

|     |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
|-----|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|---------|--|-------------------|--|-------------------|--|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|-----------------|--|---------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-----------------|--|------------------|--|-----|
| 96  | Page <u>1</u> of <u>3</u>                                                                           |  | <input type="checkbox"/> Fatal                                                                                                                                                   |  | New Jersey Police Crash Investigation Report |  |         |  |                   |  |                   |  |                                                                                                           |  | <input type="checkbox"/> Reportable                                                                                                                                              |  | <input checked="" type="checkbox"/> Non-Reportable                                                                       |  | <input type="checkbox"/> Change Report                             |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 97  | 1 Case Number                                                                                       |  | <b>2016-00032202</b>                                                                                                                                                             |  |                                              |  |         |  |                   |  |                   |  | 10 Crash Occurred On: <b>Van Zile RD</b>                                                                  |  | 11 Speed Limit <b>S 4 0</b>                                                                                                                                                      |  |                                                                                                                          |  |                                                                    |  | 118a            |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 98  | 2 Police Dept of                                                                                    |  | <b>Brick Township</b>                                                                                                                                                            |  |                                              |  |         |  |                   |  |                   |  | Code <b>01</b>                                                                                            |  | <input type="checkbox"/> At Intersection with                                                                                                                                    |  | Road Name                                                                                                                |  | Dir                                                                |  | 118b            |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 01  | 3 Station/Precinct                                                                                  |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  | 50.00                                                                                                     |  | <input checked="" type="checkbox"/> Feet                                                                                                                                         |  | <input checked="" type="checkbox"/> N <input type="checkbox"/> E of: <b>Route 70</b>                                     |  | 18 Speed Limit <b>5 0</b>                                          |  | ---             |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 99  | 4 Date of Crash                                                                                     |  | mm                                                                                                                                                                               |  | dd                                           |  | yy      |  | 5 Day of Week     |  | Su M Tu W Th F Sa |  | 6 Time (use 2400 hrs)                                                                                     |  | 14 15                                                                                                                                                                            |  | 7 Municipality Code                                                                                                      |  | 8 Total Killed                                                     |  | 9 Total Injured |  | 19 To: 17 Cross Road Name |  | <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  | 119a                                                                                                      |  |                 |  |                  |  |     |
| 05  | 0 5                                                                                                 |  | 2 5                                                                                                                                                                              |  | 1 6                                          |  |         |  | Su M Tu W Th F Sa |  | 1 2 2 2           |  | 1506                                                                                                      |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 25                                                                                                        |  |                 |  |                  |  |     |
| 100 | 23 Veh No                                                                                           |  | 24 Policy No. <b>F515310-1</b>                                                                                                                                                   |  |                                              |  |         |  |                   |  |                   |  | 25 Ins Code <b>426</b>                                                                                    |  | 53 Veh No                                                                                                                                                                        |  | 54 Policy No. <b>902359357</b>                                                                                           |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 55 Ins Code <b>134</b>                                                                                    |  | 119b            |  |                  |  |     |
| 02  | 01                                                                                                  |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                              |  |         |  |                   |  |                   |  | 02                                                                                                        |  | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 120                                                                                                       |  |                 |  |                  |  |     |
| 102 | 26 Driver's First Name                                                                              |  | Initial Last Name                                                                                                                                                                |  |                                              |  |         |  |                   |  |                   |  | 29 Sex <b>F</b>                                                                                           |  | 56 Driver's First Name                                                                                                                                                           |  | Initial Last Name                                                                                                        |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 59 Sex                                                                                                    |  | 01              |  |                  |  |     |
| 01  | Genevieve M Swider                                                                                  |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | Marysa R Naiduk                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 121             |  |                  |  |     |
| 103 | 27 Number and Street                                                                                |  | <b>330 Eastham RD</b>                                                                                                                                                            |  |                                              |  |         |  |                   |  |                   |  | 30 Eyes <b>Green</b>                                                                                      |  | 57 Number and Street                                                                                                                                                             |  | <b>108 Village WAY</b>                                                                                                   |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 60 Eyes                                                                                                   |  | 01              |  |                  |  |     |
| 01  | 28 City                                                                                             |  | State Zip                                                                                                                                                                        |  |                                              |  |         |  |                   |  |                   |  | 58 City                                                                                                   |  | State Zip                                                                                                                                                                        |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 104 | PT PLEASANT                                                                                         |  | NJ 08742                                                                                                                                                                         |  |                                              |  |         |  |                   |  |                   |  | BRICK                                                                                                     |  | NJ 08724                                                                                                                                                                         |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 02  | 31 State                                                                                            |  | 32 Drivers License No                                                                                                                                                            |  |                                              |  |         |  |                   |  |                   |  | 33 DOB mm dd yy                                                                                           |  | 34 Expires mm yy                                                                                                                                                                 |  | 61 State                                                                                                                 |  | 62 Drivers License No                                              |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 63 DOB mm dd yy |  | 64 Expires mm yy |  | 122 |
