

|    |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|---|----|---|---|---|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------------------------------------------------------------------|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------|----|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|--|--|--|--|--|--|----|
| 96 | Page 1 of 4 <input type="checkbox"/> Fatal                                                                                                                                                                                                                                                      |    | <b>New Jersey Police Crash Investigation Report</b> |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |                                                                                                                     |                                                                     | 118a |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 05 | 1. Case Number<br><b>2022-00016326</b>                                                                                                                                                                                                                                                          |    |                                                     |   |    |   |   |   |   |    | 10. Crash Occurred On: <b>1902 RT 88</b>                                                                                                                                                                                                       |   |   |                                                                      |  |  |  |  |  |  | 11. Speed Limit<br><b>1 0</b>                                                                                                                                                                                                                                                                   |  |                                                                                                                               | 12. Route No. <b>- - - -</b> Suffix <b>- - - -</b> 13. Milepost <b>- - - -</b> 18. Speed Limit <b>- - - -</b>       |                                                                     |      | 10 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 2. Police Dept. of <b>Brick Police</b> Code <b>01</b>                                                                                                                                                                                                                                           |    |                                                     |   |    |   |   |   |   |    | Road Name _____ Dir _____                                                                                                                                                                                                                      |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 02 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 3. Station/Precinct _____                                                                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    | <input type="checkbox"/> At Intersection with <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W<br><input type="checkbox"/> Feet <input type="checkbox"/> Miles                      |   |   |                                                                      |  |  |  |  |  |  | 19. <input type="checkbox"/> To: 17. Cross Road Name/Route No. _____                                                                                                                                                                                                                            |  |                                                                                                                               | 18. <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |                                                                     |      | 25 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 09 | 4. Date of Crash mm dd yy <b>0 3 0 5 2 2</b>                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | 5. Day of Week Su M Tu W Th F Sa <b>Th F Sa</b>                                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  | 6. Time (use 2400 hrs.) <b>1 1 4 7</b> 7. Municipality Code <b>1 5 0 6</b> 8. Total Killed <b>- -</b> 9. Total Injured <b>- -</b>                                                                                                                                                               |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 21. Latitude <b>- - - - - - - -</b> 20. Route Name/Route No. <b>- - - - - - - -</b> 22. Longitude <b>- - - - - - - -</b>                                                                |  |  | 01 |  |  |  |  |  |  |    |
| 01 | 23. Veh. # <b>8038213</b> 24. Policy No. <b>096</b>                                                                                                                                                                                                                                             |    |                                                     |   |    |   |   |   |   |    | 25. NJ Ins. Code <b>096</b>                                                                                                                                                                                                                    |   |   |                                                                      |  |  |  |  |  |  | 53. Veh. # <b>02</b> 54. Policy No. <b>F422694-0</b>                                                                                                                                                                                                                                            |  |                                                                                                                               | 55. NJ Ins. Code <b>426</b>                                                                                         |                                                                     |      | 01 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 04 | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                                                                               |    |                                                     |   |    |   |   |   |   |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp. to Emergency <input type="checkbox"/> Hit & Run                                                              |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 01 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 02 | 26. Driver's First Name Initial Last Name <b>Christoph A Reid</b>                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 29. Sex <b>M</b>                                                                                                                                                                                                                               |   |   |                                                                      |  |  |  |  |  |  | 56. Driver's First Name Initial Last Name <b>Charles R Diskin</b>                                                                                                                                                                                                                               |  |                                                                                                                               | 59. Sex <b>M</b>                                                                                                    |                                                                     |      | 01 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 27. Number & Street <b>55 NORTHRUP DR 55</b>                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | 28. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  | 57. Number & Street <b>618 MISTLETOE AVE</b>                                                                                                                                                                                                                                                    |  |                                                                                                                               | 58. City <b>Pt. Pleasant Boro</b> State <b>NJ</b> Zip <b>08742</b>                                                  |                                                                     |      | 01 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 28. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    | 29. Sex <b>M</b>                                                                                                                                                                                                                               |   |   |                                                                      |  |  |  |  |  |  | 57. Number & Street <b>618 MISTLETOE AVE</b>                                                                                                                                                                                                                                                    |  |                                                                                                                               | 58. City <b>Pt. Pleasant Boro</b> State <b>NJ</b> Zip <b>08742</b>                                                  |                                                                     |      | 01 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 02 | 30. Eyes <b>0 2</b> DL Class <b>D</b> Restrictions <b>- - - -</b> Endorsements <b>- -</b> 31. State <b>NJ</b>                                                                                                                                                                                   |    |                                                     |   |    |   |   |   |   |    | 60. Eyes <b>0 4</b> DL Class <b>D</b> Restrictions <b>- - - -</b> Endorsements <b>- -</b> 61. State <b>NJ</b>                                                                                                                                  |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 13 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 08 | 32. Driver's License Number <b>R 2 2 5 6 1 2 4 6 1 0 3 7 5 2</b>                                                                                                                                                                                                                                |    |                                                     |   |    |   |   |   |   |    | 33. DOB mm dd yy <b>0 3 2 1 7 5</b> 34. Expires mm yy <b>0 3 2 5</b>                                                                                                                                                                           |   |   |                                                                      |  |  |  |  |  |  | 62. Driver's License Number <b>D 4 6 6 2 1 2 0 7 9 0 4 9 2 4</b>                                                                                                                                                                                                                                |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 63. DOB mm dd yy <b>0 4 1 0 9 2</b> 64. Expires mm yy <b>0 4 2 5</b>                                                                                                                    |  |  |    |  |  |  |  |  |  | 13 |
| 08 | 35. Owner's First Name Initial Last Name <b>Christoph A Reid</b>                                                                                                                                                                                                                                |    |                                                     |   |    |   |   |   |   |    | 36. Number & Street <b>55 NORTHRUP DR 55</b>                                                                                                                                                                                                   |   |   |                                                                      |  |  |  |  |  |  | 65. Owner's First Name Initial Last Name <b>Charles R Diskin</b>                                                                                                                                                                                                                                |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 66. Number & Street <b>618 MISTLETOE AVE</b>                                                                                                                                            |  |  |    |  |  |  |  |  |  | 11 |
