PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96: 01

1 Case Number: 22-046252

97: 01

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

98: 01

3 Station/Precinct:

99: 09

10 Crash Occurred On: 3 FAIRWAYS BLVD | Road Name | Dir

☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:

11 Speed Limit: 15

12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

19 Ramp ☐ To ☐ From | 17 Cross Road Name | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

14 | 15 | 16

100a: 01

4 Date of Crash mm dd yy: 06/11/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1117

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.057740

22 Longitude: -74.229961

100b: 04

23 Veh #: 1

24 Policy No.: 2915C0664

25 NJ Ins. Code: 988

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

101: 02

26 Driver's First Name: FREDERICO | Initial: - | Last Name: RISPOLI | 29 Sex: M

102: 01

27 Number & Street: 288 GREEN WOOD LOOP RD

103: 01

28 City: BRICK | State: NJ | Zip: 08724

104: 1

30 Eyes: 4 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

105: 11

32 Driver's License Number: R46722680007794

33 DOB mm dd yyyy: 07/30/1979

34 Expires mm yy: 07 26

106: -

35 Owner's First Name | Initial | Last Name: - - A LOT CLEANER IN(-

☐ Same As Driver

107: -

36 Number & Street: P O BOX 5171

108: 20

37 City: TOMS RIVER | State: NJ | Zip: 08754

109:

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
FORD	650	WHI	2012	XFCK75	NJ

110: 02

44 VIN: 3FRNF6FC5CV196542

45 Expires: 01 23

111:

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

112: 99

113:

47 Authority: ☐ Owner ☒ Driver ☐ Police

114: 13

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending

115:

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class | Placard No.

116: 04

50 Carrier No.: ☒ USDOT 2958159 ☐ None | ☐ MC/MX

117:

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity: A-LOT-CLEANER

Number & Street: P.O. BOX 5171

City: TOMS RIVER | State: NJ | Zip: 08754

118a: 29

118b: -

119a:

119b:

120a: 01

120b: 01

121a:

121b:

122: 06

123:

124: 02

125:

126a: 69

126b: -

126c: -

126d: -

126e: 69

127a:

127b:

127c:

127d:

127e:

128:

129: 12

130: -

131:

132:

133: 01

134:

53 Veh # | 54 Policy No. | 55 NJ Ins. Code

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name | Initial | Last Name | 59 Sex

57 Number & Street

58 City | State | Zip

60 Eyes | DL Class | Restrictions | Endorsements | 61 State

62 Driver's License Number | 63 DOB mm dd yyyy | 64 Expires mm yy

65 Owner's First Name | Initial | Last Name

☐ Same As Driver

66 Number & Street

67 City | State | Zip

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State

74 VIN | 75 Expires

76 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class | Placard No.

80 Carrier No.: ☐ USDOT ☐ None | ☐ MC/MX

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

GATE BROKEN OFF MOUNT.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		NONE			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	42	M	-	-	-	11	04	-	-	FREDERICO - RISPOLI - 288 GREEN WOOD LOOP BRICK NJ 08724
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