| 01  | NJ                                                                                                  |  | S9592 27674 61356                                                                                                                                                                |  |                                              |  |         |  |                   |  |                   |  | 11 19 35                                                                                                  |  | 10 18                                                                                                                                                                            |  | NJ                                                                                                                       |  | N0178 52779 54986                                                  |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 04 20 98        |  | 04 19            |  | --  |
| 105 | 35 Owner's First Name                                                                               |  | Initial Last Name                                                                                                                                                                |  |                                              |  |         |  |                   |  |                   |  | 65 Owner's First Name                                                                                     |  | Initial Last Name                                                                                                                                                                |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| --- | Same As Driver                                                                                      |  | Genevieve M Swider                                                                                                                                                               |  |                                              |  |         |  |                   |  |                   |  | Same As Driver                                                                                            |  | Tammy Naiduk                                                                                                                                                                     |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 01  | 36 Number and Street                                                                                |  | <b>330 Eastham RD</b>                                                                                                                                                            |  |                                              |  |         |  |                   |  |                   |  | 66 Number and Street                                                                                      |  | <b>108 Village WAY</b>                                                                                                                                                           |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 106 | 37 City                                                                                             |  | State Zip                                                                                                                                                                        |  |                                              |  |         |  |                   |  |                   |  | 67 City                                                                                                   |  | State Zip                                                                                                                                                                        |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| --- | PT PLEASANT                                                                                         |  | NJ 08742                                                                                                                                                                         |  |                                              |  |         |  |                   |  |                   |  | BRICK                                                                                                     |  | NJ 08724                                                                                                                                                                         |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| 01  | 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                  |  |                                                                                                                 |  | 123                                                                                                       |  |                 |  |                  |  |     |
| --- | TOYOTA                                                                                              |  | Camry                                                                                                                                                                            |  | Silver                                       |  | 2005    |  | CRH44L            |  | NJ                |  | VOLKSWAGON                                                                                                |  | Jetta                                                                                                                                                                            |  | Black                                                                                                                    |  | 2007                                                               |  | A30FGD          |  | NJ                        |  |                                                                                                                 |  | --                                                                                                        |  |                 |  |                  |  |     |
| 108 | 44 VIN                                                                                              |  | <b>4T1BE32K95U628242</b>                                                                                                                                                         |  |                                              |  |         |  |                   |  |                   |  | 45 Expires <b>12 16</b>                                                                                   |  | 74 VIN                                                                                                                                                                           |  | <b>3VWGG81K07M057585</b>                                                                                                 |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 75 Expires <b>04 17</b>                                                                                   |  | 124             |  |                  |  |     |
| 01  | 46 Vehicle Removed To                                                                               |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed                                                                 |  |                                              |  |         |  |                   |  |                   |  | 47 Authority                                                                                              |  | 76 Vehicle Removed To                                                                                                                                                            |  | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed         |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 77 Authority                                                                                              |  | 125             |  |                  |  |     |
| 01  | Driven Away                                                                                         |  | <input type="checkbox"/> Impound <input type="checkbox"/> Disabled                                                                                                               |  |                                              |  |         |  |                   |  |                   |  | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |  | Driven Away                                                                                                                                                                      |  | <input type="checkbox"/> Impound <input type="checkbox"/> Disabled                                                       |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police |  | 08              |  |                  |  |     |
| 110 | 48 Alcohol/Drug Test                                                                                |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused                                                                      |  |                                              |  |         |  |                   |  |                   |  | 134 Crash Diagram (NOT TO SCALE)                                                                          |  | 78 Alcohol/Drug Test                                                                                                                                                             |  | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused              |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 126             |  |                  |  |     |
| --- | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  | Indicate North                                                                                            |  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                                                                              |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 127             |  |                  |  |     |
| 01  | Results: 0.____%                                                                                    |  | <input type="checkbox"/> Pending                                                                                                                                                 |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | Results: 0.____%                                                                                                                                                                 |  | <input type="checkbox"/> Pending                                                                                         |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 03              |  |                  |  |     |
| 112 | 49 Hazardous Material                                                                               |  | Name or Placard No.                                                                                                                                                              |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | 79 Hazardous Material                                                                                                                                                            |  | Name or Placard No.                                                                                                      |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 128a            |  |                  |  |     |
| --- | On Board                                                                                            |  | <input type="checkbox"/>                                                                                                                                                         |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | On Board                                                                                                                                                                         |  | <input type="checkbox"/>                                                                                                 |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 26              |  |                  |  |     |
