehicle but was unable to stop it in time, resulting in him striking the rear of vehicle 2.

Driver of vehicle 2 was traveling east on Ocean Avenue. He was stopped in traffic when he felt the rear of his vehicle was struck by driver 1.

Vehicle 1 had damage to the fender and vehicle 2 had damage to the bumper and the trunk door.

Driver 1 did not have a valid license and was therefore issued a summons for Unlicense Driver (39:3-10). Vehicle 1 was driven away from the scene by Benito Nieves-Flores (Driver's License #N42160820007911).

Based on my observation and the information provided, driver 1 is at fault for following too closely.

Vehicle 2's Car Insurance Code: 748

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015550
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1437
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	EAST END AVE
At Intersection With Road Name	E 9TH ST
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	25
15 Miles	
16 N ☐ E ☐ S ☒ W	
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.100880
22 Longitude	-74.200370

Vehicle 1

23 Veh #	1
24 Policy No.	PCG0002647092
25 NJ Ins. Code	059
☒ 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 THOMAS A RUSSO -
36 Number & Street	85 RIDGE RD
37 City / State / Zip	RUMSON NJ 07760
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / LS / GRY / 2008 / TAR43 / NJ
44 VIN / 45 Expires	JTHDU46FX85001856 / 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.	4352300067
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RIVKA - GERSHBAUM -
59 Sex	F
57 Number & Street	405 8 ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	G27626580053784
63 DOB mm dd yyyy	03/17/1978
64 Expires mm yy	01 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RIVKA - GERSHBAUM -
66 Number & Street	405 8 ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / TN / 2004 / G13NDE / NJ
74 VIN / 75 Expires	5TDZA23C54S059747 / 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	04	01	05	03M	M	-	-	-	06	06	-	-	OLIVER - RUSSO - 1484 S BEVERLY DR APT LOS ANGELES CA 90035 - -
B	02	01	01	05	43	F	-	-	-	11	04	-	-	RIVKA - GERSHBAUM - 405 8 ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

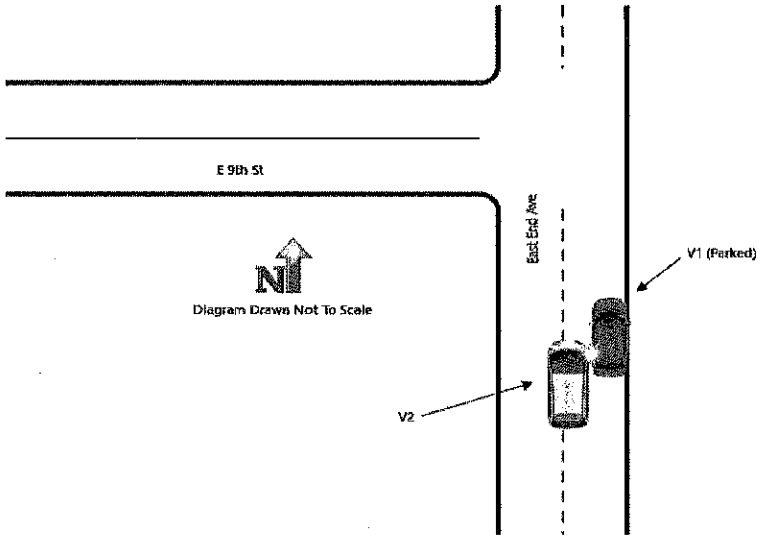
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015550

(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 female who parked vehicle 1 stated, she was outside of the vehicle unbuckling her son from his car seat. She stated while doing so, the driver of vehicle 2 collided with the driver side rear door she was utilizing. The damage was primarily to the driver side rear door. No injuries reported.

Driver 2 stated, she was traveling north on East End Ave. She stated, she heard a noise at which point she stopped. She stated, she did not observe vehicle 1's open door prior to the crash. The damage was primarily to the front passenger side quarter panel. No injuries reported.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 2 at fault due to the drivers inattention, ultimately colliding with the door of the parked vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015567
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	659 OCEAN AVE; OCEAN COUN
11 Speed Limit	20
12 Route No. / Suffix / 13 Milepost / 18 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:	
20 Route/Name	
NB EB SB WB	
4 Date of Crash (mm dd yy)	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1556
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09029
22 Longitude	-74.18897

Vehicle 1

23 Veh #	1
24 Policy No.	2837581901
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALICIA - CAAL CHOC
29 Sex	F
27 Number & Street	508 OCEAN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	11/01/1993
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIA I MUNOZPEREZ
36 Number & Street	31 CLOVER ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / PAT / 4 / 2008 / X85NWV / NJ
44 VIN	5N1AR18B18C659989
45 Expires	06 22
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 ☐ 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 #	-
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

3 TREES IN THE COUNTY PARK

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	1514-A-291855	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1	39:3-33	1514-A-291856	-		-

	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	28	F	-	-	-	11	04	01	-	ALICIA - CAAL CHOC - 508 OCEAN AVE LAKEWOOD NJ 08701
B	1	03	01	05	24	M	-	-	-	11	11	01	-	LUIS A RAMOS-SANTOS - 508 OCEAN AVE LAKEWOOD NJ 08701
C	1	04	01	05	26	M	-	-	-	11	04	01	-	WILMER R CAAL CHOC - 508 OCEAN AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

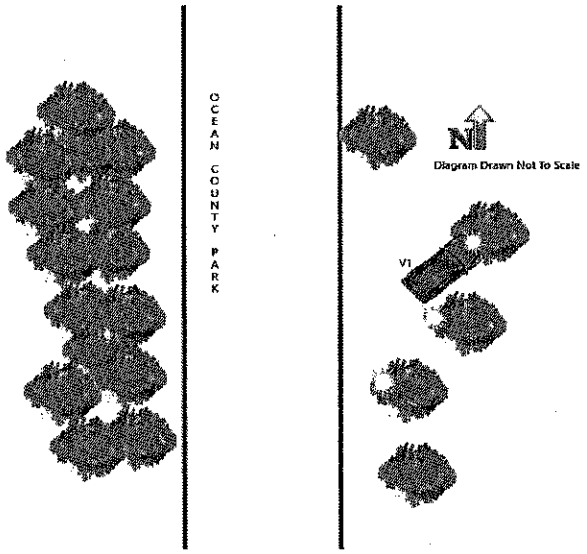
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015567

(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 traveling North through the Ocean County Park she accidentally pressed the gas pedal to hard, she got scared, pressed the gas pedal even harder and lost control of the vehicle leaving the roadway and crashing into a tree.

Vehicle 1 sustained disabling damage consisting of the entire front end being pushed in, leaking fluids and the passenger side doors, front and rear severely scratched and dented.

Due to Driver 1's statement and my observations I determined that Driver 1 lost control of the vehicle, left the roadway, side swiped 2 trees and ended going head on with the 3rd and final tree.

There were no injuries reported on scene.

Vehicle 1 was towed due to being disabled and impounded for having fictitious plates. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015572
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1624
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MADISON AVE
At Intersection With Road Name	10TH ST
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W	S
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
21 Latitude	40.099730
22 Longitude	-74.218150

Vehicle 1

23 Veh #	1
24 Policy No.	934461155
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JAACOB
Initial	R
Last Name	RONESS
29 Sex	M
27 Number & Street	119 CHATEAU DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	FL
32 Driver's License Number	R520436943350
33 DOB (mm dd yyyy)	09/15/1994
34 Expires (mm yy)	09 24
35 Owner's First Name	JAACOB
Initial	R
Last Name	RONESS
☐ Same As Driver	
36 Number & Street	119 CHATEAU DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	KIA
39 Model	OPT
40 Color	GRY
41 Year	2020
42 Plate No.	X35MCW
43 State	NJ
44 VIN	5XXGT4L32LG426956
45 Expires	01 24
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	-
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

DRIVER 1 STRUCK A "NO STOPPING OR STANDING" SIGN, REMOVING IT FROM THE GROUND.

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	27	M	-	-	-	11	04	-	-	JAACOB R RONESS - 119 CHATEAU DR LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

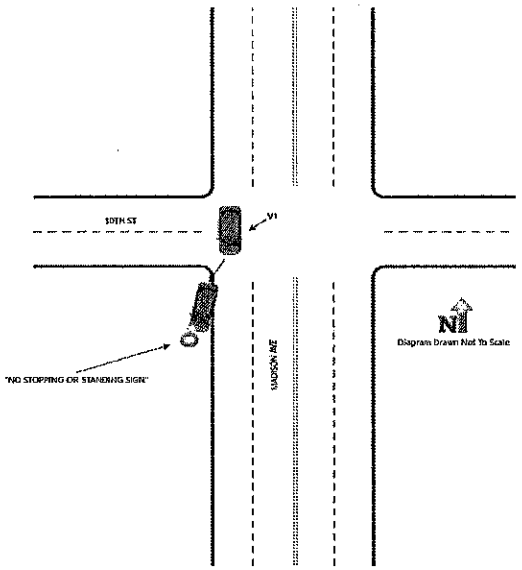
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015572

(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 traveling south on Madison Ave toward 10th St. He stated, a vehicle looked like it was going to turn in front of him which caused him to swerve. As a result, he ran off of the right side of the roadway, up the curb and into a "No Stopping or Standing" sign that was located on the south west corner of the intersection. The damage was primarily to the front end. No injuries reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015593
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	EAGLE LN
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	15
☐ At Intersection With	
☒ Feet	10
☐ Miles	
☒ N ☐ E ☐ S ☐ W of:	CANARY DR
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1833
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.071050
22 Longitude	-74.197790

Vehicle 1

23 Veh #	1
24 Policy No.	00
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 #	2
54 Policy No.	10138888F0130
55 NJ Ins. Code	962
☒ 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	YADIDYA S GREENBERG
☐ Same As Driver	
66 Number & Street	2 REID STREET
67 City / State / Zip	LONG BRANCH NJ 07740
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND CRV BLK 2014 W87JKC NJ
74 VIN / 75 Expires	JHLRD78825C050924 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	00	00				00	00	00	00	00	-	-	
B														
C														
D														

New Jersey Police Crash Investigation Report

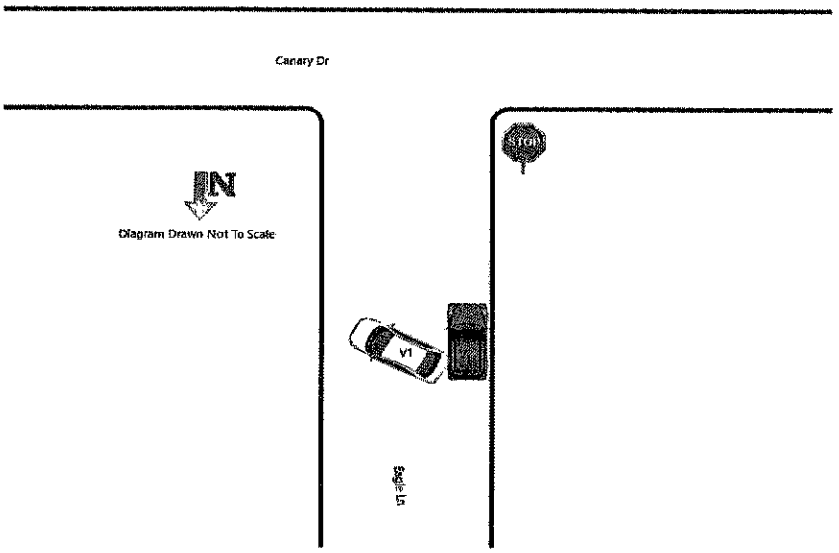
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015593

(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 left a note on vehicle 2 stating he backed into the parked vehicle and left his phone number (718-751-6420). Upon call back, it went to voicemail and the name on the answer machine was "Sam'.

Driver of vehicle 2 was parked facing southbound on Eagle Ln. He returned to his vehicle after Shabbos and saw a Post-it on it stating someone backed into his vehicle and left a contact number. Driver of vehicle 2 contacted that number and spoke to a gentleman who was not cooperative and would not provide credentials upon request.

My investigation is not complete due to not speaking with driver of vehicle 1. Vehicle 2 parked his vehicle where there were no signs stating that he could not park there. Vehicle 2 sustained minor damage to the rear driver side area above the tire. Vehicle 2 was left on scene. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	KCM	335	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015605
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1939
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	MADISON AVE (Road Name) - (Dir)
At Intersection With	
☒ Feet ☐ Miles	25
☐ N ☐ E ☒ S ☐ W	of: COUNTYLINE RD
11 Speed Limit	45
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	45
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.106200
22 Longitude	-74.219380

Vehicle 1

23 Veh #	1
24 Policy No.	1164935B0330A
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSE / M / GOMEZ-GORDIANO -
29 Sex	M
27 Number & Street	325 DEWEY AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	G63424107409667
33 DOB (mm dd yyyy)	09/12/1966
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / LUIS / A / GOMEZ-PASTRANA -
36 Number & Street	325 DEWEY AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / AVE / RD / 2008 / 12ZXLE / NJ
44 VIN / 45 Expires	KL1TG56618B165662 / 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 ☐ 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.	6082434934
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEVORAH / G / EHRMAN -
59 Sex	F
57 Number & Street	40 CARLTON AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / - / - / - / NY
62 Driver's License Number	868519289
63 DOB (mm dd yyyy)	08/23/2004
64 Expires (mm yy)	08 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / AKIVA / - / EHRMAN -
66 Number & Street	40 CARLTON AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIENNA / - / 2015 / HDD3193 / NY
74 VIN / 75 Expires	5TDKK3DCXFS578346 / 01 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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	A291599			
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	55	M	-	-	-	11	04	-	-	JOSE M GOMEZ-GORDIANO - 325 DEWEY AVE LAKEWOOD NJ 08701
B	02	01	01	05	17	F	-	-	-	11	04	-	-	DEVORAH G EHRMAN - 40 CARLTON AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

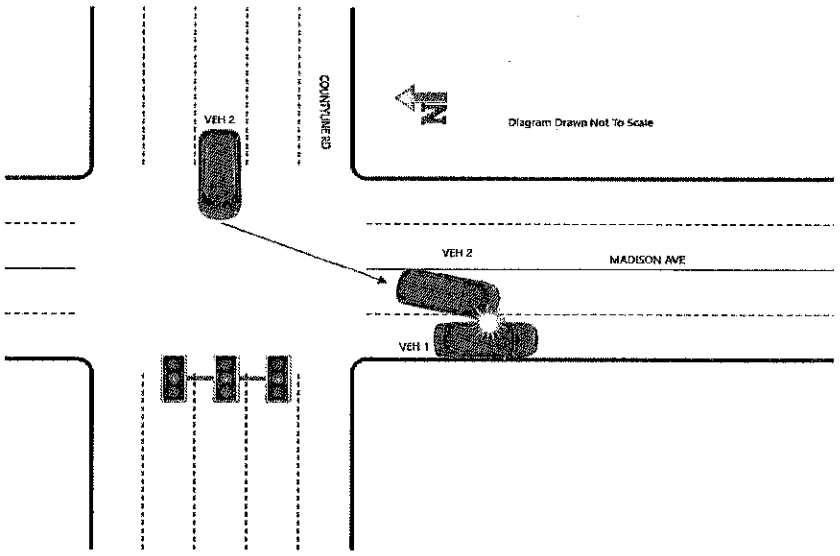
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-015605

(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 TRAVELING SOUTH ON MADISON AVENUE, IN THE RIGHT LANEOF TRAFFIC. DRIVER 1 SAID WHEN HE DROVE PAST THE INTERSECTION OF COUNTLINE ROAD, HE WAS HIT BY VEHICLE 2 THAT WAS MAKING A TURN.

DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING WEST ON COUNTYLINE ROAD AND WAS WAITING TO MAKE A LEFT TURN TO HEAD SOUTH ON MADISON AVENUE. DRIVER 1 SAID SHE MADE HER TURN AND VEHICLE 1 CAME SPEEDING UP DOWN THE ROADWAY AND HIT HER VEHICLE. SHE SAID THE ACCIDENT HAPPENED AFTER HER TURN WAS COMPLETE. DRIVER 2 CALIMS DRIVER 1 HIT DID NOT MAINTAIN THE LANE AND HIT HER VEHICLE.

UPON MY INVESTIGATION, AFTER REVIEWING THE DAMAGE TO THE VEHICLES, I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 WAS MAKING A LEFT AND FAILED TO YIELD TO THE RIGHT OF WAY FOR VEHICLE 1 THAT WAS TRAVELING STRAIGHT IN TRAFFIC.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014907
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: 6TH 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	
20 Route/Name	
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0154
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09579
22 Longitude	-74.21741

Vehicle 1

23 Veh #	1
24 Policy No.	41TRDCA000056-01
25 NJ Ins. Code	120
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELLIOT / J / WEINBERGER
29 Sex	M
27 Number & Street	1152 E 18TH ST
28 City / State / Zip	BROOKLYN / NY / 11230
30 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
31 State	NY
32 Driver's License Number	977564605
33 DOB (mm dd yyyy)	07/09/1994
34 Expires (mm yy)	07 / 24
35 Owner's First Name / Initial / Last Name	- / - / JUST FOUR WHEEL
☐ Same As Driver	-
36 Number & Street	324 E WHITE HORSE PIKE
37 City / State / Zip	GALLOWAY / NJ / 08205
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ALT / BLK / 2019 / H90LZJ / NJ
44 VIN	1N4BL4FV0KC185703
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 0824000 ☐ 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	JOHN / R / LALICATA
59 Sex	M
57 Number & Street	1445 FOREST AVE
58 City / State / Zip	BRICK / NJ / 08724
60 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
61 State	NJ
62 Driver's License Number	L02784077912952
63 DOB (mm dd yyyy)	12/20/1995
64 Expires (mm yy)	12 / 25
65 Owner's First Name / Initial / Last Name	TRANSCOM LEASIN / - / TRANSCOM LEASIN
☐ Same As Driver	
66 Number & Street	1021 STUYVESANT AVE
67 City / State / Zip	UNION / NJ / 07083
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CLAR / 680 / SIL / 2015 / AW439X / NJ
74 VIN	1XKYD49X6FJ454873
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.	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	D1	01	01	05	27	M	-	-	-	11	04	-	-	ELLIOT J WEINBERGER - 1152 E 18TH ST BROOKLYN NY 11230
B	D2	01	01	05	26	M	-	-	-	11	04	-	-	JOHN R LALICATA - 1445 FOREST AVE BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

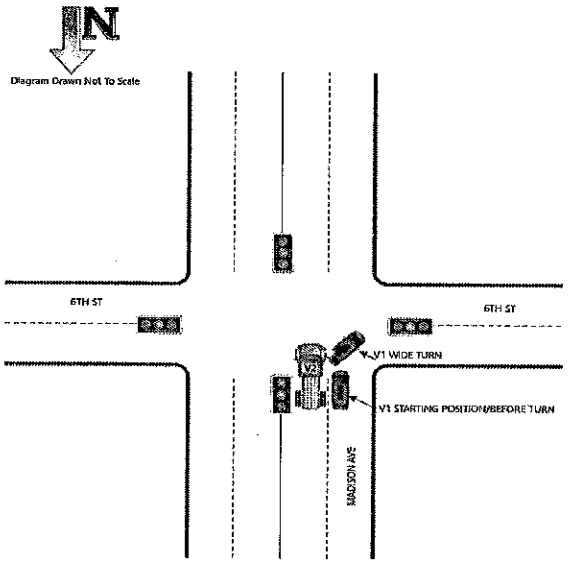
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014907

(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 TRAVELING SOUTH ON MADISON AVE AND ATTEMPTED TO MAKE A RIGHT TURN ONTO 6TH ST BUT HE SAID HE TURNED TOO WIDE, WHICH CAUSED HIM TO CRASH INTO V2.

DRIVER 2 SAID HE WAS TRAVELING SOUTH ON MADISON AVE IN THE LEFT TURN LANE. D2 STATED THAT D1 ATTEMPTED TO TURN ONTO 6TH ST, BUT HIS TURN WAS TOO WIDE WHICH CAUSED THE CRASH. V2 TOOK NO PHYSICAL DAMAGE BUT ONLY THE PLASTIC SPOKE COVERS CAME OFF V2'S WHEEL.

BASED ON THE STATEMENTS FROM BOTH DRIVERS AND MY OBSERVATION OF THE CRASH SCENE, I FIND DRIVER 1 AT FAULT FOR THE CRASH. NO INJURIES WERE REPORTED OR OBSERVED ON SCENE.

VEHICLE 2 INSURANCE INFORMATION:
NAME : NATIONAL SPECIALTY INSURANCE COMPANY
COMPANY NUMBER : 22608
POLICY NUMBER : ACP2900001645

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014972
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	LAKEWOOD
10 Crash Occurred On:	PARK AVE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	LEONARD AVE
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	30
12 Route No.	Suffix
13 Milepost	
18 Speed Limit	25
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	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0811
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10315
22 Longitude	-74.20218

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	YURY - KAYKOV
29 Sex	M
27 Number & Street	170 RIVERWOOD DRIVE
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes	2
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K09637900001632
33 DOB mm dd yyyy	01/02/1963
34 Expires mm yy	01 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	JAYS BUS - JAYS BUS SERVICE -
36 Number & Street	672 CROSS STREET
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make	SPA
39 Model	SCHOOL
40 Color	YEL
41 Year	2015
42 Plate No.	U107S1
43 State	NJ
44 VIN	4DRBUC8P9FB640541
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.	939724588
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DOVBER - GRUNSPAN
59 Sex	M
57 Number & Street	111 SOMERSET AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	G76751800002856
63 DOB mm dd yyyy	02/06/1985
64 Expires mm yy	02 23
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	DOVBER - GRUNSPAN
66 Number & Street	111 SOMERSET AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make	TOYT
69 Model	HIG
70 Color	4
71 Year	2016
72 Plate No.	S13LXP
73 State	NJ
74 VIN	5TDJKRFH2GS500149
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 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	V1	01	01	-	59	M	-	-	-	04	04	-	-	YURY - KAYKOV - 170 RIVERWOOD DRIVE TOMS RIVER NJ 08755
B	V2	01	01	-	37	M	-	-	-	11	11	01	-	DOVBER - GRUNSPAN - 111 SOMERSET AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: LAKEWOOD Case No: 22-014972

(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														
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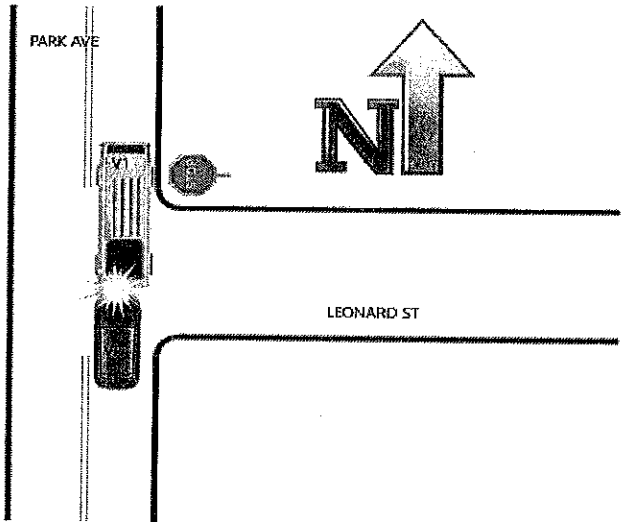
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE #1 WAS TRAVELING NORTH ON PARK AVE. AND STOPPING TO PICK UP STUDENTS. VEHICLE #2 WAS ALSO TRAVELING NORTH ON PARK AVE. DIRECTLY BEHIND VEHICLE #1 AND COLLIDED INTO THE REAR OF VEHICLE #1 CAUSING DAMAGE TO BOTH. INSURANCE CODE VEHICLE #1 23787 NATIONWIDE INSURANCE GROUP.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
QUALIANO J	260	PA	325	☐ Pending ☒ Complete

BUS SEATING ARRANGEMENT

1	DOVID	TILLIN	-
2	SHIMON	HERSHAFT	-
3	SHMULY	HOROWITZ	-
4	YEHUDA	ROSENBLUM	-
5	SHMUEL	AUGENSTEUR	-
6	AVHARON	PERLOW	-
7	SHLOMO	DELMEN	-
8	YISROEL	PERLOW	-
9	SRULY	MEYER	-
10	DOVID	WEISS	-
11	SHUNSHOM	KLINGER	-
12	MOSHE	ROSENBLUM	-
13			
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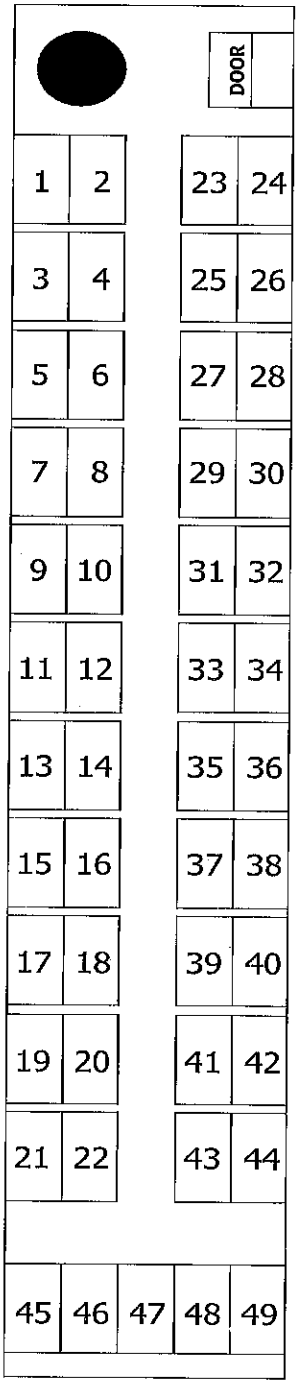
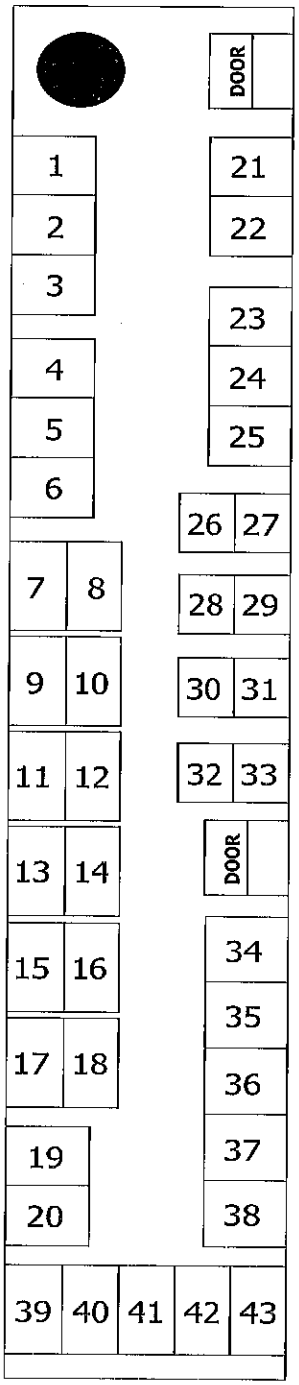
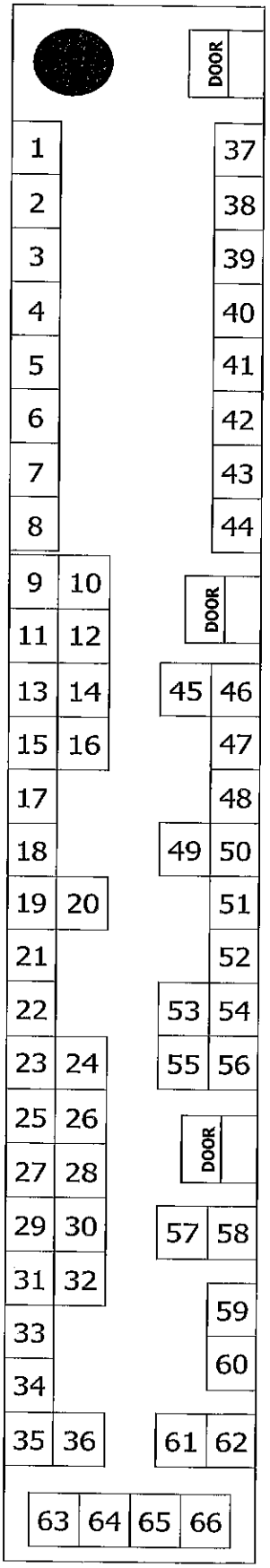
MCI-9, EAGLE & FLXIBLE



FLXIBLE TRANSIT & NOVA 06



VOLVO ARTIC



Rear

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014976
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	DEWEY AVE
At Intersection With / Road Name	
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	BRUCE STREET
11 Speed Limit	25
12 Route No. / 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)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0820
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.09216
22 Longitude	-74.20334

Vehicle 1

23 Veh #	1
24 Policy No.	4383206499
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID - LESHINSKY
29 Sex	M
27 Number & Street	19 CONGRESS ST S
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L28041560008862
33 DOB (mm dd yyyy)	08/25/1986
34 Expires (mm yy)	08 25
35 Owner's First Name / Initial / Last Name	SCHULAMIT - LAPIDOT
☐ Same As Driver	
36 Number & Street	305 PARK AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	KIA
39 Model	SPO
40 Color	BLU
41 Year	2021
42 Plate No.	J63NHL
43 State	NJ
44 VIN	KNDPMCAC7M7889793
45 Expires	12 23
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 ☐ 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.	6023171902061
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	JAY Y ORT
☐ Same As Driver	
66 Number & Street	290 DEWEY AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	TOYT
69 Model	SIE
70 Color	WHI
71 Year	2015
72 Plate No.	J91NEG
73 State	NJ
74 VIN	5TDKK3DC4FS603077
75 Expires	03 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.
	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	35	M	-	-	-	11	04	-	-	DAVID - LESHINSKY - 19 CONGRESS ST S LAKEWOOD NJ 08701
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014976
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	DEWEY AVE
At Intersection With Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	BRUCE STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0820
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09216
22 Longitude	-74.20334

Vehicle 1

23 Veh #	3
24 Policy No.	AOJ2383011184012
25 NJ Ins. Code	183
☒ 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 DAVID - KALATSKY
36 Number & Street	287 DEWEY AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT SIE GRY 2015 D22EJZ NJ
44 VIN	5TDKK3DC0FS575536
45 Expires	07 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 #	-
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														
B														
C														
D														

96 05 | 97 01 | 98 01 | 99 07 | 100a 03 | 100b 05 | 101 02 | 102 02 | 103 02 | 104 3 | 105 06 | 106 - | 107 - | 108 01 | 109 - | 110 01 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 03 | 117 - | 118a 25 | 118b - | 119a - | 119b - | 120a 01 | 120b - | 121a - | 121b - | 122 10 | 123 - | 124 04 | 125 - | 126a 28 | 126b - | 126c - | 126d - | 126e 28 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 28 | 129 07 | 130 07 | 131 - | 132 - | 133 03 | 134 -

New Jersey Police Crash Investigation Report

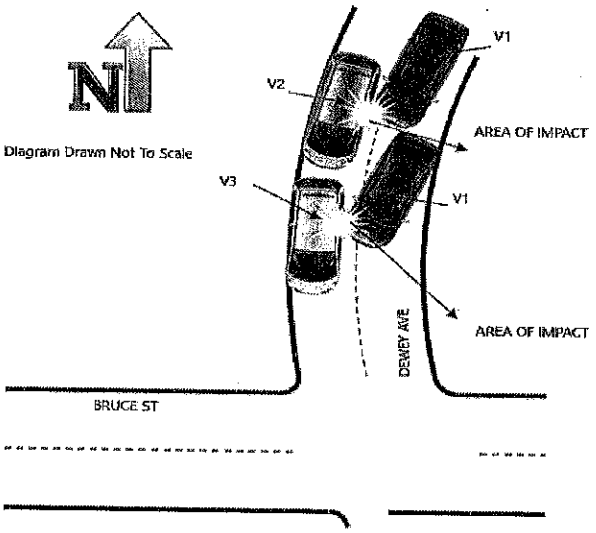
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014976

(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

WHEN I ARRIVED I OBSERVED VEHICLE 1 IN THE MIDDLE OF THE ROAD WAY WITH DISABLING DAMAGE. VEHICLE 1 HAD DAMAGE TO THE PASSENGER SIDE TIRE AND PANEL. VEHICLE 2 AND 3 HAD SEVERAL LARGE DENTS TO THE SIDE OF THE VEHICLES. VEHICLE 2 HAD ITS SIDEVIEW MIRROR TAKEN OUT FROM THE ACCIDENT AND SEVERAL LARGE DENTS TO THE SIDE PANEL OF THE VEHICLE.

DRIVER OF VEHICLE 1 STATED HE WAS DRIVING AND LOST CONTROL DUE TO THE ROADS BEING SLIPPERY. HE STATED HE WAS UNABLE TO AVOID BOTH PARKED VEHICLES AND HIT THEM. HE STATED THAT HE WAS A NEW DRIVER AND NOT EXPERIENCED.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 IS AT FAULT DUE TO DRIVER INATTENTION AND ROAD SURFACE CONDITIONS.

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	22-014988
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0924
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PROSPECT ST
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0628
Suffix	-
13 Milepost	-
14	20 Feet ☐ Miles
15	☐ N ☒ E ☐ S ☐ W
16 of:	SUMMER AVE
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
17 Cross Road Name	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.075240
22 Longitude	-74.226870

Vehicle 1

23 Veh #	1
24 Policy No.	6040-63-90-95
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BORUCH B KRUPENIA -
29 Sex	M
27 Number & Street	109 NORTHFIELD DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	K76790956202932
33 DOB (mm dd yyyy)	02/16/1993
34 Expires (mm yy)	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEPH Z LEFKOWITZ -
36 Number & Street	8 KLETSK HILL RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2014 / V55JHE / NJ
44 VIN	4T1BF1FK8EU425063
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.	5129J005734
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHOSHANA - KESSLER -
59 Sex	F
57 Number & Street	307 MAGNOLIA DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	K28217090060964
63 DOB (mm dd yyyy)	10/22/1996
64 Expires (mm yy)	10 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver AVRAHOM - KESSLER -
66 Number & Street	307 MAGNOLIA DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / SIL / 2010 / M96LZU / NJ
74 VIN	JHLRE3H7XAC006953
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 ☐ 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	-	-	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	V1	01	01	05	29	M	-	-	-	11	04	-	-	BORUCH B KRUPENIA - 109 NORTHFIELD DR LAKEWOOD NJ 08701 - -
B	V1	08	01	05	2	F	-	-	-	11	04	-	-	LEEBA - KRUPENIA - 109 NORTHFIELD DR LAKEWOOD NJ 08701 - -
C	V1	09	01	05	1	M	-	-	-	11	04	-	-	LEVI - KRUPENIA - 109 NORTHFIELD DR LAKEWOOD NJ 08701 - -
D	V1	02	01	05	25	F	-	-	-	11	04	-	-	SHOSHANA - KESSLER - 307 MAGNOLIA DR LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

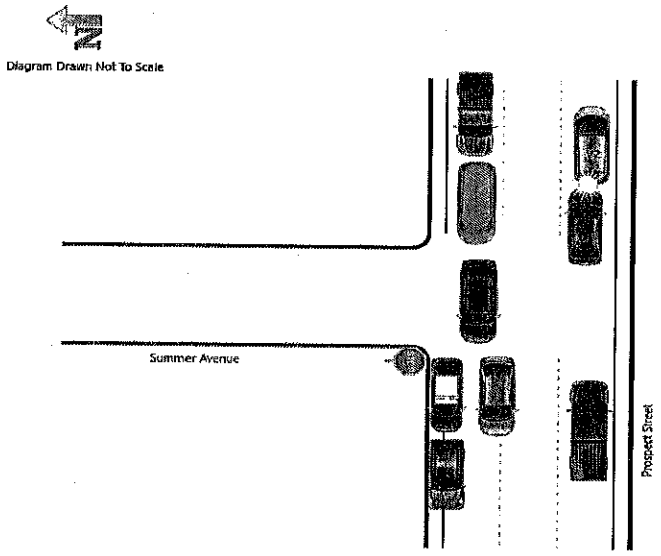
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014988

(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	V2	08	01	05	1	F	-	-	-	11	04	-	-	BRACHA - KESSLER - 307 MAGNOLIA DR LAKEWOOD NJ 08701 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash he was traveling east bound on Prospect Street. The Driver of Vehicle #1 stated that there was traffic due to a prior MVA 22-014985. The Driver of Vehicle #1 stated that he believed Vehicle was moving forward. the Driver of Vehicle #1 stated that he then accelerated before realizing Vehicle #2 was stopped. The Driver of Vehicle #1 stated that he struck Vehicle #2 on the rear driver side. The Driver of Vehicle #1 did not report any injuries as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash she was traveling east bound on Prospect Street. The Driver of Vehicle #2 stated that there was "stop and start" traffic due to an accident on Prospect Street. The Driver of Vehicle #2 stated that while stopped in traffic she was struck in the rear of her vehicle by Vehicle #1. The Driver of Vehicle #2 did not report any injury as a result of the crash.

I find the Driver of Vehicle #1 to be at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014990
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	BUCKINGHAM DR
11 Speed Limit	20
At Intersection With Road Name	
Dir	-
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☒ Feet ☐ Miles	191
☐ N ☐ E ☒ S ☐ W of:	STATE HWY 70
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0926
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.05308
22 Longitude	-74.17906

Vehicle 1

23 Veh #	1
24 Policy No.	F10401069-9
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	HASSAN
Initial	E
Last Name	IBRAHIM
29 Sex	M
27 Number & Street	542 SHEFFIELD CT:A
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	I10633186501476
33 DOB mm dd yyyy	01/03/1947
34 Expires mm yy	01 23
35 Owner's ☐ Same As Driver	HASSAN E IBRAHIM
36 Number & Street	542 SHEFFIELD CT:A
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	LEXU
39 Model	RX
40 Color	SIL
41 Year	2004
42 Plate No.	L91LUF
43 State	NJ
44 VIN	2T2HA31U44C002490
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 #	-
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 ☐ 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

LEISURE VILLAGE EXIT GATE (WHITE/METAL)

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	75	M	-	-	-	11	04	-	-	HASSAN E IBRAHIM - 542 SHEFFIELD CT:A LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

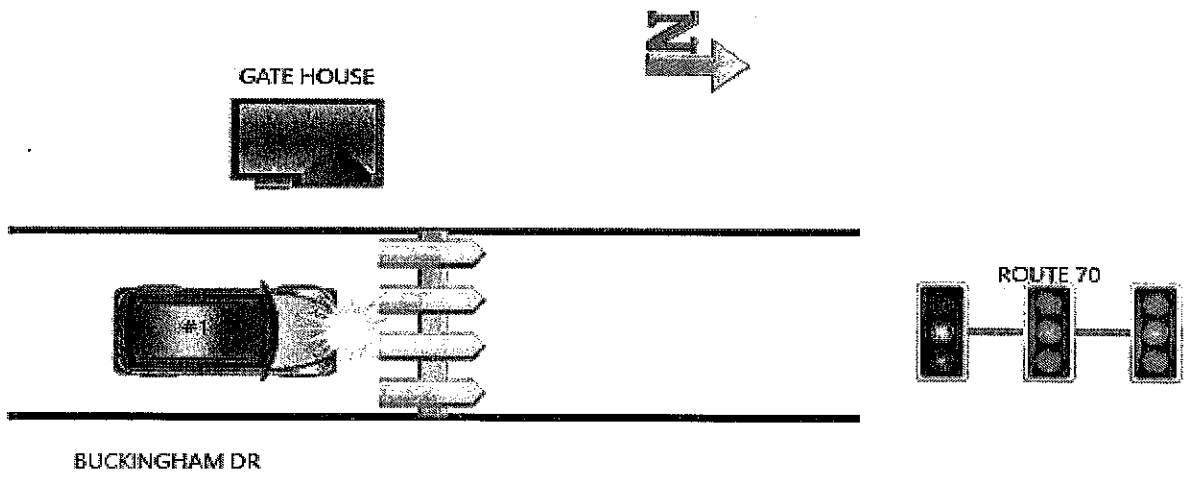
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014990

(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 traveling north on Buckingham Dr and was exiting and thought the gate lifted up. This officers investigation finds Driver #1 at fault for the crash as he should have waited until gate was fully lifted prior to driving through. The metal gate was heavily damaged.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014991
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	TOWERS ST
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:	COLES WAY
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0931
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.06769
22 Longitude	-74.20668

Vehicle 1

23 Veh #	1
24 Policy No.	939756556
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HADAS - SCHOEMANN -
29 Sex	F
27 Number & Street	33 WINDERMERE ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	S14813110060902 / 10/01/1990 / 10 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - SCHOEMANN -
36 Number & Street	1 WINDERMERE ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / SIL / 2022 / W85NUD / NJ
44 VIN / 45 Expires	5FNRL6H56NB017380 / 05 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 ☐ 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.	033B349703
55 NJ Ins. Code	258
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	URI M GANZWEIG -
59 Sex	M
57 Number & Street	123 YESODEI CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	G05077597408836 / 08/05/1983 / 01 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver URI M GANZWEIG -
66 Number & Street	123 YESODEI CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / GRY / 2011 / X33PSC / NJ
74 VIN / 75 Expires	1HGCP2F44BA062143 / 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 - ☐ 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.
2	39:3-10	290437			
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	31	F	-	-	-	11	04	-	-	HADAS - SCHOEMANN - 33 WINDERMERE ST LAKEWOOD NJ 08701
B	02	01	01	05	38	M	-	-	-	11	04	-	-	URI M GANZWEIG - 123 YESODEI CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

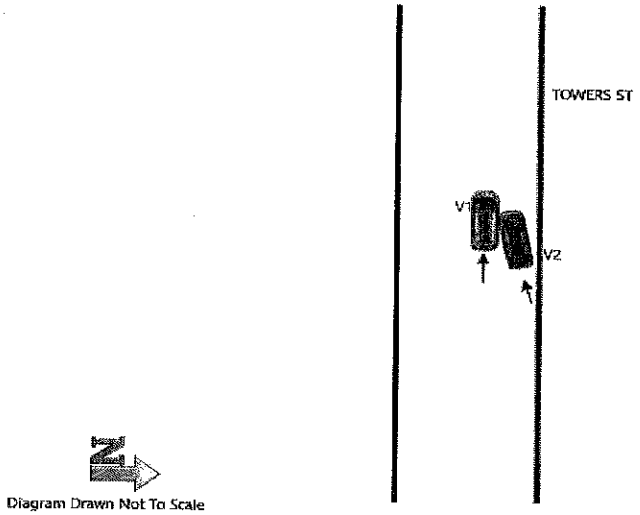
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014991

(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, Hadas Schoemann was operating a 2022 Honda Odyssey, NJ W85-NUD. Mrs. Schoemann stated she was traveling west on Towers Street approaching Coles Way. Vehicle 2 was parked along the north side of Towers Street and entered the lane of travel striking her passenger side as she passed by it.

