

NJTR-1 (Rev. 01/17)

|      |                                            |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  |                                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|------|--------------------------------------------|--|--------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|-------------------------|--|------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------|--|-----------------|--|------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|------------------|--|-----|--|------|--|---------------------------------------|--|-----|--|----------------------------------------|--|-----------------------------------------------|--|----------------------------------------|--|-----|--|--|--|----|--|--|--|--------------------------------|--|--|--|-----------------------------------|--|--|--|--|--|--|--|
| 96   | Page 2 of 5                                |  | <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         |  | 118a                                   |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 97   | 1. Case Number                             |  |                                |  | 2022-00027277                                                                                               |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 11. Speed Limit                                                                                           |  |                                                                                                     |  |                                                |  | 118b                                   |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 98   | 2. Police Dept. of                         |  |                                |  | Code                                                                                                        |  | Brick Police                                                                                        |  |                                                |  |                         |  |                                          |  |                                                                                                           |  | 01                                                                                                  |  |                                                |  |                                        |  | 119a            |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 99   | 3. Station/Precinct                        |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 10. Crash Occurred On:                                                                                    |  | Road Name                                                                                           |  | Dir                                            |  | 12. Route No.                          |  | Suffix          |  | 13. Milepost                                                                                   |  | 18. Speed Limit                                                                                     |  | 119b             |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 100a | 4. Date of Crash                           |  |                                |  | 5. Day of Week                                                                                              |  | 6. Time (use 2400 hrs.)                                                                             |  | 7. Municipality Code                           |  | 8. Total Killed         |  | 9. Total Injured                         |  | 19. To: 17. Cross Road Name/Route No.                                                                     |  | Ramp                                                                                                |  | 21. Latitude                                   |  | 20. Route Name/Route No.               |  | 22. Longitude   |  |                                                                                                |  | 120a                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 100b | 23. Veh. #                                 |  |                                |  | 24. Policy No.                                                                                              |  |                                                                                                     |  | 25. NJ Ins. Code                               |  |                         |  | 53. Veh. #                               |  |                                                                                                           |  | 54. Policy No.                                                                                      |  |                                                |  | 55. NJ Ins. Code                       |  |                 |  |                                                                                                |  | 120b                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 101  | 03                                         |  |                                |  | HPA00002751155                                                                                              |  |                                                                                                     |  | 017                                            |  |                         |  |                                          |  |                                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 121a                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 102  | 26. Driver's First Name                    |  |                                |  | Initial                                                                                                     |  | Last Name                                                                                           |  | 29. Sex                                        |  | 56. Driver's First Name |  |                                          |  | Initial                                                                                                   |  | Last Name                                                                                           |  | 59. Sex                                        |  |                                        |  |                 |  |                                                                                                |  | 121b                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 103  | 27. Number & Street                        |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 57. Number & Street                                                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  | 122  |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 104  | 28. City                                   |  |                                |  | State                                                                                                       |  | Zip                                                                                                 |  | 58. City                                       |  |                         |  | State                                    |  | Zip                                                                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 123                                                                                                 |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 30. Eyes                                   |  |                                |  | DL Class                                                                                                    |  | Restrictions                                                                                        |  | Endorsements                                   |  | 31. State               |  | 60. Eyes                                 |  |                                                                                                           |  | DL Class                                                                                            |  | Restrictions                                   |  | Endorsements                           |  | 61. State       |  |                                                                                                |  | 124                                                                                                 |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 105  | 32. Driver's License Number                |  |                                |  | 33. DOB                                                                                                     |  | 34. Expires                                                                                         |  | 62. Driver's License Number                    |  |                         |  | 63. DOB                                  |  | 64. Expires                                                                                               |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 125                                                                                                 |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 106  | 35. Owner's First Name                     |  |                                |  | Initial                                                                                                     |  | Last Name                                                                                           |  | 65. Owner's First Name                         |  |                         |  | Initial                                  |  | Last Name                                                                                                 |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 126a                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 107  | 36. Number & Street                        |  |                                |  | 1111 FRONT ST                                                                                               |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 66. Number & Street                                                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  | 126b |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 108  | 37. City                                   |  |                                |  | State                                                                                                       |  | Zip                                                                                                 |  | 