PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-022625
98	07	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	-
100a	01	4 Date of Crash mm dd yy	03/25/22
		5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	0442
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	ENCLAVE BLVD
		Road Name	
		Dir	-
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	100
		15	☐ At Intersection With ☒ Feet ☐ Miles
		16	☐ N ☒ E ☐ S ☐ W
		of:	MASSACHUSETTS AVE
		17 Cross Road Name	-
		18 Speed Limit	45
		19 Ramp	☐ To ☐ From:
		20 Route/Name	-
			☐ NB ☐ EB ☐ SB ☐ WB
		21 Latitude	40.057630
		22 Longitude	-74.229910

118a	25	118b	-
119a	-	119b	-
120a	01	120b	-
121a	-	121b	-
122	01	123	-
124	99	125	-
126a	69	126b	-
126c	-	126d	-
126e	69	127a	-
127b	-	127c	-
127d	-	127e	-
128	69	129	10
130	10	131	-
132	-	133	02
134	-		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	SELF INSURED*
		25 NJ Ins. Code	-
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	02	26 Driver's First Name	PATTIDAWN
		Initial	-
		Last Name	CICALA -
		29 Sex	F
103	01	27 Number & Street	109 TAFT DRIVE
104	1	28 City	BRICK
		State	NJ
		Zip	08724
		30 Eyes	4
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	11	32 Driver's License Number	C40556180055664
		33 DOB mm dd yyyy	05/30/1966
		34 Expires mm	05
		yy	22
106	-	35 Owner's First Name	☐ Same As Driver -
		Initial	-
		Last Name	TOWNSHIP OF LAK -
107	-	36 Number & Street	231 3RD ST; HQ
108	03	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	FORD
		39 Model	E45
		40 Color	WHI
		41 Year	2018
		42 Plate No.	OA7322
		43 State	NJ
110	04	44 VIN	1FDXE4FS4JDC09120
		45 Expires	05 23
111	-	46 Vehicle Removed To	-
112	05		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	-	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

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	☐ Same As Driver -	Initial	-
Last Name	-		
66 Number & Street	-		
67 City	-	State	-
Zip	-		
68 Make	-	69 Model	-
70 Color	-	71 Year	-
72 Plate No.	-	73 State	-
74 VIN	-	75 Expires	- -
76 Vehicle Removed To	-		
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☐ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☐ None ☐ On Board ☐ Spill		
	- / -		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None		
81 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 3RD ST
City	LAKEWOOD
State	NJ
Zip	08757
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

ENCLAVE RETIREMENT HOME ENTRANCE GATE ARM

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	55	F	-	-	-	11	04	-	-	PATTIDAWN - CICALA - 109 TAFT DRIVE BRICK NJ 08724 - -
B	01	03	01	05	23	M	-	-	-	11	04	-	-	LUKE P HANLON - 281 RIVERS EDGE LANE TOMS RIVER NJ 08755 - -
C														
D														

New Jersey Police Crash Investigation Report

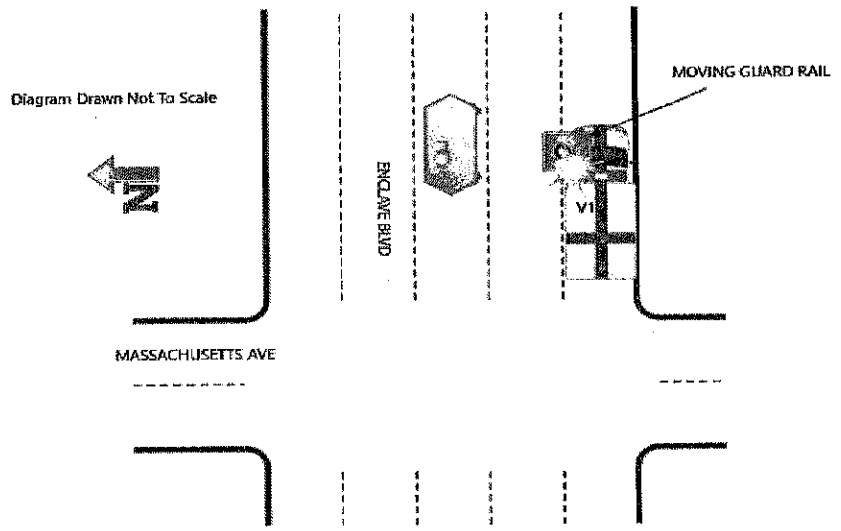
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022625

(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 1 WAS TRAVELING EAST ON ENCLAVE BLVD IN THE AREA OF MASSACHUSETTS AVE. WHEN THE VEHICLE USED ITS SIREN TO OPEN THE GATE TO THE ENCLAVE RETIREMENT COMMUNITY IN ORDER TO RESPOND TO A MEDICAL EMERGENCY, THE GATE OPENED. WHILE DRIVING THROUGH THE GATE, THE DRIVER STATED THAT THE GATE SHUT ON THE VEHICLE CAUSING THE VEHICLE TO STRIKE THE GATE.

VEHICLE 1 SUSTAINED DAMAGE TO THE DRIVER'S SIDE PORTION OF THE VEHICLE WHICH CONSISTED OF SCRAPES AND PAINT TRANSFER. NO INJURIES REPORTED ON SCENE.

I WAS UNABLE TO DETERMINE IF THE DRIVER WAS AT FAULT DUE TO ME NOT WITNESSING THE CRASH AND BEING UNABLE TO DETERMINE IF THE GATE CLOSED PREMATURELY.

*****SELF INSURANCE: OCEAN COUNTY MUNICIPAL JOINT INSURANCE FUND**
TOWNSHIP OF LAKEWOOD
231 3RD ST
LAKEWOOD, NJ 08701
SELF INSURED I.D.: 05-87

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. M. MARZOCCA	314	☐ 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 01 | 103 05 | 104 2 | 105 02 | 106 - | 107 - | 108 01 | 109 03 | 110 01 | 111 02 | 112 - | 113 - | 114 - | 115 - | 116 04 | 117 04

1 Case Number: 22-022717

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: 50 — 12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☒ At Intersection With — ☐ Feet — ☐ Miles — ☐ N ☐ E ☐ S ☐ W — of: OCEAN AVE — 18 Speed Limit: 40

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): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1251 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.085580 — 22 Longitude: -74.176920

118a 29 | 118b - | 119a 29 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 03 | 123 03 | 124 04 | 125 04 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 26 | 129 02 | 130 02 | 131 07 | 132 07 | 133 02 | 134 02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1153957E2030001 — 25 NJ Ins. Code: 962

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

26 Driver's First Name: MONYEH — Initial: S — Last Name: MITCHELL — 29 Sex: F

27 Number & Street: 621 GREEN GROVE RD

28 City: NEPTUNE — State: NJ — Zip: 07753

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: M46905638261972 — 33 DOB (mm dd yyyy): 11/19/1997 — 34 Expires (mm yy): 11 25

35 Owner's ☐ Same As Driver — First Name: MONYEH — Initial: S — Last Name: MITCHELL

36 Number & Street: 621 GREEN GROVE RD

37 City: NEPTUNE — State: NJ — Zip: 07753

38 Make: HYUN — 39 Model: SON - SO — 40 Color: WHI — 41 Year: 2018 — 42 Plate No.: J61PEY — 43 State: NJ

44 VIN: 5NPE24AF5JH686650 — 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.: 037113436 — 55 NJ Ins. Code: 135

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

56 Driver's First Name: SVETISLAV — Initial: - — Last Name: STOJKOVIC — 59 Sex: M

57 Number & Street: 7 PEARL DR

58 City: HOWELL — State: NJ — Zip: 07731

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: S82877290011516 — 63 DOB (mm dd yyyy): 11/02/1951 — 64 Expires (mm yy): 11 24

65 Owner's ☐ Same As Driver — First Name: SVETISLAV — Initial: - — Last Name: STOJKOVIC

66 Number & Street: 7 PEARL DR

67 City: HOWELL — State: NJ — Zip: 07731

68 Make: CHEV — 69 Model: EXP - EX — 70 Color: WHI — 71 Year: 2006 — 72 Plate No.: XKGR68 — 73 State: NJ

74 VIN: 1GCGG25V261181051 — 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.	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	24	F	-	-	-	11	04	-	-	MONYEH S MITCHELL - 621 GREEN GROVE RD NEPTUNE NJ 07753
B	2	01	01	05	70	M	-	-	-	11	04	-	-	SVETISLAV - STOJKOVIC - 7 PEARL DR HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

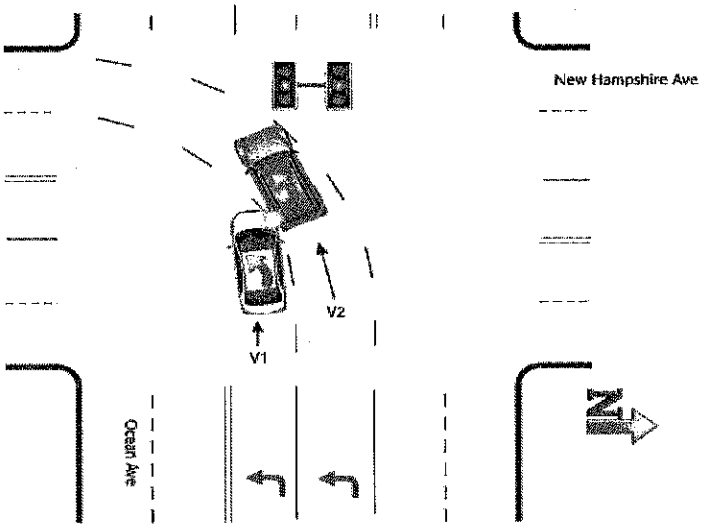
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-022717

(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 west on Ocean Ave and the light to make a left turn onto New Hampshire Ave just turned green. Driver of vehicle 1 stated she was the in left of the two turning lanes, and vehicle 2 was in the right of the two turning lanes. Driver of vehicle 1 stated she just started accelerating when vehicle 2 turned into her lane and crashed into her vehicle. Driver of vehicle 1 stated there was a witness, but they did not remain at the scene.

Driver of vehicle 2 stated he was west on Ocean Ave, making a left turn onto New Hampshire Ave. Driver of vehicle 2 stated vehicle 1 was in the left turning lane and he was in the right turning lane. Midway through the turn, driver of vehicle 2 stated he was crashed into by vehicle 1, who veered into his lane.

Due to conflicting statements from both drivers about this crash, I am unable to determine who is at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96 05 | 1 Case Number: 22-023284

97 01 | 2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98 07 | 3 Station/Precinct: -

99 09 | 4 Date of Crash (mm dd yy): 03/27/22 | 5 Day Of Week: SUNDAY | 6 Time (use 2400 hrs): 1942 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

10 Crash Occurred On: 901 CEDARBRIDGE AVE; QUIC- | 11 Speed Limit: 15 | 12 Route No. - | Suffix - | 13 Milepost -

☐ At Intersection With | Road Name | Dir | 18 Speed Limit -

☐ Feet ☐ N ☐ E of: - | 14 - | 15

☐ Miles ☐ S ☐ W | 16

19 Ramp ☐ To ☐ From: - | 17 Cross Road Name - | ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name | 21 Latitude - | 22 Longitude -

100a 01 | 100b 04 | 101 01 | 102 01 | 103 01 | 104 1 | 105 11 | 106 - | 107 - | 108 01 | 109 - | 110 01 | 111 - | 112 - | 113 - | 114 - | 115 - | 116 04 | 117 -

23 Veh # 1 | 24 Policy No. A0J 238 421638-40 04 | 25 NJ Ins. Code 370

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

26 Driver's First Name: RIVKA | Initial - | Last Name: DEUTSCH - | 29 Sex: F

27 Number & Street: 31 SHAYAS RD

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

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

32 Driver's License Number: D29076580052862 | 33 DOB (mm dd yyyy): 02/17/1986 | 34 Expires (mm yy): 02 24

35 Owner's ☐ Same As Driver | First Name: JOSEPH | Initial - | Last Name: DEUTSCH -

36 Number & Street: 31 SHAYAS RD

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

38 Make: HOND | 39 Model: ODY | 40 Color: 1 | 41 Year: 2019 | 42 Plate No.: J95KTN | 43 State: NJ

44 VIN: 5FNRL6H75KB053039 | 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: -

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 - ☐ 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: -

118a 99 | 118b - | 119a - | 119b - | 120a 01 | 120b - | 121a - | 121b - | 122 01 | 123 - | 124 11 | 125 - | 126a 69 | 126b - | 126c - | 126d - | 126e 69 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 69 | 129 08 | 130 08 | 131 - | 132 - | 133 01 | 134 -

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

DAMAGED TO PUMP 11 HOSE AT QUICK CHECK. DAMAGED CAME OUT TO $375.00

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	36	F	-	-	-	11	04	-	-	RIVKA - DEUTSCH - 31 SHAYAS RD LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023284

(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)

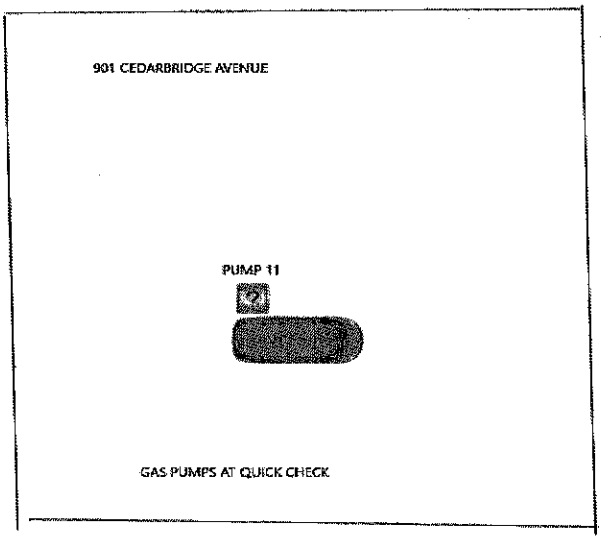


Diagram Drawn Not To Scale

N

145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WAS HANDED BACK HER CREDIT CARD AND THOUGHT THE GAS ATTENDENT REMOVED THE GAS PUMP. UPON DRIVING AWAY SHE NOTICED SHE PULLED THE HOSE OFF THE PUMP AND STOPPED HER VEHILCE.

DAMAGED TO PUMP 11 HOSE WAS REPORTED TO BE VALUED AT $375.00

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-023451
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	03/28/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	0930
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	OAK STREET
		☒ At Intersection With	Road Name: AIRPORT ROAD
		☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
		11 Speed Limit	40
		12 Route No.	
		Suffix	
		13 Milepost	
		16 Speed Limit	40
		17 Cross Road Name	
		19 Ramp ☐ To ☐ From:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.05797
		22 Longitude	-74.18010
118a	25		
118b	-		
119a	02		
119b	09		
120a	01		
120b	-		
121a	01		
121b	-		
122	08		
123	01		
124	08		
125	08		
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	02		
134	02		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	MWTB313827-20
		25 NJ Ins. Code	263
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ASHLEY
		Initial	E
		Last Name	TALLMAN
		29 Sex	F
103	01	27 Number & Street	470 CLIFTON AVE
104	2	28 City	BAYVILLE
		State	NJ
		Zip	08721
		30 Eyes	6
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	T03010636554996
		33 DOB (mm dd yyyy)	04/09/1999
		34 Expires (mm yy)	04 25
106	-	35 Owner's ☐ Same As Driver	ION - MCKESSON CORPO -
107	-	36 Number & Street	ONE POST STREET
108	03	37 City	SAN FRANCISCO
		State	CA
		Zip	94104
109	01	38 Make	FORD
		39 Model	TRA
		40 Color	WHI
		41 Year	2019
		42 Plate No.	XJCU94
		43 State	NJ
110	02	44 VIN	1FTYR3XM0KKB72538
		45 Expires	11 22
111	01	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	02	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.	4589-35-32-69		
55 NJ Ins. Code	148		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	DAVID		
Initial	-		
Last Name	LAX		
59 Sex	M		
57 Number & Street	111 CHEVY LN		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	2		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	L09451560005962		
63 DOB (mm dd yyyy)	05/17/1996		
64 Expires (mm yy)	05 23		
65 Owner's ☐ Same As Driver	DAVID - LAX -		
66 Number & Street	111 CHEVY LN		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	TOYT		
69 Model	CAM		
70 Color	BLK		
71 Year	2017		
72 Plate No.	K90MBE		
73 State	NJ		
74 VIN	4T1BF1FK9HU624935		
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.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

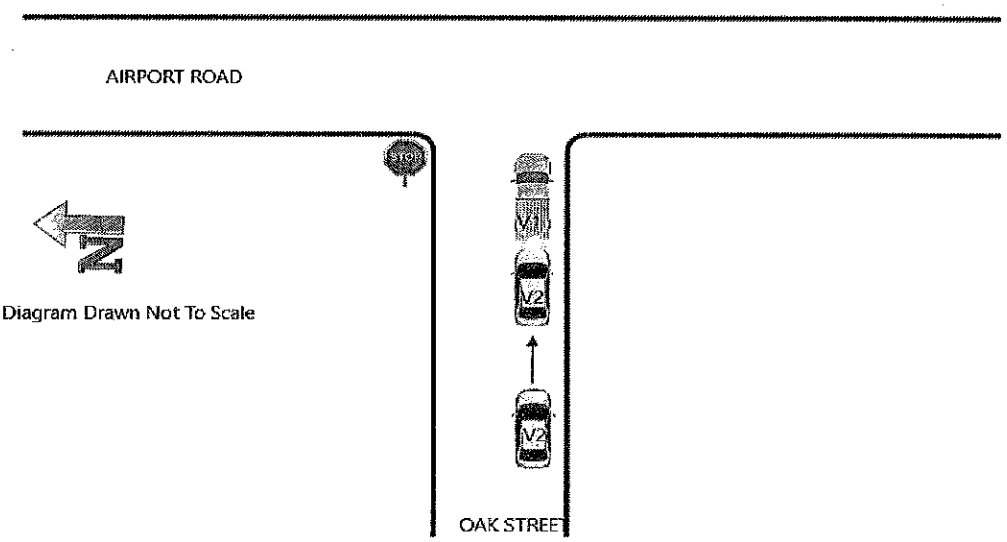
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	-	11	04	-	-	ASHLEY E TALLMAN - 470 CLIFTON AVE BAYVILLE NJ 08721
B	02	01	01	05	25	M	-	-	-	11	04	-	-	DAVID - LAX - 111 CHEVY LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-023451

(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 stopped for the stop sign facing East on Oak Street at Airport Road. Driver #1 stated as she was stopped, Vehicle #2 rear-ended her vehicle. Vehicle #1 sustained minor damage to the rear bumper.

Driver #2 stated Vehicle #1 was stopped in traffic on Oak Street at Airport Road and he was traveling East on Oak Street and failed to stop in time to avoid the collision with Vehicle #1. Vehicle #2 sustained minor damage to the front bumper.

Based on statements made by both drivers, damage to the vehicles and my observations on the scene, I determined Driver #2 to be at fault for failing to stop in time to avoid the collision with Vehicle #1.

No injuries reported at the scene and no summonses issued.

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

96	05	1 Case Number	22-023470
97	02	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	03/28/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1047
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	IRENE CT
		☐ At Intersection With	Road Name / Dir
		☒ Feet / ☐ Miles	100 (14 / 15)
		☐ N ☐ E / ☐ S ☐ W	of: NEW CENTRAL AVE
		19 Ramp ☐ To / ☐ From:	17 Cross Road Name
		20 Route/Name	
		21 Latitude	40.09454
		22 Longitude	-74.25622
		11 Speed Limit	25
		12 Route No. / Suffix / 13 Milepost	
		18 Speed Limit	
		☐ NB ☐ EB / ☐ SB ☐ WB	

118a	21	118b	-
119a	25	119b	-
120a	01	120b	01
121a	-	121b	-
122	13	123	10
124	11	125	11
126a	28	126b	-
126c	-	126d	-
126e	28	127a	26
127b	-	127c	-
127d	-	127e	26
128	28	129	06
130	06	131	03
132	03	133	02
134	02		

Vehicle 1

100b	05	23 Veh #	1
101	02	24 Policy No.	4244-39-73-13
102	01	25 NJ Ins. Code	148
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	RAIZEL
105	08	Initial	-
106	-	Last Name	SNYDER -
107	-	29 Sex	F
108	01	27 Number & Street	4 IRENE CT
109	05	28 City	LAKEWOOD
110	-	State	NJ
111	-	Zip	08701
112	-	30 Eyes	2
113	-	DL Class	D
114	-	Restrictions	-
115	-	Endorsements	-
116	04	31 State	NJ
117	01	32 Driver's License Number	S59966380061022
		33 DOB (mm dd yyyy)	11/14/2002
		34 Expires (mm yy)	11 24
		35 Owner's First Name	AVI
		Initial	-
		Last Name	SNYDER -
		☐ Same As Driver	
		36 Number & Street	4 IRENE CT
		37 City	LAKEWOOD
		State	NJ
		Zip	08701
		38 Make	TOYT
		39 Model	SNA
		40 Color	1
		41 Year	2018
		42 Plate No.	P69PGV
		43 State	NJ
		44 VIN	5TDYZ3DC6JS941336
		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.	127 9565-C20-30A
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	JUAN	Initial	E
Last Name	REYESPERDOMO -	☐ Same As Driver	
66 Number & Street	240 GARFIELD AVE FL 2	67 City	PLAINFIELD
State	NJ	Zip	07062
68 Make	FORD	69 Model	F25
70 Color	GRY	71 Year	2012
72 Plate No.	T59PNL	73 State	NJ
74 VIN	1FT7W2B68CEC25252	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.
01		NONE	02		NONE
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	-	19	F	-	-	-	11	04	-	-	RAIZEL - SNYDER - 4 IRENE CT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police
Crash Investigation Report

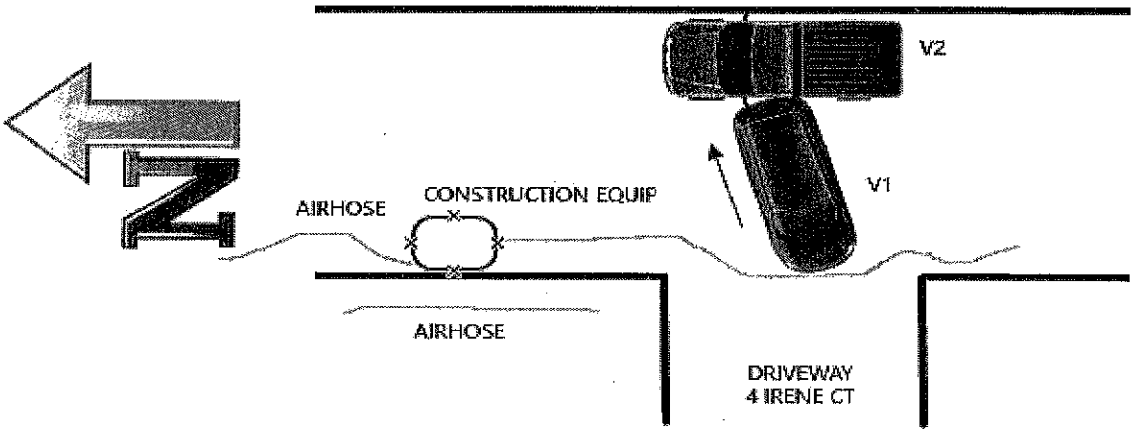
Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-023470

(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

Arrived on location to find Vehicle 01 parked in the driveway and Vehicle 02 parked on the side of the roadway. No injuries reported on scene.

Driver 01 stated that she was backing out of her driveway. Due to the active construction and workers walking about, her concentration was on the equipment and the worker walking past her car when she made contact with Vehicle 02.

There was existing damage to both vehicles and both parties agree to the account of the crash. Due to statements, Vehicle 01 made contact on the bed section of Vehicle 02 causing denting to the vehicle.

Both vehicles remained operational. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-023850
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	05	3 Station/Precinct	-
100a	01	4 Date of Crash mm dd yy	03/29/22
		5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1726
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100b	04	10 Crash Occurred On:	NEW HAMPSHIRE AVE
		☐ At Intersection With	
		☒ Feet	20
		☐ Miles	
		Road Name	
		☒ N ☐ E ☐ S ☐ W	
		of:	LISA ROBYN CIR
		11 Speed Limit	50
		12 Route No.	0623
		Suffix	-
		13 Milepost	-
		18 Speed Limit	15
		19 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	-
		20 Route/Name	
		21 Latitude	40.053090
		22 Longitude	-74.196250
118a	02		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	08		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	02		
134	02		

☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	1
		24 Policy No.	6073-13-91-20
		25 NJ Ins. Code	100
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	DAVID
		Initial	A
		Last Name	CAMARGO
		29 Sex	M
102	01	27 Number & Street	116 KEARNEY AVE 2B
103	01	28 City	SEASIDE HGTS
		State	NJ
		Zip	08751
104	2	30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	C03381566109972
		33 DOB mm dd yyyy	09/17/1997
		34 Expires mm	09
		yy	24
106	-	35 Owner's ☐ Same As Driver	DAVID A CAMARGO -
107	-	36 Number & Street	116 KEARNEY AVE 2B
108	04	37 City	SEASIDE HGTS
		State	NJ
		Zip	08751
109	04	38 Make	FORD
		39 Model	EXP
		40 Color	GRN
		41 Year	2004
		42 Plate No.	D82HRP
		43 State	NJ
110	01	44 VIN	1FMDU74K84UA01028
		45 Expires	03 23
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	03	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	03	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	-

		53 Veh #	2
		54 Policy No.	939 772 280
		55 NJ Ins. Code	054
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
		56 Driver's First Name	KAREN
		Initial	A
		Last Name	DECKER
		59 Sex	F
		57 Number & Street	378 BIRCH DR
		58 City	BRICK
		State	NJ
		Zip	08723
		60 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
		62 Driver's License Number	D21104246160652
		63 DOB mm dd yyyy	10/04/1965
		64 Expires mm	10
		yy	23
		65 Owner's ☐ Same As Driver	JOSEPH A CAPRIO -
		66 Number & Street	1669 GOLDSPIRE RD
		67 City	TOMS RIVER
		State	NJ
		Zip	08755
		68 Make	KIA
		69 Model	SOR
		70 Color	WHI
		71 Year	2013
		72 Plate No.	X61DBU
		73 State	NJ
		74 VIN	5XYKU4A60DG385972
		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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	24	M	-	-	-	11	04	-	-	DAVID A CAMARGO - 116 KEARNEY AVE 2B SEASIDE HGTS NJ 08751
B	02	01	01	05	56	F	-	-	-	11	04	-	-	KAREN A DECKER - 378 BIRCH DR BRICK NJ 08723
C														
D														

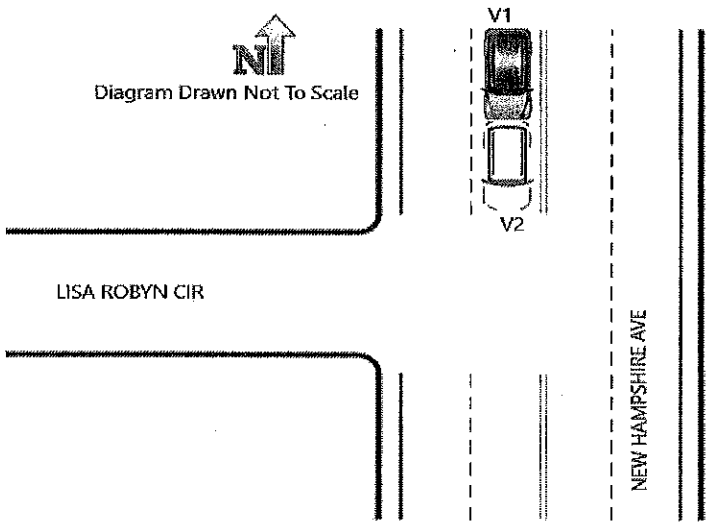
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-023850

(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 south on New Hampshire Ave in the left lane. He observed V2 stop in front of him to allow a vehicle to turn left. He believed the vehicle turning would turn quickly and traffic would flow again. He continued straight and when he realized V2 was still stopped, V1 did not stop in time and collided with V2.

The driver of V2 stated she was traveling south on New Hampshire Ave in the left lane. She stopped in heavy traffic. While stopped she allowed a vehicle to turn left in front of her. While stopped V2 was struck from 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	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-024045
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	--
99	07	4 Date of Crash (mm dd yy)	03/30/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1748
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	BROADWAY AVE
		Dir	-
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		14	150
		15	☒ Feet ☐ Miles
		16	☐ N ☐ E ☐ S ☒ W
		of:	VINE ST
		18 Speed Limit	25
		19 Ramp	☐ To ☐ From:
		17 Cross Road Name	
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.061490
		22 Longitude	-74.210640
118a	25		
118b	-		
119a	10		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	08		
123	13		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	02		
134	02		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	4329313391
		25 NJ Ins. Code	100
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	NIZA
		Initial	R
		Last Name	ZAPATA-AMARIS -
		29 Sex	F
103	01	27 Number & Street	703 JEFFERSON AVE 2FL
104	2	28 City	ELIZABETH
		State	NJ
		Zip	07201
		30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	08	32 Driver's License Number	Z05135947951862
		33 DOB (mm dd yyyy)	01/03/1986
		34 Expires (mm yy)	01 25
106	-	35 Owner's ☐ Same As Driver	JORGE
		Initial	E
		Last Name	JARA-BRAVO -
107	-	36 Number & Street	703 JEFFERSON AVE
108	01	37 City	ELIZABETH
		State	NJ
		Zip	07201
109	01	38 Make	MITS
		39 Model	OUT
		40 Color	WHI
		41 Year	2022
		42 Plate No.	T14PKA
		43 State	NJ
110	01	44 VIN	JA4J4TA83NZ048345
		45 Expires	01 26
111	01	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	02	50 Carrier No.	☐ USDOT ☒ None
117	02		☐ 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.	4614431171
		55 NJ Ins. Code	639
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
		56 Driver's First Name	MAYER
		Initial	-
		Last Name	KRAUSZ -
		59 Sex	M
		57 Number & Street	227 RUTLEDGE ST # 2
		58 City	BROOKLYN
		State	NY
		Zip	11211
		60 Eyes	02
		DL Class	-
		Restrictions	-
		Endorsements	-
		61 State	NY
		62 Driver's License Number	968267012
		63 DOB (mm dd yyyy)	01/30/1985
		64 Expires (mm yy)	01 29
		65 Owner's ☐ Same As Driver	MAYER
		Initial	-
		Last Name	KRAUSZ -
		66 Number & Street	227 RUTLEDGE ST # 2
		67 City	BROOKLYN
		State	NY
		Zip	11211
		68 Make	CHRY
		69 Model	PACIFICA
		70 Color	1
		71 Year	2019
		72 Plate No.	JKW2583
		73 State	NY
		74 VIN	2C4RC1BG4KR550499
		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	05	36	F	-	-	-	11	04	-	-	NIZA R ZAPATA-AMARIS - 703 JEFFERSON AVE 2FL ELIZABETH NJ 07201
B	02	01	01	05	37	M	-	-	-	11	04	-	-	MAYER - KRAUSZ - 227 RUTLEDGE ST # 2 BROOKLYN NY 11211
C														
D														

New Jersey Police Crash Investigation Report

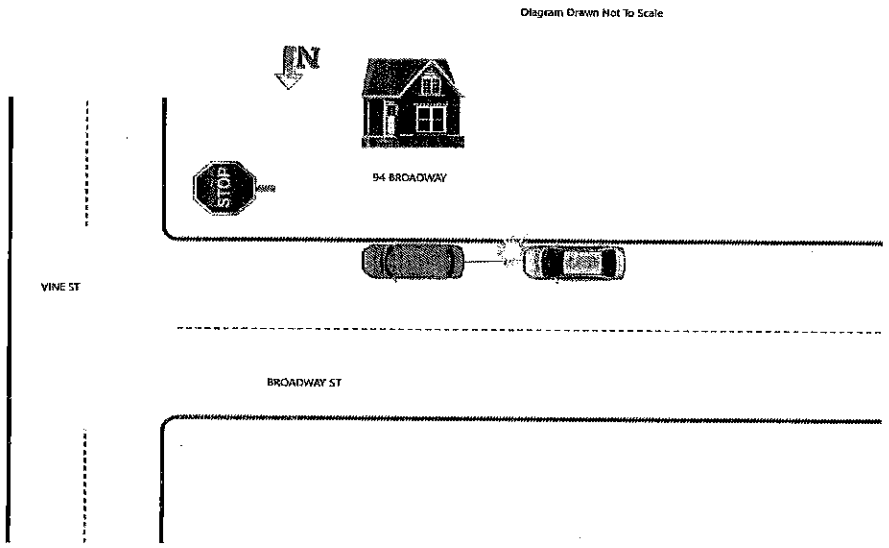
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-024045

(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 VEH 1 STATED SHE WAS TRAVELING EAST ON BROADWAY AVE AND WAS PARKED BRIEFLY IN FRONT OF 94 BROADWAY AVE WAITING TO PICK UP A PARTY. DRIVER 2 SAID WHILE PARKED, VEHICLE 2 PULLED UP IN FRONT OF HER AND THEN BACKED INTO HER.

DRIVER OF VEH 2 STATED HE WAS TRAVELING EAST ON BROADWAY AVE, AND PULLED UP IN FRONT OF HIS HOUSE AT 94 BROADWAY TO PARK HIS CAR. HE SAID HE WAS BACKING UP HIS CAR TO PARK ON THE STREET IN FRONT OF HIS HOUSE AND VEHICLE 1 PULLED UP AND HIT HIS CAR.

DRIVER 1 HAD A DASH CAM AND SHOWED ME THE VIDEO ON SCENE. THE FOOTAGE SHOWED VEH 1 PARKED AND VEH 2 BACK INTO THE FRONT OF VEH 1.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	JP	290	☐ 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	05
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-024262

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVE | - | Dir | 11 Speed Limit: 50 | 0623 - - (12 Route No. / Suffix / 13 Milepost)

☐ At Intersection With Road Name

☒ Feet ☒ N ☐ E of: STATE HIGHWAY 70 | 18 Speed Limit: 50

25 ☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From: - | 17 Cross Road Name: - | ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.050520 | 22 Longitude: -74.196670

4 Date of Crash (mm dd yy): 03/31/22 | 5 Day Of Week: THURSDAY | 6 Time (use 2400 hrs): 1640 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6057-10-82-57 | 25 NJ Ins. Code: 100

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

26 Driver's First Name: TAYLOR | Initial: A | Last Name: ALLEN | 29 Sex: F

27 Number & Street: 1042 BUCCANEER LN

28 City: MANAHAWKIN | State: NJ | Zip: 08050

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: A54387326152022 | 33 DOB (mm dd yyyy): 02/16/2002 | 34 Expires (mm yy): 02 24

35 Owner's ☐ Same As Driver: TAYLOR | Initial: A | Last Name: ALLEN

36 Number & Street: 1042 BUCCANEER LN

37 City: MANAHAWKIN | State: NJ | Zip: 08050

38 Make: HYUN | 39 Model: GEN | 40 Color: BLK | 41 Year: 2010 | 42 Plate No.: H45NMG | 43 State: NJ

44 VIN: KMHHU6KH3AU022075 | 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.: 4598-26-14-79 | 55 NJ Ins. Code: 100

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

56 Driver's First Name: ELIZABETH | Initial: - | Last Name: HESSLER | 59 Sex: F

57 Number & Street: 306 STATION AVE

58 City: PINE BEACH | State: NJ | Zip: 08741

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: H28212120053822 | 63 DOB (mm dd yyyy): 03/16/1982 | 64 Expires (mm yy): 03 24

65 Owner's ☐ Same As Driver: ELIZABETH | Initial: - | Last Name: HESSLER

66 Number & Street: 306 STATION AVE

67 City: PINE BEACH | State: NJ | Zip: 08741

68 Make: MAZD | 69 Model: CX3 | 70 Color: BLK | 71 Year: 2019 | 72 Plate No.: W30JAT | 73 State: NJ

74 VIN: JM1DKFB70K1431850 | 75 Expires: 07 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	F	-	-	-	11	04	-	-	TAYLOR A ALLEN - 1042 BUCCANEER LN MANAHAWKIN NJ 08050
B	01	01	01	05	40	F	-	-	-	11	04	-	-	ELIZABETH - HESSLER - 306 STATION AVE PINE BEACH NJ 08741
C														
D														

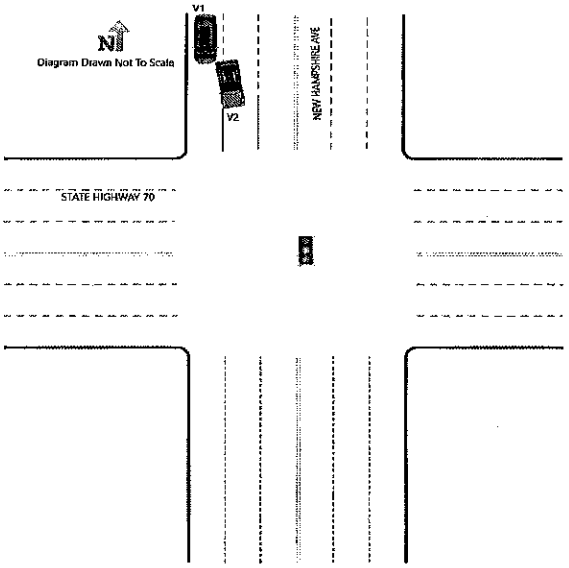
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-024262

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was traveling south on New Hampshire Ave in the far right lane. She was coming up to the intersection when she observed V2 switching from the right lane to the middle lane. While V2 was changing lanes, V2 suddenly applied the brakes. V1 collided with V2.

The driver of V2 stated she was traveling south on New Hampshire Ave from the State Highway 70 ramp. She was switching into the middle lane when the vehicle in front of her stopped suddenly at a green traffic signal. V2 applied the brakes. V2 was struck from 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	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-019896
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)	03/14/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1245
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	3
		10 Crash Occurred On:	MASSACHUSETTS AVE
		Road Name	
		Dir	-
		11 Speed Limit	40
		12 Route No.	0637
		Suffix	-
		13 Milepost	-
		14	5
		15	☐ At Intersection With ☒ Feet ☐ Miles
		16	☐ N ☐ E ☒ S ☐ W
		of:	ENCLAVE BLVD
		17 Cross Road Name	-
		18 Speed Limit	25
		19 Ramp	☐ To ☐ From:
		20 Route/Name	
		21 Latitude	40.05763
		22 Longitude	-74.22991

118a	25	118b	-	119a	25	119b	-	120a	01	120b	01	121a	01	121b	01	122	08	123	08
124	03	125	03	126a	26	126b	-	126c	-	126d	-	126e	26	127a	26	127b	26	127c	-
127d	-	127e	26	128	26	129	06	130	06	131	06	132	06	133	03	134	03		

100b	04	101	02	102	01	103	01	104	3	105	01	106	-	107	-	108	04	109	05
110	01	111	02	112	-	113	-	114	-	115	-	116	01	117	01				

Vehicle 1

23 Veh # 1
24 Policy No. X260364-E06-30Q
25 NJ Ins. Code 962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: MICHELE
Initial: A
Last Name: SOLOMON
29 Sex: F
27 Number & Street: 302 DOVER CHASE BLVD
28 City: TOMS RIVER
State: NJ
Zip: 08755
30 Eyes: 2
DL Class: B
Restrictions: -
Endorsements: -
31 State: NJ
32 Driver's License Number: S62915446155682
33 DOB (mm dd yyyy): 05/24/1968
34 Expires (mm yy): 05 26
35 Owner's First Name: BRIANNA
Initial: J
Last Name: MCMAHON
☐ Same As Driver
36 Number & Street: 7 LISA ROBYN CIR
37 City: LAKEWOOD
State: NJ
Zip: 08701
38 Make: HOND
39 Model: PIL
40 Color: BLK
41 Year: 2006
42 Plate No.: 4MICCI
43 State: NJ
44 VIN: 2HKYF186X6H518130
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. 1104156385
55 NJ Ins. Code 426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: DAVID
Initial: J
Last Name: DEROLLER
59 Sex: M
57 Number & Street: 31 FILON AVE
58 City: ROCHESTER
State: NY
Zip: 14622
60 Eyes: 4
DL Class: -
Restrictions: -
Endorsements: -
61 State: NY
62 Driver's License Number: 540292643
63 DOB (mm dd yyyy): 04/03/1979
64 Expires (mm yy): 04 29
65 Owner's First Name: -
Initial: -
Last Name: AJM1 LLC
☐ Same As Driver
66 Number & Street: 114 THROCKMORTON LN
67 City: OLD BRIDGE
State: NJ
Zip: 08857
68 Make: FORD
69 Model: F15
70 Color: WHI
71 Year: 2018
72 Plate No.: XLZW89
73 State: NJ
74 VIN: 1FTFW1EG0JFC37753
75 Expires: 02 23
76 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority: ☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: -
State: -
Zip: -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
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	-	53	F	-	-	-	11	04	-	-	MICHELE A SOLOMON - 302 DOVER CHASE BLVD TOMS RIVER NJ 08755
B	V2	01	01	03	42	M	06	08	01	11	04	-	-	DAVID J DEROLLER - 31 FILON AVE ROCHESTER NY 14622
C	V2	03	01	03	53	M	01	04	02	11	04	-	6502	ANTHONY J MARTINO - 2 SILVERLEAF WAY MANALAPAN NJ 07726
D	V3	01	01	03	29	F	11	08	02	11	11	01	6502	BRIANNA J MCMAHON - 7 LISA ROBYN CIR LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-019896

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): 03/14/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1245

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 3

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

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: ENCLAVE BLVD

11 Speed Limit: 40

12 Route No.: 0637 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name: -

21 Latitude: 40.05763

22 Longitude: -74.22991

118a: 49 — 118b: - — 119a: - — 119b: - — 120a: 01 — 120b: 01

100a: 01

100b: 04

23 Veh #: 3

24 Policy No.: 903774277

25 NJ Ins. Code: 134

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

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

101: 02

26 Driver's First Name: BRIANNA — Initial: J — Last Name: MCMAHON — 29 Sex: F

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

121a: - — 121b: -

102: 01

27 Number & Street: 7 LISA ROBYN CIR

57 Number & Street: -

103: 01

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

58 City: - — State: - — Zip: -

104: 3

30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

122: 01

105: 01

32 Driver's License Number: M16610967152935

33 DOB (mm dd yyyy): 02/10/1993

34 Expires (mm yy): 02 26

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

123: -

106: -

35 Owner's ☐ Same As Driver — First Name: BRIANNA — Initial: J — Last Name: MCMAHON

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

124: 03

107: -

36 Number & Street: 7 LISA ROBYN CIR

66 Number & Street: -

125: -

108: 01

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

67 City: - — State: - — Zip: -

126a: 26

109: -

38 Make: HYUN — 39 Model: ELA — 40 Color: BLK — 41 Year: 2014 — 42 Plate No.: H46ENE — 43 State: NJ

68 Make: - — 69 Model: - — 70 Color: - — 71 Year: - — 72 Plate No.: - — 73 State: -

126b: -

110: 01

44 VIN: KMHDH4AE5EU074568 — 45 Expires: 09 22

74 VIN: - — 75 Expires: - -

126c: -

111: -

46 Vehicle Removed To: TOTAL CAR CARE

☐ 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

126d: -

112: -

126e: 26

113: -

47 Authority: ☐ Owner ☐ Driver ☒ Police

77 Authority: ☐ Owner ☐ Driver ☐ Police

127a: -

114: -

48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

127b: -

115: -

127c: -

116: 01

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

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

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

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

127d: -

117: -

127e: -

52 Motor Carrier or Government Entity: -

82 Motor Carrier or Government Entity: -

128: 26

Number & Street: -

Number & Street: -

129: 12

City: - — State: - — Zip: -

City: - — State: - — Zip: -

130: 12

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

131: -

132: -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
3	39:4-97	289749	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
3			-		-

133: 04

134: -

	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

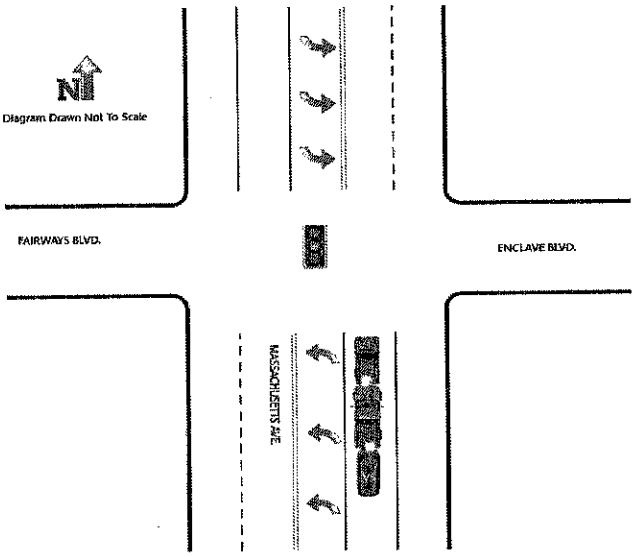
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-019896

(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

The driver of vehicle #1 stated she was stopped at the red traffic signal on Massachusetts Ave. northbound at the intersection with Enclave Blvd. when her vehicle was rear ended by vehicle #2. The driver of vehicle #2 stated he was stopped behind vehicle #1 when his vehicle was rear ended by vehicle #3. The impact from vehicle #3 colliding with vehicle #2 caused vehicle #2 to advance forward and collide with vehicle #1. The driver of vehicle #3 stated she was traveling behind vehicle #2 and attempted to stop, but was unable to do so. Driver #3 stated she believes something may have malfunctioned on her vehicle which prevented her to stop. The passenger of vehicle #2 sustained a head laceration, and the driver of vehicle #3 had a complaint of knee pain. Both individuals 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	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-019896
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/14/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1245
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:	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	
21 Latitude / 22 Longitude	

Veh #	Policy No.	NJ Ins. Code	Driver's First Name	Initial	Last Name	Sex
23 / 53	24 / 54	25 / 55	26 / 56			29 / 59
1			MICHELE	A	SOLOMON	-
2			DAVID	J	DEROLLER	-

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

	1	2
27 / 57 Number & Street		
28 / 58 City / State / Zip		
30 / 60 Eyes		
DL Class		
Restrictions		
Endorsements		
31 / 61 State		
32 / 62 Driver's License Number		
33 / 63 DOB (mm dd yyyy)		
34 / 64 Expires (mm yy)		
35 / 65 Owner's First Name	MICHELE	
Initial	A	
Last Name	SOLOMON	
☐ Same As Driver		
36 / 66 Number & Street	302 DOVER CHASE BLVD	
37 / 67 City	TOMS RIVER	
State	NJ	
Zip	08755	
38 / 68 Make	HOND	
39 / 69 Model	PIL	
40 / 70 Color	BLK	
41 / 71 Year	2006	
42 / 72 Plate No.	4MICCI	
43 / 73 State	NJ	
44 / 74 VIN	2HKYF186X6H518130	
45 / 75 Expires	02 23	
46 / 76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 / 77 Authority	☐ Owner ☐ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
48 / 78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending
49 / 79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 / 80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX	☐ USDOT ☐ None ☐ MC/MX
51 / 81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 / 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														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-019896
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
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	
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)	03/14/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1245
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Veh #	Policy No.	NJ Ins. Code	Driver's First Name	Initial	Last Name	Sex
23 Veh # 3	24 Policy No.	25 NJ Ins. Code	26 Driver's First Name: BRIANNA	J	MCMAHON	-
53 Veh #	54 Policy No.	55 NJ Ins. Code	56 Driver's First Name: -	-	-	-

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

27 Number & Street			57 Number & Street		
28 City	State	Zip	58 City	State	Zip
30 Eyes	DL Class	Restrictions	Endorsements	31 State	
60 Eyes	DL Class	Restrictions	Endorsements	61 State	
32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm yy	62 Driver's License Number	63 DOB mm dd yyyy	64 Expires mm yy
35 Owner's First Name	Initial	Last Name	65 Owner's First Name	Initial	Last Name
☐ Same As Driver			☐ Same As Driver		
36 Number & Street			66 Number & Street		
37 City	State	Zip	67 City	State	Zip

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State	68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
44 VIN				45 Expires		74 VIN				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

49 Hazardous Material — ☐ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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.

50 Carrier No. — ☐ USDOT ☐ MC/MX ☐ None

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

80 Carrier No. — ☐ USDOT ☐ MC/MX ☐ None

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

52 Motor Carrier or Government Entity | 82 Motor Carrier or Government Entity

Number & Street | Number & Street

City / State / Zip | City / State / Zip

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

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

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

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-019896

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Owner information for V1 was updated.