Driver 2, Uri Ganzweig was operating a 2011 Honda Accord, NJ X33-PSC. Mr. Ganzweig stated he was parked along the north side of Towers Street near Coles Way. He was attempting to enter the lane of travel on Towers Street and observed no vehicles in his side mirror. As he entered the lane of travel the front driver side corner of his vehicle struck the passenger side of vehicle 1 which was passing by him.

Drover 2 was determined to be at fault for failure to stop/yield for the right of way vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	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: 01 | 99: 05 | 100a: 01 | 100b: 04 | 101: 02 | 102: 02 | 103: 02 | 104: 2 | 105: 03 | 106: 02 | 107: 02 | 108: 01 | 109: 01 | 110: 01 | 111: 00 | 112: - | 113: 00 | 114: - | 115: - | 116: 01 | 117: 02

1 Case Number: 22-014994

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

3 Station/Precinct: LAKEWOOD

4 Date of Crash (mm dd yy): 02/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0939

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE (Road Name) | Dir | 12 Route No. | Suffix | 13 Milepost

☐ At Intersection With

☒ Feet ☐ Miles (14 15) | ☐ N ☐ E ☒ S ☐ W (16) of: RT 70

11 Speed Limit: 50

18 Speed Limit: 50

19 Ramp ☐ To ☐ From

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.05040

22 Longitude: -74.19670

118a: 25 | 118b: - | 119a: 04 | 119b: - | 120a: 01 | 120b: 01 | 121a: 00 | 121b: 00 | 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: 11 | 130: 11 | 131: 12 | 132: 01 | 133: 03 | 134: 00

Vehicle 1

23 Veh #: 1

24 Policy No.: PAA80002157874

25 NJ Ins. Code: 963

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

26 Driver's First Name: PEREL | Initial: M | Last Name: KAMKAR | 29 Sex: F

27 Number & Street: 1819 OLD FREEHOLD ROAD

28 City: TOMS RIVER | State: NJ | Zip: 08755

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

32 Driver's License Number: K03576247456892

33 DOB (mm dd yyyy): 06/23/1989

34 Expires (mm yy): 06 25

35 Owner's First Name | Initial | Last Name

☐ Same As Driver: LIOR - KAMKAR -

36 Number & Street: 1819 OLD FREEHOLD ROAD

37 City: TOMS RIVER | State: NJ | Zip: 08755

38 Make: HOND | 39 Model: ACC - AC | 40 Color: BLK | 41 Year: 2018 | 42 Plate No.: L17KVA | 43 State: NJ

44 VIN: 1HGCV1F97JA033388

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 ☒ 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

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	-	32	F	-	-	-	11	04	-	-	PEREL M KAMKAR - 1819 OLD FREEHOLD RO TOMS RIVER NJ 08755
B														
C														
D														

New Jersey Police Crash Investigation Report

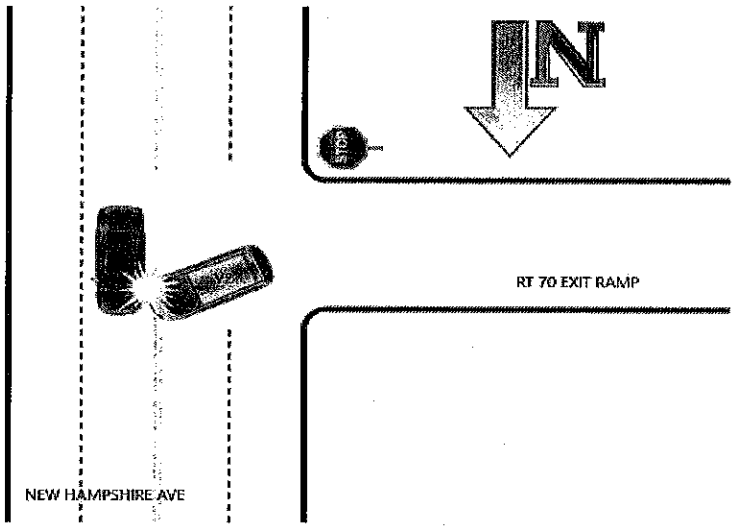
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: LAKEWOOD Case No: 22-014994

(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 NORTH ON NEW HAMPSHIRE AVE. GOING STRIAGHT AHEAD. VEHICLE # 2 WAS TRAVELING EAST ON THE RT. 70 EXIT RAMP AND THEN ATTEMPTED TO MAKE A LEFT TURN ONTO NEW HAMPSHIRE AVE. FAILING TO YIELD TO VEHICLE #1 CAUSING BOTH VEHICLES TO COLLIDE CAUSING DAMAGE TO BOTH. VEHICLE #2 THEN FLED THE SCENE DESCRIBED AS A SILVER HONDA ODESSEY TEMP TAG# 323737T. NO DESCRIPTION OF DRIVER.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
QUALIANO J	260	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015009
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1123
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	SWARTHMORE AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
14	☒ Feet ☐ Miles
15	15
16	☐ N ☐ E ☐ S ☒ W
of:	KENYON DR
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.08063
22 Longitude	-74.17918

Vehicle 1

23 Veh #	1
24 Policy No.	6631J128303
25 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	IZZY
Initial	-
Last Name	POLLACK
29 Sex	M
27 Number & Street	1460 KERRY COURT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P62673790002024
33 DOB (mm dd yyyy)	02/02/2002
34 Expires (mm yy)	02 24
35 Owner's First Name	ALAN
Initial	K
Last Name	POLLACK
☐ Same As Driver	
36 Number & Street	23 SCENIC DR
37 City	SUFFERN
State	NY
Zip	10901
38 Make	NISS
39 Model	MAX
40 Color	1
41 Year	2020
42 Plate No.	KEH1231
43 State	NY
44 VIN	1N4AA6CVXLC382557
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 ☐ 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.	C2943553
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MOSHE
Initial	-
Last Name	TABER
59 Sex	M
57 Number & Street	18090 NE 9TH PLACE
58 City	MIAMI
State	FL
Zip	33162
60 Eyes	-
DL Class	A
Restrictions	-
Endorsements	-
61 State	FL
62 Driver's License Number	T160540893610
63 DOB (mm dd yyyy)	10/01/1989
64 Expires (mm yy)	10 22
65 Owner's First Name	-
Initial	-
Last Name	FOR TECH ELECTRI -
☐ Same As Driver	
66 Number & Street	500 JAMES ST; UNIT 11
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	FORD
69 Model	TRA
70 Color	WHI
71 Year	2019
72 Plate No.	XJWA61
73 State	NJ
74 VIN	1FTYR3XM3KKA82512
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.	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	20	M	-	-	-	11	04	-	-	IZZY - POLLACK - 1460 KERRY COURT LAKEWOOD NJ 08701
B	02	01	01	05	32	M	-	-	-	11	04	-	-	MOSHE - TABER - 18090 NE 9TH PLACE MIAMI FL 33162
C	03	01	01	05	29	M	-	-	-	11	04	-	-	AVRAHAM Y SPITZ - 8 8TH STREET LAKEWOOD NJ 08701
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015009
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1123
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	SWARTHMORE AVE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet / ☐ Miles	15
☐ N ☐ E / ☐ S ☒ W of:	KENYON DR
19 Ramp ☐ To / ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.08063
22 Longitude	-74.17918

Vehicle 1

23 Veh #	3
24 Policy No.	939 624 787
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	AVRAHAM
Initial	Y
Last Name	SPITZ
29 Sex	M
27 Number & Street	8 8TH STREET
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S70790718808926
33 DOB (mm dd yyyy)	08/13/1992
34 Expires (mm yy)	08 24
35 Owner's First Name	YEHOSHUA
Initial	M
Last Name	ROSEN
☐ Same As Driver	
36 Number & Street	1100 ROBIN DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	FORD
39 Model	TRA
40 Color	3
41 Year	2017
42 Plate No.	X51KVM
43 State	NJ
44 VIN	1FBZX2ZM0HKA23450
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 #	-
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														
B														
C														
D														

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	02
104	3
105	01
106	-
107	-
108	02
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-
118a	29
118b	-
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	12
130	12
131	-
132	-
133	02
134	-

New Jersey Police Crash Investigation Report

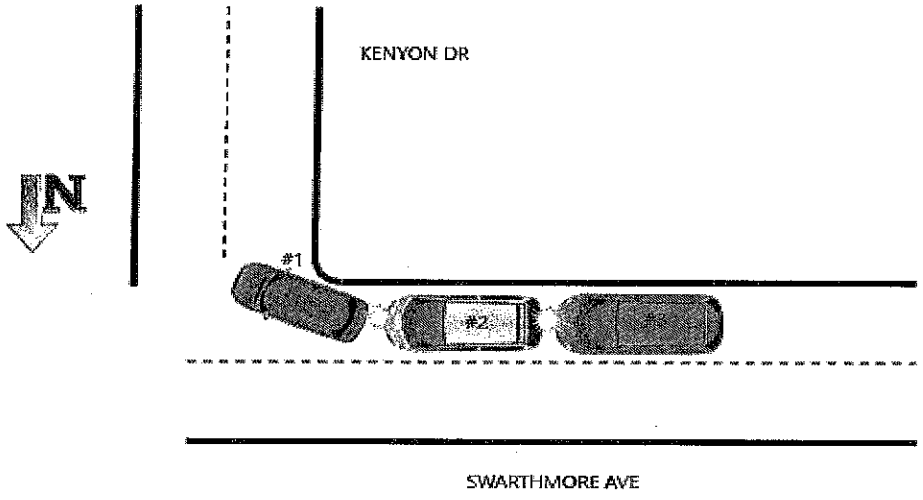
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015009

(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 traveling east on Swarthmore Ave and he slowed down to make a right turn on to Kenyon Dr when Veh #2 struck him from behind. Driver #2 stated he was behind Veh #1 and could not stop in time. Driver #2 stated after hitting Veh #1 that Veh #3 struck him from behind. Driver #3 states that he was behind Veh #2 and when it made a short stop he could not avoid striking it. This officers investigation finds Driver #2 & #3 at fault for the crash. Driver #2 failed to pay attention to the actions of Veh #1 in front of him. Driver #3 failed to remain a safe stopping distance behind Veh #2.

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	22-015020
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	TOWERS STREET
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	NEW HAMPSHIRE AVENUE
11 Speed Limit	25
Dir	-
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	-
22 Longitude	-
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1158
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	C294578-0
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ISAAC - ROTTENBERG
29 Sex	M
27 Number & Street	14 MEADOW LN
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	R67793700009902
33 DOB mm dd yyyy	09/15/1990
34 Expires mm yy	09 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - MIZ CONSTRUCTIO-
36 Number & Street	3 SIENNA WAY
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	RAM / 150 / WHI / 2022 / XLCR74 / NJ
44 VIN	1C6SRFBT9NN203057
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.	SELF-INSURED
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELIECER - CASCANTE
59 Sex	M
57 Number & Street	1 PINEHURST DR RAMP
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / B / - / - / NJ
62 Driver's License Number	C07242070008952
63 DOB mm dd yyyy	08/07/1995
64 Expires mm yy	08 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LAKEWOOD - LAKEWOOD TOWN-
66 Number & Street	231 THIRD STREET
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DEA / DAE / BLK / 2016 / 20577MG / NJ
74 VIN	4A92A1629GT015001
75 Expires	09 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	31	M	-	-	-	11	04	-	-	ISAAC - ROTTENBERG - 14 MEADOW LN LAKEWOOD NJ 08701 - -
B	01	01	01	05	26	M	-	-	-	11	04	-	-	ELIECER - CASCANTE - 1 PINEHURST DR RAMP LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

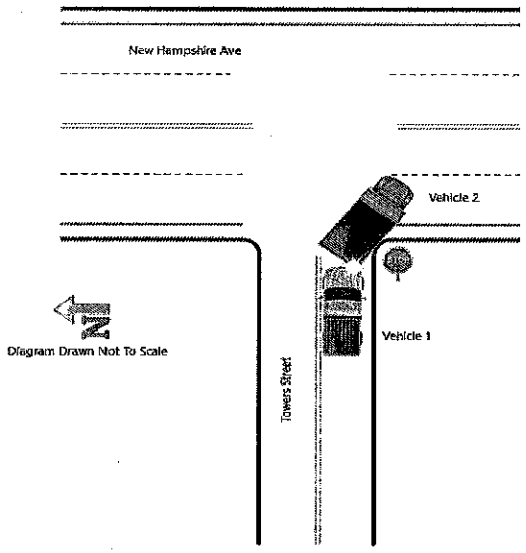
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015020

(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 was traveling east on Towers Street. As he approached the stop sign, vehicle 2 was in front of him attempting to make a right turn onto New Hampshire Avenue. He stated it appeared that driver 2 did not have enough time to make a right onto New Hampshire and so he began to reverse his vehicle, striking vehicle vehicle 1 as he reversed,

Driver of vehicle 2 was traveling east on Towers Street. As he was attempting to make a right onto New Hampshire, a truck that was traveling south on New Hampshire was making a right turn onto Towers Street. He was not sure if he was clear to make the right turn due to the truck making the right turn, so he slightly began to move vehicle 2 back. He stated driver 1 was too close resulting in both vehicles colliding.

Vehicle 1 had damage to the right headlight and vehicle 2 had minor damage to the trailer.

As per my observation and the information provided, driver 1 is at fault for following too close and driver 2 is at fault for unsafe backing.

Vehicle 2 Insurance Information
Self Insured ID: 05-87
Expiration date: 1/1/2023

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015024
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1227
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E COUNTY LINE ROAD
☒ At Intersection With	MONMOUTH AVENUE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
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	40.10573
22 Longitude	-74.21266

Vehicle 1

23 Veh #	1
24 Policy No.	602169605 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NAOMI - MANDELBAUM
29 Sex	F
27 Number & Street	186 GLEN AVE SOUTH
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	M03955790052832
33 DOB (mm dd yyyy)	02/04/1983
34 Expires (mm yy)	02 23
☐ Same As Driver	
35 Owner's First Name / Initial / Last Name	RAPHAEL M MANDELBAUM
36 Number & Street	186 GLEN AVE S
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / 2 / 2020 / X28LZK / NJ
44 VIN	5FNRL6H7XLB011015
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.	909 886 266
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEVORAH - WEINGARTEN
59 Sex	F
57 Number & Street	1471 CANTERBURY RD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	W22841650053024
63 DOB (mm dd yyyy)	03/10/2002
64 Expires (mm yy)	03 26
☐ Same As Driver	
65 Owner's First Name / Initial / Last Name	ABRAHAM - WEINGARTEN
66 Number & Street	1471 CANTERBURY RD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ION / WHI / 2020 / W96NDM / NJ
74 VIN	KMHC85LJ7LU063581
75 Expires	12 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

UTILITY POLE # BT1866

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	39	F	-	-	-	11	11	04	-	NAOMI - MANDELBAUM - 186 GLEN AVE SOUTH LAKEWOOD NJ 08701
B	01	03	01	05	18	F	-	-	-	11	11	04	-	SHOSHANA MANDELBAUM 186 GLEN AVE SOUTH LAKEWOOD NJ 08701
C	02	01	01	05	19	F			-	11	11	04	-	DEVORAH - WEINGARTEN - 1471 CANTERBURY RD LAKEWOOD NJ 08701
D	02	03	01	05	17	F	-	-	-	11	11	04	-	CHANIE WEINGARTEN 1471 CANTERBURY RO LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

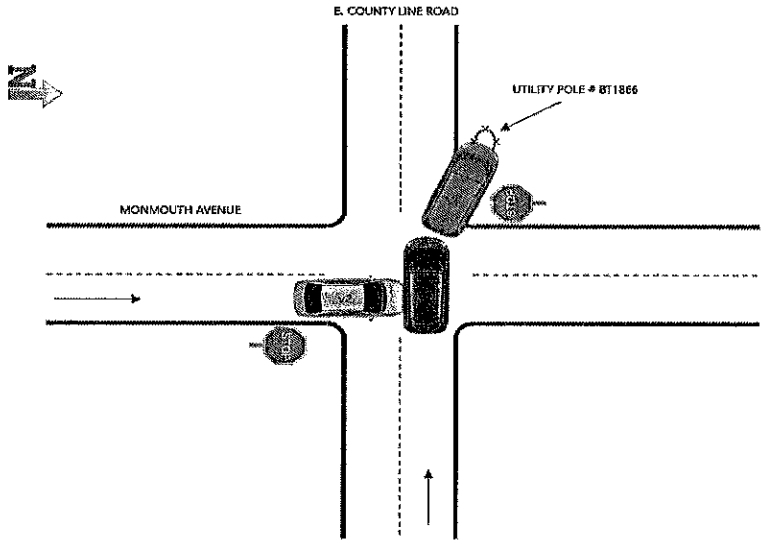
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015024

(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 WEST ON E. COUNTY LINE ROAD WHEN VEHICLE 2 WENT THROUGH A STOP SIGN AT THE INTERSECTION WITH MONMOUTH AVENUE AND STRUCK VEHICLE 1. THE FORCE OF THE CRASH PUSHED VEHICLE 1 INTO A UTILITY POLE (#BT1866).

DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED AT A STOP SIGN ON MONMOUTH AVENUE AT THE INTERSECTION WITH E. COUNTY LINE ROAD FACING NORTH. A UNKNOWN DRIVER TRAVELING EAST ON E. COUNTY LINE ROAD HAD STOPPED AND WAVED HER THROUGH. AS SHE PROCEEED THROUGH THE INTERSECTION, VEHICLE 2 STRUCK VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT HE DRIVER OF VEHICLE 2 FAILED TO STOP OR YEILD AT A STOP SIGN.

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	22-015026
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVENUE
At Intersection With Road Name	-
Dir	-
11 Speed Limit	50
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet ☐ Miles	25
☐ N ☐ E ☒ S ☐ W of:	OCEAN AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1230
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.	129 0381305
25 NJ Ins. Code	360
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GENE / L / PALERMO
29 Sex	M
27 Number & Street	29 KITTIWAKE AVE
28 City / State / Zip	LAVALLETTE / NJ / 08735
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	P02712767309854
33 DOB mm dd yyyy	09/13/1985
34 Expires mm yy	09 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GENE / L / PALERMO
36 Number & Street	29 KITTIWAKE AVE
37 City / State / Zip	LAVALLETTE / NJ / 08735
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / COL / BLK / 2020 / K82MSG / NJ
44 VIN	1GCGTDEN1L1234597
45 Expires	08 24
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.	4561-03-16-28
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BENJAMIN / - / LIPSCHUTZ
59 Sex	M
57 Number & Street	272 RIDGE AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	L45780820003914
63 DOB mm dd yyyy	03/12/1991
64 Expires mm yy	03 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BENJAMIN / - / LIPSCHUTZ
66 Number & Street	272 RIDGE AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / 1 / 2015 / S68KPL / NJ
74 VIN	5NPE24AF4FH132037
75 Expires	10 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.
-		-	-		-
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	36	M	-	-	-	11	04	01		GENE L PALERMO - 29 KITTIWAKE AVE LAVALLETTE NJ 08735 - -
B	02	01	01	05	30	M	-	-	-	11	04	01	-	BENJAMIN - LIPSCHUTZ - 272 RIDGE AVE LAKEWOOD NJ 08701 - -
C	02	03	01	05	1	M	-	-	-	06	04	-	-	YAAKOV - LIPSCHUTZ - 273 RIDGE AVE LAKEWOOD NJ 08701 - -
D														

96	05
97	01
98	01
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	03
118a	04
118b	-
119a	02
119b	-
120a	01
120b	-
121a	01
121b	-
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	07
130	07
131	12
132	12
133	03
134	04

New Jersey Police Crash Investigation Report

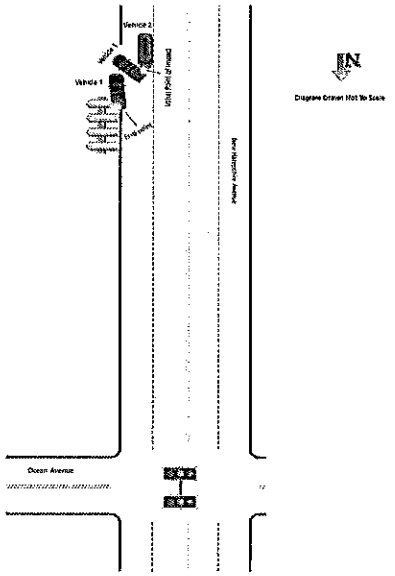
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015026

(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 was traveling south on New Hampshire Avenue. He was attempting make a left turn into the parking lot of PineBelt Chevrolet. A vehicle in the northbound left lane stopped so he could make the turn but vehicle 2, which was in the northbound right lane, did not stop, resulting in both vehicles colliding.

Driver of vehicle 2 was traveling north on New Hampshire Avenue. He was continuing straight on New Hampshire northbound in the right lane of travel. Driver 2 did not observe when the vehicle to his left had stopped for vehicle 1 to allow him to make his turn, resulting in both vehicles colliding.

Drivers and the passenger in vehicle 2 declined medical attention at the scene.

Vehicle 1 had significant damage to left side of the bumper and left panel and some damage to right side of the bumper. Vehicle 2 had damage to fender and hood.

Vehicle 2 was towed due to front airbag deployment . Vehicle 2 was towed by Acme Towing located at 1430 Route 88 in Lakewood, New Jersey.

Due to my observation and the information provided, both drivers are at fault; driver 1 for failure to yield to right of way of vehicle and driver 2 for inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015029
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1239
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☐ W of:	CHESTNUT ST
11 Speed Limit	40
12 Route No.	0009
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	40.05342
22 Longitude	-74.22083

Vehicle 1

23 Veh #	1
24 Policy No.	955267977
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARA K WIEDERMAN -
29 Sex	F
27 Number & Street	110 ELMHURST BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	W41546917260016
33 DOB (mm dd yyyy)	10/16/2001
34 Expires (mm yy)	10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - KARPENSPRUNG -
36 Number & Street	63 CLOVER ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2010 / E51PNW / NJ
44 VIN	4T1BF3EK1AU073774
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.	939681667
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MORDECHAI - BLUTH -
59 Sex	M
57 Number & Street	16 FINCHLEY BLVD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	B56705630009022
63 DOB (mm dd yyyy)	09/23/2002
64 Expires (mm yy)	09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver AVRAHAM A BLUTH -
66 Number & Street	16 FINCHLEY BLVD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / PTH / BLK / 2020 / R74NDM / NJ
74 VIN	5N1DR2AM1LC640933
75 Expires	12 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	20	F	-	-	-	11	04	-	-	SARA K WIEDERMAN - 110 ELMHURST BLVD LAKEWOOD NJ 08701
B	02	01	01	05	19	M	-	-	-	11	04	-	-	MORDECHAI - BLUTH - 16 FINCHLEY BLVD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015029

(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)

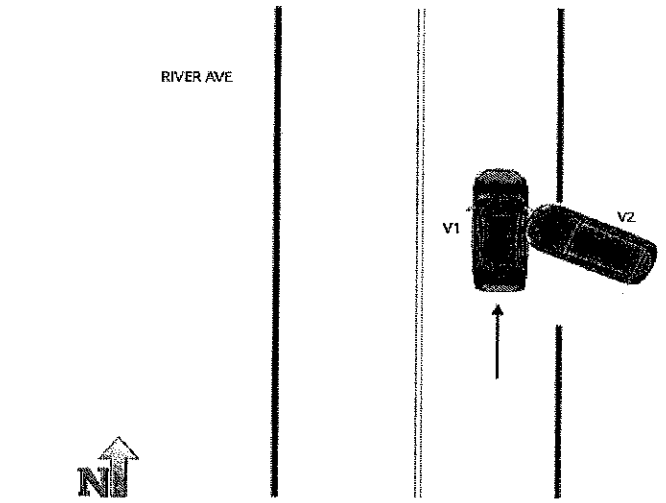


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Sara Wiederman was operating a 2010 Toyota Camry, NJ E51-PNW. Ms. Wiederman stated she was traveling north on River Avenue just past Chestnut Street when a vehicle exiting the parking lot of a shopping plaza struck the passenger side of her vehicle.

Driver 2, Mordechai Bluth was operating a 2020 Nissan Pathfinder, NJ R74-NDM. Mr. Bluth stated he was exiting the parking lot of 1201 River Avenue onto River Avenue north but didn't realize vehicle 1 was passing by in front of him. The front of his vehicle then struck the passenger side of vehicle 1.

Driver 2 was determined to be at fault for failure to stop/yield for the right of way vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015030
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SQUANKUM ROAD
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	10TH STREET
☐ 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	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1256
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101090
22 Longitude	-74.208870

Vehicle 1

23 Veh #	1
24 Policy No.	4624-06-72-54
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SARA
Initial	-
Last Name	PREIL
29 Sex	F
27 Number & Street	411 7TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P73256910059026
33 DOB mm dd yyyy	09/03/2002
34 Expires mm yy	09 25
35 Owner's	☐ Same As Driver
First Name	RASHE
Initial	Z
Last Name	PREIL
36 Number & Street	411 7TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HOND
39 Model	ODY
40 Color	2
41 Year	2020
42 Plate No.	X28LZK
43 State	NJ
44 VIN	5FNRL6H7XLB011015
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 ☒ 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.	6054-93-90-68
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	NINO
Initial	F
Last Name	SACCOMANNO
59 Sex	M
57 Number & Street	1028 CENTER ST
58 City	FORKED RIVER
State	NJ
Zip	08731
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S00325936612032
63 DOB mm dd yyyy	12/20/2003
64 Expires mm yy	12 25
65 Owner's	☐ Same As Driver
First Name	MICHAEL
Initial	A
Last Name	SACCOMANNO
66 Number & Street	1028 CENTER ST
67 City	FORKED RIVER
State	NJ
Zip	08731
68 Make	DODG
69 Model	CHA - CH
70 Color	SIL
71 Year	2014
72 Plate No.	T93NHL
73 State	NJ
74 VIN	2C3CDXBG8EH370947
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.
-		-	-		-
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	19	F	-	-	-	11	04	-	-	SARA - PREIL - 411 7TH ST LAKEWOOD NJ 08701
B	02	01	01	05	61	M	-	-	-	11	04	-	-	MICHAEL A SACCOMANNO - 1028 CENTER ST FORKED RIVER NJ 08731
C														
D														

New Jersey Police Crash Investigation Report

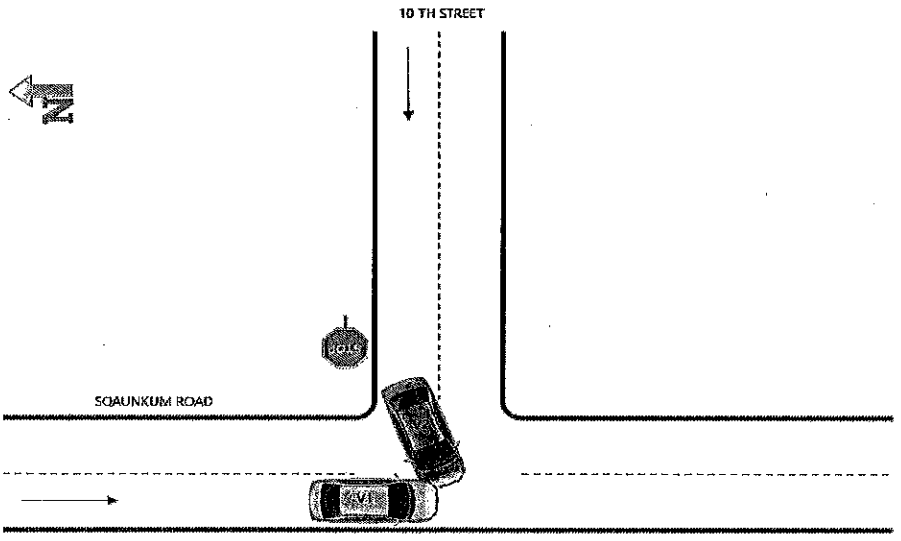
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015030

(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 SQAUNKUM ROAD WHEN VEHICLE 2 MADE A LEFT TURN AT THE INTERSECTION WITH 10TH STREET AND CRASHED INTO VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS MAKING A LEFT TURN ONTO SQAUNKUM ROAD WHEN HE STRUCK VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE LEFT TURN.

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	22-015032
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1304
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	CROSS STREET
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	45
12 Route No.	0009
Dir / Suffix / 13 Milepost	- - -
17 Cross Road Name	-
18 Speed Limit	45
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.	4269-53-04-83
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SORA L EISENSTADT -
29 Sex	F
27 Number & Street	24 ESTI CIR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	E46447207358724
33 DOB (mm dd yyyy)	08/15/1972
34 Expires (mm yy)	08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL H EISENSTADT -
36 Number & Street	24 ESTI CIR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / BLK / 2020 / L94NPA / NJ
44 VIN	5TDBBRCH5LS513898
45 Expires	04 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.	INT60102978802
55 NJ Ins. Code	073
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TOMMIE - RUSSELL -
59 Sex	M
57 Number & Street	34 CAMBRIDGE CT # A
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	01 / B / - / - / NJ
62 Driver's License Number	R94557460001501
63 DOB (mm dd yyyy)	01/26/1950
64 Expires (mm yy)	01 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver TOMMIE - RUSSELL -
66 Number & Street	34 CAMBRIDGE CT # A
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / 150 / GRN / 1999 / H39GUC / NJ
74 VIN	1FDRE14W2XHB49269
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	V1	01	01	05	49	F	-	-	-	11	04	-	-	SORA L EISENSTADT - / 24 ESTI CIR LAKEWOOD NJ 08701 - -
B	V1	03	01	05	14	M	-	-	-	11	04	-	-	ELIEZER - EISENSTADT - / 24 ESTI CIR LAKEWOOD NJ 08701 - -
C	V2	01	01	05	72	M	-	-	-	11	04	-	-	TOMMIE - RUSSELL - / 34 CAMBRIDGE CT # A LAKEWOOD NJ 08701 - -
D														

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	02
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01
118a	09
118b	-
119a	02
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	07
124	04
125	03
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	03
134	02

New Jersey Police Crash Investigation Report

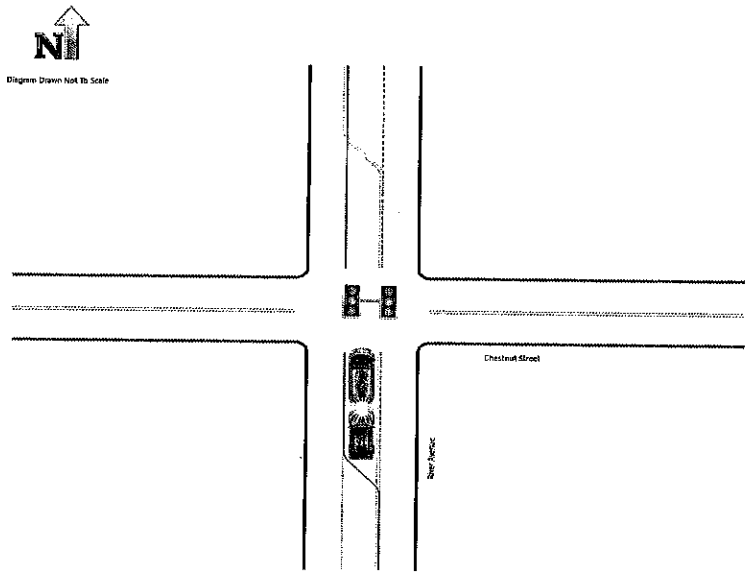
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015032

(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 that prior to the crash she was traveling north bound on River Avenue. The Driver of Vehicle #1 stated that as she approached River Avenue & Cross Street she moved into the left turning lane on River Avenue to turn onto Cross Street. The Driver of Vehicle #1 stated that Vehicle #2 was in front of her and the turn signal turned red. The Driver of Vehicle #1 stated that Vehicle #2 then began to reverse until he made contact with the front of her Vehicle. The Driver of Vehicle #1 did not report any injury as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash he was traveling north bound on River Avenue. The Driver of Vehicle #2 stated that as he approached River Avenue and Cross Street he entered the left turning lane on River Avenue. The Driver of vehicle #2 stated that as he approached the traffic signal it turned red. The Driver of Vehicle #2 stated that he came to a stop before the rear of his Vehicle was struck by Vehicle #1. The Driver of Vehicle #2 did not report any injury as a result of the crash.

After taking statements, I find both statements have the potential to be true. At this time I have been unable to identify any cameras that may have captured the accident. I can not confirm at this time which party is at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015033
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LOCUST ST
Road Name	-
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ At Intersection With	VERMONT AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	04
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1305
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.04684
22 Longitude	-74.20968

Vehicle 1

23 Veh #	1
24 Policy No.	4625188455
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSEPH - KATZ
29 Sex	M
27 Number & Street	1285 ROLLS CT
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	K08614100010996
33 DOB mm dd yyyy	10/11/1999
34 Expires mm yy	10 / 24
35 Owner's First Name / Initial / Last Name	☒ Same As Driver JOSEPH - KATZ
36 Number & Street	1285 ROLLS CT
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / WRG / 6 / 2011 / LEZA96 / NJ
44 VIN	1J4GA5D1XBL617509
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.	4147577508
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RIVKA - FRIEDMAN
59 Sex	F
57 Number & Street	16 N APPLE ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	F74026580057802
63 DOB mm dd yyyy	07/10/1980
64 Expires mm yy	07 / 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RAPHAEL B FRIEDMAN
66 Number & Street	16 N APPLE ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / GRY / 2014 / S76KAY / NJ
74 VIN	5FNRL5H96EB022480
75 Expires	05 / 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.
-		--	-		-
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	-	-	JOSEPH - KATZ - 1285 ROLLS CT TOMS RIVER NJ 08755
B	02	01	01	05	41	F		-		04	-	-		RIVKA - FRIEDMAN - 16 N APPLE ST LAKEWOOD NJ 08701
C	02	05	01	05	8	M	-	-	-	05	05	-	-	SHMUEL - FRIEDMAN 16 N APPLE ST LAKEWOOD NJ 08701
D	02	04	01	05	1M	F	-	-	-	06	06	-	-	CHAVA LEAH - FRIEDMAN 16 N APPLE ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015033

(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)

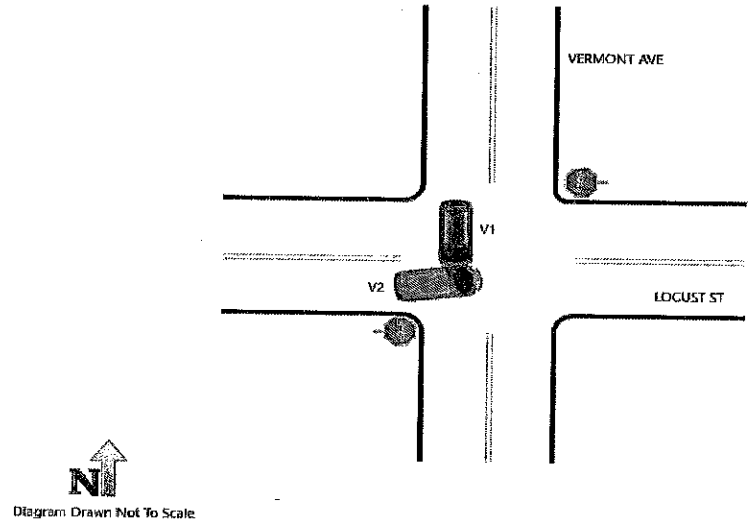


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Joseph Katz was operating a 2011 Jeep Wrangler, NJ LEZ-A96. Mr. Katz stated he was traveling south on Vermont Avenue entering the intersection at Locust Street when vehicle 2 entered the intersection in front of him traveling east on Locust Street. Mr. Katz stated he was unable to stop or avoid vehicle 2 and a collision occurred in the intersection.

Driver 2, Rivka Friedman was operating a 2014 Honda Odyssey, NJ S76-KAY. Mrs. Friedman stated she was stopped at the stop sign on Locust Street at the intersection with Vermont Avenue. She began to enter the intersection when the front driver side of her vehicle was struck by the front of vehicle 1 which was traveling south on Vermont Avenue.