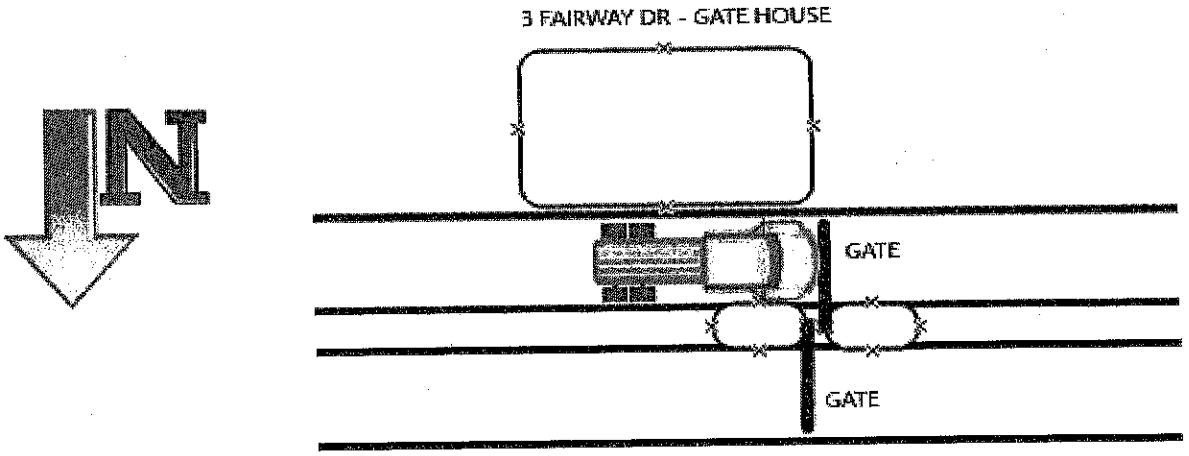
Station: _____ Case No: 22-046252

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find Vehicle 01 parked in the median past the gatehouse on Fairway Drive. The swing arm for the entry gate was broken off its mount. No damage was noted to Vehicle 01. No airbag deployment was noted. No injuries were reported on scene.

Driver 01 was stopped at the gatehouse. Due to a misunderstanding caused by a language barrier, when Driver 01 saw the gate for the lane next to him, he believed that was his gate and proceeded forward and struck the gate, knocking it to the ground.

Vehicle 01 was driven form the scene by the listed driver. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

95: 05

1 Case Number: 22-045117

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

10 Crash Occurred On: NEW HAMPSHIRE AVE — Dir: - — 11 Speed Limit: 45 — 12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: LOCUST ST — 18 Speed Limit: 35

☒ Feet ☐ Miles — 14: 10 — 15 — ☐ N ☐ E ☒ S ☐ W of: — 16

19 Ramp ☐ To ☐ From — 17 Cross Road Name: — 20 Route/Name: — ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash mm dd yy	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
06/06/22	MONDAY	2230	1514	--	--	40.045676	-74.197483

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 8691834 — 25 NJ Ins. Code: 096

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name	Initial	Last Name	29 Sex
GENARO	-	TORRESPEREZ	M

27 Number & Street: 931 JESSICA CT

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes	DL Class	Restrictions	Endorsements	31 State
02	I	-	-	NJ

32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm	yy
T66462760009022	09/19/2002	09	25

35 Owner's: ☐ Same As Driver — First Name: MARIA — Initial: C — Last Name: BERNAL

36 Number & Street: 211 BREWERS BRIDGE RD

37 City: JACKSON — State: NJ — Zip: 08527

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
TOYT	HIG	BLU	2004	P27PGU	NJ

44 VIN	45 Expires
JTEEP21A940018986	11 22

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 6631J023744 — 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name	Initial	Last Name	59 Sex
SHMUEL	B	BERMAN	M

57 Number & Street: 1231 SAGE ST

58 City: FAR ROCKAWAY — State: NY — Zip: 11691

60 Eyes	DL Class	Restrictions	Endorsements	61 State
02	D	-	-	NY

62 Driver's License Number	63 DOB mm dd yyyy	64 Expires mm	yy
111549574	02/21/1995	02	25

65 Owner's: ☐ Same As Driver — First Name: SHMUEL — Initial: B — Last Name: BERMAN

66 Number & Street: 1231 SAGE ST

67 City: FAR ROCKAWAY — State: NY — Zip: 11691

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
JEEP	GRAND	-	2019	JFH3494	NY

74 VIN	75 Expires
1C4RJFBG7KC581869	01 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	M	-	-	-	11	04	-	-	GENARO - TORRESPEREZ - 931 JESSICA CT LAKEWOOD NJ 08701
B	02	01	01	05	27	M	-	-	-	11	04	-	-	SHMUEL B BERMAN - 1231 SAGE ST FAR ROCKAWAY NY 11691
C	02	03	01	05	19	F	-	-	-	11	04	-	-	CHAYA - BERMAN - 1231 SAGE ST FAR ROCKAWAY NY 11691
D	02	01	01	05	1	M	-	-	-	06	06	-	-	YITZCHOK - BERMAN 1231 SAGE ST FAR ROCKAWAY NY 11691