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

96	05
97	01
98	02
99	05
100a	01
100b	04
101	02
102	02
103	05
104	2
105	03
106	-
107	-
108	05
109	25
110	02
111	02
112	-
113	03
114	-
115	05
116	03
117	04

1 Case Number: 22-022648

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

3 Station/Precinct:

10 Crash Occurred On: CROSS ST — 11 Speed Limit: 45 — 0626 — 12 Route No. — Suffix — 13 Milepost

☒ At Intersection With — Road Name — Dir — 18 Speed Limit: 45

☐ Feet ☐ N ☐ E of: JAMES ST

☐ Miles ☐ S ☐ W — 19 Ramp ☐ To ☐ From: — 17 Cross Road Name: OC 32 — ☐ NB ☐ EB ☐ SB ☐ WB

14 15 16 — 20 Route/Name

4 Date of Crash (mm dd yy): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 0719 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.07384 — 22 Longitude: -74.24821

	23 Veh #	24 Policy No.	25 NJ Ins. Code	53 Veh #	54 Policy No.	55 NJ Ins. Code
Vehicle 1	1	2901X241902	088	2	29W1460919	276
Vehicle 2	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		

	26 Driver's First Name	Initial	Last Name	29 Sex	56 Driver's First Name	Initial	Last Name	59 Sex
Vehicle 1	MIGUEL	A	GABRIEL-ALONSO -	M	CETOUTSON	-	CADET -	M
	27 Number & Street				57 Number & Street			
	159 MAIN ST				3 DENBO DRIVE			
	28 City	State	Zip		58 City	State	Zip	
	LAKEWOOD	NJ	08701		NEPTUNE	NJ	07753	
	30 Eyes	DL Class	Restrictions	Endorsements	31 State	60 Eyes	DL Class	Restrictions	Endorsements	61 State
	2	D	-	-	NJ	2	A	-	-	NJ
	32 Driver's License Number	33 DOB (mm dd yyyy)	34 Expires (mm yy)		62 Driver's License Number	63 DOB (mm dd yyyy)	64 Expires (mm yy)	
	G00205476111812	11/18/1981	10 22		C01011200004732	04/09/1973	04 26	
	35 Owner's First Name	Initial	Last Name		65 Owner's First Name	Initial	Last Name	
	☐ Same As Driver -	-	GAGA PAINTING LL -		☐ Same As Driver -	-	WOODHAVEN LMBI -	
	36 Number & Street				66 Number & Street			
	187 E 4TH ST				200 JAMES ST			
	37 City	State	Zip		67 City	State	Zip	
	LAKEWOOD	NJ	08701		LAKEWOOD	NJ	08701	
	38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State	68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
	DODG	RAM	RD	2002	XCKY42	NJ	MACK	613	BRO	2017	AT371C	NJ
	44 VIN			45 Expires	74 VIN			75 Expires
	1D7HU18N02J169919			07 22	1M1AW07Y2HM080310			05 22
	46 Vehicle Removed To				76 Vehicle Removed To			
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded				☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
	47 Authority				77 Authority			
	☐ Owner ☒ Driver ☐ Police				☐ Owner ☐ Driver ☒ Police			
	48 Alcohol/Drug Test				78 Alcohol/Drug Test			
	Given: ☒ No ☐ Yes ☐ Refused				Given: ☒ No ☐ Yes ☐ Refused			
	Type: ☐ Breath ☐ Blood ☐ Urine				Type: ☐ Breath ☐ Blood ☐ Urine			
	Results: 0. - % ☐ Pending				Results: 0. - % ☐ Pending			
	49 Hazardous Material				79 Hazardous Material			
	☒ None ☐ On Board ☐ Spill				☒ None ☐ On Board ☐ Spill			
	Hazard Class	Placard No.			Hazard Class	Placard No.		
	50 Carrier No.				80 Carrier No.			
	☐ USDOT ☒ None				☒ USDOT 0671180 ☐ None			
	☐ MC/MX				☐ MC/MX			
	51 GVWR/GCWR				81 GVWR/GCWR			
	☒ Weight <= 10,000 lbs				☐ Weight <= 10,000 lbs			
	☐ Weight 10,001-26,000 lbs				☐ Weight 10,001-26,000 lbs			
	☐ Weight >= 26,001 lbs				☒ Weight >= 26,001 lbs			
	52 Motor Carrier or Government Entity				82 Motor Carrier or Government Entity			
					WOODHAVEN LUMBER & MILLWORK INC			
	Number & Street				Number & Street			
					200 JAMES ST			
	City	State	Zip		City	State	Zip	
					LAKEWOOD	NJ	08701	

118a	49
118b	51
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	07
123	03
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	25
129	11
130	11
131	01
132	01
133	03
134	03

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		NONE	02		NONE
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	-	40	M	-	-	-	11	04	-	-	MIGUEL A GABRIEL-ALONSO - 159 MAIN ST LAKEWOOD NJ 08701
B	02	01	01	-	48	M	-	-	-	11	04	-	-	CETOUTSON - CADET - 3 DENBO DRIVE NEPTUNE NJ 07753
C														
D														

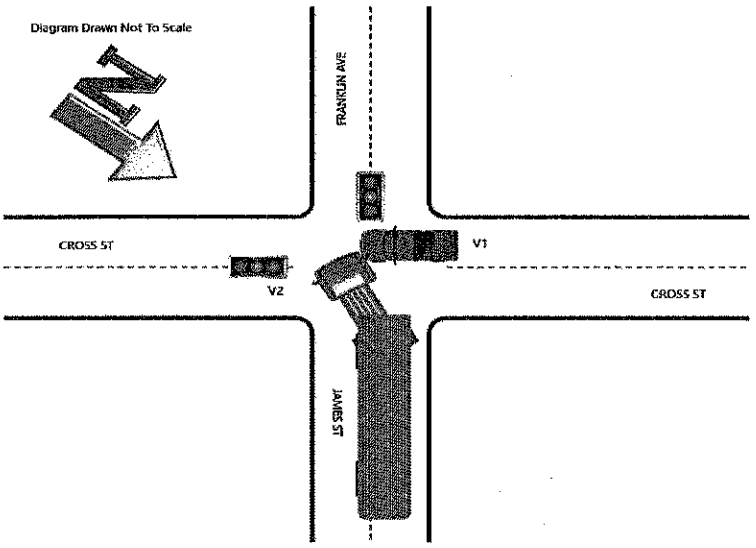
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-022648

(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

Arrived on location to find both vehicles off the roadway with the drivers out of their vehicles walking on scene. No airbag deployment was noted. Vehicle 01 was off the road in a private driveway exhibiting damage to the left front fender and a flat right front tire. Vehicle 02 was parked off the roadway on the right shoulder and exhibited damage to the right front bumper. No injuries were reported on scene.

Driver 01 stated that he was diving south on Cross Street and began stopping as he approached the intersection at James Street due to the red traffic signal. As he attempted to stop, his vehicle began to slide and as he entered the intersection, he struck Vehicle 02. It is possible that the combination of the tire going flat and the wet road surface contributed to the crash.

Driver 02 stated that he was making a left turn off James Street onto Cross Street when while in the turn, he saw Vehicle 01 sliding into the intersection. He stated that it appeared that Vehicle 01 was attempting to stop, however, he was unsuccessful.

Both vehicles remained operational however, Vehicle 01 remained on scene until the tire could be changed. Vehicle 02 was removed from the scene under its own power by the listed driver. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	PA	325	☐ 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	09
100a	01
100b	04
101	02
102	02
103	01
104	2
105	06
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	-
117	04

1 Case Number: 22-022684

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

3 Station/Precinct:

10 Crash Occurred On: 1255 STATE HWY 70 — Road Name — Dir: - — 11 Speed Limit: -

☐ At Intersection With — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: -

☐ Feet ☐ N ☐ E of: PARKING LOT

☐ 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): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1026 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.05191 — 22 Longitude: -74.18701

118a	25
118b	-
119a	29
119b	-
120a	01
120b	01
121a	01
121b	01
122	10
123	01
124	04
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	28
128	26
129	06
130	06
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F049338-7 — 25 NJ Ins. Code: 426

☒ 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: JOHN — Initial: F — Last Name: -

36 Number & Street: 509 MAGNOLIA AVE

37 City: BRIELLE — State: NJ — Zip: 08730

38 Make: FORD — 39 Model: F15 — 40 Color: RD — 41 Year: 2003 — 42 Plate No.: NHF51F — 43 State: NJ

44 VIN: 1FTRX07233KC50447 — 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.: 939750885 — 55 NJ Ins. Code: 012

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

56 Driver's First Name: ANTHONY — Initial: F — Last Name: LIPANI — 59 Sex: M

57 Number & Street: 666 PLYMOUTH DR

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

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

62 Driver's License Number: L45550536602492 — 63 DOB (mm dd yyyy): 02/08/1949 — 64 Expires (mm yy): 02 25

65 Owner's ☐ Same As Driver — First Name: ANTHONY — Initial: F — Last Name: LIPANI

66 Number & Street: 666 PLYMOUTH DR

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

68 Make: CHEV — 69 Model: IMP - IM — 70 Color: SIL — 71 Year: 2004 — 72 Plate No.: D25NEG — 73 State: NJ

74 VIN: 2G1WF55E649454848 — 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.	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	73	M	-	-	-	11	04	-	-	ANTHONY F LIPANI - 666 PLYMOUTH DR LAKEWOOD NJ 08701
B														
C														
D														

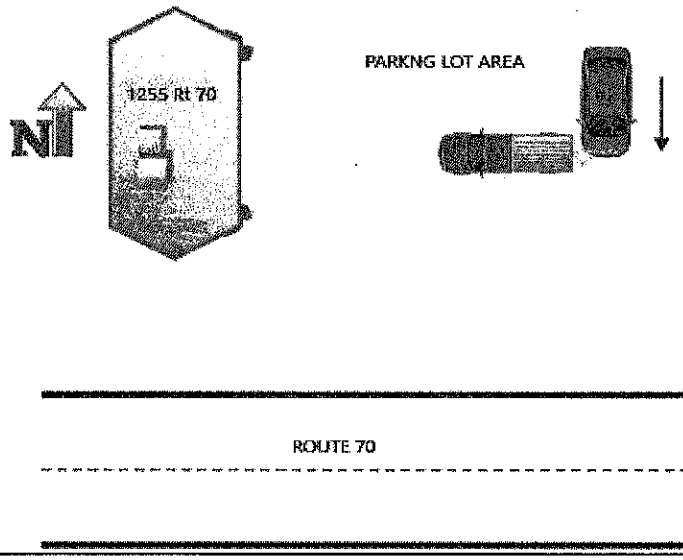
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-022684

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Witness #1 stated she was sitting in the parking lot of 1255 Rt 70 and watched Veh #2 strike the rear of Veh #1 as he was pulling forward to exit the parking lot. Driver #2 stated that he did not know he hit anything. Veh #1 was legally parked in a parking spot at the time of the crash. This officers investigation finds Driver #2 at fault for the crash.

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

96	05	118a	25
97	01	118b	-
98	01	119a	04
99	05	119b	03
100a	01	120a	01
100b	04	120b	-
101	02	121a	01
102	01	121b	-
103	01	122	01
104	3	123	01
105	03	124	04
106	-	125	08
107	-	126a	26
108	01	126b	-
109	04	126c	-
110	01	126d	-
111	01	126e	26
112	-	127a	26
113	-	127b	26
114	-	127c	-
115	-	127d	-
116	04	127e	26
117	01	128	26
		129	12
		130	12
		131	02
		132	02
		133	04
		134	04

1 Case Number: 22-022700

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.: 0526 — Suffix: - — 13 Milepost: -

☒ At Intersection With — Road Name: HEATHWOOD AVE — Dir: ☐ N ☐ E ☐ S ☐ W — 18 Speed Limit: 25

☐ Feet ☐ Miles — 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): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1150 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.10650 — 22 Longitude: -74.22374

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4344-99-74-75 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: LEAH — Initial: - — Last Name: SHAFFREN — 29 Sex: F

27 Number & Street: 12 SUSSEX PL

28 City: JACKSON — State: NJ — Zip: 08527

30 Eyes: 5 — DL Class: A — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S31404500052895 — 33 DOB (mm dd yyyy): 02/24/1989 — 34 Expires (mm yy): 02 26

35 Owner's First Name: ☒ Same As Driver LEAH — Initial: - — Last Name: SHAFFREN

36 Number & Street: 12 SUSSEX PL

37 City: JACKSON — State: NJ — Zip: 08527

38 Make: TOYT — 39 Model: SIE — 40 Color: BLK — 41 Year: 2018 — 42 Plate No.: M13NTX — 43 State: NJ

44 VIN: 5TDKZ3DC8JS907002 — 45 Expires: 08 22

46 Vehicle Removed To: YITZ'S AUTOBODY

☐ 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.: 9912636311051 — 55 NJ Ins. Code: 129

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

56 Driver's First Name: YEHOSHUA — Initial: - — Last Name: BERTRAM — 59 Sex: M

57 Number & Street: 1411 KIMBERLY DR

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

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

62 Driver's License Number: B27767890009002 — 63 DOB (mm dd yyyy): 09/04/2000 — 64 Expires (mm yy): 09 22

65 Owner's First Name: ☐ Same As Driver DUBBY — Initial: - — Last Name: POLLAK

66 Number & Street: 59 DAKOTA ST

67 City: PASSAIC — State: NJ — Zip: 07055

68 Make: NISS — 69 Model: ROG — 70 Color: SIL — 71 Year: 2018 — 72 Plate No.: R41KTV — 73 State: NJ

74 VIN: KNMAT2MV9JP601882 — 75 Expires: 12 21

76 Vehicle Removed To: TOTAL CAR CARE

☐ 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	39:4-97	A291514
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
			2	39:3-4	A291515

	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	-	33	F	-	-	-	11	11	04	-	LEAH - SHAFFREN - 12 SUSSEX PL JACKSON NJ 08527
B	1	03	01	-	13	F	-	-	-	11	11	04	-	KAYLA - POLLACK - 12 SUSSEX PL JACKSON NJ 08527
C	1	04	01	-	6	F	-	-	-	05	05	-	-	NECHAMA - POLLACK - 12 SUSSEX PL JACKSON NJ 08527
D	1	05	01	-	5	F	-	-	-	05	05	-	-	HENYA - MILLER - 12 SUSSEX PL JACKSON NJ 08527

New Jersey Police Crash Investigation Report

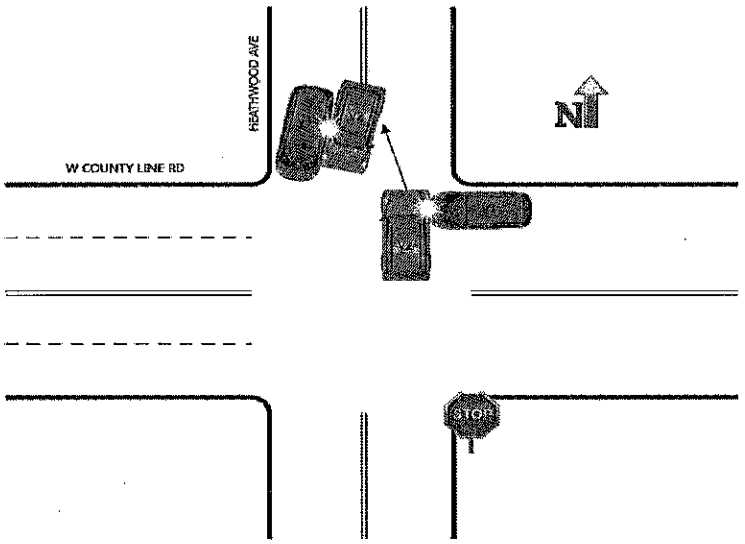
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022700

(Refer to vehicle by number)

	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E	1	06	01	-	4	M	-	-	-	05	05	-	-	RAFAEL - MILLER 12 SUSSEX PL JACKSON NJ 08527
F	1	07	01	-	6	F	-	-	-	05	05	-	-	YONINA - FOGEL 12 SUSSEX PL JACKSON NJ 08527
G	1	08	01	-	8	F	-	-	-	04	04	-	-	HINDY - FOGEL 12 SUSSEX PL JACKSON NJ 08527
H	2	01	01	03	21	M	11	08	01	11	11	02	-	YEHOSHUA - BERTRAM 1411 KIMBERLY DR LAKEWOOD NJ 08701
I	3	01	01	-	34	M	-	-	-	11	04	-	-	DANIEL - HELLER 152 HILLSIDE BLVD LAKEWOOD NJ 08701
J	3	05	01	-	6	F	-	-	-	05	05	-	-	BAILA - HELLER 152 HILLSIDE BLVD LAKEWOOD NJ 08701

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING WEST ON W COUNTY LINE RD APPROACHING HEATHWOOD AVE. VEHICLE 2 WAS TRAVELING NORTH ON HEATHWOOD AVE APPROACHING W COUNTY LINE RD. VEHICLE 3 WAS STOPPED AT THE STOP SIGN ON HEATHWOOD AVE AT W COUNTY LINE RD, SOUTHBOUND.

DRIVER 1 STATED THAT VEHICLE 2 PULLED OUT IN FRONT OF HER VEHICLE.

DRIVER 2 STATED THAT HE STOPPED AT THE STOP SIGN AND WHEN TRAFFIC STOPPED TO LET HIM THROUGH, HE ATTEMPTED TO GO STRAIGHT ACROSS THE INTERSECTION. HE STATED THAT VEHICLE 1 THEN CAME SPEEDING INTO HIS VEHICLE.

DRIVER 3 STATED THAT HE WAS WAITING AT THE STOP SIGN WHEN VEHICLE 3 SPUN INTO HIS VEHICLE AFTER THE INTIAL CRASH.

IT APPEARS THAT DRIVER 2 FAILED TO YIELD TO VEHICLE 1 AND CAUSED THE CRASH. VEHICLE 2 THEN SPUN INTO VEHICLE 3. DRIVER 2 IS AT FAULT FOR THE CRASH.

DRIVER 2 WAS ISSUED A SUMMONS FOR CARELESS DRIVING AND UNREGISTERED VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	PA	325	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ 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	01	103	01
104	3	105	03	106	-
107	-	108	01	109	-
110	01	111	-	112	-
113	-	114	-	115	-
116	03	117	-		

1 Case Number: 22-022700

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1150

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: W COUNTY LINE RD — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles (14 / 15) ☐ N ☐ E ☐ S ☐ W of: HEATHWOOD AVE

11 Speed Limit: 45

12 Route No.: 0526 — **Suffix:** - — **13 Milepost:** -

18 Speed Limit: 25

19 Ramp: ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name: -

21 Latitude: 40.10650 — **22 Longitude:** -74.22374

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

23 Veh #: 3 — **24 Policy No.:** 4322-57-08-31 — **25 NJ Ins. Code:** 148

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

26 Driver's First Name: DANIEL — Initial: - — Last Name: HELLER — **29 Sex:** M

27 Number & Street: 152 HILLSIDE BLVD

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

30 Eyes: 6 — **DL Class:** D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: H23951530010876

33 DOB (mm dd yyyy): 10/17/1987

34 Expires (mm yy): 10 25

35 Owner's First Name: ALIZA — Initial: - — Last Name: HELLER

☐ Same As Driver

36 Number & Street: 152 HILLSIDE BLVD

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

38 Make: TOYT — **39 Model:** SIE — **40 Color:** BLK — **41 Year:** 2015 — **42 Plate No.:** Y42MYS — **43 State:** NJ

44 VIN: 5TDKK3DC5FS608515

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:

56 Driver's First Name: - — Initial: - — Last Name: - — **59 Sex:** -

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — **DL Class:** - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: - — Initial: - — Last Name: -

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

68 Make: - — **69 Model:** - — **70 Color:** - — **71 Year:** - — **72 Plate No.:** - — **73 State:** -

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

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

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

PAGE 1 OF 3 ☐ 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	01
103	01
104	3
105	03
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-022700

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 | 0526 (12 Route No.) - (Suffix) - (13 Milepost)

☒ At Intersection With HEATHWOOD AVE (Road Name) ☐ N ☐ E of: (Dir)

☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W

14: - 15: 16:

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - 17 Cross Road Name: - 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 03/25/22 | 5 Day Of Week: FRIDAY | 6 Time (use 2400 hrs): 1150 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1

21 Latitude: 40.10650 | 22 Longitude: -74.22374

118a	25
118b	-
119a	04
119b	03
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	26
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	02
132	02
133	04
134	04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 4344-99-74-75 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: LEAH | Initial: - | Last Name: SHAFFREN - | 29 Sex: F

27 Number & Street: 12 SUSSEX PL

28 City: JACKSON | State: NJ | Zip: 08527

30 Eyes: 5 | DL Class: A | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: S31404500052895 | 33 DOB (mm dd yyyy): 02/24/1989 | 34 Expires (mm yy): 02 26

35 Owner's: ☒ Same As Driver | First Name: LEAH | Initial: - | Last Name: SHAFFREN -

36 Number & Street: 12 SUSSEX PL

37 City: JACKSON | State: NJ | Zip: 08527

38 Make: TOYT | 39 Model: SIE | 40 Color: BLK | 41 Year: 2018 | 42 Plate No.: M13NTX | 43 State: NJ

44 VIN: 5TDKZ3DC8JS907002 | 45 Expires: 08 22

46 Vehicle Removed To: YITZ'S AUTOBODY

☐ 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.: 9912636311051 | 55 NJ Ins. Code: 129

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

56 Driver's First Name: YEHOSHUA | Initial: - | Last Name: BERTRAM - | 59 Sex: M

57 Number & Street: 1411 KIMBERLY DR

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

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

62 Driver's License Number: B27767890009002 | 63 DOB (mm dd yyyy): 09/04/2000 | 64 Expires (mm yy): 09 22

65 Owner's: ☐ Same As Driver | First Name: DUBBY | Initial: - | Last Name: POLLAK -

66 Number & Street: 59 DAKOTA ST

67 City: PASSAIC | State: NJ | Zip: 07055

68 Make: NISS | 69 Model: ROG | 70 Color: SIL | 71 Year: 2018 | 72 Plate No.: R41KTV | 73 State: NJ

74 VIN: KNMAT2MV9JP601882 | 75 Expires: 12 21

76 Vehicle Removed To: TOTAL CAR CARE

☐ 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	39:4-97	A291514
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
			2	39:3-4	A291515

	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	-	33	F	-	-	-	11	11	04	-	LEAH - SHAFFREN - 12 SUSSEX PL JACKSON NJ 08527
B	1	03	01	-	13	F	-	-	-	11	11	04	-	KAYLA - POLLACK - 12 SUSSEX PL JACKSON NJ 08527
C	1	04	01	-	6	F	-	-	-	05	05	-	-	NECHAMA - POLLACK - 12 SUSSEX PL JACKSON NJ 08527
D	1	05	01	-	5	F	-	-	-	05	05	-	-	HENYA - MILLER - 12 SUSSEX PL JACKSON NJ 08527

New Jersey Police Crash Investigation Report

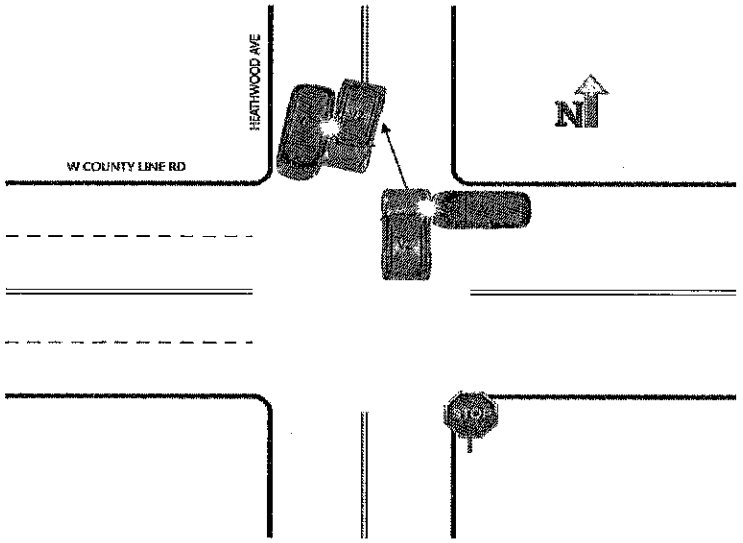
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022700

(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	1	06	01	-	4	M	-	-	-	05	05	-	-	RAFAEL - MILLER - 12 SUSSEX PL JACKSON NJ 08527
F	1	07	01	-	6	F	-	-	-	05	05	-	-	YONINA - FOGEL - 12 SUSSEX PL JACKSON NJ 08527
G	1	08	01	-	8	F	-	-	-	04	04	-	-	HINDY - FOGEL - 12 SUSSEX PL JACKSON NJ 08527
H	2	01	01	03	21	M	11	08	01	11	11	02	-	YEHOSHUA - BERTRAM - 1411 KIMBERLY DR LAKEWOOD NJ 08701
I	3	01	01	-	34	M	-	-	-	11	04	-	-	DANIEL - HELLER - 152 HILLSIDE BLVD LAKEWOOD NJ 08701
J	3	05	01	-	6	F	-	-	-	05	05	-	-	BAILA - HELLER - 152 HILLSIDE BLVD LAKEWOOD NJ 08701

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 WAS TRAVELING WEST ON W COUNTY LINE RD APPROACHING HEATHWOOD AVE. VEHICLE 2 WAS TRAVELING NORTH ON HEATHWOOD AVE APPROACHING W COUNTY LINE RD. VEHICLE 3 WAS STOPPED AT THE STOP SIGN ON HEATHWOOD AVE AT W COUNTY LINE RD, SOUTHBOUND.

DRIVER 1 STATED THAT VEHICLE 2 PULLED OUT IN FRONT OF HER VEHICLE.

DRIVER 2 STATED THAT HE STOPPED AT THE STOP SIGN AND WHEN TRAFFIC STOPPED TO LET HIM THROUGH, HE ATTEMPTED TO GO STRAIGHT ACROSS THE INTERSECTION. HE STATED THAT VEHICLE 1 THEN CAME SPEEDING INTO HIS VEHICLE.

DRIVER 3 STATED THAT HE WAS WAITING AT THE STOP SIGN WHEN VEHICLE 3 SPUN INTO HIS VEHICLE AFTER THE INTIAL CRASH.

IT APPEARS THAT DRIVER 2 FAILED TO YIELD TO VEHICLE 1 AND CAUSED THE CRASH. VEHICLE 2 THEN SPUN INTO VEHICLE 3. DRIVER 2 IS AT FAULT FOR THE CRASH.

DRIVER 2 WAS ISSUED A SUMMONS FOR CARELESS DRIVING AND UNREGISTERED VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	PA	325	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ 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	01
103	01
104	3
105	03
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 22-022700

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

3 Station/Precinct: -

10 Crash Occurred On: W COUNTY LINE RD — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles (14, 15) ☐ N ☐ E ☐ S ☐ W (16) of: HEATHWOOD AVE

11 Speed Limit: 45

12 Route No.: 0526 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

17 Cross Road Name: -

19 Ramp ☐ To ☐ From

20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.10650 — 22 Longitude: -74.22374

4 Date of Crash (mm dd yy): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1150 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

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

Vehicle 3

23 Veh #: 3 — 24 Policy No.: 4322-57-08-31 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: DANIEL — Initial: - — Last Name: HELLER — 29 Sex: M

27 Number & Street: 152 HILLSIDE BLVD

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H23951530010876 — 33 DOB (mm dd yyyy): 10/17/1987 — 34 Expires (mm yy): 10 25

35 Owner's First Name: ALIZA — Initial: - — Last Name: HELLER

☐ Same As Driver

36 Number & Street: 152 HILLSIDE BLVD

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

38 Make: TOYT — 39 Model: SIE — 40 Color: BLK — 41 Year: 2015 — 42 Plate No.: Y42MYS — 43 State: NJ

44 VIN: 5TDKK3DC5FS608515 — 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 4

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														

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-022709
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	03/25/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1228
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	PINE ST
		Road Name	-
		11 Speed Limit	35
		Dir	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	25
		☐ At Intersection With	
		☒ Feet / ☐ Miles	20
		☐ N ☒ E / ☐ S ☐ W	
		of:	MARC DR
		19 Ramp ☐ To / ☐ From:	-
		17 Cross Road Name	-
		☐ NB ☐ EB / ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.07690
		22 Longitude	-74.20999

118a	25	118b	-	119a	09
119b	-	120a	01	120b	-
121a	01	121b	-	122	07
123	07	124	04	125	04
126a	26	126b	-	126c	-
126d	-	126e	26	127a	26
127b	-	127c	-	127d	-
127e	26	128	26	129	06
130	17	131	12	132	17
133	01	134	01		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	PAAC21368
		25 NJ Ins. Code	168
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ALEXIS
		Initial	D
		Last Name	VAISELBERG -
		29 Sex	F
103	01	27 Number & Street	26 SANZ TOWN RD
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	6
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	NY
105	01	32 Driver's License Number	380599825
		33 DOB (mm dd yyyy)	11/05/1995
		34 Expires (mm yy)	11 29
106	-	35 Owner's First Name	BENJAMIN
		Initial	-
		Last Name	LEVIN -
		☐ Same As Driver	
107	-	36 Number & Street	32 HIGH ST
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	AVA
		40 Color	GRY
		41 Year	2013
		42 Plate No.	W53GVB
		43 State	NJ
110	01	44 VIN	4T1BK1EB8DU030649
		45 Expires	06 22
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	02		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			-
		Hazard Class	-
		Placard No.	
117	02	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.	4628037022
		55 NJ Ins. Code	148
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CHAIM	Initial	-
		Last Name	ZUCKER -
		59 Sex	M
57 Number & Street	25 SYLVAN CT		
58 City	LAKEWOOD	State	NJ
		Zip	08701
60 Eyes	4	DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
62 Driver's License Number	Z90601200003984	63 DOB (mm dd yyyy)	03/13/1998
		64 Expires (mm yy)	03 23
65 Owner's First Name	CHAIM	Initial	-
		Last Name	ZUCKER -
		☒ Same As Driver	
66 Number & Street	25 SYLVAN CT		
67 City	LAKEWOOD	State	NJ
		Zip	08701
68 Make	TOYT	69 Model	CAM
		70 Color	BLK
		71 Year	2011
		72 Plate No.	R24NBX
		73 State	NJ
74 VIN	4T4BF3EK8BR148168	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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	26	F	01	08	01	11	04	-	-	ALEXIS D VAISELBERG - 26 SANZ TOWN RD LAKEWOOD NJ 08701
B	02	04	01	05	01	F	-	-	-	05	05	-	-	TOBY - LEVIN - 32 HIGH ST LAKEWOOD NJ 08701
C	02	01	01	05	24	M	-	-	-	11	04	-	-	CHAIM - ZUCKER - 25 SYLVAN CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-022709

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

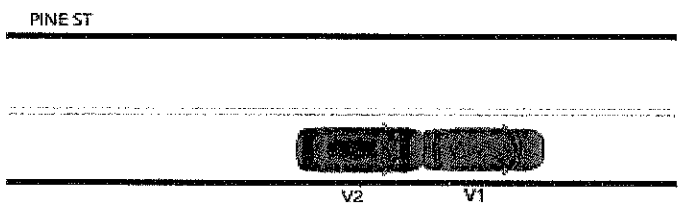


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver 1, Alexis Vaiselberg was operating a 2013 Toyota Avalon, NJ W53-GVB. Ms. Vaiselberg stated she was slowing in traffic traveling east on Pine Street when the rear of her vehicle was struck by the front of the vehicle traveling behind her.

Driver 2, Chaim Zucker was operating a 2011 Toyota Camry, NJ R24-NBX. Mr. Zucker stated he was slowing in traffic traveling east on Pine Street behind vehicle 1 when the front of his vehicle struck the rear of vehicle 1.

Driver 2 was determined to be at fault for following too closely. End of report.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95	05	1 Case Number	22-022739
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	03/25/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1506
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	8TH ST
		Road Name	
		Dir	-
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		☐ At Intersection With	
		☒ Feet / ☐ Miles	5 (14 / 15)
		☐ N ☒ E / ☐ S ☐ W	
		of:	MADISON AVE
		18 Speed Limit	40
		19 Ramp ☐ To / ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB / ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.097770
		22 Longitude	-74.217780
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	06		
123	01		
124	08		
125	-		
126a	21		
126b	-		
126c	-		
126d	-		
126e	21		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	21		
129	11		
130	11		
131	09		
132	09		
133	02		
134	02		

100b	04	23 Veh #	1
101	02	24 Policy No.	BA 6315BJ
		25 NJ Ins. Code	153
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	FELICSHA
		Initial	N
		Last Name	REID
		29 Sex	F
103	01	27 Number & Street	80 NEPTUNE AVE
104	1	28 City	NEPTUNE CITY
		State	NJ
		Zip	07753
		30 Eyes	02
		DL Class	B
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	14	32 Driver's License Number	R22562597553782
		33 DOB (mm dd yyyy)	03/30/1978
		34 Expires (mm yy)	03 24
106	-	35 Owner's ☐ Same As Driver	-
		First Name	-
		Initial	-
		Last Name	SEMAN-TOV
107	-	36 Number & Street	10 TRUAX ST
108	31	37 City	ELBERON
		State	NJ
		Zip	07740
109	13	38 Make	LINC
		39 Model	CHE
		40 Color	YEL
		41 Year	2016
		42 Plate No.	F275S1
		43 State	NJ
110	02	44 VIN	1GB3G3BG0F1108095
		45 Expires	08 22
111	01	46 Vehicle Removed To	
112	09	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	02	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	04		Results: 0.- % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	03	50 Carrier No.	☒ USDOT 1149194 ☐ 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	

53 Veh #	B1		
54 Policy No.			
55 NJ Ins. Code			
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	MALGORZAT		
Initial	-		
Last Name	BROWARSKA		
59 Sex	F		
57 Number & Street	1717 LEXINGTON AVE		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	-		
DL Class	-		
Restrictions	-		
Endorsements	-		
61 State	-		
62 Driver's License Number	-		
63 DOB (mm dd yyyy)	02/28/1960		
64 Expires (mm yy)	- -		
65 Owner's ☐ Same As Driver	MALGORZAT		
First Name	-		
Initial	-		
Last Name	BROWARSKA		
66 Number & Street	1717 LEXINGTON AVE		
67 City	LAKEWOOD		
State	NJ		
Zip	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 ☐ 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.

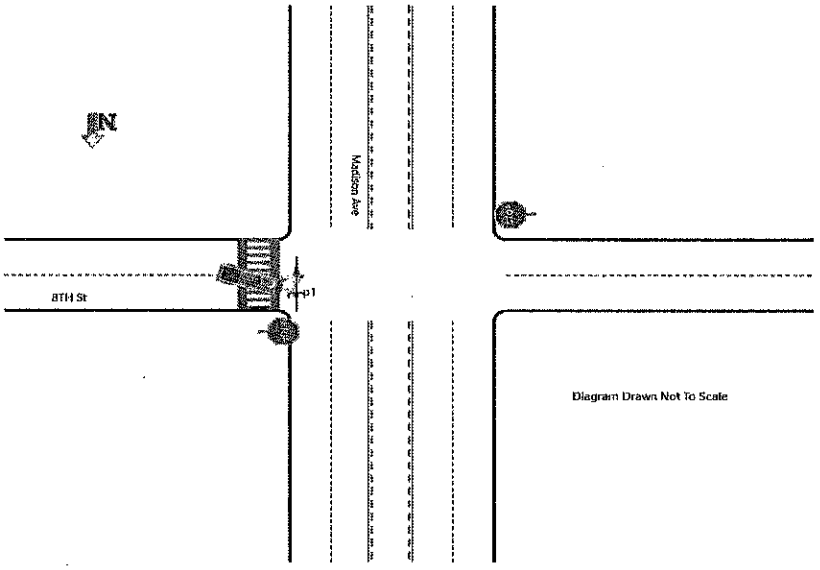
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	43	F	-	-	-	11	04	-	-	FELICSHA N REID - 80 NEPTUNE AVE NEPTUNE CITY NJ 07753
B	01	12	01	05	51	M	-	-	-	04	04	-	-	TANE - PINES - 1308 9TH AVE NEPTUNE NJ 07753
C	P1	-	-	02	62	F	01	05	02	01	01	-	6502	MALGORZAT - BROWARSKA - 1717 LEXINGTON AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: _____ Case No: 22-022739

(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 one stated that she was stopped at the stop sign on 8th St. While stopped and waiting for traffic to clear, she looked left, looked right, and back left. After checking the area she proceeded forward attempting to make a right turn. Once she started moving forward she heard a thud and noticed that she had hit a pedalcyclist.

The occupant of the bicycle stated that she had noticed that the bus was stopped at the stop looking for traffic. She decided that she would proceed around the bus since the bus was currently at a stop. The pedalcyclist advised that she was on the side walk riding south then proceeded around the front of the bus. Once in front of the bus she was struck.

Medical attention was needed. B1 had an abrasion to the rear of her head. She will need stitches.

Vehicle 1 nor bike sustained major damage. The damage was very minor to both.

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

95	05	1 Case Number	22-022741
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	--
99	09	4 Date of Crash (mm dd yy)	03/25/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1517
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	951 MADISON AVE
		Road Name	-
		Dir	--
		11 Speed Limit	-
		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	
		20 Route/Name	
		21 Latitude	40.099490
		22 Longitude	-74.217690
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	25		
118b	-		
119a	02		
119b	-		
120a	-		
120b	-		
121a	01		
121b	01		
122	10		
123	01		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	-		
127c	-		
127d	-		
127e	28		
128	26		
129	07		
130	07		
131	04		
132	04		
133	03		
134	03		

100b	04	23 Veh #	1
		24 Policy No.	939 879 382
		25 NJ Ins. Code	054
		☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	-
		Initial	-
		Last Name	-
		29 Sex	-
102	01	27 Number & Street	-
103	01	28 City	-
		State	-
		Zip	-
104	2	30 Eyes	-
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	-
105	06	32 Driver's License Number	-
		33 DOB (mm dd yyyy)	-
		34 Expires (mm yy)	- -
106	-	35 Owner's First Name	☐ Same As Driver ISRAEL
		Initial	-
		Last Name	COHEN -
107	-	36 Number & Street	20 KINGSFIELD DR
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	HYUN
		39 Model	SON
		40 Color	GRY
		41 Year	2021
		42 Plate No.	K43PAG
		43 State	NJ
110	01	44 VIN	KMHL64JAXMA148677
		45 Expires	08 24
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	01	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	

53 Veh #	2		
54 Policy No.	6089-50-09-50		
55 NJ Ins. Code	100		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	OMAR		
Initial	-		
Last Name	MARIN-RAMIREZ -		
59 Sex	M		
57 Number & Street	159 COVENTRY DR		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	M05946050005002		
63 DOB (mm dd yyyy)	05/20/2000		
64 Expires (mm yy)	05 22		
65 Owner's First Name	☐ Same As Driver OMAR		
Initial	-		
Last Name	MARIN-RAMIREZ -		
66 Number & Street	159 COVENTRY DR		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	NISS		
69 Model	MAX		
70 Color	BLK		
71 Year	2009		
72 Plate No.	U42PJS		
73 State	NJ		
74 VIN	1N4AA51E69C847275		
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.

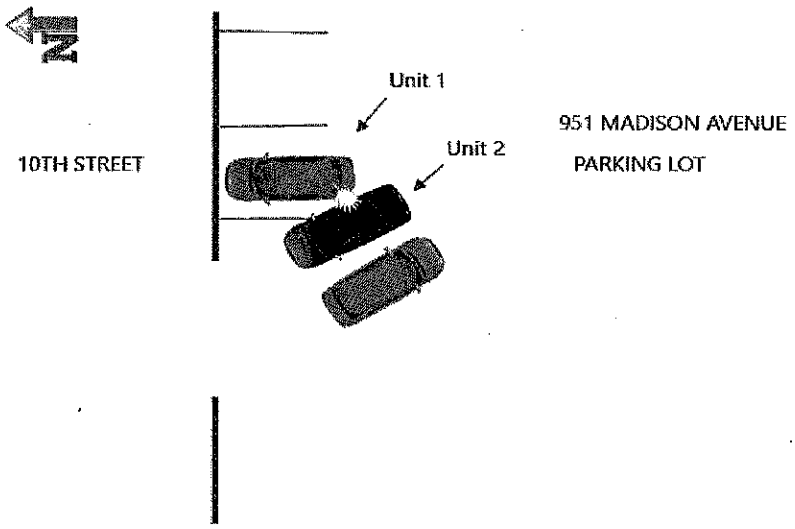
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	-	-	-	-	-	-	-	-	-	-	-	-	----------
B	2	01	01	05	21	M	-	-	-	11	04	-	-	OMAR - MARIN-RAMIREZ - 159 COVENTRY DR LAKEWOOD NJ 08701
C	2	03	01	05	18	M	-	-	-	11	04	-	-	SAUL - MARIN - 159 COVENTRY DR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: -- Case No: 22-022741

(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 #2 STATED THAT HE WAS ATTEMPTING TO EXIT FROM THE PARKING LOT OF 951 MADISON AVENUE AND STRUCK VEHICLE #1 WHICH WAS PARKED IN A PARKING SPACE. DRIVER #2 ALSO STATED THAT HE WAS ATTEMPTING TO SQUEEZE BETWEEN VEHICLE #1 AND A VEHICLE WHICH WAS PULLING INTO THE PARKING LOT. VEHICLE #1 SUSTAINED DAMAGE ON THE REAR LEFT CORNER. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	KCM	335	☐ 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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-022757

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

3 Station/Precinct: -

10 Crash Occurred On: MONMOUTH AVENUE (Road Name) - (Dir) — 11 Speed Limit: 35 — 12 Route No. - — Suffix - — 13 Milepost -

☒ At Intersection With — ☐ Feet — ☐ Miles — 14: - — 15: ☐ N ☐ E ☐ S ☐ W — 16: of: 10TH STREET

18 Speed Limit: 15

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 03/25/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1621 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.100470 — 22 Longitude: -74.211690

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
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.: HPA00002716460 — 25 NJ Ins. Code: 017

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

26 Driver's First Name: ZISSEL — Initial: C — Last Name: EISNER - — 29 Sex: F

27 Number & Street: 175 9TH ST; 4

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: E46677966359992 — 33 DOB (mm dd yyyy): 09/15/1999 — 34 Expires (mm yy): 09 23

35 Owner's First Name: ☐ Same As Driver YESHAYA — Initial: - — Last Name: EISNER -

36 Number & Street: 633 5TH ST

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

38 Make: HOND — 39 Model: ACC — 40 Color: SIL — 41 Year: 2008 — 42 Plate No.: X49NDD — 43 State: NJ

44 VIN: 1HGCP36898A006328 — 45 Expires: 02 23

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4540445279 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: MARIANA — Initial: V — Last Name: CISNEROS-SANCHEZ - — 59 Sex: F

57 Number & Street: 104 FAIRWAY DR

58 City: TOMS RIVER — State: NJ — Zip: 08757

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C46675198551032 — 63 DOB (mm dd yyyy): 01/03/2003 — 64 Expires (mm yy): 01 24

65 Owner's First Name: ☐ Same As Driver SOFIA — Initial: - — Last Name: SANCHEZFLORES -

66 Number & Street: 104 FAIRWAY DR

67 City: TOMS RIVER — State: NJ — Zip: 08757

68 Make: TOYT — 69 Model: COR — 70 Color: BLK — 71 Year: 2017 — 72 Plate No.: J75MVE — 73 State: NJ

74 VIN: 2T1BURHE1HC918228 — 75 Expires: 06 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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	F	-	-	-	11	04	-	-	ZISSEL C EISNER - 175 9TH ST; 4 LAKEWOOD NJ 08701
B	02	01	01	05	19	F	-	-	-	11	04	-	-	MARIANA V CISNEROS-SANCHEZ - 104 FAIRWAY DR TOMS RIVER NJ 08757
C														
D														

New Jersey Police Crash Investigation Report

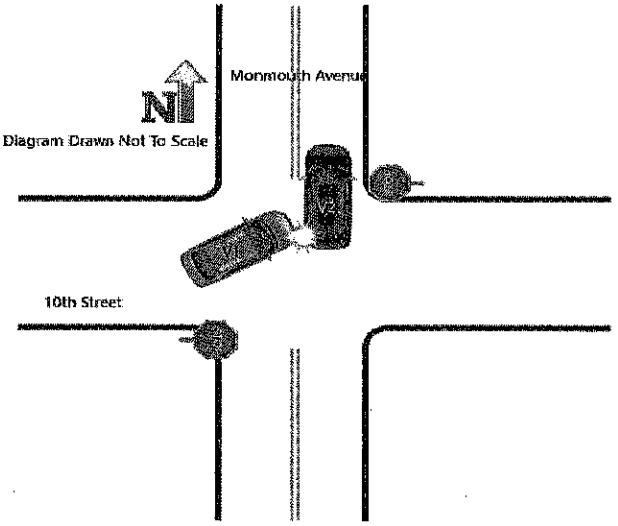
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022757

(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 made a left turn from 10th Street onto Monmouth avenue. Stopped for a vehicle pulling out of a driveway on Monmouth and then crashed into vehicle 2. She was unsure where vehicle 2 came from and stated it must have passed her either on the left or on the right. Vehicle 1 sustained damage to the passenger side front bumper.

Driver 2 stated she was driving north on Monmouth avenue passing through the intersection of 10th St. She saw vehicle 1 stopped at the stop sign on 10th Street. As she crossed the intersection vehicle 1 pulled out and crashed into the driver side rear of her vehicle. Vehicle 2 sustained damage to the driver side rear fender area as well as the rear bumper being knocked loose.

Based on an investigation which located a small amount of debris from both vehicles in the intersection of Monmouth Avenue and 10th Street. I find vehicle 1 to be at fault for this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-023035
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	03/26/22
100a	01	5 Day Of Week	SATURDAY
		6 Time (use 2400 hrs)	1710
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1133 COUNTY LINE RD
		11 Speed Limit	
		12 Route No.	
		13 Milepost	
		14 Feet / 15 Miles	
		16 N E S ☒ W	
		17 Cross Road Name	
		18 Speed Limit	
		19 Ramp To / From	
		20 Route/Name	
		21 Latitude	40.104450
		22 Longitude	-74.174930

118a	10	118b	-
119a	13	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	28	129	07
130	07	131	07
132	07	133	02
134	02		

☐ At Intersection With Road Name Dir Suffix

☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	1	24 Policy No.	F165616-4
		25 NJ Ins. Code	426	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	GREGORY	Initial	E
		Last Name	RHEDRICK	29 Sex	M
102	01	27 Number & Street	14 PLYMOUTH WAY		
103	01	28 City	BARNEGAT	State	NJ
		Zip	08005		
104	2	30 Eyes	02	DL Class	D
		Restrictions	-	Endorsements	-
		31 State	NJ		
105	06	32 Driver's License Number	R32953026511472	33 DOB (mm dd yyyy)	11/21/1947
		34 Expires (mm yy)	11 22		
106	-	35 Owner's ☐ Same As Driver	GREGORY	Initial	E
		Last Name	RHEDRICK		
107	-	36 Number & Street	14 PLYMOUTH WAY		
108	04	37 City	BARNEGAT	State	NJ
		Zip	08005		
109	01	38 Make	HOND	39 Model	CRV
		40 Color	BLK	41 Year	2021
		42 Plate No.	R90NKG	43 State	NJ
110	01	44 VIN	2HKRW2H89MH603128	45 Expires	02 24
111	01	46 Vehicle Removed To			
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police		
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
115	-	Type: ☐ Breath ☐ Blood ☐ Urine			
116	01	Results: 0.- % ☐ Pending			
117	04	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	-		

53 Veh #	2	54 Policy No.	907686813
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 ☐ Same As Driver	MARSHARIK	Initial	U
Last Name	CARTER		
66 Number & Street	269 PRINCE STREET		
67 City	NEWARK	State	NJ
Zip	07108		
68 Make	TOYT	69 Model	CAM
70 Color	SIL	71 Year	2020
72 Plate No.	K87MTU	73 State	NJ
74 VIN	4T1G11BK7LU008122	75 Expires	09 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			
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	-		

☐ 49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

☐ 79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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	74	M	-	-	-	11	04	-	-	GREGORY E RHEDRICK - 14 PLYMOUTH WAY BARNEGAT NJ 08005
B	02	01	01	05	32	F	-	-	-	11	04	-	-	MARSHARIK U CARTER - 269 PRINCE STREET NEWARK NJ 07108
C	02	03	01	05	36	M	-	-	-	11	04	-	-	NIRELL A LOGAN - 46 MCKINLEY ST TRENTON NJ 08609
D														

New Jersey Police Crash Investigation Report

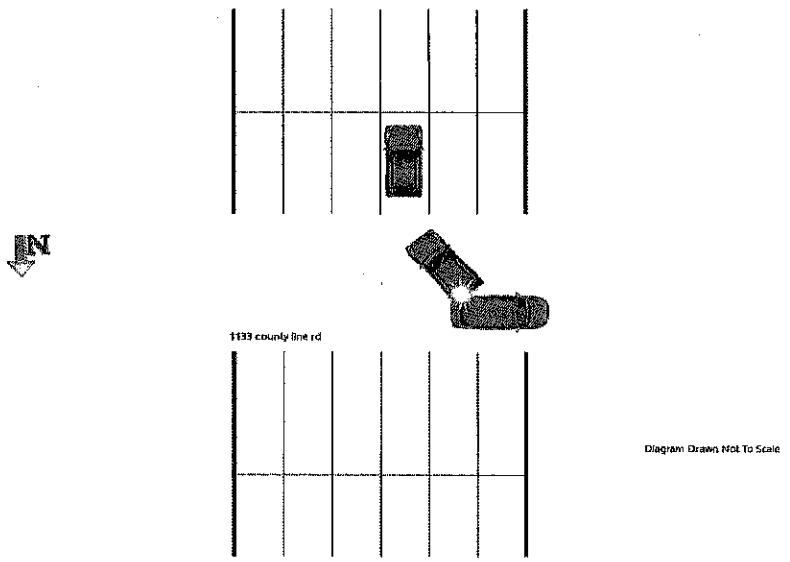
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023035

(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 1 stated that he was sitting in his parked vehicle for about five to ten minutes before backing out of the parking space. He continued to state that he started to back up and did not notice veh2 behind him. As a result he crashed into the rear of vehicle2.

The driver of vehicle 2 stated that she just finished singing for a funeral service. The band and herself were parting ways saying their finally goodbyes. The owner of veh2 stated that her vehicle was parked in the parking lot while saying her goodbyes. Once back inside the vehicle, and before being able to drive away, veh1 backed into the rear of veh2.

No medical attention needed.

Both vehicles sustained minor rear end damage.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	06
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	09
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	04

1 Case Number: 22-023121

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/27/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 0103

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CEDAR COURT

☒ At Intersection With — Road Name: WILLIAMS STREET — Dir:

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 25

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: 40.07174

22 Longitude: -74.22192

118a	08
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	07
124	11
125	08
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	03
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: AOJ2318614554010

25 NJ Ins. Code: 183

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

26 Driver's First Name: SUSAN — Initial: - — Last Name: SEMAH — 29 Sex: F

27 Number & Street: 164 CHATEAU DR

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

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: S24447270052032

33 DOB (mm dd yyyy): 02/25/2003

34 Expires (mm yy): 02 25

35 Owner's ☐ Same As Driver — First Name: ISAAC — Initial: - — Last Name: SEMAH

36 Number & Street: 98 FLINTLOCK DR

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

38 Make: TOYT — 39 Model: HIG — 40 Color: BLK — 41 Year: 2019 — 42 Plate No.: K23MDL — 43 State: NJ

44 VIN: 5TDBZRFH1KS717569

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.: 939842773

55 NJ Ins. Code: 054

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

56 Driver's First Name: RIVKA — Initial: - — Last Name: FIDDLE — 59 Sex: F

57 Number & Street: 60 W SPRUCE ST

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: F41266580058012

63 DOB (mm dd yyyy): 08/28/2001

64 Expires (mm yy): 08 23

65 Owner's ☐ Same As Driver — First Name: GAVRIEL — Initial: Y — Last Name: FIDDLE

66 Number & Street: 60 WEST SPRUCE

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

68 Make: TOYT — 69 Model: SIE — 70 Color: BLK — 71 Year: 2017 — 72 Plate No.: K54MDU — 73 State: NJ

74 VIN: 5TDKZ3DC1HS792883

75 Expires: 02 23

76 Vehicle Removed To: PRIVATE TOWING — ☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	19	F	-	-	-	11	04	-	-	SUSAN - SEMAH - 164 CHATEAU DR LAKEWOOD NJ 08701
B	V2	01	01	05	20	F	-	-	-	11	04	-	-	RIVKA - FIDDLE - 60 W SPRUCE ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

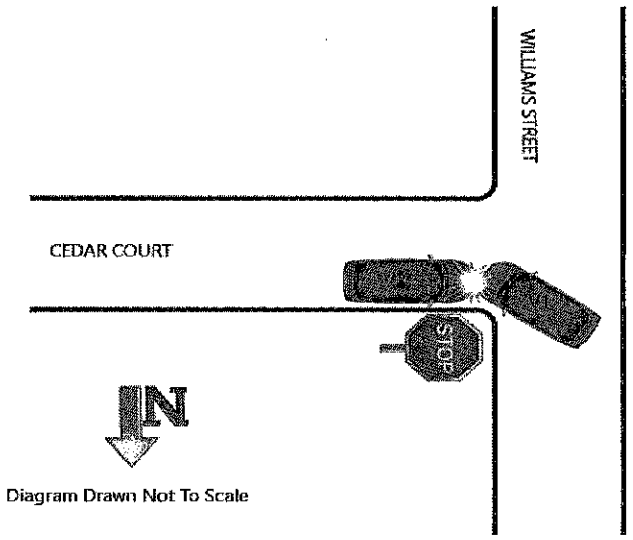
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023121

(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 2 stated she was traveling West on Cedar Court, slowing down for the stop sign at the intersection of Cedar and Williams Street. While vehicle 2 was coming to a complete stop, vehicle 1 turned left onto Cedar Court from Williams Street and struck the front end of vehicle 2.