Driver 2 was determined to be at fault for failure to stop/yield for the right of way vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015038
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	STATE HWY 70
E	
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☒ At Intersection With	SHORROCK ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
19 Ramp ☒ To ☐ From:	SHORROCK ST
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☒ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1346
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.05558
22 Longitude	-74.16089

Vehicle 1

23 Veh #	1
24 Policy No.	F10173999-3
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LAURA A DIBIAGIO -
29 Sex	F
27 Number & Street	1012A ABERDEEN DRIVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	D40434436151576
33 DOB mm dd yyyy	01/16/1957
34 Expires mm yy	01 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LAURA A DIBIAGIO -
36 Number & Street	1012A ABERDEEN DRIVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / HRV / WHI / 2020 / ZXS17S / NJ
44 VIN	3CZRU6H51LM728033
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.	HPA00002153324
55 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GREGORY J MAESTRI -
59 Sex	M
57 Number & Street	230 TEAL RD
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	M01183027102862
63 DOB mm dd yyyy	02/07/1986
64 Expires mm yy	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SAMANTHA L RUFFINI -
66 Number & Street	230 TEAL ROAD
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / GRN / 1999 / Y35NYR / NJ
74 VIN	1FMYU24E7XUC79812
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	01	01	01	05	65	F	-	-	-	11	04	-	-	LAURA A DIBIAGIO - 1012A ABERDEEN DRIVI LAKEWOOD NJ 08701
B	02	01	01	05	36	M	-	-	-	11	04	-	-	GREGORY J MAESTRI - 230 TEAL RD BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

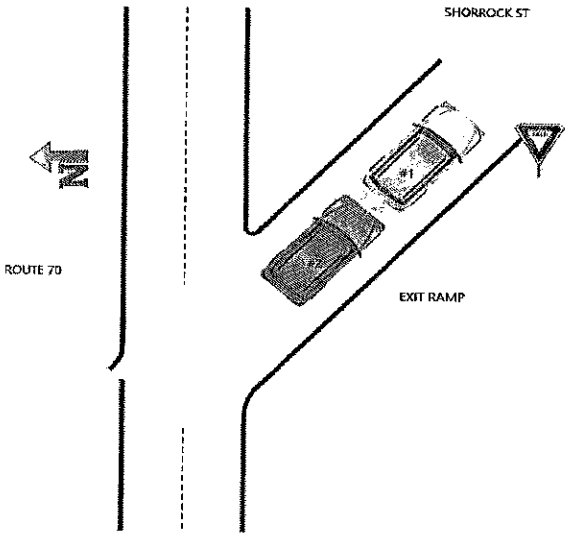
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015038

(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 she was waiting to yield on to Shorrock St from Rt 70 when she was struck from behind by Veh #2. Driver #2 stated that he couldn't stop and slid in to Veh #1. This officers investigation finds Driver #2 at fault for failing to pay attention to the actions of Veh #1 and for failing to keep a safe stopping distance behind it.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015057
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	10TH STREET
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☐ At Intersection With	
☒ Feet ☐ Miles	30
☐ N ☒ E ☐ S ☐ W of:	FOREST AVENUE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1520
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09947
22 Longitude	-74.22023

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-231-506449-40 1 4
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARA - PREIL
29 Sex	F
27 Number & Street	411 7TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	P73256910059026
33 DOB mm dd yyyy	09/03/2002
34 Expires mm yy	09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RASHE Z PREIL
36 Number & Street	411 7TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2016 / S59LVR / NJ
44 VIN	4T4BF1FK2GR579230
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.	4604-80-80-40
55 NJ Ins. Code	100
☒ 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 CHAIM - RUBNITZ
66 Number & Street	801 MADISON AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / OPT / 3 / 2017 / G38MYS / NJ
74 VIN	5XXGT4L34HG177230
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	19	F	-	-	-	11	04	-	-	SARA - PREIL - 411 7TH ST LAKEWOOD NJ 08701
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015057
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	10TH STREET
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	30
☐ N ☒ E ☐ S ☐ W	of: FOREST AVENUE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1520
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09947
22 Longitude	-74.22023

Vehicle 1

23 Veh #	3
24 Policy No.	4627-37-71-48
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	GITTEL - FEILER
☐ Same As Driver	
36 Number & Street	220 5TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	TOYT
39 Model	CAM
40 Color	BLK
41 Year	2017
42 Plate No.	D10MKG
43 State	NJ
44 VIN	4T1BF1FK0HU345437
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 #	-
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.	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														
B														
C														
D														

96	
05	
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	3
105	06
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-
118a	25
118b	-
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	10
123	-
124	04
125	-
126a	28
126b	-
126c	-
126d	-
126e	28
127a	-
127b	-
127c	-
127d	-
127e	-
128	
129	06
130	06
131	-
132	-
133	02
134	-

New Jersey Police Crash Investigation Report

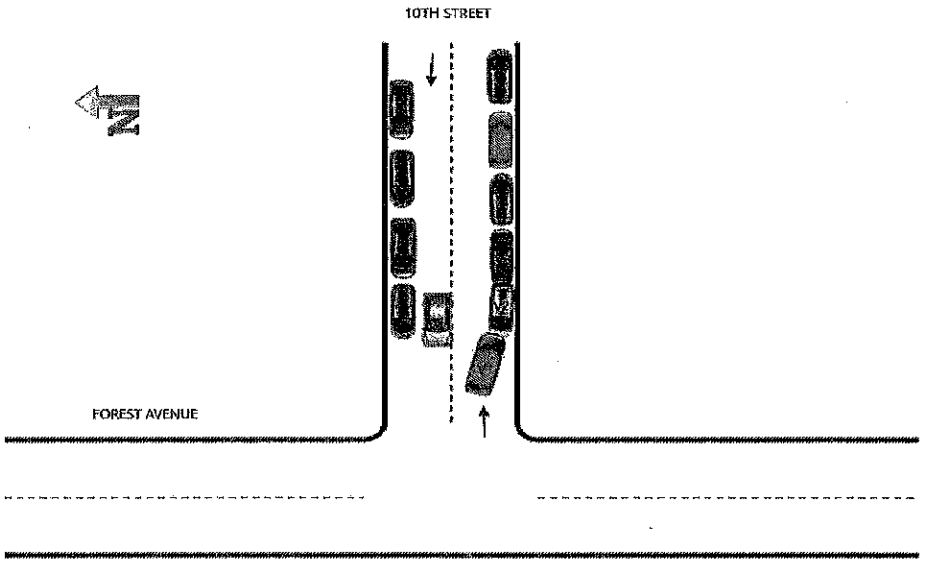
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015057

(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 MADE A LEFT TURN ONTO 10TH STREET FROM FOREST AVENUE. AS SHE PROCEEDED EAST ON 10TH STREET, A UNKNOWN VEHICLE TRAVELING IN THE OPPOSITE DIRECTION FORCED HER TO SWERVE TO THE RIGHT WHICH CAUSED HER TO CRASH INTO THE REAR OF VEHICLE 2. THE FORCE OF THE CRASH PUSHED VEHICLE 2 INTO THE REAR OF VEHICLE 3.

AT THE TIME OF THE CRASH VEHICLE 2 WAS ILLEGALLY PARKED FACING WEST. VEHICLE 3 WAS LEGALLY PARKED FACING EAST.

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	22-013707
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
10 Crash Occurred On:	2ND STREET
At Intersection With	☐
Road Name	2ND STREET
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	500
☐ N ☒ E ☐ S ☐ W of:	CLIFTON AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
6 Time (use 2400 hrs)	1224
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.	9969128372061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RATZI - KARMEL -
29 Sex	F
27 Number & Street	1 ROCKEFELLER DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	K06306420053904
33 DOB (mm dd yyyy)	03/07/1990
34 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MENACHEM M KARMEL -
36 Number & Street	1 ROCKEFELLER DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / SIL / 2014 / J10GDY / NJ
44 VIN / 45 Expires	5TDKK3DCXES457797 / 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	- / - / -
135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
Oper. / 136 Charge / 137 Summons. No.	- / 0.0.0.0 / -
Oper. / 140 Charge / 141 Summons. No.	- / 0.0.0.0 / -

Vehicle 2

53 Veh #	2
54 Policy No.	927601611
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEIDRE R WARDEN -
59 Sex	F
57 Number & Street	1306 ARCADIA CT.
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	W05661597962836
63 DOB (mm dd yyyy)	12/19/1983
64 Expires (mm yy)	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DEIDRE R WARDEN -
66 Number & Street	1306 ARCADIA CT.
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / GRA / BLK / 2009 / G13KYT / NJ
74 VIN / 75 Expires	1D8HN541X9B500108 / 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	- / - / -
Oper. / 138 Charge / 139 Summons. No.	- / 0.0.0.0 / -
Oper. / 142 Charge / 143 Summons. No.	- / 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	31	F	-	-	-	11	04	-	-	RATZI - KARMEL - 1 ROCKEFELLER DR LAKEWOOD NJ 08701 - -
B	V1	06	01	05	8	F	-	-	-	11	04	-	-	MALKY - KARMEL - 1 ROCKEFELLER DR LAKEWOOD NJ 08701 - -
C	V1	04	01	05	8	F	-	-	-	11	04	-	-	MATTI - KARMEL - 1 ROCKEFELLER DR LAKEWOOD NJ 08701 - -
D	V2	01	01	05	38	F	-	-	-	11	04	-	-	DEIDRE R WARDEN - 1306 ARCADIA CT. JACKSON NJ 08527 - -

New Jersey Police Crash Investigation Report

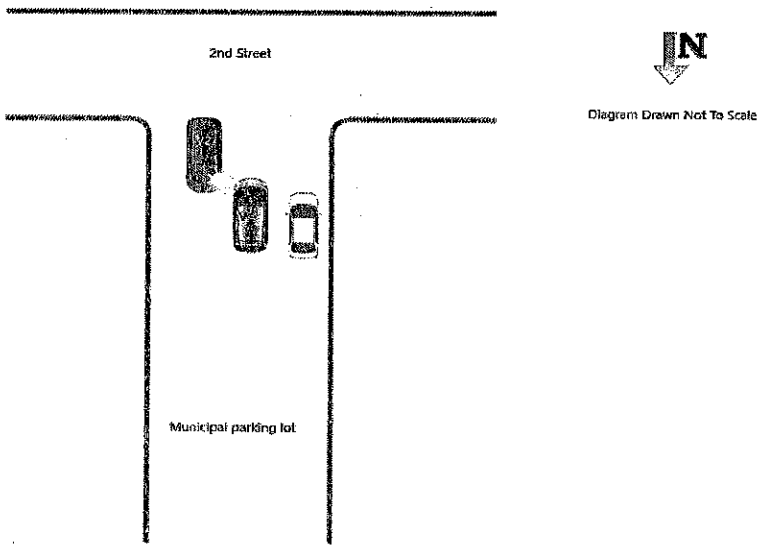
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013707

(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	V2	06	01	05	8	F	-	-	-	11	04	-	-	MALKY - KARMEL - 1 ROCKEFELLER DR LAKEWOOD NJ 08701 - -
	F	V2	04	01	05	8	F	-	-	-	11	04	-	-	MATTI - KARMEL - 1 ROCKEFELLER DR LAKEWOOD NJ 08701 - -
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound in the Municipal parking lot. Driver 1 said she was going around a car parked in a no-parking zone when she saw V2 enter the parking lot and immediately used the horn to alert V2 that she was heading towards V2. Driver 1 mentioned that V2 collided with her car.

Vehicle 2 was traveling Northbound in the Municipal parking lot. Driver 2 explained that she entered the parking lot, and shortly after, V1 collided with her car.

Investigation revealed Vehicle 1 was traveling Southbound, and Vehicle 2 was traveling Northbound in the Municipal parking lot. V1 drove around a car parked in a no-parking zone, then V1 and V2 collided. The unknown vehicle parked in the no-parking zone was not on the scene upon my arrival, and no car information was provided. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014596
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)	1958
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDAR ST (Road Name)
☒ At Intersection With	HENRY ST
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	25
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.077200
22 Longitude	-74.214940

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 #	2
54 Policy No.	AOJ-231-767407-45 1 6
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DIANE - SCHWEKY -
59 Sex	F
57 Number & Street	80 COLES WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	S15761670051036 / 01/21/2003 / 01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ISAAC - SCHWEKY -
66 Number & Street	80 COLES WAY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2011 / D31ELK / NJ
74 VIN / 75 Expires	5TDKK3DC6BS112990 / 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.	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			00	00	00	00	00			
B	02	01	01	05	19	F	-	-	-	11	04	-	-	DIANE - SCHWEKY - / 80 COLES WAY LAKEWOOD NJ 08701
C	02	03	01	05	17	F	-	-	-	11	04	-	-	ZAHAVA N BARHEN / 299 W. END AVE LONG BRANCH NJ 07740
D														

New Jersey Police Crash Investigation Report

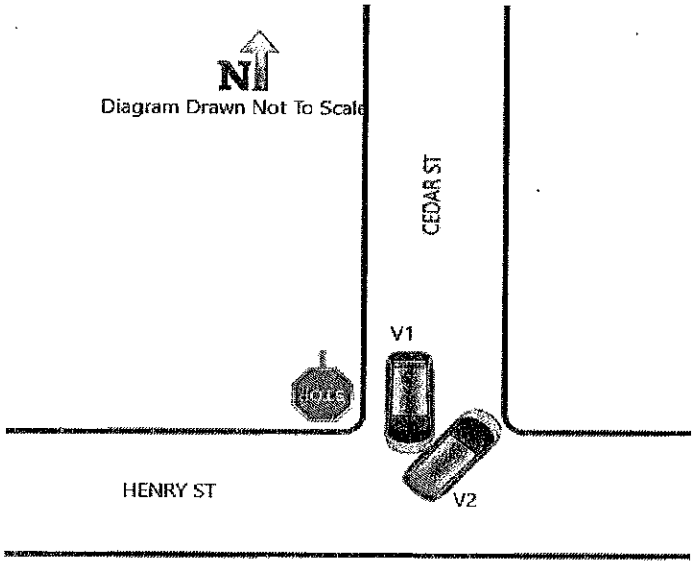
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014596

(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 Deplt	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 V2 stated she was traveling east on Henry St. She observed V1 stopped on Cedar St at the stop sign facing south. She stated V1 was further to the left of the road than normal. She believed the driver of V1 was using a cell phone based on the driver looking down at an illuminated object. V2 turned left onto Cedar St. While turning, V1 began moving. V1 and V2 collided. V1 fled the scene west on Henry St. The driver of V2 described V1 to be a silver or gray newer model Toyota Sienna operated by an approximately forty five year old Jewish woman.

V1 sustained damage to the front driver headlight and quarter panel.

Based on my investigation, V1 caused the crash by striking V2 while V2 was turning.

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	22-014815
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	ASHLEY AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	75
☐ N ☐ E ☒ S ☐ W of:	LINCOLN ST
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)	1500
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.080600
22 Longitude	-74.209990

Vehicle 1

23 Veh #	1
24 Policy No.	939 602 670
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ESTHER G SCHEINERMAN -
29 Sex	F
27 Number & Street	271 LINCOLN ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
31 State	NJ
32 Driver's License Number	S13542396757904
33 DOB mm dd yyyy	07/22/1990
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DOV B SCHEINERMAN -
36 Number & Street	271 LINCOLN ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / BLK / 2021 / J91NMZ / NJ
44 VIN	5FNRL6H72MB042681
45 Expires	03 24
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.	4568-23-47-79
55 NJ Ins. Code	100
☒ 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 EBODIA - ROMERO-SANCHEZ -
66 Number & Street	232 LOIS LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EXP / WHI / 2014 / Y99KRV / NJ
74 VIN	1FM5K8D86EGA83930
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	1	01	01	05	31	F	-	-	-	11	04	-	-	ESTHER G SCHEINERMAN - 271 LINCOLN ST LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

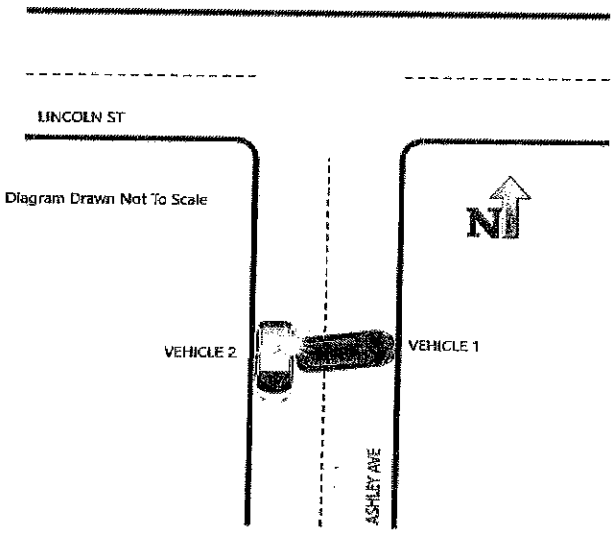
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014815

(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 around 1500 hours today she was backing out of the driveway of 407 Ashley Ave when she struck Vehicle 2, which was legally parked alongside Ashley Ave. Driver of Vehicle 1 left a phone number on the windshield for the owner to contact her. Owner of Vehicle 2 observed the damages around 1830 hours and contacted the police. Contact was made with driver of Vehicle 1 with no incident.

Vehicle 1 sustained scratches to the rear driver side bumper area. Vehicle 2 sustained denting and scratching to the driver side passenger door.

From my investigation, I concluded that driver of Vehicle 1 was at fault for backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	JP	283	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-014840
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)	2105
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVE
Location	☒ At Intersection With
of (Road Name)	HOLLY ST
11 Speed Limit	25
12 Route No.	0088
18 Speed Limit	25
21 Latitude	-
22 Longitude	-

Margin code	Value
96	05
97	01
98	05
99	02
100a	01
100b	04
101	02
102	02
103	02
104	2
105	05
106	-
107	-
108	04
109	01
110	01
111	00
112	-
113	-
114	-
115	-
116	04
117	01
118a	25
118b	-
119a	16
119b	08
120a	01
120b	-
121a	00
121b	00
122	03
123	02
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	00
132	00
133	03
134	00

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	HPA00002709131
25 NJ Ins. Code	017
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	GLORIA L ONOFRE-AVENDANO -
29 Sex	F
27 Number & Street	412 LAUREL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	059552937352772
33 DOB	02/07/1977
34 Expires	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver; JOSE M CRUZ-CRUZ -
36 Number & Street	412 LAUREL AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	TOYT
39 Model	HIG
40 Color	WHI
41 Year	2019
42 Plate No.	P92LHJ
43 State	NJ
44 VIN	5TDBZRFH3KS979366
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

Field	Value
53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
Status	☐ 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	☒ 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	45	F	-	-	-	11	04	-	-	GLORIA L ONOFRE-AVENDANO - 412 LAUREL AVE LAKEWOOD NJ 08701
B	2	01	01	05	00	U	00	00	00	00	00			UNKNOWN
C														
D														

New Jersey Police Crash Investigation Report

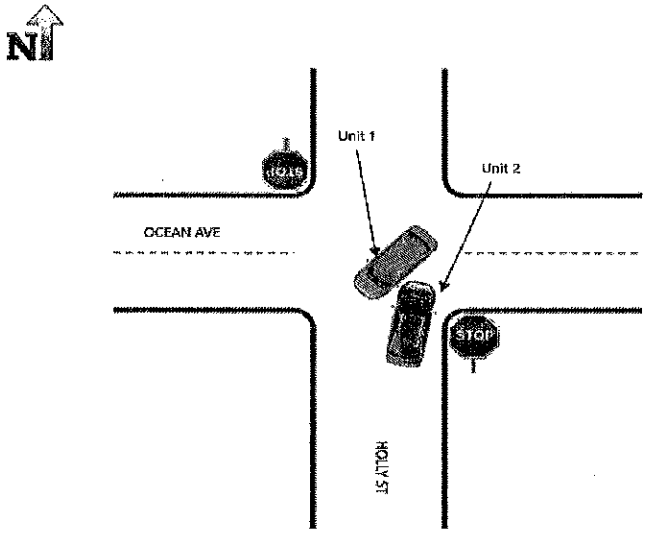
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-014840

(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 THAT SHE WAS TRAVELING WEST ON OCEAN AVE. AND STARTED TO MAKE A LEFT TURN ONTO HOLLY ST. SHE SAID VEHICLE #2 WAS MAKING A RIGHT ON ONTO OCEAN AVE. FROM HOLLY ST. AND STRUCK HER VEHICLE. SHE SAID THAT VEHICLE #2 DID NOT STOP AT THE STOP AND LEFT THE SCENE TRAVELING EAST ON OCEAN AVE. SHE ATTEMPTED TO FOLLOW THE VEHICLE BUT LOST SIGHT OF IT IN THE AREA OF OCEAN AND NEW HAMPSHIRE AVE.

VEHICLE #2 IS DESCRIBED AS A RED OR MARRON VAN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	JP	283	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-011196
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SQUANKUM ROAD
At Intersection With	
Feet / Miles	100
N / S / E / W of:	N
Road Name	SQUANKUM ROAD
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
17 Cross Road Name	APOLLO ROAD
19 Ramp To / From	-
NB / SB / EB / WB	
20 Route/Name	
4 Date of Crash mm dd yy	02/11/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0829
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10925
22 Longitude	-74.20034

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 ☐ 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.	109 621 999
55 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JULIO D VALDES -
59 Sex	M
57 Number & Street	117 E KENNEDY BLVD; 18
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	V02564206408532
63 DOB mm dd yyyy	08/10/1953
64 Expires mm yy	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JULIO D VALDES -
66 Number & Street	117 E KENNEDY BLVD; 18
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	TOYT
69 Model	COR
70 Color	GRY
71 Year	2003
72 Plate No.	K44CZR
73 State	NJ
74 VIN	2T1BR32E33C098346
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 ☐ 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	-	-	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	68	M	-	-	-	11	04	-	-	JULIO D VALDES - 117 E KENNEDY BLVD; 1: LAKEWOOD NJ 08701
B	03	01	01	05	31	M	-	-	-	11	04	-	-	MORDECHAI N SHULMAN - 1421 ARDENWOOD AVE LAKEWOOD NJ 08701
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-011196
2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01
3 Station/Precinct:

10 Crash Occurred On: SQUANKUM ROAD - (Road Name, Dir)
11 Speed Limit: 40
12 Route No.: - Suffix: - 13 Milepost: -
☐ At Intersection With
14: 100 ☐ Feet ☐ Miles 15
16: ☒ N ☐ E ☐ S ☐ W of: APOLLO ROAD (17 Cross Road Name)
18 Speed Limit: 25
19 Ramp ☐ To ☐ From: -
20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 02/11/22
5 Day Of Week: FRIDAY
6 Time (use 2400 hrs): 0829
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --
21 Latitude: 40.10925
22 Longitude: -74.20034

Vehicle 3

23 Veh #: 3
24 Policy No.:
25 NJ Ins. Code:
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: MORDECHAI Initial: N Last Name: SHULMAN - 29 Sex: M
27 Number & Street: 1421 ARDENWOOD AVE
28 City: LAKEWOOD State: NJ Zip: 08701
30 Eyes: 5 DL Class: D Restrictions: - Endorsements: - 31 State: NJ
32 Driver's License Number: S36895637503905
33 DOB (mm dd yyyy): 03/09/1990
34 Expires (mm yy): 03 23

35 Owner's ☐ Same As Driver First Name: ESTER Initial: M Last Name: SHULMAN -
36 Number & Street: 1421 ARDENWOOD AVE
37 City: LAKEWOOD State: NJ Zip: 08701
38 Make: TOYT 39 Model: COR 40 Color: 3 41 Year: 2010 42 Plate No.: U80EDM 43 State: NJ
44 VIN: 2T1BU4EE6AC502902 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: -

Second Vehicle

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 ☐ Same As Driver First Name: - 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 - ☐ 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														

Right codes	
118a	02
118b	09
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	12
130	12
131	-
132	-
133	03
134	-

New Jersey Police
Crash Investigation Report

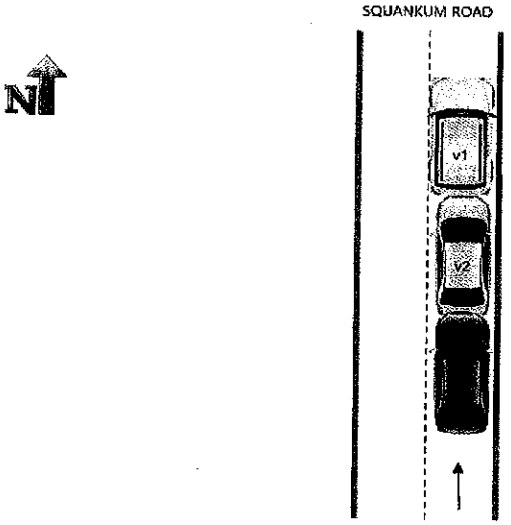
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-011196

(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 OF VEHICLE 2 STATED HE WAS STOPPED IN TRAFFIC WHEN HE WAS STRUCK IN THE REAR BY VEHICLE 3. THE FORCE OF THE CRASH PUSHED VEHICLE 2 INTO THE REAR OF VEHICLE 1. DRIVER 2 ALSO STATED THAT VEHICLE 1 LEFT THE SCENE TRAVELING NORTH ON SQUANKUM ROAD.

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING NORTH ON SQUANKUM ROAD WHEN SHE STRUCK VEHICLE 2 IN THE REAR.

THIS INVESTIGATION DETERMINED VEHICLE 3 AT FAULT.

VEHICLE 1 WAS DESCRIBED AS A YELLOW PASSENGER VAN (UNKNOWN PLATE).

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-011196
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/11/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0829
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 / Dir / 14 / 15 / 16
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
17 Cross Road Name	19 ☐ To Ramp ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude / 22 Longitude	

Vehicle 1

23 Veh #	
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	01
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 #	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	JULIO D VALDEZ-FERNANDEZ- M
57 Number & Street	219 ROBERTS ROAD
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	V02564206408532 08/10/1953 08 24
65 Owner's First Name / Initial / Last Name; ☐ Same As Driver	JULIO D VALDEZ-FERNANDE-
66 Number & Street	219 ROBERTS ROAD
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT COR GRY 2003 K44CZR NJ
74 VIN / 75 Expires	2T1BR32E33C098346 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	01	01	01	05	68	M	-	-	-	11	04	-	-	JULIO D VALDEZ-FERNANDEZ - 219 ROBERTS ROAD TOMS RIVER NJ 08755
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number: **22-011196**

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): **02/11/22**

5 Day Of Week: **FRIDAY**

6 Time (use 2400 hrs): **0829**

7 Municipality Code: **1514**

8 Total Killed: **--**

9 Total Injured: **--**

10 Crash Occurred On: ☐ At Intersection With Road Name ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: 14 15 16

11 Speed Limit / Dir

12 Route No. / Suffix / 13 Milepost / 18 Speed Limit

17 Cross Road Name

19 Ramp ☐ To ☐ From: ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude

22 Longitude

Driver

23 Veh #

24 Policy No.

25 NJ Ins. Code

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

26 Driver's First Name: **MORDECHAI** Initial: **N** Last Name: **SHULMAN** 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

Passenger

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

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: 22-011196

(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 2/16/2002 AT 0913 THE CORRECT DRIVER 2 AND VEHICLE 2 INFORMATION WAS ADDED.

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number: **22-011196**

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

3 Station/Precinct: **-**

10 Crash Occurred On: **655 SQUANKUM RD** (Road Name) | 11 Speed Limit | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ At Intersection With | Dir

☐ Feet ☐ N ☐ E of: | ☐ 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	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
02/11/22	FRIDAY	0829	1514	--	--	40.109250	-74.200340

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 ☐ 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: **JULIO** | Initial: **D** | Last Name: **VALDES** | 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														
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-011196
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	655 SQUANKUM RD
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
☐ At Intersection With / Road Name / Dir	
☐ Feet ☐ N ☐ E of:	
☐ 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	02/11/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0829
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.109250
22 Longitude	-74.200340

Vehicle 3

23 Veh #	3
24 Policy No.	939 711 302
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI / N / SHULMAN
29 Sex	-
27 Number & Street	
28 City / State / Zip	
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	3
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 53

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

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														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-011196

(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 Deployed 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

BOX'S 24 & 25 WAS ADDED...

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-009982
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OAK ST
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
☒ Feet	25
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	SHERATON DR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/07/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0726
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.06676
22 Longitude	-74.21668

Vehicle 1

23 Veh #	1
24 Policy No.	G01136415500
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAIM Z CWEIBER -
29 Sex	M
27 Number & Street	192 MARION CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	C95831208911954
33 DOB mm dd yyyy	11/26/1995
34 Expires mm yy	11 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JUAN C TORRES -
36 Number & Street	465 PIEL AVENUE
37 City / State / Zip	BRICK NJ 08723
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / GRN / 2000 / N25LRT / NJ
44 VIN	JHLRD1866YC030398
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.	923999757
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 FAIGY T KRUPENIA -
66 Number & Street	192 MARION CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / 4 / 2019 / V38MHK / NJ
74 VIN	4T1BZ1FB6KU033427
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.	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	24	M	-	-	-	11	00	-	-	ERIC - TORRES - 465 PIEL AVE BRICK NJ 08723
B	2	01	01	05	26	M	-	-	-	11	00	-	-	CHAIM Z CWEIBER - 192 MARION CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

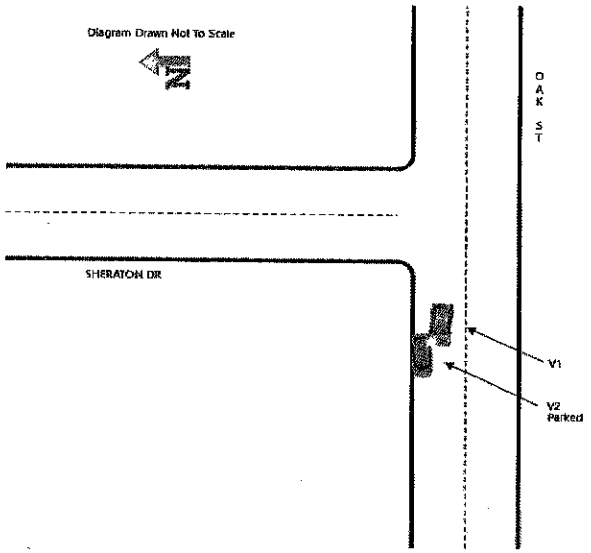
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-009982

(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 that he was traveling on Oak St West bound. He applied his brakes, when he did the vehicle started to slide and he could not control it. His vehicle then struck V2 (which was parked).

Operator of V2 said that he was sitting in his parked vehicle on Oak St ,when V1 struck his vehicle.

After speaking with both drivers it was determined that the icy road was a contributing factor for the collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-009982
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/07/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0726
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	
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	
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ERIC
Initial	-
Last Name	TORRES
29 Sex	M
27 Number & Street	465 PIEL AVE
28 City	BRICK
State	NJ
Zip	08723
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	T66462320012972
33 DOB (mm dd yyyy)	12/28/1997
34 Expires (mm yy)	12 23
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	- - -
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.
1	39:6B-2	1514A292116			
	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					24	M								ERIC - TORRES - 465 PIEL AVE BRICK NJ 08723
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-009982

(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 was mailed a summons for no insurance. The card that was shown at the time of the crash was valid, but after speaking with the insurance company this officer was advised that it was cancelled on 12/27/2021. This was brought to this officers attention by the parked vehicle occupant.

While reviewing the information I realized that I had put the wrong person as driver of V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. CARABALLO	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	21-128923
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/06/21
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2211
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	CEDARBRIDGE AVE (Road Name)
At Intersection With	FLANNERY AVE
Feet / Miles	10 Feet
N E S W of:	S W
11 Speed Limit	50
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	-
21 Latitude	40.074600
22 Longitude	-74.181450

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-238 670841-70 19
25 NJ Ins. Code	370
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐
26 Driver's First Name	CHANI
Initial	-
Last Name	SEIDENFELD
29 Sex	F
27 Number & Street	6 ESTHER CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S22591200056022
33 DOB (mm dd yyyy)	06/19/2002
34 Expires (mm yy)	06 24
35 Owner's First Name	JEFFREY
Initial	-
Last Name	SEIDENFELD
Same As Driver	☐
36 Number & Street	6 ESTHER CT
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HOND
39 Model	ACC
40 Color	SIL
41 Year	2019
42 Plate No.	L54PEZ
43 State	NJ
44 VIN	1HGCV1F17KA008776
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.	939 381 560
55 NJ Ins. Code	054
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐ ☐ ☐ ☐ ☐
56 Driver's First Name	MIRIAM
Initial	-
Last Name	BERNFELD
59 Sex	F
57 Number & Street	13 KEW GARDENS DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	B27255580052775
63 DOB (mm dd yyyy)	02/02/1977
64 Expires (mm yy)	02 23
65 Owner's First Name	AVROHOM
Initial	S
Last Name	BERNFELD
Same As Driver	☐
66 Number & Street	13 KEW GARDENS DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	SIE
70 Color	GRY
71 Year	2017
72 Plate No.	S79NMX
73 State	NJ
74 VIN	5TDKZ3DC5HS849649
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.	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	19	F	-	-	-	11	04	-	-	CHANI - SEIDENFELD - / 6 ESTHER CT LAKEWOOD NJ 08701
B	02	01	01	04	44	F	04	08	01	11	04	-	-	MIRIAM - BERNFELD - / 13 KEW GARDENS DR LAKEWOOD NJ 08701
C	02	03	01	05	43	M	-	-	-	11	04	-	-	AVROHOM S BERNFELD - / 13 KEW GARDENS DR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

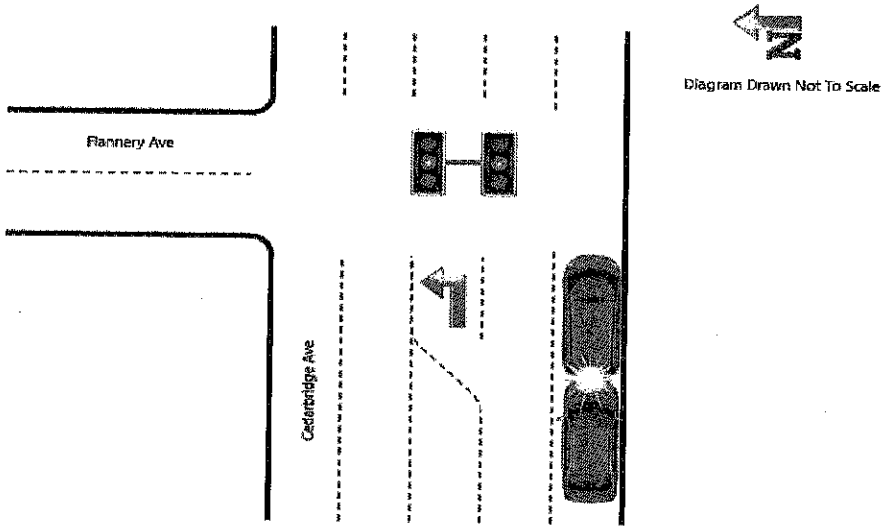
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-128923

(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 01 stated she was traveling East on Cedarbridge Avenue and tried stopping for the red traffic signal but her vehicle slid on the wet pavement and struck the rear of Vehicle 02. Driver 01 stated Vehicle 02 was already stopped at the light. Driver 01 had no complaint of pain or injuries.

Driver 02 stated she was traveling East on Cedarbridge Avenue and was fully stopped at the red traffic signal. Driver 02 stated while she was stopped at the traffic signal, Vehicle 02 had struck the rear of her vehicle. Driver 02 had a slight discomfort in her neck and was checked by Hatzolah prior to my arrival but denied going to the hospital at this time. The passenger in Vehicle 02 had no complaint of pain or injuries.

After my investigation, I concluded that Driver 01 was at fault for this crash due to striking the rear of Vehicle 02 while trying to stop.

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	21-128923
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	12/06/21
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2211
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	
17 Cross Road Name	
19 Ramp	☐ To ☐ From:
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	
24 Policy No.	939 381 560
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANI - SEIDENFELD -
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 #	
54 Policy No.	AOJ-238 670841-70 19
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MIRIAM - BERNFELD -
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														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 21-128923

(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 01 and Driver 02 insurance information had to be swapped due to being added to the report in the incorrect slots.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PATROLMAN NICHOLAS ROMEO	395	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	22-015754
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
At Intersection With Road Name	
11 Speed Limit	40
Dir / 12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	50
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
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)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0917
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1

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 ☐ 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.	F282287-2
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MAX A LORENZO -
59 Sex	M
57 Number & Street	310 RICHARD ROAD
58 City / State / Zip	FORKED RIVER NJ 08731
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	L65855326106992
63 DOB (mm dd yyyy)	06/20/1999
64 Expires (mm yy)	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver AMY M LORENZO -
66 Number & Street	310 RICHARD ROAD
67 City / State / Zip	FORKED RIVER NJ 08731
68 Make	JEEP
69 Model	REN
70 Color	BLK
71 Year	2018
72 Plate No.	H60KVK
73 State	NJ
74 VIN	ZACCJBAB1JPH06105
75 Expires	12 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 ☐ 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	2	01	01	03	22	M	04	08	02	11	11	-	6505	MAX A LORENZO - 310 RICHARD ROAD FORKED RIVER NJ 08731
B														
C														
D														

New Jersey Police Crash Investigation Report

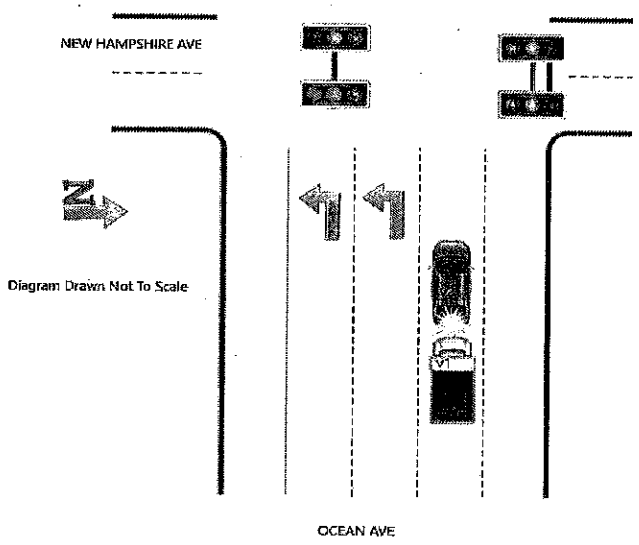
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015754

(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 2 stated he was stopped in traffic on Ocean Avenue facing West at the intersection of New Hampshire Avenue when he was rear ended by vehicle 1 described as a black dump truck or large landscaping dump truck. The dump truck lost its front bumper and later fled the scene. A motorist, who was not identified described the driver as a Hispanic male but did not see the license plate of the dump truck or any markings on the truck. I checked the area for cameras and did not see any facing the area of the crash. Driver 2 was injured and transported to Ocean Medical Hospital. The collision was caused by driver 1 for not stopping or paying attention to vehicle 2 which was stopped in traffic. No further information at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E	311	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015777
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0947
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	PINE ST
At Intersection With	☒ Feet ☐ Miles
Road Name	ALBERT AVE
Dir	☒ N ☐ E ☐ S ☐ W
10	14 15 16
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	30
19 Ramp	☐ To ☐ From:
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.070510
22 Longitude	-74.19433

Vehicle 1

23 Veh #	1
24 Policy No.	6039-06-33-98
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIVKA - MOZES
29 Sex	F
27 Number & Street	34 LYNN DR
28 City / State / Zip	SO TOMS RIVER NJ 08757
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	FL
32 Driver's License Number	M-220-720-94-921-0
33 DOB (mm dd yyyy)	11/21/1994
34 Expires (mm yy)	11 28
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA Z APPELBAUM -
36 Number & Street	17 VILNA LANE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2011 / A47MTZ / NJ
44 VIN	4T1BF3EK4BU670516
45 Expires	09 22
46 Vehicle Removed To	HESHEYS
☐ 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.	8654870
55 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARCELO - MANZARRON
59 Sex	M
57 Number & Street	408 PROSPECT STREET APT. 2
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	M05035170008722
63 DOB (mm dd yyyy)	08/14/1972
64 Expires (mm yy)	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARCELO - MANZARRON -
66 Number & Street	408 PROSPECT STREET APT. 2
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / GRY / 2008 / LERL99 / NJ
74 VIN	5FNRL38488B009212
75 Expires	10 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.	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	-	27	F	-	-	-	11	00	-	-	RIVKA - MOZES - 34 LYNN DR SO TOMS RIVER NJ 08757
B	2	01	01	04	49	M	-	08	02	11	00	-	6502	MARCELO - MANZARRON - 408 PROSPECT STREET #LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

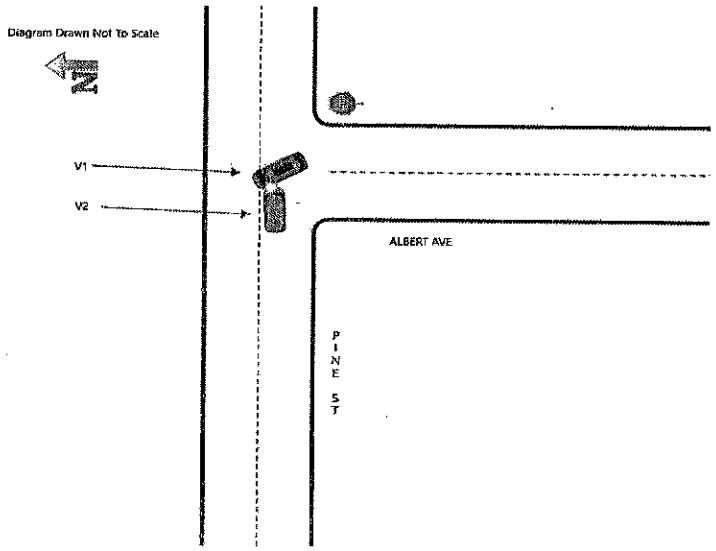
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015777

(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 she was stopped at the stop sign on Albert Ave. She looked both ways before making a left onto Pine St. Once she began to make the left she was struck by V2 which was traveling East on Pine St.