118a: 20 — 118b: - — 119a: 25 — 119b: - — 120a: 01 — 120b: - — 121a: 01 — 121b: - — 122: 01 — 123: 01 — 124: 04 — 125: 04 — 126a: 26 — 126b: - — 126c: - — 126d: - — 126e: 26 — 127a: 26 — 127b: - — 127c: - — 127d: - — 127e: 26 — 128: 26 — 129: 12 — 130: 12 — 131: 06 — 132: 06 — 133: 01 — 134: 01

96: - — 97: 01 — 98: 07 — 99: 05 — 100a: 01 — 100b: 04 — 101: 02 — 102: 01 — 103: 01 — 104: 2 — 105: 01 — 106: - — 107: - — 108: 01 — 109: 01 — 110: 01 — 111: 01 — 112: - — 113: - — 114: - — 115: - — 116: 01 — 117: 01

New Jersey Police Crash Investigation Report

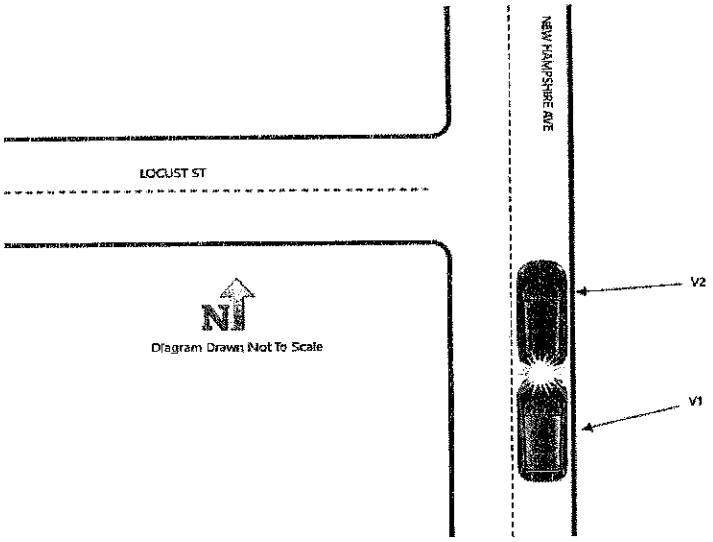
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045117

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated he was traveling North on New Hampshire Ave, behind vehicle two. While driving behind vehicle two, he was using the vehicles radio. While using the radio, he struck vehicle two.

Driver of vehicle two stated he was traveling North on New Hampshire Ave. While going straight, he was struck by vehicle one.

As a result of my investigation, I determined driver of vehicle one to be at fault due to distracted driving.

Vehicle two insurance information:
Nationwide Affinity Insurance Company
PO Box 8379, Canton OH 44711

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-046329
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	1367 LANES MILL RD
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/11/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1841
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.100981
22 Longitude	-74.168787

Vehicle 1

23 Veh #	1
24 Policy No.	*
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name /	DEON G SMITH JR
29 Sex	M
27 Number & Street	231 3RD ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / NJ
32 Driver's License Number	S57781646705932
33 DOB mm dd yyyy	05/12/1993
34 Expires mm yy	05 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LAKEWOOD - LAKEWOOD TOWNS-
36 Number & Street	231 THIRD STREET
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / EXP / WHI / 2020 / 35092MG / NJ
44 VIN	1FM5K8AB3LGC35403
45 Expires	09 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name /	
59 Sex	
57 Number & Street	
58 City / State / Zip	
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	
62 Driver's License Number	
63 DOB mm dd yyyy	
64 Expires mm yy	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
66 Number & Street	
67 City / State / Zip	
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

