

|                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|
| Page <u>1</u> of <u>3</u>                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Fatal                                                                                                                                           |  | <b>New Jersey Police Crash Investigation Report</b>                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> Reportable                                                                                                                                   |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report |  |
| 1 Case Number<br><b>2016-00039834</b>                                                                                                                                                                                                                                                           |  | 10 Crash Occurred On: <b>70</b>                                                                                                                                          |  | 11 Speed Limit<br><b>E 3 5</b>                                                                                                                                                                                                                                                                  |  | 12 Route No.                                                                                                                                                   |  | 13 Milepost                                                                                                                                                              |  | 14                                                                                                                                   |  | 15                                                                                                                                                                               |  | 16                                                                                                                                                                               |  | 17 Cross Road Name                      |  | 18 Speed Limit<br><b>3 5</b>           |  |
| 2 Police Dept of<br><b>Brick Township</b>                                                                                                                                                                                                                                                       |  | Code<br><b>01</b>                                                                                                                                                        |  | <input type="checkbox"/> At Intersection with                                                                                                                                                                                                                                                   |  | Road Name                                                                                                                                                      |  | Dir                                                                                                                                                                      |  | <input type="checkbox"/> N <input type="checkbox"/> E of: <b>88</b>                                                                  |  | <input type="checkbox"/> S <input checked="" type="checkbox"/> W                                                                                                                 |  | 19                                                                                                                                                                               |  | 20 Route/Name                           |  | 21 Longitude                           |  |
| 3 Station/Precinct<br><b>Brick Police</b>                                                                                                                                                                                                                                                       |  | 4 Date of Crash<br><b>06/27/16</b>                                                                                                                                       |  | 5 Day of Week<br><b>Su</b>                                                                                                                                                                                                                                                                      |  | 6 Time (use 2400 hrs)<br><b>1045</b>                                                                                                                           |  | 7 Municipality Code<br><b>1506</b>                                                                                                                                       |  | 8 Total Killed                                                                                                                       |  | 9 Total Injured                                                                                                                                                                  |  | 10                                                                                                                                                                               |  | 11                                      |  | 12                                     |  |
| 23 Veh No<br><b>1</b>                                                                                                                                                                                                                                                                           |  | 24 Policy No.<br><b>CA 1861270</b>                                                                                                                                       |  | 25 Ins Code<br><b>228</b>                                                                                                                                                                                                                                                                       |  | 53 Veh No<br><b>2</b>                                                                                                                                          |  | 54 Policy No.<br><b>939336008</b>                                                                                                                                        |  | 55 Ins Code<br><b>054</b>                                                                                                            |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                         |  |                                        |  |
| 26 Driver's First Name<br><b>FRANK VALENTINO JR</b>                                                                                                                                                                                                                                             |  | Initial<br><b></b>                                                                                                                                                       |  | Last Name<br><b></b>                                                                                                                                                                                                                                                                            |  | 29 Sex<br><b>M</b>                                                                                                                                             |  | 56 Driver's First Name<br><b>ELAINE F KEMP</b>                                                                                                                           |  | Initial<br><b></b>                                                                                                                   |  | Last Name<br><b></b>                                                                                                                                                             |  | 59 Sex<br><b></b>                                                                                                                                                                |  |                                         |  |                                        |  |
| 27 Number and Street<br><b>1141 33</b>                                                                                                                                                                                                                                                          |  | 30 Eyes<br><b>Green</b>                                                                                                                                                  |  | 57 Number and Street<br><b>693 FRIAR B</b>                                                                                                                                                                                                                                                      |  | 60 Eyes<br><b></b>                                                                                                                                             |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 28 City<br><b>FARMINGDALE</b>                                                                                                                                                                                                                                                                   |  | State<br><b>NJ</b>                                                                                                                                                       |  | Zip<br><b>07727</b>                                                                                                                                                                                                                                                                             |  | 58 City<br><b>MANCHESTER</b>                                                                                                                                   |  | State<br><b>NJ</b>                                                                                                                                                       |  | Zip<br><b>08733</b>                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 31 State<br><b>NJ</b>                                                                                                                                                                                                                                                                           |  | 32 Drivers License No<br><b>V0269 26700 08636</b>                                                                                                                        |  | 33 DOB<br><b>08/11/63</b>                                                                                                                                                                                                                                                                       |  | 34 Expires<br><b>11/18</b>                                                                                                                                     |  | 61 State<br><b>NJ</b>                                                                                                                                                    |  | 62 Drivers License No<br><b>K2479 20066 52355</b>                                                                                    |  | 63 DOB<br><b>02/14/35</b>                                                                                                                                                        |  | 64 Expires<br><b>12/18</b>                                                                                                                                                       |  |                                         |  |                                        |  |