Driver Of V2 said he was traveling East on Pine St, when V1 made a left turn off of Albert Ave in front of him causing the crash.

After speaking with both drivers it was determined that V1 was at fault for the crash.

Driver of V2 had some complaint of pain to his left arm and shoulder area, so he was transported to Monmouth Medical Center Southern Campus.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015782
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1011
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	JAMES STREET
☒ At Intersection With	WILLIAMS STREET
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
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	40.079690
22 Longitude	-74.220760

Vehicle 1

23 Veh #	1
24 Policy No.	939846295
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SORAH / - / TRESS
29 Sex	F
27 Number & Street	21 GRASSMERE ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / A / - / - / NJ
32 Driver's License Number	T73567200061814
33 DOB (mm dd yyyy)	11/20/1981
34 Expires (mm yy)	11 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / JAY / J / WEISZ
36 Number & Street	21 GRASSMERE ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / WHI / 2022 / G73NUJ / NJ
44 VIN	5FNRL6H84NB018652
45 Expires	06 / 25
46 Vehicle Removed To	MOISY'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.	1162529E1330A
55 NJ Ins. Code	896
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HERMINO / D / GUERRA-GARCIA
59 Sex	M
57 Number & Street	123 CENTRAL AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BR / DZ / - / - / MD
62 Driver's License Number	G626302139972
63 DOB (mm dd yyyy)	12/23/1994
64 Expires (mm yy)	12 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / - / - / GOLDEN STONE HO -
66 Number & Street	145 COVENTRY DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / 250 / RD / 2015 / XHSC56 / NJ
74 VIN	1FT7W2A68FED43209
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.
01	39:4-97	1514 A 292502	-	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	40	F	-	-	-	11	04	-	-	SORAH - TRESS 21 GRASSMERE ST LAKEWOOD NJ 08701 - -
B	V2	01	01	05	27	M	-	-	-	11	04	-	-	HERMINO D GUERRA-GARCIA - 123 CENTRAL AVE LAKEWOOD NJ 08701 - -
C	V2	03	01	05	28	M	-	-	-	11	04	-	-	ERASMO DE JESUS - GUERRA GARCIA - 123 CENTRAL AVE LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

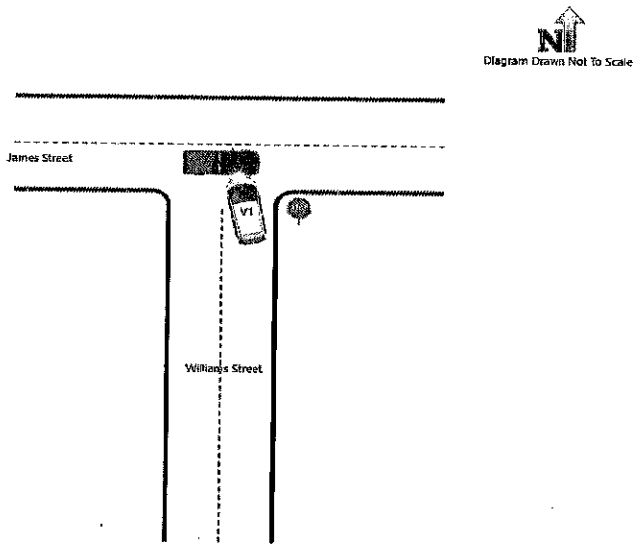
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015782

(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 Northbound on Williams Street. Driver 1 said that the driver from V2 signaled her to make the left turn as cars were stopped on James Street. Driver 1 explained that she saw V2 going around her vehicle and collided with V1 as she was moving forward.

Vehicle 2 was traveling Eastbound on James Street. Driver 2 explained that he was going forward when V1 collided with his car. Driver 2 mentioned that the driver of V1 was looking to her right when the crash occurred.

The crossguard was on the scene and mentioned that V2 was traveling Eastbound on James Street and V1 was traveling Northbound on Williams Street. She said that V2 had the right of way when V1 started to go forward and collide with V2.

Investigation revealed that Vehicle 1 was traveling Northbound on Williams Street, and Vehicle 2 was traveling Eastbound on James Street. V1 failed to yield the right of way to V2, causing the collision between both vehicles. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015766
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0851
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVENUE
At Intersection With Road Name	
☒ Feet ☐ Miles	1500
☐ N ☐ E ☒ S ☐ W of:	HURLEY AVENUE
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.086420
22 Longitude	-74.215340

Vehicle 1

23 Veh #	1
24 Policy No.	939862229
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	HINDA
Initial	S
Last Name	SIFF
29 Sex	F
27 Number & Street	30 NEWBERRY CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S42203338251964
33 DOB (mm dd yyyy)	01/25/1996
34 Expires (mm yy)	01 24
35 Owner's First Name	TZVI
Initial	H
Last Name	SIFF
Same As Driver	☐
36 Number & Street	30 NEWBERRY CT
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	4
41 Year	2017
42 Plate No.	C67NYC
43 State	NJ
44 VIN	5TDYZ3DC7HS852322
45 Expires	07 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.	47179138
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SEAN
Initial	R
Last Name	HARGAIN
59 Sex	M
57 Number & Street	15 MOUNT KISCO DR
58 City	TOMS RIVER
State	NJ
Zip	08753
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	H05816957903982
63 DOB (mm dd yyyy)	03/14/1998
64 Expires (mm yy)	03 24
65 Owner's First Name	NELSON
Initial	W
Last Name	HARGAIN
Same As Driver	☐
66 Number & Street	15 MOUNT KISCO DR
67 City	TOMS RIVER
State	NJ
Zip	08753
68 Make	HYUN
69 Model	TUC
70 Color	GRY
71 Year	2020
72 Plate No.	P98EGF
73 State	NJ
74 VIN	KM8J2CA43LU279096
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.
-	0.0.0.0	-
Oper.	140 Charge	141 Summons. No.
-	0.0.0.0	-

Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-
Oper.	142 Charge	143 Summons. No.
-	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	28	M	-	-	-	11	04	-	-	TZVI H SIFF - 30 NEWBERRY CT LAKEWOOD NJ 08701 - -
B	V2	01	01	05	65	M	-	-	-	11	04	-	-	NELSON W HARGAIN - 15 MOUNT KISCO DR TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

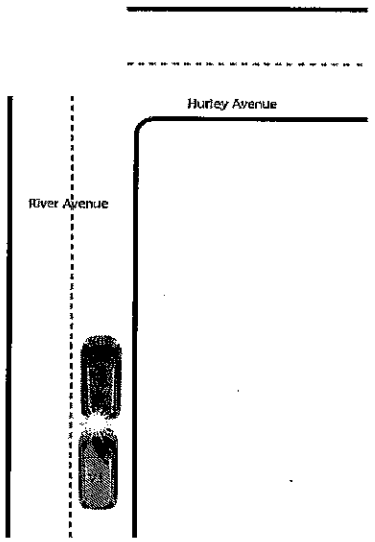
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015766

(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)



N

Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was traveling Northbound on River Avenue. Driver 1 said that she thought V2 was moving forward and collided with V2.

Vehicle 2 was traveling Northbound on River Avenue. Driver 2 said that he was stopped in traffic when he saw V1 not slowing down from his rearview mirror and felt the crash's impact.

Investigation revealed Vehicle 1 and Vehicle 2 were traveling Northbound on River Avenue. Driver 1 was following too close to V2 and collided with V2 as traffic slowed down. No injuries were reported at this time. No contact information was collected.

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	22-015821
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1429
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	246 JOHN ST
At Intersection With Road Name	
Dir	
11 Speed Limit	15
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	-
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	
22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	TEAU253375
25 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	BRUCE
Initial	C
Last Name	KRAMER
29 Sex	M
27 Number & Street	43 N. WHITE HRS PK 1ST FL
28 City	AUDUBON
State	NJ
Zip	08106
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K71661006312682
33 DOB (mm dd yyyy)	12/08/1968
34 Expires (mm yy)	12 26
35 Owner's Same As Driver	☐
First Name	LLC
Initial	-
Last Name	TECHPEST
36 Number & Street	PO BOX 1515
37 City	BRICK
State	NJ
Zip	08723
38 Make	TOYT
39 Model	TAC
40 Color	WHI
41 Year	2012
42 Plate No.	XU463P
43 State	NJ
44 VIN	5TFNX4CN0CX010376
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.	
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 Same As Driver	☐
First Name	JUDITH
Initial	V
Last Name	COOK
66 Number & Street	1000 AXL DR APT 107
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	FORD
69 Model	TAU
70 Color	SIL
71 Year	2002
72 Plate No.	7488HG
73 State	NJ
74 VIN	1FAFP55U52A124346
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.	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	53	M	-	-	-	11	04	-	-	BRUCE C KRAMER - 43 N. WHITE HRS PK 1ST AUDUBON NJ 08106
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015821

(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)

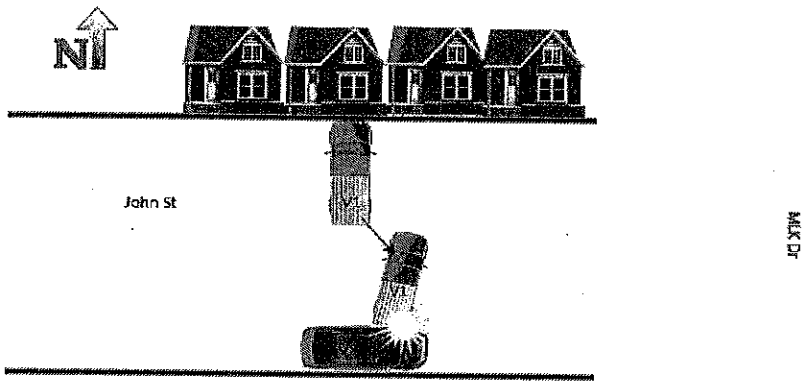


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle 1 stated that he was performing his Pest Control Services for the homes on John St. After he was finished, he got inside of his vehicle and started to back up. While backing up from his parking spot, he backed into veh2.

The driver of vehicle 2 is known to reside in 246 John St, however the party is not home at the time of the incident. As a result I was unable to converse with said party and advise of the accident. A Lakewood Police Department Report Information Card was left on the windshield of the vehicle.

No medical attention needed.

Both vehicles sustained minor damage to their vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SMITH D	411	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015844
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1556
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70
At Intersection With / Road Name	☒ Feet ☐ Miles — 250 — 14 15 16 — ☐ N ☐ E ☐ S ☒ W of: BUCKINGHAM DR
11 Speed Limit	45
Dir	E
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.052970
22 Longitude	-74.179040

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	MICHAEL - IULIANO
29 Sex	M
27 Number & Street	682 PRINCESS CT
28 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	I92085440002752
33 DOB (mm dd yyyy)	02/17/1975
34 Expires (mm yy)	02 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — LAKEWOOD - TOWNSHIP OF LAK -
36 Number & Street	231 3RD ST; HQ
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FOR / F15 / WT / 2013 / MG95354 / NJ
44 VIN	1FTMF1CM3DKD49023
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	LAKEWOOD TOWNSHIP
Number & Street	231 THIRD ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	918789533
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MAURICE E VERDI 2ND -
59 Sex	M
57 Number & Street	189 BERDAN AVE. #136
58 City / State / Zip	WAYNE NJ 07470
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	V26675316509502
63 DOB (mm dd yyyy)	09/18/1950
64 Expires (mm yy)	09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver — MAURICE E VERDI 2ND -
66 Number & Street	189 BERDAN AVE. #136
67 City / State / Zip	WAYNE NJ 07470
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / EC / SIL / 2014 / G63HLK / NJ
74 VIN	WDDHF8JB9EA991755
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.	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	01	01	01	05	47	M	-	-	-	11	04	-	-	MICHAEL - IULIANO - 682 PRINCESS CT TOMS RIVER NJ 08753 - -
B	02	01	01	05	71	M	-	-	-	11	04	-	-	MAURICE E VERDI 2ND - 189 BERDAN AVE. #136 WAYNE NJ 07470 - -
C														
D														

New Jersey Police Crash Investigation Report

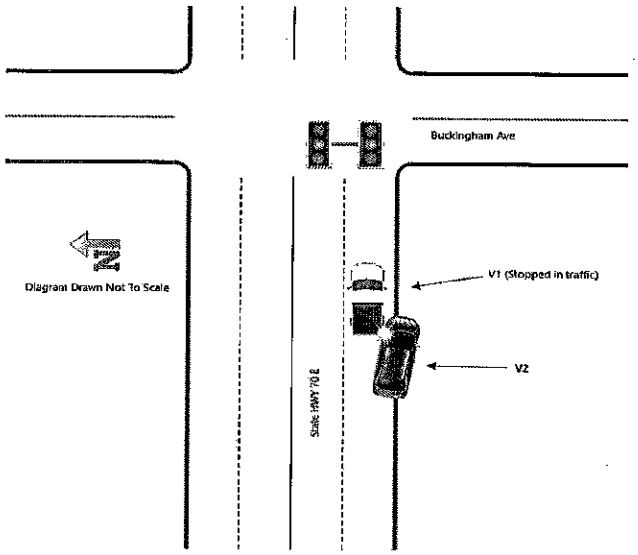
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015844

(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 stopped in traffic observing a red traffic signal at the intersection of State Hwy 70 E & Buckingham Ave. He stated, suddenly he was rear ended by vehicle 2. The damage was primarily to the passenger side rear. No injuries reported.

Driver 2 stated, he was traveling east on State Hwy 70 toward Buckingham Ave. He stated, he looked down for a brief moment and observed vehicle 1 stopped. It should be noted, driver 2 stated he did not know why he took his eyes off of the road because he was not doing anything inside of the vehicle. He stated, he attempted to avoid vehicle 1 but was unsuccessful. The damage was primarily to the driver side mirror. No injuries reported.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 2 at fault for the crash due to colliding into the rear of vehicle 1 which was stopped in traffic.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015760
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0759
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVENUE
☒ At Intersection With	CENTRAL AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of	
11 Speed Limit	40
12 Route No.	0009
Dir / 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	40.086420
22 Longitude	-74.215340

Vehicle 1

23 Veh #	1
24 Policy No.	4328338050
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SAGE S BASNIGHT -
29 Sex	M
27 Number & Street	1416 PEBBLE PLACE
28 City / State / Zip	PARLIN NJ 08859
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number	B07556848204982
33 DOB (mm dd yyyy)	04/20/1998
34 Expires (mm yy)	04 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOLADO D GREENE -
36 Number & Street	4 B MARCHUT CT
37 City / State / Zip	SAYREVIILE NJ 08872
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ALT / WHI / 2015 / T21NKC / NJ
44 VIN	1N4AL3AP1FC569834
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.	939687606
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KATHLEEN - HALL -
59 Sex	F
57 Number & Street	108 MORNINGSIDE DR
58 City / State / Zip	TRENTON NJ 08618
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	H02884270061506
63 DOB (mm dd yyyy)	11/14/1950
64 Expires (mm yy)	11 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KATHLEEN - HALL -
66 Number & Street	108 MORNINGSIDE DR
67 City / State / Zip	TRENTON NJ 08618
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / PRI / BLU / 2013 / JB370J / NJ
74 VIN	JTDKDTB39D1051552
75 Expires	04 23
76 Vehicle Removed To	TRIPLE A
☐ 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	39:4-81	1514 A 292501	-	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	23	M	-	-	-	11	04	-	-	SAGE S BASNIGHT - 1416 PEBBLE PLACE PARLIN NJ 08859 - -
B	V2	01	01	05	71	F	-	-	-	11	04	-	-	KATHLEEN - HALL - 108 MORNINGSIDE DR TRENTON NJ 08618 - -
C														
D														

New Jersey Police Crash Investigation Report

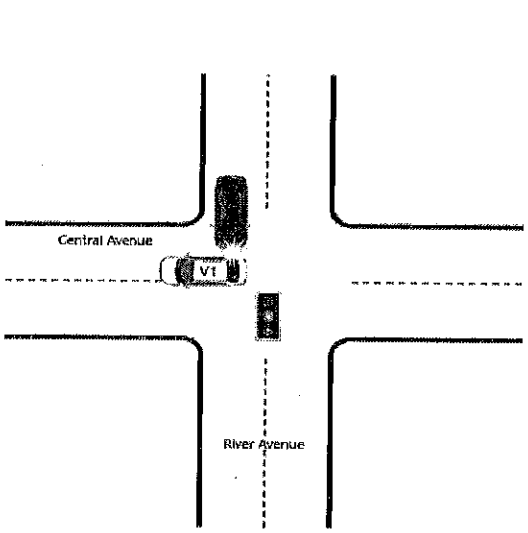
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015760

(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 traveling Westbound on Central Avenue. Driver 1 said that as he crossed over River Avenue, the light was yellow and then turned red. He said as he got closer to Central V2 collided with his car.

Vehicle 2 was traveling Southbound on River Avenue. Driver 2 said that she had the green light and started to go forward when V1 ran the red light and collided with her car.

Investigation revealed that Vehicle 1 was traveling Westbound on Central Avenue, and Vehicle 2 was traveling Southbound on River Avenue. The Delta gas station was able to provide video footage of the crash. I observed the traffic signal on River Avenue, Northbound lane change to green. Then I saw V2 traveling Westbound, crossing over River Avenue towards Central Avenue, and crashed with V2 at the intersection. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015888
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1935
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	E COUNTY LINE RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
14	15
☒ Feet ☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	LEXINGTON AVE
15	
16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.105870
22 Longitude	-74.214720

Vehicle 1

23 Veh #	1
24 Policy No.	6097-30-85-94
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	THOMAS
Initial	J
Last Name	WHITE
29 Sex	M
27 Number & Street	2135 W.CTY LINE RD.APT.18B
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	W35127407107864
33 DOB (mm dd yyyy)	07/22/1986
34 Expires (mm yy)	07 24
35 Owner's First Name	ARTHUR
Initial	R
Last Name	TEETER
☐ Same As Driver	
36 Number & Street	146 MONTROSE RD
37 City	COLTS NECK
State	NJ
Zip	07722
38 Make	TOYT
39 Model	SOL
40 Color	RD
41 Year	2004
42 Plate No.	FP8496
43 State	NJ
44 VIN	4T1FA38PX4U036721
45 Expires	07 22
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 ☐ 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.	4462-60-32-77
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ELI
Initial	M
Last Name	KAUFMAN
59 Sex	M
57 Number & Street	7 DREXEL DRIVE
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K08742057410912
63 DOB (mm dd yyyy)	10/16/1991
64 Expires (mm yy)	10 22
65 Owner's First Name	CHAYA
Initial	-
Last Name	KAUFMAN
☐ Same As Driver	
66 Number & Street	104 FOREST AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	SIE
70 Color	GLD
71 Year	2007
72 Plate No.	Z64JSG
73 State	NJ
74 VIN	5TDZK23C27S062266
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 ☐ 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.
1	39:4-97	1514-A-291857	-		-
-		-	-		-

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	35	M	-	-	-	11	04	-	-	THOMAS J WHITE - 2135 W.CTY LINE RD.AP JACKSON NJ 08527
B	2	01	01	05	30	M	-	-	-	11	04	-	-	ELI M KAUFMAN - 7 DREXEL DRIVE JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

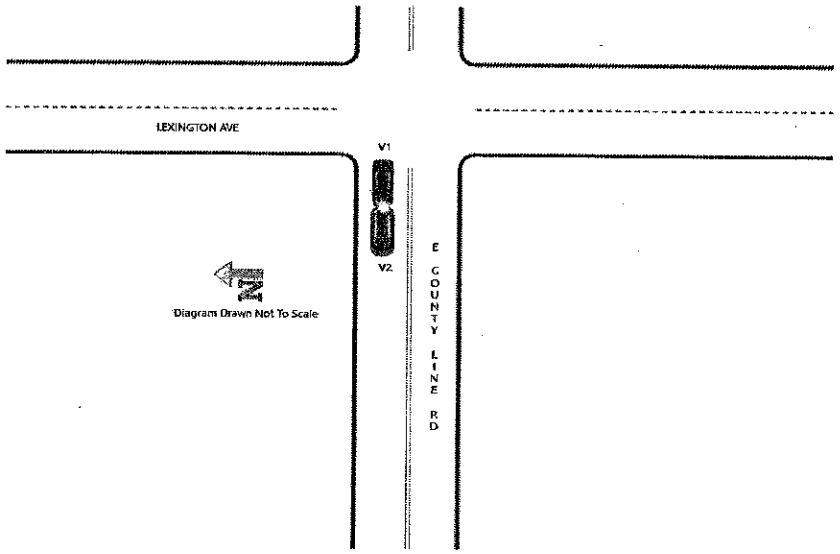
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015888

(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 traveling West on E County Line Rd Vehicle 2 came to a sudden stop and he attempted to stop but was unable to in time and struck Vehicle 2.

Driver 2 stated that while traveling West on E County Line Rd traffic came to a stop in front of him so he stopped and was then suddenly struck in the rear by Vehicle 1.

Vehicle 1 sustained damage to the front end consisting of the front bumper and headlights being cracked, the hood was dented in and fluid was leaking from the vehicle.

Vehicle 2 sustained damage the rear bumper consisting of a portion of it being ripped lose from the vehicle and the rest was dented, cracked, and knocked out of place.

Due to driver statements and my observations I determined that Driver 1 was following to closely and caused the crash.

There were no injuries reported on scene. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015928
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW CENTRAL AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	-
Suffix	
13 Milepost	-
18 Speed Limit	35
☒ Feet ☐ Miles	10
☐ N ☒ E ☐ S ☐ W of:	LEIGH AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2225
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	PAA C1 26 69
25 NJ Ins. Code	168
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	CHAIM
Initial	Z
Last Name	TEITELBAUM
29 Sex	M
27 Number & Street	701 GAIL CHAMBERS RD
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	5
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	T23191208912915
33 DOB mm dd yyyy	12/20/1991
34 Expires mm yy	08 21
35 Owner's First Name	CHAIM
Initial	Z
Last Name	TEITELBAUM
☐ Same As Driver	
36 Number & Street	701 GAIL CHAMBERS RD
37 City	JACKSON
State	NJ
Zip	08527
38 Make	BMW
39 Model	530
40 Color	RD
41 Year	2019
42 Plate No.	Z77NWX
43 State	NJ
44 VIN	WBAJA7C58KWC77867
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	
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

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	30	M	-	-	-	11	04	-	-	CHAIM Z TEITELBAUM - 701 GAIL CHAMBERS RD JACKSON NJ 08527
B														
C														
D														

New Jersey Police Crash Investigation Report

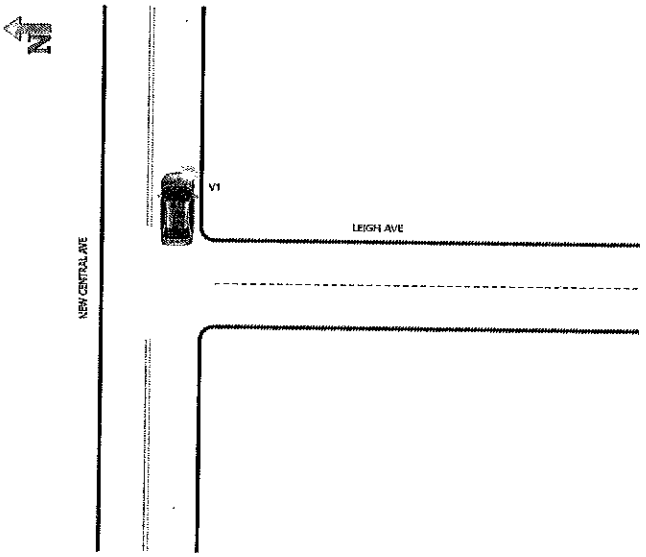
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015928

(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

Vehicle 1 made contact with a pothole causing damage to the front passenger side tire.

Driver 1 stated he was traveling East on New Central Avenue when he made contact with a pothole in the roadway. He stated his tire immediately lost pressure which caused his vehicle to slow to a stop.

I observed a large slice to the front passenger tire outer wall. I also observed the pothole on New Central, just East of Leigh Avenue. The pothole was within the roadway, near the fog line. County road department was contacted. There was no injuries reported on scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
STEFANELLI E	364	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	22-015939
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2302
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CLOVER ST
At Intersection With Road Name	
☒ Feet / ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	SCHOOL GARDEN ST
11 Speed Limit	25
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	40.092190
22 Longitude	-74.200480

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 ☐ 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 #	-
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

GARBAGE CAN (32 CLOVER ST) AND STOP SIGN (CORNER OF CLOVER ST AND SCHOOL GARDEN

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														
B														
C														
D														

New Jersey Police Crash Investigation Report

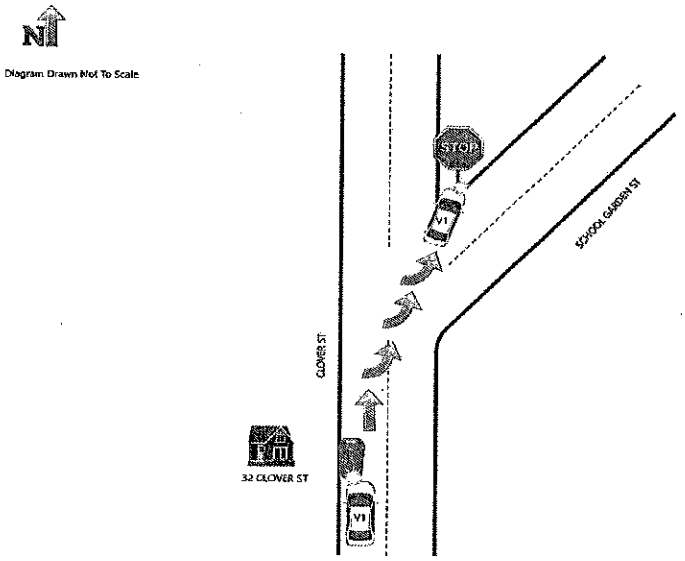
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015939

(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 WAS TRAVELING NORTHBOUND ON CLOVER ST AND STRUCK A GARBAGE CAN (417 #0029858) LOCATED AT 32 CLOVER ST. IT SHOULD BE NOTED THAT THE VEHICLE WAS DESCRIBED AS A WHITE HONDA. NO ONE ON SCENE WAS ABLE TO PROVIDE A LICENSE PLATE FOR THE WHITE VEHICLE. THE OWNER OF THE GARBAGE CAN DOES NOT KNOW THE VALUE OF THE GARBAGE CAN AT THIS TIME. IT WAS LATER FOUND THAT THE WHITE VEHICLE ALSO STRUCK THE STOP SIGN AT THE CORNER OF CLOVER ST AND SCHOOL GARDEN ST. I WAS ABLE TO STAND THE STOP SIGN UP, BUT IT IS BENT AND MAY NOT BE ABLE TO REMAIN UP OVER A LONG PERIOD OF TIME. VIDEO OF THE WHITE VEHICLE CRASHING INTO THE STOP SIGN WAS ATTATCHED TO THE CALL.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	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	22-015765
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0849
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WASHINGTON AVE
☒ At Intersection With	PINE ST
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
16 Speed Limit	40
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.07537
22 Longitude	-74.20625

Vehicle 1

23 Veh #	1
24 Policy No.	939 665 159
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HADASSA M BRESKIN -
29 Sex	F
27 Number & Street	1165 MANOR DRIVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 - - - NJ
32 Driver's License Number	B73533117455872
33 DOB (mm dd yyyy)	05/11/1987
34 Expires (mm yy)	05 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NOSSON T BRESKIN -
36 Number & Street	1165 MANOR DRIVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT SIE RD 2010 J69MMS NJ
44 VIN	5TDKK4CC0AS293428
45 Expires	07 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.	939 674 483
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GLADIS S GARCIA -
59 Sex	F
57 Number & Street	224 MAPLE AVE
58 City / State / Zip	NEPTUNE NJ 07753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number	G05542918252882
63 DOB (mm dd yyyy)	02/03/1988
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver EDGAR A MANCILLACARREO -
66 Number & Street	224 MAPLE AVE
67 City / State / Zip	NEPTUNE NJ 07753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG CAR GRY 2016 A78NZA NJ
74 VIN	2C4RDGBG4GR203777
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.	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	34	F	-	-	-	11	04	-	-	HADASSA M BRESKIN - 1165 MANOR DRIVE LAKEWOOD NJ 08701
B	2	01	01	05	34	F	-	-	-	11	04	-	-	GLADIS S GARCIA - 224 MAPLE AVE NEPTUNE NJ 07753
C														
D														

New Jersey Police Crash Investigation Report

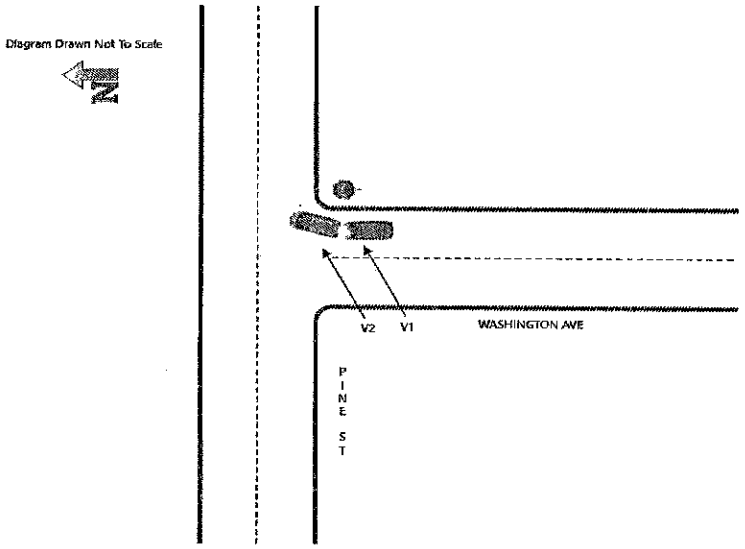
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015765

(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 V1 said she was behind V2 at the stop sign on Washington Ave. She thought V2 started to go (to make a right onto Pine St), so she started to go and struck V2 in the rear of the vehicle.

Driver of V2 said she was stopped at the stop sign on Washington Ave when her vehicle was struck from behind by V1.

After speaking with both drivers it was determined that V1 was at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-013951
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)	0939
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS ST
☒ At Intersection With	WHITE RD
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
12 Route No.	0626
Dir / Suffix / 13 Milepost	- -
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.080370
22 Longitude	-74.25543

Vehicle 1

23 Veh #	1
24 Policy No.	A1BBNJ001-030408-04
25 NJ Ins. Code	165
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VICTOR H GONZALEZCORDERO -
29 Sex	M
27 Number & Street	220 9TH ST APT 26A
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	G64597676802822
33 DOB (mm dd yyyy)	02/14/1982
34 Expires (mm yy)	02 25
35 Owner's First Name / Initial / Last Name	Same As Driver - - B & B PARTY RENT/-
36 Number & Street	56 PROGRESS PLACE
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ISU / NQR / WHI / 2018 / XGRV73 / NJ
44 VIN	JALE5W16XJ7303775
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.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MOSHE Z COHEN -
59 Sex	M
57 Number & Street	922 LUBLIN TERRACE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	05/06/1990
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	Same As Driver - - PV HOLDING CORP -
66 Number & Street	8600 HANGAR BLVD
67 City / State / Zip	ORLANDO FL 32827
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / BLK / 2021 / LDLN43 / FL
74 VIN	5TDKRKEC9MS017718
75 Expires	06 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.
1	136 Charge	137 Summons. No. -	2	138 Charge	139 Summons. No. -
1	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	V1	01	01	-	40	M	-	-	-	11	04	-	-	VICTOR H GONZALEZCORDERO - / 220 9TH ST APT 26A LAKEWOOD NJ 08701
B	V1	02	01	-	24	M	-	-	-	11	04	-	-	EFRAN - JESUS - / 8 SOUTH DAKOTA AVE JACKSON NJ 08527
C	V1	03	01	-	27	M	-	-	-	11	04	-	-	RAYMUNDO - PANCHO-MOZO - / 1302 STARK ST LAKEWOOD NJ 08701
D	V2	01	01	-	31	M	-	-	-	11	04	-	-	MOSHE Z COHEN - / 922 LUBLIN TERRACE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

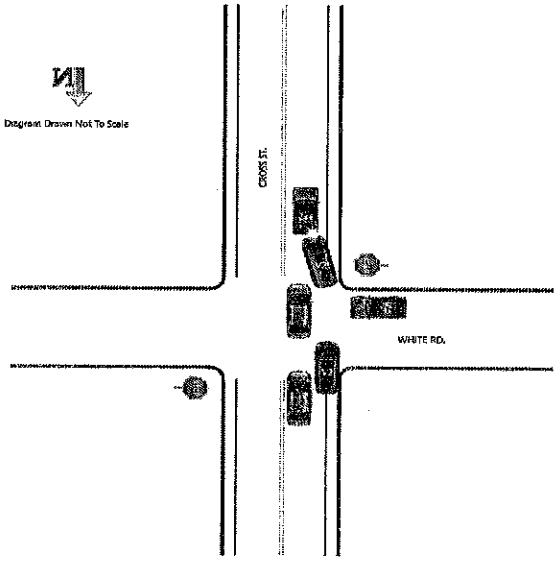
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-013951

(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 #2 license information: Moshe Zion Cohen
Israel drivers license # 304881899
Valid Israel passport

The driver of vehicle #1 stated he was stopped on White Rd. at the intersection with Cross St. A motorist traveling southbound on Cross St. stopped to allow vehicle #1 make a right turn onto Cross St. After vehicle #1 made the right turn, his vehicle was rear ended by vehicle #2. Driver #1 did state that he observed vehicle #2 driving alongside the vehicle behind him that stopped to allow him to make the right turn. Vehicle #2 passed the vehicle behind vehicle #1 on the right in the shoulder. As vehicle #2 attempted to merge back into traffic, driver #2 inadvertently collided with vehicle #1. Driver #2 is at fault for the collision for improper passing. No injuries were reported while on scene. -end-

Numerous attempts were made to obtain insurance information for the rental vehicle (vehicle #2) but were unsuccessful. The following Budget Rental phone numbers were attempted: 973-961-2990 and 732-929-9337

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014708
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LOCUST ST
At Intersection With / Road Name	
Dir	-
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	15
☒N ☐E ☐S ☐W of:	VILNA LN
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)	0936
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.04603
22 Longitude	-74.20112

Vehicle 1

23 Veh #	1
24 Policy No.	5129J009053
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	FAIGY - FOGEL
29 Sex	F
27 Number & Street	23 PROVIDENCE AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 - - - NY
32 Driver's License Number	510787584
33 DOB mm dd yyyy	01/04/1997
34 Expires mm yy	01 30
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - FOGEL
36 Number & Street	23 PROVIDENCE AVENUE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR I2P RD 2013 LEVP45 NJ
44 VIN	19VDE1F51DE018508
45 Expires	02 22
46 Vehicle Removed To	AUTOCORRECT
☐ 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.	TCA00002030645
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GOLDIE - FRIEDMAN
59 Sex	F
57 Number & Street	2323 CRYSTAL MILE COURT
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 D - - NJ
62 Driver's License Number	F74022970056564
63 DOB mm dd yyyy	06/23/1956
64 Expires mm yy	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GOLDIE - FRIEDMAN
66 Number & Street	2323 CRYSTAL MILE COURT
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT RAV GRY 2018 L49NJX NJ
74 VIN	JTMBFREV5JJ729798
75 Expires	03 23
76 Vehicle Removed To	AUTOCORRECT
☐ 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	25	F	-	-	-	11	04	-	-	FAIGY - FOGEL - 23 PROVIDENCE AVE LAKEWOOD NJ 08701
B	1	06	01	05	4	F	-	-	-	05	05	-	-	ESTHER FOGEL 23 PROVIDENCE AVE LAKEWOOD NJ 08701
C	2	01	01	05	65	F	-	-	-	11	04	-	-	GOLDIE - FRIEDMAN - 2323 CRYSTAL MILE COU TOMS RIVER NJ 08755
D														

New Jersey Police Crash Investigation Report

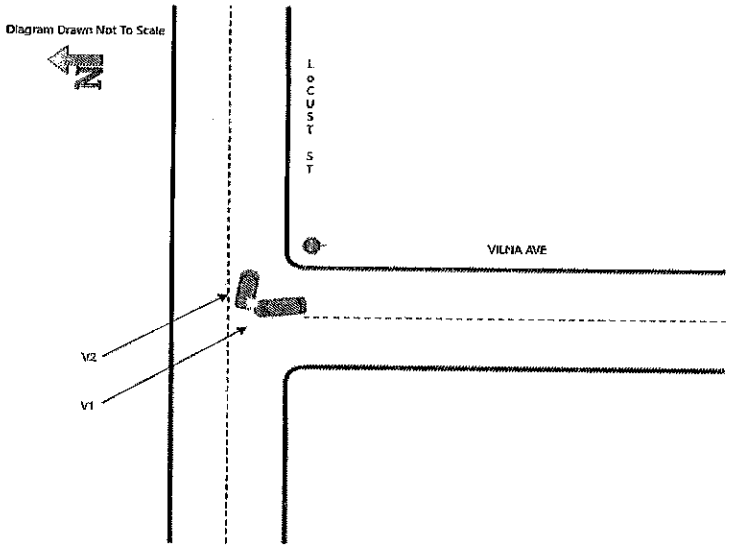
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014708

(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 she was Stopped at the stop sign on Vilna Ave. She did not see any vehicles coming, so she started to make a left onto Locust St. She then collided with V2 which was Traveling East on Locust St. She also said that there was a bus that was blocking her view. There was no bus in the area at the time of my arrival.

Driver of V2 said she was traveling East on Locust St when she observed V1 make a left turn off of Vilna, in front of her. She swerved to try to avoid getting struck by V1, but could not in and was struck in the rear passenger side wheel.

After speaking with both drivers it was determined that V1 was at fault for the crash.

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	22-014794
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)	1624
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	
18 Speed Limit	25
☒ Feet ☐ Miles	50
☐ N ☐ E ☒ S ☐ W of:	KINGSFIELD DR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.086780
22 Longitude	-74.253860

Vehicle 1

23 Veh #	1
24 Policy No.	4619533203
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HADAS S EIZENBACH -
29 Sex	F
27 Number & Street	146 HILLSIDE BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	IS
32 Driver's License Number	039277678
33 DOB (mm dd yyyy)	01/08/1983
34 Expires (mm yy)	08 29
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELY - EIZENBACH -
36 Number & Street	146 HILLSIDE BLVD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / GRY / 2021 / W10NJM / NJ
44 VIN	5FNRL6H7XMB022999
45 Expires	02 24
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.	5129J007466
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEENA - GROSS -
59 Sex	F
57 Number & Street	51 S BELL AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	G75761590055942
63 DOB (mm dd yyyy)	05/17/1994
64 Expires (mm yy)	05 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YITZCHOK - GROSS -
66 Number & Street	51 SOUTH BELL AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / ENC / GLD / 2012 / L79GYL / NJ
74 VIN	5GAKRCED0CJ149410
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 ☒ 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	39	F	-	-	-	11	04	-	-	HADAS S EIZENBACH - / 146 HILLSIDE BLVD LAKEWOOD NJ 08701
B	02	01	01	05	27	F	-	-	-	11	04	-	-	DEENA - GROSS - / 51 S BELL AVE LAKEWOOD NJ 08701
C	02	04	01	05	01M	F	-	-	-	06	06	-	-	LEBA - GROSS - / 51 S BELL AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

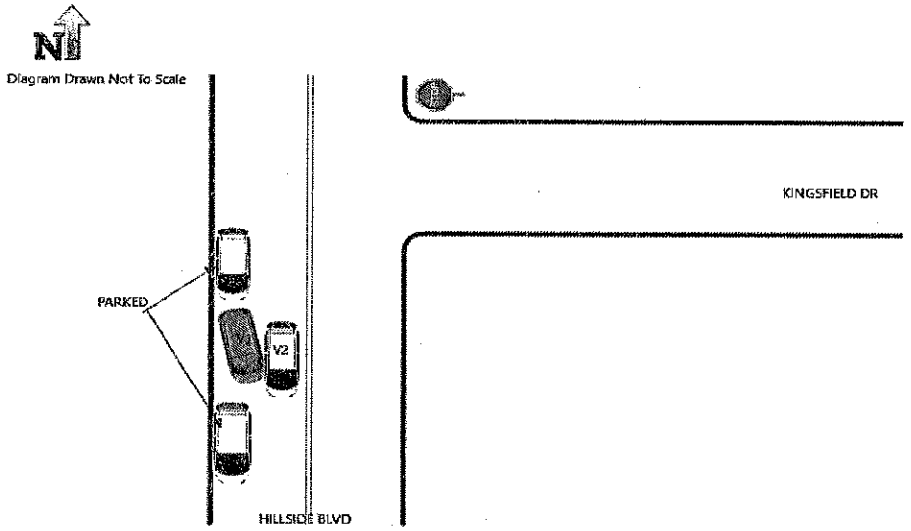
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014794

(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 vehicle #1 reported that she was parked along the curb and then tried to enter the lane of travel. She reported that she did not see vehicle #2 prior to them colliding.