DAMAGE TO THE GATE AND FENCE SURROUNDING THE DUMPSTER.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	29	M	-	-	-	11	04	-	-	DEON G SMITH JR 231 3RD ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police
Crash Investigation Report

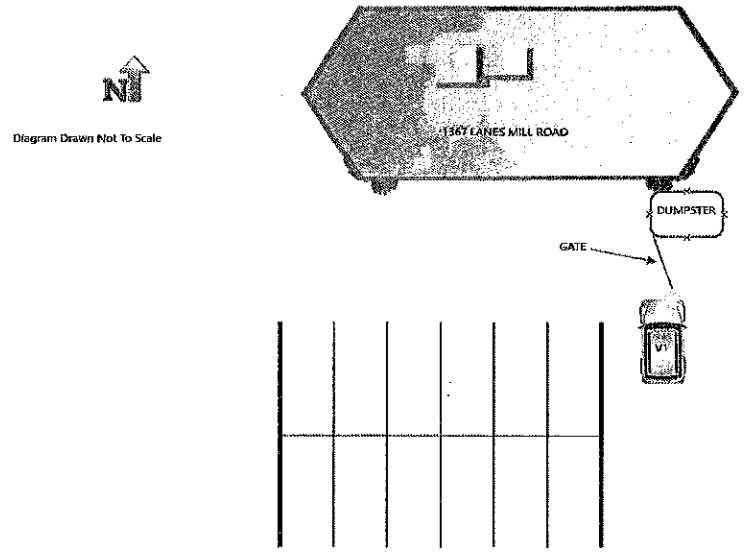
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046329

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 travelled north through the parking lot of 1367 Lanes Mill Road and came to a stop before moving forward and striking the gate attached to the fence that surrounds the dumpster.

Driver 1 stated that he pulled into the parking lot of 1367 Lanes Mill Road and came to a stop in front of the dumpster where he intended to throw items in the trash. Driver 1 focused his attention on his Mobile Data Terminal to enter an area check when he stated that he inadvertently let his foot off the brake pedal causing V1 to drive forward and strike the gate.

Vehicle 1 suffered moderate damage to the front passenger area but was operational. The gate suffered minor damage in a form of a dent. No injuries reported at the scene. The damage was documented with the Lakewood Police evidence camera.

Driver 1 at fault for inattention.

Vehicle 1 insurance information:
Ocean County Municipal Joint Insurance Fund
Self-insured ID: 05-87
Township of Lakewood

Issued by:
Perma Inc
9 Campus Drive Ste 216
Parsippany, NJ 07054

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MARTIN K	335	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-047064
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	STATE HWY 70 E RAMP
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0070
Suffix	
13 Milepost	
16 Speed Limit	45
☐ At Intersection With	
☒ Feet ☐ Miles	5
☐ N ☐ E ☐ S ☒ W	of: NEW HAMPSHIRE AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1706
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050398
22 Longitude	-74.196704

Vehicle 1

23 Veh #	1
24 Policy No.	TRAU138845
25 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MORDECHAI
Initial	M
Last Name	STROM -
29 Sex	M
27 Number & Street	7 RIVKA LN
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	06
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S83695637402866
33 DOB (mm dd yyyy)	02/17/1986
34 Expires (mm yy)	02 25
35 Owner's First Name	-
Initial	-
Last Name	TRUPOWER ELCTR(-
☐ Same As Driver	
36 Number & Street	7 RIVKA LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	CHEV
39 Model	TAH - TA
40 Color	BLK
41 Year	2021
42 Plate No.	J31NUG
43 State	NJ
44 VIN	1GNSKNKD5MR333187
45 Expires	05 25
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	X21 3586-F18-30R
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MARISSA
Initial	A
Last Name	CAMPANA -
59 Sex	F
57 Number & Street	1620 PENNSYLVANIA AVENUE
58 City	WHITING
State	NJ
Zip	08759
60 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	C03675196155024
63 DOB (mm dd yyyy)	05/03/2002
64 Expires (mm yy)	05 23
65 Owner's First Name	RICHARD
Initial	C
Last Name	CAMPANA JR JR
☐ Same As Driver	
66 Number & Street	1620 PENNSYLVANIA AVE
67 City	WHITING
State	NJ
Zip	08759
68 Make	HOND
69 Model	ACC
70 Color	GRN
71 Year	2002
72 Plate No.	P49LRT
73 State	NJ
74 VIN	1HGCG665X2A048926
75 Expires	08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	36	M	-	-	-	11	04	-	-	MORDECHAI M STROM - 7 RIVKA LN LAKEWOOD NJ 08701
B	02	01	01	05	20	F	-	-	-	11	04	-	-	MARISSA A CAMPANA - 1620 PENNSYLVANIA AV WHITING NJ 08759
C														
D														

