

| Page 1 of 3 |    | Fatal                                  |  | New Jersey Police Crash Investigation Report                       |  | <input checked="" type="checkbox"/> Reportable |  | <input type="checkbox"/> Non-Reportable       |  | <input type="checkbox"/> Change Report |  |
|-------------|----|----------------------------------------|--|--------------------------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------|--|----------------------------------------|--|
| 96          | 05 | 1 Case Number                          |  | 2016-00062486                                                      |  | 10 Crash Occurred On: 425 Jack Martin BLVD     |  | 11 Speed Limit 2 5                            |  | 118a 25                                |  |
| 97          | 01 | 2 Police Dept of                       |  | Code 01                                                            |  | At Intersection with Road Name Dir             |  | 12 Route No. Suffix                           |  | 118b ---                               |  |
| 98          | 01 | Brick Township                         |  |                                                                    |  | Feet                                           |  | 13 Milepost                                   |  | 119a ---                               |  |
| 99          | 09 | 3 Station/Precinct                     |  | Brick Police                                                       |  | Miles                                          |  | 18 Speed Limit                                |  | 119b ---                               |  |
| 100         | 04 | 4 Date of Crash                        |  | 5 Day of Week                                                      |  | 6 Time (use 2400 hrs)                          |  | 7 Municipality Code                           |  |                                        |  |
| 101         | 02 | 09 27 16                               |  | Su M Tu W Th F Sa                                                  |  | 14 15 16                                       |  | 8 Total Killed 1                              |  |                                        |  |
| 102         | 01 | 23 Veh No                              |  | 24 Policy No.                                                      |  | 25 Ins Code                                    |  | 53 Veh No                                     |  | 54 Policy No.                          |  |
| 103         | 01 | 01                                     |  | 040814896r                                                         |  | 201                                            |  | 2                                             |  |                                        |  |
| 104         | 01 | 26 Driver's First Name                 |  | Initial Last Name                                                  |  | 29 Sex                                         |  | 56 Driver's First Name                        |  | Initial Last Name                      |  |
| 105         | 11 | Rebecca E Clifton                      |  |                                                                    |  | F                                              |  |                                               |  |                                        |  |
| 106         | 99 | 27 Number and Street                   |  | 342 Ashford RD                                                     |  | 30 Eyes                                        |  | 57 Number and Street                          |  | 59 Sex                                 |  |
| 107         | 01 | Hazel                                  |  |                                                                    |  |                                                |  |                                               |  |                                        |  |
| 108         | 01 | 28 City                                |  | State Zip                                                          |  | 58 City                                        |  | State Zip                                     |  |                                        |  |
| 109         | 01 | Toms River                             |  | NJ 08755                                                           |  |                                                |  |                                               |  |                                        |  |
| 110         | 01 | 31 State                               |  | 32 Drivers License No                                              |  | 33 DOB                                         |  | 34 Expires                                    |  | 61 State                               |  |
| 111         | 11 | NJ                                     |  | C5357 64565 52995                                                  |  | 02 15 99                                       |  | 03 20                                         |  | 62 Drivers License No                  |  |
| 112         | 01 | 35 Owner's First Name                  |  | Initial Last Name                                                  |  | 65 Owner's First Name                          |  | Initial Last Name                             |  |                                        |  |
| 113         | 01 | Amanda L Clifton                       |  |                                                                    |  |                                                |  |                                               |  |                                        |  |
| 114         | 01 | 36 Number and Street                   |  | 342 Ashford RD                                                     |  | 66 Number and Street                           |  |                                               |  |                                        |  |
| 115         | 01 | 37 City                                |  | State Zip                                                          |  | 67 City                                        |  | State Zip                                     |  |                                        |  |
| 116         | 01 | Toms River                             |  | NJ 08755                                                           |  |                                                |  |                                               |  |                                        |  |
| 117         | 01 | 38 Make                                |  | 39 Model                                                           |  | 40 Color                                       |  | 41 Year                                       |  | 42 Plate No.                           |  |
| 118         | 01 | KIA                                    |  | Soul                                                               |  | Blue                                           |  | 2015                                          |  | N10FMR                                 |  |
| 119         | 01 | 44 VIN                                 |  | KNDJP3A59F7218918                                                  |  | 45 Expires                                     |  | 74 VIN                                        |  | 75 Expires                             |  |
| 120         | 01 | 46 Vehicle Removed To                  |  | Driven Left at Scene Towed                                         |  | 47 Authority                                   |  | 76 Vehicle Removed To                         |  | Driven Left at Scene Towed             |  |
| 121         | 01 | Tow Company Lot                        |  |                                                                    |  |                                                |  |                                               |  |                                        |  |
| 122         | 01 | 27 Princeton Ave, Brick, NJ 08724      |  |                                                                    |  |                                                |  |                                               |  |                                        |  |
| 123         | 01 | 48 Alcohol/Drug Test                   |  | Given: No Yes Refused                                              |  | Type: Breath Blood Urine                       |  | Results: 0 % Pending                          |  | 78 Alcohol/Drug Test                   |  |
| 124         | 01 | 49 Hazardous Material                  |  | Name or Placard No.                                                |  | On Board Spill                                 |  | 79 Hazardous Material                         |  | Name or Placard No.                    |  |
| 125         | 01 | 50 Carrier No.                         |  | USDOT Other *                                                      |  | 80 Carrier No.                                 |  | USDOT Other *                                 |  |                                        |  |
| 126         | 01 | 51 Commercial Vehicle Weight           |  | ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs                      |  | 81 Commercial Vehicle Weight                   |  | ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs |  |                                        |  |
| 127         | 01 | 52 Carrier name                        |  |                                                                    |  | 82 Carrier name                                |  |                                               |  |                                        |  |
| 128         | 01 | 136 Damage To Other Property           |  | Cement of light pole.                                              |  | 138 Summons No.                                |  | 139 Charge                                    |  | 140 Summons No.                        |  |
| 129         | 01 | Brick Hospital                         |  | 425 Jack Martin Brick, NJ 08724                                    |  | 141 Officer's Signature                        |  | 142 Badge No.                                 |  | 143 Reviewed By                        |  |
| 130         | 01 | Joseph DeLuca                          |  |                                                                    |  | 276                                            |  | Boyle                                         |  | 122                                    |  |
| 131         | 01 | 144 Case Status                        |  | Pending Complete                                                   |  |                                                |  |                                               |  |                                        |  |
| 132         | 01 | 83 84 85 86 87 88 89 90 91 92 93 94 95 |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death |  |                                                |  |                                               |  |                                        |  |
| 133         | 01 | 1 01 01 04 17 F 08 00 N 09 09 01       |  | Rebecca E Clifton                                                  |  |                                                |  |                                               |  |                                        |  |
| 134         | 01 |                                        |  | 342 Ashford RD                                                     |  |                                                |  |                                               |  |                                        |  |
| 135         | 01 |                                        |  | Toms River, NJ 08755                                               |  |                                                |  |                                               |  |                                        |  |