The driver of vehicle #2 reported that she had turn from Kingsfield drive and was travelling South on Hillside Blvd. when vehicle #1 turned into her vehicle.

There were no injuries reported at the scene of the crash. Vehicle #1 sustained damage to the front driver side fender and the bumper cover was partially torn from the vehicle. Vehicle #2 sustained dents and scratches to the front passenger side fender and door as well as scratches down the passenger side of the vehicle. Vehicle #1 was left a the scene awaiting a private tow and vehicle #2 was driven from the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015598
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	8TH ST
☒ At Intersection With Road Name	LEXINGTON AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
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	
4 Date of Crash (mm dd yy)	02/27/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1907
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09827
22 Longitude	-74.21330

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	MIRIAM - ZEFFREN -
29 Sex	F
27 Number & Street	111 BRYN MAWR AVE
28 City / State / Zip	BALA CYNWYD PA 19004
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 - - - PA
32 Driver's License Number	33986391
33 DOB (mm dd yyyy)	02/19/2005
34 Expires (mm yy)	04 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOEL D ZEFFREN -
36 Number & Street	111 BRYN MAWR AVE
37 City / State / Zip	PCA BALA CYNWYD PA 19004
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN SON BLU 2020 LNZ4689 PA
44 VIN	5NPD84LFXLH628186
45 Expires	02 23
46 Vehicle Removed To	HESHY'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.	4599-02-33-40
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ZEV - SIMON -
59 Sex	M
57 Number & Street	22 ASPEN CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number	S44387960002902
63 DOB (mm dd yyyy)	02/05/1990
64 Expires (mm yy)	07 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ZEV - SIMON -
66 Number & Street	22 ASPEN CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM - CA GRY 2015 N40LZU NJ
74 VIN	4T1BF1FK1FU976145
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 ☐ 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.
-		-	-		-
-	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	V1	01	01	05	17	F	-	-	-	11	04	-	-	MIRIAM - ZEFFREN - 111 BRYN MAWR AVE BALA CYNWYD PA 19004
B	V1	03	01	05	15	F	-	-	-	11	04	-	-	RIVKA - ZEFFFREN - 111 BRYN MAWR AVE BALA CYNWYD PA 19004
C	V1	04	01	05	6	M	-	-	-	11	04	-	-	MEIR - ZEFFRON - 111 BRYN MAWR AVE BALA CYNWD PA 19004
D	V1	06	01	05	16	F	-	-	-	11	04	-	-	ZAHAVAR - BIBERFELD - 343 BALA AVE BALA CYNWYD PA 19004

New Jersey Police Crash Investigation Report

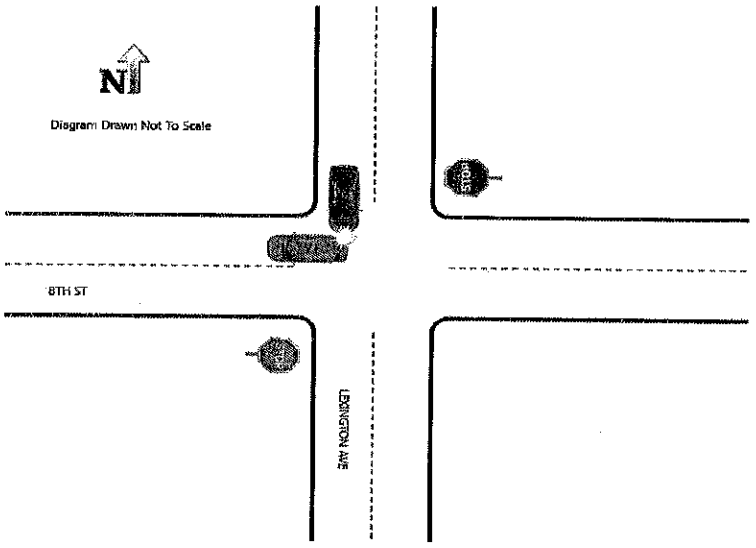
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015598

(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	V2	01	01	05	32	M	-	-	-	11	04	-	-	ZEV - SIMON - 22 ASPEN CT LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 stated he was traveling south on Lexington Ave when V1 had pulled out in front of which resulted in him striking V1 at the 5 o'clock.

Driver of V1 stated she was stopped at the stop sign when she believed the roadway was clear as she proceeded through the intersection she was then struck by V2.

The result of the investigation revealed the Driver of V1 was at fault due to the fact V2 had the right of way and V1 did not ensure the intersection was clear. Both parties reported no injuries at this time.

Driver of V1 Insurance Information
Erie Insurance Exchange
NAIC Code: 26271
Policy Number: Q052117149
Expiration: 05/21/2022
Address:
1 Chesney Ln
Erdenheim, PA 19038
Phone Number: (215)233-2030

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	22-016186
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1919
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	CENTRAL AVE
☒ At Intersection With	HARRISON PL
☐ Feet ☐ N ☐ E of / ☐ Miles ☐ S ☐ W	-
11 Speed Limit	40
12 Route No.	0528
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	40.088070
22 Longitude	-74.224170

Vehicle 1

23 Veh #	1
24 Policy No.	030741319C71015
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	-
26 Driver's First Name	LARRY
Initial	T
Last Name	GREEN JR
29 Sex	M
27 Number & Street	A31 COOKSTOWN NEW EYGPT RD
28 City	WRIGHTSTOWN
State	NJ
Zip	08562
30 Eyes	02
DL Class	D
Restrictions	1
Endorsements	-
31 State	NJ
32 Driver's License Number	G73054418307822
33 DOB (mm dd yyyy)	07/29/1982
34 Expires (mm yy)	07 25
35 Owner's ☐ Same As Driver	-
First Name	LARRY
Initial	T
Last Name	GREEN
36 Number & Street	P.O BOX 515
37 City	WRIGHTSTOWN
State	NJ
Zip	08562
38 Make	LEXU
39 Model	ES3
40 Color	1
41 Year	1997
42 Plate No.	YTX55V
43 State	NJ
44 VIN	JT8BF22G8V0053029
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.	6066548618
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	-
56 Driver's First Name	TAHIR
Initial	J
Last Name	RAJPUT
59 Sex	M
57 Number & Street	112 DON CONNOR BLVD
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	01
DL Class	D
Restrictions	1
Endorsements	-
61 State	NJ
62 Driver's License Number	R02097327104631
63 DOB (mm dd yyyy)	04/15/1963
64 Expires (mm yy)	04 25
65 Owner's ☐ Same As Driver	-
First Name	RAJA
Initial	M
Last Name	UZAIRTAHIR
66 Number & Street	112 DON CONNOR BLVD
67 City	JACKSON
State	NJ
Zip	08527
68 Make	LEXU
69 Model	IS
70 Color	WHI
71 Year	2018
72 Plate No.	Y64PMB
73 State	NJ
74 VIN	JTHC81D27J5026105
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.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	A292044	-		-
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	39	M	-	-	-	11	04	-	-	LARRY T GREEN JR - A31 COOKSTOWN NEW EYGPT RD WRIGHTSTOWN NJ 08562
B	02	01	01	04	58	M	04	08	02	11	04	-	6502	TAHIR J RAJPUT - 112 DON CONNOR BLVD JACKSON NJ 08527
C	02	03	01	05	50	F	-	-	-	11	04	-	-	NAJMA B RAJPUT - 112 DON CONNOR BLVD JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

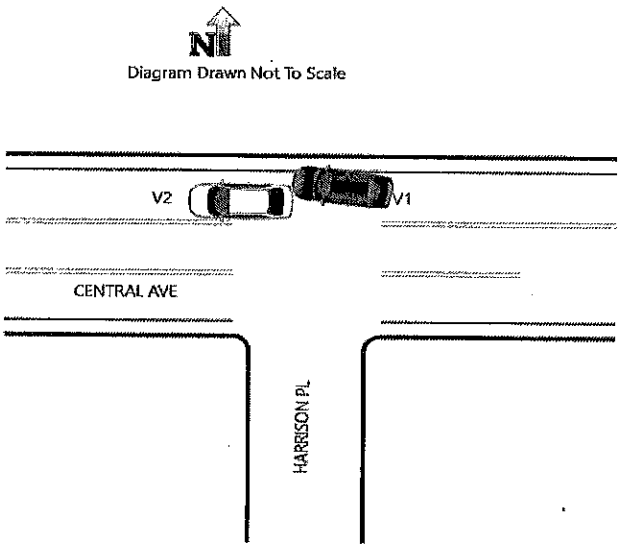
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016186

(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 west on Central Ave. He observed a vehicle pull out of a driveway causing V2 to slam on the brakes in front of V1. V1 applied the brakes and swerved right in an attempt to avoid a collision but was unable. V1 collided with V2.

The driver of V2 stated he was traveling west on Central Ave. He observed a vehicle pull out of a driveway. He applied the brakes to avoid a collision with the vehicle. While stopped, V2 was struck in the rear by V1.

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	CM	332	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

Field	Value
1 Case Number	22-016189
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	
10 Crash Occurred On	MADISON AVE
Road Name / Dir	
11 Speed Limit	35
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
14	5
15	☒ Feet ☐ Miles
16	☒ N ☐ E ☐ S ☐ W
of: 17 Cross Road Name	5TH ST
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1943
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.094820
22 Longitude	-74.217220

Field	Value
118a	00
118b	-
119a	00
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	07
132	06
133	02
134	02

Vehicles

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	939704509	54 Policy No.	941023875
25 NJ Ins. Code	054	55 NJ Ins. Code	134
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	LISA - PEREIRA -	56 Driver's First Name / Initial / Last Name	RYAN P COTTRELL -
29 Sex	F	59 Sex	M
27 Number & Street	9 SHILLING WAY	57 Number & Street	1483 OLD FREEHOLD RD
28 City / State / Zip	JACKSON NJ 08527	58 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes	04	60 Eyes	02
DL Class	D	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	NJ
32 Driver's License Number	P26724760051634	62 Driver's License Number	C67846827703942
33 DOB (mm dd yyyy)	01/21/1963	63 DOB (mm dd yyyy)	03/15/1994
34 Expires (mm yy)	02 22	64 Expires (mm yy)	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LISA - PEREIRA -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver NATALIE E ELMORE -
36 Number & Street	9 SHILLING WAY	66 Number & Street	1483 OLD FREEHOLD RD
37 City / State / Zip	JACKSON NJ 08527	67 City / State / Zip	TOMS RIVER NJ 08753
38 Make	JEEP	68 Make	BMW
39 Model	CHE	69 Model	4
40 Color	BLK	70 Color	GRY
41 Year	2015	71 Year	2015
42 Plate No.	C24JAD	72 Plate No.	E90JZD
43 State	NJ	73 State	NJ
44 VIN	1C4PJMCB3FW534230	74 VIN	WBA4A7C54FD415996
45 Expires	05 22	75 Expires	05 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ 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.

Occupants

	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	04	-	-	LISA - PEREIRA - 9 SHILLING WAY JACKSON NJ 08527
B	02	01	01	05	27	M	-	-	-	11	04	-	-	RYAN P COTTRELL - 1483 OLD FREEHOLD RD TOMS RIVER NJ 08753
C	02	03	01	05	26	F	-	-	-	11	04	-	-	NATALIE E ELMORE - 1483 OLD FREEHOLD RD TOMS RIVER NJ 08753
D														

New Jersey Police Crash Investigation Report

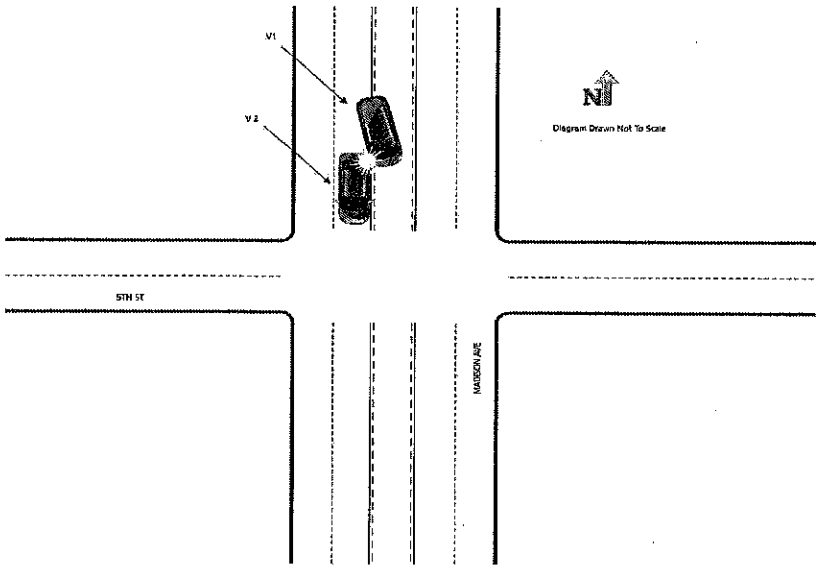
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016189

(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 one stated she was traveling south on Madison Ave in the left lane. Furthermore, she stated vehicle two abruptly changed lanes without signal. While vehicle two made a lane change it struck her vehicle.

Driver of vehicle two stated he had just performed a lane change and was stopped in traffic n the left lane of Madison Ave southbound. While stopped in traffic, vehicle one struck him from behind.

Due to conflicting accounts of the incident I am unable to determine the at fault driver.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016203
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2126
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	W COUNTY LINE RD
At Intersection With / Road Name	KENT ROAD
Feet / Miles	100 Feet
N ☒ E of: / S ☐ W	E of
11 Speed Limit	45
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	40.10956
22 Longitude	-74.23659

Vehicle 1

23 Veh #	1
24 Policy No.	4626 10 10 02
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOISHE Y CHAVOLY -
29 Sex	M
27 Number & Street	63 NORTH CREST PL
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NJ
32 Driver's License Number	C32635618810756
33 DOB (mm dd yyyy)	10/24/1975
34 Expires (mm yy)	10 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver KAYLA N CHAVOLY -
36 Number & Street	63 NORTH CREST PL
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / SIL / 2010 / X57KLS / NJ
44 VIN	5NPET4AC8AH592099
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 ☐ 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.	4550 18 32 18
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SIMON - CACALOTL-RAMIREZ -
59 Sex	M
57 Number & Street	511 BREWERS BRIDGE RD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	MD
62 Driver's License Number	C-243-766-013-143
63 DOB (mm dd yyyy)	02/24/1983
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEONARDO A GRANADOS -
66 Number & Street	32 MERLIN DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / CLA / RD / 2014 / H36MHT / NJ
74 VIN	WDDSJ4EB0EN068905
75 Expires	09 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.
02	39:3-10	A 289444			
	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	46	M	-	-	-	11	11	-	-	MOISHE Y CHAVOLY - 63 NORTH CREST PL LAKEWOOD NJ 08701
B	02	01	01	05	39	M	-	-	-	11	11	-	-	SIMON - CACALOTL-RAMIREZ - 511 BREWERS BRIDGE R JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

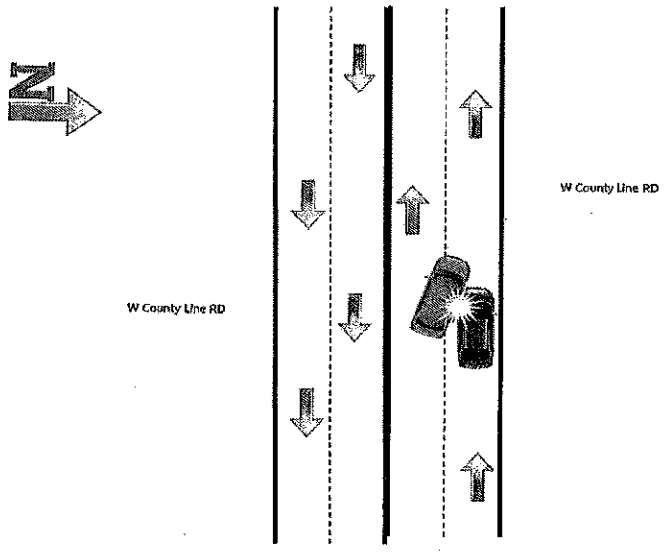
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016203

(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 that he was traveling Westbound on W County Line RD approaching Kent Road. Driver stated he was in the left lane when an unknown vehicle in front of him came to a sudden stop. Driver stated the he swerved into the right lane which caused the collision with V2. Driver of V2 stated he was also traveling Westbound on W County Line RD on the right lane when V1 swerved onto his lane causing the accident. No injuries were reported at this time. Driver of V2 was found to operating a motor vehicle with an expired driver's license. A summons was issued .

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
REYES S	342	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ 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	01
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

Right margin codes	
118a	33
118b	35
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	06
126b	61
126c	54
126d	54
126e	54
127a	-
127b	-
127c	-
127d	-
127e	-
128	06
129	12
130	12
131	-
132	-
133	04
134	-

1 Case Number: 22-016179

2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01

3 Station/Precinct:

10 Crash Occurred On: LAKEWOOD NEW EGYPT RD

11 Speed Limit: (blank) Road Name / Dir / 12 Route No.: 0547 Suffix / 13 Milepost / 18 Speed Limit

☐ At Intersection With

14: 500 15: ☒ Feet ☐ Miles 16: ☐ N ☐ E ☐ S ☒ W of: OLD WHITESVILLE (17 Cross Road Name)

19 Ramp ☐ To ☐ From: 20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 03/01/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1811

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.08587

22 Longitude: -74.25030

Vehicle 1

23 Veh #: 1

24 Policy No.: 6068754073

25 NJ Ins. Code: 148

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

26 Driver's First Name: YITZCHOK Initial: - Last Name: LAZAR - 29 Sex: M

27 Number & Street: 2 SANZ TOWN RD

28 City: LAKEWOOD State: NJ Zip: 08701

30 Eyes: 4 DL Class: D Restrictions: - Endorsements: - 31 State: NJ

32 Driver's License Number: L09767900009024

33 DOB (mm dd yyyy): 09/15/2002

34 Expires (mm yy): 09 25

35 Owner's ☐ Same As Driver First Name: YITZCHOK Initial: - Last Name: LAZAR -

36 Number & Street: 2 SANZ TOWN RD

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: NISS 39 Model: SEN 40 Color: GRY 41 Year: 2018 42 Plate No.: W37PFL 43 State: NJ

44 VIN: 3N1AB7AP7JL618913 45 Expires: 10 22

46 Vehicle Removed To: MOSHIES 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 #: -

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 ☐ Same As Driver First Name: - 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 - ☐ 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: -

Damage / Charges

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

MAILBOX LOCATED AT 292 LAKEWOOD EGYPT RD WAS HIT. OWNER WAS ADVSIED.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

Occupants

	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	19	M	-	-	-	11	04	-	-	YITZCHOK - LAZAR - 2 SANZ TOWN RD LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

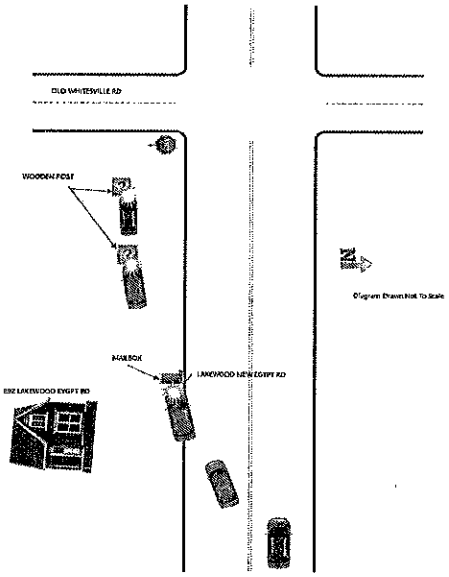
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016179

(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 Westbound on Lakewood New Egypt RD. He stated as he was going forward his steering wheel and tires locked up to the left causing him to go off the road and crash into a mail box (located at 292 Lakewood New Egypt RD). After he hit he mail box he continued forward where he crashed into two wooden posts where his vehicle then came to a stop.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016150
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	E.COUNTY LN RD
At Intersection With / Road Name	
☒ Feet ☐ Miles	100
☐N ☒E ☐S ☐W of:	MADISON AVE
11 Speed Limit	30
Dir	
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	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1532
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10629
22 Longitude	-74.21936

Vehicle 1

23 Veh #	1
24 Policy No.	608511411 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHLOMO - AZATCHI -
29 Sex	M
27 Number & Street	773 NORWOOD AVE
28 City / State / Zip	LONG BRANCH NJ 07740
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	A97167090004024
33 DOB mm dd yyyy	04/25/2002
34 Expires mm yy	04 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHLOMO - AZATCHI -
36 Number & Street	773 NORWOOD AVE
37 City / State / Zip	LONG BRANCH NJ 07740
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / BOL / BLK / 2020 / V70MWZ / NJ
44 VIN	1G1FZ6S00L4141916
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.	6047-36-70-62
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LISA M STERNER -
59 Sex	F
57 Number & Street	1415 NORTHSTREAM PKWY
58 City / State / Zip	POINT PLEASANT NJ 08742
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	S82274767459982
63 DOB mm dd yyyy	09/10/1998
64 Expires mm yy	09 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LISA M STERNER -
66 Number & Street	1415 NORTHSTREAM PKWY
67 City / State / Zip	POINT PLEASANT NJ 08742
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON - SO / WHI / 2018 / C20NBT / NJ
74 VIN	5NPE24AF7JH606958
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 ☐ 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	1	01	01	05	19	M	-	-	-	11	04	-	-	SHLOMO - AZATCHI - 773 NORWOOD AVE LONG BRANCH NJ 07740
B	2	01	01	05	23	F	-	-	-	11	04	-	-	LISA M STERNER - 1415 NORTHSTREAM PK' POINT PLEASANT NJ 08742
C														
D														

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-016150
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1532
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E.COUNTY LN RD
11 Speed Limit	30
☐ At Intersection With / ☒ Feet / ☐ Miles	100
Dir	☐ N ☒ E ☐ S ☐ W
of	MADISON AVE
17 Cross Road Name	
18 Speed Limit	40
19 Ramp	☐ To ☐ From:
21 Latitude	40.10629
22 Longitude	-74.21936

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: 01; 109: -; 110: 01; 111: -; 112: -; 113: -; 114: -; 115: -; 116: 02; 117:

Right margin codes: 118a: 09; 118b: -; 119a: -; 119b: -; 120a: 01; 120b: 01; 121a: -; 121b: -; 122: 01; 123: -; 124: 04; 125: -; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: -; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 12; 130: 12; 131: -; 132: -; 133: 02; 134: -

Vehicle 3

Field	Value
23 Veh #	3
24 Policy No.	4371-93-03-81
25 NJ Ins. Code	148
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	SAMUEL - LEBOVICS -
29 Sex	M
27 Number & Street	4 CLOVER HILL DR
28 City / State / Zip	JACKSON NJ 08527
30 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L20856880007924
33 DOB	07/01/1992
34 Expires (mm yy)	07 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — SAMUEL - LEBOVICS -
36 Number & Street	4 CLOVER HILL DR
37 City / State / Zip	JACKSON NJ 08527
38 Make	TOYT
39 Model	SIE
40 Color	GRY
41 Year	2015
42 Plate No.	L55HTK
43 State	NJ
44 VIN	5TDKK3DC1FS530394
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 (53–82)

Field	Value
53 Veh #	
54 Policy No.	
55 NJ Ins. Code	
Status	☐ 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	☐ 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	3	01	01	05	29	M	-	-	-	11	04	-	-	SAMUEL - LEBOVICS - 4 CLOVER HILL DR JACKSON NJ 08527
B														
C														
D														

New Jersey Police Crash Investigation Report

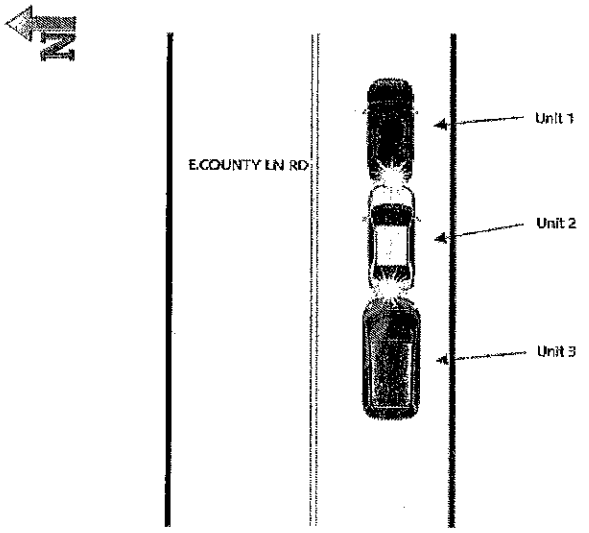
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-016150

(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 HE WAS TRAVELING EAST ON E. COUNTY LINE ROAD AND STOPPED DUE TO TRAFFIC, WHEN VEHICLE #2 TRAVELING EAST ON E.COUNTY LINE ROAD STRUCK VEHICLE #1 FROM BEHIND. DRIVER #2 STATED THAT SHE STOPPED SHORT WHEN VEHICLE #1 MADE A SUDDEN STOP. DRIVER #2 THEN STATED THAT WHEN SHE STOPPED SHORT, VEHICLE #3 TRAVELING EAST ON E. COUNTY LINE ROAD STRUCK VEHICLE #2 FROM BEHIND CAUSING VEHICLE #2 TO STRIKE VEHICLE #1. DRIVER #3 STATED THAT HE WAS TRAVELING EAST ON E.COUNTY LINE ROAD AND STRUCK VEHICLE #2 FROM BEHIND. NO INJURIES REPORTED.

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	22-016157
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CHAMBERSBRIDGE RD
At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0549
Suffix	
13 Milepost	
18 Speed Limit	45
☒ Feet ☐ Miles	150
of:	OCEAN AVE
☐ N ☐ E ☒ S ☐ W	
19 Ramp ☐ To ☐ From:	88
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1548
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.08054
22 Longitude	-74.15646

Vehicle 1

23 Veh #	1
24 Policy No.	SNJ 000-6309-395-1
25 NJ Ins. Code	038
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	PAUL
Initial	-
Last Name	CINTRON
29 Sex	M
27 Number & Street	16 W END COURT APT # 4
28 City	LONG BRANCH
State	NJ
Zip	07740
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C45296190008642
33 DOB mm dd yyyy	08/14/1964
34 Expires mm yy	08 25
35 Owner's First Name	PAUL
Initial	-
Last Name	CINTRON
☐ Same As Driver	
36 Number & Street	16 W END COURT APT # 4
37 City	LONG BRANCH
State	NJ
Zip	07740
38 Make	CHEV
39 Model	AVE
40 Color	GRY
41 Year	2007
42 Plate No.	U47LWR
43 State	NJ
44 VIN	KL1TD56657B092402
45 Expires	11 22
46 Vehicle Removed To	ACME TOWING (UNIT20)
☐ 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.	F919153-7
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MEGAN
Initial	A
Last Name	ORNSTEIN
59 Sex	F
57 Number & Street	5 ORSAF LANE
58 City	BAYVILLE
State	NJ
Zip	08721
60 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	O74945376160844
63 DOB mm dd yyyy	10/05/1984
64 Expires mm yy	10 25
65 Owner's First Name	MEGAN
Initial	A
Last Name	ORNSTEIN
☐ Same As Driver	
66 Number & Street	5 ORSAF LANE
67 City	BAYVILLE
State	NJ
Zip	08721
68 Make	CHEV
69 Model	SUB - SU
70 Color	BLK
71 Year	2020
72 Plate No.	L37NNC
73 State	NJ
74 VIN	1GNSKHKC1LR250735
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 ☐ 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	39:4-97	A290924			
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	57	M	-	-	-	11	04	-	-	PAUL - CINTRON - 16 W END COURT APT # LONG BRANCH NJ 07740
B	01	03	01	05	28	M	-	-	-	11	04	-	-	ANTONIO - CINTRON - 16 W END CT; 4 LONG BRANCH NJ 07740
C	02	01	01	05	37	F	-	-	-	11	04	-	-	MEGAN A ORNSTEIN - 5 ORSAF LANE BAYVILLE NJ 08721
D														

New Jersey Police Crash Investigation Report

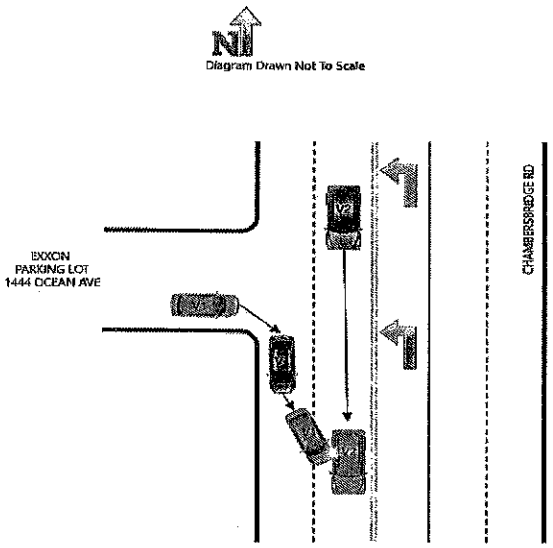
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016157

(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					28	M								ANTONIO - CINTRON - 16 W END CT; 4 LONG BRANCH NJ 07740
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was entering Chambersbridge Rd from the Exxon gas station, heading South. D1 stated he merged then attempted to merge into the left lane when V2 collided with him at a high rate of speed.

Driver of V2 stated she was traveling South on Chambersbridge Rd. D2 stated V1 pulled into her lane and she attempted to avoid his vehicle, but could not. D2 stated V1 collided with the side of her vehicle.

I observed a video of the crash from the Exxon Gas Station. V1 stops and merges into traffic on Chambersbridge Rd heading Southbound. V1 then attempts to change lanes as V2 is approaching. V2 appeared to try and maneuver around V1 but could not, and V1 collides with the passenger side of V2.

I determined V1 was at fault for the crash. D2 was in her lane and moving with traffic. D1 did not yield to her as oncoming traffic and caused the crash. I made this determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene. Video of the crash attached to this incident.

V1 was towed by Unit20 (Acme). The vehicle was disabled and leaking fluid. V2 pulled into the parking lot of 50 Chambersbridge Rd and was awaiting a tire change.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016154
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PROSPECT ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0628
Suffix	
13 Milepost	
18 Speed Limit	40
☒ Feet / ☐ Miles	300
☐ N ☐ E ☐ S ☒ W of:	MASSACHUSETTS AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1537
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.07333
22 Longitude	-74.22723

Vehicle 1

23 Veh #	1
24 Policy No.	1259867B0530C
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DUANE M DAVIS -
29 Sex	M
27 Number & Street	800 UNION AVE
28 City / State / Zip	LAKEHURST NJ 08733
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / B / - / - / NJ
32 Driver's License Number	D09211807410772
33 DOB mm dd yyyy	10/10/1977
34 Expires mm yy	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DUANE M DAVIS -
36 Number & Street	800 UNION AVE
37 City / State / Zip	LAKEHURST NJ 08733
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INFI / QX8 / 1 / 2014 / B60NJH / NJ
44 VIN	JN8AZ2NE2E9062937
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.	AOJ23818926270
55 NJ Ins. Code	183
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GINA G FEIMER -
59 Sex	F
57 Number & Street	107 FIRESTONE ROAD
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	F22782886753732
63 DOB mm dd yyyy	03/18/1973
64 Expires mm yy	03 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GINA G FEIMER -
66 Number & Street	107 FIRESTONE ROAD
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / TAU / WHI / 2018 / C25KYZ / NJ
74 VIN	1FAHP2E83JG136193
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.	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	44	M	-	-	-	11	04	-	-	DUANE M DAVIS - 800 UNION AVE LAKEHURST NJ 08733
B	01	01	01	05	48	F	-	-	-	11	04	-	-	GINA G FEIMER - 107 FIRESTONE ROAD TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

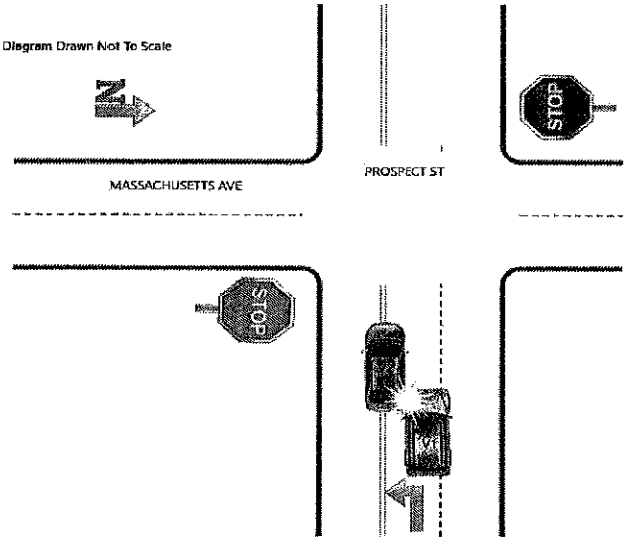
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016154

(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 Westbound on Prospect ST in the left turn only lane and was approaching the intersection of Massachusetts Ave. He stated as he was going forward, vehicle 2 (who he stated was behind him) attempted to get in front of him by going around him and into the Eastbound lane but crashed into the side of his vehicle when she attempted to go in front of him.

Driver of vehicle 2 stated she was Westbound on Prospect ST and was in the left turn only lane approaching the intersection of Massachusetts Ave. She stated as she was going forward vehicle 1 (who she stated was behind her) attempted to get into the left turn only lane but crashed into side of her vehicle. She stated vehicle 1 was late trying to get into the left turn lane and she was already in front of him when he crashed into her.

In my investigation I am unable to determine who is at fault for this crash due to a lack of independent witnesses and conflicting statements. *The damage I also observed was also consistent with either statements.

There was a camera located at 501 Prospect St that may have caught the accident on video but at this time no one was there.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-014826
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On	W COUNTY LINE RD
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0547
Suffix	
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	LAURELWOOD AVE
☐ Feet / ☐ Miles	--
☐ N ☐ E ☐ S ☐ W of:	
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)	1918
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.106730
22 Longitude	-74.228130

Vehicle 1

23 Veh #	1
24 Policy No.	001274465C71102
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MARK
Initial	-
Last Name	GROSS
29 Sex	M
27 Number & Street	22 PRESSBURG LN
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G75765210003494
33 DOB mm dd yyyy	03/25/1949
34 Expires mm	03
yy	26
35 Owner's ☐ Same As Driver	MARK - GROSS -
36 Number & Street	22 PRESSBURG LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HYUN
39 Model	ELA
40 Color	RD
41 Year	2019
42 Plate No.	B32LPK
43 State	NJ
44 VIN	5NPD74LF8KH489810
45 Expires	07 22
46 Vehicle Removed To	MOISHYS
☐ 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.	420143303028
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MOSHE
Initial	-
Last Name	FURMAN
59 Sex	M
57 Number & Street	6 HEATHER COURT
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F93845670003872
63 DOB mm dd yyyy	03/08/1987
64 Expires mm	03
yy	23
65 Owner's ☐ Same As Driver	MOSHE - FURMAN -
66 Number & Street	6 HEATHER COURT
67 City	JACKSON
State	NJ
Zip	08527
68 Make	SUZI
69 Model	AER
70 Color	4
71 Year	2007
72 Plate No.	W31NDD
73 State	NJ
74 VIN	JS2RA62S275353431
75 Expires	02 23
76 Vehicle Removed To	HESHYS
☐ 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	72	M	04	08	01	11	11	02	6502	MARK - GROSS - 22 PRESSBURG LN LAKEWOOD NJ 08701
B	02	01	01	05	34	M	-	-	-	11	11	01	-	MOSHE - FURMAN - 6 HEATHER COURT JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

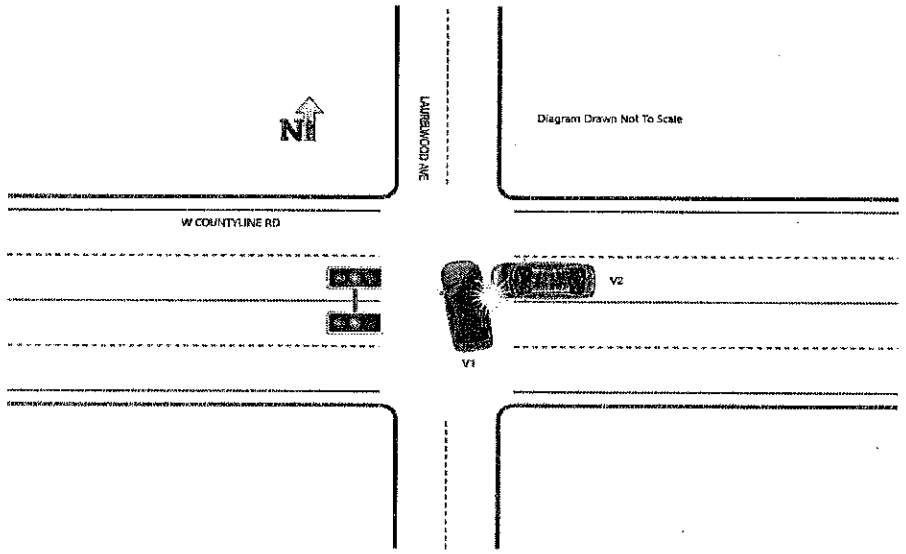
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-014826

(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 VEH 1 STATED HE WAS TRAVELING NORTH ON LAURELWOOD AVENUE AND WAS STOPPED IN TRAFFIC IN THE MIDDLE OF THE INSTERSECTION OF W COUNTYLINE ROAD WAITING TO MAKE A LEFT TURN. HE SAID WHILE IN THE INTERSECTION, HE OBSERVED THE TRAFFIC LIGHT TURN YELLOW THEN RED. DRIVER 1 SAID HE ATTEMPTED TO PROCEED WITH HIS LEFT TURN ONCE THE LIGHT TURNED RED, AND THAT WAS WHEN HE WAS STRUCK BY VEH 2, THAT HE SAID CAME SPEEDING INTO THE INTERSECTION.