New Jersey Police Crash Investigation Report

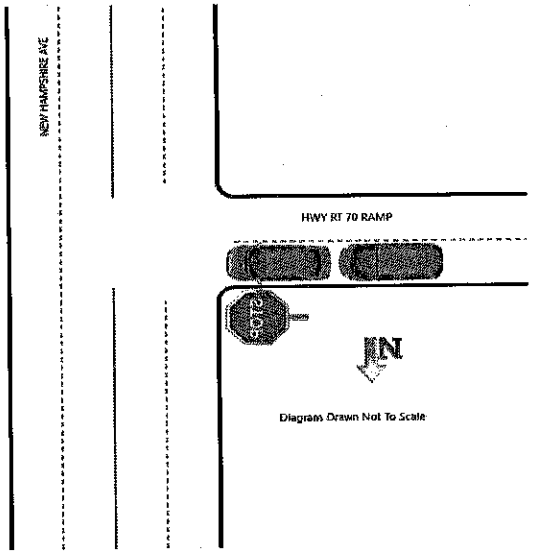
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047064

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated he was moving forward, behind vehicle two. While inching forward, he struck vehicle two.

Driver of vehicle two stated she was stopped at the stop sign on the Highway Route 70 ramp, waiting to turn onto New Hampshire Ave. While stopped, she was struck by vehicle one.

As a result of my investigation, I determined driver of vehicle one to be at fault due to following too closely to vehicle two.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
M GRANT	396	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-046988
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST (Road Name)
11 Speed Limit	45
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ At Intersection With	DAMIANO WAY
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14	15
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1002
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.056816
22 Longitude	-74.224421

	Vehicle 1	Vehicle 2
23 Veh #	1	2
24 Policy No.	4304911581
25 NJ Ins. Code	148
53 Veh #		2
54 Policy No.		4592812624
55 NJ Ins. Code		100
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	CONRAD - WINOWSKI JR -	MARIA E AGUILAR-FLORES -
29 Sex	M	F
27 Number & Street	34 MARLIN COURT	56 LUXURY CIRCLE
28 City / State / Zip	BAYVILLE NJ 08721	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	W45181340006804 / 06/01/1980 / 06 25	A31175196554902 / 04/17/1990 / 12 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CONRAD - WINOWSKI JR -	☐ Same As Driver MARIA E AGUILAR-FLORES -
36 Number & Street	34 MARLIN COURT	56 LUXURY CIRCLE
37 City / State / Zip	BAYVILLE NJ 08721	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERZ / C30 / WHI / 2017 / J40HKS / NJ	TOYT / RAV / SIL / 2010 / M83NBF / NJ
44 VIN / 45 Expires	55SWF4KB6HU203498 / 12 22	2T3DK4DV4AW032424 / 12 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity		
Number & Street		
City / State / Zip		