## New Jersey Police Crash Investigation Report

Police Dept: \_\_\_\_\_ Code: **01-Municipal Police**

## Motor Vehicle Crash Description

Station: **Brick Police** Case No: **2016-00062486**

(Refer to vehicle by number)

|                 | Veh<br>Occ | Pos<br>In/On | Eject | Phys<br>Cond | Age | Sex | Loc<br>Inj | Type<br>Inj | Ref<br>Med | Equip<br>Avail | Equip<br>Used | Bag<br>Depl | Hosp<br>Code | Names & Addresses of Occupants - If Deceased, Date & Time of Death |
|-----------------|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
| ALL<br>INVOLVED | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           |                                                                    |
|                 | A          |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                 | B          |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                 | C          |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
|                 | D          |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E               |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

## 135 Crash Description

Our investigation reveals that Vehicle 1 was driving south on the main travel road into Brick Hospital. Driver of Vehicle 1 left the road and struck a light pole head on.

Driver of Vehicle 1 stated that she was driving through the main travel lane when an unknown vehicle was headed towards her. Vehicle 1 swerved out of the way causing her to hit the curb and strike the light pole.

Driver of Vehicle 1 complained of pain from the airbag deployment and was taken to Brick Hospital by Ptl. Farnkopf #173 further evaluation. Vehicle was towed by Andrews Auto Body.

I responded into Brick Hospital to check video surveillance and no video was available displaying the accident.

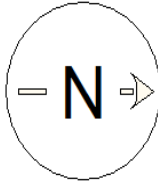
New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

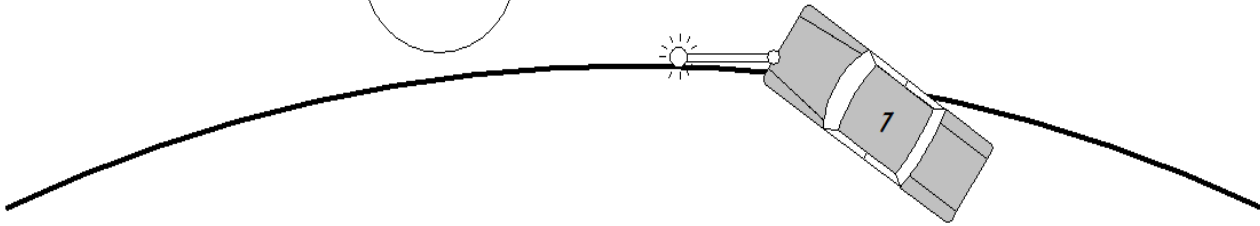
Police Dept: \_\_\_\_\_ Code: 01-Municipal Police

Station: Brick Police

Case No: 2016-00062486



*NOT TO SCALE*



425 Jack Martin Blvd  
Brick Hospital