The driver of vehicle 1 stated she was traveling South on Williams Street and turning left onto Cedar Court. The driver of vehicle 1 stated she did not see vehicle 2 stopped at the stop sign as she was turning, resulting in a crash.

Upon my investigation I determined vehicle 1 at fault for improper turning.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-023191
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy)	03/27/22
		5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	0829
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	PARK AVE
		☒ At Intersection With	Road Name: LEONARD ST
		Dir	
		☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
		11 Speed Limit	45
		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	40.10315
		22 Longitude	-74.20218
118a	25		
118b	-		
119a	02		
119b	06		
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	11		
130	11		
131	02		
132	02		
133	03		
134	03		

100b	04	23 Veh #	1	24 Policy No.	PAA80002125615	25 NJ Ins. Code	963	53 Veh #	2
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	PATRICIA	Initial	-	Last Name	GONZALEZ -	29 Sex	F
103	01	27 Number & Street	232 DELAWARE TRAIL						
104	2	28 City	JACKSON	State	NJ	Zip	08527		
		30 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-
		31 State	NJ						
105	02	32 Driver's License Number	G64596170060712	33 DOB (mm dd yyyy)	10/24/1971	34 Expires mm	10	yy	24
106	-	35 Owner's ☐ Same As Driver	PATRICIA	Initial	-	Last Name	GONZALEZ -		
107	-	36 Number & Street	232 DELAWARE TRAIL						
108	01	37 City	JACKSON	State	NJ	Zip	08527		
109	01	38 Make	CHEV	39 Model	EQU	40 Color	SIL	41 Year	2010
		42 Plate No.	S45LYB	43 State	NJ				
110	01	44 VIN	2CNALBEW8A6414586	45 Expires	10	22			
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						
112	-								
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police						
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused						
115	-		Type: ☐ Breath ☐ Blood ☐ Urine						
116	03		Results: 0. - % ☐ Pending						
117	03	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					
		135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No						
		Oper.	136 Charge	137 Summons. No.					
		Oper.	140 Charge	141 Summons. No.					

101	02	54 Policy No.	6046443802061	55 NJ Ins. Code	884				
102	01	56 Driver's First Name	HILLEL	Initial	-	Last Name	STERN -	59 Sex	M
103	01	57 Number & Street	2157 57TH ST APT 3						
104	2	58 City	BROOKLYN	State	NY	Zip	11204		
		60 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-
		61 State	NY						
105	02	62 Driver's License Number	817361075	63 DOB (mm dd yyyy)	01/02/2002	64 Expires mm	01	yy	26
106	-	65 Owner's ☐ Same As Driver	ABRAHAM	Initial	-	Last Name	BRACH -		
107	-	66 Number & Street	251 BRY AVE						
108	01	67 City	HOWELL	State	NJ	Zip	07731		
109	01	68 Make	TOYT	69 Model	HGH	70 Color	GRY	71 Year	2020
		72 Plate No.	W42MUA	73 State	NJ				
110	01	74 VIN	5TDHZRBH5LS005910	75 Expires	08	24			
111	01	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						
112	-								
113	-	77 Authority	☐ Owner ☒ Driver ☐ Police						
114	-	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused						
115	-		Type: ☐ Breath ☐ Blood ☐ Urine						
116	03		Results: 0. - % ☐ Pending						
117	03	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					
		Oper.	138 Charge	139 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	50	F	-	-	-	11	04	-	-	PATRICIA - GONZALEZ - 232 DELAWARE TRAIL JACKSON NJ 08527
B	02	01	01	05	20	M	-	-	-	11	04	-	-	HILLEL - STERN - 2157 57TH ST APT 3 BROOKLYN NY 11204
C														
D														

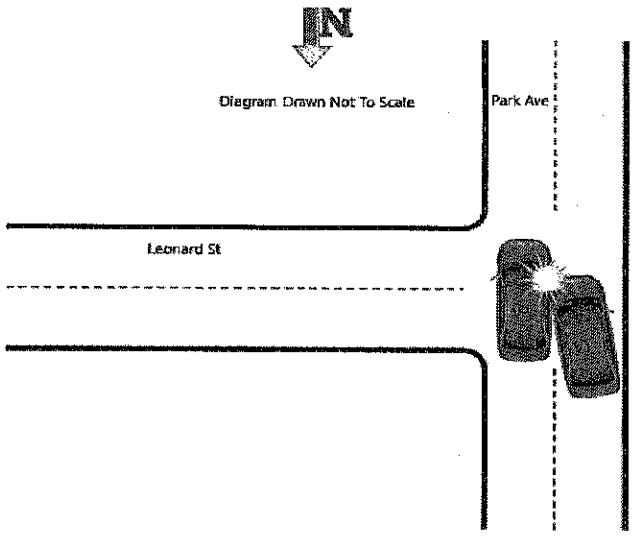
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-023191

(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 1 stated she was traveling south on Park Avenue. Driver of vehicle 1 stated she was slowing down to make a left turn onto Leonard Street. Driver of vehicle 1 stated vehicle 2 attempted to pass her on the left side and she struck vehicle 2. Vehicle 1 had moderate but functionable front driver side damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated he was traveling south on Park Avenue. Driver of vehicle 2 stated vehicle 1 was at a complete stop on the right side of the road. Driver of vehicle 2 drove pass vehicle 1 on the left side. Driver of vehicle 2 stated vehicle 1 did not use a turn signal and attempted to make a left turn striking the passenger side of vehicle 2. Vehicle 2 had moderate but functionable damage. Driver of vehicle 2 had no complaint of pain.

Based on my observations and statements given by both driver I determined the driver of vehicle 2 to be at fault for improper passing.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-023214
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	02	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy)	03/27/22
		5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	1132
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	MADISON AVE
		☐ At Intersection With	
		Road Name	
		Dir	
		11 Speed Limit	45
		12 Route No.	
		Suffix	
		13 Milepost	
		☒ Feet / ☐ Miles	250
		☐ N ☐ E ☒ S ☐ W	
		of:	N LAKE DR
		14	
		15	
		16	
		17 Cross Road Name	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.08971
		22 Longitude	-74.21624
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	25		
118b	-		
119a	09		
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	12		
130	12		
131	06		
132	17		
133	03		
134	02		

100b	04	23 Veh #	1	24 Policy No.	939 600 680	25 NJ Ins. Code	054	53 Veh #	2	54 Policy No.	ISA H25549843	55 NJ Ins. Code	487	120b	-								
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run															
102	01	26 Driver's First Name	YAAKOV	Initial	Y	Last Name	SCHMUCKLER	29 Sex	M	56 Driver's First Name	ZACHARY	Initial	W	Last Name	FOLK	59 Sex	M	121a	01				
103	01	27 Number & Street	1 FREEDOM DR							57 Number & Street	506 N SHORE DR							121b	-				
104	2	28 City	LAKEWOOD	State	NJ	Zip	08701			58 City	FORKED RIVER	State	NJ	Zip	08731								
		30 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-	31 State	NJ	60 Eyes	5	DL Class	D	Restrictions	-	Endorsements	-	61 State	NJ	122	01
105	01	32 Driver's License Number	S14567898803752	33 DOB (mm dd yyyy)	03/03/1975	34 Expires mm	03	yy	24	62 Driver's License Number	F62647918609905	63 DOB (mm dd yyyy)	09/26/1990	64 Expires mm	09	yy	22	123	01				
106	-	35 Owner's ☐ Same As Driver	First Name YAAKOV	Initial Y	Last Name SCHMUCKLER	-				65 Owner's ☐ Same As Driver	First Name LS	Initial C	Last Name AHOLD ECOMMERC-										
107	-	36 Number & Street	1 FREEDOM DR							66 Number & Street	255 ROUTES 1&9												
108	01	37 City	LAKEWOOD	State	NJ	Zip	08701			67 City	JERSEY CITY	State	NJ	Zip	07306								
109	03	38 Make	LEXU	39 Model	ES	40 Color	BLK	41 Year	2020	42 Plate No.	F67MNE	43 State	NJ	68 Make	HINO	69 Model	195	70 Color	WHI	71 Year	2017	72 Plate No.	XFHS54
														73 State	NJ								
110	01	44 VIN	58ADZ1B18LU064761	45 Expires	05	23				74 VIN	JHHSDM2H1HK005406	75 Expires	10	22									
111	02	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												
112	-																						
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police							77 Authority	☐ Owner ☒ Driver ☐ Police												
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused							49 Hazardous Material	☒ None ☐ On Board ☐ Spill							78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused			79 Hazardous Material	☒ None ☐ On Board ☐ Spill
115	03		Type: ☐ Breath ☐ Blood ☐ Urine								Hazard Class		Placard No.						Type: ☐ Breath ☐ Blood ☐ Urine				Hazard Class		Placard No.
116	03		Results: 0. - % ☐ Pending																Results: 0. - % ☐ Pending						
117	03	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None							51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs							80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None			81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity																82 Motor Carrier or Government Entity					
		Number & Street																Number & Street					
		City		State		Zip												City		State		Zip	
		135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No																				
		Oper.	136 Charge			137 Summons. No.				Oper.	138 Charge			139 Summons. No.									
		Oper.	140 Charge			141 Summons. No.				Oper.	142 Charge			143 Summons. No.									

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	47	M	-	-	-	11	04	-	-	YAAKOV Y SCHMUCKLER - 1 FREEDOM DR LAKEWOOD NJ 08701
B	2	01	01	05	31	M	-	-	-	11	04	-	-	ZACHARY W FOLK - 506 N SHORE DR FORKED RIVER NJ 08731
C														
D														

New Jersey Police Crash Investigation Report

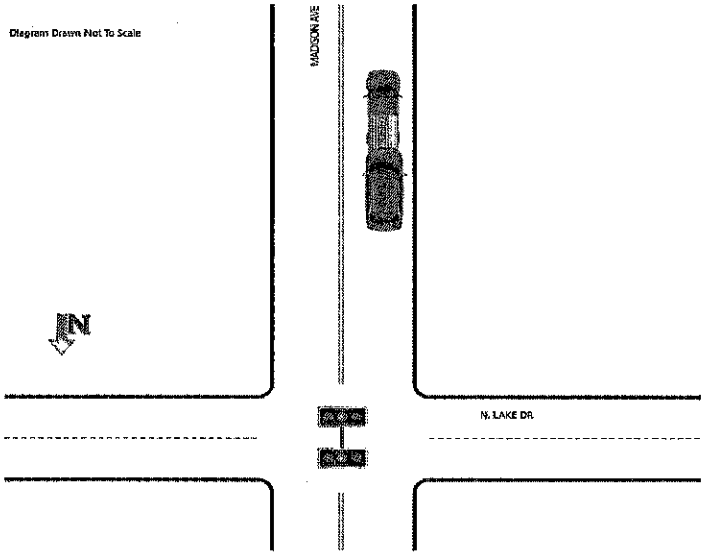
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023214

(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 1 STATED VEHICLE 2 STOPPED IN FRONT OF HIM AND HE STRUCK VEHICLE 2.

DRIVER OF VEHICLE 2 STATED HE WAS DRIVING HIS WORK TRUCK AND HE WAS MOVING SLOWLY DUE TO SOME TRAFFIC AND VEHICLE 1 STRUCK THE REAR OF THE VEHICLE.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-023224

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

3 Station/Precinct:

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

☐ At Intersection With

☒ Feet ☐ Miles — 14: 200 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: OAK ST

11 Speed Limit: 50

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): 03/27/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1342

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.06040

22 Longitude: -74.19501

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 12-2330203-00

25 NJ Ins. Code: -

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

26 Driver's First Name: JENNIFER — Initial: - — Last Name: BARRAGAN -

29 Sex: F

27 Number & Street: 304 3RD ST; 1

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

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

31 State: -

32 Driver's License Number: -

33 DOB (mm dd yyyy): 06/23/2004

34 Expires (mm yy): - -

35 Owner's First Name: JOSE — Initial: - — Last Name: MURICA FLORES -

☐ Same As Driver

36 Number & Street: 515 E ROSS LN

37 City: DANVILLE — State: IL — Zip: 61832

38 Make: GMC — 39 Model: ENV — 40 Color: BUR — 41 Year: 2003 — 42 Plate No.: DB63656 — 43 State: IL

44 VIN: 1GKET16S636152463

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.: 607 301 6351

55 NJ Ins. Code: 148

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

56 Driver's First Name: ELIYAHU — Initial: - — Last Name: BEIM -

59 Sex: M

57 Number & Street: 542 E 3RD ST

58 City: BROOKLYN — State: NY — Zip: 11218

60 Eyes: 4 — DL Class: - — Restrictions: - — Endorsements: -

61 State: NY

62 Driver's License Number: 645745357

63 DOB (mm dd yyyy): 05/19/1981

64 Expires (mm yy): 05 27

65 Owner's First Name: RIVKA — Initial: - — Last Name: BEIM -

☐ Same As Driver

66 Number & Street: 1817 CHARLTON CIRCLE

67 City: TOMS RIVER — State: NJ — Zip: 08755

68 Make: HOND — 69 Model: ODY — 70 Color: BLU — 71 Year: 2022 — 72 Plate No.: D97NYW — 73 State: NJ

74 VIN: 5FNRL6H96NB016877

75 Expires: 07 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	1514-A-291858	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

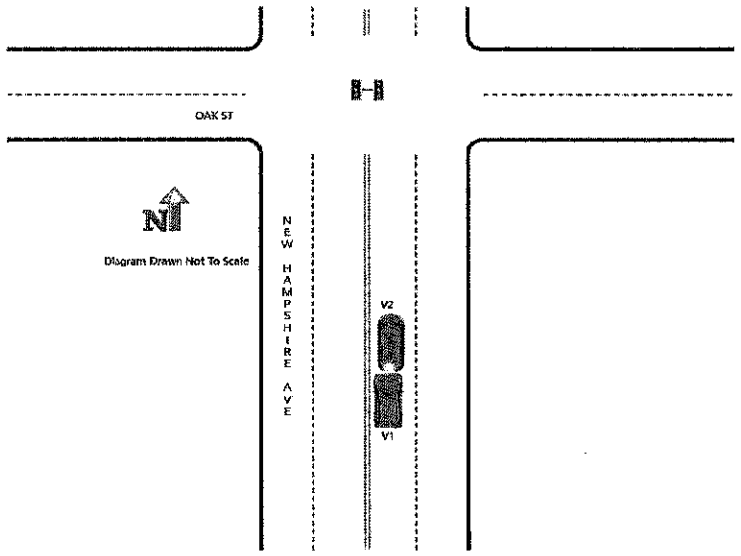
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	F	-	-	-	11	04	-	-	JENNIFER - BARRAGAN - 304 3RD ST; 1 LAKEWOOD NJ 08701
B	1	03	01	05	32	F	-	-	-	11	04	-	-	DAMARIS - SOSA - 1909 1ST AVE TOMS RIVER NJ 08757
C	2	01	01	05	40	M	-	-	-	11	04	-	-	ELIYAHU - BEIM - 542 E 3RD ST BROOKLYN NY 11218
D	2	03	01	05	43	F	-	-	-	11	04	-	-	RIVKA - BEIM - 1817 CHARLTON CIRCLE TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-023224

(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 on New Hampshire Ave Vehicle 2 came to a sudden stop and she did not have time to stop and crashed into the rear of Vehicle 2.

Driver 2 stated that while traveling North on New Hampshire Ave a vehicle in front of him came to a sudden stop so he had to come to a sudden stop and was then struck in the rear by Vehicle 1.

Vehicle 1 sustained damage to the front end consisting of the bumper being dented in and the passenger side headlight cracked.

Vehicle 2 sustained damage to the rear consisting of the bumper and driver side corner panel being dented in as well as the rear driver side taillight being knocked out of place.

There were no injuries reported on scene. Vehicle 1 remained on scene until a licensed driver arrived to operate the vehicle.

***Vehicle 1 Illinois Insurance information: American Freedom Insurance Company**
1699 wall st suite 600 Mount Prospect, IL 60056
Policy # 12-2330203-00
317-480-4111 End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-023258

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/27/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 1701

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE

☒ At Intersection With — Road Name: LOCUST ST — Dir: ☐ N ☐ E ☐ S ☐ W

☐ Feet ☐ Miles — 14: - — 15: — 16: —

11 Speed Limit: 40

12 Route No.: 0009 — Suffix: - — 13 Milepost:

18 Speed Limit: 35

17 Cross Road Name: -

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

20 Route/Name:

21 Latitude: 40.048000

22 Longitude: -74.221710

118a	25
118b	-
119a	06
119b	-
120a	01
120b	-
121a	01
121b	-
122	15
123	15
124	03
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	09
132	09
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 939638430

25 NJ Ins. Code: 054

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

26 Driver's First Name: DONALD — Initial: P — Last Name: KROBATSCH — 29 Sex: M

27 Number & Street: 82 MANSFIELD AVE

28 City: MANCHESTER — State: NJ — Zip: 08759

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: K75011737708475

33 DOB (mm dd yyyy): 08/04/1947

34 Expires (mm yy): 08 25

35 Owner's First Name: ☐ Same As Driver DONALD — Initial: P — Last Name: KROBATSCH

36 Number & Street: 82 MANSFIELD AVE

37 City: MANCHESTER — State: NJ — Zip: 08759

38 Make: FORD — 39 Model: EDG — 40 Color: BLK — 41 Year: 2010 — 42 Plate No.: ZSU32K — 43 State: NJ

44 VIN: 2FMDK4KCXABB16456

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 ☐ 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.: 9951015022062

55 NJ Ins. Code: 884

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

56 Driver's First Name: RACHEL — Initial: - — Last Name: TRESS — 59 Sex: F

57 Number & Street: 53 GLEN TER

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: T73566370056834

63 DOB (mm dd yyyy): 06/28/1983

64 Expires (mm yy): 06 24

65 Owner's First Name: ☐ Same As Driver NACHMAN — Initial: - — Last Name: JACOBOVITCH

66 Number & Street: 53 GLEN TER

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

68 Make: HOND — 69 Model: ODY — 70 Color: BLK — 71 Year: 2022 — 72 Plate No.: N27NZH — 73 State: NJ

74 VIN: 5FNRL6H83NB026449

75 Expires: 07 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.
-		-	-		-

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	74	M	-	-	-	11	04	-	-	DONALD P KROBATSCH - 82 MANSFIELD AVE MANCHESTER NJ 08759
B	02	01	01	05	38	F	-	-	-	11	04	-	-	RACHEL - TRESS - 53 GLEN TER LAKEWOOD NJ 08701
C	02	03	01	05	17	M	-	-	-	11	04	-	-	ELIMELECH JACOBOVZICH 53 GLEN TER LAKEWOOD NJ 08701 03/30/2005
D	01	04	01	05	2	M	-	-	-	05	05	-	-	AVROHOM JACOBOVZICH 53 GLEN TER LAKEWOOD NJ 08701 09/14/2019

New Jersey Police Crash Investigation Report

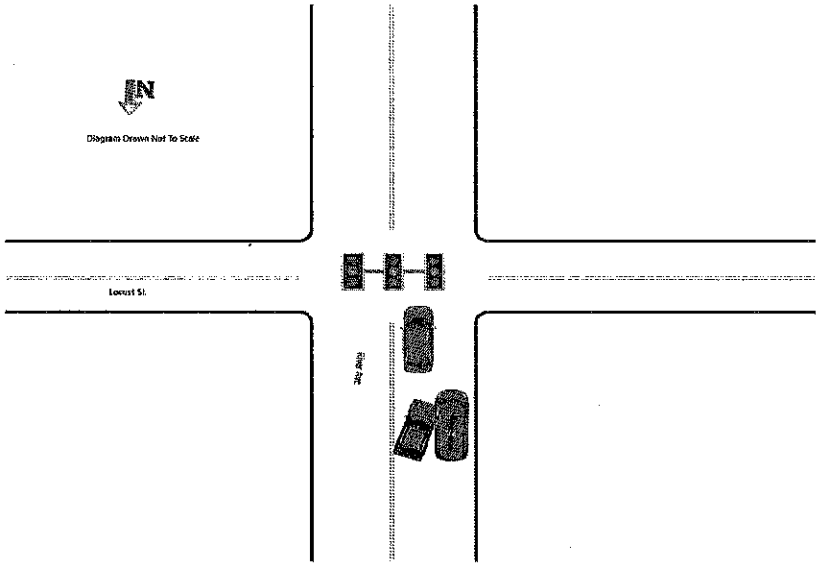
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023258

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	02	05	01	05	11	M	-	-	-	11	04	-	-	YOSEF JACOBOVZICH 53 GLEN TER LAKEWOOD NJ 08701 07/17/2010
F	02	06	01	05	14	M	-	-	-	11	04	-	-	MOSHE JACOBOVZICH 53 GLEN TER LAKEWOOD NJ 08701 07/10/2007
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 was travelling southbound on River Ave approaching the traffic light of Locust St. He stated that the vehicle in front of him was waiting for traffic to clear up to make a left onto Locust St. As the driver in front of vehicle 1 was waiting, driver of vehicle 1 went to pass on the right hand side of that vehicle, still within his lane, to travel southbound on River Ave. He reported that the vehicle behind him (vehicle 2) passed him on the right side of him driving on the shoulder attempting to make a right hand turn onto Locust St.

Driver of vehicle 2 was travelling southbound on River Ave approaching the traffic light on Locust St. She reported that the front vehicle was turning left onto Locust St and the vehicle behind him (vehicle 1) had no blinker on and waited until the last moment to pass that vehicle on the right side. She stated that she wanted to turn right onto Locust St but vehicle 1 turned into her causing the crash.

After my investigation, driver of vehicle 2 is at fault for improper passing. Driver of vehicle 1 was still within the lane to safely pass on the right hand side since the roadway opened up near the stop bar of the intersection on River Ave. Vehicle 1 sustained minor damage to the front passenger side bumper. Vehicle 2 sustained minor damage to the driver side front and rear door. Both vehicle 1 and vehicle 2 were able to drive from the scene. No injuries reported at the time of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-023285
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	09	3 Station/Precinct	-
100a	01	4 Date of Crash (mm dd yy)	03/27/22
		5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	1947
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	900 LAKEWOOD AVE; GEORGI
		☐ At Intersection With	Road Name / Dir
		☐ Feet ☐ Miles (14, 15)	☐ N ☐ E ☐ S ☐ W of: -
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	-
		19 Ramp	☐ To ☐ From: -
		17 Cross Road Name	-
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	-
		21 Latitude	40.09641
		22 Longitude	-74.22552
118a	13		
118b	-		
119a	-		
119b	-		
120a	01		
120b	01		
121a	-		
121b	-		
122	01		
123	-		
124	04		
125	-		
126a	54		
126b	-		
126c	-		
126d	-		
126e	54		
127a	-		
127b	-		
127c	-		
127d	-		
127e	-		
128	54		
129	12		
130	12		
131	-		
132	-		
133	02		
134	-		

100b	04	23 Veh #	1
		24 Policy No.	HPA00002643412
		25 NJ Ins. Code	017
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	CHUKWUEBI
		Initial	C
		Last Name	ANUAMADI -
		29 Sex	M
103	01	27 Number & Street	21 EAGLE ROCK VLG APT 6B
104	1	28 City	BUDD LAKE
		State	NJ
		Zip	07828
		30 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	15	32 Driver's License Number	A59921256306992
		33 DOB (mm dd yyyy)	06/12/1999
		34 Expires (mm yy)	06 25
106	-	35 Owner's ☐ Same As Driver	KAOSISOCH - ANUAMADI -
107	-	36 Number & Street	21 EAGLE ROCK VILLAGE APT 6B
108	04	37 City	BUDD LAKE
		State	NJ
		Zip	07828
109	-	38 Make	NISS
		39 Model	RGE
		40 Color	GRY
		41 Year	2010
		42 Plate No.	R40NRU
		43 State	NJ
110	01	44 VIN	JN8AS5MV5AW102088
		45 Expires	06 22
111	-	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - / Placard No. -
117	-	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	-

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

GEORGIAN COURT UNIVERSITY CAMPUS-WELLNESS CENTER PARKING LOT FENCE

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

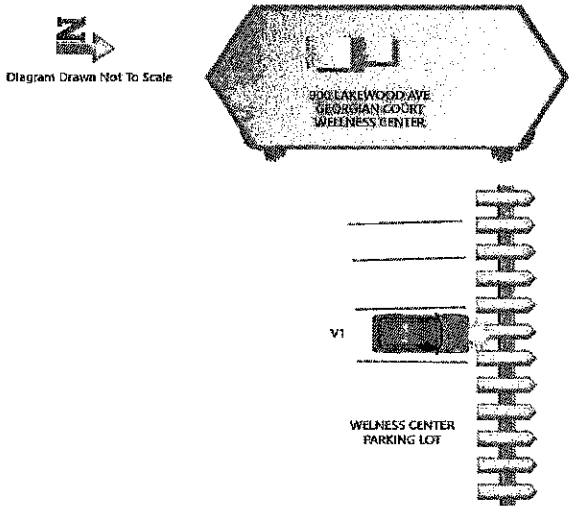
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	22	M	-	-	-	11	04	-	-	CHUKWUEBI C ANUAMADI - 21 EAGLE ROCK VLG APT BUDD LAKE NJ 07828
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023285

(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

Security reported damage to a portion of the fencing area in the parking lot of Georgian Court University Wellness Center Parking Lot.

Security was able to locate student operating Vehicle 1 and transported him to Security booth for a report.

Driver 1 stated approximately 0800 hours yesterday (3/26/2022) he was traveling in the Wellness Center parking lot. He stated he was parking in a parking spot however believed he parked improperly. Driver 1 stated he wanted to reverse his Vehicle in an attempt to correctly park in the parking spot. Driver 1 stated he accidentally put his Vehicle into Drive and accelerated. Driver 1 stated he collided into a portion of the fence surrounding the Wellness Center.

A portion of the fence was damage which included one of the Posts knocked out of place.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-018543
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	03/09/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	0903
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CEDARBRIDGE AVE
		☐ At Intersection With	
		☒ Feet ☐ Miles	15
		Road Name	ASHLEY AVE
		Dir	☒ N ☐ E ☐ S ☐ W
		11 Speed Limit	40
		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	40.08578
		22 Longitude	-74.20912
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	03		
123	01		
124	08		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	01		
130	01		
131	04		
132	04		
133	02		
134	04		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	5129J000370
		25 NJ Ins. Code	917
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	02	26 Driver's First Name	DOVID
		Initial	Y
		Last Name	CELNIK
		29 Sex	M
103	02	27 Number & Street	511 ARLINGTON AVE
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	4
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	03	32 Driver's License Number	C24141808811934
		33 DOB mm dd yyyy	11/04/1993
		34 Expires mm	11
		yy	24
106	-	35 Owner's First Name	☐ Same As Driver DOVID
		Initial	Y
		Last Name	CELNIK
			-
107	-	36 Number & Street	511 ARLINGTON AVE
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	AVA
		40 Color	1
		41 Year	2003
		42 Plate No.	D48MVV
		43 State	NJ
110	01	44 VIN	4T1BF28B03U319268
		45 Expires	09 22
111	01	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	02	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.	219095354-0		
55 NJ Ins. Code	945		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	SORAH		
Initial	L		
Last Name	DEITEL		
59 Sex	F		
57 Number & Street	409 3RD ST		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	4		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	D23197207355994		
63 DOB mm dd yyyy	05/14/1999		
64 Expires mm	05		
yy	25		
65 Owner's First Name	☐ Same As Driver MOSHE		
Initial	-		
Last Name	GROSSBARD		
	-		
66 Number & Street	504 E 5TH ST		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	TOYT		
69 Model	CAM		
70 Color	BLK		
71 Year	2015		
72 Plate No.	P23NEG		
73 State	NJ		
74 VIN	4T1BF1FK6FU015587		
75 Expires	03 22		
76 Vehicle Removed To	TILTON'S AUTO BODY		
☐ 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	28	M	-	-	-	11	04	-	-	DOVID Y CELNIK - 511 ARLINGTON AVE LAKEWOOD NJ 08701
B	1	06	01	05	2	F	-	-	-	05	05	-	-	ZISI CELNIK 511 ARLINGTON AVE LAKEWOOD NJ 08701
C	2	01	01	05	22	F	-	-	-	11	04	-	-	SORAH L DEITEL - 409 3RD ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

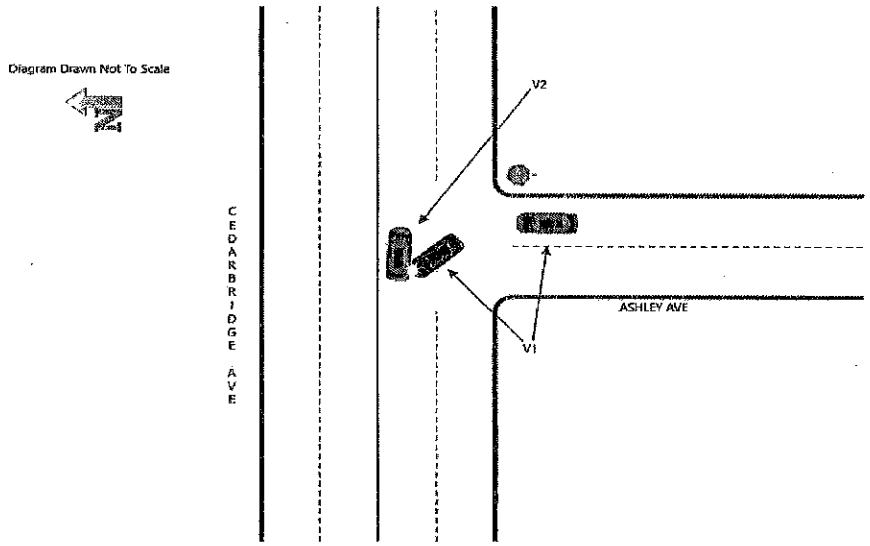
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-018543

(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 he was at the stop sign on Ashley Ave, waiting to make a left onto Cedarbridge Ave. He looked to make sure that no cars were coming and started to go. He then collided with V2 which was traveling East on Cedarbridge Ave.

Driver of V2 said she was traveling East on Cedarbridge Ave, when V1 pulled out in front of her. She tried to avoid colliding with it, but could not and her vehicle was struck.

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	22-018543
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	03/09/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0903
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	☐ At Intersection With ☐ Feet ☐ Miles; Road Name; Dir; ☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	
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	

Veh #	Policy No.	NJ Ins. Code	Driver's First Name	Initial	Last Name	Sex	Number & Street	City	State	Zip
23	24	25	26			29	27	28		
			DOVID	Y	CELNIK	-				
53	54	55	56			59	57	58		
			SORAH	L	DEITEL	-				

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

	Eyes	DL Class	Restrictions	Endorsements	State	License Number	DOB (mm dd yyyy)	Expires (mm yy)
30 / 31						32	33	34
60 / 61						62	63	64

	Owner's First Name	Initial	Last Name	Number & Street	City	State	Zip
35 / 36 / 37	☐ Same As Driver						
65 / 66 / 67	☐ Same As Driver MOSHE	Y	JACOBOVITS -	409 3RD ST	LAKEWOOD	NJ	08701

	Make	Model	Color	Year	Plate No.	State	VIN	Expires
38 / 39 / 40 / 41 / 42 / 43 / 44 / 45	PCAI							
68 / 69 / 70 / 71 / 72 / 73 / 74 / 75	TOYT	CAM	BLK	2017	R49NLT	NJ	4T1BF1FK7HU449522	03 23

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

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.

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.

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

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

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

81 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

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														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-018543

(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 2s owner information and vehicle information were changed (Boxes 65 thru 75). Initial information was incorrect. Change report was done on 03/16/2022.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL A. CARABALLO	#298	MY	329	☐ 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	01
103	01
104	2
105	02
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-023459

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/28/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1004

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE (Road Name) - (Dir) — 11 Speed Limit: 50 — 12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☐ At Intersection With: PINE STREET (of) — 18 Speed Limit: 45

☒ Feet ☐ Miles (14: 10, 15) — ☒ N ☐ E ☐ S ☐ W (16)

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.06854 — 22 Longitude: -74.18943

118a	05
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	11
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	02
130	02
131	11
132	11
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: AOD-T31-884286-40 2 2 — 25 NJ Ins. Code: 664

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

26 Driver's First Name: RAIZEL — Initial: - — Last Name: GLASS — 29 Sex: F

27 Number & Street: 2983 AVENUE R

28 City: BROOKLYN — State: NY — Zip: 11229

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

32 Driver's License Number: 575836371 — 33 DOB (mm dd yyyy): 03/30/1999 — 34 Expires (mm yy): 03 24

35 Owner's ☐ Same As Driver — First Name: MOSHE — Initial: M — Last Name: JACOBOWITZ

36 Number & Street: 10 GEM DR

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

38 Make: HYUN — 39 Model: AZE — 40 Color: BLK — 41 Year: 2009 — 42 Plate No.: W62PSC — 43 State: NJ

44 VIN: KMHFC46F29A379896 — 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.: 605602534 206 1 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: VIVIAN — Initial: - — Last Name: WOLDIGER — 59 Sex: F

57 Number & Street: 31 NEWWOOD HILLS AVE

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

60 Eyes: 6 — DL Class: A — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: W62277730061946 — 63 DOB (mm dd yyyy): 11/15/1994 — 64 Expires (mm yy): 11 20

65 Owner's ☐ Same As Driver — First Name: GERSHON — Initial: - — Last Name: WOLDIGER

66 Number & Street: 31 NEWWOOD HILLS AVE

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

68 Make: NISS — 69 Model: MUR — 70 Color: WHI — 71 Year: 2020 — 72 Plate No.: A11MEF — 73 State: NJ

74 VIN: 5N1AZ2AS9LN111591 — 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.
1	39:4-88B	292061			
2	39:3-10	290320			

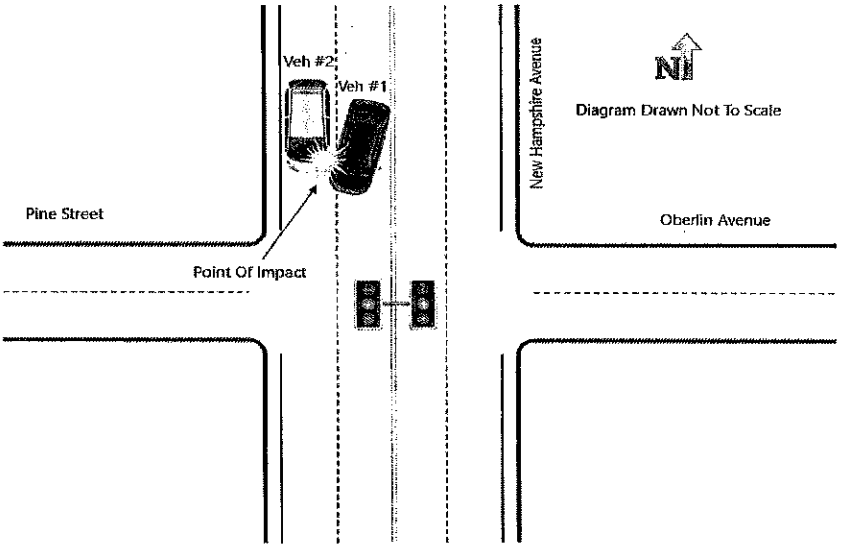
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	-	11	04	-	-	RAIZEL - GLASS - 2983 AVENUE R BROOKLYN NY 11229
B	02	01	01	05	27	F	-	-	-	11	04	-	-	VIVIAN - WOLDIGER - 31 NEWWOOD HILLS AVI LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023459

(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

Both drivers were traveling South on New Hampshire Avenue approaching the Pine Street. Driver #1 was in the left lane and driver #2 was in the right lane. Driver #1 said that she needed to make a left on to Pine Street and began to switch lanes. She said that she didn't see vehicle #2 when she looked and when she began to switch lanes she collided with vehicle #2.

Driver #2 said that she was in the right lane and driver #1 turned in front of her hitting her vehicle. No reported injuries at this time. Driver #1 was found to be at fault for the crash.

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

96	05
97	01
98	07
99	05
100a	01
100b	04
101	01
102	01
103	01
104	1
105	12
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 22-023392

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

3 Station/Precinct: -

10 Crash Occurred On: E COUNTY LINE RD — Road Name — Dir

☐ At Intersection With

☒ Feet 250 ☐ Miles — 14 15 16

☐ N ☒ E ☐ S ☐ W of: NOAM LN

11 Speed Limit: 45

12 Route No.: 0526 — 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): 03/28/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0235

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.105420

22 Longitude: -74.189370

118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	24
126b	-
126c	-
126d	-
126e	24
127a	-
127b	-
127c	-
127d	-
127e	-
128	24
129	11
130	11
131	-
132	-
133	02
134	-

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: YECHEZKEL — Initial: - — Last Name: WARMAN — 29 Sex: M

27 Number & Street: 1416 HEATHWOOD AVE

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

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: W06307890003935

33 DOB (mm dd yyyy): 03/22/1993

34 Expires (mm yy): 03 22

35 Owner's First Name: INC — Initial: - — Last Name: JUST FOUR WHEEL! -

☐ Same As Driver

36 Number & Street: 324 E WHITE HORSE PIKE

37 City: GALLOWAY — State: NJ — Zip: 08205

38 Make: NISS — 39 Model: ALT — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: G18NKP — 43 State: NJ

44 VIN: 1N4BL4BVXMN371083

45 Expires: 04 22

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

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.
V1			V1		

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

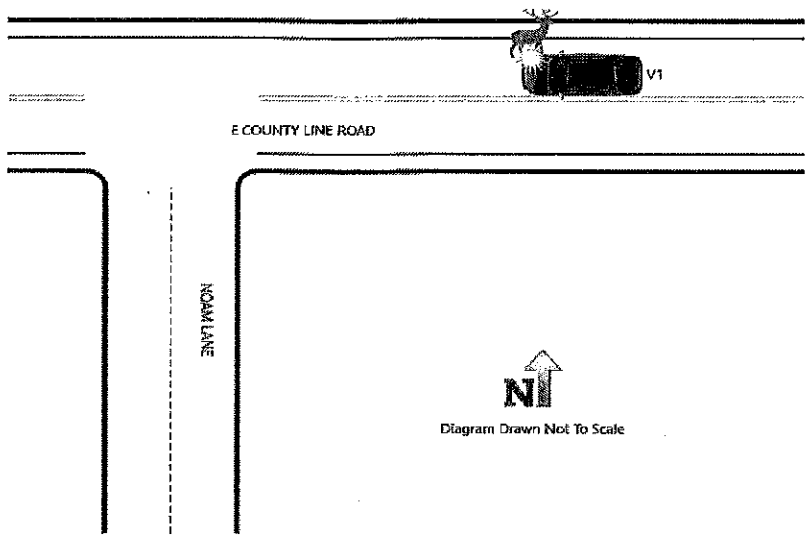
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	04	-	-	YECHEZKEL - WARMAN - 1416 HEATHWOOD AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023392

(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 one stated to the effect: I was traveling West on East County Line Road. While traveling, a deer ran out from the wood line on North side of East County Line Road and struck my vehicle. I didn't see where the deer went because I wanted to maintain my lane of travel.

Vehicle one sustained minor visible damage to the front passenger side headlight lenses and fender. No injuries observed or reported. Vehicle one was driven from the scene by the driver. No further action.

END OF NARRATIVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. J. SPAGNUOLO	331	☐ 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	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	03

1 Case Number: 22-023506

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

3 Station/Precinct: -

10 Crash Occurred On: 1213 RIVER AVE | - | 11 Speed Limit: 15

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ 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: 03/28/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1308 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

21 Latitude: 40.05418 | 22 Longitude: -74.22064

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	01
132	01
133	02
134	04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6084286670 | 25 NJ Ins. Code: 100

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

26 Driver's First Name: ASHER | Initial: - | Last Name: RINGEL | 29 Sex: M

27 Number & Street: 1175 COUGHLIN ST

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

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

32 Driver's License Number: R44870630008952 | 33 DOB mm dd yyyy: 08/05/1995 | 34 Expires mm yy: 08 23

35 Owner's First Name: ASHER | Initial: - | Last Name: RINGEL

☐ Same As Driver

36 Number & Street: 1175 COUGHLIN ST

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

38 Make: TOYT | 39 Model: HIG | 40 Color: GRY | 41 Year: 2016 | 42 Plate No.: E41MLF | 43 State: NJ

44 VIN: 5TDJKRFH6GS353608 | 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.: 986504467 | 55 NJ Ins. Code: 129

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

56 Driver's First Name: PERRI | Initial: - | Last Name: ZELIKOVITZ | 59 Sex: F

57 Number & Street: 18 GARFIELD ST

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

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

62 Driver's License Number: Z23826240059012 | 63 DOB mm dd yyyy: 09/09/2001 | 64 Expires mm yy: 09 23

65 Owner's First Name: NATHAN | Initial: - | Last Name: ZELIKOVITZ

☐ Same As Driver

66 Number & Street: 18 GARFIELD ST

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

68 Make: TOYT | 69 Model: CAM | 70 Color: SIL | 71 Year: 2017 | 72 Plate No.: D84NUV | 73 State: NJ

74 VIN: 4T1BF1FK4HU810527 | 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.	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	26	M	-	-	-	11	04	-	-	ASHER - RINGEL - 1175 COUGHLIN ST LAKEWOOD NJ NJ 08701
B	2	01	01	05	20	F	-	-	-	11	04	-	-	PERRI - ZELIKOVITZ - 18 GARFIELD ST LAKEWOOD NJ 08701
C														
D														

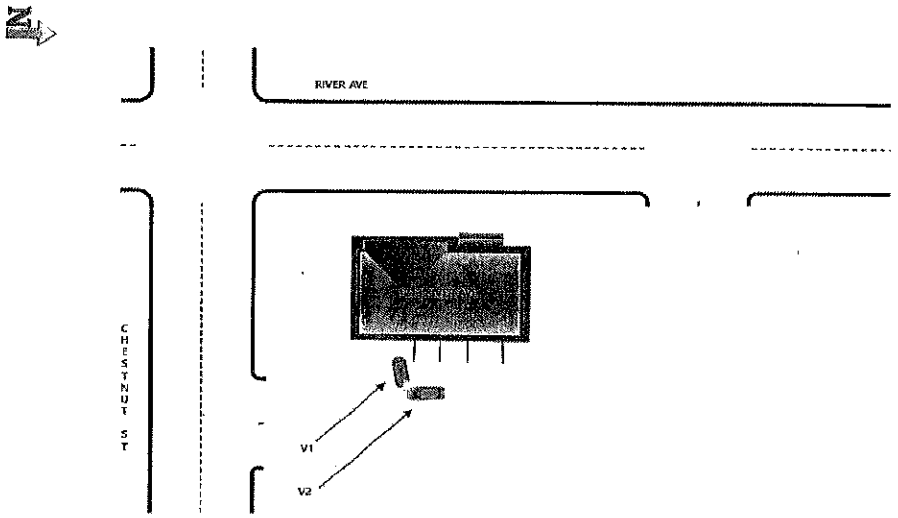
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023506

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of V1 said he was backing out of a parking space and while doing so he struck V2, which he did not see.

Driver of V2 said she was traveling through the parking lot of 1213 River Ave when her vehicle was struck 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	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-023513		
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P	Code	01
98	01	3 Station/Precinct	-		
99	09	4 Date of Crash (mm dd yy)	03/28/22		
100a	02	5 Day Of Week	MONDAY		
		6 Time (use 2400 hrs)	1343		
		7 Municipality Code	1514		
		8 Total Killed	--		
		9 Total Injured	--		

10 Crash Occurred On: 963 OCEAN AVE - | 11 Speed Limit: 10 | - - -

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit -

☐ 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

21 Latitude: 40.087270 | 22 Longitude: -74.177910

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

100b	04	23 Veh #	1	24 Policy No.	IL000056	25 NJ Ins. Code	013	53 Veh #	-	54 Policy No.	-	55 NJ Ins. Code	-	120a	01
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						120b	-
101	02	26 Driver's First Name	MARIBEL	Initial -	Last Name ORTIZ -	29 Sex	F	56 Driver's First Name -	Initial -	Last Name -	-	59 Sex	-	121a	-
102	01	27 Number & Street	200 W 106TH ST 4A					57 Number & Street -						121b	-
103	01	28 City	NEW YORK	State NY	Zip 10025			58 City -		State -	Zip -				
104	1	30 Eyes	01	DL Class -	Restrictions -	Endorsements -	31 State NY	60 Eyes -	DL Class -	Restrictions -	Endorsements -	61 State -		122	01
105	11	32 Driver's License Number	953712624	33 DOB (mm dd yyyy)	01/28/1968	34 Expires (mm yy)	01 26	62 Driver's License Number -		63 DOB (mm dd yyyy) -		64 Expires (mm yy)	- -	123	-
106	-	35 Owner's ☐ Same As Driver	PRINCIPLE	Initial -	Last Name PRINCIPLE MRCHN -			65 Owner's ☐ Same As Driver -	First Name -	Initial -	Last Name -			124	04
107	-	36 Number & Street	14 CENTRAL PARK DR					66 Number & Street -						125	-
108	03	37 City	HOOKSETT	State NH	Zip 03106			67 City -		State -	Zip -			126a	69
109	-	38 Make	FORD	39 Model	ECO	40 Color WHI	41 Year 2021	42 Plate No. XLKE65	43 State NJ	68 Make -	69 Model -	70 Color -	71 Year -	72 Plate No. -	73 State -	126b	-
110	02	44 VIN	1FDWE3FN5MDC25718			45 Expires	07 22	74 VIN -				75 Expires	- -	126c	-
111	-	46 Vehicle Removed To	-					76 Vehicle Removed To -						126d	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded						126e	69
113	-	47 Authority ☐ Owner ☐ Driver ☐ Police						77 Authority ☐ Owner ☐ Driver ☐ Police						127a	-
114	03	48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused						78 Alcohol/Drug Test Given: ☐ No ☐ Yes ☐ Refused						127b	-
115	-	Type: ☐ Breath ☐ Blood ☐ Urine						Type: ☐ Breath ☐ Blood ☐ Urine						127c	-
116	02	Results: 0. - % ☐ Pending						Results: 0. - % ☐ Pending						127d	-
117	-	49 Hazardous Material ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.						79 Hazardous Material ☐ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -						127e	-
		50 Carrier No. ☒ USDOT 265752 ☐ 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	PRINCIPLE MRCHNTS LSNG LTD					82 Motor Carrier or Government Entity -						128	69
		Number & Street	14 CENTRAL PARK DR					Number & Street -						129	13
		City	HOOKSETT	State NH	Zip 03106			City -		State -	Zip -			130	13

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

DAMAGE TO THE AWNING OF 963 OCEAN AVENUE. APPROXIMATELY $5,000 IN DAMAGE

131 - | 132 - | 133 03 | 134 -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-33	1514-A-292012	-		-
-	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	54	F	-	-	-	11	04	-	-	MARIBEL - ORTIZ - 200 W 106TH ST 4A NEW YORK NY 10025 - -
B														
C														
D														

New Jersey Police
Crash Investigation Report

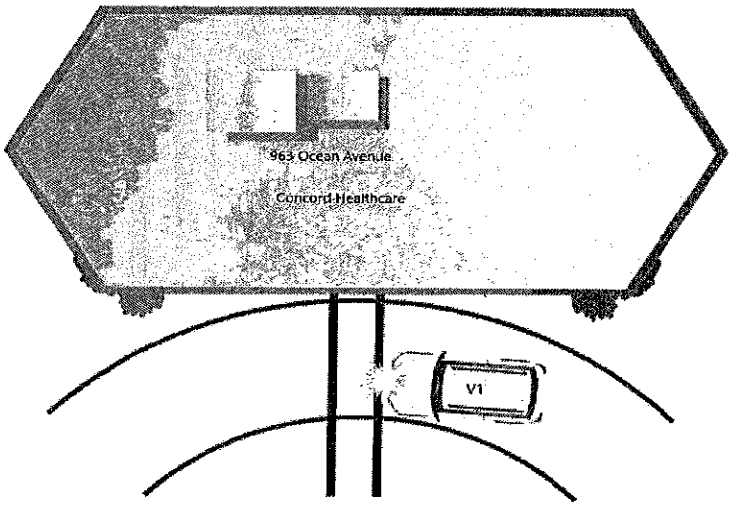
Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-023513

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash she was approaching the entrance to Concord Healthcare located at 963 Ocean Avenue to make a delivery. The Driver of Vehicle #1 stated that she thought the van was shorter than the 9" clearance for the awning of Concord Healthcare. The Driver of Vehicle #1 stated that she ran into the awning damaging the awning and the roof of Vehicle #1. No injuries were reported by the Driver of Vehicle #1.

The Administrator for 963 Ocean Avenue estimated the damage to be in the range of $5,000.