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	42	M	-	-	-	11	04	-	-	CONRAD - WINOWSKI JR - 34 MARLIN COURT BAYVILLE NJ 08721
B	2	01	01	-	32	F	-	-	-	11	04	-	-	MARIA E AGUILAR-FLORES - 56 LUXURY CIRCLE JACKSON NJ 08527
C	2	03	01	-	37	M	-	-	-	11	04	-	-	JOSE A FLORES-VASQUEZ - 56 LUXARY CIR JACK NJ 08527
D														

New Jersey Police Crash Investigation Report

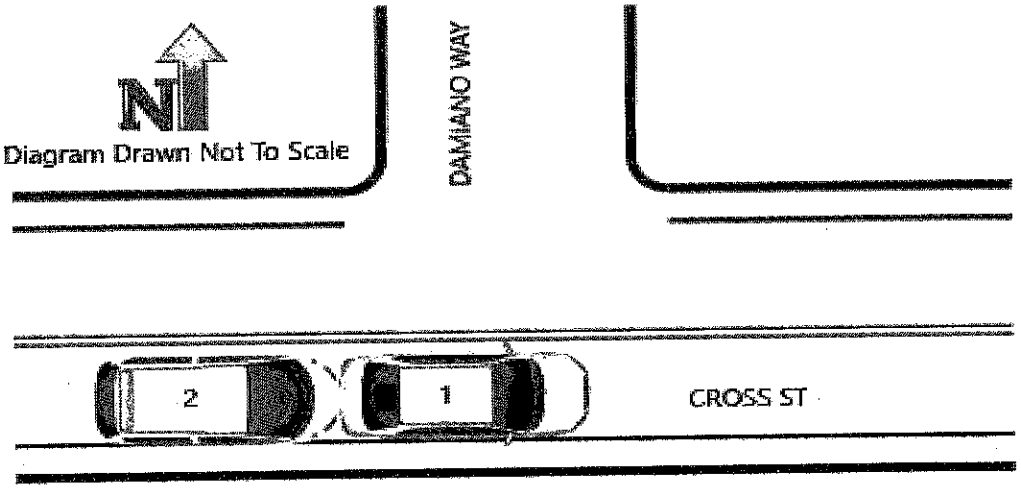
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046988

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling West on Cross St. at the intersection with Damiano Way slowing to stop in traffic. Vehicle #2 was traveling West on Cross St. behind vehicle #1 slowing to stop in traffic. Vehicle #2 struck vehicle #1 in the rear. Driver #1 stated that he was stopping in traffic and his vehicle was struck from behind. Driver #2 stated that vehicle #1 stopped too fast for her to avoid the crash. Driver #2 was following too closely causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal **New Jersey Police Crash Investigation Report** ☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-047305
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STAMFORD HILL RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	GOLDERS GREEN RD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1558
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.054000
22 Longitude	-74.202293

Vehicle 1

23 Veh #	1
24 Policy No.	4307-23-48-66
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARA - WAJSMAN
29 Sex	F
27 Number & Street	58 STAMFORD HILL RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / 2 / -
31 State	NJ
32 Driver's License Number	W02096910058832
33 DOB mm dd yyyy	08/29/1983
34 Expires mm yy	08 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BLIMI - PERL
36 Number & Street	418 10TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SNA / 4 / 2017 / B67NBT / NJ
44 VIN	5TDYZ3DC0HS771372
45 Expires	12 21
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6087-11-28-32
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHELLE Z KATZENSTEIN -
59 Sex	F
57 Number & Street	11 SHENANDOAH DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
61 State	NJ
62 Driver's License Number	K08625448958006
63 DOB mm dd yyyy	08/25/2000
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ALEXANDER E KATZENSTEIN -
66 Number & Street	11 SHENANDOAH DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / WHI / 2019 / A24PMH / NJ
74 VIN	2T3R1RFV5KW017838
75 Expires	12 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☒ USDOT ☐ MC/MX ☐ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	F	-	-	-	11	04	-	-	SARA - WAJSMAN - 58 STAMFORD HILL RD LAKEWOOD NJ 08701
B	02	01	01	05	21	F	-	-	-	11	04	-	-	MICHELLE Z KATZENSTEIN - 11 SHENANDOAH DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