WHEN I ASKED DRIVER 2 HOW THE CRASH HAPPENED, HE SAID HE DOESNT REMEMBER FULLY. DRIVER 2 SAID HE WAS TRAVELING WEST BOUND ON W COUNTYLINE ROAD. I ASKED HIM IN WHAT LANE OF TRAFFIC THE LEFT OR RIGHT LANE, AND HE SAID HE DOES NOT REMEMBER. I ALSO ASKED IF HE REMEMBERS WHAT COLOR SIGNAL HE HAD AHEAD PRIOR TO ENTERING THE INTERSECTION, AND HE SAID HE DOESN'T REMEMBER. DRIVER 2 SAID HE ASSUMES THE TRAFFIC SIGNAL WAS GREEN BECAUSE HE DOESN'T DRIVE THROUGH RED LIGHTS TYPICALLY.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. VEH 1 WAS ALREADY IN THE INTERSECTION PRIOR TO THE CHANGE OF THE TRAFFIC LIGHT, AND WAS ATTEMPTING TO COMPLETE HIS LEFT TURN WHEN HE WAS STRUCK BY VEHICLE 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015770
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
At Intersection With	☐
Road Name	RIVER AVE
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	SHERWOOD AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0917
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	2
21 Latitude	40.073380
22 Longitude	-74.21706

Vehicle 1

23 Veh #	1
24 Policy No.	CAP9269468
25 NJ Ins. Code	204
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KENNETH J SEAMAN -
29 Sex	M
27 Number & Street	107 CIRCLE DRIVE
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements	5 / A / - / -
31 State	NJ
32 Driver's License Number	S20274317110665
33 DOB mm dd yyyy	10/25/1966
34 Expires mm yy	10 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - NICHOLAS POOLS]-
36 Number & Street	1820 LAKEWOOD RD RT 9
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	WEST / TRK / WHI / 2007 / XG515V / NJ
44 VIN	2FZMAZCV77AW59396
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	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939 144 654
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BEVERLY E LARGMANN -
59 Sex	F
57 Number & Street	305 BARBADOS DRIVE N
58 City / State / Zip	TOMS RIVER NJ 08757
60 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
61 State	NJ
62 Driver's License Number	L05880936560354
63 DOB mm dd yyyy	10/02/1935
64 Expires mm yy	10 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BEVERLY E LARGMANN -
66 Number & Street	305 BARBADOS DRIVE N
67 City / State / Zip	TOMS RIVER NJ 08757
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TRL. / RD / 2004 / HY3024 / NJ
74 VIN	1GNET16S146233763
75 Expires	06 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.
1	-	-	2	-	-
1	-	-	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	-	55	M	-	-	-	04	04	-	-	KENNETH J SEAMAN - 107 CIRCLE DRIVE MANCHESTER NJ 08759
B	V1	03	01	-	30	M	-	-	-	04	04	-	-	JOSE - AGUILAR - 1570 CHURCH RD TOMS RIVER NJ 08755
C	V2	01	01	03	86	F	06	08	02	11	04	-	6502	BEVERLY E LARGMANN - 305 BARBADOS DRIVE N TOMS RIVER NJ 08757
D	V2	03	01	03	67	F	06	08	02	11	04	-	6502	BEVERLY - DYSON - 1 ALASKA AVE; A WHITING NJ 08759

New Jersey Police Crash Investigation Report

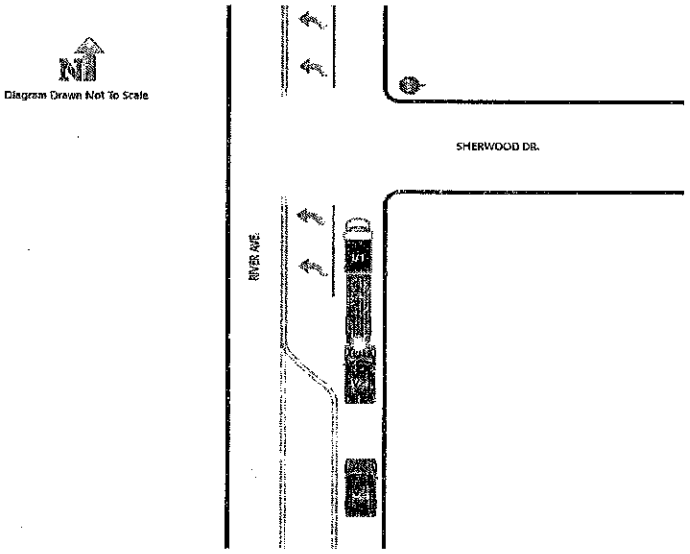
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-015770

(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 Trailer: 2005 International trailer
NJ reg/ TKP59T
expiration: 03/31/2025
Vin: 1JKDLA4035M006340
Owner: Nicholas Pools Inc.
1820 Lakewood Rd.
Toms River, NJ 08755

The driver of vehicle #1 stated he was stopped in traffic on River Ave. (Route 9) northbound prior to the intersection with Sherwood Ave. when his vehicle was struck by vehicle #2.

The driver of vehicle # 2 stated she was traveling behind vehicle #1, and began to slow her vehicle as vehicle #1 was stopped in front of her. As vehicle #2 was slowing, driver #2 stated her vehicle was rear ended by a vehicle traveling behind her.

No damage was observed on rear of vehicle #2 indicating a collision.

Driver #2 is at fault for the collision for following to closely.

Driver #2 had a complaint of chest and back pain, and the front passenger in vehicle #2 had a complaint of back pain. Both occupants of vehicle #2 were transported to Monmouth Medical Center Southern Campus via Lakewood EMS for treatment.
-end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-015857
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On (Road Name)	MADISON AVE
Dir	-
11 Speed Limit	35
12 Route No.	0009
Suffix / 13 Milepost	
☐ At Intersection With	
14 / 15	5 ☒ Feet ☐ Miles
16	☒ N ☐ E ☐ S ☐ W of:
17 Cross Road Name	MAIN ST
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1656
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	-
22 Longitude	-

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

Right margin codes: 118a: 71; 118b: -; 119a: 25; 119b: -; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 43; 123: 01; 124: 03; 125: 04; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 22; 127b: -; 127c: -; 127d: -; 127e: 22; 128: 26; 129: -; 130: -; 131: 11; 132: 11; 133: -; 134: 02

Vehicle 1

Field	Value
23 Veh #	P
24 Policy No.	-
25 NJ Ins. Code	-
Status	☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	ARYEN - MARDER -
29 Sex	M
27 Number & Street	171 REGENT DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	01/16/2011
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 ☐ 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

Field	Value
53 Veh #	2
54 Policy No.	2122504610
55 NJ Ins. Code	945
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	YOCHEVED S BLUM -
59 Sex	F
57 Number & Street	2 TREESIDE LN
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	B56477908259995
63 DOB (mm dd yyyy)	09/24/1999
64 Expires (mm yy)	09 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NACHMAN - BLUM -
66 Number & Street	10 CARANETTA DRIVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	TOYT
69 Model	CAM
70 Color	GRY
71 Year	2011
72 Plate No.	V38LUK
73 State	NJ
74 VIN	4T4BF3EK3BR106569
75 Expires	09 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	P1	-	-	03	11	M	11	07	02	-	-	-	6303	ARYEN - MARDER - 171 REGENT DR LAKEWOOD NJ 08701
B	02	01	01	05	22	F	-	-	-	11	04	-	-	YOCHEVED S BLUM - 2 TREESIDE LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

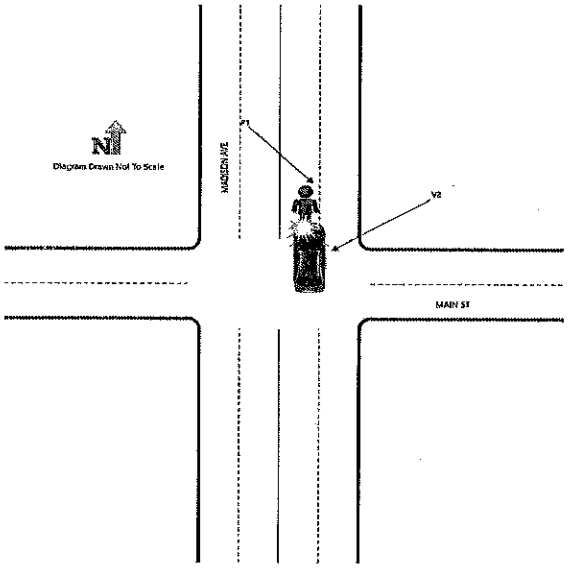
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015857

(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 stated he was standing at the intersection of Madison Ave and Main St. He further stated he attempted to cross the street by running across the street. As he was running across Madison Ave he was struck by vehicle two.

Driver of vehicle two stated she was traveling North on Madison Ave. Furthermore, as she was crossing the intersection of Main St, she observed Pedestrian one run into the roadway. Driver of vehicle one stated she attempted to stop and avoid a collision but was unable to.

As a result of my investigation, I determined Pedestrian 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	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016045
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0093
Suffix	
13 Milepost	
18 Speed Limit	55
☒ Feet ☐ Miles	50
☐ N ☐ E ☒ S ☐ W of:	ROUTE 70
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0652
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.05008
22 Longitude	-74.19897

Vehicle 1

23 Veh #	1
24 Policy No.	4592-23-39-95
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YOHANNA
Initial	D
Last Name	SANCHEZ
29 Sex	F
27 Number & Street	1311 JEFFREY ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	-
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S03877906457842
33 DOB mm dd yyyy	07/16/1984
34 Expires mm	09
yy	21
35 Owner's First Name	YOHANNA
Initial	D
Last Name	SANCHEZ
☐ Same As Driver	
36 Number & Street	1311 JEFFREY ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	RAV
40 Color	BLK
41 Year	2016
42 Plate No.	A21LDR
43 State	NJ
44 VIN	2T3RFREV9GW488613
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.	4432-66-05-22
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	TERESA
Initial	-
Last Name	SCAMARDELLA
59 Sex	F
57 Number & Street	1111 BELL ST
58 City	TOMS RIVER
State	NJ
Zip	08755
60 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S10927320062546
63 DOB mm dd yyyy	12/22/1954
64 Expires mm	-
yy	-
65 Owner's First Name	TERESA
Initial	-
Last Name	SCAMARDELLA
☐ Same As Driver	
66 Number & Street	1111 BELL ST
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	MERZ
69 Model	M35 - ML
70 Color	SIL
71 Year	2003
72 Plate No.	S29MTX
73 State	NJ
74 VIN	4JGAB57E03A448682
75 Expires	08 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.	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		37	F	-	-	-	11	04	-	-	YOHANNA D SANCHEZ - 1311 JEFFREY ST LAKEWOOD NJ 08701
B	02	01	01	05	67	F	-	-	-	11	04	-	-	TERESA - SCAMARDELLA - 1111 BELL ST TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

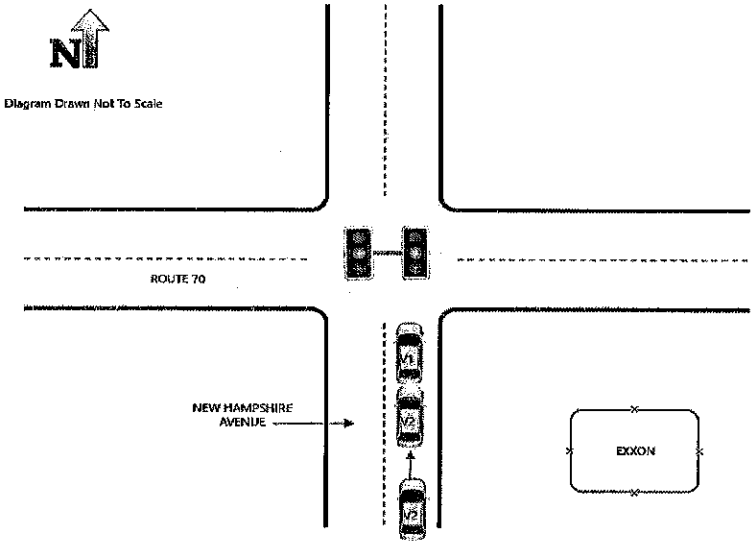
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016045

(Refer to vehicle by number)

		83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc Inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Dept	95 Hosp Code	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 stopped for a red light facing North on New Hampshire Avenue at Route 70. Driver #1 said while she was stopped, her vehicle was rear-ended by Vehicle #2. Vehicle #1 sustained minor damage to the center rear.

Driver #2 stated she was traveling North on New Hampshire Avenue approaching Route 70. Driver #2 stated she collided with Vehicle #1, which was stopped for a red light. Vehicle #2 sustained minor damage to the center front.

Based on statements made from the involved parties and my observations at the scene and damage to the vehicles, I determined that Driver #2 is at fault due to driver inattention.

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	22-016086
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1018
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	3RD ST
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:	LEXINGTON AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.09338
22 Longitude	-74.21239

Vehicle 1

23 Veh #	1
24 Policy No.	952264623
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	KAILA
Initial	F
Last Name	FARKAS
29 Sex	F
27 Number & Street	7 FRANCIS PL 201
28 City	MONSEY
State	NY
Zip	10952
30 Eyes	2
DL Class	-
Restrictions	-
Endorsements	-
31 State	NY
32 Driver's License Number	857941578
33 DOB (mm dd yyyy)	02/05/1995
34 Expires (mm yy)	02 25
35 Owner's First Name	YEHUDA
Initial	-
Last Name	FARKAS
☐ Same As Driver	
36 Number & Street	801 MADISON AVE APT.5A
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HYUN
39 Model	ELA
40 Color	4
41 Year	2016
42 Plate No.	B58NYC
43 State	NJ
44 VIN	5NPDH4AE5GH694483
45 Expires	07 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.	939 723 330
55 NJ Ins. Code	054
☒ 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	AARON
Initial	M
Last Name	SPITZ
☐ Same As Driver	
66 Number & Street	1007 PARK AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	MAZD
69 Model	CX3
70 Color	BLK
71 Year	2020
72 Plate No.	A30MRX
73 State	NJ
74 VIN	3MVDMBCL3LM134542
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.
1	39:4-97	292059			

	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	27	F	-	-	-	11	04	-	-	KAILA F FARKAS - 7 FRANCIS PL 201 MONSEY NY 10952
B														
C														
D														

New Jersey Police Crash Investigation Report

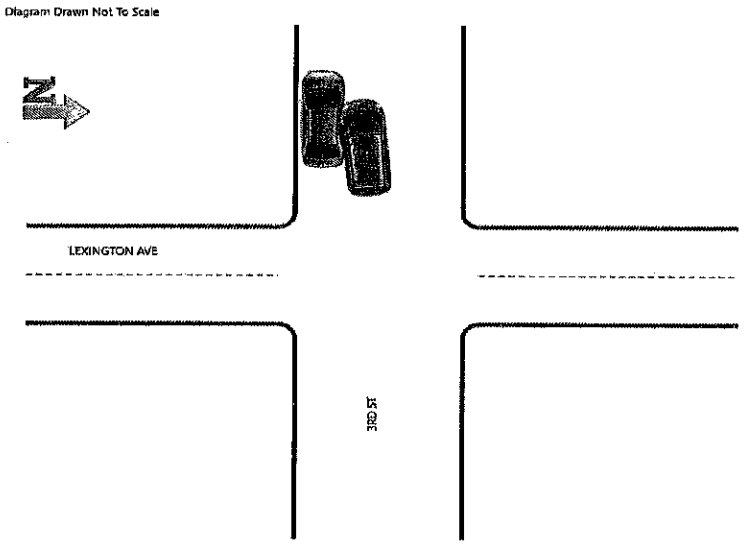
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016086

(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 2 WAS PROPERLY PARKED ON 3RD ST WHEN IT WAS STRUCK BY VEHICLE 1.

DRIVER OF VEHICLE 1 STATED AS SHE WAS TURNING ONTO 3RD ST FROM LEXINGTON AVE. SHE DROPPED SOMETHING INSIDE HER VEHICLE AND WAS ATTEMPTING TO PICK IT UP, WHILE DOING SO SHE STRUCK VEHICLE 2.

NO INJURIES REPORTED ON SCENE.

OWNER OF VEHICLE 2 WAS NOTIFIED.

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	22-014970
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SPRUCE ST
At Intersection With Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	50
☐N ☒E ☐S ☐W of:	MARC DR
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/25/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0808
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.07169
22 Longitude	-74.21082

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
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 / NAOMI / Y / MILLER / -
36 Number & Street	4-411 LAWRENCE AVE W
37 City / State / Zip	TORONTO / ON / M5M 1
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / E350 / GRY / 2009 / CVDN778 / ON
44 VIN / 45 Expires	1FBSS31L19DA25500 / 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.	954126083
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ADA / J / MIRANDA-AGUILAR -
59 Sex	F
57 Number & Street	1503 AUGUST DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	05/05/1998
64 Expires mm yy	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / DARLIN / - / AGUILAR-RIVAS -
66 Number & Street	1503 AUGUST DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JAGU / XT2 / GRY / 2003 / 41833C2 / TX
74 VIN / 75 Expires	SAJEA51D93XD29118 / 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.
2	39:3-10	290438	2	39:3-33	290439
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	02	01	01	05	23	F	-	-	-	11	04	-	-	ADA J MIRANDA-AGUILAR - 1503 AUGUST DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-014970

(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)

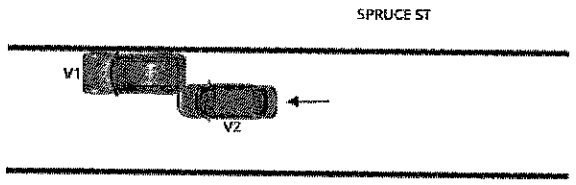


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1, a 2009 Ford E-350, ON CVDN-778 was parked unoccupied on the north side of Spruce Street just east of Marc Drive.

Driver 2, Ada Miranda-Aguilar was operating a 2003 Jaguar, TX 418-33C2. Ms. Miranda-Aguilar stated she was traveling west on Spruce Street when the front passenger side of her vehicle struck the rear driver side of vehicle 1. Driver 2 was determined to be at fault for driver inattention.

The Texas registration of 418-33C2 on vehicle 2 was determined to be fictitious as the plate comes back to a 2008 red Kia VIN KNAFG525587198523. The proper registration for the Jaguar as per NJMVC is U11-NBN. I spoke with the Owner of vehicle 2, Darlin Aguiar who informed me he purchased the vehicle at a car dealership in Pennsylvania who provided him with the temporary TX registration.

Vehicle 1 Insurance: Economical Mutual Insurance Company 111 Westmount Road, Waterloo, ON N2J4S4. Policy Number 20162472. 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	22-016506
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1845
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CLIFTON AVE & 1ST ST
☒ At Intersection With	1ST ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
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	40.09115
22 Longitude	-74.21443

Vehicle 1

23 Veh #	1
24 Policy No.	4028-44-06-51
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAIM Y MERMELSTEIN -
29 Sex	M
27 Number & Street	92 E 9TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	M27131208803742
33 DOB (mm dd yyyy)	03/13/1974
34 Expires (mm yy)	03 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM Y MERMELSTEIN -
36 Number & Street	92 E 9TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / T / GLD / 2007 / D89DCP / NJ
44 VIN	2A4GP54L27R267694
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.	4351-01-63-18
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHOSHANA R SPITZ -
59 Sex	F
57 Number & Street	153 BRISTOL CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
61 State	NJ
62 Driver's License Number	S70797097960016
63 DOB (mm dd yyyy)	10/15/2001
64 Expires (mm yy)	10 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ARYEH L MINZER -
66 Number & Street	34 TRUDY LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / FOR / GRY / 2020 / P48MPV / NJ
74 VIN	3KPF24AD5LE245935
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	01	01	01	-	47	M	-	-	-	11	04	-	-	CHAIM Y MERMELSTEIN - 92 E 9TH ST LAKEWOOD NJ 08701
B	01	03	01	-	12	M	-	-	-	11	04	-	-	MENACHEM - MERMELSTEIN - 92 E 9TH ST LAKEWOOD NJ 08701
C	02	01	01	-	20	F	-	-	-	11	04	-	-	SHOSHANA R SPITZ - 153 BRISTOL CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

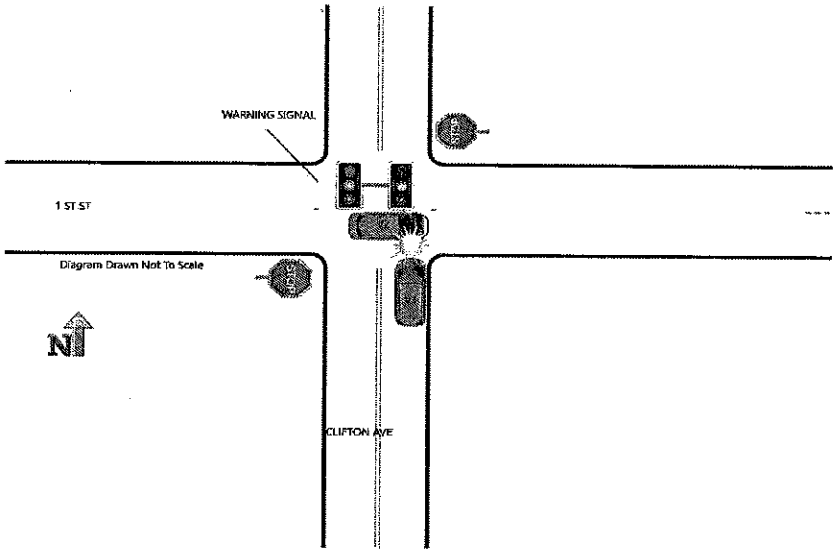
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016506

(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 NORTH ON CLIFTON AVE THROUGH THE YELLOW FLASHING WARNING SIGNAL AT 1ST ST. HE STATED THAT HE DID NOT SEE VEHILCE 2 UNTIL IT WAS DIRECTLY IN HIS PATH CAUSING THEM TO CRASH.

DRIVER OF VEHICLE 2 STATED SHE WAS DRIVING EAST ON 1ST ST WHILE HAVING A CONVERSATION ON HER CELL PHONE THROUGH HER BLUETOOTH. SHE STATED SHE CAME TO A STOP AT THE INTERSECTION OF CLIFTON AVE WAITING TO CROSS OVER. SHE WAS ONLY CHECKING SOUTH BOUND TRAFFIC ON CLIFTON AND WHEN SHE SAW IT WAS CLEAR AND BEGAN TO CROSS BUT FAILED TO SEE THAT THERE WAS NORTH BOUND TRAFFIC AND CROSSED IN THE PATH OF VEHILCE 1 CAUSING THEM TO CRASH.

DRIVER OF VEHICLE 2 IS AT FAULT FOR FAILING TO YIELD TO VEHICLE 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	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	22-016514
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2005
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	E COUNTY LINE RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet / ☐ Miles	100
N ☒ E / S ☐ W of:	SQUANKUM RD
19 Ramp ☐ To / ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
21 Latitude	40.105200
22 Longitude	-74.205190

Vehicle 1

23 Veh #	1
24 Policy No.	NC10241036
25 NJ Ins. Code	946
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	OLIVIA - LEMPFERT -
29 Sex	F
27 Number & Street	305 S NEW PROSPECT RD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	02 - - -
31 State	NJ
32 Driver's License Number	L24816038258782
33 DOB (mm dd yyyy)	08/01/1978
34 Expires (mm yy)	08 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver OLIVIA - LEMPFERT -
36 Number & Street	305 S NEW PROSPECT RD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / VER / 4 / 2008 / Z27DZX / NJ
44 VIN	3N1BC11E38L390190
45 Expires	03 20
46 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ 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.	A3333943
55 NJ Ins. Code	909
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AARON E FLEISCHMANN -
59 Sex	M
57 Number & Street	218 S HIGHLAND AVE
58 City / State / Zip	LOS ANGELES CA 90036
60 Eyes / DL Class / Restrictions / Endorsements	BR / D / - / -
61 State	CA
62 Driver's License Number	F7729113
63 DOB (mm dd yyyy)	12/02/1998
64 Expires (mm yy)	12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MERAV - FLEISCHMANN -
66 Number & Street	218 S HIGHLAND AVE
67 City / State / Zip	LOS ANGELES CA 90036
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFI / QX60 / 4 / 2019 / 8GST407 / CA
74 VIN	5N1DL0MNXKC521755
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.	Charge	Summons No.
01	39:3-4	A292582
02	39:4-97	A292581

Occupants

	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	43	F	05	08	01	11	04	-	-	OLIVIA - LEMPFERT - 305 S NEW PROSPECT RI JACKSON NJ 08527
B	01	03	01	03	19	F	07	08	01	11	04	-	-	ISABELLA - LAMPFERT - 305 S NEW PROSPECT RI JACKSON NJ 08527
C	02	01	01	05	23	M	-	-	-	11	04	-	-	AARON E FLEISCHMANN - 218 S HIGHLAND AVE LOS ANGELES CA 90036
D														

96	05
97	01
98	07
99	05
100a	
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
118a	25
118b	-
119a	09
119b	02
120a	01
120b	-
121a	01
121b	-
122	06
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	03
134	01

New Jersey Police Crash Investigation Report

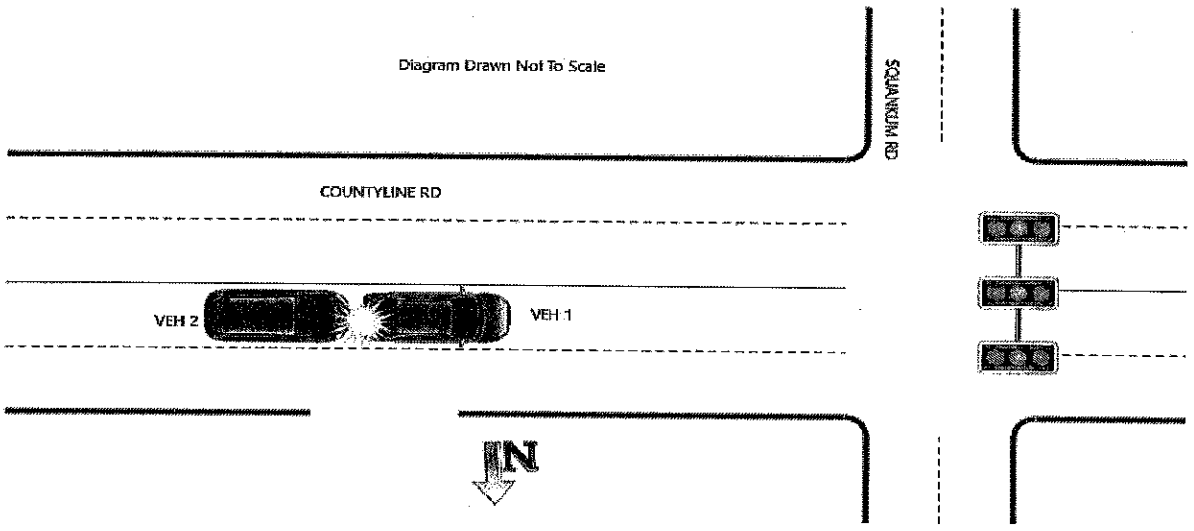
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-016514

(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 VEH 1 WAS TRAVELING WEST ON COUNTYLINE ROAD, AND WAS STOPPED IN TRAFFIC FOR A RED TRAFFIC LIGHT AHEAD AT THE INTERSECTION OF SQUANKUM RD. DRIVER 1 SAID WHILE STOPPED IN TRAFFIC SHE WAS REAR ENDED BY VEH 2.

DRIVER 2 STATED HE WAS TRAVELING WEST ON COUNTYLINE ROAD APPROACHING THE INTERSECTION OF SQUANKUM ROAD. DRIVER 2 SAID HE "SPACED OUT" AND DID NOT SEE VEH 1 STOPPED IN TRAFFIC AHEAD OF HIM AND HIT VEHICLE 1 IN THE REAR.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 WAS ISSUED A SUMMONS FOR CARELESS DRIVING. DRIVER 1 WAS ISSUED A SUMMONS FOR UNREGISTERED VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016559
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	136 HILLSIDE BLVD
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ 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	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2233
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.08588
22 Longitude	-74.25381

Vehicle 1

23 Veh #	1
24 Policy No.	6084-65-01-15
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MILVIO A CABA -
29 Sex	M
27 Number & Street	227 1ST ST FL 2
28 City / State / Zip	PERTH AMBOY NJ 08861
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	C00045556108772
33 DOB mm dd yyyy	08/17/1977
34 Expires mm yy	08 24
35 Owner's First Name / Initial / Last Name	☒ Same As Driver MILVIO A CABA -
36 Number & Street	227 1ST ST FL 2
37 City / State / Zip	PERTH AMBOY NJ 08861
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / WHI / 2022 / U76PHL / NJ
44 VIN / 45 Expires	5J6RT6H84NL007058 / 10 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.	*
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ABRAHAM - FRANKL -
59 Sex	M
57 Number & Street	5 LIZENSK BLVD 216
58 City / State / Zip	MONROE NY 10950
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / - / - / - / NY
62 Driver's License Number	254755280
63 DOB mm dd yyyy	04/23/1993
64 Expires mm yy	04 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver TOVA G GLUCK -
66 Number & Street	10 GTZL BRGR BL 205
67 City / State / Zip	MONROE NY 10950
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TRV / GRY / 2021 / FXP2960 / NY
74 VIN / 75 Expires	1GNEVHKW1MJ105709 / 02 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	V1	01	01	05	44	M	-	-	-	11	04	-	-	MILVIO A CABA - 227 1ST ST FL 2 PERTH AMBOY NJ 08861
B	V2	01	01	05	28	M	-	-	-	11	04	-	-	ABRAHAM - FRANKL - 5 LIZENSK BLVD 216 MONROE NY 10950
C	V2	03	01	05	33	M	-	-	-	11	04	-	-	YOEL S POSNER - 287 FRANKLIN AVE # 3 BROOKLYN NY 11205
D	V2	06	01	05	32	M	-	-	-	11	04	-	-	ELIEZER - GLUCK - 10 GTZL BERGR BVD205 MONROE NY 10950

New Jersey Police Crash Investigation Report

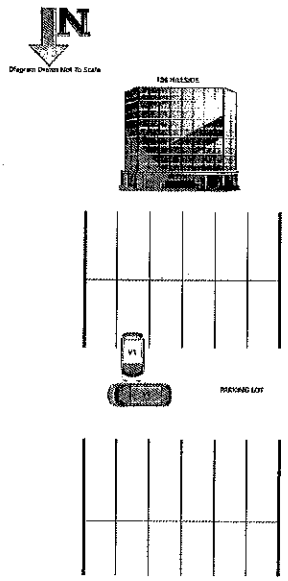
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-016559

(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 HE WAS DRIVING OUT OF PARKING SPOT AND ADMITTED TO ACCIDENTLY CRASHING INTO V2 BECAUSE HE INITIALLY DID NOT SEE THE VEHICLE DRIVING TOWARDS HIM.

DRIVER 2 STATED HE WAS DRIVING STRAIGHT IN THE PARKING LOT WHEN V1 ABRUPTLY CRASHED INTO HIM.

BASED ON THE STATEMENTS FROM BOTH DRIVERS AND MY OBSERVATION OF THE CRASH SCENE, I FIND DRIVER 1 AT FAULT FOR THE CRASH. NO INJURIES WERE REPORTED OR OBSERVED ON SCENE.

V2 INSURANCE INFORMATION:
NEW YORK STATE ALLSTATE INSURANCE
INSURANCE CODE - 478
POLICY # - 00000013842267

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	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	22-016073
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	50
☐ N ☐ E ☒ S ☐ W of:	15TH STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0854
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10550
22 Longitude	-74.21926

Vehicle 1

23 Veh #	1
24 Policy No.	4340-99-09-87
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHAIM - ARON
29 Sex	M
27 Number & Street	102 SANZTOWN RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	A75431200007892
33 DOB mm dd yyyy	07/23/1989
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM - ARON
36 Number & Street	102 SANZTOWN RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / GRY / 2021 / P90NXJ / NJ
44 VIN	5NPEF4JA2MH092031
45 Expires	04 24
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.	4337-24-24-83
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JEFFREY A DECKER -
59 Sex	M
57 Number & Street	219 LESTER ROAD
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	D21103936101906
63 DOB mm dd yyyy	01/25/1990
64 Expires mm yy	01 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JEFFREY A DECKER -
66 Number & Street	219 LESTER ROAD
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / EQU / BLK / 2019 / E59LHK / NJ
74 VIN	3GNAXKEV0KL285067
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 ☐ 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	32	M	-	-	-	11	04	-	-	CHAIM - ARON - 102 SANZTOWN RD LAKEWOOD NJ 08701
B	02	01	01	05	32	M	-	-	-	11	04	-	-	JEFFREY A DECKER - 219 LESTER ROAD TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

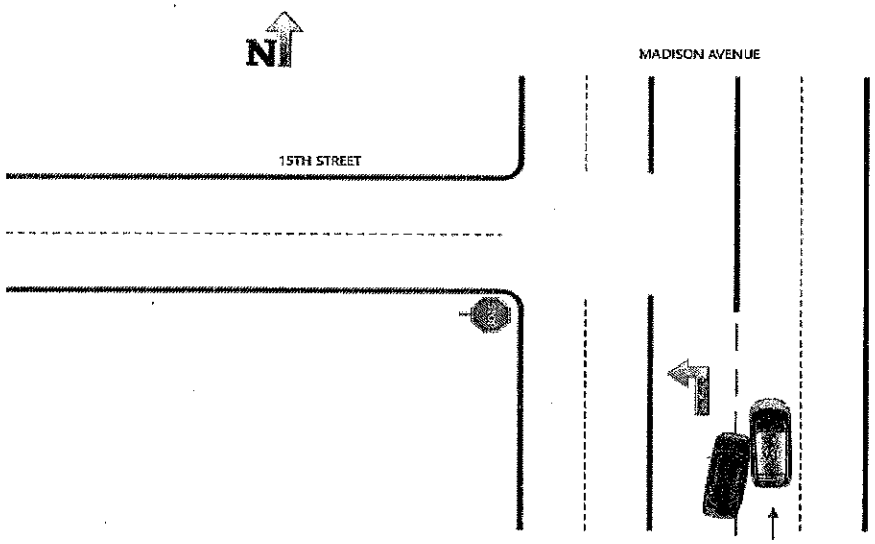
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016073

(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 INSIDE LANE ON MADISON AVENUE TRAVELING NORTH WHEN VEHICLE 2 CAUSED A SAME DIRECTION SIDESWIPE WHILE CHANGING FROM THE LEFT TURN LANE TO THE INSIDE LANE.

DRIVER OF VEHICLE 2 STATED HE STRUCK VEHICLE 1 WHILE CHANGING FROM THE LEFT TURN LANE TO THE INSIDE LANE.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE LANE CHANGE.

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	22-016373
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CHATEAU DR
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	40
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☒ W of:	RIVER AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0937
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.062490
22 Longitude	-74.219880

Vehicle 1

23 Veh #	1
24 Policy No.	013926293C
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TEHILLAH B FERRELL -
29 Sex	F
27 Number & Street	188 HOWARD AVE
28 City / State / Zip	PASSAIC NJ 07055
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	F27427326252972
33 DOB mm dd yyyy	02/24/1997
34 Expires mm yy	02 26
☐ Same As Driver	
35 Owner's First Name / Initial / Last Name	TEHILLAH B FERRELL -
36 Number & Street	188 HOWARD AVE
37 City / State / Zip	PASSAIC NJ 07055
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / RAV / SIL / 2007 / A60PSD / NJ
44 VIN	JTMZD33V676052163
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.	AOJ2312226917011
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SOROH - RUDNICKI -
59 Sex	F
57 Number & Street	34 ZINFANDEL RD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	R90917200060884
63 DOB mm dd yyyy	10/17/1988
64 Expires mm yy	10 23
☐ Same As Driver	
65 Owner's First Name / Initial / Last Name	OZER - RUDNICKI -
66 Number & Street	34 ZINFANDEL RD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / SIL / 2015 / S82PDW / NJ
74 VIN	5TDZK3DCXFS641332
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	1	01	01	-	25	F	-	-	-	11	04	-	-	TEHILLAH B FERRELL - 188 HOWARD AVE PASSAIC NJ 07055
B	2	01	01	-	33	F	-	-	-	11	04	-	-	SOROH - RUDNICKI - 34 ZINFANDEL RD LAKEWOOD NJ 08701
C	2	06	01	-	2	M	-	-	-	05	05	02	-	DOVID RUDNICKI 34 ZINFANDEL RD LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

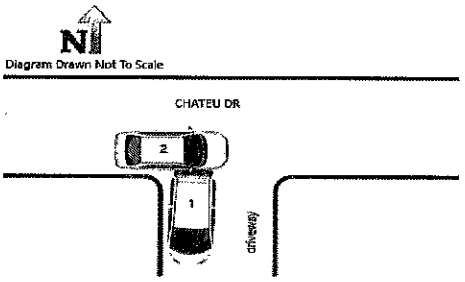
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016373

(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 East on Chateau Dr, West of River Ave. Vehicle #2 was facing North and backing out of a driveway. Vehicle #2 struck vehicle #1. Driver #1 stated that she was driving straight and vehicle #2 backed out into her vehicle.

Driver #2 stated that she was looking at her backup cam and she did not see vehicle #1. Vehicle #2 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

96: 05

1 Case Number: 22-016424

97: 01

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

98: 01

3 Station/Precinct: -

99: 05

4 Date of Crash mm dd yy: 03/02/22

100a: 01

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1218

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MASSACHUSETTS AVE | - | Road Name | Dir

☒ At Intersection With ☐ Feet ☐ Miles

☐ N ☐ E ☐ S ☐ W of: PROSPECT ST

14 - 15 - 16

11 Speed Limit: 40

12 Route No.: 0628 | Suffix: - | 13 Milepost: -

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.073330

22 Longitude: -74.22723

118a: 25
118b: -
119a: 04
119b: -
120a: 01
120b: 01
121a: 01
121b: 01
122: 01
123: 06
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: 01
132: 01
133: 04
134: 04

Vehicle 1

100b: 06

23 Veh #: 1

24 Policy No.: SELF INSURED

25 NJ Ins. Code:

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

101: 02

26 Driver's First Name: DARLENE | Initial: R | Last Name: ROBERTS | - | 29 Sex: F

102: 01

27 Number & Street: 8 WARREN AVE

103: 01

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

104: 2

30 Eyes: 4 | DL Class: B | Restrictions: - | Endorsements: - | 31 State: NJ

105: 03

32 Driver's License Number: R60181567960604

33 DOB mm dd yyyy: 10/19/1960

34 Expires mm yy: 10 | 22

106: -

35 Owner's ☐ Same As Driver | First Name: - | Initial: - | Last Name: COUNTY OF OCEAN -

107: -

36 Number & Street: P O BOX 2191

108: 30

37 City: TOMS RIVER | State: NJ | Zip: 08253

109: 01

38 Make: ALLI | 39 Model: DEF | 40 Color: WHI | 41 Year: 2014 | 42 Plate No.: OP9239 | 43 State: NJ

110: 02

44 VIN: 5WEASAAM7EH787119

45 Expires: 04 | 23

111: 01

46 Vehicle Removed To: OCEAN COUNTY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

112: -

113: -

47 Authority

☐ Owner ☒ Driver ☐ Police

114: 01

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

50 Carrier No.

☐ USDOT - ☐ None

☒ MC/MX 59559

117: 01

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.: 4396-91-33-13

55 NJ Ins. Code: 148

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

56 Driver's First Name: MITCHELL | Initial: - | Last Name: RIVKIN | - | 59 Sex: M

57 Number & Street: 207 WALNUT AVE

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

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

62 Driver's License Number: R47605590009892

63 DOB mm dd yyyy: 09/16/1989

64 Expires mm yy: 09 | 23

65 Owner's ☐ Same As Driver | First Name: ROCHEL | Initial: C | Last Name: RIVKIN -

66 Number & Street: 207 WALNUT AVE

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

68 Make: TOYT | 69 Model: SIE | 70 Color: BLU | 71 Year: 2017 | 72 Plate No.: B99MYT | 73 State: NJ

74 VIN: 5TDKZ3DC8HS863870

75 Expires: 11 | 22

76 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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.
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	-	61	F	-	-	-	11	04	-	-	DARLENE R ROBERTS - 8 WARREN AVE LANOKA HARBOR NJ 08734
B	V2	01	01	-	32	M	-	-	-	11	04	-	-	MITCHELL - RIVKIN - 207 WALNUT AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

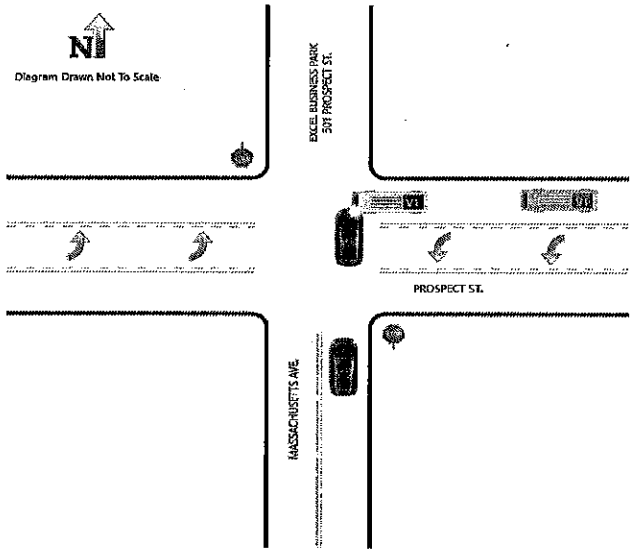
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016424

(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 she was traveling westbound on Prospect St. passing through the intersection with Massachusetts Ave. when her vehicle was struck by vehicle #2. The driver of vehicle #2 stated he was stopped at the stop sign on Massachusetts Ave. at the intersection with Prospect St. Driver #2 attempted to drive across Prospect St. and enter the business park located at 501 Prospect St., but did not observe vehicle #1 traveling westbound which resulted in the collision. Driver #2 is at fault for the collision for failing to yield to vehicle #1 that had the right of way. 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	22-016402
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70 E
☐ At Intersection With	
Road Name	
Dir	E
11 Speed Limit	50
12 Route No.	0070
Suffix	
13 Milepost	
18 Speed Limit	50
☒ Feet	50
☐ Miles	
☐ N ☒ E ☐ S ☐ W of:	NEW HAMSHIRE AVE
19 ☐ To Ramp ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1121
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.04857
22 Longitude	-74.20940

Vehicle 1

23 Veh #	1
24 Policy No.	06622734-3
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BLANCA N DOMINGUEZ-VASQU -
29 Sex	F
27 Number & Street	12 ROBERT ST
28 City / State / Zip	SOUTH RIVER NJ 08882
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	D63440937553712
33 DOB mm dd yyyy	03/23/1971
34 Expires mm yy	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - B N D TRUCKING LI -
36 Number & Street	12 ROBERT ST
37 City / State / Zip	SOUTH RIVER NJ 08882
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PETE / 379 / RD / 2006 / XFWK44 / NJ
44 VIN	1NPALB0X26N888470
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 2985751 ☐ 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	B N D TRUCKING
Number & Street	12 ROBERT ST
City / State / Zip	SOUTH RIVER NJ 08882

Vehicle 2

53 Veh #	2
54 Policy No.	955629936
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KEMISHA T HEMMINGS -
59 Sex	F
57 Number & Street	1484 WELLES CIR
58 City / State / Zip	MANCHESTER NJ 08759
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	H24744318357782
63 DOB mm dd yyyy	07/11/1978
64 Expires mm yy	07 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KEMISHA T HEMMINGS -
66 Number & Street	1484 WELLES CIR
67 City / State / Zip	MANCHESTER NJ 08759
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFI / G35 - G3 / BLK / 2007 / P30PSC / NJ
74 VIN	JNKBV61E67M719035
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.	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	50	F	-	-	-	11	04	-	-	BLANCA N DOMINGUEZ-VASQUEZ - 12 ROBERT ST SOUTH RIVER NJ 08882
B	2	01	01	04	43	F	04	08	02	11	04	-	6502	KEMISHA T HEMMINGS - 1484 WELLES CIR MANCHESTER NJ 08759
C														
D														

96	01
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	20
109	01
110	02
111	01
112	-
113	-
114	06
115	-
116	04
117	04
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	11
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	03
134	03

New Jersey Police Crash Investigation Report

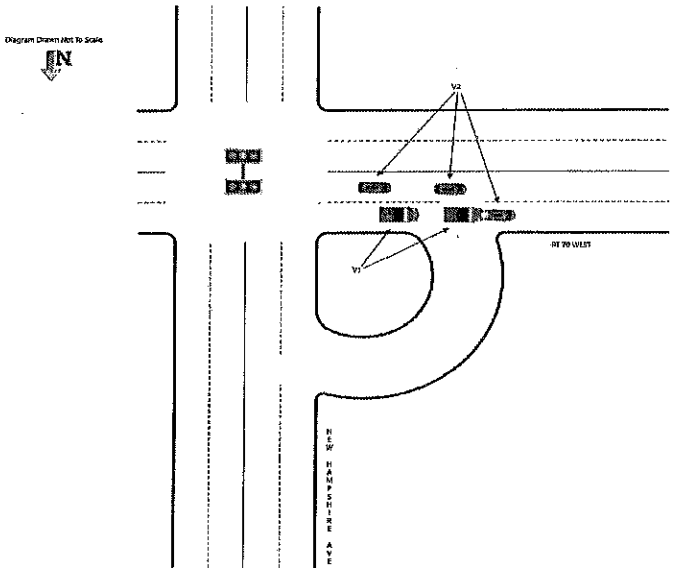
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016402

(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 that she was traveling West on Rt 70 in the right lane. V2 was traveling West in the left lane and then changed to the right lane, in front of V1. V1 said she tried to stop but could not in time and struck V2 in the rear of the vehicle.