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

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	MY	329	☐ 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	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	05
109	02
110	01
111	02
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-023564

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

3 Station/Precinct: -

10 Crash Occurred On: 1900 STATE HWY 70; HOME D — Dir: - — 11 Speed Limit: 15 — 12 Route No.: - — Suffix: - — 13 Milepost: - — 18 Speed Limit: -

☐ At Intersection With — Road Name: - — ☐ N ☐ E ☐ S ☐ W of: -

☐ Feet ☐ Miles — 14: - — 15 — 16

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): 03/28/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1627 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	09
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
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	01
132	01
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6080140592061 — 25 NJ Ins. Code: 884

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

26 Driver's First Name: EDWARD — Initial: J — Last Name: MAGDA JR — 29 Sex: M

27 Number & Street: 13 D WILLOW STREET

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: M01331927111562 — 33 DOB (mm dd yyyy): 11/26/1956 — 34 Expires (mm yy): 11 22

35 Owner's ☐ Same As Driver — First Name: EDWARD — Initial: J — Last Name: MAGDA JR

36 Number & Street: 13 D WILLOW STREET

37 City: TOMS RIVER — State: NJ — Zip: 08757

38 Make: FORD — 39 Model: F15 — 40 Color: 4 — 41 Year: 2018 — 42 Plate No.: UW9669 — 43 State: NJ

44 VIN: 1FTEW1EP7JFC08147 — 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 - ☒ 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.: 128-4530-C22-30A — 55 NJ Ins. Code: 962

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

56 Driver's First Name: WILLIAM — Initial: G — Last Name: RODRIGUEZ — 59 Sex: M

57 Number & Street: 1115 BELL ST

58 City: TOMS RIVER — State: NJ — Zip: 08753

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: R60947856701994 — 63 DOB (mm dd yyyy): 01/20/1999 — 64 Expires (mm yy): 01 26

65 Owner's ☐ Same As Driver — First Name: KURT — Initial: J — Last Name: WEHNER

66 Number & Street: 931 JESSICA CT

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

68 Make: FORD — 69 Model: E25 — 70 Color: WHI — 71 Year: 2014 — 72 Plate No.: XFPZ79 — 73 State: NJ

74 VIN: 1FTNE2EW8EDA17628 — 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	V1	01	01	05	65	M	-	-	-	11	04	-	-	EDWARD J MAGDA JR - 13 D WILLOW STREET TOMS RIVER NJ 08757
B	V2	01	01	05	23	M	-	-	-	11	04	-	-	WILLIAM G RODRIGUEZ - 1115 BELL ST TOMS RIVER NJ 08753
C	V2	03	01	05	42	M	-	-	-	11	04	-	-	MICHAEL J PELLETIER - 368 CLIFTON AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

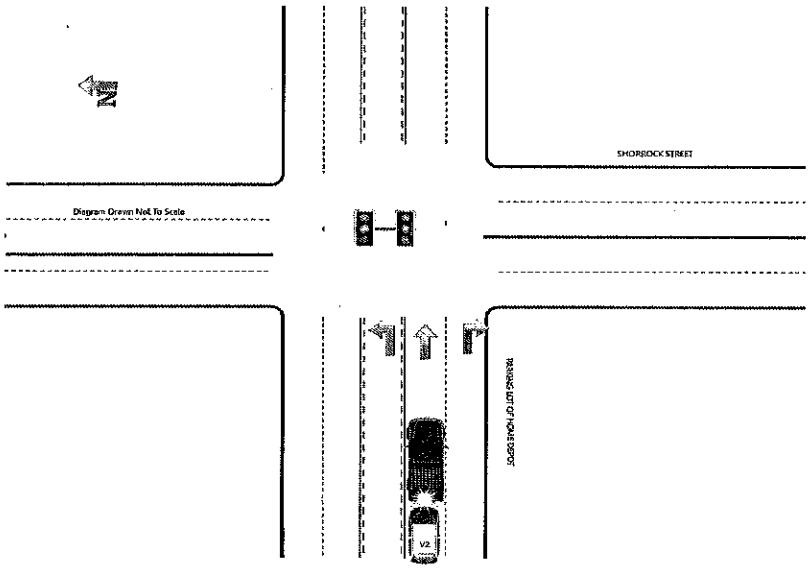
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023564

(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 1 STATED HE WAS STOPPED BEHIND ANOTHER VEHICLE IN THE STRAIGHT LANE AT THE TRAFFIC LIGHT OF SHORROCK STREET AND THE HOME DEPOT ENTRANCE WHEN HE WAS STRUCK FROM BEHIND BY V2.

DRIVER OF VEHICLE 2 STATED HE WAS APPROACHING THE INTERSECTION OF SHORROCK STREET AND THE HOME DEPOT ENTRANCE WHEN HE LOOKED DOWN FOR A QUICK SECOND. UPON LOOKING BACK UP HE NOTICED V1 STOPPED IN FRONT OF HIM. DRIVER 2 STATED HE ATTEMPTED TO STOP HIS VEHICLE, BUT WAS UNSUCCESSFUL STRIKING THE REAR OF V1 WITH THE FRONT END OF HIS VEHICLE. NO INJURIES REPORTED AT THE TIME OF THE ACCIDENT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 22-023599

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

3 Station/Precinct: -

10 Crash Occurred On: CEDARBRIDGE AVE | - | 11 Speed Limit: 40 | 0528 - - (12 Route No. / Suffix / 13 Milepost)

Road Name | Dir

☐ At Intersection With

☒ Feet ☐ Miles (14 / 15) | ☐ N ☒ E ☐ S ☐ W (16) of: MELVILLE AVE

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): 03/28/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1936 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 3

21 Latitude: 40.084820 | 22 Longitude: -74.206730

118a	25
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	08
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	05
132	05
133	02
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 4521135584 | 25 NJ Ins. Code: 100

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

26 Driver's First Name: LAKIRA | Initial: A | Last Name: ALFORD | - | 29 Sex: F

27 Number & Street: 804 SCHINDLER DR

28 City: BRICK | State: NJ | Zip: 08723

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: A53244396158982 | 33 DOB (mm dd yyyy): 08/08/1998 | 34 Expires (mm yy): 08 24

35 Owner's ☐ Same As Driver: TARA | Initial: L | Last Name: BISHOP | -

36 Number & Street: 804 SCHINDLER DR

37 City: BRICK | State: NJ | Zip: 08723

38 Make: VOLK | 39 Model: PAS - PA | 40 Color: BLK | 41 Year: 2015 | 42 Plate No.: P58MNV | 43 State: NJ

44 VIN: 1VWAT7A37FC094475 | 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.: 4571232794 | 55 NJ Ins. Code: 148

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

56 Driver's First Name: TEHILA | Initial: - | Last Name: ROSE | - | 59 Sex: F

57 Number & Street: 21 BRIDGEWOOD AVE

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

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: R66917320059892 | 63 DOB (mm dd yyyy): 09/15/1989 | 64 Expires (mm yy): 09 22

65 Owner's ☐ Same As Driver: NATHAN | Initial: - | Last Name: ROSE | -

66 Number & Street: 21 BRIDGEWOOD AVE

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

68 Make: TOYT | 69 Model: SNA | 70 Color: GRY | 71 Year: 2021 | 72 Plate No.: V98NVA | 73 State: NJ

74 VIN: 5TDYRKEC0MS035972 | 75 Expires: 06 25

76 Vehicle Removed To: MOISHY'S AUTO & 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.
03	39:4-97	1514 A 292763	03	39:4-89	1514 A 292764
-	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	23	F	-	-	-	11	04	-	-	LAKIRA A ALFORD - 804 SCHINDLER DR BRICK NJ 08723 - -
B	02	01	01	03	32	F	04	08	01	11	04	-	-	TEHILA - ROSE - 21 BRIDGEWOOD AVE LAKEWOOD NJ 08701 - -
C	02	03	01	03	16	F	04	08	01	11	04	-	-	CIPPORAH - KLEIN - 410 WARREN AVE LAKEWOOD NJ 08701 - -
D	03	01	01	05	25	M	-	-	-	11	11	04	-	SHMUEL - GUT - 5 MARBLE WAY LAKEWOOD NJ 08701 - -

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-023599
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	07	3 Station/Precinct	-
99	05	4 Date of Crash (mm dd yy)	03/28/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1936
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	3
		10 Crash Occurred On:	CEDARBRIDGE AVE -
		Road Name	
		Dir	
		11 Speed Limit	40
		12 Route No.	0528
		Suffix	-
		13 Milepost	-
		14 ☐ At Intersection With	
		15 ☒ Feet / ☐ Miles	10
		16 ☐ N ☒ E ☐ S ☐ W	
		of:	MELVILLE AVE
		17 Cross Road Name	-
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.084820
		22 Longitude	-74.206730
		118a	09
		118b	02
		119a	-
		119b	-
		120a	01
		120b	-
		121a	-
		121b	-
		122	01
		123	-
		124	04
		125	-
		126a	26
		126b	-
		126c	-
		126d	-
		126e	26
		127a	-
		127b	-
		127c	-
		127d	-
		127e	-
		128	26
		129	11
		130	11
		131	-
		132	-
		133	04
		134	-

☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	3
		24 Policy No.	6082604932
		25 NJ Ins. Code	148
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	SHMUEL
		Initial	-
		Last Name	GUT
		29 Sex	M
102	01	27 Number & Street	5 MARBLE WAY
103	01	28 City	LAKEWOOD
		State	NJ
		Zip	08701
104	3	30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	G94697090002972
		33 DOB (mm dd yyyy)	02/24/1997
		34 Expires (mm yy)	02 26
106	-	35 Owner's ☐ Same As Driver	SHMUEL
		First Name	
		Initial	-
		Last Name	GUT
107	-	36 Number & Street	5 MARBLE WAY
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	TOYT
		39 Model	COR
		40 Color	SIL
		41 Year	2016
		42 Plate No.	S99NRA
		43 State	NJ
110	01	44 VIN	2T1BURHE6GC596149
		45 Expires	05 22
111	-	46 Vehicle Removed To	YITZ AUTOMOBILE
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
116	04	50 Carrier No.	☐ USDOT - ☒ None
117	-		☐ MC/MX -
		51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-
		135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No -

53 Veh #	-	54 Policy No.	-
		55 NJ Ins. Code	-
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-	59 Sex	-
		Initial	-
		Last Name	-
57 Number & Street	-		
58 City	-	State	-
		Zip	-
60 Eyes	-	61 State	-
		DL Class	-
		Restrictions	-
		Endorsements	-
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	-
136 Charge	Oper. -	137 Summons. No.	-
138 Charge	Oper. -	139 Summons. No.	-
140 Charge	Oper. -	141 Summons. No.	-
142 Charge	Oper. -	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	03	03	01	05	14	M	-	-	-	11	11	04	-	YECHEZKEL - NEUMANN - 7 KATIE CT LAKEWOOD NJ 08701 - -
B	03	04	01	03	16	M	02	04	01	11	11	04	-	MICHOEL - HOROWITZ - 43 GROVE SPRINGS CT LAKEWOOD NJ 08701 - -
C	03	06	01	05	18	M	-	-	-	11	11	04	-	AVRUMI - SILBERBERG - 107 GRANTWOOD AVE TOMS RIVER NJ 08755 - -
D														

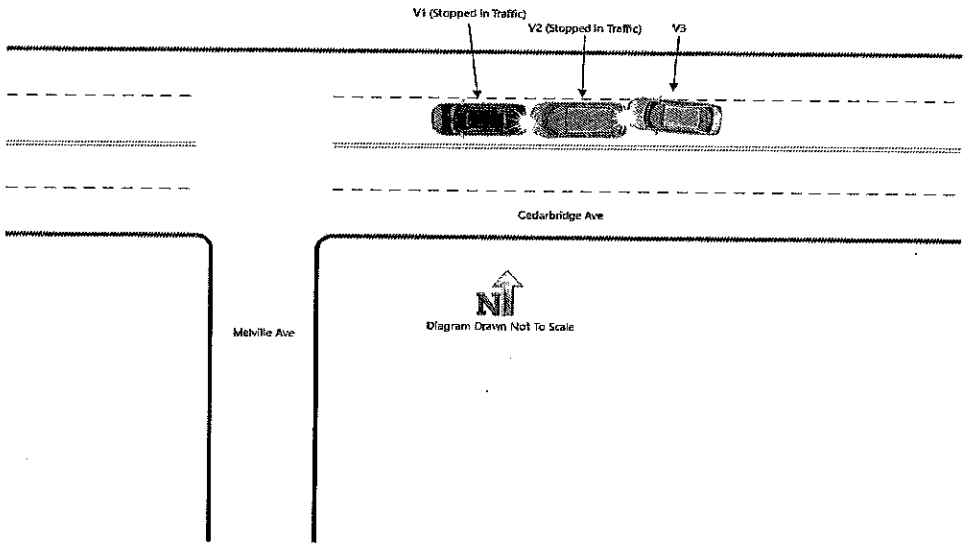
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-023599

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, she was stopped facing west on Cedarbridge Ave waiting for a vehicle in front of her to make a left onto Melville Ave. She stated, while stopped she was rear ended by vehicle 2. The damage was minor to the rear. No injuries reported.

Driver 2 stated, she was stopped in traffic facing west on Cedarbridge Ave. She stated, she was rear ended by vehicle 3 which caused her to collide into the rear of vehicle 1. The damage was primarily to the passenger side rear and minor damage suffered on the front end. The driver and the front seat passenger both reported neck pain.

Driver 3 stated, he was traveling west on Cedarbridge Ave. He stated, he realized vehicle 2 was stopped in traffic but he was unable to stop. As a result, he collided into the rear of vehicle 2 which was pushed into the rear of vehicle 1. Vehicle 3 suffered heavy front end damage. The rear seat passenger suffered a laceration on his lip.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 3 at fault for the crash due to driver inattention and following to closely, causing him to collide into the rear of vehicle 2.

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

96	-
97	-
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-023634

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

3 Station/Precinct:

10 Crash Occurred On: 8TH STREET — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W of: MADISON AVENUE — 16

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 50

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): 03/28/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 2349

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	08
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4631 48 27 44 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: YEHUDA — Initial: M — Last Name: ORATZ — 29 Sex: M

27 Number & Street: 2021 AVENUE O

28 City: BROOKLYN — State: NY — Zip: 11210

30 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: -

31 State: NY

32 Driver's License Number: 631 393 414

33 DOB (mm dd yyyy): 12/08/1999

34 Expires (mm yy): 12 22

35 Owner's ☐ Same As Driver — First Name: SHIMON — Initial: S — Last Name: ORATZ -

36 Number & Street: 182 WHITE RD

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

38 Make: HYUN — 39 Model: SON — 40 Color: 1 — 41 Year: 2011 — 42 Plate No.: U11MYT — 43 State: NJ

44 VIN: 5NPEC4ABXBH260836 — 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.: 939 722 541 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: AARON — Initial: E — Last Name: KAPLINSKY - — 59 Sex: M

57 Number & Street: 900 MONMOUTH AVE

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

60 Eyes: 5 — DL Class: - — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: K05200006505625

63 DOB (mm dd yyyy): 05/22/1962

64 Expires (mm yy): 05 25

65 Owner's ☒ Same As Driver — First Name: AARON — Initial: E — Last Name: KAPLINSKY -

66 Number & Street: 900 MONMOUTH AVE

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

68 Make: TOYT — 69 Model: CAM — 70 Color: 3 — 71 Year: 2016 — 72 Plate No.: E97LKT — 73 State: NJ

74 VIN: 4T1BF1FK9GU215610 — 75 Expires: 06 22

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

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	11	-	-	YEHUDA M ORATZ - 2021 AVENUE O BROOKLYN NY 11210
B	02	01	01	05	59	M	-	-	-	11	11	-	-	AARON E KAPLINSKY - 900 MONMOUTH AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

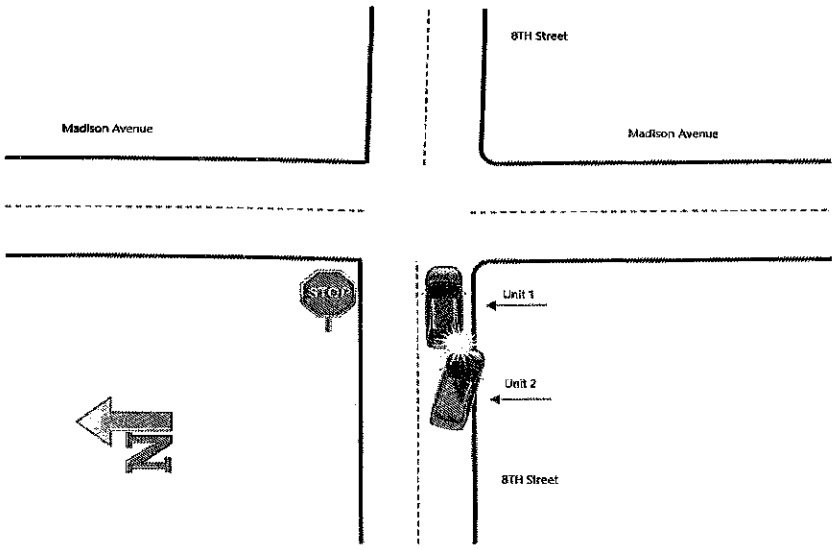
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-023634

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was stopped at the stop sign located at 8th Street and Madison Avenue. Driver stated that he proceeded to go over Madison Avenue but realize he didn't have enough time to make it due to traffic. Driver states that he put his vehicle in reverse and struck V2 which was behind him. Driver of V2 stated he was stopped at listed location when V1 proceeded to back up and struck his vehicle. No injuries reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
REYES S	342	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	-
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	01
117	01

1 Case Number: 22-020408

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/16/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1051

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: ARBORETUM PARKWAY

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☒ S ☐ W of: WEST COUNTY LINE ROAD

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

21 Latitude: 40.10628

22 Longitude: -74.23082

118a	99
118b	-
119a	99
119b	-
120a	01
120b	-
121a	01
121b	-
122	04
123	01
124	11
125	11
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	04
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 604422707206 1

25 NJ Ins. Code: 884

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

26 Driver's First Name: SOLOMON — Initial: - — Last Name: WEISS — 29 Sex: M

27 Number & Street: 1508 59TH ST

28 City: BROOKLYN — State: NY — Zip: 11219

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

32 Driver's License Number: 308871172 — 33 DOB (mm dd yyyy): 10/26/2001 — 34 Expires (mm yy): 10 23

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: GARDENSTATE AUT-

36 Number & Street: 209 2ND ST

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

38 Make: TOYT — 39 Model: CAM — 40 Color: WHI — 41 Year: 2020 — 42 Plate No.: M97NBD — 43 State: NJ

44 VIN: 4T1G11AK0LU995437 — 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.: 939 336 072

55 NJ Ins. Code: 054

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

56 Driver's First Name: ILANA — Initial: - — Last Name: LANDAU — 59 Sex: F

57 Number & Street: 1321 TUXEDO TER

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

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: L03943580053684 — 63 DOB (mm dd yyyy): 03/10/1968 — 64 Expires (mm yy): 03 25

65 Owner's First Name: ☐ Same As Driver AARON — Initial: - — Last Name: LANDAU

66 Number & Street: 1321 TUXEDO TER

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

68 Make: LEXU — 69 Model: ES3 — 70 Color: BLK — 71 Year: 2019 — 72 Plate No.: A42LNM — 73 State: NJ

74 VIN: 58ABZ1B12KU043359 — 75 Expires: 07 22

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	SOLOMON - WEISS - 1508 59TH ST BROOKLYN NY 11219
B	02	01	01	05	54	F	-	-	-	11	04	-	-	ILANA - LANDAU - 1321 TUXEDO TER LAKEWOOD NJ 08701
C	02	03	01	05	77	F	-	-	-	11	04	-	-	HENDLA GLATT 1321 TUXEDO TERRACE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

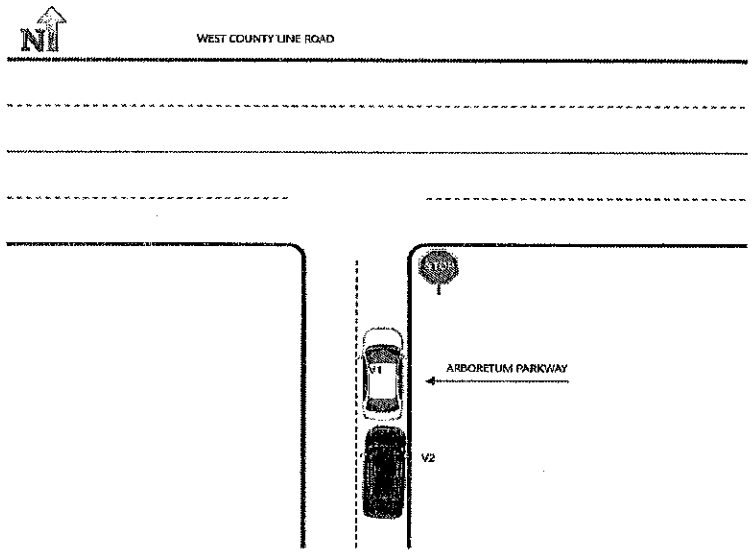
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-020408

(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

DRIOVER OF V1 STATED THAT HE HAD BEEN PARKED AND THAT HE MADE A U TURN AND WAS HIT IN THE BACK. DRIVER OF V2 STATED THAT SHE WAS DRIVING NORTH ON ARBORETUM PARKWAY AND THE OHER VEHICLE (V1) MADE A U TURN AND SHE TRIED TO MOVE TO THE RIGHT. DUE TO THE LACK OF INDEPENDENT EYEWITNESSES AND LACK OF CAMERAS IN THE AREAS AND THE CONFLIUCTING STATEMENTS OF THE DRIVERS, I AM UNABLE TO DETERMINE FAULT AT THIS TIME.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ 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	01
103	01
104	2
105	01
106	-
107	-
108	05
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-020988

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/18/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1517

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☒ Feet ☐ Miles (14) 200 (15)

☐ N ☐ E ☒ S ☐ W (16)

of: -

11 Speed Limit: 50

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

18 Speed Limit: -

19 Ramp ☐ To ☒ From: NJ 70

17 Cross Road Name: ☐ NB ☒ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.045680

22 Longitude: -74.197480

118a	09
118b	02
119a	25
119b	-
120a	02
120b	-
121a	01
121b	-
122	12
123	12
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

Vehicle 1

23 Veh #: 1

24 Policy No.: 945033792

25 NJ Ins. Code: 134

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

26 Driver's First Name: ALLISON — Initial: E — Last Name: FOY — 29 Sex: F

27 Number & Street: 616 LAREINE AVE

28 City: BRADLEY BEACH — State: NJ — Zip: 07720

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: F69060286556792

33 DOB (mm dd yyyy): 06/19/1979

34 Expires (mm yy): 06 22

35 Owner's First Name: ROBERT — Initial: D — Last Name: FORSYTH

☐ Same As Driver

36 Number & Street: 517 GREENTREE AVE

37 City: PT PLSNT BORO — State: NJ — Zip: 08742

38 Make: CHEV — 39 Model: CLD — 40 Color: WHI — 41 Year: 2012 — 42 Plate No.: U47LLM — 43 State: NJ

44 VIN: 1GCCSBF97C8150444

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: 0.28 % ☐ 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.: 939 242 839

55 NJ Ins. Code: 054

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

56 Driver's First Name: LISA — Initial: A — Last Name: KELLY — 59 Sex: F

57 Number & Street: 3 PARTRIDGE PL

58 City: MANCHESTER — State: NJ — Zip: 08759

60 Eyes: 02 — DL Class: B — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K24074766158672

63 DOB (mm dd yyyy): 08/28/1967

64 Expires (mm yy): 08 24

65 Owner's First Name: LISA — Initial: A — Last Name: KELLY

☒ Same As Driver

66 Number & Street: 3 PARTRIDGE PL

67 City: MANCHESTER — State: NJ — Zip: 08759

68 Make: NISS — 69 Model: ROG — 70 Color: BLK — 71 Year: 2018 — 72 Plate No.: R72BNM — 73 State: NJ

74 VIN: JN8AT2MT8JW464989

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.
1	39:4-89	1514-A-292364	1	39:4-129	1514-A-292366
1	39:4-96	1514-A-292365			

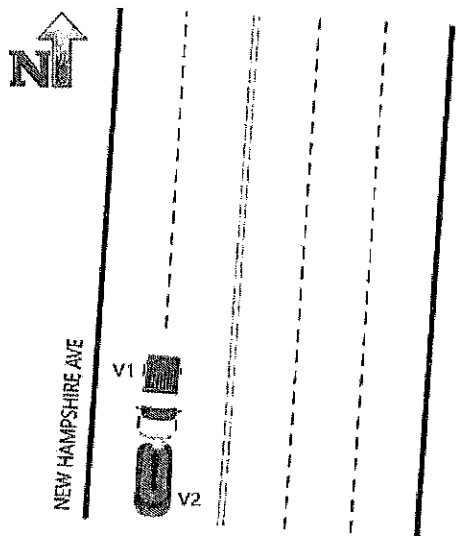
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	42	F	-	-	-	11	04	-	-	ALLISON E FOY - 616 LAREINE AVE BRADLEY BEACH NJ 07720 - -
B	2	01	01	05	54	F	-	-	-	11	04	-	-	LISA A KELLY - 3 PARTRIDGE PL MANCHESTER NJ 08759 - -
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD POLICE Code: 01
	Station: - Case No: 22-020988

(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

On Friday March 18th, 2022 at 15:07 Lakewood Police received several calls in reference to an erratic driver operating V1 in the area of NJ 70 & Airport Road. The NJ 70 corridor was checked with negative results. A short while later V1 struck V2 from behind at approximately 15:17 on New Hampshire Avenue southbound in the zipper merge, which ends approximately 200 feet south of the ramp from NJ 70 eastbound. V1 fled the scene and continued south into Toms River.

Toms River PD was contacted by Driver 2 after the crash as she followed V1 into Toms River. Ptl. E. Nelson of TRPD eventually stopped V1 in their jurisdiction and arrested Driver 1 for DWI. I was informed that her BAC was 0.28%. V1 was impounded by Toms River PD's on-duty tow service. I was provided with contact information for Driver 2, as the crash occurred in Lakewood. I spoke with Driver 2 and learned that her rear bumper was partially popped out and an impression of V1's front license plate bracket was left in V2's rear bumper.

Driver 1 is responsible due to unsafe following distance and impairment. She will be issued tickets via mail for following too closely and reckless driving. Refer to TRPD report 22-12499 for additional information.

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

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-021840

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

3 Station/Precinct: -

10 Crash Occurred On: RIVER AVE — Road Name — Dir: - — 11 Speed Limit: 40 — 12 Route No.: 0009 — Suffix: - — 13 Milepost: -

☐ At Intersection With — ☒ Feet — ☒ N ☐ E — of: LOCUST ST — 18 Speed Limit: 25

14: 10 ☐ Miles — ☐ S ☐ W — 15 — 16

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 03/21/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 2032 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.048000 — 22 Longitude: -74.221710

118a	25
118b	-
119a	09
119b	02
120a	01
120b	-
121a	02
121b	-
122	08
123	01
124	03
125	03
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	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 5129J003438 — 25 NJ Ins. Code: 917

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

26 Driver's First Name: MEIR — Initial: S — Last Name: SALEM — 29 Sex: M

27 Number & Street: 4 FILLMORE AVE

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

30 Eyes: 02 — DL Class: A — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S02655378212922 — 33 DOB (mm dd yyyy): 12/01/1992 — 34 Expires (mm yy): 12 24

35 Owner's ☐ Same As Driver — First Name: MEIR — Initial: S — Last Name: SALEM

36 Number & Street: 4 FILLMORE AVE

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

38 Make: TOYT — 39 Model: HIG — 40 Color: BLK — 41 Year: 2019 — 42 Plate No.: Y85LGM — 43 State: NJ

44 VIN: 5TDJZRFH3KS568383 — 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.: HPA00002764162 — 55 NJ Ins. Code: 017

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

56 Driver's First Name: MELISSA — Initial: S — Last Name: MASKER — 59 Sex: F

57 Number & Street: 610 MAPLE ST.

58 City: LAKEHURST — State: NJ — Zip: 08733

60 Eyes: 04 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M07465378258784 — 63 DOB (mm dd yyyy): 08/04/1978 — 64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver — First Name: JAMES — Initial: E — Last Name: MARTIN

66 Number & Street: 464 ADMIRAL RD

67 City: FORKED RIVER — State: NJ — Zip: 08731

68 Make: CHEV — 69 Model: MAL - MA — 70 Color: GLD — 71 Year: 2010 — 72 Plate No.: X106537 — 73 State: NJ

74 VIN: 1G1ZE5EB3AF259539 — 75 Expires: 03 22

76 Vehicle Removed To: BARINA'S AUTOMOTIVE

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☒ Police

78 Alcohol/Drug Test: Given: ☐ No ☒ Yes ☐ Refused — Type: ☒ Breath ☐ Blood ☐ Urine — Results: 0. 17 % ☐ 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	39:4-50	1514 A 292462	02	39:4-96	1514 A 292463
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
02	39:4-97	1514 A 292464	02	39:3-40	1514 A 292465

	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	-	-	MEIR S SALEM - 4 FILLMORE AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	43	F	-	-	-	11	04	-	-	MELISSA S MASKER - 610 MAPLE ST. LAKEHURST NJ 08733 - -
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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	-
109	-
110	-
111	-
112	-
113	-
114	-
115	-
116	-
117	-

1 Case Number: 22-021840

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

3 Station/Precinct: -

10 Crash Occurred On: RIVER AVE | - | 11 Speed Limit: 40 | 0009 - -

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☒ Feet ☒ N ☐ E of: LOCUST ST | 18 Speed Limit: 25

10 ☐ 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): 03/21/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 2032 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

21 Latitude: 40.048000 | 22 Longitude: -74.221710

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: -

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: -

118a	-
118b	-
119a	-
119b	-
120a	-
120b	-
121a	-
121b	-
122	-
123	-
124	-
125	-
126a	-
126b	-
126c	-
126d	-
126e	-
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	-
130	-
131	-
132	-
133	-
134	-

53 Veh #: - | 54 Policy No.: - | 55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - | State: - | Zip: -

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -

62 Driver's License Number: - | 63 DOB (mm dd yyyy): - | 64 Expires (mm yy): - -

65 Owner's First Name: - | Initial: - | Last Name: -

☐ Same As Driver

66 Number & Street: -

67 City: - | State: - | Zip: -

68 Make: - | 69 Model: - | 70 Color: - | 71 Year: - | 72 Plate No.: - | 73 State: -

74 VIN: - | 75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill

- (Hazard Class) | - (Placard No.)

80 Carrier No.: ☐ USDOT - ☐ 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	39:4-51B	1514 A 292466	-		-
-	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

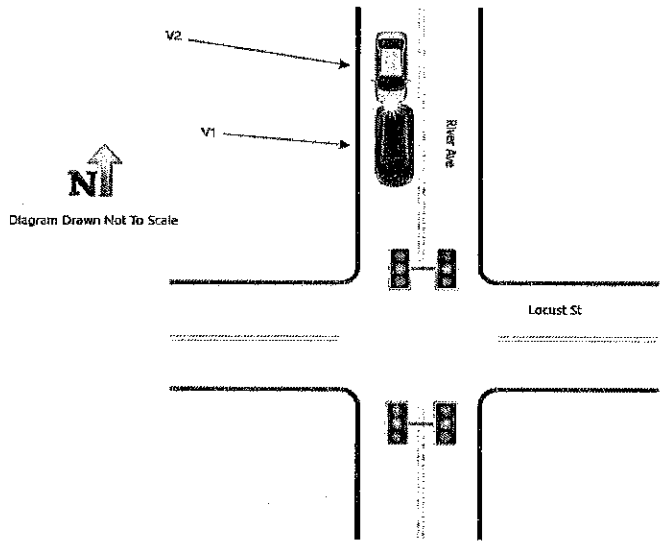
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-021840

(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 at a red traffic signal facing south on River Ave. He stated, while at a complete stop he was rear ended by vehicle 2. The damage was primarily to the rear. No injuries reported.

Driver 2 stated, she was rear ended by a vehicle 1 while on River Ave and became aggressive while giving her statement. The damage was primarily to the front end. No injuries reported.

Driver 2 was subsequently placed under arrest for DWI after failing the Horizontal Gaze Nystagmus Examination.

As a result of my investigation, I, Patrolman Connor Woods #418 determined driver 2 at fault for the crash due to driving while intoxicated and colliding into the rear of driver 1, who was fully stopped while observing a red traffic signal.

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

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	29
109	04
110	02
111	01
112	-
113	-
114	04
115	-
116	02
117	02

1 Case Number: 22-022050

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

3 Station/Precinct:

10 Crash Occurred On: WEST COUNTY LINE ROAD — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W of: MADISON AVENUE

11 Speed Limit: 40 — 12 Route No.: 0526 — Suffix — 13 Milepost: 100

18 Speed Limit: 50

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

4 Date of Crash (mm dd yy): 03/22/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1506 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.10620 — 22 Longitude: -74.21938

118a	25
118b	-
119a	02
119b	09
120a	01
120b	-
121a	01
121b	-
122	08
123	01
124	03
125	03
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	02
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: HOAU213335 — 25 NJ Ins. Code: 187

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

26 Driver's First Name: ADRIAN — Initial: - — Last Name: FLORES-ZAMBRANO - — 29 Sex: M

27 Number & Street: 3000 KENNY LANE

28 City: MANCHESTER — State: NJ — Zip: 08757

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

32 Driver's License Number: F55430110003942 — 33 DOB (mm dd yyyy): 03/04/1994 — 34 Expires (mm yy): 07 22

35 Owner's First Name: MARBLE LLC — Initial: - — Last Name: HOUSE OF GRANIT|-

☐ Same As Driver

36 Number & Street: 1920 SWARTHMORE AVE

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

38 Make: FORD — 39 Model: ECO — 40 Color: WHI — 41 Year: 2013 — 42 Plate No.: XGKM24 — 43 State: NJ

44 VIN: 1FDWE3FL9DDA71531 — 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 ☐ 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: KEVIN — Initial: J — Last Name: MCNAMARA - — 59 Sex: M

57 Number & Street: 7 HANLEY COURT

58 City: BRICK — State: NJ — Zip: 08724

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

62 Driver's License Number: M16864337112752 — 63 DOB (mm dd yyyy): 12/15/1975 — 64 Expires (mm yy): 12 25

65 Owner's First Name: RAYMOND — Initial: G — Last Name: CARLE -

☐ Same As Driver

66 Number & Street: 8 MOODY STREET

67 City: DARBY — State: NH — Zip: -

68 Make: HOND — 69 Model: CRV — 70 Color: 1 — 71 Year: 2018 — 72 Plate No.: 5035537 — 73 State: NH

74 VIN: 2HKRW6H32JH217027 — 75 Expires: 03 23

76 Vehicle Removed To: BARINA'S AUTOMOTIVE

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2	39:6B-2	A291580
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	M	-	-	-	11	04	-	-	ADRIAN - FLORES-ZAMBRANO - 3000 KENNY LANE MANCHESTER NJ 08757
B	02	01	01	05	46	M	-	-	-	11	11	-	-	KEVIN J MCNAMARA - 7 HANLEY COURT BRICK NJ 08724
C	01	02	01	05	28	M	-	-	-	11	04	-	-	GAMALI - CRUZ - 412 LAUREL AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

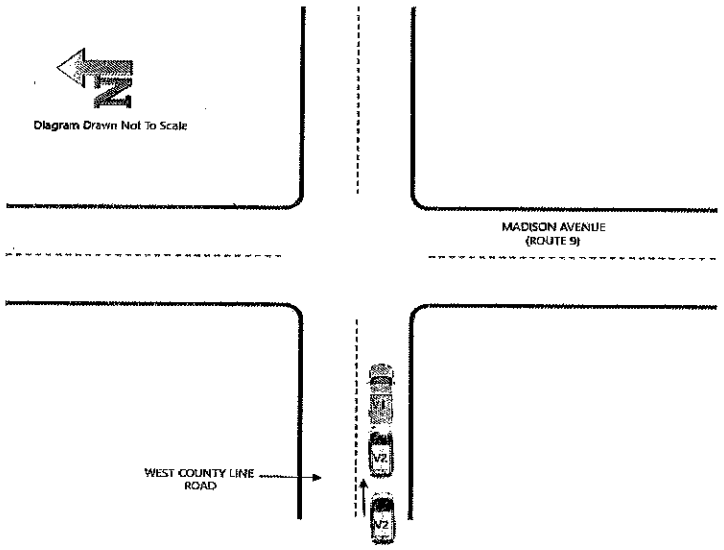
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-022050

(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 facing East on West County Line Road. Driver #1 stated Vehicle #2 rear-ended his vehicle as he was stopped in traffic. Vehicle #2 sustained minor damage and was able to be driven from the scene.

Driver #2 stated he was traveling East on West County Line Road and did not notice Vehicle #1 was stopped in traffic and he could not stop in time and the center front of his vehicle collided with the center rear of Vehicle #1. Vehicle #2 sustained major damage and had to be towed from the scene. Barina's Towing responded and towed vehicle #2.

Based on statements from 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.

Driver #2 could not produce a valid insurance card for Vehicle #2 and was given 24 hours to produce a valid insurance card by either emailing me or responding to LPD to drop a copy off of a valid insurance card. Driver #2 failed to do so and he was subsequently issued motor vehicle summons #A291580 for 39:6B-2 (Uninsured).

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

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	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-022268

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 03/23/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1703

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: CROSS ST — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W — 16

of: RIVER AVE

11 Speed Limit: 45

12 Route No.: 0626 — Suffix

13 Milepost

18 Speed Limit: 40

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.054310

22 Longitude: -74.220650

118a	25
118b	-
119a	08
119b	-
120a	01
120b	-
121a	01
121b	-
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	01
132	01
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4591631561

25 NJ Ins. Code: 100

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

26 Driver's First Name: ADEKUNBI — Initial: A — Last Name: OLUWAFUNM — 29 Sex: F

27 Number & Street: 5 PINEHURST DR RAMP

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

30 Eyes: 02 — DL Class: A — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: A18166046162812

33 DOB (mm dd yyyy): 12/21/1981

34 Expires (mm yy): 12 24

35 Owner's ☐ Same As Driver — First Name: ADEKUNBI — Initial: A — Last Name: OLUWAFUNM

36 Number & Street: 5 PINEHURST DR RAMP

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

38 Make: MITS — 39 Model: OUT - OU — 40 Color: RD — 41 Year: 2015 — 42 Plate No.: P36LHJ — 43 State: NJ

44 VIN: 4A4AR4AUXFE008646

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.: 5129J 004650

55 NJ Ins. Code: 917

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

56 Driver's First Name: FRAIDA — Initial: R — Last Name: SILVER — 59 Sex: F

57 Number & Street: 123 REGENT DR.

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: S44062677960854

63 DOB (mm dd yyyy): 10/16/1985

64 Expires (mm yy): 08 19

65 Owner's ☐ Same As Driver — First Name: MORDECHAI — Initial: - — Last Name: KOHN

66 Number & Street: 1CHAMPLAIN CT

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

68 Make: HYUN — 69 Model: SON — 70 Color: 1 — 71 Year: 2016 — 72 Plate No.: V82MSE — 73 State: NJ

74 VIN: 5NPE24AF4GH320929

75 Expires: 08 22

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	F	-	-	-	11	04	-	-	ADEKUNBI A OLUWAFUNM - 5 PINEHURST DR RAMP LAKEWOOD NJ 08701
B	01	04	01	03	5	F	02	08	01	11	04	-	-	PRECIOUS - OLUWAFUNM - 5 PINEHURST DR LAKEWOOD NJ 08701
C	01	06	01	05	8	F	-	-	-	11	04	-	-	PEARL - OLUWAFUNM - 5 PINEHURST DR LAKEWOOD NJ 08701
D	02	01	01	05	36	F	-	-	-	11	04	-	-	FRAIDA R SILVER - 123 REGENT DR. LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

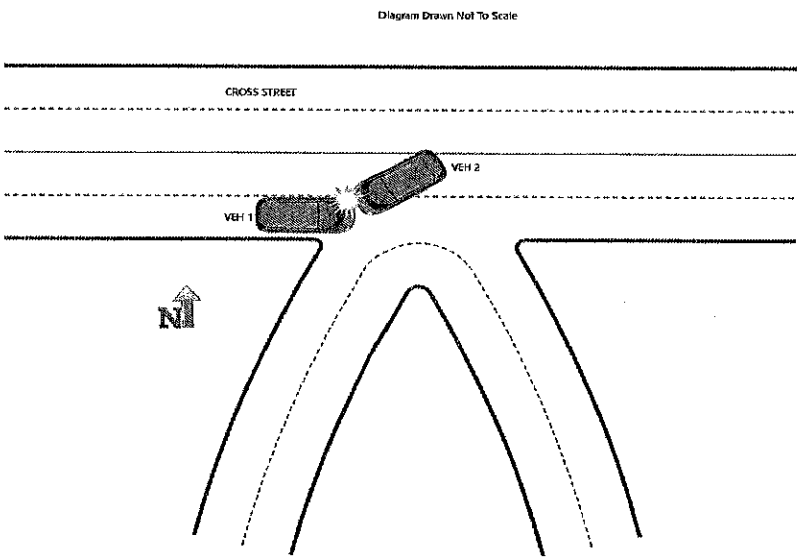
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-022268

(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 SHE WAS TRAVELING EAST ON CROSS STREET WHEN VEHICLE 2 MADE A LEFT TURN IN FRONT OF HER AND HIT HER CAR.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING WEST ON CROSS STREET AND WAS ATTEMPTING TO MAKE A LEFT TURN INTO A PLAZA WHEN SHE WAS HIT BY VEH 1.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 DID NOT YIELD TO THE RIGHT OF WAY OF VEH 1 THAT WAS TRAVELING STRAIGHT.

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

96	05
97	01
98	07
99	09
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	01
117	-

1 Case Number: 22-022295

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

3 Station/Precinct:

10 Crash Occurred On: BUCKINGHAM DR (Road Name) | Dir | 11 Speed Limit: 25 | 12 Route No. - | Suffix - | 13 Milepost -

☐ At Intersection With FARRINGTON CT (Road Name) | Dir | 18 Speed Limit: 25

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

19 Ramp ☐ To ☐ From: - | 17 Cross Road Name - | ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 03/23/22 | 5 Day Of Week: WEDNESDAY | 6 Time (use 2400 hrs): 2042 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 20 Route/Name - | 21 Latitude: 40.04344 | 22 Longitude: -74.18581

118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	05
126b	56
126c	53
126d	-
126e	53
127a	-
127b	-
127c	-
127d	-
127e	-
128	05
129	12
130	12
131	-
132	-
133	03
134	-

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 4542517133 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: DAWN | Initial: M | Last Name: MCKENNA | 29 Sex: F

27 Number & Street: 628 HUNTINGTON DR # B;B

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

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

32 Driver's License Number: M16201577459682 | 33 DOB (mm dd yyyy): 09/23/1968 | 34 Expires (mm yy): 09 25

35 Owner's ☐ Same As Driver | First Name: ROBERT | Initial: J | Last Name: MCKENNA

36 Number & Street: 628B HUNTINGTON DRIVE

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

38 Make: HOND | 39 Model: CIV | 40 Color: SIL | 41 Year: 2018 | 42 Plate No.: K46KCS | 43 State: NJ

44 VIN: SHHFK7H79JU417844 | 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 ☐ 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 - ☐ 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

LIGHT POLE IN FRONT OF 145 FARRINGTON CT

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-129	292569	1	39:4-130	292570
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	53	F	-	-	-	11	04	-	-	DAWN M MCKENNA - 628 HUNTINGTON DR # LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

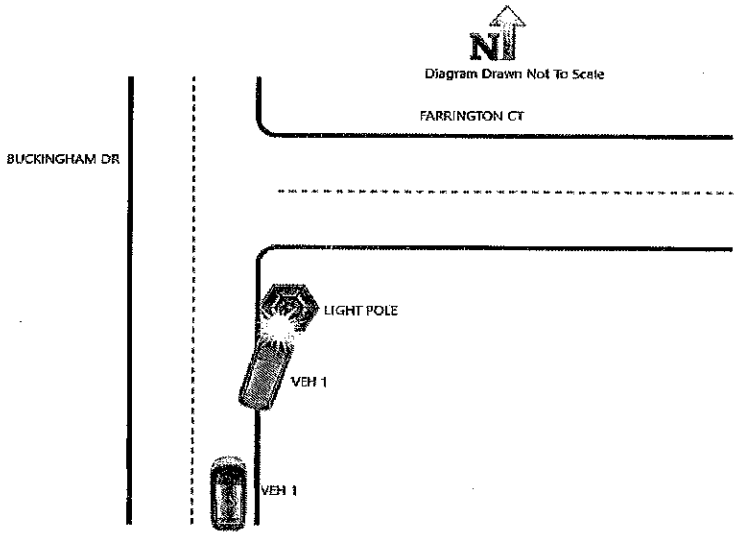
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-022295

(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

A LIGHT POLE WAS STRUCK IN FRONT OF 145 FARRINGTON CT. AN INVESTIGATION YEILDED A LICENSE PLATE BEARING NJ REGISTRATION K46KCS. THE REGISTRATION WAS REGISTERED TO A SILVER HONDA CIVIC. A WITNESS TO THE ACCIDENT STATED HE WAS A SILVER HONDA CIVIC LEAVING THE SCENE OF THE ACCIDENT AND TRAVELING SOUTH ON BUCKINGHAM DRIVE PRIOR TO TURNING ONTO HUNTINGTON CT.

THE SUSPECTED VEHICLE WAS LOCATED AT THE REGISTERED OWNERS ADDRESS OF 628 HUNTINGTON DRIVE; B. THE DAMAGE ON THE VEHICLE WAS MODERATE AND CONCENTRATED TO THE 12 OCLOCK POSITION. DRIVER ONE ADMITTED SHE WAS OPERATING THE MOTOR VEHICLE. DRIVER ONE STATED VEHICLE ONE WAS TRAVELING NORTH ON BUCKINGHAM DRIVE APPROACHING FARRINGTON CT. DRIVER ONE STATED SHE FELL ASLEEP FOR A SPLIT SECOND WHEN HER VEHICLE RAN OFF THE ROADWAY, HOPPED THE CURB, AND STRUCK A LIGHT POLE IN FRONT OF 145 FARRINGTON CT. DRIVER ONE STATED SHE PANICKED AND LEFT THE SCENE OF THE ACCIDENT. NO INJURIES WERE REPORTED AT THE SCENE. DRIVER ONE WAS ISSUED SUMMONS FOR FAILING TO REPORT THE ACCIDENT, AND LEAVING THE SCENE OF THE ACCIDENT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-022381
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	02	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	03/24/22
		5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	0608
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100a	01	10 Crash Occurred On:	ADAMS ST
		☐ At Intersection With	
		Road Name	
		Dir	
		☐ Feet	
		☐ N ☐ E	
		of:	VAN BUREN AVENUE N
		.25	
		☒ Miles	
		☒ S ☐ W	
		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:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.097720
		22 Longitude	-74.250070
118a	99		
118b	-		
119a	-		
119b	-		
120a	01		
120b	-		
121a	-		
121b	-		
122	01		
123	-		
124	11		
125	-		
126a	99		
126b	-		
126c	-		
126d	-		
126e	99		
127a	-		
127b	-		
127c	-		
127d	-		
127e	-		
128	99		
129	14		
130	14		
131	-		
132	-		
133	04		
134	-		

100b	05	23 Veh #	1
		24 Policy No.	BA 2997BD
		25 NJ Ins. Code	149
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	EFRAIM
		Initial	Y
		Last Name	SCOTT
		29 Sex	M
102	02	27 Number & Street	37 ASPEN CT
103	02	28 City	LAKEWOOD
		State	NJ
		Zip	08701
104	1	30 Eyes	04
		DL Class	B
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	99	32 Driver's License Number	S17161968810754
		33 DOB (mm dd yyyy)	10/17/1975
		34 Expires (mm yy)	08 19
106	01	35 Owner's ☐ Same As Driver	JAYS
		Initial	-
		Last Name	BUS SERVICE INC -
107	-	36 Number & Street	672 CROSS ST
108	31	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	SPA
		39 Model	BUS
		40 Color	YEL
		41 Year	2021
		42 Plate No.	V868S1
		43 State	NJ
110	02	44 VIN	4DRBUC8P6MB130600
		45 Expires	07 22
111	-	46 Vehicle Removed To	GROANS
112	09	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	02	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class -
			Placard No. -
117	-	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	-

		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	-
		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	01	01	01	05	46	M	-	-	-	11	04	-	-	EFRAIM Y SCOTT - 37 ASPEN CT LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

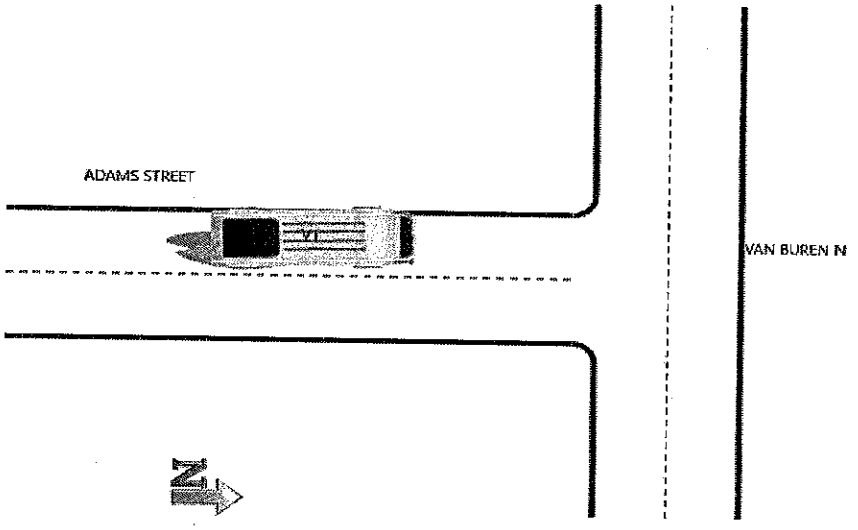
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022381

(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 travelling North Bound on Adams Street in the area of current roadwork. While driving, the driver stated he felt the rear of the vehicle beginning to shift and sink. He immediately ran from the vehicle and called police.

Upon my arrival, I noticed that the rear of the bus was in a sink hole. It appeared this area was under current construction, and due to severe weather the road gave way. The foreman- Luis Rocha of Seacoast Construction Company arrived on scene and began to make notifications to the company for immediate repair of the roadway. Officer Mercado from the Traffic Safety Division of the Lakewood Township Police Department also arrived to assess the situation.