| 04 | 37. City <b>BRICK TOWNSHIP</b> State <b>NJ</b> Zip <b>08724</b>                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    | 38. Make <b>Nissan</b> 39. Model <b>Rogue</b> 40. Color <b>BK</b> 41. Year <b>2008</b> 42. Plate No. <b>P74PGU</b> 43. State <b>NJ</b>                                                                                                         |   |   |                                                                      |  |  |  |  |  |  | 67. City <b>Pt. Pleasant Boro</b> State <b>NJ</b> Zip <b>08742</b>                                                                                                                                                                                                                              |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 68. Make <b>Nissan</b> 69. Model <b>Versa</b> 70. Color <b>BK</b> 71. Year <b>2019</b> 72. Plate No. <b>X88LFL</b> 73. State <b>NJ</b>                                                  |  |  |    |  |  |  |  |  |  | 26 |
| 01 | 44. VIN <b>J N 8 A S 5 8 T 3 8 W 0 0 1 6 1 8</b> 45. Expires <b>11/22</b>                                                                                                                                                                                                                       |    |                                                     |   |    |   |   |   |   |    | 74. VIN <b>3 N 1 A B 7 A P 3 K L 6 1 4 8 3 0</b> 75. Expires <b>04/22</b>                                                                                                                                                                      |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 26 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 46. Vehicle Removed to: <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded                                                  |    |                                                     |   |    |   |   |   |   |    | 76. Vehicle Removed to: <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 26 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 01 | 47. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                                         |    |                                                     |   |    |   |   |   |   |    | 77. Authority <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                        |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 26 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 04 | 48. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <b>0. - - %</b> <input type="checkbox"/> Pending |    |                                                     |   |    |   |   |   |   |    | 49. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <b>- - - -</b> Placard No. <b>- - - -</b>                                                        |   |   |                                                                      |  |  |  |  |  |  | 78. Alcohol Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine Results: <b>0. - - %</b> <input type="checkbox"/> Pending |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 79. Hazardous Material <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill Hazard Class <b>- - - -</b> Placard No. <b>- - - -</b> |  |  |    |  |  |  |  |  |  | 26 |
| 02 | 50. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <input checked="" type="checkbox"/> None                                                                                                                                                                          |    |                                                     |   |    |   |   |   |   |    | 51. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                                                                              |   |   |                                                                      |  |  |  |  |  |  | 80. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> MC/MX <input checked="" type="checkbox"/> None                                                                                                                                                                          |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  | 81. GVWR / GCWR (trucks & buses only) <input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.                       |  |  |    |  |  |  |  |  |  | 26 |
| 02 | 52. Motor Carrier or Government Entity _____                                                                                                                                                                                                                                                    |    |                                                     |   |    |   |   |   |   |    | 82. Motor Carrier or Government Entity _____                                                                                                                                                                                                   |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 26 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 02 | Number & Street _____                                                                                                                                                                                                                                                                           |    |                                                     |   |    |   |   |   |   |    | City _____ State _____ Zip _____                                                                                                                                                                                                               |   |   |                                                                      |  |  |  |  |  |  | 135. Damage to Other Property <input type="checkbox"/> Yes (If Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                               |                                                                                                                     |                                                                     |      | 06 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 02 | 136. Charge _____                                                                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 137. Summons No. _____                                                                                                                                                                                                                         |   |   |                                                                      |  |  |  |  |  |  | 138. Charge _____                                                                                                                                                                                                                                                                               |  |                                                                                                                               | 139. Summons No. _____                                                                                              |                                                                     |      | 02 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| 02 | 140. Charge _____                                                                                                                                                                                                                                                                               |    |                                                     |   |    |   |   |   |   |    | 141. Summons No. _____                                                                                                                                                                                                                         |   |   |                                                                      |  |  |  |  |  |  | 142. Charge _____                                                                                                                                                                                                                                                                               |  |                                                                                                                               | 143. Summons No. _____                                                                                              |                                                                     |      | 02 |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
|    |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| A  | 01                                                                                                                                                                                                                                                                                              | 01 | 01                                                  | — | 46 | M | — | — | — | 11 | 04                                                                                                                                                                                                                                             | — | — | Christoph Adam Reid<br>55 NORTHRUP DR 55 BRICK TOWNSHIP NJ 08724     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| B  | 02                                                                                                                                                                                                                                                                                              | 01 | 01                                                  | — | 29 | M | — | — | — | 11 | 04                                                                                                                                                                                                                                             | — | — | Charles Ryan Diskin<br>618 MISTLETOE AVE Pt. Pleasant Boro NJ 08742  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| C  | 02                                                                                                                                                                                                                                                                                              | 03 | 01                                                  | — | 30 | F | — | — | — | 11 | 04                                                                                                                                                                                                                                             | — | — | Cortney Maria Diskin<br>618 MISTLETOE AVE Pt. Pleasant Boro NJ 08742 |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |
| D  |                                                                                                                                                                                                                                                                                                 |    |                                                     |   |    |   |   |   |   |    |                                                                                                                                                                                                                                                |   |   |                                                                      |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                               |                                                                                                                     |                                                                     |      |    |  |  |  |                                                                                                                                                                                         |  |  |    |  |  |  |  |  |  |    |