| 35 Owner's First Name<br><b>LOWES HOME</b>                                                                                                                                                                                                                                                      |  | Initial<br><b></b>                                                                                                                                                       |  | Last Name<br><b></b>                                                                                                                                                                                                                                                                            |  | 65 Owner's First Name<br><b>THERESA E VELOTTI-DELEO</b>                                                                                                        |  | Initial<br><b></b>                                                                                                                                                       |  | Last Name<br><b></b>                                                                                                                 |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 36 Number and Street<br><b>1000 LOWES BLVD</b>                                                                                                                                                                                                                                                  |  | 66 Number and Street<br><b>801 MIDDLESEX ST</b>                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 37 City<br><b>MOORESVILLE</b>                                                                                                                                                                                                                                                                   |  | State<br><b>NJ</b>                                                                                                                                                       |  | Zip<br><b>28117-</b>                                                                                                                                                                                                                                                                            |  | 67 City<br><b>TOMS RIVER</b>                                                                                                                                   |  | State<br><b>NJ</b>                                                                                                                                                       |  | Zip<br><b>08757</b>                                                                                                                  |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 38 Make<br><b>STEAL</b>                                                                                                                                                                                                                                                                         |  | 39 Model<br><b></b>                                                                                                                                                      |  | 40 Color<br><b>White</b>                                                                                                                                                                                                                                                                        |  | 41 Year<br><b>2004</b>                                                                                                                                         |  | 42 Plate No.<br><b>XA291K</b>                                                                                                                                            |  | 43 State<br><b>NJ</b>                                                                                                                |  | 68 Make<br><b>VOLVO</b>                                                                                                                                                          |  | 69 Model<br><b>C70</b>                                                                                                                                                           |  | 70 Color<br><b>Black</b>                |  | 71 Year<br><b>2011</b>                 |  |
| 44 VIN<br><b>2FZHATAK64AM28301</b>                                                                                                                                                                                                                                                              |  | 45 Expires<br><b>03/17</b>                                                                                                                                               |  | 74 VIN<br><b>YV1672MC3BJ117472</b>                                                                                                                                                                                                                                                              |  | 75 Expires<br><b>12/16</b>                                                                                                                                     |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 46 Vehicle Removed To<br><b>Driven Away</b>                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled |  | 47 Authority<br><input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police                                                                                                                                                            |  | 76 Vehicle Removed To<br><b>Driven Away</b>                                                                                                                    |  | <input type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed <input type="checkbox"/> Impound <input type="checkbox"/> Disabled |  | 77 Authority<br><input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 48 Alcohol/Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.____% <input type="checkbox"/> Pending |  | 134 Crash Diagram (NOT TO SCALE)                                                                                                                                         |  | 78 Alcohol/Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.____% <input type="checkbox"/> Pending |  |                                                                                                                                                                |  | 79 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                |  | Name or Placard No.<br><b></b>                                                                                                       |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 49 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                                                                                                                                       |  | Name or Placard No.<br><b></b>                                                                                                                                           |  | 80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                                                                                                                  |  | 81 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs |  | 82 Carrier name                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                                                                                                                  |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 51 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs                                                                                                                                  |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 52 Carrier name                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 136 Damage To Other Property <b>NONE</b>                                                                                                                                                                                                                                                        |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| Oper. <b>1</b>                                                                                                                                                                                                                                                                                  |  | 137 Charge <input type="checkbox"/> Multiple Charges                                                                                                                     |  | 138 Summons No.                                                                                                                                                                                                                                                                                 |  | Oper. <b>2</b>                                                                                                                                                 |  | 139 Charge <input type="checkbox"/> Multiple Charges                                                                                                                     |  | 140 Summons No.                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 141 Officer's Signature<br><b>Jay Nye</b>                                                                                                                                                                                                                                                       |  | 142 Badge No.<br><b>245</b>                                                                                                                                              |  | 143 Reviewed By<br><b>Boyle</b>                                                                                                                                                                                                                                                                 |  | Badge No.<br><b>122</b>                                                                                                                                        |  | 144 Case Status<br><input type="checkbox"/> Pending <input type="checkbox"/> Complete                                                                                    |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| 83                                                                                                                                                                                                                                                                                              |  | 84                                                                                                                                                                       |  | 85                                                                                                                                                                                                                                                                                              |  | 86                                                                                                                                                             |  | 87                                                                                                                                                                       |  | 88                                                                                                                                   |  | 89                                                                                                                                                                               |  | 90                                                                                                                                                                               |  | 91                                      |  | 92                                     |  |
| A                                                                                                                                                                                                                                                                                               |  | 1                                                                                                                                                                        |  | 01                                                                                                                                                                                                                                                                                              |  | 01                                                                                                                                                             |  | --                                                                                                                                                                       |  | 52                                                                                                                                   |  | M                                                                                                                                                                                |  | --                                                                                                                                                                               |  | --                                      |  | 09 04                                  |  |
| B                                                                                                                                                                                                                                                                                               |  | 2                                                                                                                                                                        |  | 01                                                                                                                                                                                                                                                                                              |  | 01                                                                                                                                                             |  | --                                                                                                                                                                       |  | 81                                                                                                                                   |  | F                                                                                                                                                                                |  | --                                                                                                                                                                               |  | --                                      |  | 09 04                                  |  |
| C                                                                                                                                                                                                                                                                                               |  | 2                                                                                                                                                                        |  | 01                                                                                                                                                                                                                                                                                              |  | 01                                                                                                                                                             |  | --                                                                                                                                                                       |  | 69                                                                                                                                   |  | F                                                                                                                                                                                |  | --                                                                                                                                                                               |  | --                                      |  | 09 04                                  |  |
| D                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| E                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                                                                                                                                                              |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| FRANK VALENTINO Jr.<br>1141 33<br>FARMINGDALE, NJ 07727                                                                                                                                                                                                                                         |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| ELAINE F KEMP<br>693 FRIAR B<br>MANCHESTER, NJ 08733                                                                                                                                                                                                                                            |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |
| DENISE I DEVITO<br>3305 28TH AVE 3<br>ASTORIA, NY 11103                                                                                                                                                                                                                                         |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                                                                                  |  |                                         |  |                                        |  |

## New Jersey Police Crash Investigation Report

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

## Motor Vehicle Crash Description

Station: **Brick Police** Case No: **2016-00039834**

(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           |                                                                    |
| B |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| C |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| D |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |
| E |            |              |       |              |     |     |            |             |            |                |               |             |              |                                                                    |

## 135 Crash Description

Driver of Vehicle 2 stated she was in the middle lane on Route 70, approaching Route 88. She said Vehicle 1 turned into her lane and hit her vehicle.

Driver of Vehicle 1 stated he was in the left lane of Route 70, changing lane into the middle lane. He said while in mid-turn, Vehicle 2 "appeared" next to him, causing the crash.

Vehicle 1's front passenger side tire hit and scrapped Vehicle 2's driver side doors and tire area.

No injuries were reported at the time of this report.

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

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

Station: Brick Police

Case No: 2016-00039834



Route 70