*****Box 126e was code 99 (other) for the actual sink hole.**

Construction Company Information:

Seacoast Construction, Inc.
Bryan S. Pedreiro
15 Addington Court
East Brunswick, NJ 08816

Cell: 908-705-4715
Tel: 732-238-6963
Fax: 732-238-6083

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GANLEY J	362	KD	303	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-022520

2 Police Dept of: LAKEWOOD POLICE — Code: 01

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVENUE — Road Name — Dir: - — 11 Speed Limit: 45 — 12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: LOCUST STREET

☒ Feet ☒ N ☐ E of: LOCUST STREET — 18 Speed Limit: 25

100 ☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 03/24/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 2051 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 20 Route/Name: - — 21 Latitude: 40.045680 — 22 Longitude: -74.197480

118a	09
118b	51
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6041-97-59-77 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: JOSE — Initial: - — Last Name: DIAZ-MENDEZ — 29 Sex: M

27 Number & Street: 49 RONALD RD

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

30 Eyes: 02 — DL Class: I — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: D40284100005792 — 33 DOB (mm dd yyyy): 09/05/1979 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: YESSENIA — Initial: - — Last Name: BUENO-GARISTA -

36 Number & Street: 49 RONALD RD

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

38 Make: CHRY — 39 Model: VOY — 40 Color: BLK — 41 Year: 2003 — 42 Plate No.: R89NPC — 43 State: NJ

44 VIN: 1C4GJ45393B220641 — 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.: 939 714 079 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: ZHONG — Initial: M — Last Name: LIN — 59 Sex: F

57 Number & Street: 201 SUBURBAN 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: L44547967453682 — 63 DOB (mm dd yyyy): 03/24/1968 — 64 Expires (mm yy): 03 25

65 Owner's ☒ Same As Driver — First Name: ZHONG — Initial: M — Last Name: LIN -

66 Number & Street: 201 SUBURBAN DR

67 City: TOMS RIVER — State: NJ — Zip: 08753

68 Make: TOYT — 69 Model: COA — 70 Color: GRY — 71 Year: 2015 — 72 Plate No.: G28LVX — 73 State: NJ

74 VIN: 2T1BURHEXFC448505 — 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	39:3-10	1514-A-292367	1	39:3-40	1514-A-292369
1	39:4-89	1514-A-292368			

	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	M	-	-	-	11	04	-	-	JOSE - DIAZ-MENDEZ - 49 RONALD RD LAKEWOOD NJ 08701 - -
B	2	01	01	05	54	F	-	-	-	11	04	-	-	ZHONG M LIN - 201 SUBURBAN DR TOMS RIVER NJ 08753 - -
C														
D														

New Jersey Police Crash Investigation Report

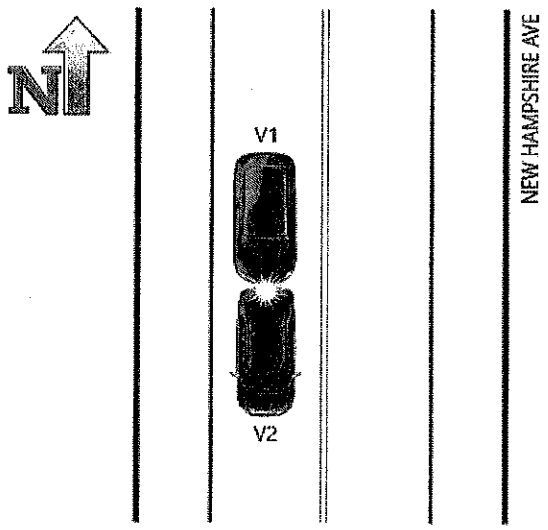
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-022520

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 struck V2 from behind on New Hampshire Avenue southbound, approximately 100 feet north of Locust Street. Prior to the crash V2 was stopped in traffic with a red signal ahead, about 4 vehicles back from the intersection. V1 was approaching from the rear and did not brake in time, resulting in a collision.

Driver 1 stated V2 slammed on its brakes and he couldn't stop in time. He was issued summonses for following to closely, unlicensed driving, and driving while suspended.

Driver 2 stated she was stopped as described above when she was struck.

No injuries were reported. Owner of V1 responded and drove V1 from the scene.

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

96	05	1 Case Number	22-022538
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	06	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	03/24/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	2158
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	OCEAN AVENUE
		At Intersection With	
		Road Name	
		Dir	
		11 Speed Limit	45
		12 Route No.	0088
		Suffix	
		13 Milepost	
		14 ☒ Feet ☐ Miles	10
		15 ☐ N ☐ E ☐ S ☒ W	
		16 of:	NEW HAMPSHIRE AVENUE
		17 Cross Road Name	
		18 Speed Limit	623
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.08558
		22 Longitude	-74.17692
118a	09		
118b	-		
119a	25	☐ NB ☐ EB ☐ SB ☐ WB	
119b	-		

100b	04	23 Veh #	1	53 Veh #	2	120a	01
101	02	24 Policy No.	4364218976	54 Policy No.	A1212065A	120b	-
		25 NJ Ins. Code	100	55 NJ Ins. Code	825		
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
102	02	26 Driver's First Name	SAUL	56 Driver's First Name	YOCHANA	121a	01
		Initial	Y	Initial	R	121b	-
		Last Name	ROSENBERG -	Last Name	BULKA -		
		29 Sex	M	59 Sex	M		
103	02	27 Number & Street	18 NEW YORK AVE	57 Number & Street	158 COLUMBUS AVE		
104	2	28 City	LAKEWOOD	58 City	LAKEWOOD		
		State	NJ	State	NJ		
		Zip	08701	Zip	08701		
		30 Eyes	2	60 Eyes	2	122	01
		DL Class	D	DL Class	D		
		Restrictions	-	Restrictions	-		
		Endorsements	-	Endorsements	-		
		31 State	NJ	61 State	NJ		
105	01	32 Driver's License Number	R66936928802912	62 Driver's License Number	B92137907909702	123	07
		33 DOB (mm dd yyyy)	02/20/1991	63 DOB (mm dd yyyy)	09/02/1970		
		34 Expires (mm yy)	02 26	64 Expires (mm yy)	05 25		
106	-	35 Owner's First Name	SAUL	65 Owner's First Name	LLC	124	04
		Initial	Y	Initial	-		
		Last Name	ROSENBERG -	Last Name	LIFE SC LBS SPPLM -		
		☐ Same As Driver		☐ Same As Driver			
107	-	36 Number & Street	18 NEW YORK AVE	66 Number & Street	216 RIVER AVE	125	04
108	01	37 City	LAKEWOOD	67 City	LAKEWOOD		
		State	NJ	State	NJ		
		Zip	08701	Zip	08701		
109	01	38 Make	TOYT	68 Make	LINC	126a	26
		39 Model	PRI	69 Model	CON - CO		
		40 Color	3	70 Color	BLK		
		41 Year	2007	71 Year	2017		
		42 Plate No.	M24NPD	72 Plate No.	XGKR43		
		43 State	NJ	73 State	NJ		
110	01	44 VIN	JTDKB20U173215784	74 VIN	1LN6L9NP4H5628892	126b	-
		45 Expires	05 22	75 Expires	09 22		
111	01	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	126c	-
112	-					126d	-
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police	126e	26
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused	127a	26
115	-		Type: ☐ Breath ☐ Blood ☐ Urine		Type: ☐ Breath ☐ Blood ☐ Urine	127b	-
116	02		Results: 0. - % ☐ Pending		Results: 0. - % ☐ Pending	127c	-
117	02	49 Hazardous Material	☒ None ☐ On Board ☐ Spill	79 Hazardous Material	☒ None ☐ On Board ☐ Spill	127d	-
			Hazard Class / Placard No.		Hazard Class / Placard No.	127e	26
		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	128	26
		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	129	12
		52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity		130	06
		Number & Street		Number & Street		131	12
		City / State / Zip		City / State / Zip		132	06
		135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No			133	02
		Oper.	V1	Oper.		134	02
		136 Charge	39:4-97	138 Charge			
		137 Summons. No.	1514-A-292376	139 Summons. No.			
		Oper.		Oper.			
		140 Charge		142 Charge			
		141 Summons. No.		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	31	M	-	-	-	11	04	-	-	SAUL Y ROSENBERG - 18 NEW YORK AVE LAKEWOOD NJ 08701
B	V2	01	01	04	51	M	04	08	02	11	04	-	6505	YOCHANA R BULKA - 158 COLUMBUS AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

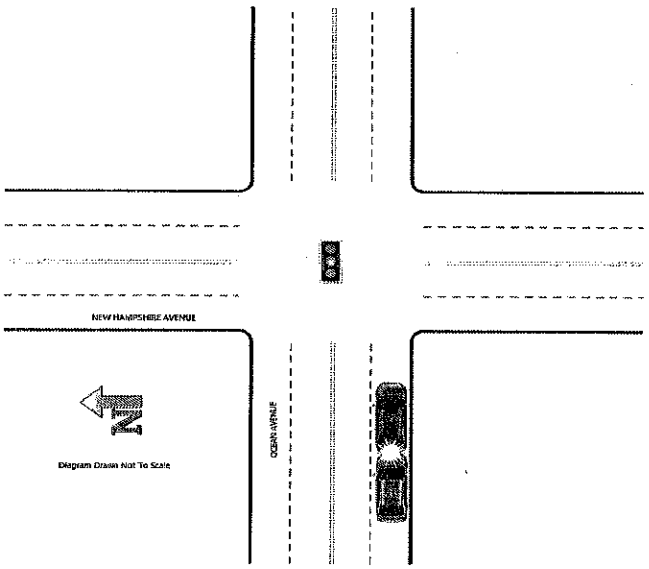
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-022538

(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 2 stated he was traveling East on Ocean Avenue approaching the intersection of New Hampshire Avenue. While vehicle 2 was slowing down, his vehicle was struck on the rear bumper by vehicle 1.

The driver of vehicle 1 stated he was traveling East behind vehicle 2 on Ocean Avenue approaching the intersection of New Hampshire Avenue. The driver of vehicle 1 stated he hydroplaned into the rear end of vehicle 2 when he utilized his brakes .

Upon my investigation I determined vehicle 1 at fault for following too closely to vehicle 2.

END OF REPORT
PTL. A. PRISCO #427
03/24/2022

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	09
100a	01
100b	04
101	02
102	02
103	01
104	1
105	11
106	02
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 22-022583

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0118

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 901 CEDARBRIDGE AVE — Road Name — Dir: -

☐ At Intersection With

☐ Feet ☐ Miles — 14 — 15 — 16 — ☐ N ☐ E ☐ S ☐ W of: -

11 Speed Limit: 10

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

18 Speed Limit: -

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: - ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.07599

22 Longitude: -74.18327

118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	03
123	-
124	11
125	-
126a	54
126b	-
126c	-
126d	-
126e	54
127a	-
127b	-
127c	-
127d	-
127e	-
128	54
129	12
130	01
131	-
132	-
133	04
134	-

Vehicle 1

23 Veh #: 1

24 Policy No.: 4549-53-26-22

25 NJ Ins. Code: 148

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

26 Driver's First Name: DOV — Initial: M — Last Name: LEVY

29 Sex: M

27 Number & Street: 171 IRWIN ST

28 City: BROOKLYN — State: NY — Zip: 11235

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NY

32 Driver's License Number: 676638880

33 DOB (mm dd yyyy): 10/16/1982

34 Expires (mm yy): 10 29

35 Owner's First Name: HELIDA — Initial: R — Last Name: NOVACK

☐ Same As Driver

36 Number & Street: 98 OAK ST APT 2011

37 City: LINDENWOLD — State: NJ — Zip: 08021

38 Make: TOYT — 39 Model: SNA — 40 Color: GRY — 41 Year: 2012 — 42 Plate No.: T57NBX — 43 State: NJ

44 VIN: 5TDKK3DC2CS271233

45 Expires: 01 23

46 Vehicle Removed To: YITZ

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: -

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

MINOR DAMAGE TO PLASTIC COVER AROUND POLE.

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	39	M	-	-	01	11	04	-	-	DOV M LEVY - 171 IRWIN ST BROOKLYN NY 11235
B														
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-022583

(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)

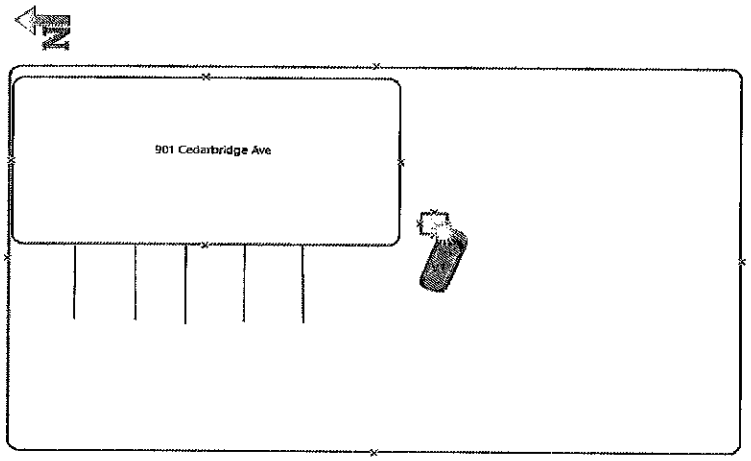


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was turning left inside the parking lot of 901 Cedarbridge Ave.

Driver 1 stated as he was turning left he failed to observe a pole in the ground that held a stop sign.

Vehicle 1 had disabling front end damage and was towed from the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN B	405	SGT. M. MARZOCCA		☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-022677
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	00	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	03/25/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1003
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	8TH ST
		Road Name	-
		Dir	
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		118a	25
		118b	-
		119a	00
		119b	-
		120a	01
		120b	-
		121a	00
		121b	-
		122	10
		123	00
		124	04
		125	04
		126a	26
		126b	-
		126c	-
		126d	-
		126e	26
		127a	28
		127b	-
		127c	-
		127d	-
		127e	-
		128	26
		129	11
		130	11
		131	00
		132	00
		133	03
		134	00

☐ At Intersection With ☒ Feet ☐ Miles (14 / 15) 75 ☐ N ☐ E ☐ S ☒ W of: CLIFTON AVE

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - 17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.098000 22 Longitude: -74.215730

100b 04	23 Veh #	24 Policy No.	25 NJ Ins. Code	53 Veh #	54 Policy No.	55 NJ Ins. Code
	1	4620-91-42-77	148	2	-	-
	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run		

101 02	26 Driver's First Name	Initial	Last Name	29 Sex	56 Driver's First Name	Initial	Last Name	59 Sex
	-	-	-	-	-	-	-	-

102 01	27 Number & Street	57 Number & Street
	-	-

103 01	28 City	State	Zip	58 City	State	Zip
	-	-	-	-	-	-

104 2	30 Eyes	DL Class	Restrictions	Endorsements	31 State	60 Eyes	DL Class	Restrictions	Endorsements	61 State
	-	-	-	-	-	-	-	-	-	-

105 00	32 Driver's License Number	33 DOB (mm dd yyyy)	34 Expires (mm yy)	62 Driver's License Number	63 DOB (mm dd yyyy)	64 Expires (mm yy)
	-	-	- -	-	-	- -

106 00	35 Owner's First Name	Initial	Last Name	65 Owner's First Name	Initial	Last Name
	☐ Same As Driver PAUL	R	PANISH -	☐ Same As Driver -	-	- -

107 -	36 Number & Street	66 Number & Street
	100 8TH ST	-

108 01	37 City	State	Zip	67 City	State	Zip
	LAKEWOOD	NJ	08701	-	-	-

109 00	38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State	68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
	TOYT	RRI	3	2013	X48NBX	NJ	-	-	-	-	-	-

110 01	44 VIN	45 Expires	74 VIN	75 Expires
	JTDZN3EU8D3201011	01 23	-	- -

111 00	46 Vehicle Removed To	76 Vehicle Removed To
112 -	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113 -	47 Authority: ☐ Owner ☒ Driver ☐ Police	77 Authority: ☐ Owner ☐ Driver ☐ Police
114 -	48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused	78 Alcohol/Drug Test — Given: ☐ No ☐ Yes ☐ Refused
115 -	Type: ☐ Breath ☐ Blood ☐ Urine	Type: ☐ Breath ☐ Blood ☐ Urine
116 02	Results: 0. - % ☐ Pending	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.
117 00	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.
-		-	-		-

	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

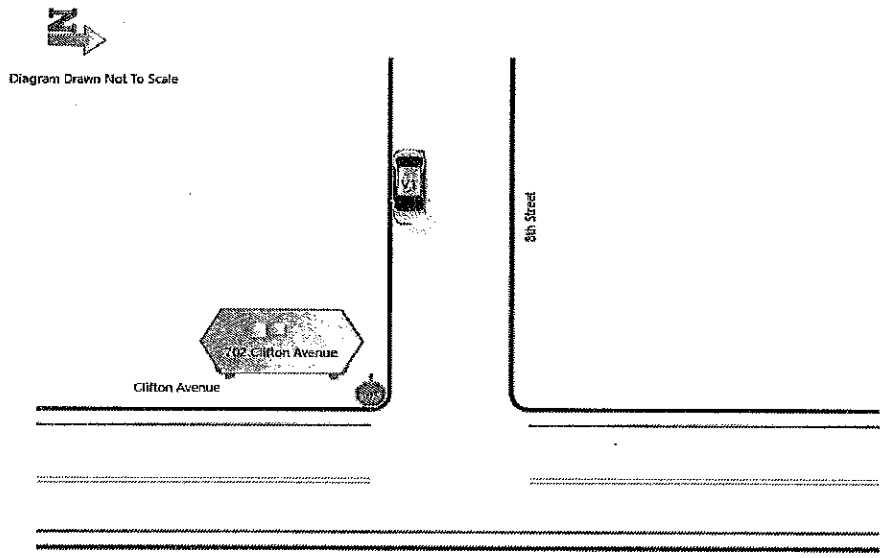
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022677

(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

The Owner of Vehicle #1 stated that he parked his Vehicle on the east bound side of 8th Street at approximately 2300 hours on 3/24/2022. The Owner of Vehicle #1 stated that at approximately 0800 hours on 3/25/2022 he returned to his Vehicle and observed damage to the front driver side fender and mirror. A camera is observed on the side of 702 Clifton Avenue and is angled to potentially capture what occurred. Attempts to contact the owners of the building (BMG) were made.

Unknown color, make, model, or year of Vehicle #2.

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

Field	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	00
108	01
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	-
117	00

1 Case Number: 22-022755

2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1605

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CLIFTON AVE (Road Name) Dir: -

11 Speed Limit: 25

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

☐ At Intersection With ☒ Feet ☐ Miles

14: 25 15 16: ☐ N ☐ E ☒ S ☐ W of: 2ND ST

17 Cross Road Name

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.092130

22 Longitude: -74.214610

Field	Value
118a	25
118b	-
119a	00
119b	00
120a	01
120b	-
121a	00
121b	00
122	10
123	00
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	00
127c	00
127d	00
127e	28
128	26
129	10
130	10
131	00
132	00
133	02
134	00

Vehicle 1

23 Veh #: 1

24 Policy No.: 6047409807

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: DEYANIRA Initial: - Last Name: GOTAY -

36 Number & Street: 1506 MALIBU DR

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: NISS 39 Model: ALT 40 Color: 1 41 Year: 2017 42 Plate No.: Z88LCR 43 State: NJ

44 VIN: 1N4AL3AP7HC474424 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 - ☐ 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: - 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: -

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	02	01	01	05	U	U	00	00	00	00	00	-	-	UNKNOWN - - - - - - - - -
B														
C														
D														

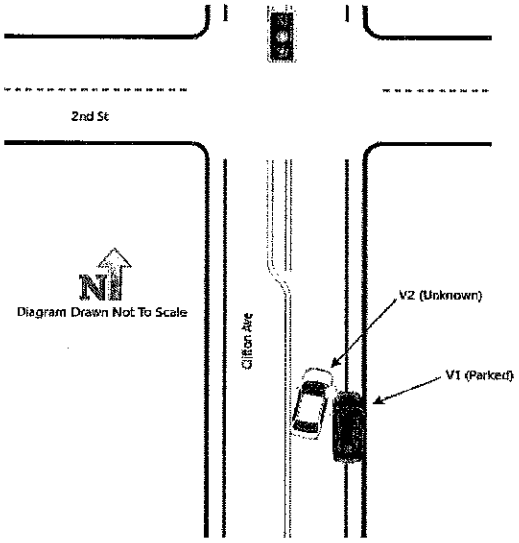
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-022755

(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

The owner of vehicle 1 stated, she parked her vehicle facing north on Clifton Ave at approximately 0830 hours. At approximately 1600 hours, she was informed about front end damage on her vehicle.

The suspect vehicle left a white paint transfer on vehicle 1's bumper.

Cameras were located at 115 Clifton Ave and may have possibly captured the incident occur.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	JP	283	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	118a	00
97	01	118b	-
98	01	119a	00
99	07	119b	-
100a	01	120a	00
100b	04	120b	-
101	02	121a	01
102	01	121b	-
103	01	122	00
104	1	123	00
105	13	124	11
106	-	125	11
107	-	126a	22
108	00	126b	-
109	-	126c	-
110	00	126d	-
111	-	126e	22
112	00	127a	26
113	-	127b	-
114	00	127c	-
115	-	127d	-
116	01	127e	26
117	00	128	22
		129	00
		130	00
		131	-
		132	-
		133	00
		134	-

1 Case Number: 22-022756

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1621

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: SANZ TOWN RD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 25 — 15

☒ N ☐ E ☐ S ☐ W — 16

of: KINGSFIELD DR

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

20 Route/Name:

21 Latitude: 00.145010

22 Longitude: -00.430150

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 P

53 Veh #: P

54 Policy No.: -

55 NJ Ins. Code: -

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

56 Driver's First Name: ARON — Initial: - — Last Name: WEISBERG — 59 Sex: M

57 Number & Street: 40 SANZ TOWN RD

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

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: -

62 Driver's License Number: - — 63 DOB (mm dd yyyy): 12/16/2017 — 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	P	-	-	03	4	M	11	05	02	-	-	-	-	ARON - WEISBERG - 40 SANZ TOWN RD LAKEWOOD NJ 08701 - -
B														
C														
D														

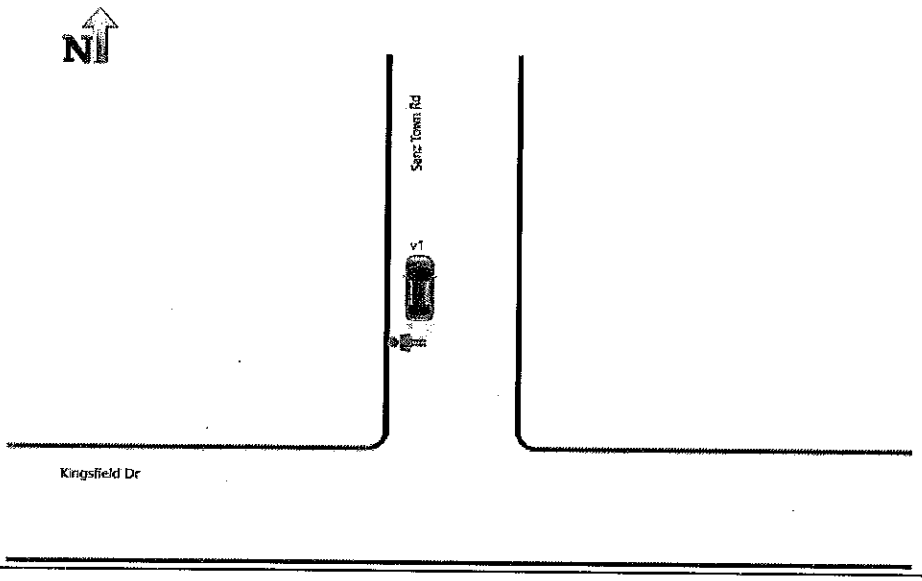
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-022756

(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 the driver of V1 had left the scene. A witness stated she was driving a silver Toyota Camry but did not get any information on who she was or the vehicle license plate.

I spoke to the father of Aron Weisberg, identified as Yosef Weisberg, who stated that his son was not able to remember what happened but believed he walked into the back of V1 and sustained an abrasion on his lower leg/ankle area. It should be known that Yosef Weisberg informed the woman that she could leave. He did not have any information on the woman or her vehicle.

Aron was taken by Hatzolah EMS to a pediatrician for his injury.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	828	JP	283	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	03
106	-
107	-
108	31
109	01
110	02
111	01
112	09
113	-
114	02
115	-
116	04
117	01

1 Case Number: 22-023271

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

3 Station/Precinct: -

10 Crash Occurred On: RIVER AVENUE — Road Name — Dir: - — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix: - — 13 Milepost: -

☒ At Intersection With — ☐ Feet — ☐ Miles — ☐ N ☐ E ☐ S ☐ W — of: OAK STREET — 18 Speed Limit: 35

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): 03/27/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1827 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.066950 — 22 Longitude: -74.218550

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	08
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	11
132	11
133	02
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: BA3631BF — 25 NJ Ins. Code: - — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: DANIEL — Initial: J — Last Name: VARZAK - — 29 Sex: M

27 Number & Street: 75 WOODLAND DR

28 City: BRICK — State: NJ — Zip: 08723

30 Eyes: 02 — DL Class: B — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: V07211537110962 — 33 DOB (mm dd yyyy): 10/23/1996 — 34 Expires (mm yy): 10 25

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: PRESIDENTIAL TRI-

36 Number & Street: 10 ROOSEVELT AVE

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

38 Make: THO — 39 Model: 310 — 40 Color: YEL — 41 Year: 2021 — 42 Plate No.: R157S1 — 43 State: NJ

44 VIN: 4UZABPFD3MCME1022 — 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.: SELF INSURED — 55 NJ Ins. Code: - — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SEBASTIAN — Initial: - — Last Name: BLUMENCWEIG - — 59 Sex: M

57 Number & Street: 1732 48TH ST

58 City: BROOKLYN — State: NY — Zip: 11204

60 Eyes: 01 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 319662552 — 63 DOB (mm dd yyyy): 04/28/1988 — 64 Expires (mm yy): 04 27

65 Owner's ☐ Same As Driver — First Name: LLC — Initial: - — Last Name: EAN HOLDINGS -

66 Number & Street: 14002 E 21 ST STE 1500

67 City: TULSA — State: OK — Zip: 74134

68 Make: MITS — 69 Model: - — 70 Color: BLK — 71 Year: 2020 — 72 Plate No.: LTE6621 — 73 State: PA

74 VIN: JA4AZ3A38LZ031933 — 75 Expires: 06 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
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	25	M	-	-	-	11	04	-	-	DANIEL J VARZAK - 75 WOODLAND DR BRICK NJ 08723
B	02	01	01	04	33	M	99	99	01	11	04	-	-	SEBASTIAN - BLUMENCWEIG - 1732 48TH ST BROOKLYN NY 11204
C														
D														

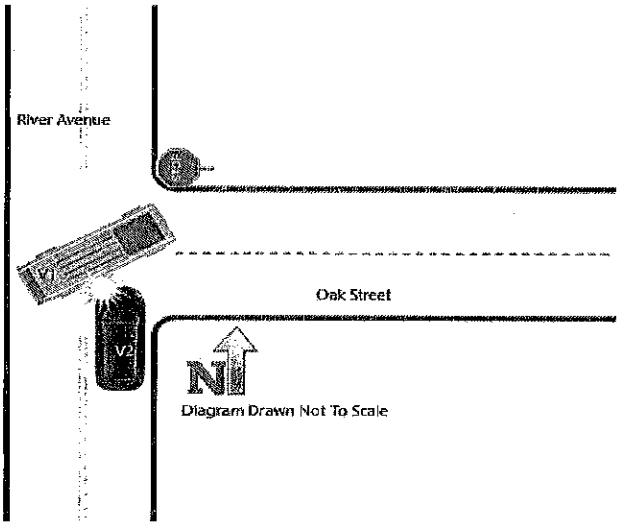
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-023271

(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 on Oak street waiting to turn left on River Avenue. He believed he had enough time to pull out in front of vehicle 2. As he was turning onto River Avenue he struck vehicle 2 which was stopped waiting for him.
Vehicle 1 sustained minor damage to the driver side of the bus in the form of scuff marks and scratches.
Vehicle 1's insurance company is Central Insurers Group, 1360 North Atherton St. State College PA 16803 #23787. 814-234-6667

Driver 2 stated he was driving north on River Avenue approaching Oak Street when vehicle 1 pulled out and blocked traffic attempting to turn left. He came to a stop and while waiting, vehicle 1 stuck his vehicle on the driver side. Vehicle 2 sustained damage to the driver side front bumper.

Driver 2 complained of being shaken up from the crash. After refusing medical attention on scene, he stated he would drive himself to an urgent care facility.

Based on my investigation vehicle 1 is at fault for this crash.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-022728
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy)	03/25/22
		5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1403
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	FOREST DR
		☐ At Intersection With	
		Road Name	
		Dir	
		☒ Feet	150
		☐ Miles	
		☐ N ☐ E ☐ S ☒ W	
		of:	SHADY LANE
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		16 Speed Limit	-
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.09433
		22 Longitude	-74.24214
118a	25		
118b	-		
119a	10		
119b	-		
120a	-		
120b	-		
121a	01		
121b	-		
122	10		
123	13		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	-		
127c	-		
127d	-		
127e	28		
128	26		
129	03		
130	03		
131	06		
132	06		
133	03		
134	02		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	4307549636
102	01	25 NJ Ins. Code	148
103	01	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	-
105	08	Initial	-
106	-	Last Name	-
107	-	29 Sex	-
108	01	27 Number & Street	-
109	01	28 City	-
110	01	State	-
111	01	Zip	-
112	-	30 Eyes	-
113	-	DL Class	-
114	-	Restrictions	-
115	-	Endorsements	-
116	04	31 State	-
117	03	32 Driver's License Number	-
		33 DOB (mm dd yyyy)	-
		34 Expires (mm yy)	- -
		35 Owner's First Name	☐ Same As Driver GABRIELYO
		Initial	-
		Last Name	KARITI -
		36 Number & Street	2 MEADOW RUN COURT
		37 City	JACKSON
		State	NJ
		Zip	08527
		38 Make	PORS
		39 Model	PAN
		40 Color	WHI
		41 Year	2019
		42 Plate No.	W61PTK
		43 State	NJ
		44 VIN	WP0AG2A73KL140441
		45 Expires	03 23
		46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
		47 Authority	☐ Owner ☐ Driver ☐ Police
		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
		50 Carrier No.	☐ USDOT ☐ 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.	939416240
55 NJ Ins. Code	054	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ESTHER	Initial	-
Last Name	MOSBACHER -	59 Sex	F
57 Number & Street	145 FOREST DR	58 City	LAKEWOOD
State	NJ	Zip	08701
60 Eyes	4	DL Class	D
Restrictions	-	Endorsements	-
61 State	NJ	62 Driver's License Number	M66862390057784
63 DOB (mm dd yyyy)	07/06/1978	64 Expires (mm yy)	07 24
65 Owner's First Name	☐ Same As Driver ISIDOR	Initial	-
Last Name	MOSBACHER -	66 Number & Street	145 FOREST DR
67 City	LAKEWOOD	State	NJ
Zip	08701	68 Make	HOND
69 Model	ODY	70 Color	WHI
71 Year	2022	72 Plate No.	H44NPY
73 State	NJ	74 VIN	5FNRL6H79NB008139
75 Expires	04 25	76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	80 Carrier No.	☐ USDOT ☐ 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	43	F	-	-	-	11	04	-	-	ESTHER - MOSBACHER - 145 FOREST DR LAKEWOOD NJ 08701
B														
C														
D														

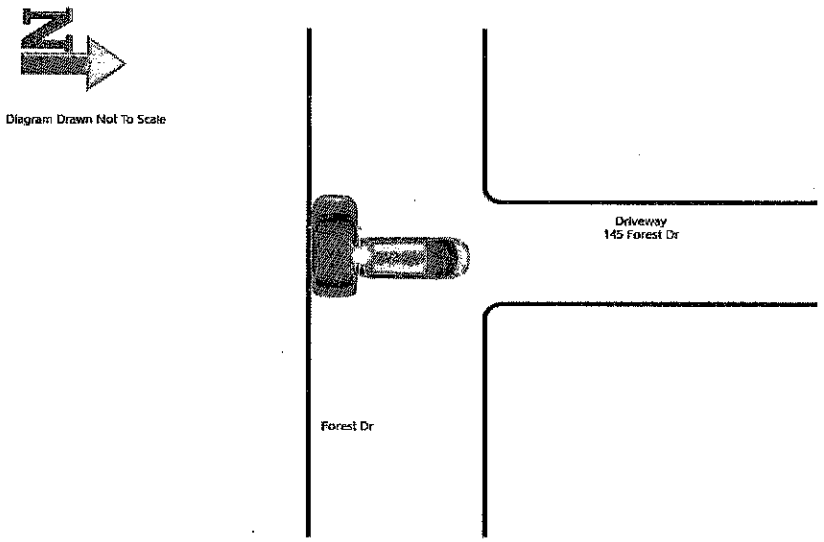
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-022728

(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 parked and unoccupied at the time of the crash and sustained what appeared to be moderate damage to the passenger side door.

The driver of vehicle 2 stated that she was backing out of her driveway, did not see vehicle 1 and backed into the vehicle. There were no injuries reported or observed to the occupant of vehicle 2. Vehicle 2 sustained what appeared to be minor damage to the rear bumper of the vehicle.

Based on driver statements I find driver 2 at fault of the crash for backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOONEY JR M	330	PA	325	☐ 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	01
103	01
104	2
105	02
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-023735

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

3 Station/Precinct: -

10 Crash Occurred On: SHORROCK ST | - | 11 Speed Limit: 50 | - | - | -

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☒ Feet ☐ Miles | 14: 250 | 15 | ☐ N ☐ E ☒ S ☐ W | 16 | of: STATE HIGHWAY 70 | 18 Speed Limit: 50

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

4 Date of Crash (mm dd yy): 03/29/22 | 5 Day Of Week: TUESDAY | 6 Time (use 2400 hrs): 0739 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: 40.05556 | 22 Longitude: -74.16101

118a	25
118b	-
119a	05
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	11
130	11
131	05
132	05
133	03
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6034093051 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: ERNEST | Initial: A | Last Name: STRONG | 29 Sex: M

27 Number & Street: 335 HUDSON DR

28 City: BRICK | State: NJ | Zip: 08723

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

32 Driver's License Number: S83712346112724 | 33 DOB (mm dd yyyy): 12/11/1972 | 34 Expires (mm yy): 12 24

35 Owner's First Name: ERNEST | Initial: A | Last Name: STRONG | ☒ Same As Driver

36 Number & Street: 335 HUDSON DR

37 City: BRICK | State: NJ | Zip: 08723

38 Make: RAM | 39 Model: 150 | 40 Color: GRY | 41 Year: 2017 | 42 Plate No.: R25NAP | 43 State: NJ

44 VIN: 3C6RR7LT2HG761560 | 45 Expires: 10 22

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: -

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: F1819879 | 55 NJ Ins. Code: 426

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

56 Driver's First Name: JOEL | Initial: R | Last Name: GEISLER JR | 59 Sex: M

57 Number & Street: 12 SPRINGLAWN DR

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

60 Eyes: 6 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: G23084057901786 | 63 DOB (mm dd yyyy): 01/30/1978 | 64 Expires (mm yy): 01 25

65 Owner's First Name: BARBARA | Initial: K | Last Name: GEISLER | ☐ Same As Driver

66 Number & Street: 12 SPRINGLAWN DR

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

68 Make: LINC | 69 Model: MKC | 70 Color: SIL | 71 Year: 2017 | 72 Plate No.: V43HDC | 73 State: NJ

74 VIN: 5LMCJ1D98HUL16512 | 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.
-		-	-		-

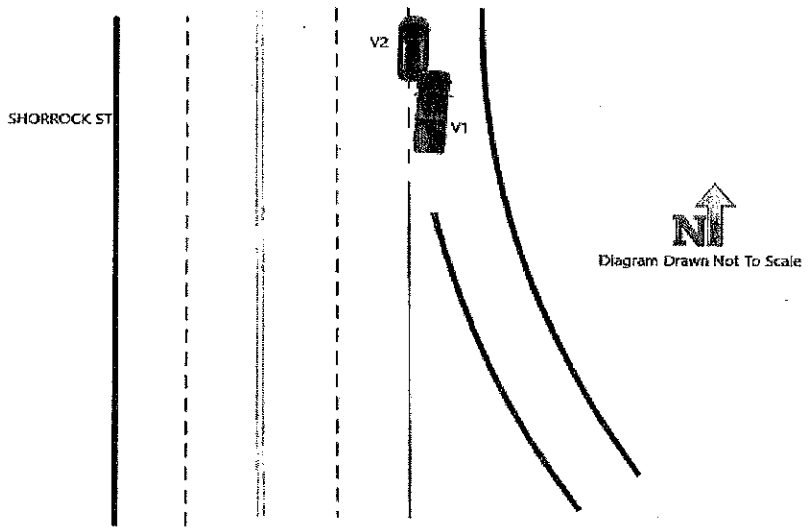
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	49	M	-	-	-	11	04	-	-	ERNEST A STRONG - 335 HUDSON DR BRICK NJ 08723
B	02	01	01	05	44	M	-	-	-	11	04	-	-	JOEL R GEISLER JR - 12 SPRINGLAWN DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023735

(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, Ernest Strong was operating a 2017 Ram 1500, NJ R25-NAP. Mr. Strong stated he was traveling north on Shorrock Street behind vehicle 2 approaching State Highway 70. Mr. Strong stated he changed lanes into the right lane and vehicle 2 did the same almost simultaneously with him. Mr. Strong stated he did change lanes first and was established in the right lane prior to vehicle 2 doing so. As vehicle 2 was changing lanes the rear passenger bumper area struck the front driver side bumper area of his vehicle.

Driver 2, Joel Geisler Jr. was operating a 2017 Lincoln MKC, NJ V43-HDC. Mr. Geisler Jr. stated he was traveling north on Shorrock Street approaching state Highway 70. As he neared State Highway 70 he needed to change lanes into the right lane and did not observe any vehicles in the lane. As he changed lanes the rear passenger bumper area of his vehicle was then struck by the front driver side bumper area of vehicle 1 which was behind him on Shorrock Street. 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

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

1 Case Number: 22-023753

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

3 Station/Precinct: -

10 Crash Occurred On: CLIFTON AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet 75 ☐ Miles (14 15 16)

☐ N ☐ E ☒ S ☐ W of: 7TH ST

11 Speed Limit: 35 — 12 Route No.: - — Suffix: - — 13 Milepost: -

16 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): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 0848 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.097040 — 22 Longitude: -74.215540

118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	12
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	11
132	11
133	04
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 5082-0173-02 — 25 NJ Ins. Code: 068

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

26 Driver's First Name: GITTEL — Initial: - — Last Name: FEILER — 29 Sex: F

27 Number & Street: 220 5TH ST

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: F22732910055984 — 33 DOB (mm dd yyyy): 05/04/1998 — 34 Expires (mm yy): 05 26

35 Owner's First Name: ☐ Same As Driver LLC — Initial: - — Last Name: BUGGIES CAR REN -

36 Number & Street: PO BOX 1168

37 City: JACKSON — State: NJ — Zip: 08527

38 Make: TOYT — 39 Model: CAM — 40 Color: BRO — 41 Year: 2018 — 42 Plate No.: E94NBX — 43 State: NJ

44 VIN: 4T1B11HK2JU009600 — 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.: 6090-38-30-57 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: CHAYA — Initial: - — Last Name: BERENBAUM — 59 Sex: F

57 Number & Street: 1309 AVENUE O

58 City: BROOKLYN — State: NY — Zip: 11230

60 Eyes: 04 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 199897244 — 63 DOB (mm dd yyyy): 09/01/2002 — 64 Expires (mm yy): 09 23

65 Owner's First Name: ☐ Same As Driver MOTTEL — Initial: - — Last Name: BROMBERG

66 Number & Street: 150 EAST 7TH ST.

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

68 Make: TOYT — 69 Model: COR — 70 Color: BLK — 71 Year: 2010 — 72 Plate No.: H60PRD — 73 State: NJ

74 VIN: 2T1BU4EE7AC375075 — 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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1			1		
2			2		

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1			1		
2			2		

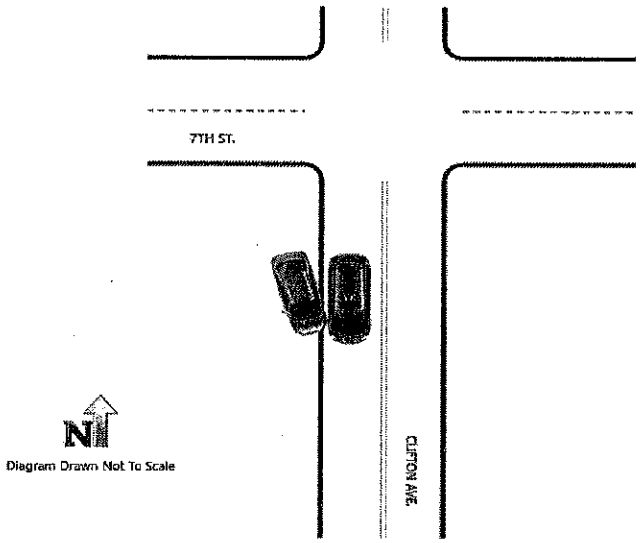
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	23	F	-	-	-	11	04	-	-	GITTEL - FEILER - 220 5TH ST LAKEWOOD NJ 08701
B	02	01	01	-	19	F	-	-	-	11	04	-	-	CHAYA - BERENBAUM - 1309 AVENUE O BROOKLYN NY 11230
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-023753

(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 V1 stated that she was traveling south on Clifton Ave. when V2 proceeded to pull out of a parking spot, causing the crash. Driver of V2 stated that she was facing south on Clifton Ave. preparing to pull out of a parking spot. Driver of V2 stated that once she thought she was clear, she proceeded to pull out of the spot and ultimately ended up striking V1 in the front passenger side fender.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	WB	306	☐ 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	01
103	01
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-023759

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

3 Station/Precinct:

10 Crash Occurred On: SQUANKUM ROAD

☐ At Intersection With Road Name Dir

☒ Feet ☐ Miles — 14 15 16

☐ N ☐ E ☒ S ☐ W of: E. KENNEDY BLVD.

11 Speed Limit: 35

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.10520 — 22 Longitude: -74.20519

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 0913 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	02
119b	05
120a	01
120b	01
121a	01
121b	01
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	05
130	05
131	01
132	01
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: AS2-631-004260-021 — 25 NJ Ins. Code: 182

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

26 Driver's First Name: LESTER — Initial: A — Last Name: KEENAN — 29 Sex: M

27 Number & Street: 610 LAKESIDE DR NORTH

28 City: FORKED RIVER — State: NJ — Zip: 08731

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

32 Driver's License Number: K21874636105744 — 33 DOB (mm dd yyyy): 05/23/1974 — 34 Expires (mm yy): 05 23

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: UTILIQUEST -

36 Number & Street: 2575 WESTSIDE PKWY #100

37 City: ALPHARETTA — State: GA — Zip:

38 Make: NISS — 39 Model: FRO — 40 Color: WHI — 41 Year: 2017 — 42 Plate No.: XFAW43 — 43 State: NJ

44 VIN: 1N6BD0CT4HN715443 — 45 Expires: 04 22

46 Vehicle Removed To:

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 939 896 928 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: YOSEF — Initial: - — Last Name: KARMEL - — 59 Sex: M

57 Number & Street: 16 NEW COUNTY RD

58 City: AIRMONT — State: NY — Zip: 10952

60 Eyes: 4 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 541405149 — 63 DOB (mm dd yyyy): 08/28/2001 — 64 Expires (mm yy): 08 25

65 Owner's First Name: ☐ Same As Driver SCHMIEL — Initial: - — Last Name: HOLLANDER -

66 Number & Street: 2 AROSA HILL

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

68 Make: TOYT — 69 Model: SIE — 70 Color: BLK — 71 Year: 2021 — 72 Plate No.: EM2773 — 73 State: NJ

74 VIN: 5TDESKFC4MS008750 — 75 Expires: 06 25

76 Vehicle Removed To:

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ 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	47	M	-	-	-	11	04	-	-	LESTER A KEENAN - 610 LAKESIDE DR NORTI FORKED RIVER NJ 08731
B	02	01	01	05	20	M	-	-	-	11	04	-	-	YOSEF - KARMEL - 16 NEW COUNTY RD AIRMONT NY 10952
C														
D														

New Jersey Police Crash Investigation Report

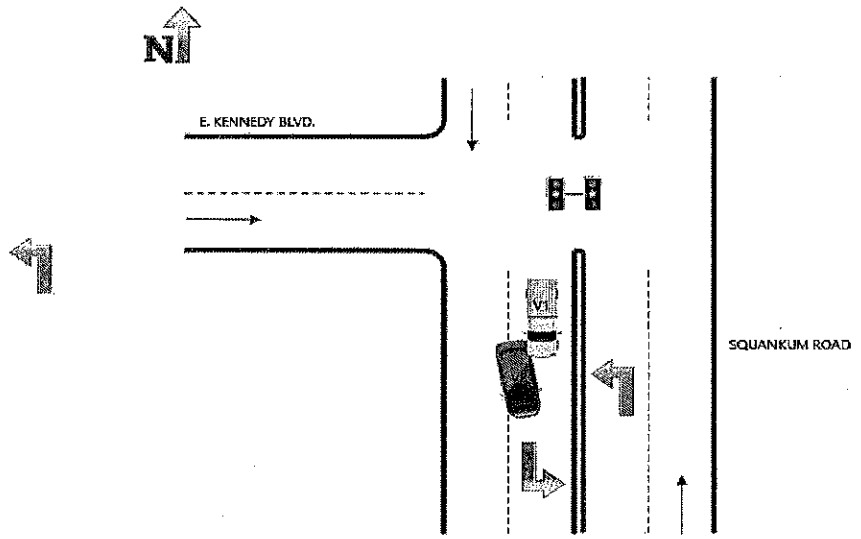
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-023759

(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 LEFT TURN LANE ON SQUANKUM ROAD TRAVELING SOUTH. VEHICLE 2 WHICH WAS IN THE RIGHT LANE, STRUCK VEHICLE 1 WHILE CHANGING FROM THE RIGHT LANE TO THE LEFT.

DRIVER OF VEHICLE 2 STATED HE WAS IN THE RIGHT LANE ON SQAUNKUM ROAD TRAVELING SOUTH. THE LEFT LANE APPEARED CLEAR AND AS HE PROCEEDED TO CHANGE INTO THE LEFT LANE, VEHICLE 1 STRUCK VEHICLE 2.

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	WB	306	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	02
100a	01
100b	06
101	02
102	01
103	05
104	2
105	01
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-023805

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/29/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1236

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVENUE (Road Name) — Dir — 12 Route No. — Suffix — 13 Milepost

☒ At Intersection With SIXTH STREET

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 50

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.09579

22 Longitude: -74.21741

118a	25
118b	-
119a	02
119b	09
120a	01
120b	-
121a	01
121b	-
122	08
123	01
124	03
125	03
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	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 5342256

25 NJ Ins. Code: 673

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

26 Driver's First Name: MEIR — Initial: Y — Last Name: SPIRA — 29 Sex: M

27 Number & Street: 19 DANIELLE CT

28 City: JACKSON — State: NJ — Zip: 08527

30 Eyes: 2 — DL Class: A — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: S70695378809892

33 DOB (mm dd yyyy): 09/09/1989

34 Expires (mm yy): 09 23

35 Owner's First Name: ☐ Same As Driver ACTIVE FIRE — Initial: - — Last Name: ACTIVE FIRE PROT

36 Number & Street: 26 RUZHIN # 301

37 City: MONROE — State: NY — Zip: 10950

38 Make: GMC — 39 Model: SIE — 40 Color: BLK — 41 Year: 2022 — 42 Plate No.: B22PTY — 43 State: NJ

44 VIN: 1GT49RE72NF171032

45 Expires: 03 26

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.: A0J-231-763809-4527

55 NJ Ins. Code: 183

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

56 Driver's First Name: YEHUDIS — Initial: - — Last Name: WENGER — 59 Sex: F

57 Number & Street: 1332 3RD AVENUE

58 City: TOMS RIVER — State: NJ — Zip: 08757

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: W25327890062952

63 DOB (mm dd yyyy): 12/11/1995

64 Expires (mm yy): 12 25

65 Owner's First Name: ☐ Same As Driver MOSHE — Initial: L — Last Name: NEWMAN

66 Number & Street: 1332 3RD AVE

67 City: TOMS RIVER — State: NJ — Zip: 08757

68 Make: HOND — 69 Model: ACC — 70 Color: SIL — 71 Year: 2017 — 72 Plate No.: Z15NDY — 73 State: NJ

74 VIN: 1HGCR2F34HA216487

75 Expires: 12 22

76 Vehicle Removed To: MOSHE'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.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	M	-	-	-	11	04	-	-	MEIR Y SPIRA - 19 DANIELLE CT JACKSON NJ 08527
B	02	01	01	05	26	F	-	-	-	11	04	-	-	YEHUDIS - WENGER - 1332 3RD AVENUE TOMS RIVER NJ 08757
C	02	04	01	05	1	F	-	-	-	05	05	-	-	ADINA - NEWMAN - 1332 3RD AVENUE TOMS RIVER NJ 08755
D														

New Jersey Police Crash Investigation Report

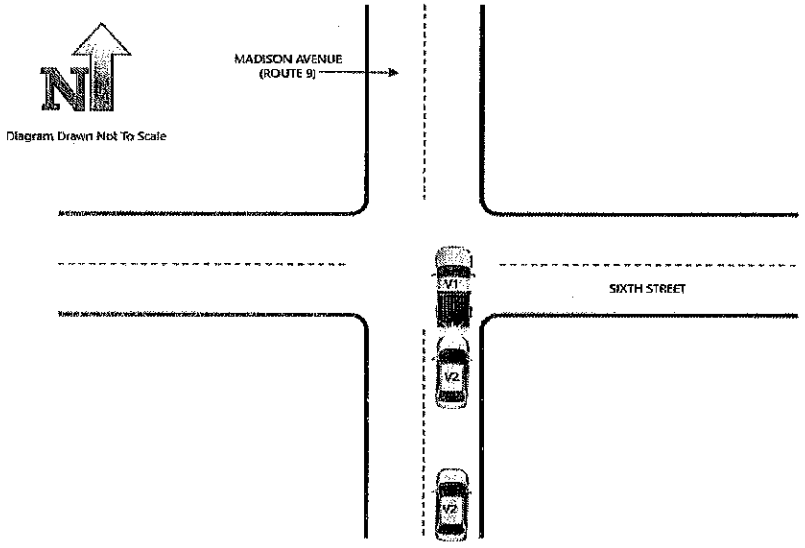
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023805

(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 #1 stated he was traveling North on Madison Avenue (Route 9) at Sixth Street and was stopped in traffic. Driver #1 stated as he was stopped in traffic his vehicle was rear-ended by Vehicle #2. Vehicle #1 sustained moderate damage to the rear bumper and was driven from the scene.