Driver of V2 said she was in the left lane traveling West on Rt 70. She then turned on her signal to change to the right lane, in front of V1. She said that she completed the lane change, but was then struck in the rear of her vehicle by V1. She said her vehicle was moving when it was struck by V1.

After speaking with both drivers it was determined that V1 was at fault for the crash.

Driver of V2 was transported to Monmouth Medical Center Southern Campus with a complaint of neck pain.

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	22-016777
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1553
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS ST
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0626
Suffix	-
13 Milepost	-
14	150
☒ Feet ☐ Miles	
15	
☐ N ☐ E ☐ S ☒ W of:	RIVER AVE
16	
17 Cross Road Name	
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.054310
22 Longitude	-74.220650

Vehicle 1

23 Veh #	1
24 Policy No.	13UECHC6028
25 NJ Ins. Code	161
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	RONALD
Initial	-
Last Name	MARKESE
29 Sex	M
27 Number & Street	7 COURTNEY LANE
28 City	MANCHESTER
State	NJ
Zip	08759
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M06136680012585
33 DOB (mm dd yyyy)	12/16/1958
34 Expires (mm yy)	12 25
35 Owner's First Name	-
Initial	-
Last Name	MAR-TED INC,
☐ Same As Driver	-
36 Number & Street	1889 LAKEWOOD RD STE 1
37 City	TOMS RIVER
State	NJ
Zip	08755
38 Make	TOYT
39 Model	TUN
40 Color	WHI
41 Year	2020
42 Plate No.	E81PCZ
43 State	NJ
44 VIN	5TFCY5F15LX026088
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.	6097-06-61-76
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MOSHE
Initial	Y
Last Name	ERBLICH
59 Sex	M
57 Number & Street	279 GRANDE RIVER BLVD
58 City	TOMS RIVER
State	NJ
Zip	08755
60 Eyes	03
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	E72635678805973
63 DOB (mm dd yyyy)	05/23/1997
64 Expires (mm yy)	05 25
65 Owner's First Name	MOSHE
Initial	-
Last Name	ERBLICH
☐ Same As Driver	-
66 Number & Street	179 WALNUT AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ACCORD
70 Color	SL
71 Year	2019
72 Plate No.	X107398
73 State	NJ
74 VIN	1HGCV1F47KA061889
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.	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	63	M	-	-	-	11	04	-	-	RONALD - MARKESE - 7 COURTNEY LANE MANCHESTER NJ 08759
B	02	01	01	05	24	M	-	-	-	11	04	-	-	MOSHE Y ERBLICH - 279 GRANDE RIVER BLVI 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	07
106	-
107	-
108	05
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	04
117	02
118a	04
118b	02
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
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	02
134	02

New Jersey Police Crash Investigation Report

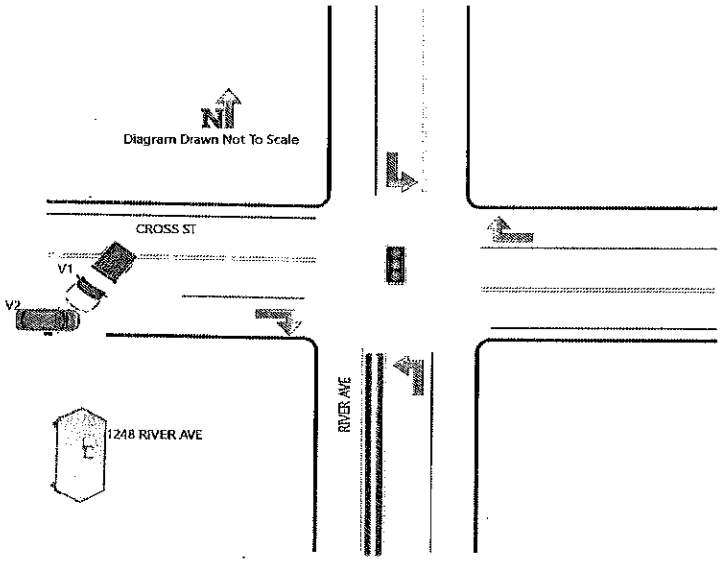
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016777

(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 he was traveling west on Cross St. He turned left toward the parking lot of 1248 River Ave. While turning, he observed V2 traveling east on Cross St. V1 and V2 collided.

The driver of V2 stated he was traveling east on Cross St. He was approaching River Ave where he intended on making a right turn. V2 observed V1 turn left in front of him. 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	283	JP	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016772
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	MADISON AVE
11 Speed Limit	40
12 Route No.	0009
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	MAIN STREET
☐ Feet / ☐ Miles	--
☐ N ☐ E / ☐ S ☐ W	
19 Ramp ☐ To / ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1514
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.089910
22 Longitude	-74.216270

Vehicle 1

23 Veh #	1
24 Policy No.	4504033699
25 NJ Ins. Code	101
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BENZION - ROCHKIND -
29 Sex	M
27 Number & Street	40 ZINFANDEL RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	R60460840007882
33 DOB mm dd yyyy	07/11/1988
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BENZION - ROCHKIND -
36 Number & Street	40 ZINFANDEL RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2018 / A37KKX / NJ
44 VIN	4T1B11HKXJU670176
45 Expires	08 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.	TCA00002023058
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHANA - SVEI -
59 Sex	F
57 Number & Street	44 LEIGH DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	S95311200056024
63 DOB mm dd yyyy	06/17/2002
64 Expires mm yy	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MAYER S SVEI -
66 Number & Street	44 LEIGH DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / 3 / 2010 / F11CNG / NJ
74 VIN	5NPET4AC5AH576247
75 Expires	10 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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
02	39:4-97	A292583			
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	33	M	-	-	-	11	04	-	-	BENZION - ROCHKIND - 40 ZINFANDEL RD LAKEWOOD NJ 08701
B	02	01	01	03	19	F	01	06	01	11	11	-	-	CHANA - SVEI - 44 LEIGH DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-016772

(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)

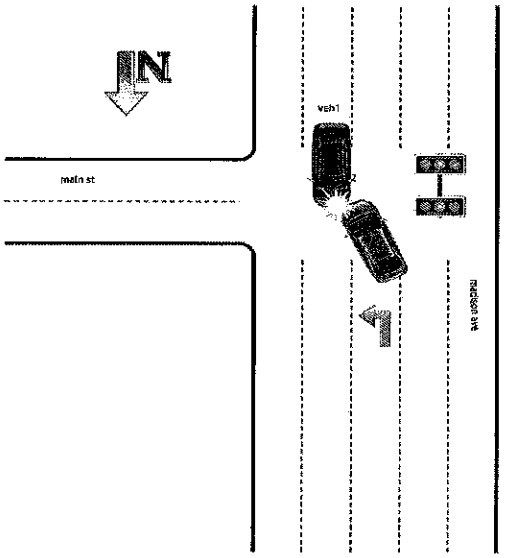


Diagram Drawn Not To Scale

145 Crash Description/Narrative

DRIVER OF VEH 1 STATED HE WAS TRAVELING NORTH ON MADISON AVE, AND WHEN ATTEMPTING TO DRIVE THROUGH THE INTERSECTION OF MAIN STREET, VEH 1 WAS STRUCK BY VEH 2 THAT WAS MAKING A LEFT TURN.

DRIVER OF VEH 2 WAS TRAVELING SOUTH ON MADISON AVENUE, AND WAS STOPPED AT THE INTERSECTION OF MAIN STREET WAITING TO MAKE A LEFT TURN. DRIVER 2 PROCEEDED WITH HER TURN AND STRUCK VEH 1 THAT WAS TRAVELING STRAIGHT.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. SHE WAS ISSUED A SUMMONS FOR CARELESS DRIVING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016786
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1639
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	SWARTHMORE AVE
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	20
15	☒ Feet ☐ Miles
16	☐ N ☒ E ☐ S ☐ W of:
17 Cross Road Name	LEHIGH AVE
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.077630
22 Longitude	-74.172460

Left margin codes: 96: 05 · 97: 01 · 98: 01 · 99: 07 · 100a: 01 · 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: 02 · 117: 02

Right margin codes: 118a: 09 · 118b: - · 119a: 25 · 119b: - · 120a: 01 · 120b: - · 121a: 01 · 121b: - · 122: 08 · 123: 07 · 124: 04 · 125: 04 · 126a: 26 · 126b: - · 126c: - · 126d: - · 126e: 26 · 127a: 26 · 127b: - · 127c: - · 127d: - · 127e: 26 · 128: 26 · 129: 01 · 130: 01 · 131: 07 · 132: 07 · 133: 03 · 134: 03

Vehicle 1

23 Veh #	1
24 Policy No.	F493288-5
25 NJ Ins. Code	426
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	ANTONIO M FERREIRA -
29 Sex	M
27 Number & Street	394 BRUCK AVE
28 City / State / Zip	PERTH AMBOY NJ 08861
30 Eyes	03
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	F27410547403623
33 DOB	03/01/1962
34 Expires (mm yy)	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANTONIO M FERREIRA -
36 Number & Street	394 BRUCK AVE
37 City / State / Zip	PERTH AMBOY NJ 08861
38 Make	TOYT
39 Model	COR
40 Color	WHI
41 Year	2020
42 Plate No.	S96MPB
43 State	NJ
44 VIN	5YFHPRAE1LP128853
45 Expires	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.	939715976
55 NJ Ins. Code	054
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name / Initial / Last Name	SHAINA - OBERMAN -
59 Sex	F
57 Number & Street	46 LINDEN AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	O10347030054932
63 DOB	04/23/1993
64 Expires (mm yy)	04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID E ASIA -
66 Number & Street	46 LINDEN AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make	TOYT
69 Model	SIE
70 Color	SIL
71 Year	2016
72 Plate No.	U35JSG
73 State	NJ
74 VIN	5TDKK3DC9GS725550
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 ☐ 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	28	F	-	-	-	11	04	-	-	SHAINA - OBERMAN - 46 LINDEN AVE LAKEWOOD NJ 08701
B	01	04	01	05	4M	F	-	-	-	06	06	-	-	ARYEAH ASIA 46 LINDEN AVE LAKEWOOD NJ 08701 10/10/2021
C	01	05	01	05	6	M	-	-	-	11	04	-	-	MORDECHAI ASIA 46 LINDEN AVE LAKEWOOD NJ 08701 04/27/2015
D	01	06	01	05	2	F	-	-	-	05	05	-	-	CIPORE ASIA 46 LINDEN AVE LAKEWOOD NJ 08701 12/31/2018

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

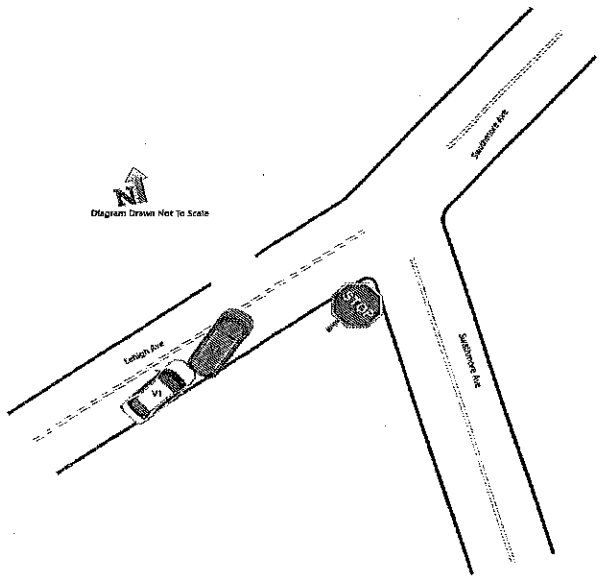
Station: - Case No: 22-016786

(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	01	09	01	05	3	F	-	-	-	07	07	-	-	SIMI ASIA 46 LINDEN AVE LAKEWOOD NJ 08701 04/11/2015
F	02	01	01	05	60	M	-	-	-	11	04	-	-	ANTONIO M FERREIRA - 394 BRUCK AVE PERTH AMBOY NJ 08861
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was headed eastbound on Lehigh Ave slowing down in traffic approaching the intersection of Swathmore Ave. He reported that the vehicle directly in front of him stopped short and failed to utilize their left turn signal to turn into the establishment on Lehigh Ave. He attempted to brake in time to avoid colliding with vehicle 2, but struck the rear or vehicle 2.

Driver of vehicle 2 was stopped eastbound on Lehigh Ave attempting to turn left into an establishment on Lehigh Ave. She reported that as she was waiting for traffic to clear up, she was hit from the rear.

After my investigation, I determined that driver of vehicle 1 is at fault for travelling too closely to vehicle 2. Vehicle 1 sustained moderate damage to the front passenger side bumper and headlight. Vehicle 2 sustained moderate damage to the rear driver side bumper and area near the tire. Both vehicle 1 and vehicle 2 are able to drive away from the scene. No injuries reported time of accident.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016820
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2012
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	368 DORCHESTER DR (Road Name)
At Intersection With	
Feet / Miles	-
N E S W of:	-
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
14 / 15 / 16	
16 Speed Limit	-
17 Cross Road Name	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	9847207571051
25 NJ Ins. Code	129
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARGERY L LOVALLO -
29 Sex	F
27 Number & Street	376 CHATHAM CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number	L68455187357512
33 DOB (mm dd yyyy)	07/14/1951
34 Expires (mm yy)	07 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DANIEL - ZLOTKOWSKI -
36 Number & Street	374 CHATHAM CT # A; A
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / RD / 2019 / D50LRL / NJ
44 VIN	4T1B11HK2KU811873
45 Expires	07 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 P1

53 Veh #	P1
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DANIEL - ZLOTKOWSKI -
59 Sex	M
57 Number & Street	374 CHATHAM CT # A; A
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	-
63 DOB (mm dd yyyy)	11/14/1952
64 Expires (mm yy)	11 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DANIEL - ZLOTKOWSKI -
66 Number & Street	374 CHATHAM CT # A; A
67 City / State / Zip	LAKEWOOD NJ 08701
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	01	01	01	05	70	F	-	-	-	11	04	-	-	MARGERY L LOVALLO - 376 CHATHAM CT LAKEWOOD NJ 08701
B	P1	-	-	02	69	M	10	07	02	-	-	03	6303	DANIEL - ZLOTKOWSKI - 374 CHATHAM CT # A; A LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

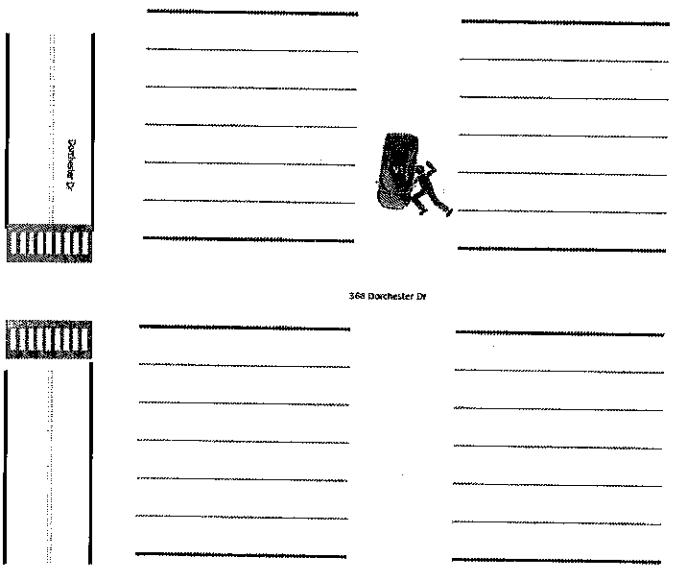
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016820

(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 was parked at 368 Dorchester Dr. She reported that she put the vehicle in drive to leave the parking lot but the emergency brake was accidentally activated and she could not drive the vehicle. She asked her fiancé (P1) how to deactivate the emergency brake so they can drive home. She stated that P1 got out of the passenger seat of the vehicle and approached the driver side door in attempt to help deactivate the emergency brake. As P1 was hunched over trying to navigate the feet of driver 1, driver 1 accidentally hit the accelerator while P1 was holding onto the inside of the driver side door. Driver of vehicle 1 quickly and aggressively slammed on the brake once she realized the vehicle was in motion which caused vehicle 1 to stop abruptly and jolt the vehicle forward. P1 was then thrown from the vehicle landing on his left side near his hip.

Pedestrian 1 (P1) reported the exact circumstances as driver of vehicle 1.

Vehicle 1 sustained no damage to the vehicle and was driven off to the residence. P1 possibly suffered a fractured femur and is being transported to Jersey Shore Medical Center for further evaluations.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016843
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	HOPE CHAPEL RD
☐ At Intersection With	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0639
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	50
☐ N ☐ E ☒ S ☐ W of:	COUNTRY CLUB DR
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2202
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.10814
22 Longitude	-74.24134

Vehicle 1

23 Veh #	1
24 Policy No.	939 560 292
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	NOSSON
Initial	M
Last Name	RUBNITZ
29 Sex	M
27 Number & Street	10 MOSCATO DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R90316007411992
33 DOB mm dd yyyy	11/05/1999
34 Expires mm yy	11 25
35 Owner's First Name	ELIEZER
Initial	S
Last Name	WERTHER
☐ Same As Driver	
36 Number & Street	10 MULBERRY LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	NISS
39 Model	SEN
40 Color	GRY
41 Year	2017
42 Plate No.	E56NDE
43 State	NJ
44 VIN	3N1AB7APXHY375983
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 #	-
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	V1	01	01	05	22	M	-	-	-	11	04	-	-	NOSSON M RUBNITZ - 10 MOSCATO DR LAKEWOOD NJ 08701
B	V1	03	01	05	20	F	-	-	-	11	04	-	-	BATSHEVA - WERTHER - 10 MULBERRY LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

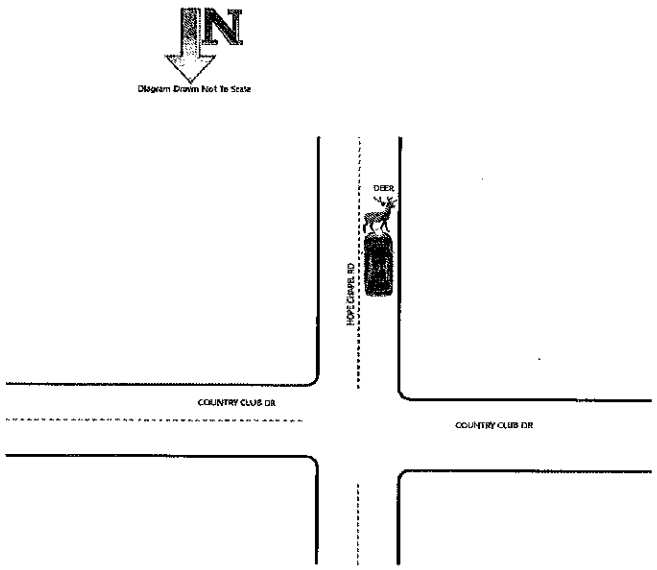
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016843

(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 STATED HE WAS TRAVELING SOUTH ON HOPE CHAPEL RD WHEN A DEER RAN OUT IN FRONT OF THE VEHICLE WHICH CAUSED THE CRASH.

NO INJURIES WERE REPORTED OR OBSERVED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MAHECHA J	390	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	22-015764
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0835
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OCEAN AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	300
☐ N ☐ E ☐ S ☐ W of:	CLOVER ST
11 Speed Limit	40
Dir	
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	
21 Latitude	40.09075
22 Longitude	-74.20031

Vehicle 1

23 Veh #	1
24 Policy No.	610550766 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	FRANCISCO - ROQUE
29 Sex	M
27 Number & Street	532 4TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	05/16/1985
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GEORGE K GOOTBLATT
36 Number & Street	30 PITNEY LN
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / ENV / BLK / 2006 / H11PFM / NJ
44 VIN	1GKET16S066141656
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 ☐ 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.	4623-63-49-89
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SAROJ - ARYAL
59 Sex	M
57 Number & Street	1 PINEHURST DR RAMP
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	A77006920003852
63 DOB (mm dd yyyy)	03/18/1985
64 Expires (mm yy)	03 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SAROJ - ARYAL
66 Number & Street	1 PINEHURST DR RAMP
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / GRY / 2018 / U87MVV / NJ
74 VIN	JTMBFREV3JJ223483
75 Expires	09 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.
1	39:3-10	292057	1	39:4-129	292058
	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	36	M	-	-	-	11	04	-	-	FRANCISCO - ROQUE - 532 4TH ST LAKEWOOD NJ 08701
B	1	02	01	05	34	M	-	-	-	11	04	-	-	FRANCISCO - GARCIA - 308 LAUREL AVE LAKEWOOD NJ 08701
C	2	01	01	05	36	M	-	-	-	11	04	-	-	SAROJ - ARYAL - 1 PINEHURST DR RAMP LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

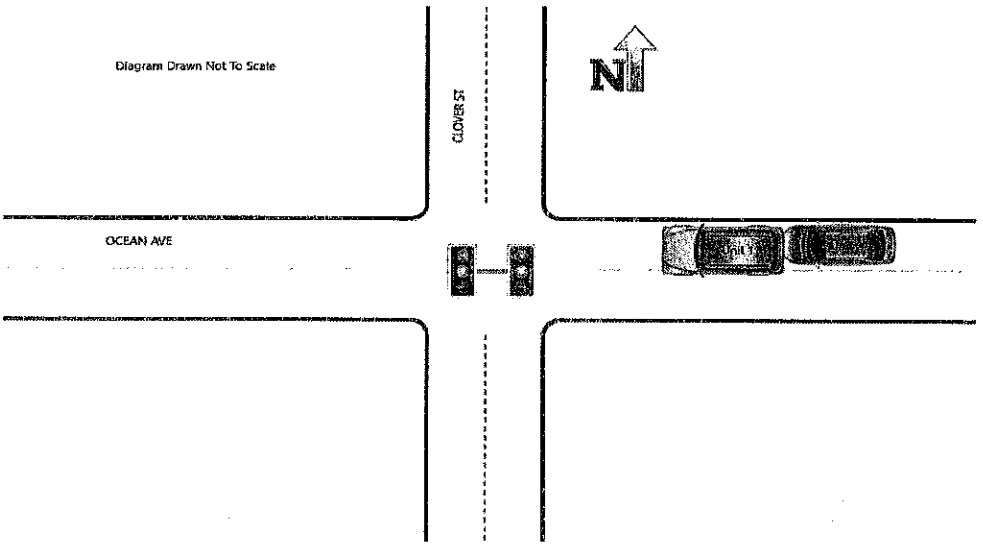
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015764

(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 2 STATED HE WAS ON OCEAN AVE TRAVELING WEST WAITING FOR THE LIGHT TO TURN GREEN WHEN VEHICLE 1 WHICH WAS IN FRONT OF HIM BACKED INTO HIS VEHICLE CAUSING MINOR DAMAGE. DRIVER OF VEHICLE 2 FOLLOWED VEHICLE 1 WHICH TURN INTO THE DRIVEWAY OF 428 OCEAN AVE IN AN ATTEMPT TO FLEE THE SCENE.

VEHICLE 1 WAS LOCATED AT THE END OF THE DRIVEWAY OF 428 OCEAN AVE. DRIVER OF VEHICLE 1 STATED HE DID NOT STRIKE VEHICLE 2. VEHICLE 1 HAD WHAT APPEARED TO BE NEW DAMAGE FROM A MOTOR VEHICLE ACCIDENT. MATCHING WHAT DRIVER OF VEHICLE 2 STATED.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-015932
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CLOVER ST
At Intersection With Road Name	
☒ Feet 100 ☐ Miles	☒ N ☐ E ☐ S ☐ W of: OCEAN AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	45
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	02/28/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2233
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090750
22 Longitude	-74.200310

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 #	2
54 Policy No.	939487224
55 NJ Ins. Code	054
☒ 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	MORDECHAI - BRIEGER
☐ Same As Driver	
66 Number & Street	421 SCHOOL GARDEN ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2013 / Z13FZJ / NJ
74 VIN	4T4BF1FK0DR284087
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	-	-	138	139 -
-	140	-	-	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														
D														

96	05
97	01
98	07
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	01
117	01
118a	02
118b	01
119a	25
119b	-
120a	00
120b	-
121a	-
121b	-
122	01
123	10
124	04
125	04
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	03
134	03

New Jersey Police Crash Investigation Report

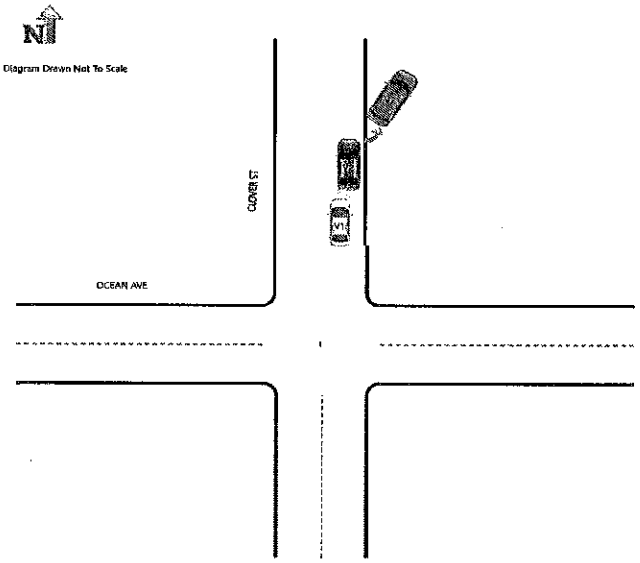
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-015932

(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 WAS TRAVELING NORTHBOUND ON CLOVER ST AND STRUCK V2 WHO WAS UNOCCUPIED AND PARKED LEGALLY ON THE EASTSIDE OF CLOVER ST. WHILE INVESTIGATING THE SCENE, INDIVIDUALS STATED THAT THEY OBSERVED WHAT THEY BELIEVE WAS A WHITE HONDA CRASH INTO THE PARKED VEHICLE. NO ONE ON SCENE WAS ABLE TO PROVIDE A LICENSE PLATE FOR THE WHITE VEHICLE. IT WAS FOUND LATER THAT THE WHITE VEHICLE MADE A RIGHT TURN ONTO SCHOOL GARDEN ST, THEN A RIGHT TURN ONTO E FIFTH ST THAT EVENTUALLY TURNS INTO HOLLY ST. THIS INFORMATION WAS PROVIDED FROM THE VIDEO ATTATCHED TO THE CALL FROM 38 CLOVER ST. THE VIDEO ALSO CAPTURES THE WHITE VEHICLE STRIKE A STOP SIGN ON THE CORNER OF CLOVER ST AND SCHOOL GARDEN ST.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	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	22-016072
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0851
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70
Road Name	
Dir	W
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	35
☐ At Intersection With	
☒ Feet ☐ Miles	25
☐ N ☒ E ☐ S ☐ W of:	TOWBIN AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.05183
22 Longitude	-74.18761

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 #	2
54 Policy No.	0201516087101
55 NJ Ins. Code	355
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SANTA E VELAZQUEZ -
59 Sex	F
57 Number & Street	PO BOX 207-1861
58 City / State / Zip	TRENTON NJ 08602
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	V23536916552662
63 DOB mm dd yyyy	02/01/1966
64 Expires mm yy	02 24
65 Owner's First Name / Initial / Last Name; ☐ Same As Driver	SANTA E VELAZQUEZ -
66 Number & Street	PO BOX 207-1861
67 City / State / Zip	TRENTON NJ 08602
68 Make	HOND
69 Model	ODY
70 Color	SIL
71 Year	2012
72 Plate No.	7233HG
73 State	NJ
74 VIN	5FNRL5H62CB100045
75 Expires	01 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	02	01	01	05	56	F	-	-	-	11	04	-	-	SANTA E VELAZQUEZ - PO BOX 207-1861 TRENTON NJ 08602
B														
C														
D														

New Jersey Police Crash Investigation Report

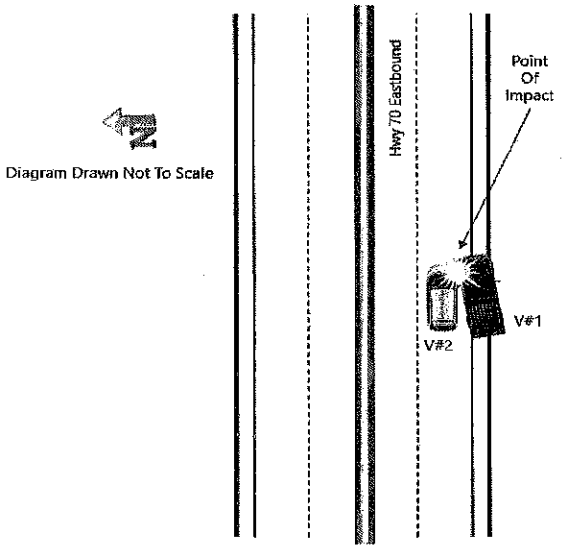
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016072

(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 said that they were both traveling Eastbound on HWY 70 in the area of Towbin Avenue. She believes that vehicle one is a black pickup but wasn't sure. She said that she was in front of driver #1 and the driver was blowing the horn at her. She said that Driver #1 which she believes is a male passed her on the shoulder of the road and purposely struck her vehicle. She said that she attempted to chase him but he was traveling on the shoulder of Hwy 70 and she lost him entering Brick Township.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERRILL D	323	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016182
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	03/01/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1840
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLIFTON AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	75
☐ N ☐ E ☒ S ☐ W of:	3RD STREET
Dir	-
11 Speed Limit	35
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	
21 Latitude	40.092610
22 Longitude	-74.214430

Vehicle 1

23 Veh #	1
24 Policy No.	939508997
25 NJ Ins. Code	054
☒ 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 ABRAHAM M BERTRAM -
36 Number & Street	1440 KIMBERLY DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	TOYT
39 Model	AVA
40 Color	3
41 Year	2008
42 Plate No.	R60NTX
43 State	NJ
44 VIN	4T1BK36B48U310858
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 ☐ 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														
B														
C														
D														

96	
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104	
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116	
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117	
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118a	
13	
118b	
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119a	
99	
119b	
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120a	
01	
120b	
-	
121a	
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121b	
-	
122	
10	
123	
01	
124	
04	
125	
04	
126a	
26	
126b	
-	
126c	
-	
126d	
-	
126e	
26	
127a	
28	
127b	
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127c	
-	
127d	
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New Jersey Police Crash Investigation Report

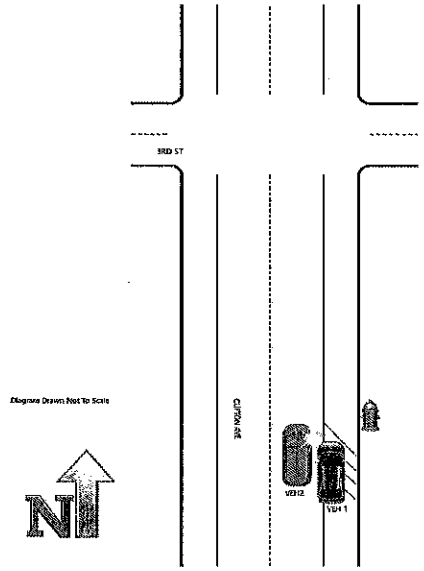
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: -- Case No: 22-016182

(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 VEH 1 STATED HE PARKED HIS CAR IN FRONT OF 209 CLIFTON AVENUE AND RAN ACROSS THE STREET TO PICK UP HIS FOOD FORM THE SUSHI SPOT. WHILE INSIDE, VEH 2 DROVE BY AND SIDE SWIPED HIS VEHICLE CAUSING DAMAGED TO THE FRONT DRIVER SIDE. DRIVER OF VEH 1 STATED 3 WITNESSES ON SCENE DESCRIBED TO HIM THE SUSPECT VEHICLE AS A BLACK DODGE CARAVAN, FEMALE DRIVER, UNKNOWN RACE. WITNESSES SAID SUSPECT VEH FLED NORTH BOUND ON CLIFTON AVENUE.

I DID NOT SPEAK TO THE WITNESSES AS THEY WERE GONE PRIOR TO MY ARRIVAL ON SCENE. I CHECKED THE IMMEDIATE STORES IN THE AREA FOR SURVEILLANCE CAMERAS TO ATTEMPT TO FURTHER INVESTIGATE, BUT THERE WERE NO CAMERAS. VEH 2 WAS ILLEGALLY PARKED IN A MARKED "NO PARK ZONE", IN FRONT OF A FIRE HYDRANT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	CM	332	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016440
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	VASSAR AVE
At Intersection With / Road Name	
Feet / Miles	0.2 Miles
N ☒ E / S ☐ W of:	OBERLIN AVE SOUTH
Dir	-
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1421
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.067390
22 Longitude	-74.185150

Vehicle 1

23 Veh #	1
24 Policy No.	BA 2997BD
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ERIC T SANDERS -
29 Sex	M
27 Number & Street	3633 RT 33; 380
28 City / State / Zip	NEPTUNE NJ 07753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / B / - / - / NJ
32 Driver's License Number	S03962328308872
33 DOB mm dd yyyy	08/13/1987
34 Expires mm yy	08 24
35 Owner's First Name / Initial / Last Name	- - JAYS BUS SERVICE -
☐ Same As Driver	-
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	INTR / SCHOOL / YEL / 2013 / B536S1 / NJ
44 VIN	4DRBUAAP1DB050085
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 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	JAY'S BUS SERVICE INC
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	F922550-9
55 NJ Ins. Code	426
☒ 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	JAMES E APPLEGATE -
☐ Same As Driver	
66 Number & Street	516 MERION AVE
67 City / State / Zip	PINE BEACH NJ 08741
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / TBD / TN / 1996 / W98MDN / NJ
74 VIN	1FALP62W9TH171273
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.
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	34	M	-	-	-	04	04	-	-	ERIC T SANDERS - 3633 RT 33; 380 NEPTUNE NJ 07753 - -
B														
C														
D														

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	31
109	01
110	02
111	01
112	07
113	-
114	02
115	-
116	03
117	04
118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	10
132	10
133	02
134	03

New Jersey Police Crash Investigation Report

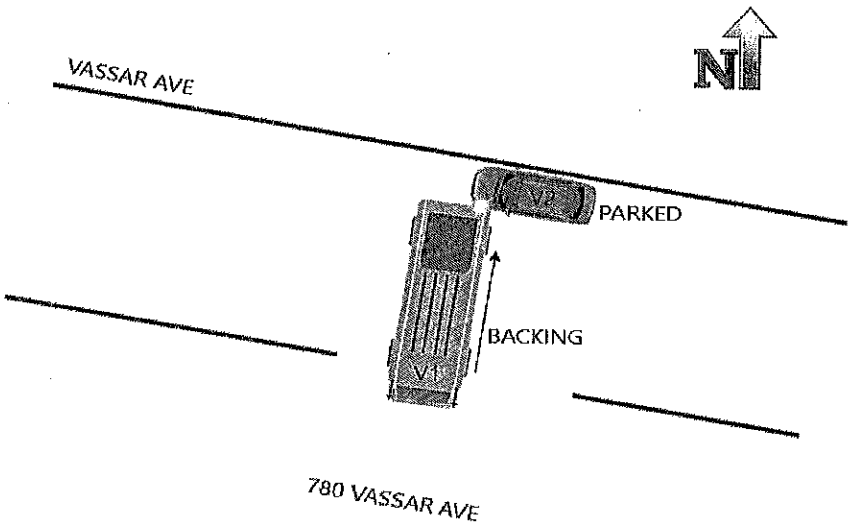
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-016440

(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

V1 INSURANCE: NJ CODE 23787 (COMMERCIAL) NATIONWIDE INSURANCE GROUP

V1, Jay's Bus #169, struck parked V2 while backing out of the driveway of 780 Vassar Avenue. V2 was parked properly at the time of the crash, against the curb on the westbound side of the street across from the eastern driveway of 780 Vassar Avenue.

Driver 1 stated that this was his first time driving this route. He entered the property of 780 Vassar Avenue from what appeared to be an entrance. He was told by staff that this was an exit only despite no signs being present. Driver 1 was not sure if he struck V2, but an independent caller (her contact information is in the CAD) witnessed the crash.