| --- | Spill                                                                                               |  | <input type="checkbox"/>                                                                                                                                                         |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | Spill                                                                                                                                                                            |  | <input type="checkbox"/>                                                                                                 |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| 114 | 50 Carrier No.                                                                                      |  | <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | 80 Carrier No.                                                                                                                                                                   |  | <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 128c            |  |                  |  |     |
| --- | 51 Commercial Vehicle Weight                                                                        |  | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs                                                         |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | 81 Commercial Vehicle Weight                                                                                                                                                     |  | <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> ≥ 26,001 lbs |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 128d            |  |                  |  |     |
| 03  | 52 Carrier name                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  | 82 Carrier name                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| 03  |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 129a            |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 26              |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 129b            |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 129c            |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 129d            |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| 130 |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 12              |  |                  |  |     |
| 131 |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | ---             |  |                  |  |     |
| 132 | 136 Damage To Other Property                                                                        |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  |                                                                                                           |  | 06              |  |                  |  |     |
| 01  | 137 Charge                                                                                          |  | <input type="checkbox"/> Multiple Charges                                                                                                                                        |  |                                              |  |         |  |                   |  |                   |  | 138 Summons No.                                                                                           |  | 139 Charge                                                                                                                                                                       |  | <input type="checkbox"/> Multiple Charges                                                                                |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 140 Summons No.                                                                                           |  | 06              |  |                  |  |     |
| --- | 141 Officer's Signature                                                                             |  | <b>Michael Bennett II</b>                                                                                                                                                        |  |                                              |  |         |  |                   |  |                   |  | 142 Badge No.                                                                                             |  | 143 Reviewed By                                                                                                                                                                  |  | Badge No.                                                                                                                |  | 144 Case Status                                                    |  |                 |  | 06                        |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  | 279                                                                                                       |  | Jenssen                                                                                                                                                                          |  | 225                                                                                                                      |  | <input type="checkbox"/> Pending <input type="checkbox"/> Complete |  |                 |  | ---                       |  |                                                                                                                 |  |                                                                                                           |  |                 |  |                  |  |     |
| A   | 83                                                                                                  |  | 84                                                                                                                                                                               |  | 85                                           |  | 86      |  | 87                |  | 88                |  | 89                                                                                                        |  | 90                                                                                                                                                                               |  | 91                                                                                                                       |  | 92                                                                 |  | 93              |  | 94                        |  | 95                                                                                                              |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death                                        |  |                 |  |                  |  |     |
| --- | 1                                                                                                   |  | 01                                                                                                                                                                               |  | --                                           |  | --      |  | 80                |  | F                 |  | --                                                                                                        |  | --                                                                                                                                                                               |  | --                                                                                                                       |  | 09                                                                 |  | 04              |  | --                        |  | --                                                                                                              |  | Genevieve M Swider                                                                                        |  |                 |  |                  |  |     |
| B   | 2                                                                                                   |  | 01                                                                                                                                                                               |  | --                                           |  | --      |  | 18                |  | F                 |  | --                                                                                                        |  | --                                                                                                                                                                               |  | --                                                                                                                       |  | 09                                                                 |  | 04              |  | --                        |  | --                                                                                                              |  | 330 Eastham RD                                                                                            |  |                 |  |                  |  |     |
| --- |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | PT PLEASANT, NJ 08742                                                                                     |  |                 |  |                  |  |     |
| C   |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | Marysa R Naiduk                                                                                           |  |                 |  |                  |  |     |
| D   |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | 108 Village WAY                                                                                           |  |                 |  |                  |  |     |
| E   |                                                                                                     |  |                                                                                                                                                                                  |  |                                              |  |         |  |                   |  |                   |  |                                                                                                           |  |                                                                                                                                                                                  |  |                                                                                                                          |  |                                                                    |  |                 |  |                           |  |                                                                                                                 |  | Brick, NJ 08724                                                                                           |  |                 |  |                  |  |     |

## New Jersey Police Crash Investigation Report

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

## Motor Vehicle Crash Description

Station: \_\_\_\_\_ Case No: **2016-00032202**

(Refer to vehicle by number)

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

## 135 Crash Description

Vehicle #2 was stopped in traffic at the red light near the intersection of Van Zile Road and Route 70. Vehicle #1 was slowing in traffic directly behind Vehicle #2. Vehicle #1 collided with the rear end of vehicle #2 causing minor damage to the rear bumper of Vehicle #2. There was no visible damage to Vehicle #1

Driver #1 advised that she was slowing down and looked away from the roadway briefly to look at something in her vehicle when she struck Vehicle #2. Driver #1 believed the traffic light was red but could not be sure. Driver #2 stated she was stopped in traffic at the red light when she was rear ended by Vehicle #1.

Based upon my observations, and statements made by both drivers, I find Driver #1 at fault for rear ending Vehicle #2.

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

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

Station: \_\_\_\_\_ Case No: 2016-00032202