Driver #2 stated she was traveling North on Madison Avenue (Route 9) at Sixth Street and traffic in front of her was slowly moving then Vehicle #1 came to a stop and she could not stop in time and the center front of her vehicle collided with the rear of Vehicle #1. Vehicle #2 sustained heavy damage to the center front and was towed from the scene by Moshe's Towing.

Based on statements made by both drivers, damage to the vehicles and my observations at the scene, I determined Driver #2 to be at fault for Driver Inattention/Following too closely.

No injuries reported at the scene. No summonses issued.

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

96	05
97	01
98	01
99	05
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

1 Case Number: 22-023821

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

3 Station/Precinct: -

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles: 30 (14) (15)

☐ N ☐ E ☐ S ☒ W of: VINE ST

11 Speed Limit: 40

12 Route No.: 0528 — 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): 03/29/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1435

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.084440

22 Longitude: -74.205740

118a	09
118b	99
119a	25
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	12
130	12
131	06
132	06
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 939 200 404

25 NJ Ins. Code: 054

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

26 Driver's First Name: MARCUS — Initial: J — Last Name: WHITLEY — 29 Sex: M

27 Number & Street: 1311 RIVER AVE APT D

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: W35245177105822

33 DOB (mm dd yyyy): 05/12/1982

34 Expires (mm yy): 05 25

35 Owner's ☐ Same As Driver — First Name: MARCUS — Initial: J — Last Name: WHITLEY

36 Number & Street: 1311 RIVER AVE APT D

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

38 Make: CHRY — 39 Model: SEB — 40 Color: BLK — 41 Year: 2010 — 42 Plate No.: D78MLE — 43 State: NJ

44 VIN: 1C3CC4FB7AN213766 — 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.: 66128714

55 NJ Ins. Code: 134

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

56 Driver's First Name: JOHN — Initial: A — Last Name: JANIDES — 59 Sex: M

57 Number & Street: 2000 GARDNER ROAD

58 City: WALL — State: NJ — Zip: 07719

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: J04304076108732

63 DOB (mm dd yyyy): 08/31/1973

64 Expires (mm yy): 08 22

65 Owner's ☐ Same As Driver — First Name: JOHN — Initial: A — Last Name: JANIDES

66 Number & Street: 2000 GARDNER ROAD

67 City: WALL — State: NJ — Zip: 07719

68 Make: HOND — 69 Model: ACC — 70 Color: GRY — 71 Year: 2017 — 72 Plate No.: X87HBJ — 73 State: NJ

74 VIN: 1HGCR2F32HA045044 — 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	01	01	01	05	39	M	-	-	-	11	04	-	-	MARCUS J WHITLEY - 1311 RIVER AVE APT D LAKEWOOD NJ 08701
B	02	01	01	05	48	M	-	-	-	11	04	-	-	JOHN A JANIDES - 2000 GARDNER ROAD WALL NJ 07719
C														
D														

New Jersey Police Crash Investigation Report

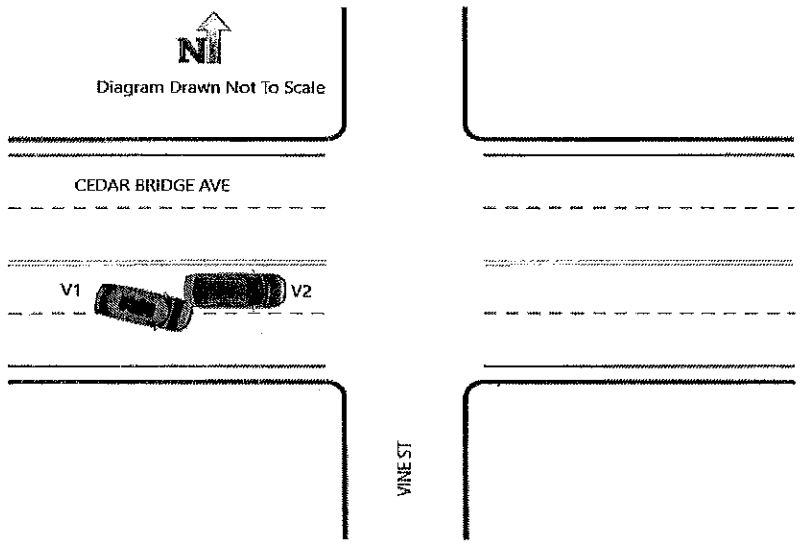
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023821

(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 east on Cedar Bridge Ave in the left lane. He observed V2 stop short due to a vehicle in front of V2 stop short. V1 applied the brakes and swerved to the right but was unable to avoid a collision. V1 and V2 collided.

The driver of V2 stated he was traveling east on Cedar Bridge Ave in the left lane. A vehicle stopped short in front of him and eventually turned left. The vehicle never activated a turn signal. V2 stopped short to avoid striking the vehicle. While stopped, V2 was struck from the rear by V1.

Based on my investigation, the vehicle that turned left and V1 shared fault for the crash.

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

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

1 Case Number: 22-023825

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

3 Station/Precinct: --

10 Crash Occurred On: SQUANKUM RD — Road Name — Dir

☐ At Intersection With: PRINCETON AVE

☒ Feet ☐ Miles — 14: 50 — 15

☒ N ☐ E ☐ S ☐ W of: PRINCETON AVE

11 Speed Limit: 30

12 Route No.: RT 547 — Suffix — 13 Milepost

18 Speed Limit: 30

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.10061 — 22 Longitude: -74.20892

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1449 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	10
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
123	13
124	04
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	08
130	08
131	05
132	05
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6090-45-76-95 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: CHAIM — Initial: - — Last Name: SCHMELCZER — 29 Sex: M

27 Number & Street: 584 E 8TH ST

28 City: BROOKLYN — State: NY — Zip: 11218

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

32 Driver's License Number: 969181478 — 33 DOB (mm dd yyyy): 10/18/1999 — 34 Expires (mm yy): 10 28

35 Owner's ☐ Same As Driver — First Name: FEIGE — Initial: R — Last Name: WEICHBROD

36 Number & Street: 28 E 9TH ST

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

38 Make: HYUN — 39 Model: SON — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: J96NDM — 43 State: NJ

44 VIN: 5NPEG4JA4MH090777 — 45 Expires: 12 23

46 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ 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.: NJSS213843032 — 55 NJ Ins. Code: 217

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

56 Driver's First Name: LEONARD — Initial: M — Last Name: GOODMAN — 59 Sex: M

57 Number & Street: 215 SQUANKUM RD

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

60 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: G64724597405486 — 63 DOB (mm dd yyyy): 05/27/1948 — 64 Expires (mm yy): 05 26

65 Owner's ☐ Same As Driver — First Name: LEONARD — Initial: M — Last Name: GOODMAN

66 Number & Street: 215 SQUANKUM RD

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

68 Make: TOYT — 69 Model: AVA — 70 Color: SIL — 71 Year: 2002 — 72 Plate No.: PBB46R — 73 State: NJ

74 VIN: 4T1BF28B42U209869 — 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.	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	22	M	-	-	-	11	04	-	-	CHAIM - SCHMELCZER - 584 E 8TH ST BROOKLYN NY 11218
B	2	01	01	05	73	M	-	-	-	11	04	-	-	LEONARD M GOODMAN - 215 SQUANKUM RD LAKEWOOD NJ 08701
C														
D														

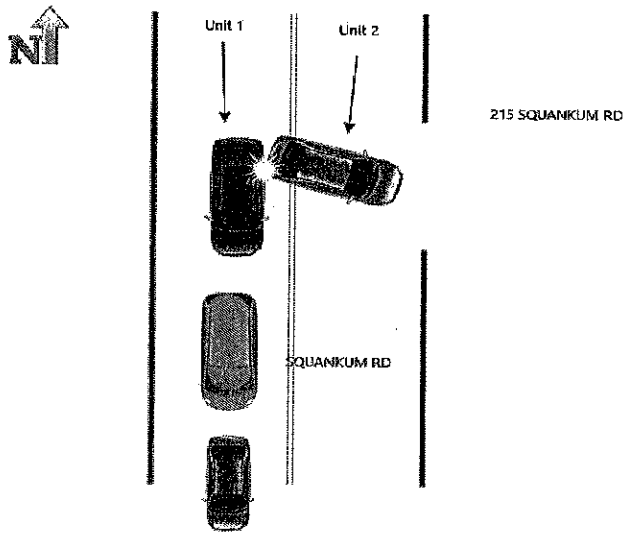
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: -- Case No: 22-023825

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT HE WAS STOPPED IN TRAFFIC ON SQUANKUM ROAD FACING SOUTH, WHEN VEHICLE #2 WENT IN REVERSE PULLING OUT FROM THE DRIVEWAY OF 215 SQUANKUM ROAD CAUSING VEHICLE #2 TO STRIKE VEHICLE #1 ON THE REAR LEFT SIDE. DRIVER #2 STATED THAT HE DROVE IN REVERSE PULLING OUT FROM THE DRIVEWAY AND STRUCK VEHICLE #1 WHICH WAS STOPPED IN TRAFFIC ON SQUANKUM ROAD. 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

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	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-023849

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

3 Station/Precinct:

10 Crash Occurred On: JAMES ST — Road Name — Dir

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

11 Speed Limit: 40 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 25

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

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1705 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.07969 — 22 Longitude: -74.22076

118a	25
118b	-
119a	02
119b	04
120a	01
120b	01
121a	01
121b	01
122	01
123	03
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	01
132	01
133	03
134	03

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: APRIL — Initial: L — Last Name: COHEN — 29 Sex: F

27 Number & Street: 37 FOREST PARK CIR

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

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

32 Driver's License Number: C61610557355742 — 33 DOB (mm dd yyyy): 05/03/1974 — 34 Expires (mm yy): 05 24

35 Owner's First Name: ☐ Same As Driver RAPHAEL — Initial: - — Last Name: COHEN

36 Number & Street: 6045 SUNNY MANOR CT

37 City: DELRAY BEACH — State: FL — Zip: 33484

38 Make: SUBA — 39 Model: LEG — 40 Color: GRY — 41 Year: 22 — 42 Plate No.: TP3YH — 43 State: FL

44 VIN: 4S3BWAN65N3006523 — 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.: 9793358431053 — 55 NJ Ins. Code: 129

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

56 Driver's First Name: TOBY — Initial: M — Last Name: COHEN — 59 Sex: F

57 Number & Street: 314 CENTRAL AVE

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

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C61617457461554 — 63 DOB (mm dd yyyy): 11/08/1955 — 64 Expires (mm yy): 11 24

65 Owner's First Name: ☐ Same As Driver TOBY — Initial: M — Last Name: COHEN

66 Number & Street: 314 CENTRAL AVE

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

68 Make: TOYT — 69 Model: CAM — 70 Color: SIL — 71 Year: 2008 — 72 Plate No.: C41GCT — 73 State: NJ

74 VIN: 4T1BE46K18U757516 — 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	01	01	01	05	47	F	-	-	-	11	04	-	-	APRIL L COHEN - 37 FOREST PARK CIR LAKEWOOD NJ 08701
B	02	01	01	05	66	F	-	-	-	11	04	-	-	TOBY M COHEN - 314 CENTRAL AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

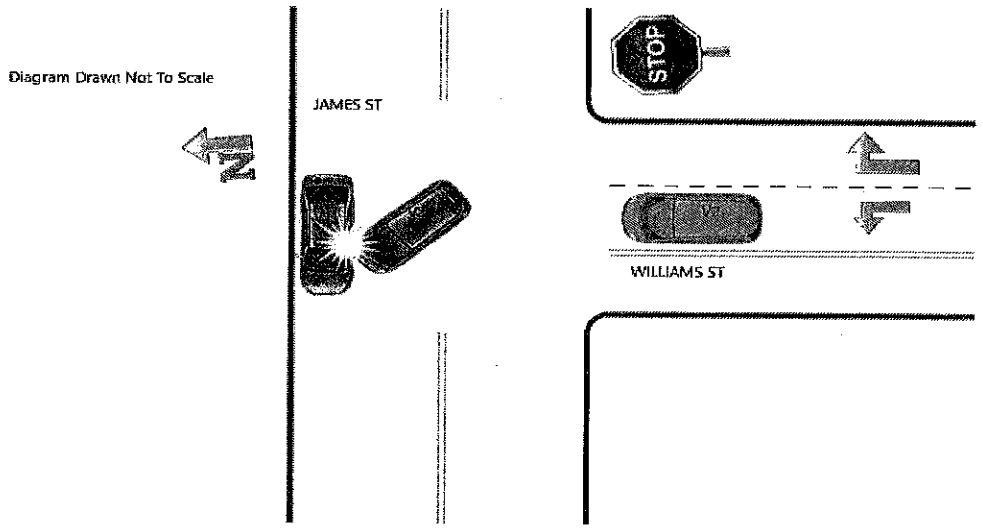
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023849

(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 Westbound on James ST. She stated as she was going forward vehicle 2 turned left in front of her and crashed into the side of her vehicle. She stated vehicle was on Williams ST and was attempting to turn left onto James ST.

Vehicle 1 insurance information: Company ACG SOUTH INS AGENCY LLC, POLICY # 6089313522031, COMPNY CODE # 01760, AGENT CODE #OM7880

Driver of vehicle 2 stated she was Northbound on Williams ST and was stopped at the stop sign at the intersection of James ST. She stated when she had an opening she made a left turn onto James ST but vehicle 1 crashed into her vehicle. She stated vehicle 1 should have saw her. She also stated vehicle 1 attempted to go around her on the shoulder when she made the turn.

In my investigation I find vehicle 2 at fault for driver inattention and failure to yield to vehicle as vehicle 2 needs to make sure it is completely safe before turning as she has the stop sign.

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

96	05
97	01
98	01
99	05
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	03
117	03

1 Case Number: 22-023852

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVENUE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 10 — 15

☐ N ☐ E ☐ S ☐ W — 16

of: STATE ROUTE 70

11 Speed Limit: 45

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: - — 22 Longitude: -

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1743 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	09
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	07
124	03
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	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 903854938 — 25 NJ Ins. Code: 134

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

26 Driver's First Name: MICHAEL — Initial: A — Last Name: SALAS — 29 Sex: M

27 Number & Street: 1307 EISENHOWER ST

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

30 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S02365446109831 — 33 DOB (mm dd yyyy): 09/26/1983 — 34 Expires (mm yy): 09 24

35 Owner's ☐ Same As Driver — First Name: MICHAEL — Initial: A — Last Name: SALAS

36 Number & Street: 1307 EISENHOWER ST

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

38 Make: CHEV — 39 Model: SON — 40 Color: BLU — 41 Year: 2014 — 42 Plate No.: L40ELD — 43 State: NJ

44 VIN: 1G1JC5SG6E4130733 — 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 - ☐ 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.: 03218 40 44R 7101 9 — 55 NJ Ins. Code: 201

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

56 Driver's First Name: JUAN — Initial: P — Last Name: ROJASSOLIS — 59 Sex: M

57 Number & Street: 20 CATHEDRAL DR

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

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

62 Driver's License Number: R61884157711022 — 63 DOB (mm dd yyyy): 11/28/2002 — 64 Expires (mm yy): 11 23

65 Owner's ☐ Same As Driver — First Name: MARIA — Initial: F — Last Name: WESLEY

66 Number & Street: 76 BRIARS MILL DR

67 City: BRICK — State: NJ — Zip: 08724

68 Make: FORD — 69 Model: EXP — 70 Color: BLK — 71 Year: 2005 — 72 Plate No.: M65MCF — 73 State: NJ

74 VIN: 1FMDU75W35UB17644 — 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.	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	38	M	-	-	-	11	04	-	-	MICHAEL A SALAS - 1307 EISENHOWER ST LAKEWOOD NJ 08701
B	V2	01	01	05	19	M	-	-	-	11	04	-	-	JUAN P ROJASSOLIS - 20 CATHEDRAL DR LAKEWOOD NJ 08701
C	V2	03	01	05	21	F	-	-	-	11	04	-	-	VALERIA - PENALOZA - 514 DAVIDS CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

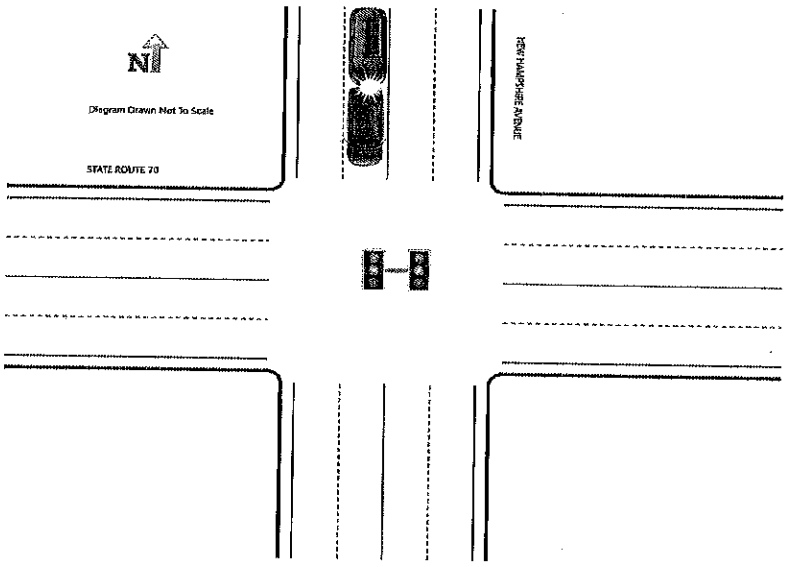
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023852

(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 1 STATED HE WAS APPORACHING THE INTERSECTION OF NEW HAMPSHIRE AVENUE AND STATE ROUTE 70 WHEN NOTICED THAT THE TRAFFIC LIGHT TURN YELLOW. UPON SLOWING DOWN TO COME TO A COMPLETE STOP HE WAS STRUCK IN THE REAR BY VEHICLE 2.

DRIVER OF VEHICLE 2 STATED HE WAS APPORACHING THE INTERSECTION OF NEW HAMPSHIRE AVENUE AND STATE ROUTE 70 WHEN HE NOTICED THE VEHICLE IN FRONT OF HIM STOPPING DUE TO THE TRAFFIC LIGHT TURNING YELLOW. WHILE ATTEMPTING TO COME TO A COMPLETE STOP HE STATED HE WAS UNSUCCESSFUL CAUSING HIM TO STRIKE THE REAR OF V1 WITH THE FRONT END OF HIS VEHICLE.

UPON DOING MY INVESTAGATION I PUT V2 AT FAULT FOR FOLLOWING TO CLOSE CAUSING HIM TO STRIKE THE REAR OF V1 CAUSING THE ACCIDENT TO OCCUR. NO INJURIES AT THE TIME OF THE ACCIDENT

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	-	1 Case Number	22-023208
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	03/27/22
100a	01	5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	1059
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	926 RIVER AVE
		Road Name	
		Dir	
		11 Speed Limit	
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	
		☐ At Intersection With	
		☐ Feet ☐ N ☐ E of:	
		☐ Miles ☐ S ☐ W	
		14 15 16	
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.06346
		22 Longitude	-74.21916
118a	00		
118b	00		
119a	25		
119b	-		
120a	00		
120b	-		
121a	-		
121b	-		
122	00		
123	10		
124	11		
125	11		
126a	28		
126b	-		
126c	-		
126d	-		
126e	28		
127a	26		
127b	-		
127c	-		
127d	-		
127e	28		
128	28		
129	00		
130	00		
131	03		
132	03		
133	00		
134	03		

100b	04	23 Veh #	1
101	02	24 Policy No.	
		25 NJ Ins. Code	
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	
		29 Sex	
103	01	27 Number & Street	
104	2	28 City / State / Zip	
		30 Eyes / DL Class / Restrictions / Endorsements	
		31 State	
105	06	32 Driver's License Number	
		33 DOB (mm dd yyyy)	
		34 Expires (mm yy)	
106	00	35 Owner's First Name / Initial / Last Name	
		☐ Same As Driver	
107	-	36 Number & Street	
108	00	37 City / State / Zip	
109	01	38 Make	
		39 Model	
		40 Color	
		41 Year	
		42 Plate No.	
		43 State	
110	00	44 VIN	
		45 Expires	
111	01	46 Vehicle Removed To	
112	00	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	
		☐ Owner ☐ Driver ☐ Police	
114	00	48 Alcohol/Drug Test	
		Given: ☐ No ☐ Yes ☐ Refused	
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	
		Results: 0. ___ % ☐ Pending	
116	00	49 Hazardous Material	
		☐ None ☐ On Board ☐ Spill	
		Hazard Class / Placard No.	
117	04	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	

53 Veh #	2		
54 Policy No.	PANJ-007886151		
55 NJ Ins. Code	071		
☒ 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	CRISCIANO - MORAL -		
☐ Same As Driver			
66 Number & Street	302 STEGMAN PKWY, APT 2		
67 City / State / Zip	JERSEY CITY NJ 07305		
68 Make	HOND		
69 Model	PIL		
70 Color	RD		
71 Year	2021		
72 Plate No.	L93NYU		
73 State	NJ		
74 VIN	5FNYF6H34MB062849		
75 Expires	07 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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		PENDING	02		NONE
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													
B														
C														
D														

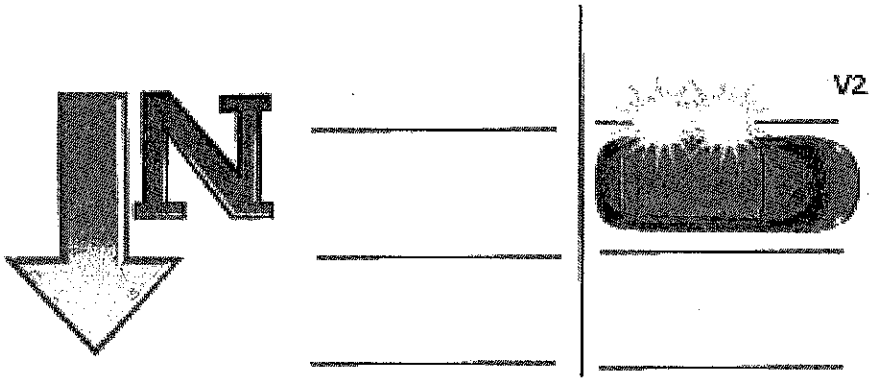
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-023208

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find Vehicle 02 parked within the marked parking spots. No other vehicles were in the immediate vicinity. Vehicle 02 presented with paint transfer on the driver's side from the "B" post to the rear bumper. Also noted was a dent between the gas door and the rear bumper. No injuries were reported on scene.

Owner of Vehicle 02 stated that between the hours of 07:00 and 11:00 today, an unknown vehicle struck his vehicle and left the scene. There were no witnesses and upon speaking with the facility supervisor, I was advised that there are no operational security cameras in the parking lot.

Vehicle 02 remained operational. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-023433
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	03/28/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	0749
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
10 Crash Occurred On:		Road Name	MADISON AVENUE
		Dir	
		11 Speed Limit	40
		12 Route No.	
		Suffix	
		13 Milepost	
		14	
		15	
		16	
		☒ At Intersection With	
		☐ Feet ☐ N ☐ E	
		☐ Miles ☐ S ☐ W	
		of:	EAST COUNTY LINE ROAD
		17 Cross Road Name	
		18 Speed Limit	45
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.10620
		22 Longitude	-74.21938
118a	02		
118b	05		
119a	25		
119b	-		
120a	00		
120b	-		
121a	01		
121b	-		
122	11		
123	01		
124	05		
125	05		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	09		
130	00		
131	03		
132	04		
133	00		
134	03		

100b	04	23 Veh #	1
101	02	24 Policy No.	
		25 NJ Ins. Code	
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	
		29 Sex	
103	01	27 Number & Street	
104	2	28 City / State / Zip	
105	02	30 Eyes / DL Class / Restrictions / Endorsements / 31 State	
		32 Driver's License Number	
		33 DOB (mm dd yyyy)	
		34 Expires (mm yy)	
106	-	35 Owner's First Name / Initial / Last Name	
		☐ Same As Driver	
107	-	36 Number & Street	
108	01	37 City / State / Zip	
109	01	38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	
110	00	44 VIN	
		45 Expires	
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	
		☐ Owner ☐ Driver ☐ Police	
114	-	48 Alcohol/Drug Test	
		Given: ☐ No ☐ Yes ☐ Refused	
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	
		Results: 0. ___ % ☐ Pending	
		49 Hazardous Material	
		☐ None ☐ On Board ☐ Spill	
		Hazard Class / Placard No.	
116	01	50 Carrier No.	
		☐ USDOT ☐ None	
117	01	☐ 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	

53 Veh #	2		
54 Policy No.	6080 94-53-60		
55 NJ Ins. Code	100		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name / Initial / Last Name	RACHEL - ARROYO -		
59 Sex	F		
57 Number & Street	61 LUCY RD		
58 City / State / Zip	LAKEWOOD NJ 08701		
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - NJ		
62 Driver's License Number	A76286377361742		
63 DOB (mm dd yyyy)	11/18/1974		
64 Expires (mm yy)	11 24		
65 Owner's First Name / Initial / Last Name			
☐ Same As Driver	RACHEL - ARROYO -		
66 Number & Street	61 LUCY RD		
67 City / State / Zip	LAKEWOOD NJ 08701		
68 Make	FORD		
69 Model	FUS		
70 Color	BLK		
71 Year	2008		
72 Plate No.	W77PDV		
73 State	NJ		
74 VIN	3FAHP07198R238881		
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.

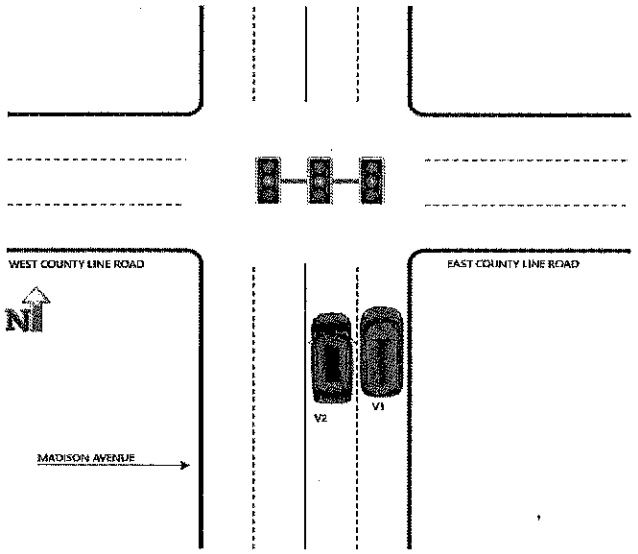
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	04	47	F	07	08	01	11	04	-	-	RACHEL - ARROYO - 61 LUCY RD LAKEWOOD NJ 08701
B	02	03	01	05	21	M	-	-	-	11	04	-	-	JUWAN A WILKINS - 61 LUCY RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-023433

(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 V2 STATED THAT SHE WAS DRIVING ON ROUTE 9 NEAR COUNTY LINE ROAD IN THE LEFT LANE AND WAS HIT BY A BLACK MINIVAN, POSSIBLY A HONDA ODYSSEY. DRIVER OF V2 STATED THAT THE DRIVER OF THE MINIVAN (V1) WAS AN ORTHODOX JEWISH MALE WITH A BEARD, THE FRONT PASSENGER WAS AN ORTHODOX JEWISH MALE AS WELL. THERE WAS ANOTHER ORTHODOX JEWISH MALE IN A REAR SEAT AS WELL. THE PLATE PROVIDEED BY THE CALLER DID NOT COME BACK ON FILE WITH NJ DMV. VARIATIONS OF THE PLATE ATTEMPTED CAME BACK EITHER NOT ON FILE OR A RENTAL AGENCY FROM TARRYTOWN NY. THE PLATE NUMBER PROVIDED BY THE OCCUPANTS OF V2 WAS NJ PLATE F11 KLDT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ 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	01
103	01
104	2
105	02
106	-
107	-
108	03
109	31
110	02
111	02
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-023766

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

3 Station/Precinct: -

10 Crash Occurred On: CENTRAL AVENUE — Road Name — Dir: - — 11 Speed Limit: 35 — 12 Route No.: 0528 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: CARANETTA DRIVE — 18 Speed Limit: 25

☒ Feet ☐ Miles — 14: 500 — 15 — ☐ 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): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 0943 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 16

21 Latitude: 40.088270 — 22 Longitude: -74.225060

118a	04
118b	-
119a	25
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	09
130	09
131	05
132	05
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 648910223 — 25 NJ Ins. Code: 012

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

26 Driver's First Name: GUSTAVO — Initial: A — Last Name: SOLANO CORRALES - — 29 Sex: M

27 Number & Street: 13242 BABERRY DR

28 City: GERMANTOWN — State: MD — Zip: 20874

30 Eyes: BR — DL Class: D — Restrictions: - — Endorsements: - — 31 State: MD

32 Driver's License Number: S452291067746 — 33 DOB (mm dd yyyy): 09/27/1996 — 34 Expires (mm yy): 09 26

35 Owner's ☐ Same As Driver - — First Name: - — Initial: - — Last Name: TABLE NJ LLC -

36 Number & Street: 212 WILLIAMSBURG LN

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

38 Make: FORD — 39 Model: TRA — 40 Color: WHI — 41 Year: 2016 — 42 Plate No.: XFAW84 — 43 State: NJ

44 VIN: 1FTYR3XM1GKA77316 — 45 Expires: 04 22

46 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: BA3631BF — 55 NJ Ins. Code: 149

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

56 Driver's First Name: JOHN — Initial: - — Last Name: CAPASSO - — 59 Sex: M

57 Number & Street: 13 HARRINGTON DR S

58 City: TOMS RIVER — State: NJ — Zip: 08757

60 Eyes: 02 — DL Class: B — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C05124070010602 — 63 DOB (mm dd yyyy): 10/18/1960 — 64 Expires (mm yy): 10 23

65 Owner's ☐ Same As Driver - — First Name: - — Initial: - — Last Name: PRESIDENTIAL TRN -

66 Number & Street: 10 ROOSEVELT AVE

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

68 Make: THO — 69 Model: 310 — 70 Color: YEL — 71 Year: 2021 — 72 Plate No.: R156S1 — 73 State: NJ

74 VIN: 4UZABPFD5MCME1023 — 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: PRESIDENTIAL TRAN

Number & Street: 10 ROOSEVELT AVE

City: LAKEWOOD — State: NJ — Zip: 08701

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	25	M	-	-	-	11	04	-	-	GUSTAVO A SOLANO CORRALES - 13242 BABERRY DR GERMANTOWN MD 20874 - -
B	V2	01	01	05	61	M	-	-	-	11	04	-	-	JOHN - CAPASSO - 13 HARRINGTON DR S TOMS RIVER NJ 08757 - -
C														
D														

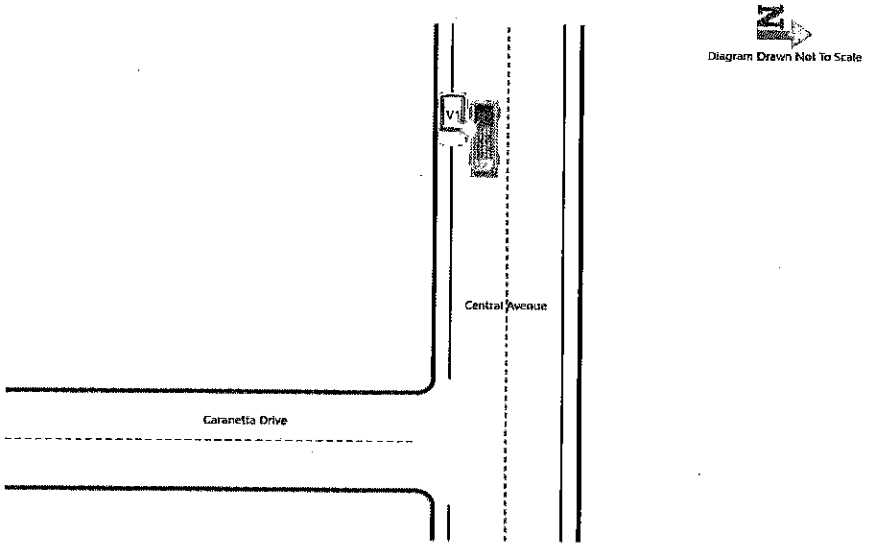
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-023766

(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 Eastbound on Central Avenue. Driver 1 admitted he was traveling on the shoulder lane following traffic. Driver 1 says that V2 traveled on the yellow striped lane following traffic and collided with his vehicle.

Vehicle 2 was traveling Eastbound on Central Avenue. Driver 2 said V2 was traveling on the shoulder lane and collided with the rear right side of his car.

Investigation revealed both vehicles were traveling Eastbound on Central Avenue. V1 traveled on the shoulder lane and failed to yield the right of way to V2 traveling on the proper lane. No injuries were reported at this time.

*** Video footage was attached to show the lane of travel of both vehicles.**

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

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

1 Case Number: 22-023804

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/29/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1233

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: 10TH STREET

☒ At Intersection With — Road Name: MONMOUTH AVENUE — Dir: — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name:

21 Latitude: 40.10047 — 22 Longitude: -74.21169

11 Speed Limit: 25 — 18 Speed Limit: 35

☐ NB ☐ EB ☐ SB ☐ WB

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

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

26 Driver's First Name: DAVID — Initial: - — Last Name: COHEN — 29 Sex: M

27 Number & Street: 168 DOWNING ST

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

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

32 Driver's License Number: C61611560004814 — 33 DOB (mm dd yyyy): 04/10/1981 — 34 Expires (mm yy): 04 26

35 Owner's First Name: DAVID — Initial: - — Last Name: COHEN

☐ Same As Driver

36 Number & Street: 168 DOWNING ST

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

38 Make: HOND — 39 Model: ODY — 40 Color: BLU — 41 Year: 2022 — 42 Plate No.: R69NZH — 43 State: NJ

44 VIN: 5FNRL6H74NB020232 — 45 Expires: 06 25

46 Vehicle Removed To: TILTON'S AUTO BODY

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☒ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: — Placard No.:

50 Carrier No.: ☐ USDOT ☐ 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: -

53 Veh #: 2 — 54 Policy No.: ILP2638740 — 55 NJ Ins. Code: -

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

56 Driver's First Name: ISIDRO — Initial: - — Last Name: BENITEZ — 59 Sex: M

57 Number & Street: 942 MASSACHUESSETS AVENUE APT. 6

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

60 Eyes: 02 — DL Class: — Restrictions: — Endorsements: — 61 State: NJ

62 Driver's License Number: — 63 DOB (mm dd yyyy): 03/14/1986 — 64 Expires (mm yy): 99 99

65 Owner's First Name: ISIDRO — Initial: - — Last Name: BENITEZ

☒ Same As Driver

66 Number & Street: 942 MASSACHUESSETS AVENUE APT. 6

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

68 Make: CHRYSLER — 69 Model: PVAN — 70 Color: BK — 71 Year: 2009 — 72 Plate No.: CG45543 — 73 State: NJ

74 VIN: 2A8HR44E19R638016 — 75 Expires: 08 22

76 Vehicle Removed To: TILTON'S AUTO BODY

☐ 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: -

118a	25
118b	-
119a	16
119b	04
120a	01
120b	01
121a	01
121b	01
122	01
123	01
124	04
125	08
126a	26
126b	04
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	12
132	15
133	04
134	04

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	292298	1	39:6B-2	292299
2	39:4-144	292296	2	142 Charge: 39:3-10	143 Summons. No.: 292297

	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	M	-	-	-	11	11	04	-	DAVID - COHEN - 168 DOWNING ST LAKEWOOD NJ 08701
B	02	01	01	03	36	M	-	-	-	11	11	04	6502	ISIDRO BENITEZ 942 MASSACHUSSETS A LAKEWOOD NJ 08701
C	-													
D	-													

New Jersey Police Crash Investigation Report

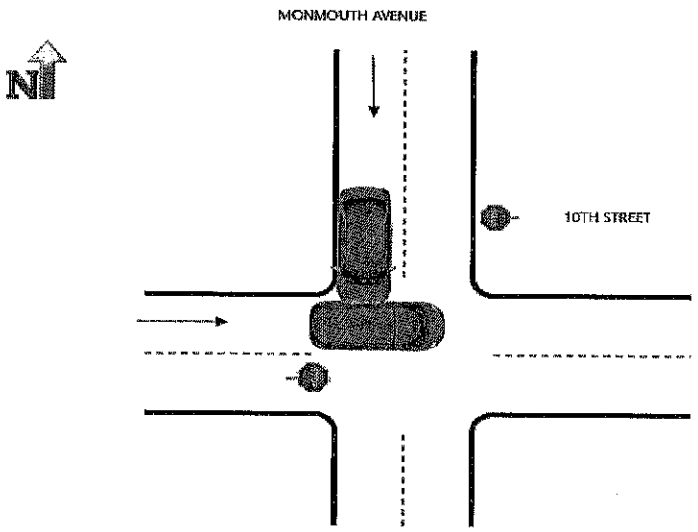
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023804

(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 TRAVLING SOUTH ON MONMOUTH AVENUE WHEN VEHICLE 2 WENT THROUGH A STOP SIGN AT THE INTERSECTION WITH 10TH STREET AND THEN CRASHED INTO VEHICLE 1.

DRIVER OF VHEICLE 2 STATED HE WAS STOPPED AT A STOP SIGN ON 10TH STREET FACING EAST AT THE INTERSECTION WITH MONMOUTH AVENUE. HE LOOKED BOTH WAYS AND THEN PROCEEDED WHEN CLEAR. AS HE WAS PASSING THROUGH THE INTERSECITION VEHICLE 2 WHICH WAS SPEEDING GOING SOUTH, COLLIDED WITH VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 FAILED TO STOP OR YEILD AT A STOP SIGN. ALSO, SPEED WAS NOT A FACTOR.

BOX 24, 25... UNINSURED

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

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

1 Case Number: 22-023827

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

3 Station/Precinct: --

10 Crash Occurred On: W COUNTY LINE RD — Dir: - — 11 Speed Limit: 40 — 12 Route No.: 0526 — Suffix — 13 Milepost

☒ At Intersection With — Road Name: LAURELWOOD AVE — 18 Speed Limit: 25

☐ Feet ☐ Miles — 14: -- — 15 — ☐ N ☐ E ☐ S ☐ W — 16

19 Ramp ☐ To ☐ From: — 17 Cross Road Name: — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1517 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.106730 — 22 Longitude: -74.228130

118a	00
118b	00
119a	00
119b	00
120a	01
120b	-
121a	01
121b	-
122	03
123	02
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F131122-4 — 25 NJ Ins. Code: 426

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

26 Driver's First Name: SANDRA — Initial: L — Last Name: PULASKI — 29 Sex: F

27 Number & Street: 10 FORDHAM ROAD

28 City: JACKSON — State: NJ — Zip: 08527

30 Eyes: 04 — DL Class: A — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: P91966897359504 — 33 DOB (mm dd yyyy): 09/24/1950 — 34 Expires (mm yy): 09 24

35 Owner's ☐ Same As Driver — First Name: SANDRA — Initial: L — Last Name: PULASKI

36 Number & Street: 10 FORDHAM ROAD

37 City: JACKSON — State: NJ — Zip: 08527

38 Make: FORD — 39 Model: EXP — 40 Color: BUR — 41 Year: 2018 — 42 Plate No.: G42NJX — 43 State: NJ

44 VIN: 1FM5K8HT6JGA62701 — 45 Expires: 03 23

46 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ 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.: 939828805 — 55 NJ Ins. Code: 012

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

56 Driver's First Name: MARSHALL — Initial: - — Last Name: PETEGORSKY — 59 Sex: M

57 Number & Street: 173 BOXWOOD DR

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

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

61 State: NJ

62 Driver's License Number: P28425240003402 — 63 DOB (mm dd yyyy): 03/02/1940 — 64 Expires (mm yy): 03 25

65 Owner's ☐ Same As Driver — First Name: MARSHALL — Initial: - — Last Name: PETEGORSKY

66 Number & Street: 173 BOXWOOD DR

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

68 Make: TOYT — 69 Model: CAM — 70 Color: 1 — 71 Year: 2012 — 72 Plate No.: T84HNH — 73 State: NJ

74 VIN: 4T1BF1FK1CU054437 — 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	71	F	-	-	-	11	04	-	-	SANDRA L PULASKI - 10 FORDHAM ROAD JACKSON NJ 08527
B	02	01	01	05	82	M	-	-	-	11	04	-	-	MARSHALL - PETEGORSKY - 173 BOXWOOD DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

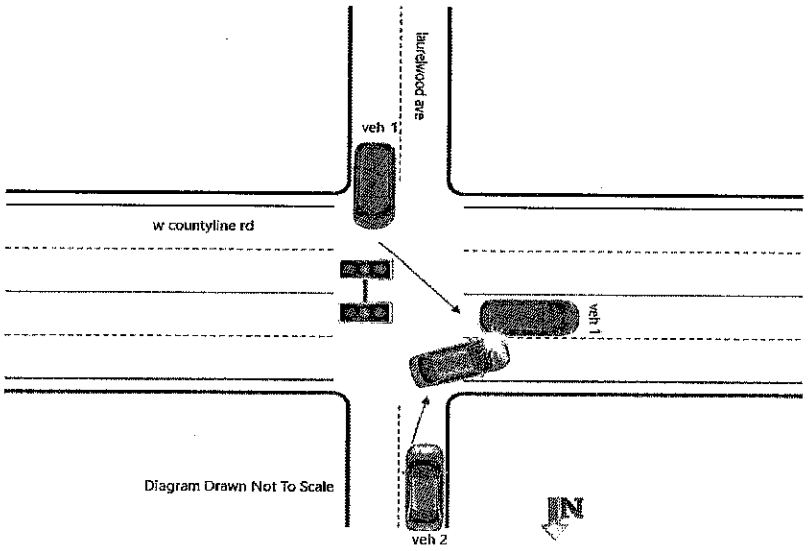
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-023827

(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 THAT SHE WAS TRAVEING NORTH ON LAURELWOOD AVE AND MADE A LEFT TURN ONTO W COUNTYLINE ROAD. DRIVER 1 SAID WHEN SHE WAS TURNING SHE WAS HIT BY VEH 2 THAT MADE A RIGHT TURN AND DID NOT STAY IN HIS LANE.

DRIVER OF VEH 2 STATED HE WAS TRAVELING SOUTH ON LAURELWOOD AVENUE AND MADE A RIGHT TURN ONTO W COUNTYLINE ROAD. HE SAID VEH 2 MADE A LEFT TURN THE SAME TIME AS HIM AND DID NOT STAY IN THE LEFT LANE AND HIT HIS CAR.

UPON MY INVESTIGATION, DUE TO CONFLICTING STORIES AND NO WITNESS STATEMENTS, I AM UNABLE TO DETERMINE WHO IS AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	05
106	-
107	-
108	01
109	30
110	01
111	02
112	-
113	09
114	-
115	02
116	01
117	03

1 Case Number: 22-023838

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

3 Station/Precinct: -

10 Crash Occurred On: ARLINGTON AVE — 11 Speed Limit: 25 — 12 Route No. - — Suffix - — 13 Milepost -

☐ At Intersection With — Road Name — Dir

☒ Feet ☒ N ☐ E of: WYNATT STREET — 18 Speed Limit: 25

35 (14) ☐ Miles (15) ☐ S ☐ W (16)

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 03/29/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1555 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.077940 — 22 Longitude: -74.209130

118a	61
118b	-
119a	61
119b	02
120a	01
120b	-
121a	01
121b	-
122	08
123	02
124	-
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	07
132	07
133	03
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4451-93-10-50 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: ISAAC — Initial: - — Last Name: ASCHKENASY - — 29 Sex: M

27 Number & Street: 357 RIDGE AVE

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: A80143700010972 — 33 DOB (mm dd yyyy): 10/28/1997 — 34 Expires (mm yy): 10 25

35 Owner's: ☒ Same As Driver — First Name: ISAAC — Initial: - — Last Name: ASCHKENASY -

36 Number & Street: 357 RIDGE AVE

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

38 Make: TOYT — 39 Model: CAM — 40 Color: SIL — 41 Year: 2013 — 42 Plate No.: A25PMH — 43 State: NJ

44 VIN: 4T1BF1FK1DU648852 — 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 - ☐ 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.: BA 2997BD — 55 NJ Ins. Code: 150

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

56 Driver's First Name: DONNA — Initial: - — Last Name: CARRAGHER - — 59 Sex: F

57 Number & Street: 44 SUNFLOWER LANE

58 City: TOMS RIVER — State: NJ — Zip: 08755

60 Eyes: 02 — DL Class: B — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: C06601740054552 — 63 DOB (mm dd yyyy): 04/23/1955 — 64 Expires (mm yy): 04 25

65 Owner's: ☐ Same As Driver — First Name: JAYS BUS — Initial: - — Last Name: JAYS BUS SERVICE -

66 Number & Street: 672 CROSS STREET

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

68 Make: IC — 69 Model: INT — 70 Color: YEL — 71 Year: 2019 — 72 Plate No.: N269S1 — 73 State: NJ

74 VIN: 4DRBUC8P9KB091093 — 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 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: JAY'S BUS SERVICE

Number & Street: 672 CROSS STREET

City: LAKEWOOD — State: NJ — Zip: 08701

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	24	M	-	-	-	11	04	-	-	ISAAC - ASCHKENASY - 357 RIDGE AVE LAKEWOOD NJ 08701 - -
B	1	03	01	05	22	F	-	-	-	11	04	-	-	DEVORAH R MARGOLIES - 2920 W COYLE AVE CHICAGO IL 60645 - -
C	1	04	01	05	0M	F	-	-	-	06	06	-	-	CHANA - ASCHKENASY - 357 RIDGE AVE LAKEWOOD NJ 08701 - -
D	2	01	01	05	66	F	-	-	-	04	04	-	-	DONNA - CARRAGHER - 44 SUNFLOWER LANE TOMS RIVER NJ 08755 - -

New Jersey Police Crash Investigation Report

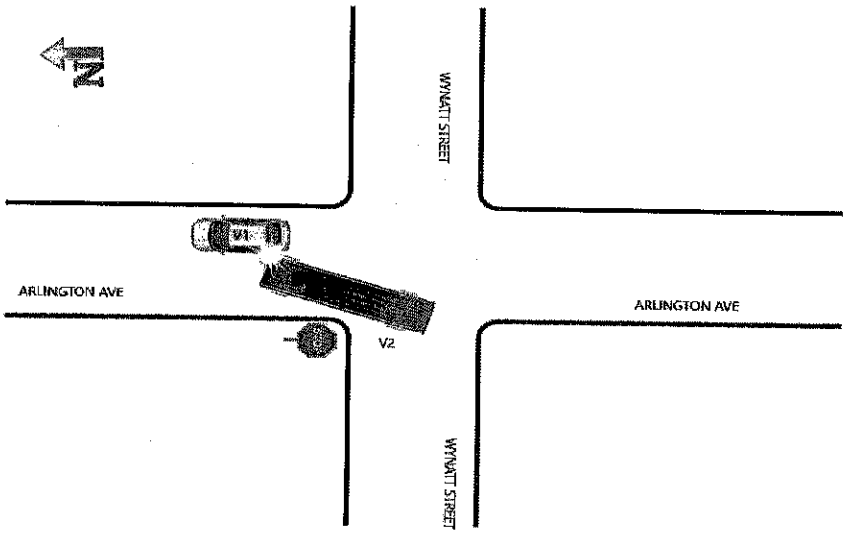
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023838

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 2 STRUCK VEHICLE ONE WHILE ATTEMPTING TO TURN WEST ONTO WYNATT STREET. NONE OF THE STUDENTS ON V2 WERE INJURED.

DRIVER 1 STATES THAT AFTER TURNING LEFT ONTO ARLINGTON VEHICLE 2 WAS TRAVELING SOUTH BOUND ATTEMPTING TO MAKE A RIGHT ONTO WYNATT STREET. DRIVER 1 STATES THAT THERE WAS NOT ENOUGH ROOM ON THE STREET FOR V2 TO MAKE THE RIGHT HAND TURN AND WHILE TURNING THE REAR OF V2 STRUCK V1.

DRIVER 2 STATES THAT WHILE SHE WAS STOPPED TO LET CHILDREN OFF OF THE SCHOOL BUS VEHICLE 1 MADE A LEFT HAND TURN ONTO ARLINGTON AND STRUCK THE REAR OF VEHICLE 2.

VIDEO SURVEILLANCE FROM THE SCHOOL BUS CABIN CAMERA SHOWED V1 IN A STATIONARY POSITIOIN AND V2 STRIKING V1 WHILE ATTEMPTING TO TURN RIGHT ONTO WYNATT STREET. SHE DID NOT COME TO A COMPLETE STOP AT THE END OF ARLINGTON AVE AND STOPPPED IN THE MIDDLE OF THE INTERSECTION TO LET CHILDREN OFF THE BUS AFTER STRIKING V1. IT SHOULD BE NOTED THERE WAS A LOT OF TRAFFIC CONGESTION MAKING THE ROAD NARROW AND PROVIDING LITTLE SPACE FOR BOTH VEHICLES TO PASS SIMULTANEOUSLY.