I observed damage to the front driver side fender and hood of V2 which was consistent with the height of V1's rear end. V1 has some damage near its rear passenger side corner, although Driver 1 was unsure if it was new.

Driver 1 is responsible due to backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016493
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	2ND ST
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	CLIFTON AVE
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
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	03/02/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1735
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.09213
22 Longitude	-74.21461

Vehicle 1

23 Veh #	1
24 Policy No.	6096430928
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PERGENTIO - BENITEZ-BRUNO
29 Sex	M
27 Number & Street	1501 NEWPORT DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / I / - / - / NJ
32 Driver's License Number	B25416240006732
33 DOB mm dd yyyy	06/03/1973
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CECILIA S BENITES
36 Number & Street	113 RONALD RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG / CAR / RD / 2004 / W63PSC / NJ
44 VIN	1D4GP24R84B570422
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.	SELF INSURED
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISROEL - LERMAN
59 Sex	M
57 Number & Street	1302 E WOODSIDE ST
58 City / State / Zip	SOUTH BEND IN 46614
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / - / - / - / IN
62 Driver's License Number	3925348464
63 DOB mm dd yyyy	11/08/1997
64 Expires mm yy	11 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - JUST FOUR WHEEL
66 Number & Street	324 E WHITE HORSE PIKE
67 City / State / Zip	GALLOWAY NJ 08205
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN - SE / WHI / 2019 / U88MEN / NJ
74 VIN	3N1AB7APXKY402154
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.
1	39:3-40	292561			
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	48	M	-	-	-	11	04	-	-	PERGENTIO - BENITEZ-BRUNO - 1501 NEWPORT DR LAKEWOOD NJ 08701
B	2	01	01	05	24	M	-	-	-	11	04	-	-	YISROEL - LERMAN - 1302 E WOODSIDE ST SOUTH BEND IN 46614
C														
D														

New Jersey Police Crash Investigation Report

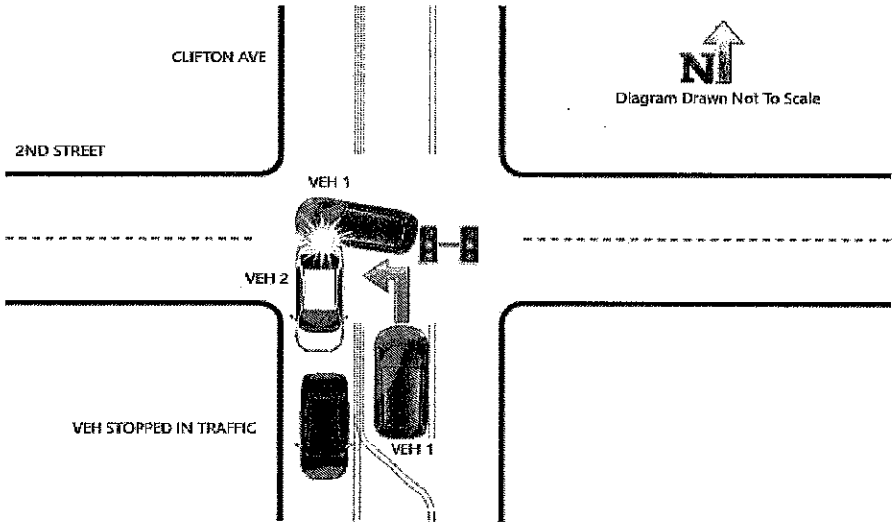
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016493

(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 TWO IS SELF INSURED THROUGH JUST FOUR WHEELS INC LLC. PHONE NUMBER: 732-905-8926.

VEHICLE ONE WAS TRAVELING NORTH ON CLIFTON AVENUE. VEHICLE TWO WAS TRAVELING SOUTH ON CLIFTON AVENUE. VEHICLE TWO STOPPED IN THE INTERSECTION DUE TO A VEHICLE IN FRONT OF THEM STOPPING. VEHICLE ONE ATTEMPTED TO MAKE A LEFT TURN AND STRUCK THE REAR OF VEHICLE TWO. DRIVER ONE STATED HE WAS ATTEMPTING TO MAKE A LEFT TURN WHEN HIS VEHICLE STRUCK VEHICLE TWO. DRIVER TWO STATED HE WAS TRAVELING SOUTH AND GOT STUCK IN THE INTERSECTION DUE TO A VEHICLE STOPPING IN TRAFFIC. HE STATED AT THIS TIME VEHICLE ONE ATTEMPTED TO TURN BEHIND HIS VEHICLE AND STRUCK HIS BUMPER.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FAILING TO YEILD TO VEHICLE TWO. NO INJURIES WERE REPORTED AT THE SCENE. DRIVER ONE WAS ISSUED A SUMMONS FOR HAVING A SUSPENDED LICENSE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016594
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0035
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	14TH ST
At Intersection With Road Name	
Feet / Miles	100
N ☒ E / S ☐ W of:	FOREST AVE
11 Speed Limit	35
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.10428
22 Longitude	-74.22114

Vehicle 1

23 Veh #	1
24 Policy No.	4082-93-47-71
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AYDEL - KAUFMAN
29 Sex	F
27 Number & Street	16 TEABERRY CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	K08740710057022
33 DOB (mm dd yyyy)	07/11/2002
34 Expires (mm yy)	07 24
35 Owner's First Name / Initial / Last Name	Same As Driver ☐ / JOSEPH - KAUFMAN
36 Number & Street	16 TEABERRY CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLK / 2017 / E67NWB / NJ
44 VIN	5TDYZ3DC2HS854074
45 Expires	06 22
46 Vehicle Removed To	HESHY'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.	109 039 376
55 NJ Ins. Code	012
☒ 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 ☐ / PESHI R LERNER
66 Number & Street	415 14TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / IMP - IM / GRY / 2011 / N57PSC / NJ
74 VIN	2G1WG5EK3B1270031
75 Expires	02 23
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 ☐ 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	39:4-97	A-291737	-		-
-		-	-		-

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	19	F	01	08	02	11	04	-	6502	AYDEL - KAUFMAN - 16 TEABERRY CT LAKEWOOD NJ 08701
B														
C														
D														

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

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-016594

(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)

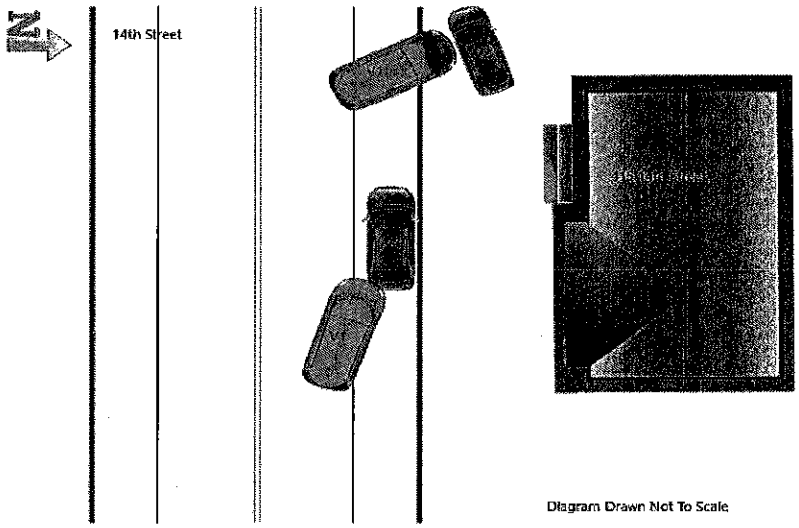


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was travelling West on 14th Street toward the intersection with Forest Avenue. Vehicle 2 was legally parked in the marked shoulder in front of 415 14th Street. Vehicle 1 lost control, and struck vehicle 2 in the rear quarter panel. This caused both vehicles to go off the road to the right and come to rest on the front lawn of 415 14th Street.

The driver of vehicle 1 stated that she was not sure how the accident happened. She advised that she was driving and the next thing she knew, she was colliding with vehicle 2. She stated she was not distracted or not paying attention, just drove into the rear of vehicle 2. She had a complaint of head and chest pain and was transported by Hatzolah to Monmouth Medical Center Southern Campus.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MILANO, M	381	SGT. M. LORENC	316	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-016688
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0824
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	MARTIN LUTHER KING DR
Dir	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	5 ☒ Feet ☐ Miles ☐ At Intersection With; ☐ N ☐ E ☒ S ☐ W of:
17 Cross Road Name	LINCOLN ST
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.080730
22 Longitude	-74.211250

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 07; 106: -; 107: -; 108: 31; 109: 01; 110: 02; 111: 00; 112: 09; 113: -; 114: 02; 115: -; 116: 01; 117: 04

Right margin codes: 118a: 25; 118b: -; 119a: 08; 119b: -; 120a: 01; 120b: -; 121a: 00; 121b: -; 122: 08; 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: 09; 132: 09; 133: 02; 134: 02

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	BA 2997BD	54 Policy No.	
25 NJ Ins. Code	-	55 NJ Ins. Code	
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run
26 Driver's First Name / Initial / Last Name	ANTHONY - CONDO -	56 Driver's First Name / Initial / Last Name	
29 Sex	M	59 Sex	
27 Number & Street	177 ARIZONA DR	57 Number & Street	
28 City / State / Zip	BRICK NJ 08723	58 City / State / Zip	
30 Eyes	05	60 Eyes	
DL Class	B	DL Class	
Restrictions	-	Restrictions	
Endorsements	-	Endorsements	
31 State	NJ	61 State	
32 Driver's License Number	C63880530003525	62 Driver's License Number	
33 DOB	03/08/1952	63 DOB	
34 Expires (mm yy)	03 22	64 Expires	
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - JAYS BUS SERVICE -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver
36 Number & Street	672 CROSS ST	66 Number & Street	
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	
38 Make	THO	68 Make	
39 Model	310	69 Model	
40 Color	YEL	70 Color	
41 Year	2018	71 Year	
42 Plate No.	L904S1	72 Plate No.	
43 State	NJ	73 State	
44 VIN	4UZABRFD9JCJV1279	74 VIN	
45 Expires	10 22	75 Expires	
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☐ 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 1926134 ☐ 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	JAYS BUS SERVICE INC	82 Motor Carrier or Government Entity	
Number & Street	672 CROSS ST	Number & Street	
City / State / Zip	LAKEWWOD NJ 08701	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	-	-	-	04	04	-	-	ANTHONY - CONDO - 177 ARIZONA DR BRICK NJ 08723
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016688

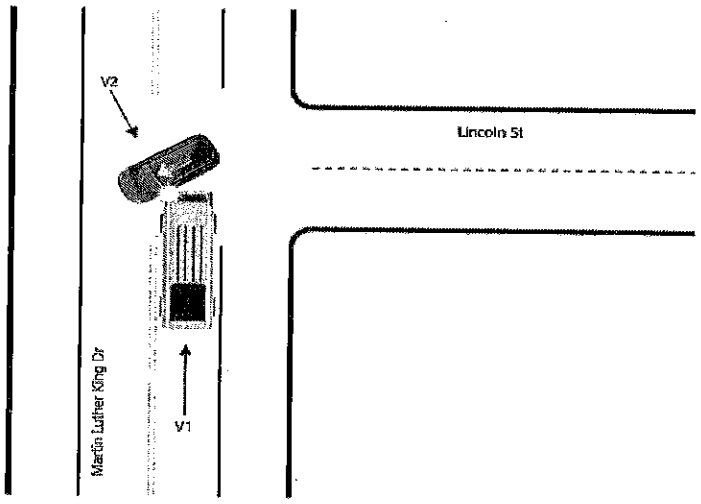
(Refer to vehicle by number)

	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)

N

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of vehicle 1 stated he was northbound on Martin Luther King Dr and stopped. Driver of vehicle 1 stated he was letting vehicles out of Lincoln St, when a black mini van made a left turn and crashed into the mirror of his vehicle. Driver of vehicle 1 stated the driver of the mini van was an older white lady of the Jewish religion. Driver of vehicle 1 was unable to obtain a license plate number for the suspects vehicle.

Vehicle 1 Insurance Information:

Nationwide Insurance Group
Company #: 23787

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	DTWORKOSKI	249	☒ Pending ☐ Complete

BUS SEATING ARRANGEMENT

1	ASHER	WEINBERG
2	MEIR	WEINBERG
3	MORDECHAI	MERMELSTEIN
4	AVI	MERMELSTEIN
5	CHAIM	SHACHAR
6	YEHUDA	SHACHAR
7	DOVY	EPSTEIN
8	ELI	FRIEDMEN
9	DOVI	BERGER
10	YECHIEL	MASHITZ
11	DOVID	MANN
12	CHAIM	ZIRKIN
13	CHAIM	FRIEDMEN
14	SHLOMY	MELZGER
15	SHOLOM	FRIEDMEN
16	REFAEL	MOTECHIN
17	YITZCHOK	MOTECHIN
18	YISROEL	MOTECHIN
19	YISOCLOR	GROSS
20	DOVI	WERNER
21	ARYEH	HOROWITZ
22	PINNY	BLOCH
23	TZVI	SAMUEL
24	SHLOMO	HADDAD
25	SHMULY	ZIRKIN
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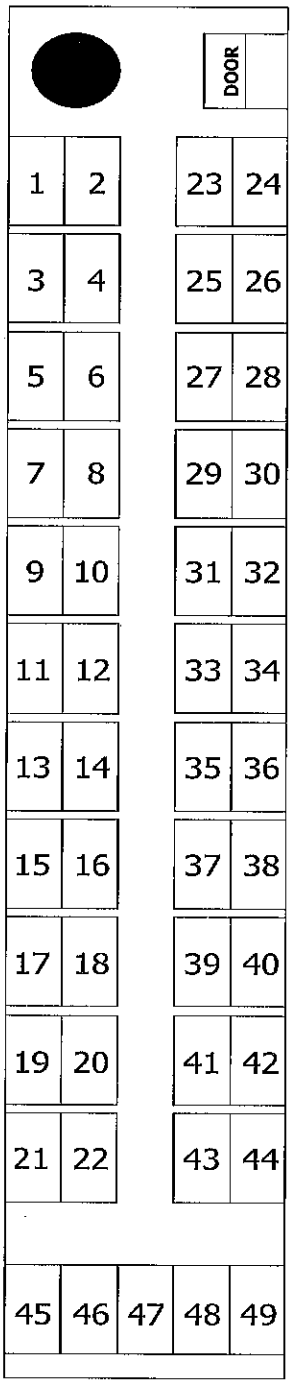
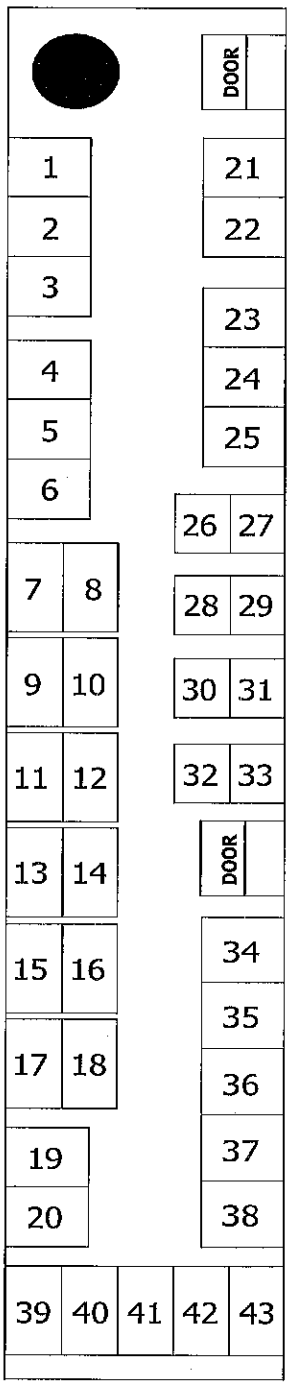
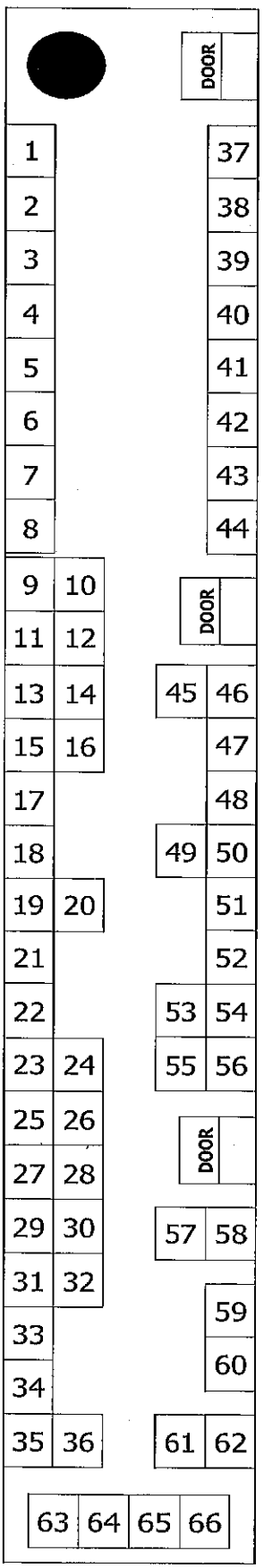
MCI-9, EAGLE & FLXIBLE



FLXIBLE TRANSIT & NOVA 06



VOLVO ARTIC



Rear

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016689
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PROSPECT ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: MASSACHUSETTS AVE
11 Speed Limit	45
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	45
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	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0827
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.07333
22 Longitude	-74.22723

Vehicle 1

23 Veh #	1
24 Policy No.	920729037
25 NJ Ins. Code	141
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DENA - PANETH
29 Sex	F
27 Number & Street	14 ENGLEBERG TER
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	P04131620055732
33 DOB mm dd yyyy	05/31/1973
34 Expires mm yy	05 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	DENA - PANETH
36 Number & Street	14 ENGLEBERG TER
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / PAS - PA / 1 / 2020 / H39MYF / NJ
44 VIN	5FNYF8H58LB007512
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.	6094075667
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HOLGY - SAMEDI
59 Sex	M
57 Number & Street	49 CAYUGA RD
58 City / State / Zip	BORDENTOWN NJ 08505
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / I / - / - / NJ
62 Driver's License Number	S03473350011851
63 DOB mm dd yyyy	11/03/1985
64 Expires mm yy	11 26
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	WALNER - SAMEDY
66 Number & Street	525 MONROE AVE
67 City / State / Zip	ASBURY PARK NJ 07712
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SATU / ION / BUR / 2003 / K75LEW / NJ
74 VIN	1G8AZ52F03Z164397
75 Expires	03 22
76 Vehicle Removed To	FREEDOM TOWING & RECOVERY
☐ 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.
02	39:3-10	292093
02	39:4-144	292094
	138 Charge	139 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	48	F	-	-	-	11	04	-	-	DENA - PANETH - 14 ENGLEBERG TER LAKEWOOD NJ 08701
B	02	01	01	04	36	M	09	08	02	11	04	-	6502	HOLGY - SAMEDI - 49 CAYUGA RD BORDENTOWN NJ 08505
C														
D														

New Jersey Police Crash Investigation Report

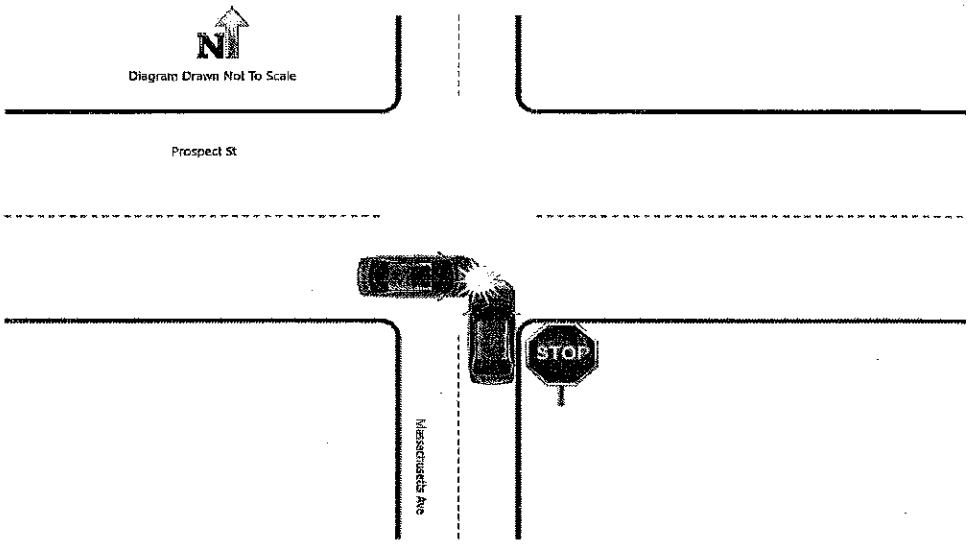
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016689

(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 East on Prospect Street. Driver of vehicle 1 stated vehicle 2 did not stop at the stop sign. Vehicle 1 struck the front driver side of vehicle 2 causing moderate front passenger side to vehicle 1. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated he was traveling North on Massachusetts Avenue. Driver of vehicle 2 stated he came to a complete stop at the stop sign located at the intersection of Massachusetts Avenue and Prospect Street. Driver of vehicle 2 stated vehicle 1 was driving at a high rate of speed striking the front driver side of vehicle 2 disabling it. Driver of vehicle 2 had a complaint of pain to his left side. Driver of vehicle 2 was issued a summons for Unlicensed Driver 39:3-10 and Failure to stop at stop sign 39: 4-144

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016696
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVENUE (Road Name) - (Dir)
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	30
☐ At Intersection With	N. LAKE DRIVE
☒ Feet / ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0850
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.08971
22 Longitude	-74.21624

Vehicle 1

23 Veh #	1
24 Policy No.	939 706 688
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROBERT E LONG -
29 Sex	M
27 Number & Street	42 TICONDEROGA BLVD
28 City / State / Zip	FREEHOLD NJ 07728
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	L64016586512642
33 DOB (mm dd yyyy)	12/02/1964
34 Expires (mm yy)	12 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ROBERT E LONG -
36 Number & Street	42 TICONDEROGA BLVD
37 City / State / Zip	FREEHOLD NJ 07728
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / TAC / SIL / 2020 / B56MMG / NJ
44 VIN	5TFCZ5AN0LX229199
45 Expires	05 24
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.	6056-47-83-39
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BATSHEVA - PERLOW -
59 Sex	F
57 Number & Street	307 MAGNOLIA DRIVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	P27100780054016
63 DOB (mm dd yyyy)	04/10/2001
64 Expires (mm yy)	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RIVKA C KOPELOWITZ -
66 Number & Street	1223 BEACH 9TH ST FAR
67 City / State / Zip	ROCKAWAY NY 11691
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / TCN / - / 2021 / KKF4967 / NY
74 VIN	KM8J2CA4XMU341773
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.	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	01	01	01	05	57	M	-	-	-	11	04	-	-	ROBERT E LONG - 42 TICONDEROGA BLVD FREEHOLD NJ 07728
B	02	01	01	05	20	F	-	-	-	11	04	-	-	BATSHEVA - PERLOW - 307 MAGNOLIA DRIVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

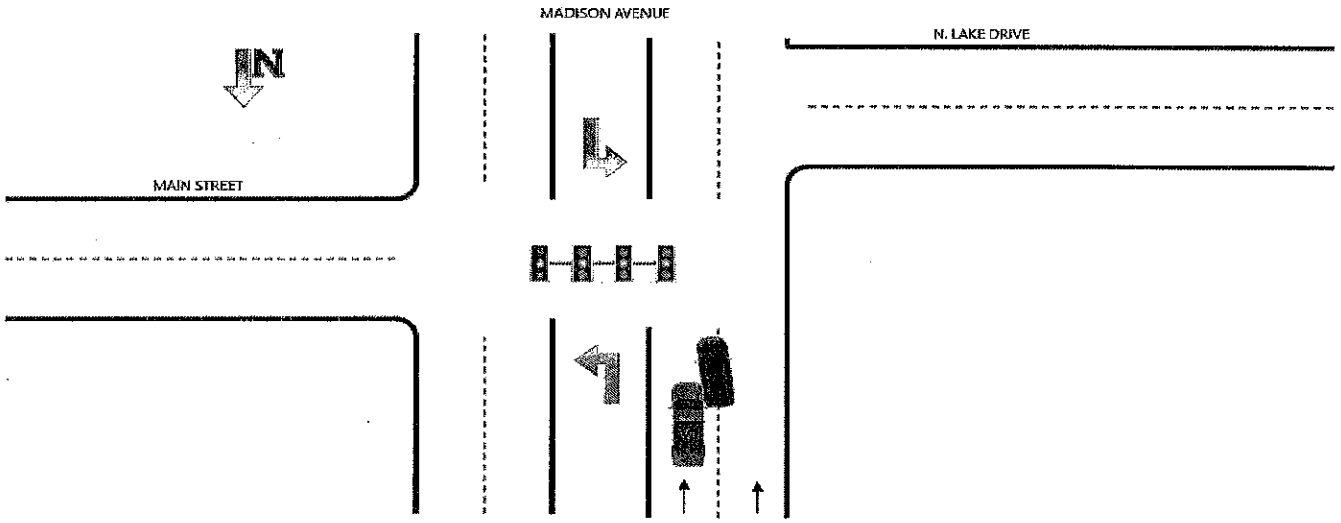
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016696

(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 INSIDE LANE ON MADISON AVENUE TRAVELING SOUTH WHEN VEHICLE 2 STRUCK VEHICLE 1 WHILE CHANGING FROM THE OUTSIDE LANE TO TO THE INSIDE LANE.

DRIVER OF VEHICLE 2 STATED SHE STRUCK VEHICLE 1 WHILE ATTEMPTING TO CHANGE LANES.

THIS INVESTIGATION DETERMINDED THAT THE DRIVER OF VEHCILE 2 MADE A UNSAFE LANE CHANGE.

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	22-016702
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0908
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	2ND ST (Road Name) - (Dir)
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	LEXINGTON AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.092400
22 Longitude	-74.212190

Vehicle 1

23 Veh #	1
24 Policy No.	927220107
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ADRIANA - JIMENEZGARCIA
29 Sex	F
27 Number & Street	160 JAMES ST BLDG 6-5
28 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	J44230110055792
33 DOB (mm dd yyyy)	05/18/1979
34 Expires (mm yy)	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver VICTOR M JIMENEZGARCIA
36 Number & Street	160 JAMES ST BLD 6 APT 5
37 City / State / Zip	TOMS RIVER NJ 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / RAV / BLK / 2017 / S79MFV / NJ
44 VIN	2T3RFREVXHW543247
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.	939835893
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YONASON - COHEN
59 Sex	M
57 Number & Street	10 MELROSE CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / D / - / - / NJ
62 Driver's License Number	C61617900007905
63 DOB (mm dd yyyy)	07/23/1990
64 Expires (mm yy)	07 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YONASON - COHEN
66 Number & Street	10 MELROSE CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2017 / L96HLN / NJ
74 VIN	4T1BF1FKXHU759437
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.
1	39:3-10	291452			
	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	42	F	-	-	-	11	04	-	-	ADRIANA - JIMENEZGARCIA - 160 JAMES ST BLDG 6-5 TOMS RIVER NJ 08753
B	2	01	01	05	31	M	-	-	-	11	04	-	-	YONASON - COHEN - 10 MELROSE CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

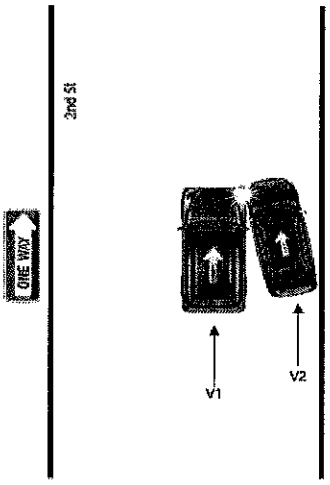
Station: _____ Case No: 22-016702

(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 she was traveling east on 2nd St, when vehicle 2 pulled out from parked and crashed into her vehicle.

Driver of vehicle 2 stated he was parked facing east on 2nd St. Driver of vehicle 2 stated he pulled out from parked and as he did, he crashed into vehicle 1.

As a result of my investigation, I, Ptl. Livingston #373 determined driver 2 is at fault for this crash. Driver 2 failed to yield the right of way to oncoming traffic.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016701
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	LAKEWOOD
4 Date of Crash (mm dd yy)	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0901
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	1000
☐ N ☐ E ☐ S ☒ W of:	S CLOVER ST
Dir	
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	
16 Speed Limit	40
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.08270
22 Longitude	-74.20145

Vehicle 1

23 Veh #	1
24 Policy No.	4030091021
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NECHAMA - KLEIN
29 Sex	F
27 Number & Street	137 THORNDIKE AVENUE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	K52345840051026
33 DOB (mm dd yyyy)	01/21/2002
34 Expires (mm yy)	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - KLEIN
36 Number & Street	137 THORNDIKE AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2018 / T88JPX / NJ
44 VIN	4T1B11HK8JU514122
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.	4576032488
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YECHESKEL T KATZMAN -
59 Sex	M
57 Number & Street	218 REGENT DRIVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	K08637898304732
63 DOB (mm dd yyyy)	04/24/1973
64 Expires (mm yy)	04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YECHESKEL T KATZMAN -
66 Number & Street	218 REGENT DRIVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GLD / 2003 / P22MCK / NJ
74 VIN	4T3ZF19C53U535981
75 Expires	12 22
76 Vehicle Removed To	YIYZ AUTOBODY
☐ 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	V1	01	01		20	F	-	-	-	11	04	-	-	NECHAMA - KLEIN - 137 THORNDIKE AVENUI LAKEWOOD NJ 08701
B	V2	01	01		48	M	-	-	-	11	04	-	-	YECHESKEL T KATZMAN - 218 REGENT DRIVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

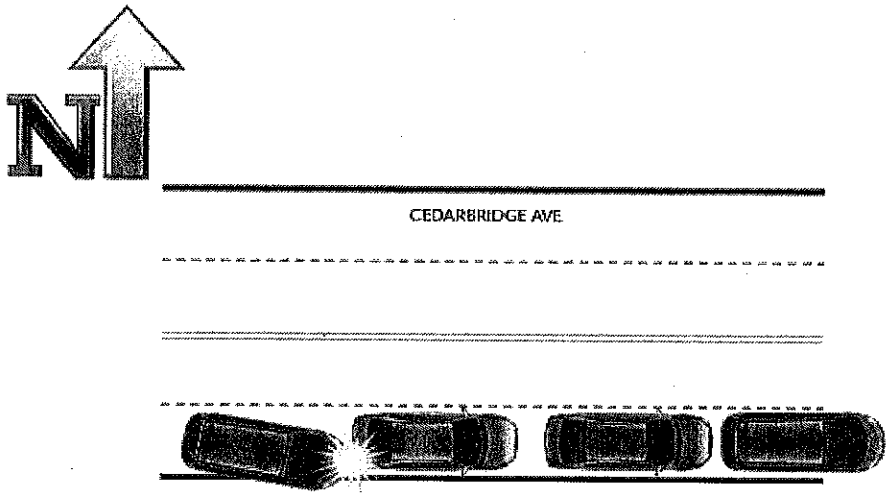
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: LAKEWOOD Case No: 22-016701

(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 EAST ON CEDARBRIDGE AVE. AND SLOWING DOWN FOR TRAFFIC. VEHICLE #2 WAS ALSO TRAVELING EAST ON CEDARBRIDGE AVE. DIRECTLY BEHIND VEHICLE #1. DRIVER #2 STATED THAT HE WAS LOOKING AT TWO VEHICLES ON THE SIDE OF THE ROAD AND THEN REAR ENDED VEHICLE #1 CAUSING DAMAGE TO BOTH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
QUALIANO J	260	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-016699
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	WASHINGTON AVE
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐N ☐E ☐S ☐W of: HAWK WAY
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	20
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	03/03/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0855
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.07420
22 Longitude	-74.20648

Vehicle 1

23 Veh #	1
24 Policy No.	939 883 653
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ADA - GROSS
29 Sex	F
27 Number & Street	7 HAWK WAY
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	G75760060055452 / 05/26/1945 / 09 19
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	ADA - GROSS
36 Number & Street	7 HAWK WAY
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 3 / 2011 / U81PGU / NJ
44 VIN / 45 Expires	4T1BF3EK2BU700466 / 09 22
46 Vehicle Removed To	MOSHE 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.	BA2997BD
55 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HEATHER M STEVENSON -
59 Sex	F
57 Number & Street	461 RT.539
58 City / State / Zip	CREAM RIDGE NJ 08514
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / B / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	S82323207458852 / 08/05/1985 / 08 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	- - JAYS BUS SERVICE -
66 Number & Street	672 CROSS STREET
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	IMPE / 219 / YEL / 2015 / E445S1 / NJ
74 VIN / 75 Expires	4DRBUC8P6FB640559 / 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 1926134 ☐ None; ☐ MC/MX 688727
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.	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	-	-	ADA - GROSS - 7 HAWK WAY LAKEWOOD NJ 08701
B	02	01	01	05	36	F	-	-	-	04	04	-	-	HEATHER M STEVENSON - 461 RT.539 CREAM RIDGE NJ 08514
C														
D														

New Jersey Police Crash Investigation Report

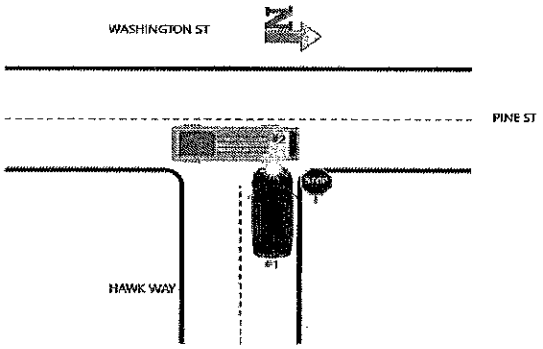
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-016699

(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 she was in the roadway attempting to make a left turn on to Washington St from Hawk Way when she struck Veh #2. Driver #2 stated she was traveling north on Washington St when Veh #1 drove into the side of her bus. This officers investigation finds Driver #1 at fault for the crash for failing to yield the right of way to Veh #2. Driver #1 was not occupying the lane of travel or the bus would of struck it on the drivers side door. The bus (Veh #2) was clearly past Veh #1 based on the damage to it. Driver #1 should have made sure it was safe to enter the roadway prior to making her turn.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	DTWORKOSKI	249	☐ Pending ☒ Complete

BUS SEATING ARRANGEMENT

1	LEAH	GASTFREUND
2	BASSIE	GASTFREUND
3	MINDY	PRESSER
4	ESTI	MILWORM
5	RACHELI	LAPIDES
6	BATSHEVA	SCHMUCKLES
7	MALKA	WOLMARK
8	SHANA	BRODY
9	FRAIDY	DEUTSCH
10	ESTI	GOLDBERG
11	LEAH	WASSERMAN
12	HENNY	DEUTSCH
13	BATSHEVA	CHOVEKA
14	VICHNA	KAPLAN
15	ESTI	KOTZEN
16	DEVORAH	KOTZEN
17	DENA	OPPENHEIMEN
18	ROCHEL	BRONSTEIN
19	AVIVA	BRONTSTEIN
20	ITA	RICHT
21	CHAYA	BURSZTYN
22	ESTY	BURSZTYN
23	SHOSHANA	CANA
24	CHANA	WENGER
25	SIMA	THALER
26	RACHEL	ROTHBERG
27	YOCHEVA	JACOBOVICH
28	YEHUDIS	RICHT
29	NECHAMA	STEINBERG
30	BATSHEVA	KOTZEN
31	ESTI	GREENBLATT
32	RAIZY	RICHT
33	RIVKA	ROSENBERG
34	BATSHEVA	KAGEN
35	RIVKA	KAGEN
36	MICHEL	KURPENIA
37	DEVORAH	WEISSBERG
38	ESTI	WEISSBERG
39	MIRIAM	KRASNER
40	TZIVI	SOMMERS
41	LYIRIAM	SOMMERS
42	BATSHEVA	CHASE
43	DEVORAH	CHASE
44	RIKKI	SHINDLER
45	YOCHEVOD	LEJBIK
46	ESTIE	DICKSTIEN
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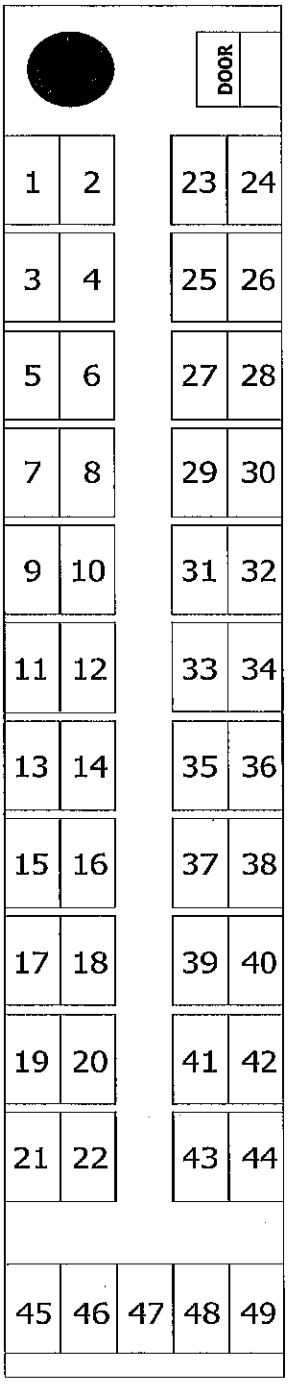
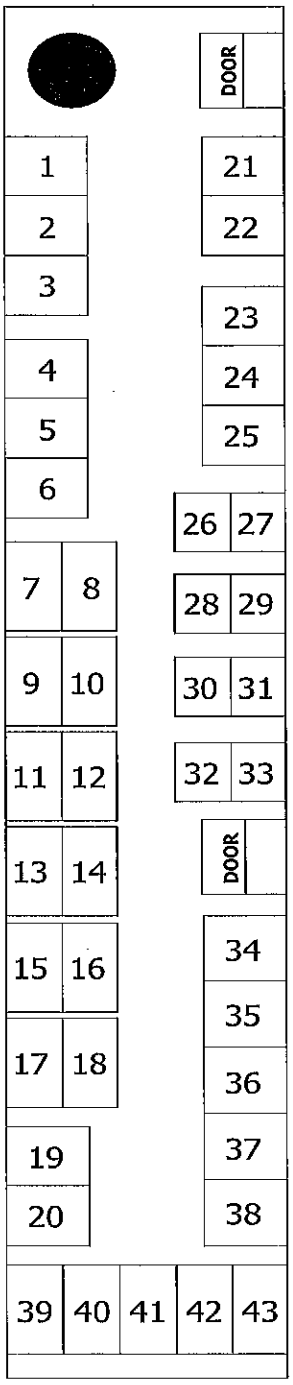
MCI-9, EAGLE & FLXIBLE



FLXIBLE TRANSIT & NOVA 06



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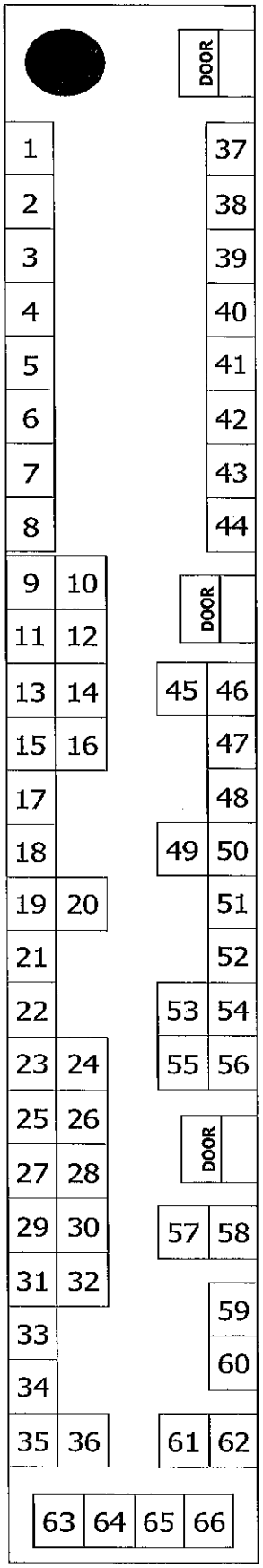

Rear

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.