67. City                                       |  |                         |  | State                                    |  | Zip                                                                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 126c                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 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                                                                                           |  | 126d             |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 110  | 01                                         |  |                                |  | DODGE                                                                                                       |  |                                                                                                     |  | Dakota                                         |  | SL                      |  | 2008                                     |  | U32FRS                                                                                                    |  | NJ                                                                                                  |  | 74. VIN                                        |  |                                        |  | 75. Expires     |  |                                                                                                |  |                                                                                                     |  | 126e             |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 111  | 44. VIN                                    |  |                                |  | 1 D 7 H U 1 8 N 0 8 J 1 9 0 2 2 8                                                                           |  |                                                                                                     |  |                                                |  |                         |  | 45. Expires                              |  |                                                                                                           |  | 07/22                                                                                               |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  | 127a             |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 112  | 46. Vehicle Removed to:                    |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 76. Vehicle Removed to:                                                                                   |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  | 127b |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 113  | <input checked="" type="checkbox"/> Driven |  |                                |  | <input type="checkbox"/> Towed Disabled                                                                     |  | <input type="checkbox"/> Towed Disabled & Impounded                                                 |  | <input type="checkbox"/> Driven                |  |                         |  | <input type="checkbox"/> Towed Disabled  |  | <input type="checkbox"/> Towed Disabled & Impounded                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 127c                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 114  | <input type="checkbox"/> Left at Scene     |  |                                |  | <input type="checkbox"/> Towed Impounded                                                                    |  |                                                                                                     |  | <input type="checkbox"/> Left at Scene         |  |                         |  | <input type="checkbox"/> Towed Impounded |  |                                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  | 127d                                                                                                |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 115  | 47. Authority                              |  |                                |  | <input checked="" type="checkbox"/> Owner                                                                   |  | <input type="checkbox"/> Driver                                                                     |  | <input type="checkbox"/> Police                |  | 77. Authority           |  |                                          |  | <input type="checkbox"/> Owner                                                                            |  | <input type="checkbox"/> Driver                                                                     |  | <input type="checkbox"/> Police                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  | 127e             |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 116  | 48. Alcohol Drug Test                      |  |                                |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | Results: 0. % <input type="checkbox"/> Pending |  | 49. Hazardous Material  |  |                                          |  | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | Results: 0. % <input type="checkbox"/> Pending |  | 79. Hazardous Material                 |  |                 |  | <input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  | 128              |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
| 117  | 50. Carrier No.                            |  |                                |  | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                     |  |                                                                                                     |  |                                                |  |                         |  | 51. GVWR / GCWR (trucks & buses only)    |  |                                                                                                           |  | <input type="checkbox"/> ≤ 10,000 lbs.                                                              |  | <input type="checkbox"/> 10,001 - 26,000 lbs.  |  | <input type="checkbox"/> ≥ 26,001 lbs. |  | 80. Carrier No. |  |                                                                                                |  | <input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                             |  |                  |  |     |  |      |  | 81. GVWR / GCWR (trucks & buses only) |  |     |  | <input type="checkbox"/> ≤ 10,000 lbs. |  | <input type="checkbox"/> 10,001 - 26,000 lbs. |  | <input type="checkbox"/> ≥ 26,001 lbs. |  | 129 |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 52. Motor Carrier or Government Entity     |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | 82. Motor Carrier or Government Entity                                                                    |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  | 130 |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | Number & Street                            |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  | Number & Street                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  | 131 |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | City                                       |  |                                |  | State                                                                                                       |  | Zip                                                                                                 |  | City                                           |  |                         |  | State                                    |  | Zip                                                                                                       |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  | 132              |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 135. Damage to Other Property              |  |                                |  | <input type="checkbox"/> Yes (If Yes, describe)                                                             |  | <input type="checkbox"/> No                                                                         |  |                                                |  |                         |  |                                          |  |                                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  | 133 |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | Oper.                                      |  |                                |  | 136. Charge                                                                                                 |  |                                                                                                     |  |                                                |  |                         |  | 137. Summons No.                         |  |                                                                                                           |  | Oper.                                                                                               |  |                                                |  | 138. Charge                            |  |                 |  |                                                                                                |  |                                                                                                     |  | 139. Summons No. |  |     |  | 134  |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |
|      | 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    |                                            |  |                                |  |                                                                                                             |  |                                                                                                     |  |                                                |  |                         |  |                                          |  |                                                                                                           |  |                                                                                                     |  |                                                |  |                                        |  |                 |  |                                                                                                |  |                                                                                                     |  |                  |  |     |  |      |  |                                       |  |     |  |                                        |  |                                               |  |                                        |  |     |  |  |  |    |  |  |  |                                |  |  |  |                                   |  |  |  |  |  |  |  |