AFTER MY INVESTIGATION AND VIDEO FOOTAGE EVIDENCE I DETERMINED D2 TO BE AT FAULT FOR STRIKING V1 DURING HER TURN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	828	E. MIICK	307	☐ Pending ☒ Complete

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station -
Case No. 22-023838

1.	YEDIYA	FELDMAN
2.	RAFOEL	REISS
3.	CHAIM	GARFINKLE
4.	AHARON TZUR	BRECHER
5.	SHMUEL	KAPLAN
6.	MORDECHAI	REISS
7.	NACHI	RICHT
8.	ELIEZER	GREENBERGER
9.	MOSHE	SABO
10.	AVROHOM	SHENKELEWSKY
11.	CHAIM	ZIRKIN
12.	DOVI	WERNER
13.	YITZY	EBERSTEIN
14.	DOVID	FLEISCHMEN
15.	YONASAN	KAPLEN
16.	YAKEV	ARYEHCOHEN
17.	TZUI	BLECH
18.	YECHIEL	RUBE
19.	BENTZION	BRODIE
20.	GEDALIA	STERNHEIM
21.		
22.		
23.		
24.		
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50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-023945

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. — Suffix — 13 Milepost

☒ At Intersection With: E. COUNTY LINE ROAD — 18 Speed Limit: 45

☐ 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): 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 0645

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.10620

22 Longitude: -74.21938

118a	25
118b	-
119a	02
119b	03
120a	01
120b	01
121a	01
121b	01
122	01
123	18
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	01
131	11
132	12
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 4032-73-01-70 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: JOSEPH — Initial: P — Last Name: ONEILL — 29 Sex: M

27 Number & Street: 1006 CALLAS CT

28 City: JACKSON — State: NJ — Zip: 08527

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

32 Driver's License Number: O59054107703652 — 33 DOB (mm dd yyyy): 03/26/1965 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: JOSEPH — Initial: P — Last Name: ONEILL

36 Number & Street: 1006 CALLAS CT

37 City: JACKSON — State: NJ — Zip: 08527

38 Make: NISS — 39 Model: SEN — 40 Color: SIL — 41 Year: 2003 — 42 Plate No.: E29KNG — 43 State: NJ

44 VIN: 3N1AB51AX3L734321 — 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.: 6100-66-04-60 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: EVERTON — Initial: - — Last Name: GORDON — 59 Sex: M

57 Number & Street: 436 PROSPECT ST APT 1

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

60 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: G65762550002641 — 63 DOB (mm dd yyyy): 02/14/1964 — 64 Expires (mm yy): 02 25

65 Owner's ☐ Same As Driver — First Name: EVERTON — Initial: - — Last Name: GORDON

66 Number & Street: 436 PROSPECT ST APT 1

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

68 Make: TOYT — 69 Model: COROLLA — 70 Color: BLU — 71 Year: 2017 — 72 Plate No.: X179776 — 73 State: NJ

74 VIN: 2T1BURHE8HC954479 — 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.	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	57	M	-	-	-	11	04	-	-	JOSEPH P ONEILL - 1006 CALLAS CT JACKSON NJ 08527
B	02	01	01	05	58	M	-	-	-	11	04	-	-	EVERTON - GORDON - 436 PROSPECT ST APT 1 LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

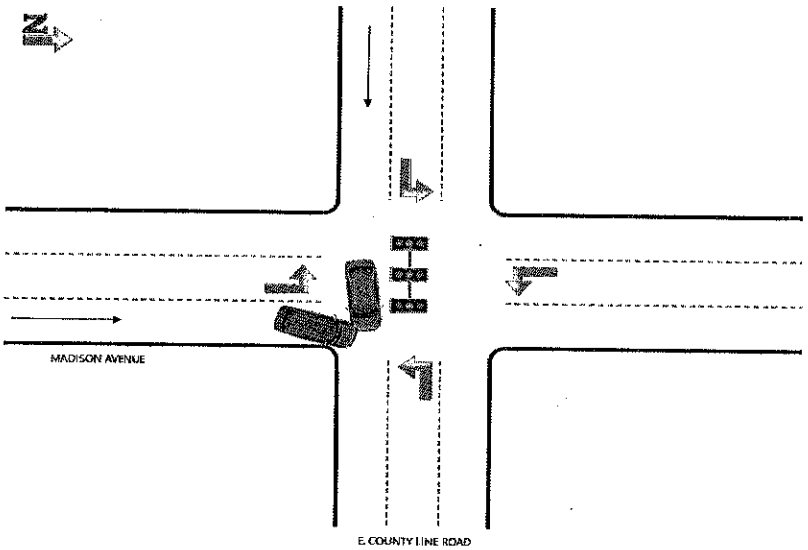
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-023945

(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 1 STATED HE WAS TRAVELING EAST ON COUNTY LINE ROAD THROUGH A GREEN TRAFFIC LIGHT AT THE INTERSECTION WITH MADISON AVENUE. VEHICLE 2 WAS TRAVELING NORTH ON MADISON AVENUE AND STRUCK VEHICLE 1 WHILE MAKE A RIGHT TURN ON RED.

DRIVER OF VEHICLE 2 STATED "I WAS MAKING A RIGHT AND JUST GOT NERVOUS YOU KNOW." HE ALSO STATED THAT HE DOES NOT KNOW THE COLOR OF THE TRAFFIC LIGHT WHEN HE WAS MAKING THE RIGHT TURN.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 FAILED TO OBEY A TRAFFIC SIGNAL.

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

96: 05

1 Case Number: 22-024000

97: 01

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

98: 01

3 Station/Precinct: -

99: 02

4 Date of Crash (mm dd yy): 03/30/22

100a: 01

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1301

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 15

☐ N ☐ E ☐ S ☒ W — 16

of: YALE DR

11 Speed Limit: 40

12 Route No.: 0009 — Suffix

13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.05730

22 Longitude: -74.22017

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

100b: 04

23 Veh #: 1

24 Policy No.: 6214138990

25 NJ Ins. Code: 945

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

101: 02

26 Driver's First Name: ESTHER — Initial: - — Last Name: SCHWARTZ -

29 Sex: F

102: 01

27 Number & Street: 2114 ORIEN RD.

103: 01

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

104: 2

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

105: 03

32 Driver's License Number: S15702390055766

33 DOB (mm dd yyyy): 05/05/1976

34 Expires (mm yy): 05 24

106: -

35 Owner's ☐ Same As Driver — First Name: ESTHER — Initial: - — Last Name: SCHWARTZ -

107: -

36 Number & Street: 2114 ORIEN RD.

108: 01

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

109: 01

38 Make: HOND — 39 Model: PIL — 40 Color: BLK — 41 Year: 2019 — 42 Plate No.: B94KYW — 43 State: NJ

110: 01

44 VIN: 5FNYF6H68KB054986

45 Expires: 03 23

111: 01

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

112: -

113: -

47 Authority ☒ Owner ☐ Driver ☐ Police

114: -

48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

115

49 Hazardous Material ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

116: 04

50 Carrier No. ☐ USDOT ☐ MC/MX ☒ None

117: 03

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

53 Veh #: 2

54 Policy No.: 4026-77-39-39

55 NJ Ins. Code: 148

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

120a: 01
120b: -

56 Driver's First Name: DANIEL — Initial: R — Last Name: GREGOIRE -

59 Sex: M

121a: 01

57 Number & Street: 65 HALIDAY ST.

121b: -

58 City: CLARK — State: NJ — Zip: 07066

60 Eyes: 2 — DL Class: A — Restrictions: - — Endorsements: -

61 State: NJ

122: 03

62 Driver's License Number: G73181537906402

63 DOB (mm dd yyyy): 06/07/1940

64 Expires (mm yy): 06 22

123: 01

65 Owner's ☐ Same As Driver — First Name: DANIEL — Initial: R — Last Name: GREGOIRE -

124: 08

66 Number & Street: 65 HALIDAY ST.

125: 11

67 City: CLARK — State: NJ — Zip: 07066

126a: 26

68 Make: FORD — 69 Model: TAU — 70 Color: 3 — 71 Year: 1992 — 72 Plate No.: FP4929 — 73 State: NJ

126b: -

74 VIN: 1FALP52U1NA251588

75 Expires: 09 22

126c: -

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

126d: -

126e: 26

77 Authority ☐ Owner ☒ Driver ☐ Police

127a: 26

78 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

127b: -

79 Hazardous Material ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

127c: -

80 Carrier No. ☐ USDOT ☐ MC/MX ☒ None

127d: -

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

127e: 26

82 Motor Carrier or Government Entity

128: 26

Number & Street

129: 01

City — State — Zip

130: 01

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

131: 09

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

132: 09

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

133: 03

134: 03

	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	-	-	ESTHER - SCHWARTZ - 2114 ORIEN RD. TOMS RIVER NJ 08755
B	2	01	01	05	81	M	-	-	-	11	04	-	-	DANIEL R GREGOIRE - 65 HALIDAY ST. CLARK NJ 07066
C	2	03	01	05	74	F	-	-	-	11	04	-	-	ANTOINETT - GREGOIRE - 65 HALIDAY STREET CLARK NJ 07066
D														

New Jersey Police Crash Investigation Report

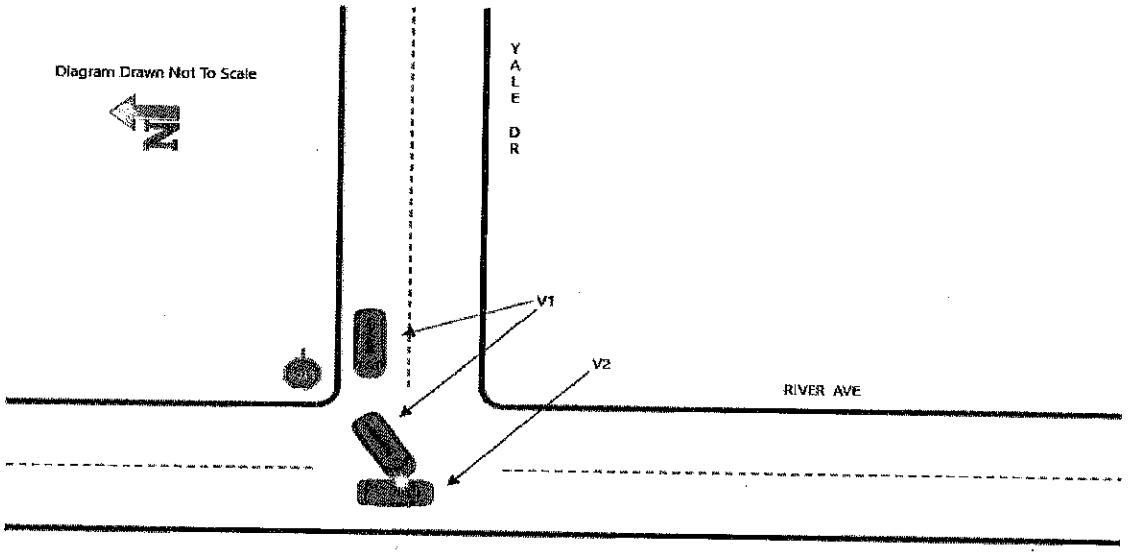
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024000

(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 on Yale Dr, stopped at the stop sign. She looked and did not see anyone coming. She started to make a left onto River Ave and struck V2, which was traveling South on River Ave.

Driver of V2 said he was traveling South on River Ave when his vehicle was struck on the driver side 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	MY	329	☐ 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	07
100a	01
100b	04
101	02
102	01
103	05
104	2
105	05
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-024013

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

3 Station/Precinct: -

10 Crash Occurred On: HENRY ST — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15: 75

☐ N ☒ E ☐ S ☐ W of: RIVER AVE

11 Speed Limit: 25

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

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name: -

21 Latitude: 40.077400 — 22 Longitude: -74.216780

4 Date of Crash mm dd yy: 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1438

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a	02
118b	-
119a	25
119b	-
120a	00
120b	00
121a	01
121b	-
122	02
123	01
124	04
125	11
126a	26
126b	00
126c	00
126d	00
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	00
131	11
132	10
133	01
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 953803381

25 NJ Ins. Code: 134

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

26 Driver's First Name: LAMEEK — Initial: S — Last Name: REEVES — 29 Sex: M

27 Number & Street: 23 CREEK ROAD

28 City: BRICK — State: NJ — Zip: 08724

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

32 Driver's License Number: R22004408206012

33 DOB mm dd yyyy: 06/30/2001

34 Expires mm yy: 06 22

35 Owner's First Name: LAMEEK — Initial: S — Last Name: REEVES

☐ Same As Driver

36 Number & Street: 23 CREEK ROAD

37 City: BRICK — State: NJ — Zip: 08724

38 Make: HOND — 39 Model: CIV — 40 Color: SIL — 41 Year: 2021 — 42 Plate No.: W46NTR — 43 State: NJ

44 VIN: 2HGFC2F68MH505912

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 ☐ 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.: 4564-00-02-99

55 NJ Ins. Code: 148

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

56 Driver's First Name: SHIMON — Initial: - — Last Name: ANTEBI — 59 Sex: M

57 Number & Street: 1400 14TH ST

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

60 Eyes: 02 — DL Class: D — Restrictions: 1 — Endorsements: - — 61 State: NJ

62 Driver's License Number: A59787080009002

63 DOB mm dd yyyy: 09/07/2000

64 Expires mm yy: 09 26

65 Owner's First Name: SHIMON — Initial: - — Last Name: ANTEBI

☐ Same As Driver

66 Number & Street: 1400 14TH ST

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

68 Make: NISS — 69 Model: ALT — 70 Color: GRY — 71 Year: 2010 — 72 Plate No.: X37MMN — 73 State: NJ

74 VIN: 1N4CL2AP7AC187092

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	LAMEEK S REEVES - 23 CREEK ROAD BRICK NJ 08724
B	02	01	01	05	21	M	-	-	-	11	04	-	-	SHIMON - ANTEBI - 1400 14TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

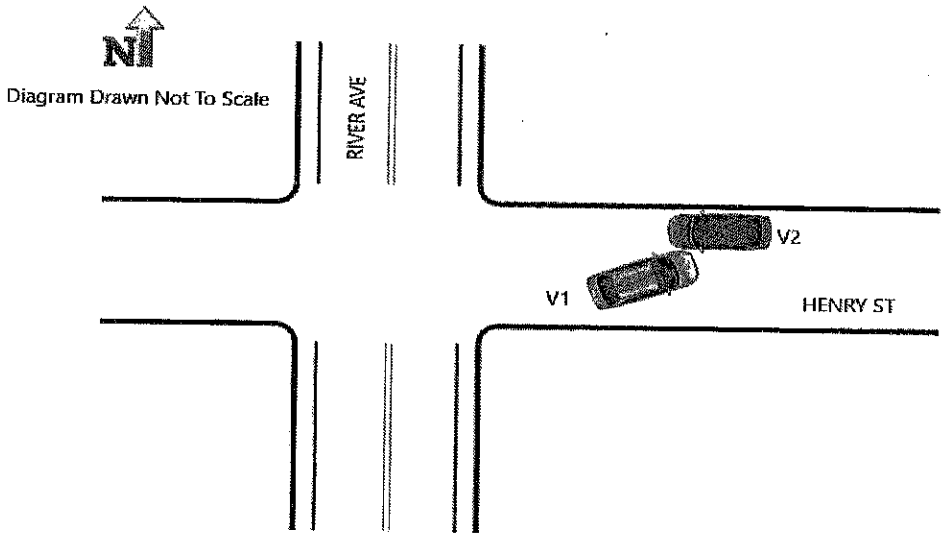
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024013

(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 V2 stated he was traveling west on Henry St. Prior to arriving at the intersection of River Ave, V1 turned right from River Ave onto Henry St. During the turn, V1 collided with V2. V1 fled the scene prior to speaking to the driver of V2.

V1 was described to be a newer model silver Honda Civic bearing New Jersey registration W46NTR. There was white lettering on the trunk and tinted windows. The driver of V2 was unable to see the driver of V1.

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

The driver of V1 contacted the Lakewood Police Department after contact was made by Brick Police. The registered owner identified himself to be the driver. He stated he turned right onto Henry St from River Ave and struck V2. He pulled over on Henry St and observed V2 drive off onto River Ave. He did not observe damage on his vehicle and left the area. He provided his insurance information.

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

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	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-024027

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

3 Station/Precinct: -

10 Crash Occurred On: ROUTE 70 — Dir: E — 11 Speed Limit: 50 — 12 Route No.: 0070 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: VERMONT AVE — 18 Speed Limit: 45

☒ Feet ☐ Miles — 14: 50 — 15: ☐ N ☐ E ☐ S ☒ W — 16 of:

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

4 Date of Crash (mm dd yy): 03/30/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1654 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.067390 — 22 Longitude: -74.185150

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	06
123	08
124	03
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	02
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 909894573 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: KIRK — Initial: W — Last Name: MONTANYE — 29 Sex: M

27 Number & Street: 1112 HANNIBAL ST

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: M64384358604994 — 33 DOB (mm dd yyyy): 04/27/1999 — 34 Expires (mm yy): 04 24

35 Owner's ☐ Same As Driver — First Name: KEVIN — Initial: J — Last Name: MONTANYE

36 Number & Street: 1112 HANNIBAL STREET

37 City: TOMS RIVER — State: NJ — Zip: 08757

38 Make: JEEP — 39 Model: GCH - GR — 40 Color: GRY — 41 Year: 2014 — 42 Plate No.: J83HYZ — 43 State: NJ

44 VIN: 1C4RJFBG2EC518540 — 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.: 914528892 — 55 NJ Ins. Code: 134

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

56 Driver's First Name: SAMANTHA — Initial: C — Last Name: EVERETT — 59 Sex: F

57 Number & Street: 41 CEDARWOOD DRIVE

58 City: TOMS RIVER — State: NJ — Zip: 08755

60 Eyes: 02 — DL Class: A — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: E95346876356902 — 63 DOB (mm dd yyyy): 06/14/1990 — 64 Expires (mm yy): 06 23

65 Owner's ☐ Same As Driver — First Name: CHRISTOPHER — Initial: W — Last Name: EVERETT

66 Number & Street: 41 CEDARWOOD DR

67 City: TOMS RIVER — State: NJ — Zip: 08755

68 Make: SUBA — 69 Model: LEG - LE — 70 Color: BLK — 71 Year: 2018 — 72 Plate No.: U48NRZ — 73 State: NJ

74 VIN: 4S3BNAD64J3015499 — 75 Expires: 05 22

76 Vehicle Removed To: -

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	22	M	-	-	-	11	04	-	-	KIRK W MONTANYE - 1112 HANNIBAL ST TOMS RIVER NJ 08757 - -
B	2	01	01	05	31	F	-	-	-	11	04	-	-	SAMANTHA C EVERETT - 41 CEDARWOOD DRIVE TOMS RIVER NJ 08755 - -
C	2	03	01	05	33	M	-	-	-	11	04	-	-	CHRISTOPHER W EVERETT - 41 CEDARWOOD DR TOMS RIVER NJ 08755 - -
D														

New Jersey Police Crash Investigation Report

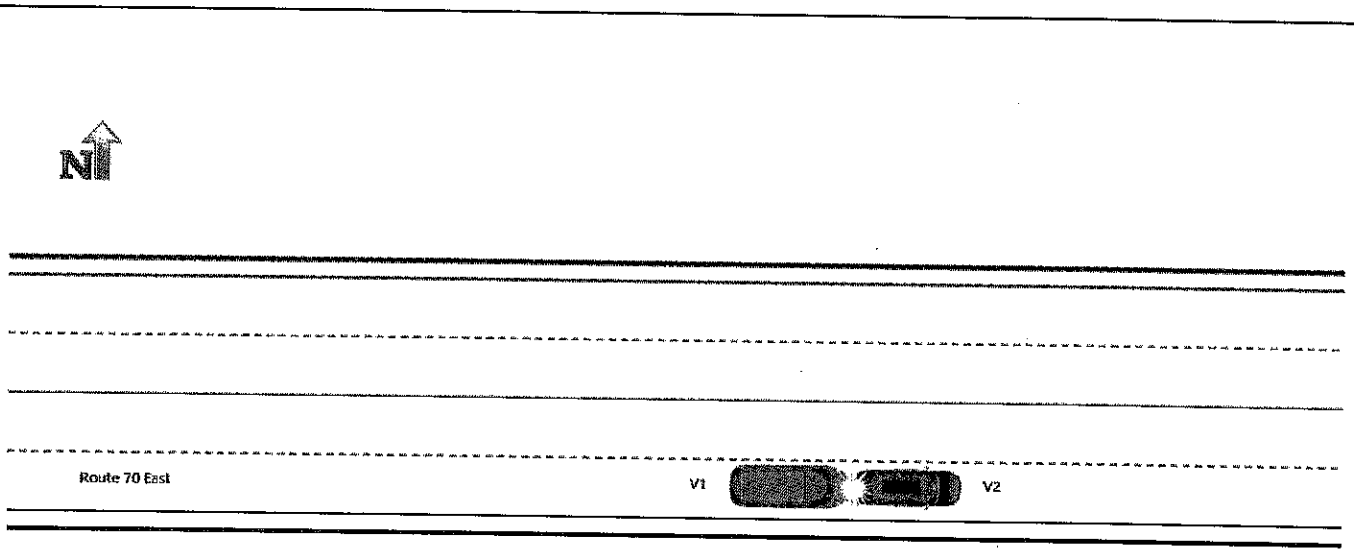
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024027

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 STRUCK THE REAR OF V2 WHILE TRAVELING EAST ON ROUTE 70.

D1 STATES THAT BOTH VEHICLES WERE STOPPED AND HIS STEEL TOE BOOT SOMEHOW GOT STUCK ON THE GAS PEDAL MAKING HIM STRIKE THE REAR OF V2.

D2 STATES THAT WHILE STOPPED SHE WAS STRUCK BY V1 IN THE REAR.

AFTER MY INVESTIGATION I DETERMINED D1 TO BE AT FAULT FOR STRIKING THE REAR OF V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO I.	828	E. MIICK	307	☐ 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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-024047

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1808

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: SOMERSET AVE

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W of: RIDGE AVE

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

20 Route/Name

21 Latitude: 40.09706

22 Longitude: -74.19276

118a	25
118b	-
119a	13
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	10
124	11
125	99
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	01
130	01
131	07
132	07
133	04
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 6064449181

25 NJ Ins. Code: 100

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

26 Driver's First Name: MIGUEL — Initial: A — Last Name: SANTOS

29 Sex: M

27 Number & Street: 1415 JEFFREY ST

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

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: S04905476102747

33 DOB (mm dd yyyy): 02/10/1974

34 Expires (mm yy): 02 22

35 Owner's First Name: MIGUEL — Initial: A — Last Name: SANTOS

☐ Same As Driver

36 Number & Street: 1415 JEFFREY ST

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

38 Make: KIA — 39 Model: RIO — 40 Color: GRY — 41 Year: 2020 — 42 Plate No.: Y56MNY — 43 State: NJ

44 VIN: 3KPA24ADXLE316959

45 Expires: 06 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.: 4595727316

55 NJ Ins. Code: 148

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

56 Driver's First Name: - — Initial: - — Last Name: -

59 Sex: -

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: NATHANIEL — Initial: - — Last Name: SINSKY

☐ Same As Driver

66 Number & Street: 474 SOMERSET AVE

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

68 Make: TOYT — 69 Model: CAM — 70 Color: WHI — 71 Year: 2016 — 72 Plate No.: C53PUH — 73 State: NJ

74 VIN: 4T4BF1FK2GR555817

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 ☐ 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	48	M	-	-	-	11	04	-	-	MIGUEL A SANTOS - 1415 JEFFREY ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

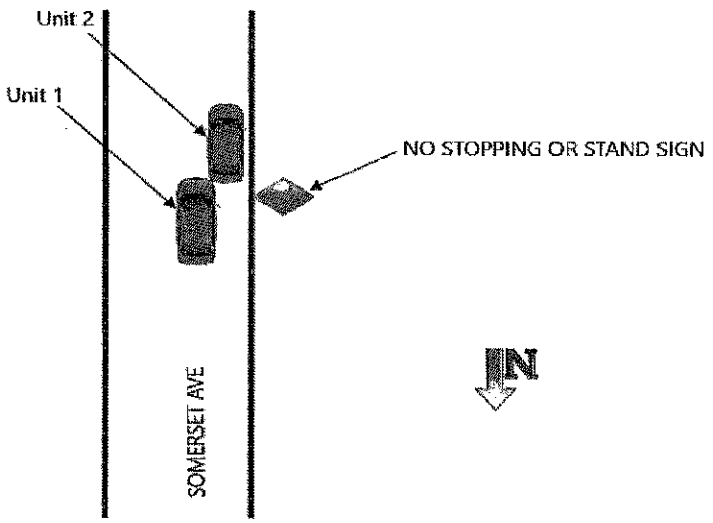
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-024047

(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 THATT HE WAS TRAVELING SOUTH ON SOMERSET AVE. AND A VEHICLE TRAVELING NORTH WAS TRAVELING IN THE MIDDLE OF THE ROAD. DRIVER #1 SAID HE SWERVED TO THE RIGHT TO AVOID A COLLISION AND STRUCK VEHICLE #2 THAT WAS PARKED AND UNOCCUPPIED.

VEHICLE #2 WAS PARKED AND UNOCCUPPIED IN NO STOPPING OR STANDING ZONE.

DRIVER #1 WAS MAKING HIS OWN ARRANGEMENTS FOR A TOW TRUCK.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	E. MIICK	307	☐ 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	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	13
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	00

1 Case Number: 22-024072

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 2107

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 14TH ST & FOREST AVE — Road Name — Dir

☐ At Intersection With

☐ Feet ☐ N ☐ E of:

- ☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 35

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 35

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.10428

22 Longitude: -74.22114

118a	02
118b	-
119a	85
119b	-
120a	01
120b	-
121a	00
121b	00
122	03
123	43
124	03
125	03
126a	22
126b	-
126c	-
126d	-
126e	22
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	00
132	00
133	01
134	00

23 Veh #: 1 — 24 Policy No.: 939733792 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: EZEKIEL — Initial: - — Last Name: HALPERN — 29 Sex: M

27 Number & Street: 309 DEWEY AVE

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

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

32 Driver's License Number: H03162560010744 — 33 DOB (mm dd yyyy): 10/06/1974 — 34 Expires (mm yy): 10 26

35 Owner's First Name: EZEKIEL — Initial: - — Last Name: HALPERN

☐ Same As Driver

36 Number & Street: 309 DEWEY AVE

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

38 Make: TOYT — 39 Model: SIE — 40 Color: GRY — 41 Year: 2017 — 42 Plate No.: C98MKG — 43 State: NJ

44 VIN: 5TDKZ3DC3HS821896 — 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

53 Veh #: P1 — 54 Policy No.: - — 55 NJ Ins. Code: -

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

56 Driver's First Name: 00 — Initial — Last Name — 59 Sex

57 Number & Street

58 City — State — Zip

60 Eyes — DL Class — Restrictions — Endorsements — 61 State

62 Driver's License Number — 63 DOB (mm dd yyyy) — 64 Expires (mm yy)

65 Owner's First Name — Initial — Last Name

☐ Same As Driver

66 Number & Street

67 City — State — Zip

68 Make — 69 Model — 70 Color — 71 Year — 72 Plate No. — 73 State

74 VIN — 75 Expires

76 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☐ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	47	M	-	-	-	11	04	-	-	EZEKIEL - HALPERN - 309 DEWEY AVE LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

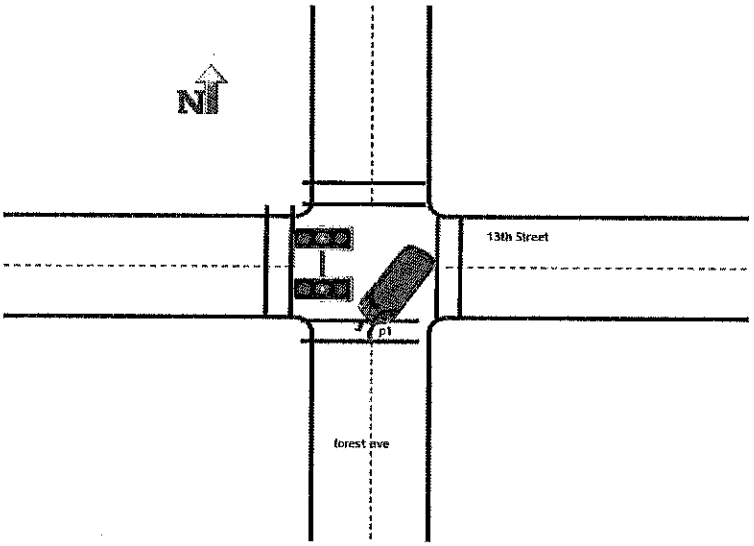
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024072

(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

D1 stated he was heading west on 14th Street proceeded to make a left turn to head south on Forest Ave. D1 stated he was going slow and struck P1 who was crossing within the crosswalk. D1 stated it was dark and did not see P1 walking across the street in the crosswalk.

Hatzolah was on scene upon my arrival and advised that the pedestrian that was stuck was seen by them, however, refused to give his name and refused medical treatment. They advised he had a bruise on his knees from falling to the ground from impact. Pedestrian left prior to my arrival and advised per Hatzolah he wanted nothing done.

D1 described male as approximately 65 year old Jewish male with a darker skin complexion. The male left heading south on Forest Ave.

No other injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MORGAN T	349	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	06
99	07
100a	01
100b	04
101	02
102	02
103	02
104	2
105	06
106	-
107	-
108	02
109	01
110	00
111	01
112	-
113	00
114	01
115	-
116	02
117	02

1 Case Number: 22-022551

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/24/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 2300

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1ST STREET

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14: 25 — 15

☐ N ☒ E ☐ S ☐ W — 16

of: FOREST AVENUE

11 Speed Limit: 25

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: -

118a	00
118b	-
119a	25
119b	-
120a	00
120b	-
121a	-
121b	-
122	01
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	12
130	12
131	06
132	06
133	00
134	04

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.: 4525310696

55 NJ Ins. Code: 148

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

56 Driver's First Name: - Initial: - Last Name: - 59 Sex: -

57 Number & Street: -

58 City: - State: - Zip: -

60 Eyes: - DL Class: - Restrictions: - Endorsements: - 61 State: -

62 Driver's License Number: - 63 DOB (mm dd yyyy): - 64 Expires (mm yy): - -

65 Owner's First Name: ELANA Initial: - Last Name: ROBINSON -

☐ Same As Driver

66 Number & Street: 424 1ST ST.APT 208

67 City: LAKEWOOD State: NJ Zip: 08701

68 Make: TOYT 69 Model: COR 70 Color: GLD 71 Year: 2010 72 Plate No.: M40JWK 73 State: NJ

74 VIN: 2T1BU4EE5AC385748 75 Expires: 03 23

76 Vehicle Removed To: PRIVATE TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class: Placard No.:

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City: State: Zip:

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

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

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

New Jersey Police Crash Investigation Report

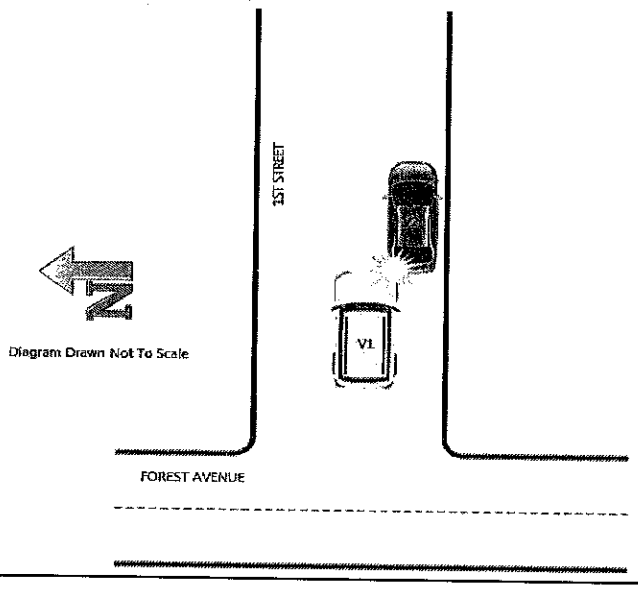
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-022551

(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 left the scene of the crash.

Vehicle 2 was parked in front of the address of 424 1st Street unoccupied. The owner of this vehicle stated she heard a loud crash at approximately 23:00 hours in front of this address. When the owner went outside her residence she noticed her vehicle was struck.

I observed a black grill belonging to a front bumper on the ground next to debris of vehicle 2. This grill was labeled belonging to the make of Nissan unknown model. I also observed multiple white fragments of vehicle debris suspected from vehicle 1 left at the scene of this crash.

A witness who was added into Spillman stated at approximately 23:00 hours he saw a white Nissan Passenger Van traveling East on 1st street and then colliding with vehicle 2. This Nissan then continued East on 1st Street leaving the scene of the crash, and turned South on Madison Avenue.

Video cameras pointing at the intersection of 1st Street and Madison Avenue were located on the address of 68 Madison Avenue and 100 Madison Avenue. The video surveillance was not obtainable at this time.

END OF REPORT
PTL. A. PRISCO #427
03/24/2022

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number: 22-022551	10 Crash Occurred On: 1ST STREET	11 Speed Limit: 25			
2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01	☐ At Intersection With	Road Name	Dir	12 Route No. / Suffix / 13 Milepost
3 Station/Precinct		☒ Feet ☐ Miles	☐ N ☒ E ☐ S ☐ W of: FOREST AVE		18 Speed Limit: 25
		14: 25	15	16	19 Ramp ☐ To ☐ From: 17 Cross Road Name: -
4 Date of Crash (mm dd yy): 03/24/22	5 Day Of Week: THURSDAY	6 Time (use 2400 hrs): 2300	7 Municipality Code: 1514	8 Total Killed: --	9 Total Injured: --
				20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
				21 Latitude: -	22 Longitude: -

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 010028660 | 25 NJ Ins. Code: 288

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

26 Driver's First Name: JUAN | Initial: M | Last Name: LIMON | 29 Sex: M

27 Number & Street: 426 NORTH LAKE DR APT 2C8

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

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

32 Driver's License Number: L44384157406972 | 33 DOB (mm dd yyyy): 06/07/1997 | 34 Expires (mm yy): 06 22

35 Owner's First Name: - | Initial: - | Last Name: BETH MEDRASH GC-

☐ Same As Driver

36 Number & Street: 601 PRIVATE WAY

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

38 Make: NISS | 39 Model: NV | 40 Color: WHI | 41 Year: 2017 | 42 Plate No.: XFHU38 | 43 State: NJ

44 VIN: 1N6BF0LY9HN811316 | 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.: | 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	01	01	01	05	24	M	-	-	01	00	00	-	-	JUAN M LIMON - 426 NORTH LAKE DR APT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-022551

(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

On March 28, 2022 I obtained V1 registration, insurance and driver information. The information was added to the above report. The driver of V1 stated that he struck V2 and did not know what to do and left the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL STEPHEN MEYER	350	SGT. FRANK WORK	217	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-024154

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/31/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0635

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 150 (14, 15)

☐ N ☐ E ☒ S ☐ W (16) of: MANETTA PLACE

11 Speed Limit: 35

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.08123

22 Longitude: -74.21556

118a	09
118b	32
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	99
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	05
132	05
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 088 4872-A28-30A

25 NJ Ins. Code: 962

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

26 Driver's First Name: EDWARD — Initial: L — Last Name: SPAHR — 29 Sex: M

27 Number & Street: 304 RAILROAD AVE

28 City: BAYVILLE — State: NJ — Zip: 08721

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

32 Driver's License Number: S70081927305982

33 DOB (mm dd yyyy): 05/06/1998

34 Expires (mm yy): 05 24

35 Owner's ☐ Same As Driver — First Name: EDWARD — Initial: C — Last Name: SPAHR

36 Number & Street: 162 RIVERWOOD DR

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

38 Make: CHEV — 39 Model: IMP - IM — 40 Color: BLK — 41 Year: 2008 — 42 Plate No.: U34GKU — 43 State: NJ

44 VIN: 2G1WV58N381373633

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 ☐ 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.: BX11175971

55 NJ Ins. Code: 058

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

56 Driver's First Name: NGAWANG — Initial: L — Last Name: OMBADYKOW — 59 Sex: F

57 Number & Street: 3 SUNNYSIDE RD.

58 City: HOWELL — State: NJ — Zip: 07731

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

62 Driver's License Number: O57195907355752

63 DOB (mm dd yyyy): 05/01/1975

64 Expires (mm yy): 05 24

65 Owner's ☐ Same As Driver — First Name: NGAWANG — Initial: L — Last Name: OMBADYKOW

66 Number & Street: 3 SUNNYSIDE RD.

67 City: HOWELL — State: NJ — Zip: 07731

68 Make: SUBA — 69 Model: OUT — 70 Color: BLK — 71 Year: 2017 — 72 Plate No.: G99HFV — 73 State: NJ

74 VIN: 4S4BSETC3H3285675

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.	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	-		23	M	-	-	01	11	04	-	-	EDWARD L SPAHR - 304 RAILROAD AVE BAYVILLE NJ 08721
B	02	01	-		46	F	04	08	01	11	04	-	-	NGAWANG L OMBADYKOW - 3 SUNNYSIDE RD. HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

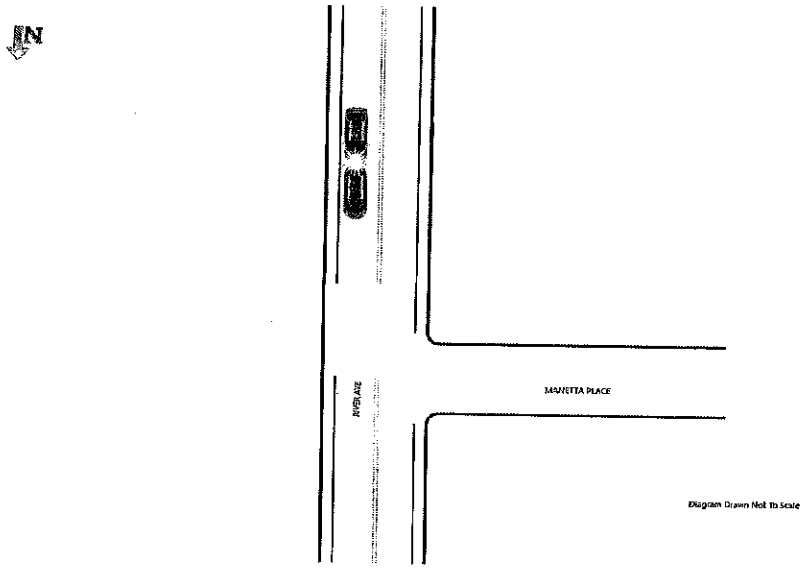
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024154

(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 travelling North on River Ave.
Vehicle 2 was travelling North on River Ave.

Driver 1 stated as he observed Vehicle 2 stop in the roadway he stepped on the brakes, which may have locked, and therefore caused a collision with Vehicle 2. He also stated the wet road may have contributed as well.

Driver 2 stated she observed a School Bus stop in front of her vehicle to pick up children which caused her to come to a stop. As she stopped she felt the collision from Vehicle 1 from the rear.

Vehicle 1 had moderate front end damage but it was functional.
Vehicle 2 had moderate rear end damage but it was functional.

After reviewing the scene I determined that Vehicle 1 was at fault for following to closely to Vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN B	405	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	07
100a	01
100b	04
101	02
102	02
103	01
104	2
105	08
106	-
107	-
108	01
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-024180

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/31/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0932

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 9TH ST

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W of: MONMOUTH AVE

100

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 40

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.09947

22 Longitude: -74.21150

118a	25
118b	-
119a	02
119b	10
120a	01
120b	-
121a	01
121b	-
122	01
123	13
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	02
130	02
131	06
132	06
133	03
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4535643383

25 NJ Ins. Code: 148

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

26 Driver's First Name: KHALI — Initial: A — Last Name: SMITH — 29 Sex: M

27 Number & Street: 203 JUSTIN CIRCLE

28 City: FARMINGDALE — State: NJ — Zip: 07727

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

32 Driver's License Number: S57784346106032

33 DOB (mm dd yyyy): 06/05/2003

34 Expires (mm yy): 06 25

35 Owner's ☐ Same As Driver — First Name: HAROLD — Initial: K — Last Name: SMITH

36 Number & Street: 1338 ASBURY AVE

37 City: ASBURY PARK — State: NJ — Zip: 07712

38 Make: AUDI — 39 Model: AA4 — 40 Color: BLU — 41 Year: 2009 — 42 Plate No.: Y58NUU — 43 State: NJ

44 VIN: WAUSF78K89N058196

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.: 939528102

55 NJ Ins. Code: 054

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

56 Driver's First Name: NECHAMA — Initial: - — Last Name: REIS — 59 Sex: F

57 Number & Street: 117 4TH ST

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

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

62 Driver's License Number: R23005840058922

63 DOB (mm dd yyyy): 08/03/1992

64 Expires (mm yy): 08 25

65 Owner's ☐ Same As Driver — First Name: AVROHOM — Initial: - — Last Name: REIS

66 Number & Street: 117 4TH ST

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

68 Make: TOYT — 69 Model: HIG — 70 Color: BLK — 71 Year: 2018 — 72 Plate No.: H25KMC — 73 State: NJ

74 VIN: 5TDBZRFH2JS904432

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	01	01	01	05	18	M	-	-	-	11	04	-	-	KHALI A SMITH - 203 JUSTIN CIRCLE FARMINGDALE NJ 07727
B	02	01	01	05	29	F	-	-	-	11	04	-	-	NECHAMA - REIS - 117 4TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

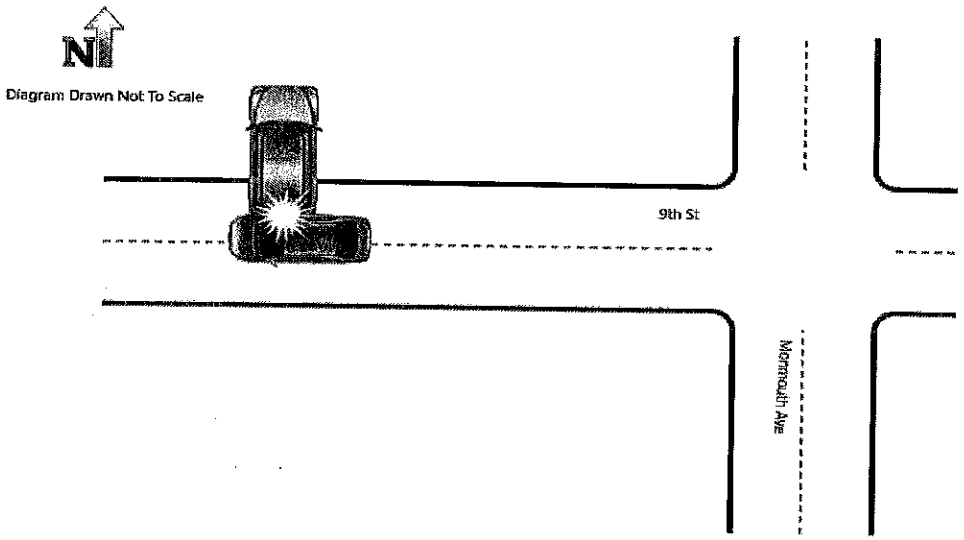
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-024180

(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 1 stated he was traveling West on 9th Street. Driver of vehicle 1 stated vehicle 2 was reversing out of a driveway on 9th St reversing into him. Vehicle 2 struck the passenger side of vehicle 1 causing moderate but functionable damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated she was reversing out of a driveway on 9th St. Driver of vehicle 2 stated she was more then halfway into the roadway when vehicle 1 struck the rear of vehicle 2. Vehicle 2 had minor rear end damage. Driver of vehicle 2 had no complaint of pain.

Based on my observations and statements given by both drivers I determined driver of vehicle 2 to be at fault.

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

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

1 Case Number: 22-024210

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/31/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1150

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: KENT RD — Road Name — Dir: - — 11 Speed Limit: 40 — 12 Route No. — Suffix — 13 Milepost

☒ At Intersection With — ☐ Feet — ☐ Miles (14) — ☐ N ☐ E ☐ S ☐ W (15) of: BUCKWALD CT (16) — 18 Speed Limit: 25

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

21 Latitude: 40.110290 — 22 Longitude: -74.235920

118a	25
118b	-
119a	04
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	03
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	02
132	02
133	03
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4077230169 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: NECHAMA — Initial: - — Last Name: BRECHER — 29 Sex: F

27 Number & Street: 33 MARTIN ST

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: B72915840055032 — 33 DOB (mm dd yyyy): 05/15/2003 — 34 Expires (mm yy): 05 25

35 Owner's ☐ Same As Driver — First Name: FEIGE — Initial: - — Last Name: BRECHER

36 Number & Street: 33 MARTIN ST

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

38 Make: HYUN — 39 Model: SON — 40 Color: SIL — 41 Year: 2021 — 42 Plate No.: C62PEM — 43 State: NJ

44 VIN: KMHL64JA6MA165895 — 45 Expires: 09 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.: 6072501862061 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: LIAM — Initial: F — Last Name: KEETON — 59 Sex: M

57 Number & Street: 20 BUENA VISTA DR

58 City: BRICK — State: NJ — Zip: 08723

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K21974676612016 — 63 DOB (mm dd yyyy): 12/29/2001 — 64 Expires (mm yy): 12 23

65 Owner's ☐ Same As Driver — First Name: WALTER — Initial: M — Last Name: KEETON — JR

66 Number & Street: 20 BUENA VISTA DRIVE

67 City: BRICK — State: NJ — Zip: 08723

68 Make: GMC — 69 Model: SIERRA — 70 Color: WHI — 71 Year: 2019 — 72 Plate No.: X203691 — 73 State: NJ

74 VIN: 1GTU9BED4KZ291910 — 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.	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	18	F	-	-	-	11	04	-	-	NECHAMA - BRECHER - 33 MARTIN ST LAKEWOOD NJ 08701
B	2	01	01	05	20	M	-	-	-	11	04	-	-	LIAM F KEETON - 20 BUENA VISTA DR BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

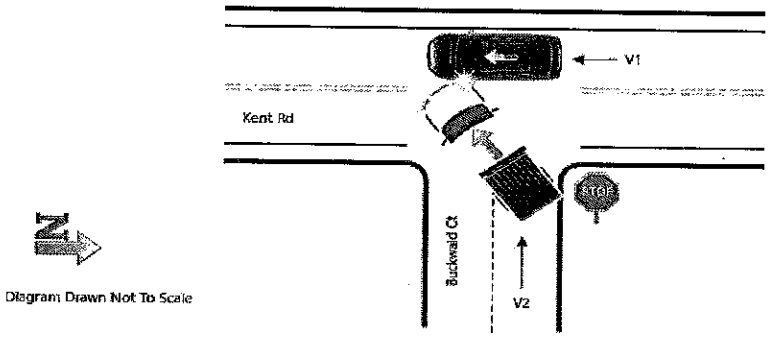
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-024210

(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 1 stated she was traveling south on Kent Rd, when vehicle 2 pulled out from Buckwald Ct and crashed into her vehicle.

Driver of vehicle 2 stated he was making a left turn from Buckwald Ct onto Kent Rd. Driver of vehicle 2 stated he stopped and then proceeded to make the left turn, and then crashed into vehicle 1. Driver of vehicle 2 stated he did not see vehicle 1 approaching and his view must of been blocked.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. Driver of vehicle 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

96	05
97	01
98	01
99	05
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	01
117	01

1 Case Number: 22-024241

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 03/31/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1522

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W of: MICHELE WAY

11 Speed Limit: 35

12 Route No.: 0623 — Suffix — 13 Milepost

18 Speed Limit: 5

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

118a	25
118b	-
119a	09
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	06
130	06
131	12
132	12
133	03
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 4363307465

25 NJ Ins. Code: 148

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

26 Driver's First Name: BRENDA — Initial: D — Last Name: KATZ -

29 Sex: F

27 Number & Street: 137 COLONY CIRCLE

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: K08610966454896

33 DOB (mm dd yyyy): 04/24/1989

34 Expires (mm yy): 04 28

35 Owner's First Name: BRENDA — Initial: D — Last Name: KATZ -

☐ Same As Driver

36 Number & Street: 137 COLONY CIRCLE

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

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2020 — 42 Plate No.: G10LSJ — 43 State: NJ

44 VIN: 5FNRL6H7XLB004677

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.: 6094-32-34-14

55 NJ Ins. Code: 148

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

56 Driver's First Name: MINDEL — Initial: - — Last Name: LOPIAN -

59 Sex: F

57 Number & Street: 116 E 8TH STREET

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

60 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: L65345550054995

63 DOB (mm dd yyyy): 04/20/1999

64 Expires (mm yy): 04 24

65 Owner's First Name: MENDEL — Initial: - — Last Name: LOPIAN -

☐ Same As Driver

66 Number & Street: 116 EAST 8TH STREET

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

68 Make: HYUN — 69 Model: SON — 70 Color: GRY — 71 Year: 2017 — 72 Plate No.: D98PSD — 73 State: NJ

74 VIN: 5NPE24AF9HH588067

75 Expires: 02 23

76 Vehicle Removed To: AUTO CORRECT

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		N/A	2		N/A

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	32	F	-	-	-	11	04	-	-	BRENDA D KATZ - 137 COLONY CIRCLE LAKEWOOD NJ 08701
B	2	01	01	05	22	F	-	-	-	11	11	01	-	MINDEL - LOPIAN - 116 E 8TH STREET LAKEWOOD NJ 08701
C														
D														

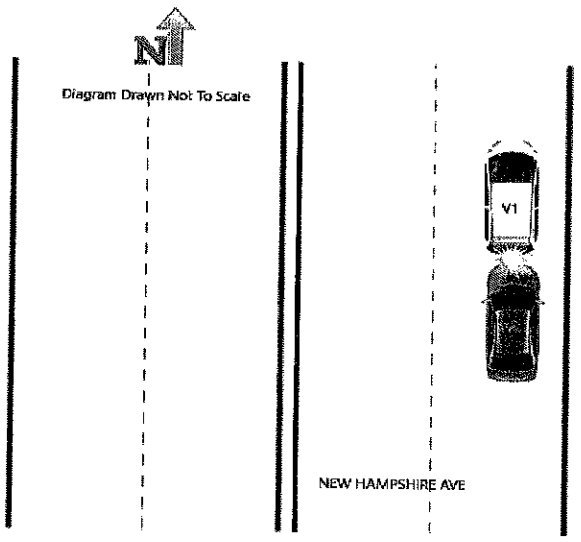
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-024241

(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 travelling North on New Hampshire Avenue going straight ahead. Vehicle #2 was behind Vehicle #1 and crashed into the rear of Vehicle #1. Vehicle #1 sustained dents to the rear of the vehicle. Vehicle #2 sustained scratches and cracks to the front fender with front airbag deployment. Vehicle #2 was towed by Auto Correct. There were no reports of injuries.

Driver 1 stated she was travelling straight ahead going North on New Hampshire Avenue in traffic. She was not going very fast and felt a significant bump come from the rear of her vehicle.

