

|                                                                                                                                                                                                         |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--------------|-----------|-----|--|--|----------------|--|--|
| 96                                                                                                                                                                                                      | Page <u>1</u> of <u>3</u>                                                                           |  | <input type="checkbox"/> Fatal                                                                                           |  | New Jersey Police Crash Investigation Report  |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    | <input checked="" type="checkbox"/> Reportable                                                            |     | <input type="checkbox"/> Non-Reportable                                                                         |  | <input type="checkbox"/> Change Report |              |           |     |  |  |                |  |  |
| 05                                                                                                                                                                                                      | 1 Case Number                                                                                       |  | 2016-00064618                                                                                                            |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   | 10 Crash Occurred On: |                                                                                    | 101 JACK MARTIN BLVD                                                                                      |     |                                                                                                                 |  |                                        |              |           |     |  |  | 11 Speed Limit |  |  |
| 97                                                                                                                                                                                                      | 2 Police Dept of                                                                                    |  | Code                                                                                                                     |  | <input type="checkbox"/> At Intersection with |  | Road Name                                                                                                       |  | Dir                                                                                                 |                          | 12 Route No.                                                                                                             |                                                   | Suffix                |                                                                                    | 13 Milepost                                                                                               |     | 18 Speed Limit                                                                                                  |  | 02                                     |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | Brick Township                                                                                      |  | 01                                                                                                                       |  | <input type="checkbox"/> Feet                 |  | <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of: |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 29                                     |              |           |     |  |  |                |  |  |
| 98                                                                                                                                                                                                      | 3 Station/Precinct                                                                                  |  |                                                                                                                          |  | <input type="checkbox"/> Miles                |  | 14                                                                                                              |  | 15                                                                                                  |                          | 16                                                                                                                       |                                                   | 19 To:                |                                                                                    | 17 Cross Road Name                                                                                        |     | <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  | 25                                     |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | Brick Police                                                                                        |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   | 21 Latitude           |                                                                                    | 22 Longitude                                                                                              |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 09                                                                                                                                                                                                      | 4 Date of Crash                                                                                     |  | 5 Day of Week                                                                                                            |  | 6 Time (use 2400 hrs)                         |  | 7 Municipality Code                                                                                             |  | 8 Total Killed                                                                                      |                          | 9 Total Injured                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | 10   06   16                                                                                        |  | Su M Tu W Th F Sa                                                                                                        |  | 13   04                                       |  | 1506                                                                                                            |  |                                                                                                     |                          | 0   1                                                                                                                    |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 101                                                                                                                                                                                                     | 23 Veh No                                                                                           |  | 24 Policy No.                                                                                                            |  | 25 Ins Code                                   |  | 53 Veh No                                                                                                       |  | 54 Policy No.                                                                                       |                          | 55 Ins Code                                                                                                              |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 118a                                   |              |           |     |  |  |                |  |  |
| 02                                                                                                                                                                                                      | 01                                                                                                  |  | 909585084                                                                                                                |  | 054                                           |  | 02                                                                                                              |  | 139823874                                                                                           |                          | 012                                                                                                                      |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 118b                                   |              |           |     |  |  |                |  |  |
| 102                                                                                                                                                                                                     | 26 Driver's First Name                                                                              |  | Initial                                                                                                                  |  | Last Name                                     |  | 29 Sex                                                                                                          |  | 56 Driver's First Name                                                                              |                          | Initial                                                                                                                  |                                                   | Last Name             |                                                                                    | 59 Sex                                                                                                    |     |                                                                                                                 |  | 01                                     |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | ANNE M UPTON                                                                                        |  |                                                                                                                          |  |                                               |  | F                                                                                                               |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 121                                    |              |           |     |  |  |                |  |  |
| 103                                                                                                                                                                                                     | 27 Number and Street                                                                                |  | 51 BRANT DR                                                                                                              |  |                                               |  | 30 Eyes                                                                                                         |  | 57 Number and Street                                                                                |                          | 60 Eyes                                                                                                                  |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | Hazel                                                                                               |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 104                                                                                                                                                                                                     | 28 City                                                                                             |  | State                                                                                                                    |  | Zip                                           |  | 58 City                                                                                                         |  | State                                                                                               |                          | Zip                                                                                                                      |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 03                                                                                                                                                                                                      | BRICK                                                                                               |  | NJ                                                                                                                       |  | 08724                                         |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | ---                                    |              |           |     |  |  |                |  |  |
| 105                                                                                                                                                                                                     | 31 State                                                                                            |  | 32 Drivers License No                                                                                                    |  | 33 DOB mm dd yy                               |  | 34 Expires mm yy                                                                                                |  | 61 State                                                                                            |                          | 62 Drivers License No                                                                                                    |                                                   | 63 DOB mm dd yy       |                                                                                    | 64 Expires mm yy                                                                                          |     |                                                                                                                 |  | 122                                    |              |           |     |  |  |                |  |  |
| 06                                                                                                                                                                                                      | NJ                                                                                                  |  | U7115   05074   55305                                                                                                    |  | 05   22   30                                  |  | 03   19                                                                                                         |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | --                                     |              |           |     |  |  |                |  |  |
| 106                                                                                                                                                                                                     | 35 Owner's First Name                                                                               |  | Initial                                                                                                                  |  | Last Name                                     |  | 65 Owner's First Name                                                                                           |  | Initial                                                                                             |                          | Last Name                                                                                                                |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 123                                    |              |           |     |  |  |                |  |  |