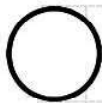
**New Jersey Police  
Crash Investigation Report**

Case Number  
2022-00027277

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

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle 1 was driving through the parking lot of 1722 RT 88.

Vehicle 2 was backing out of a parking spot in the same parking lot.

Vehicle 2 failed to see vehicle 1 driving in the lot, resulting in the crash.

Vehicle 1 then continued to drive forward and crashed in to vehicle 3.

The driver of vehicle 1 stated vehicle 2 backed up in front of him and he was unable to stop in time, resulting in the crash. His vehicle then continued forward and he crashed into vehicle 3. He did not report any injuries on scene. I observed damage to the front bumper on the passenger side.

The driver of vehicle 2 stated, he was backing out of a parking spot and failed to see vehicle 1 driving towards him, due to it being in his blind spot. He believes vehicle 1 was travelling at a high speed and this caused vehicle 1 to crash in to vehicle 3. He did not report any injuries on scene. I observed damage to the rear bumper on the passenger's side.

The diver of Vehicle 3 stated he was sitting inside of his parked vehicle, when he was struck by vehicle 1. He

146. Officer's Signature  
Cody Oliverio

147. Badge #  
286

148. Reviewer  
Glenn C Turner

Badge #  
178

149. Case Status  
☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Description

Police Dept: Brick Police Code: 01

Station:      Case No: 2022-00027277

145 Crash Description

did not report any injuries on scene. I observed damage to the rear bumper on the passenger's side.

Cody Oliverio

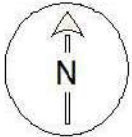
286

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

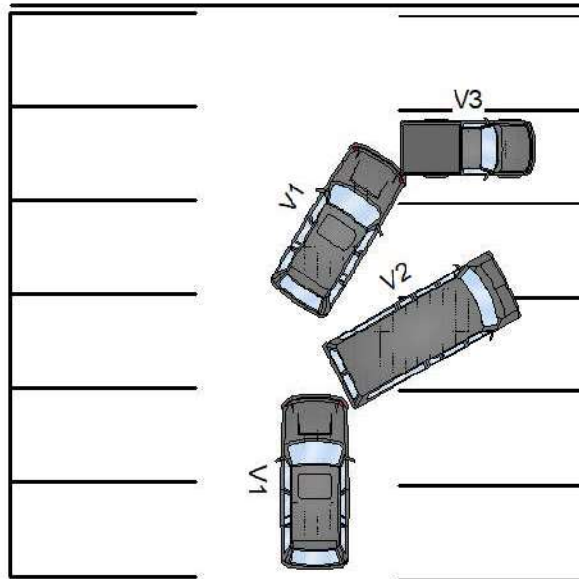
Police Dept: Brick Police Code: 01  
Station:        Case No: 2022-00027277

144 Crash Diagram (NOT TO SCALE)

○ Indicate  
North



1722 RT. 88



Cody Oliverio

Officer's Signature

286

Badge Number