Driver 2 appeared to be a little shaken up and could not provide a statement on what occurred.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-024280
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	05	3 Station/Precinct	-
100a	01	4 Date of Crash (mm dd yy)	03/31/22
		5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1813
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	3
		10 Crash Occurred On:	NEW HAMPSHIRE AVE
		Road Name	
		Dir	-
		11 Speed Limit	50
		12 Route No.	0623
		Suffix	-
		13 Milepost	-
		14	100
		15	☒ Feet ☐ Miles
		16	☐ N ☐ E ☒ S ☐ W
		of:	STATE HIGHWAY 70
		17 Cross Road Name	-
		18 Speed Limit	50
		19 Ramp	☐ To ☐ From:
		20 Route/Name	-
		21 Latitude	40.050080
		22 Longitude	-74.198970
		☐ At Intersection With	
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	04		
118b	16		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	03		
123	01		
124	08		
125	04		
126a	26		
126b	56		
126c	54		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	08		
130	08		
131	12		
132	12		
133	04		
134	04		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	937022956
		25 NJ Ins. Code	134
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	02	26 Driver's First Name	JAMES
		Initial	-
		Last Name	SIMMONS -
		29 Sex	M
103	02	27 Number & Street	3A FLINTLOCK LANE
104	2	28 City	WHITING
		State	NJ
		Zip	08759
		30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	07	32 Driver's License Number	S443638300043 62
		33 DOB (mm dd yyyy)	04/26/1936
		34 Expires (mm yy)	04 25
106	-	35 Owner's First Name	☐ Same As Driver CLARA
		Initial	B
		Last Name	TRAPP-SIMMONS -
107	-	36 Number & Street	3-A FLINTLOCK LANE
108	01	37 City	WHITING
		State	NJ
		Zip	08759
109	01	38 Make	CHEV
		39 Model	IMT
		40 Color	SIL
		41 Year	2006
		42 Plate No.	VAK37U
		43 State	NJ
110	01	44 VIN	2G1WT58K569433227
		45 Expires	05 22
111	01	46 Vehicle Removed To	BARINA'S AUTOMOTIVE
112	-		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	02		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	03	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.	939746251		
55 NJ Ins. Code	054		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	MOSHE		
Initial	B		
Last Name	KUPERWASSER -		
59 Sex	M		
57 Number & Street	1594 JACKS WAY		
58 City	TOMS RIVER		
State	NJ		
Zip	08755		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	K93195676204852		
63 DOB (mm dd yyyy)	04/19/1985		
64 Expires (mm yy)	04 24		
65 Owner's First Name	☐ Same As Driver MOSHE		
Initial	B		
Last Name	KUPERWASSER -		
66 Number & Street	1594 JACKS WAY		
67 City	TOMS RIVER		
State	NJ		
Zip	08755		
68 Make	LEXU		
69 Model	LS5		
70 Color	WHI		
71 Year	2018		
72 Plate No.	T93KMZ		
73 State	NJ		
74 VIN	JTHC51FF2J5005123		
75 Expires	11 22		
76 Vehicle Removed To	MOISHYS		
	☐ 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

LIGHT POLE B219 STRUCK, MINIMAL DAMAGE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	A292438	-		-

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	85	M	07	08	02	11	04	-	6502	JAMES - SIMMONS - 3A FLINTLOCK LANE WHITING NJ 08759
B	02	03	01	04	83	F	05	08	01	11	04	-	-	CLARA B TRAPP-SIMMONS - 3-A FLINTLOCK LANE WHITING NJ 08759
C	02	01	01	04	36	M	08	08	02	11	11	01	6505	MOSHE B KUPERWASSER - 1594 JACKS WAY TOMS RIVER NJ 08755
D														

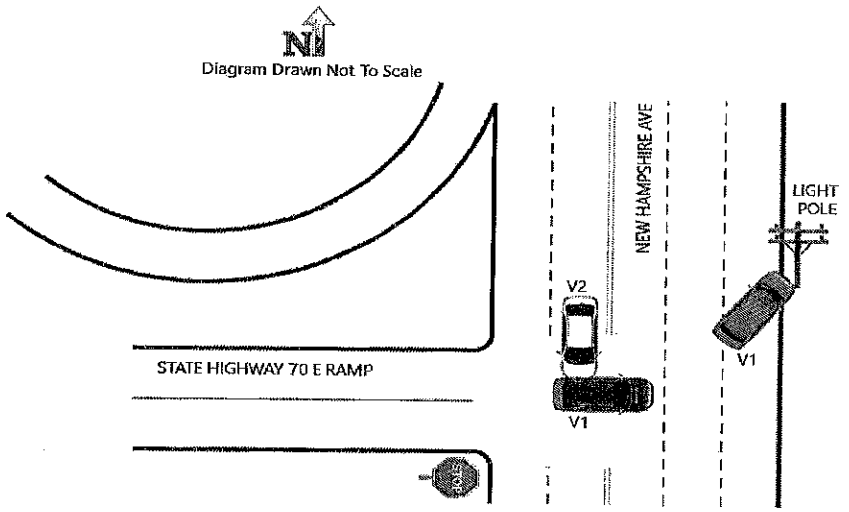
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-024280

(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

The driver of V1 stated he was traveling on State Highway 70 east. He took the ramp toward New Hampshire Ave. He stopped at the stop sign to turn left onto New Hampshire Ave. V1 started the turn and believed there was enough time prior to V2 colliding with V1. V1 misjudged and there was a collision between V1 and V2.

The driver of V2 stated he was traveling south on New Hampshire Ave in the left lane. While traveling south V1 turned left in front of V2. 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	JP	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-024294

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/31/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1930

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: MONMOUTH AVE — Road Name

☒ At Intersection With ☐ Feet ☐ Miles (14) (15) ☐ N ☐ E ☐ S ☐ W (16) of: 1ST ST

11 Speed Limit: 30

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

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.091600

22 Longitude: -74.210560

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4474534064

25 NJ Ins. Code: 148

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

26 Driver's First Name: CHANIE — Initial: D — Last Name: KAMENETSKY — 29 Sex: F

27 Number & Street: 30 DENA CT

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

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: K03471206453695

33 DOB (mm dd yyyy): 03/05/1969

34 Expires (mm yy): 03 24

35 Owner's First Name: AARON — Initial: - — Last Name: KAMENETSKY

☐ Same As Driver

36 Number & Street: 30 DENA CT

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

38 Make: NISS — 39 Model: MUR — 40 Color: BLK — 41 Year: 2018 — 42 Plate No.: G76PBL — 43 State: NJ

44 VIN: 5N1AZ2MH4JN102777

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.: 955822351

55 NJ Ins. Code: 135

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

56 Driver's First Name: JUAN — Initial: D — Last Name: CASTILLO-GONZALE - — 59 Sex: M

57 Number & Street: 255 RIVER AVE

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

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): 08/08/1995

64 Expires (mm yy): - -

65 Owner's First Name: JUAN — Initial: U — Last Name: GONZALEZ-CRUZ

☐ Same As Driver

66 Number & Street: 845 KNIGHT ST

67 City: TOMS RIVER — State: NJ — Zip: 08753

68 Make: CHEV — 69 Model: 150 — 70 Color: WHI — 71 Year: 1997 — 72 Plate No.: D64PSC — 73 State: NJ

74 VIN: 1GCEG15W5V1018760

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.
01	39:4-144	1514-A-292392	02	39:3-10	1514-A-292393

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	53	F	-	-	-	11	04	-	-	CHANIE D KAMENETSKY - 30 DENA CT LAKEWOOD NJ 08701
B	01	03	01	05	15	F	-	-	-	11	04	-	-	SHOSHANNA KAMENETSKY 30 DENA CT LAKEDWOOD NJ 08701 02/21/2007
C	02	01	01	03	26	M	07	08	02	11	04	-	-	JUAN D CASTILLO-GONZALEZ - 255 RIVER AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

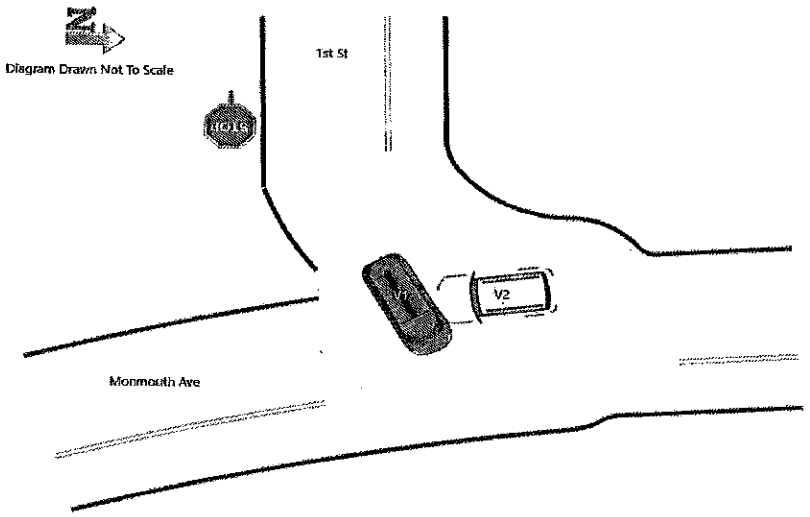
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024294

(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 1 was facing eastbound stopped at the stop sign on 1st St and Monmouth Ave. She reported that after she came to a complete stop, she looked both ways and observed a white van (vehicle 2) in the distance on Monmouth Ave approaching southbound. She stated there was enough space for her to make her left hand turn but misjudged the distance.

Driver of vehicle 2 was travelling southbound on Monmouth Ave approaching the intersection of 1st St. He reported that as he was approaching the intersection, he observed vehicle 1 come from 1st St and crashed into him.

After my investigation, I determined that driver of vehicle 1 is at fault for failure to yield to oncoming traffic. Vehicle 1 sustained minor damage to the front driver side door. Vehicle 2 sustained minor damage to the front of his bumper. Vehicle 1 and vehicle 2 were both able to drive from the scene. Driver of vehicle 2 had a complaint of pain to his shoulder and was checked out by EMS. The registered owner for vehicle 2 arrived on scene and drove the vehicle home.

Driver of vehicle 1 was issued a summons for Failure to Yield (39:4-144).
Driver of vehicle 2 was issued a summons for Unlicensed Driver (39:3-10).

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-023493

97: 01

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

98: 01

3 Station/Precinct: -

99: 07

4 Date of Crash (mm dd yy): 03/28/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1221

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: GUDZ RD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 5 — 15

☒ N ☐ E ☐ S ☐ W of: NEW CENTRAL AVE — 16

11 Speed Limit: 25

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

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.09270

22 Longitude: -74.24927

118a: 25 — 118b: - — 119a: 29 — 119b: -

100a: 01

100b: 04

101: 02

102: 01

103: 05

104: 2

105: 01

106: -

107: -

108: 04

109: 01

110: 01

111: 01

112: -

113: -

114: -

115: -

116: 03

117: 03

Vehicle 1

23 Veh #: 1

24 Policy No.: 4617-68-71-67

25 NJ Ins. Code: 100

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

26 Driver's First Name: PINCHOS — Initial: M — Last Name: KORNWASSER — 29 Sex: M

27 Number & Street: 535 N. STANLEY AVE

28 City: LOS ANGELES — State: CA — Zip: 90036

30 Eyes: BR — DL Class: - — Restrictions: - — Endorsements: -

31 State: CA

32 Driver's License Number: F3181397

33 DOB (mm dd yyyy): 01/22/1997

34 Expires (mm yy): 01 26

35 Owner's ☐ Same As Driver — First Name: PINCHOS — Initial: M — Last Name: KORNWASSER -

36 Number & Street: 103A DESTINY

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

38 Make: TOYT — 39 Model: RAV — 40 Color: BLK — 41 Year: 2003 — 42 Plate No.: N57MCT — 43 State: NJ

44 VIN: JTEHH20V536084784 — 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.: 4620-00-01-43

55 NJ Ins. Code: 148

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

56 Driver's First Name: BATSHEVA — Initial: - — Last Name: FRANKEL - — 59 Sex: F

57 Number & Street: 169 PRESSBURG LN

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

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: F71910780054934

63 DOB (mm dd yyyy): 04/12/1993

64 Expires (mm yy): 04 23

65 Owner's ☐ Same As Driver — First Name: YOSEF — Initial: Y — Last Name: FRANKEL -

66 Number & Street: 169 PRESSBURG LN

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

68 Make: KIA — 69 Model: SED — 70 Color: 1 — 71 Year: 2017 — 72 Plate No.: G63KDT — 73 State: NJ

74 VIN: KNDMB5C15H6281136 — 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: -

118a: 25 — 118b: - — 119a: 29 — 119b: - — 120a: 01 — 120b: 01 — 121a: 01 — 121b: 01 — 122: 08 — 123: 01 — 124: 08 — 125: 08 — 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: 03

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	-	25	M	-	-	-	11	04	-	-	PINCHOS M KORNWASSER - 535 N. STANLEY AVE LOS ANGELES CA 90036
B	V2	01	01	-	28	F	-	-	-	11	04	-	-	BATSHEVA - FRANKEL - 169 PRESSBURG LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

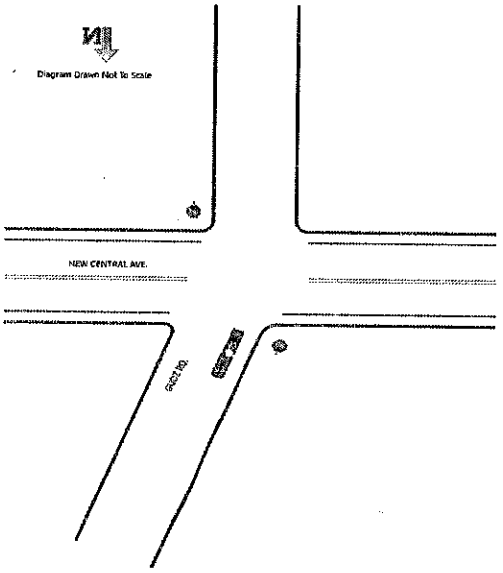
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023493

(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

The driver of vehicle #1 stated he was stopped at the stop sign on Gudz Rd. southbound at the intersection with New Central Ave. when his vehicle was rear ended by vehicle #2. The driver of vehicle #2 stated she was stopped behind vehicle #1 at the stop sign. Driver #2 stated she observed vehicle #1 begin to move forward, and believed he was going to drive through the intersection, but had to stop for passing vehicles on New Central Ave. Driver #2 was unable to stop in time which resulted in the collision. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	31
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-022649

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/25/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0724

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: PRESSBURG LANE — Road Name

☐ At Intersection With

☒ Feet ☐ Miles — 14 15

☐ N ☐ E ☒ S ☐ W — 16

of: GREENCOVE RD

11 Speed Limit: 15 — Dir: - — 12 Route No.: - — Suffix: - — 13 Milepost: -

18 Speed Limit: 15

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name: -

21 Latitude: 40.088920

22 Longitude: -74.252770

118a	08
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	05
130	05
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: BA2997BD

25 NJ Ins. Code: 149

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

26 Driver's First Name: LESLIE — Initial: E — Last Name: SCHECHTER — 29 Sex: F

27 Number & Street: 113 SARAH CT

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

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

31 State: NJ

32 Driver's License Number: S13404626554652

33 DOB (mm dd yyyy): 04/11/1965

34 Expires (mm yy): 04 24

35 Owner's First Name: JAYS — Initial: - — Last Name: BUS SERVICE INC -

☐ Same As Driver

36 Number & Street: 672 CROSS ST

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

38 Make: IC — 39 Model: BUS — 40 Color: YEL — 41 Year: 2015 — 42 Plate No.: E307S1 — 43 State: NJ

44 VIN: 4DRBUC8P3FB640552

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 1926134 ☐ None

☒ MC/MX 688727

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.: 4611221278

55 NJ Ins. Code: 148

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: YISROEL — Initial: Y — Last Name: BLOBSTEIN -

☐ Same As Driver

66 Number & Street: 37 HILLSIDE BLVD

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

68 Make: HOND — 69 Model: ODY — 70 Color: BLK — 71 Year: 2007 — 72 Plate No.: C18KAF — 73 State: NJ

74 VIN: 5FNRL38707B061085

75 Expires: 05 22

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class: - — Placard No.: -

80 Carrier No.

☐ USDOT - ☒ None

☐ MC/MX -

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	56	F	-	-	-	11	04	-	-	LESLIE E SCHECHTER - 113 SARAH CT LAKEWOOD NJ 08701 - -
B														
C														
D														

BUS SEATING ARRANGEMENT

1	CHAESZKY	POZANSKI	-
2	MENACHEM	SHAWERTZ	S
3	BINGAMIN	WEINSTEIN	-
4	AVRAM	STAMLER	-
5	NAFTALI	LOKENSKY	-
6	TAVI	MILLSTEIN	-
7	YITZCHAK	BIRNBANM	-
8	YEHIEL	GELLIS	-
9	YEHURDA	WEINSTEIN	-
10	MOISHE	WILLNER	-
11	NESANEL	WEISS	-
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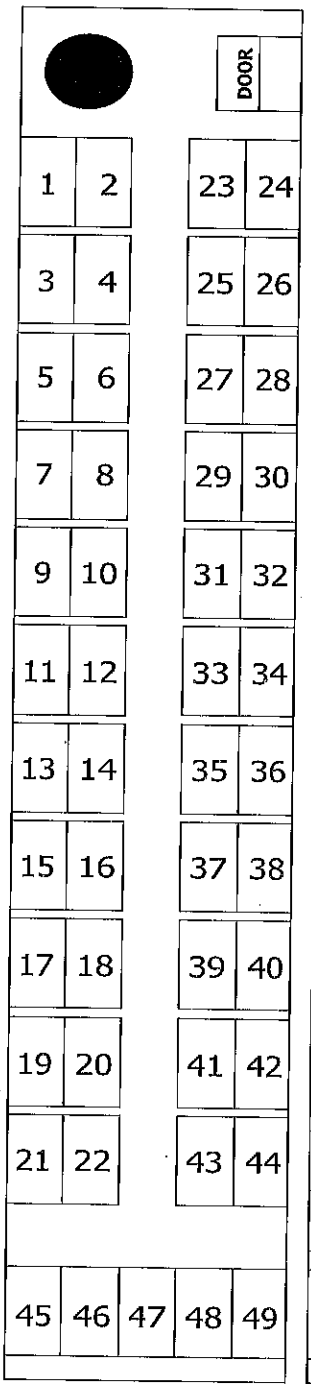
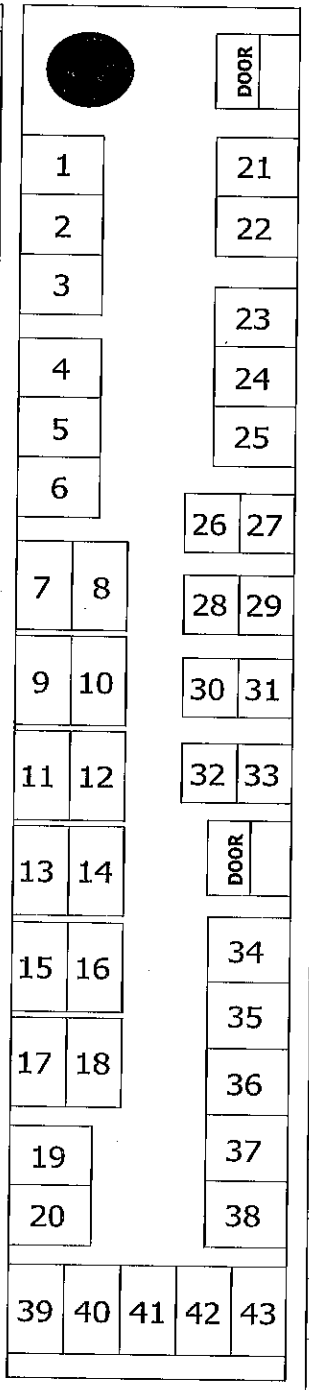
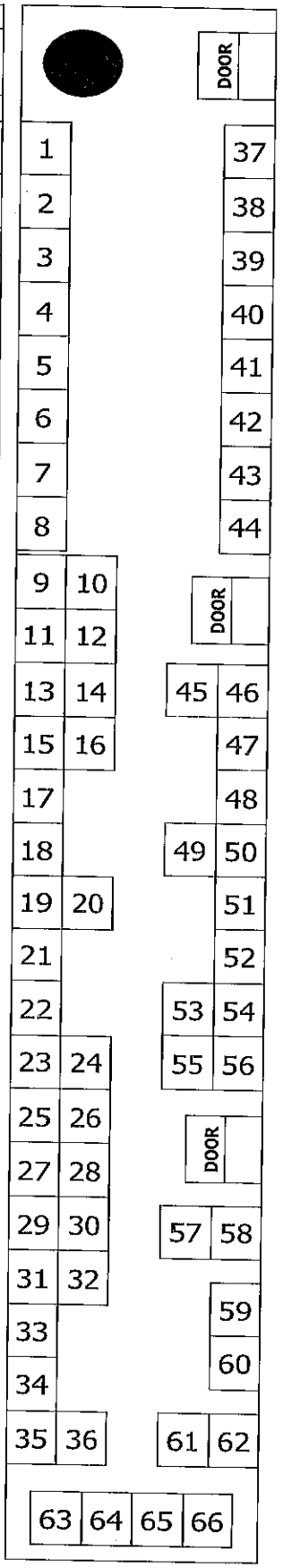
MCI-9, EAGLE & FLXIBLE



FLXIBLE TRANSIT & NOVA 06



VOLVO ARTIC



Rear

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.

New Jersey Police Crash Investigation Report

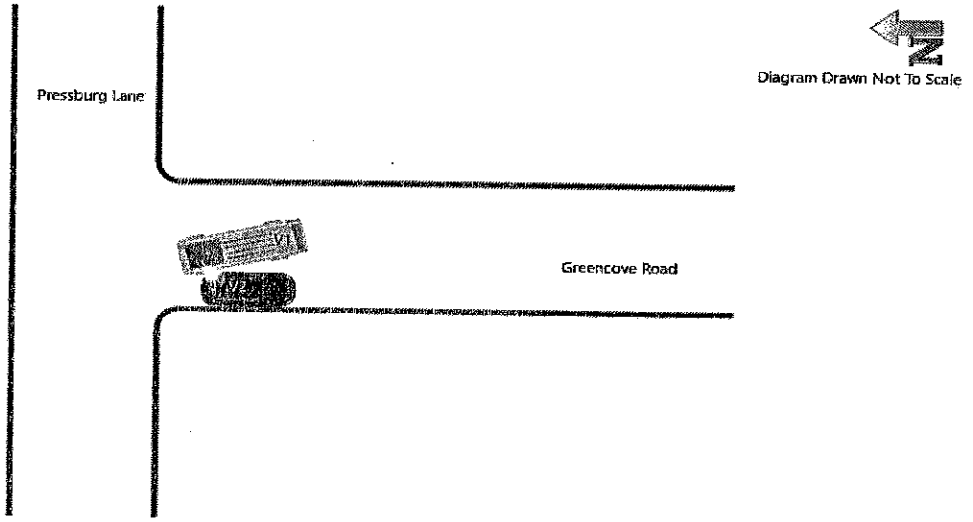
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-022649

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound on Greencove Road. Driver 1 said that she made a right turn onto Greencove Road and collided with V2 on the right-side rear of the bus.

Investigation revealed V1 was traveling Southbound on Greencove Road, and V2 was parked and facing Southbound. V1 made a right turn onto Greencove, and the right side rear of the bus collided with V2. No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	14
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	03

1 Case Number: 22-023856

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 03/29/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1808

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE

☒ At Intersection With ☐ Feet ☐ Miles

Road Name: MADISON AVE | Dir: - | 11 Speed Limit: 45 | 12 Route No.: 0009 | Suffix | 13 Milepost

☐ N ☐ E ☐ S ☐ W of: 6TH STREET | 18 Speed Limit: 25

14 15 16

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

20 Route/Name | 21 Latitude: 40.095790 | 22 Longitude: -74.217410

118a	25
118b	-
119a	02
119b	04
120a	01
120b	-
121a	01
121b	-
122	08
123	02
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	21
127b	26
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	01
132	01
133	02
134	04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: TCA00002019662 | 25 NJ Ins. Code: 632

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

26 Driver's First Name: LEEBA | Initial: - | Last Name: SHAIN - | 29 Sex: F

27 Number & Street: 632 CLIFTON AVE

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

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: S31454530058022 | 33 DOB (mm dd yyyy): 08/01/2002 | 34 Expires (mm yy): 08 25

35 Owner's First Name: MOSHE | Initial: - | Last Name: SHAIN -

☐ Same As Driver

36 Number & Street: 632 CLIFTON AVE

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

38 Make: HYUN | 39 Model: ION | 40 Color: BLK | 41 Year: 2020 | 42 Plate No.: C45NAP | 43 State: NJ

44 VIN: KMHC75LJ2LU074295 | 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 ☐ 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.: 6094794622 | 55 NJ Ins. Code: 100

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

56 Driver's First Name: BINA | Initial: - | Last Name: WEICHBROD - | 59 Sex: F

57 Number & Street: 618 MADISON AVE

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

60 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: W22530930062002 | 63 DOB (mm dd yyyy): 12/30/2000 | 64 Expires (mm yy): 12 23

65 Owner's First Name: PESACH | Initial: - | Last Name: WEICHBROD -

☐ Same As Driver

66 Number & Street: 618 MADISON AVE

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

68 Make: TOYT | 69 Model: CAM | 70 Color: WHI | 71 Year: 2011 | 72 Plate No.: T65PRD | 73 State: NJ

74 VIN: 4T1BF3EK4BU594053 | 75 Expires: 02 23

76 Vehicle Removed To: MOSHYS TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class | Placard No.

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

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

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	F	-	-	-	11	04	-	-	LEEBA - SHAIN - 632 CLIFTON AVE LAKEWOOD NJ 08701
B	01	01	03	05	23	F	-	-	-	11	04	-	-	KAILA - SHAIN - 632 CLIFTON AVE LAKEWOOD NJ 08701
C	02	01	01	05	21	F	-	-	-	11	04	-	-	BINA - WEICHBROD - 618 MADISON AVE LAKEWOOD NJ 08701
D	B1	99	99	05	25	M	-	-	-	-	-	-	-	ELIAS - ALVARADO - 107 LEXINGTON AVE LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05 | 97: 01 | 98: 01 | 99: 02 | 100a: 01

1 Case Number: 22-023856

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 03/29/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1808

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE - 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix — 13 Milepost

☒ At Intersection With — Road Name — Dir — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: 6TH STREET

☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From: — 17 Cross Road Name — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.095790 — 22 Longitude: -74.217410

118a: 25 | 118b: - | 119a | 119b

100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2

23 Veh #: B1 — 24 Policy No. — 25 NJ Ins. Code

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

26 Driver's First Name: ELIAS — Initial: - — Last Name: ALVARADO — 29 Sex: M

27 Number & Street: 107 LEXINGTON AVE

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

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 04/26/1996 — 34 Expires (mm yy): - -

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)

120a: 01 | 120b: - | 121a | 121b | 122: 01 | 123

105: 14 | 106: - | 107 | 108: 13

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

36 Number & Street

37 City — State — Zip

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

66 Number & Street

67 City — State — Zip

124: 03 | 125

109

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

68 Make — 69 Model — 70 Color — 71 Year — 72 Plate No. — 73 State

126a: 26

110: 01

44 VIN — 45 Expires

74 VIN — 75 Expires

126b: - | 126c: -

111 | 112: -

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

126d: - | 126e: 26

113

47 Authority: ☐ Owner ☐ Driver ☐ Police

77 Authority: ☐ Owner ☐ Driver ☐ Police

114: - | 115 | 116: 02 | 117

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.

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.

127a | 127b | 127c

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

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

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

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

127d | 127e: 26

52 Motor Carrier or Government Entity — Number & Street — City — State — Zip

82 Motor Carrier or Government Entity — Number & Street — City — State — Zip

128: 26 | 129: 99 | 130: 99 | 131

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.

132 | 133: 04 | 134

	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														

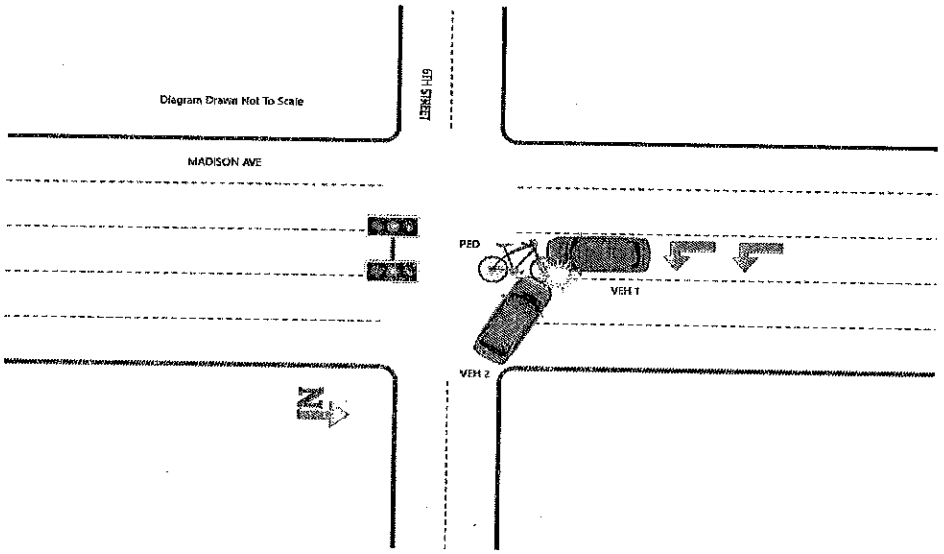
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: -- Case No: 22-023856

(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 SHE WAS TRAVELING SOUTH ON MADISON AVE AND WAS STOPPED IN TRAFFIC FOR RED TRAFFIC LIGHT IN THE LEFT TURN LANE, WAITING TO MAKE A LEFT TURN. SHE SAID WHILE STOPPED IN TRAFFIC, A MAN WAS RIDING HIS BIKE ACROSS THE STREET, AND AT THE SAME TIME HE WAS CROSSING THE STREET VEH 2 MADE A RIGHT TURN AND HIT THE PEDALCYCLIST AND HER VEHICLE.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING WEST ON 6TH AND HAD A GREEN TRAFFIC SIGNAL. DRIVER 2 SAID SHE WAS MAKING A RIGHT TURN WHEN A PEDALCYCLIST SUDDENLY CAME INTO THE ROADWAY. DRIVER 2 SAID SHE SWERVED TO AVOID HITTING THE PEDALCYCLIST, BUT WAS UNABLE TO AND HIT HIM, AS WELL AS VEH 1 THAT WAS STOPPED IN TRAFFIC.

THE PEDALCYLIST SAID HE WAS TRAVELING EAST ON 6TH STREET AND WAS RIDING HIS BIKE ACROSS THE STREET ON THE CROSS WALK, WHEN VEH 2 TURNED IN FRONT OF HIM AND HIT HIM.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH. DRIVER 2 FAILED TO YIELD TO THE RIGHT OF WAY OF THE PEDALCYLIST.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	JP	290	☐ 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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	09
106	02
107	02
108	25
109	25
110	02
111	02
112	-
113	-
114	05
115	03
116	04
117	02

1 Case Number: 22-023951

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

3 Station/Precinct: -

10 Crash Occurred On: JAMES ST — Road Name — Dir: -

11 Speed Limit: 45 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — ☒ Feet — ☐ Miles (14) — ☐ N ☒ E ☐ S ☐ W (15) — of: CROSS ST (16) — 10

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): 03/30/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 0725 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.073840 — 22 Longitude: -74.24821

118a	25
118b	-
119a	08
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
123	03
124	03
125	03
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	01

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 29W1460921 — 25 NJ Ins. Code: 276

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

26 Driver's First Name: ROBERT — Initial: W — Last Name: MCCAULEY — 29 Sex: M

27 Number & Street: 315 ROBERTS RD

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

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

32 Driver's License Number: M11436588610554 — 33 DOB (mm dd yyyy): 10/26/1955 — 34 Expires (mm yy): 10 25

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: WOODHAVEN LUMI-

36 Number & Street: 200 JAMES ST

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

38 Make: FREI — 39 Model: CAS — 40 Color: 2 — 41 Year: 2020 — 42 Plate No.: AW855J — 43 State: NJ

44 VIN: 1FUJHLDV4LLLX7852 — 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 671180 ☐ 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: ERICO — Initial: E — Last Name: PEREZSANTANA — 59 Sex: M

57 Number & Street: 241 PINE ST FL 1

58 City: ELIZABETH — State: NJ — Zip: 07206

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

62 Driver's License Number: P26792326508802 — 63 DOB (mm dd yyyy): 08/18/1980 — 64 Expires (mm yy): 08 23

65 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: TRI COUNTY LOGIS-

66 Number & Street: 158 OLD BEEKMAN RD

67 City: MONMOUTH JCT — State: NJ — Zip: 08852

68 Make: VOLV — 69 Model: TR — 70 Color: WHI — 71 Year: 2014 — 72 Plate No.: AX832N — 73 State: NJ

74 VIN: 4V4NC9EH9EN167049 — 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 2903728 ☐ 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	-	66	M	-	-	-	11	04	-	-	ROBERT W MCCAULEY - 315 ROBERTS RD TOMS RIVER NJ 08755
B	V2	01	01	-	41	M	-	-	-	11	04	-	-	ERICO E PEREZSANTANA - 241 PINE ST FL 1 ELIZABETH NJ 07206
C	V2	03	01	-	22	M	-	-	-	11	04	-	-	ALFONSO - DOMINGUEZ - 158 OLD BEEKMAN RD MONMOUTH JUN(NJ 08852
D														

New Jersey Police Crash Investigation Report

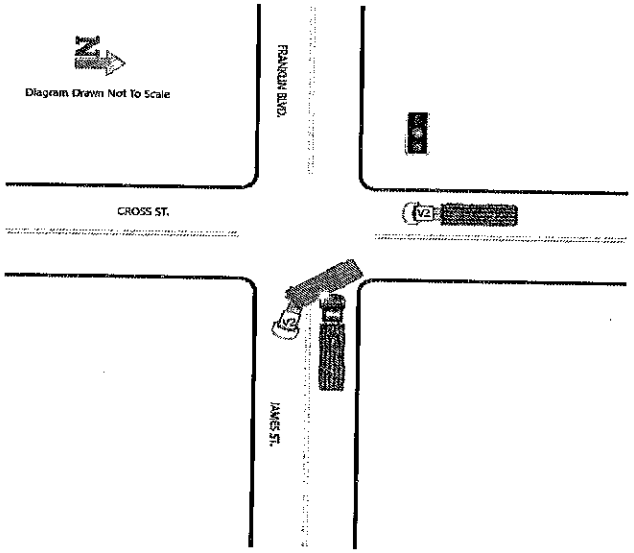
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-023951

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #2 Insurance: Lloyds of London
656 Shrewsbury Ave.
Suite 200
Tinton Falls, NJ 07701
732-380-0900
Policy # FINFR10017076818-001
Expiration: 12/22/2022

Vehicle #1 trailer: NJ reg/ TWG24F
2020 Dor FB3 trailer (Green)
Vin: 7KYFB3623LED19359
Woodhaven Lumber
200 James St.
Lakewood, NJ 08701

Vehicle #2 trailer: ME reg/ 3628512
2002 Ajax CH trailer
Vin: 1AJCG4026YH001028
Interpool Inc. 750 College Rd. East Princeton, NJ 08540

The driver of vehicle #1 stated he was stopped for the red traffic signal on James St. westbound at the intersection with Cross St. when his vehicle was struck by vehicle #2 that was attempting to make a left turn onto James St. eastbound from Cross St. The driver of vehicle #2 stated he was attempting to make a left turn onto James St., but did not make a wide enough turn to accommodate his trailer which resulted in the collision. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	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	01
103	05
104	2
105	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-024014

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1453

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 30 — 15

☐ N ☒ E ☐ S ☐ W — 16

of: ARLINGTON AVE

11 Speed Limit: 40

12 Route No.: 0528 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.085290

22 Longitude: -74.207920

118a	25
118b	-
119a	04
119b	-
120a	01
120b	-
121a	01
121b	-
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	01
130	01
131	05
132	06
133	04
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 927533691

25 NJ Ins. Code: 135

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

26 Driver's First Name: NICHOLAS — Initial: - — Last Name: SESTO — 29 Sex: M

27 Number & Street: 1 CABANA DR

28 City: BRICK — State: NJ — Zip: 08723

30 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S28345900007482 — 33 DOB (mm dd yyyy): 07/30/1948 — 34 Expires (mm yy): 07 24

35 Owner's ☐ Same As Driver — First Name: NICHOLAS — Initial: - — Last Name: SESTO

36 Number & Street: 1 CABANA DR

37 City: BRICK — State: NJ — Zip: 08723

38 Make: LEXU — 39 Model: 300 — 40 Color: GLD — 41 Year: 2003 — 42 Plate No.: W96DLD — 43 State: NJ

44 VIN: JTJHF10U830310411 — 45 Expires: 10 22

46 Vehicle Removed To: GLEN'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.: 937610751

55 NJ Ins. Code: 135

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

56 Driver's First Name: SHOSHANA — Initial: - — Last Name: KOHEN — 59 Sex: F

57 Number & Street: 32 IRENE CT

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

60 Eyes: 04 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K61617090052794 — 63 DOB (mm dd yyyy): 02/19/1979 — 64 Expires (mm yy): 02 25

65 Owner's ☐ Same As Driver — First Name: MEIR — Initial: - — Last Name: KOHEN

66 Number & Street: 32 IRENE CT

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

68 Make: HOND — 69 Model: ODY — 70 Color: BLK — 71 Year: 2019 — 72 Plate No.: W66LGL — 73 State: NJ

74 VIN: 5FNRL6H70KB096493 — 75 Expires: 05 22

76 Vehicle Removed To: MOISHY'S AUTO & TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	73	M	-	-	-	11	04	-	-	NICHOLAS - SESTO - 1 CABANA DR BRICK NJ 08723
B	02	01	01	-	43	F	-	-	-	11	11	02	-	SHOSHANA - KOHEN - 32 IRENE CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

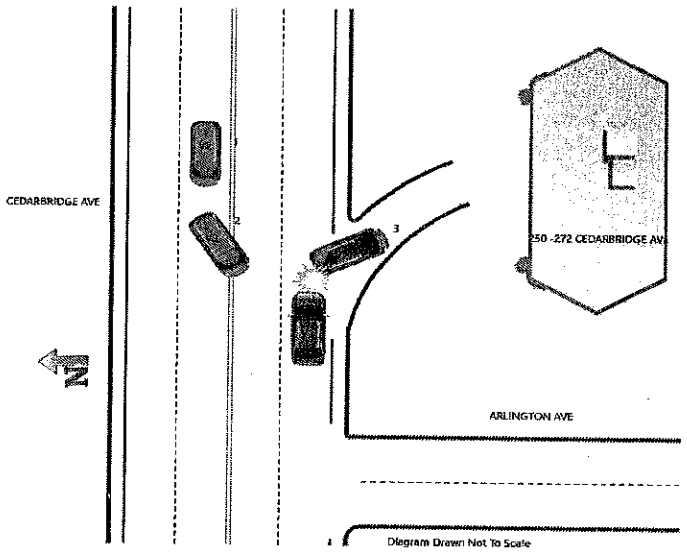
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024014

(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 1 STATED HE WAS TRAVELING EAST ON CEDARBRIDGE AVE IN THE RIGHT LANE WHEN VEHICLE 2 WHO WAS TRAVELING WEST MADE A LEFT TURN IN FRONT OF HIM NEAR THE INTERSECTION OF ARLINGTON AVE AND HE COULD NOT AVOID THE CRASH.

DRIVER OF VEHICLE 2 STATED SHE WAS TRAVELING WEST ON CEDARBRIDGE AVE WHEN SHE ATTEMPTED TO MAKE A LEFT INTO THE SHOPPING PLAZA. SHE DID OBSERVE VEHICLE 1 TRAVELING EAST AND BELIEVED SHE HAD ENOUGH TIME TO COMPLETE THE TURN BUT VEHICLE 1 CRASHED INTO VEHICLE 2.

DRIVER OF VEHICLE 2 IS AT FAULT FOR FAILING TO YIELD TO VEHICLE 1 WHO HAD RIGHT OF WAY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	JP	290	☐ 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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 22-024028

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

3 Station/Precinct:

10 Crash Occurred On: NEW CENTRAL AVE — Road Name — Dir

☐ At Intersection With ☒ Feet ☐ Miles — 14: 20 — 15

☐ N ☒ E ☐ S ☐ W — 16

of: GLEN AVE

11 Speed Limit: 35 — 12 Route No.: - — Suffix: - — 13 Milepost:

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 03/30/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1614 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.09140 — 22 Longitude: -74.24097

118a	06
118b	-
119a	08
119b	-
120a	01
120b	-
121a	01
121b	-
122	15
123	03
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	11
132	11
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939354395 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: AHRON — Initial: D — Last Name: HERTZ — 29 Sex: M

27 Number & Street: 117 REGENT DRIVE

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H27770146412006 — 33 DOB (mm dd yyyy): 12/13/2000 — 34 Expires (mm yy): 12 23

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

36 Number & Street: 18 MAPLEWOOD TER

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

38 Make: CHRY — 39 Model: PAC — 40 Color: BLK — 41 Year: 2019 — 42 Plate No.: L69LSK — 43 State: NJ

44 VIN: 2C4RC1BG8KR686179 — 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.: SEE NARRATIVE — 55 NJ Ins. Code:

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

56 Driver's First Name: SHMUEL — Initial: - — Last Name: UNGAR — 59 Sex: M

57 Number & Street: 17 CAMEO RIDGE RD

58 City: MONSEY — State: NY — Zip: 10952

60 Eyes: 4 — DL Class: I — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 736017997 — 63 DOB (mm dd yyyy): 03/04/1999 — 64 Expires (mm yy): 03 22

65 Owner's ☐ Same As Driver — First Name: NECHAMA — Initial: B — Last Name: ROSENBLATT

66 Number & Street: 3836 MENLO DR

67 City: BALTIMORE — State: MD — Zip: 21215

68 Make: LEXU — 69 Model: 4S — 70 Color: BLU — 71 Year: 2011 — 72 Plate No.: 1EC4143 — 73 State: MD

74 VIN: JTHCF5C21B5049119 — 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 ☐ 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	39:3-4	292721			

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	21	M	-	-	-	11	04	-	-	AHRON D HERTZ - 117 REGENT DRIVE LAKEWOOD NJ 08701
B	1	03	01	05	21	M	-	-	-	11	04	-	-	ALTER A GORDON - 325 PARK AVE LAKEWOOD NJ 08701
C	1	04	01	05	22	M	-	-	-	11	04	-	-	YITZCHOK - SCHIFF - 29 NORTH CREST PL LAKEWOOD NJ 08701
D	2	01	01	05	23	M	-	-	-	11	04	-	-	SHMUEL - UNGAR - 17 CAMEO RIDGE RD MONSEY NY 10952

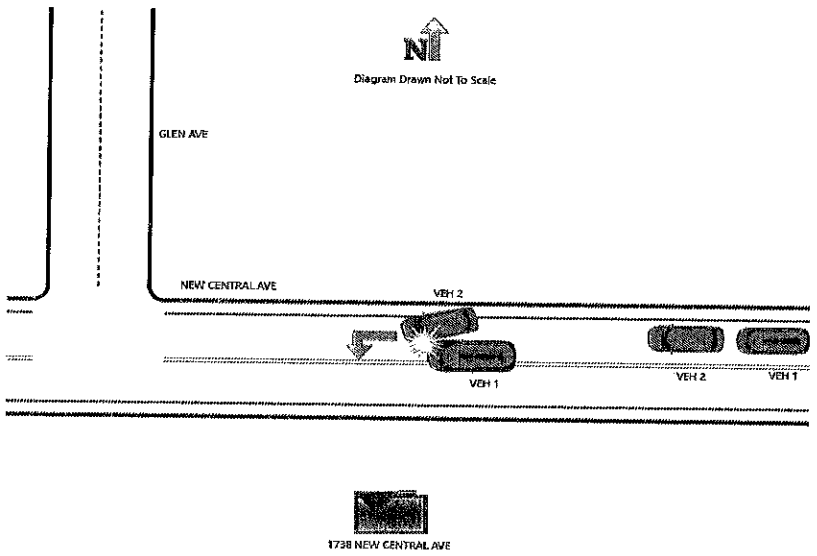
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-024028

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE TWO INSURANCE INFORMATION: ALL STATE INSURANCE, POLICY NUMBER: 801632755, EXPIRATION 6/30/2022 3105 EMMORTON RD, ABINGDON MD, 21009. 443-490-5065

VEHICLES ONE AND TWO WERE TRAVELING WEST ON NEW CENTRAL AVENUE. DRIVER TWO STATED HE WAS APPROACHING HIS RESIDENCE ON 1738 NEW CENTRAL AVENUE WHEN HE PULLED TO THE RIGHT ONTO THE SHOULDER AND ATTEMPTED TO MAKE A LEFT TURN INTO HIS DRIVEWAY. HE STATED VEHICLE ONE ATTEMPTED TO PASS HIS VEHICLE AND STRUCK THE FRONT OF HIS VEHICLE. DRIVER ONE STATED HE WAS TRAVELING WEST ON NEW CENTRAL AVENUE WHEN HE SAW VEHICLE TWO PULLING ONTO THE SHOULDER. HE STATED HE ATTEMPTED TO PASS VEHICLE TWO WHEN BOTH VEHICLES COLLIDED. HE STATED VEHICLE TWO WAS NOT USING A BLINKER AT THE TIME OF THE ACCIDENT.

DUE TO MY INVESTIGATION, THE DAMAGE TO BOTH VEHICLES, AND BOTH DRIVERS STATEMENTS I FOUND DRIVER ONE TO BE AT FAULT FOR IMPROPER PASSING OVER THE DOUBLE YELLOW PASSED VEHICLE TWO. I ALSO FOUND DRIVER TWO TO BE AT FAULT FOR IMPROPER TURNING FOR BEARING TO THE RIGHT ONTO THE SHOULDER TO MAKE A LEFT TURN. BOTH VEHICLES SUFFERED MODERATE DAMAGE. VEHICLE TWO WAS FOUND TO EXPIRED REGISTRATION AT THE TIME OF THE ACCIDENT. DRIVER TWO WAS ISSUED A SUMMONS FOR THE EXPIRED REGISTRATION. VEHICLE TWO WAS NOT IMPOUNDED DUE TO IT BEING PARKED AT THE RESIDENCE OF 1738 NEW CENTRAL AVENUE UPON MY ARRIVAL. NO INJURIES WERE REPORTED AT THE SCENE.

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

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	20
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-024052

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 03/30/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 2232

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: SQUANKUM ROAD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 50 — 15

☒ N ☐ E ☐ S ☐ W — 16

of: E COUNTY LINE ROAD

11 Speed Limit: 35

12 Route No.: 0547 — Suffix: - — 13 Milepost: -

18 Speed Limit: 40

19 Ramp ☐ To ☐ From: 526

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

118a	25
118b	-
119a	04
119b	05
120a	01
120b	-
121a	01
121b	-
122	06
123	11
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	10
132	10
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: B2125037

25 NJ Ins. Code: 426

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

26 Driver's First Name: WILLIAM — Initial: L — Last Name: SPELLMAN — 29 Sex: M

27 Number & Street: 1321 8TH AVE

28 City: NEPTUNE — State: NJ — Zip: 07753

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

32 Driver's License Number: S70427857303532 — 33 DOB (mm dd yyyy): 03/17/1953 — 34 Expires (mm yy): 03 25

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: BEST IMAGE LANDS-

36 Number & Street: PO BOX 342

37 City: NEPTUNE — State: NJ — Zip: 07754

38 Make: FORD — 39 Model: F35 — 40 Color: WHI — 41 Year: 1999 — 42 Plate No.: XHDM87 — 43 State: NJ

44 VIN: 1FDWF37F6XED31873 — 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.: 939809951

55 NJ Ins. Code: 054

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

56 Driver's First Name: ESTHER — Initial: - — Last Name: KELLER — 59 Sex: F

57 Number & Street: 1447 OAK ST

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

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

62 Driver's License Number: K23952390060025 — 63 DOB (mm dd yyyy): 10/04/2002 — 64 Expires (mm yy): 10 24

65 Owner's ☐ Same As Driver — First Name: CHAYA — Initial: H — Last Name: KELLER

66 Number & Street: 56 NORTH CREST PL

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

68 Make: TOYT — 69 Model: CAM — 70 Color: GRY — 71 Year: 2017 — 72 Plate No.: A20MJS — 73 State: NJ

74 VIN: 4T1BF1FK6HU332370 — 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.	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	69	M	-	-	-	11	04	-	-	WILLIAM L SPELLMAN - 1321 8TH AVE NEPTUNE NJ 07753
B	V2	01	01	05	19	F	-	-	-	11	04	-	-	ESTHER - KELLER - 1447 OAK ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

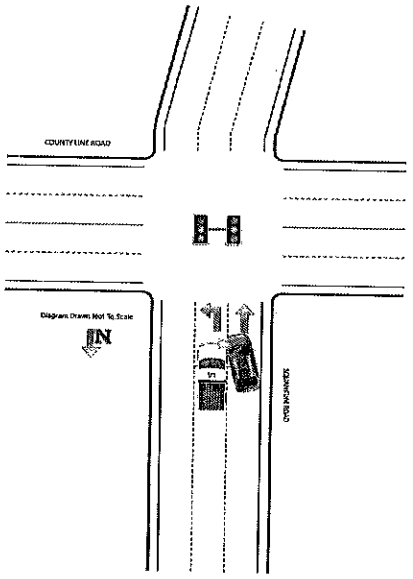
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-024052

(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 LEFT TURNING ON SQUANKUM ROAD ATTEMPTING TO MAKE A LEFT HAND TURN ONTO COUNTY LINE ROAD HEADING EAST BOUND. D1 ADVISED HE WAS WAITING BEHIND THE VEHICLE INFRONT OF HIM FOR THE TRAFFIC LIGHT TO TURN GREEN. UPON THE TRAFFIC LIGHT TURNING GREEN HE PROCEEDED TO DRIVE WHEN HE WAS STRUCK BY VEHICLE 2 ON THE PASSENGER SIDE FRONT END.

DRIVER OF VEHICLE 2 STATED SHE WAS IN THE STRAIGHT LANE ON SQUANKUM ROAD ATTEMPTING TO GET INTO THE LEFT TURNING LANE TO MAKE A LEFT TURN ONTO COUNTY LINE ROAD. D2 ADVISED ME SHE PROCCEDED TO NOSE HER FRONT END INTO THE LEFT TURNING LANE WAITING ON THE TRAFFIC LIGHT TO TURN GREEN. UPON THE TRAFFIC LIGHT TURNING GREEN SHE STATED THAT SHE CONTINUED TO INCH HER VEHICLE INTO THE LEFT TURNING LANE WHEN SHE STRUCK V1 WITH THE FRONT DRIVER SIDE QUARTER PANEL OF HER VEHICLE.

UPON DOING MY INVESTIGATION I PUT VEHICLE 2 AT FAULT. V2 DID NOT YIELD TO THE RIGHT AWAY OF ON COMING TRAFFIC WHEN CHANGING LANES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	JP	290	☐ Pending ☒ Complete