| ---                                                                                                                                                                                                     | Same As Driver                                                                                      |  | ANNE M UPTON                                                                                                             |  |                                               |  | Same As Driver                                                                                                  |  | ANNE M FLORIA                                                                                       |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | --                                     |              |           |     |  |  |                |  |  |
| 107                                                                                                                                                                                                     | 36 Number and Street                                                                                |  | 51 BRANT DR                                                                                                              |  |                                               |  | 66 Number and Street                                                                                            |  | 1778 GREENWOOD RD                                                                                   |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 124                                    |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 01                                     |              |           |     |  |  |                |  |  |
| 108                                                                                                                                                                                                     | 37 City                                                                                             |  | State                                                                                                                    |  | Zip                                           |  | 67 City                                                                                                         |  | State                                                                                               |                          | Zip                                                                                                                      |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 125                                    |              |           |     |  |  |                |  |  |
| ---                                                                                                                                                                                                     | BRICK                                                                                               |  | NJ                                                                                                                       |  | 08724                                         |  | TOMS RIVER                                                                                                      |  | NJ                                                                                                  |                          | 08753                                                                                                                    |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  | 10                                     |              |           |     |  |  |                |  |  |
| 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  |     |  |  |                |  |  |
| ---                                                                                                                                                                                                     | HONDA                                                                                               |  | Accord                                                                                                                   |  | Silver                                        |  | 1996                                                                                                            |  | BXM55G                                                                                              |                          | NJ                                                                                                                       |                                                   | NISSAN                |                                                                                    | Altima                                                                                                    |     | Blue                                                                                                            |  | 2005                                   |              | RUV20G NJ |     |  |  |                |  |  |
| 110                                                                                                                                                                                                     | 44 VIN                                                                                              |  | 1HGCD5635TA293202                                                                                                        |  | 45 Expires                                    |  | 05   17                                                                                                         |  | 74 VIN                                                                                              |                          | 1N4AL11D15C239717                                                                                                        |                                                   | 75 Expires            |                                                                                    | 09   17                                                                                                   |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | 46 Vehicle Removed To                                                                               |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed         |  | 47 Authority                                  |  | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police       |  | 76 Vehicle Removed To                                                                               |                          | <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input checked="" type="checkbox"/> Towed         |                                                   | 77 Authority          |                                                                                    | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | Driven Away                                                                                         |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  | Tow Company Lot                                                                                     |                          | Route 88 Auto Body                                                                                                       |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 111                                                                                                                                                                                                     | 48 Alcohol/Drug Test                                                                                |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused              |  | 134 Crash Diagram (NOT TO SCALE)              |  |                                                                                                                 |  | 78 Alcohol/Drug Test                                                                                |                          | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused              |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 01                                                                                                                                                                                                      | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                                                                                                          |  | Indicate North                                |  |                                                                                                                 |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 112                                                                                                                                                                                                     | Results: 0. ___ % <input type="checkbox"/> Pending                                                  |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  | Results: 0. ___ % <input type="checkbox"/> Pending                                                  |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| ---                                                                                                                                                                                                     | 49 Hazardous Material                                                                               |  | Name or Placard No.                                                                                                      |  |                                               |  |                                                                                                                 |  | 79 Hazardous Material                                                                               |                          | Name or Placard No.                                                                                                      |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 113                                                                                                                                                                                                     | On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                    |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  | On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                    |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| ---                                                                                                                                                                                                     | 50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                      |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  | 80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                      |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 114                                                                                                                                                                                                     | 51 Commercial Vehicle Weight                                                                        |  | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs |  |                                               |  |                                                                                                                 |  | 81 Commercial Vehicle Weight                                                                        |                          | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 04                                                                                                                                                                                                      |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 117                                                                                                                                                                                                     | 52 Carrier name                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  | 82 Carrier name                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 03                                                                                                                                                                                                      |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| 136 Damage To Other Property None                                                                                                                                                                       |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           | 130 |  |  |                |  |  |
| Oper. <u>1</u> 137 Charge <u>39:4-97</u> <input type="checkbox"/> Multiple Charges 138 Summons No. <u>E16006410</u> Oper. <u>2</u> 139 Charge <input type="checkbox"/> Multiple Charges 140 Summons No. |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           | 04  |  |  |                |  |  |
| 141 Officer's Signature <u>Tyler Stephenson</u>                                                                                                                                                         |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     | 142 Badge No. <u>278</u> |                                                                                                                          | 143 Reviewed By <u>Kelly</u> Badge No. <u>233</u> |                       | 144 Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete |                                                                                                           | 133 |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
|                                                                                                                                                                                                         |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           | 08  |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                                                                      |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| A 1 01 01 -- 86 F -- -- -- 09 04 -- -- ANNE M UPTON 51 BRANT DR BRICK, NJ 08724                                                                                                                         |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| B                                                                                                                                                                                                       |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| C                                                                                                                                                                                                       |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| D                                                                                                                                                                                                       |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |
| E                                                                                                                                                                                                       |                                                                                                     |  |                                                                                                                          |  |                                               |  |                                                                                                                 |  |                                                                                                     |                          |                                                                                                                          |                                                   |                       |                                                                                    |                                                                                                           |     |                                                                                                                 |  |                                        |              |           |     |  |  |                |  |  |