|                                   |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
|-----------------------------------|----|----|----|----|----|----|----|----|----|----|----|---------------|----|--------------------------------------------------------------------------------|---------------------------|--|--|
| <b>New Jersey Police</b>          |    |    |    |    |    |    |    |    |    |    |    | Case Number   |    |                                                                                | Page <u>2</u> of <u>4</u> |  |  |
| <b>Crash Investigation Report</b> |    |    |    |    |    |    |    |    |    |    |    | 2022-00016326 |    |                                                                                |                           |  |  |
|                                   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94            | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |                           |  |  |
| E                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
| F                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
| G                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
| H                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
| I                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |
| J                                 |    |    |    |    |    |    |    |    |    |    |    |               |    |                                                                                |                           |  |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

On 3/5/2022 at 1147 hours, I responded to 1902 Route 88 the WaWa gas for a report of a 2 vehicle crash in the parking lot with no injuries.

The driver of vehicle 1 stated he was backing out of his spot at the same time as vehicle 2 when both vehicles stuck each other at the same time.

The driver of vehicle 2 stated he backed out of his spot in the WaWa parking lot, and placed his car into drive when vehicle 1 struck his vehicle.

I checked the security footage and observed the driver of vehicle 2 had completed backing into the lane when vehicle 1 started to back up and struck vehicle 2.

Vehicle 1 had minor damage on the rear bumper.

Vehicle 2 had minor damage to the rear bumper.

|                          |              |               |         |                                                                               |
|--------------------------|--------------|---------------|---------|-------------------------------------------------------------------------------|
| 146. Officer's Signature | 147. Badge # | 148. Reviewer | Badge # | 149. Case Status                                                              |
| Andrew Emil Bajor        | 305          | —             | —       | <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Description

Police Dept: Brick Police Code: 01

Station:      Case No: 2022-00016326

145 Crash Description

Due to my investigation, I determined the driver of vehicle 1 to be at fault for the crash. My department issued  
body worn camera was activated during this incident.

Andrew Emil Bajor

Officer's Signature

305

Badge Number

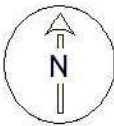
New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police Code: 01

Station:        Case No: 2022-00016326

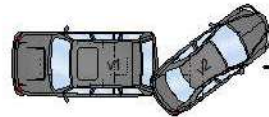
144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North



*Not To Scale*

WAWA Gas 1902 Route 88



Andrew Emil Bajor

305