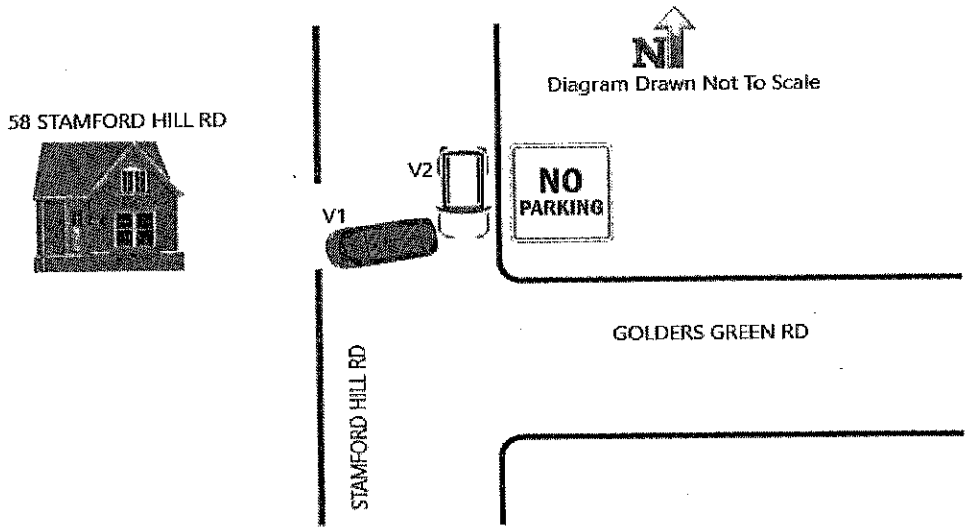
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: - Case No: 22-047305

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 was backing out of her driveway located at 58 Stamford Hill Rd. She did not observe V2 parked in the no parking zone against the curb behind her. V1 backed into V2.

The driver of V2 stated she was parked facing south on Stamford Hill Rd for just a moment when V1 backed into her. V2 was parked in a no parking zone.

Based on my investigation, both vehicles caused the crash. V1 caused the crash by backing into V2 while V2 was parked. V2 caused the crash by parking in a no parking zone.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-027220
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	04/11/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0002
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	NOWLAN PL
At Intersection With Road Name	
Dir	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
☒ Feet ☐ Miles (14 / 15)	100
☐ N ☐ E ☒ S ☐ W of: (16)	E 8TH ST
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.09991
22 Longitude	-74.20159

Vehicle 1

23 Veh #	1
24 Policy No.	600998445 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BATSHEVA / T / GETTINGER
29 Sex	F
27 Number & Street	53 FREEDOM DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	G28840788361016
33 DOB (mm dd yyyy)	11/06/2001
34 Expires (mm yy)	11 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / RAPHAEL / M / GETTINGER
36 Number & Street	53 FREEDOM DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COR - CO / GRN / 2015 / B80KDT / NJ
44 VIN / 45 Expires	2T1BURHEXFC389830 / 06 / 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	602753022 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SOLOMON / M / UHR
59 Sex	M
57 Number & Street	445 SQUANKUM RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	U36327177411764
63 DOB (mm dd yyyy)	11/20/1976
64 Expires (mm yy)	11 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / SOLOMON / M / UHR
66 Number & Street	445 SQUANKUM RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / SIL / 2012 / J87GJZ / NJ
74 VIN / 75 Expires	5FNRL5H4XCB081162 / 02 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1			V1		
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
V2			V2		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	20	F	-	-	-	11	04	-	-	BATSHEVA T GETTINGER - 53 FREEDOM DR LAKEWOOD NJ 08701
B	V2	01	01	05	45	M	-	-	-	11	04	-	-	SOLOMON M UHR - 445 SQUANKUM RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-027220