## New Jersey Police Crash Investigation Report

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

## Motor Vehicle Crash Description

Station: **Brick Police**Case No: **2016-00064618**

(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 |
|---|------------|--------------|-------|--------------|-----|-----|------------|-------------|------------|----------------|---------------|-------------|--------------|--------------------------------------------------------------------|
| A | 83         | 84           | 85    | 86           | 87  | 88  | 89         | 90          | 91         | 92             | 93            | 94          | 95           |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| I |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| N |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| O |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| L |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| V |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

## 135 Crash Description

Vehicle 1 was traveling west in the Wendy's parking lot (101 Jack Martin Blvd). Vehicle 2 and Vehicle 3 were parked facing south. Vehicle 1 impacted the rear side of Vehicle 2 (\*see diagram marking A) and the force of the impact caused Vehicle 2 to rotate slightly and impact the rear of Vehicle 3 (\*see diagram marking B)

Driver 1 stated she attempted to brake and her foot slipped from the brake pedal causing Vehicle 1 to impact Vehicle 2. Vehicle 2, although parked, was occupied by the following individuals:

Driver's seat- Salvatore Floria, 08/22/1928, 1778 Greenwood Road Toms River, NJ 08753

Passenger seat- Anne Floria, 04/06/1931, 1778 Greenwood Road Toms River, NJ 08753

Vehicle 3 was parked and unoccupied at the time of the crash.

Anne Floria complained of neck and back pain and was transported to Ocean Medical Center by Brick Police EMS. There were no other injuries reported on scene.

As a result of this crash investigation, Driver 1 was determined to be the at-fault party and issued a summons for Careless Driving (39:4-97, #E16-006410). A witness statement was obtained at the scene and submitted along with this report.

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

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

Station: Brick Police

Case No: 2016-00064618