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

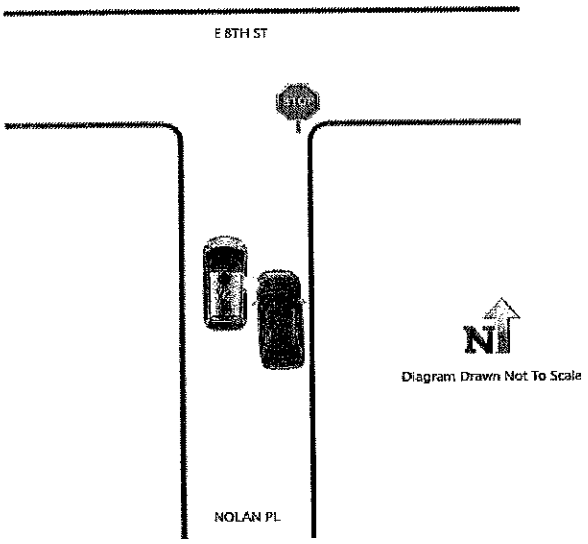


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle one stated to the effect: I was parked on the right side of the roadway on Nolan Pl and was starting in to traffic. I didn't see vehicle two and struck her vehicle.

Driver of vehicle two stated to the effect: I was traveling North on Nolan Pl. As I proceeded to pass vehicle one who was parking on the right side of the roadway, she starting moving in to traffic and struck my vehicle.

As a result of my investigation, I have determined the driver of vehicle one to be at fault for violating the right of way of vehicle two.

END OF NARRATIVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number: 22-027220

2 Police Dept of: LAKEWOOD TOWNSHIP P | Code: 01

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 04/11/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0002

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: ☐ At Intersection With Road Name ☐ Feet ☐ N ☐ E ☐ Miles ☐ S ☐ W of:

11 Speed Limit | Dir | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

14 | 15 | 16

19 Ramp ☐ To ☐ From | 17 Cross Road Name | 20 Route/Name | ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude | 22 Longitude

Vehicle 1

23 Veh #: 1

24 Policy No.: 602753022 206 1

25 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: BATSHEVA | Initial: T | Last Name: GETTINGER | 29 Sex: -

27 Number & Street:

28 City | State | Zip

30 Eyes | DL Class | Restrictions | Endorsements | 31 State: 2

32 Driver's License Number | 33 DOB (mm dd yyyy) | 34 Expires (mm yy)

35 Owner's First Name | Initial | Last Name

☐ Same As Driver

36 Number & Street

37 City | State | Zip

38 Make | 39 Model | 40 Color | 41 Year | 42 Plate No. | 43 State

44 VIN | 45 Expires

46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. %; ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.

50 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 600998445 206 1

55 NJ Ins. Code: 884

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SOLOMON | Initial: M | Last Name: UHR | 59 Sex: -

57 Number & Street:

58 City | State | Zip

60 Eyes | DL Class | Restrictions | Endorsements | 61 State

62 Driver's License Number | 63 DOB (mm dd yyyy) | 64 Expires (mm yy)

65 Owner's First Name | Initial | Last Name

☐ Same As Driver

66 Number & Street

67 City | State | Zip

68 Make | 69 Model | 70 Color | 71 Year | 72 Plate No. | 73 State

74 VIN | 75 Expires

76 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. %; ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.

80 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-027220

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Change report submitted for vehicle 1 and vehicle 2 insurance policy numbers.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
P. MCMILLAN	426	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046458
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	GUDZ RD
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	PEACH TREE CT
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1012
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.089353
22 Longitude	-74.247359

Vehicle 1

23 Veh #	1
24 Policy No.	944650290
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	REUVEN - MANDELBAUM -
29 Sex	M
27 Number & Street	137 SAINT KATHERINE PL
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	M03956510002052
33 DOB mm dd yyyy	02/02/2005
34 Expires mm yy	02 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA - MANDELBAUM -
36 Number & Street	137 SAINT KATHERINE PL
37 City / State / Zip	PCA LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PCA TOYT / SIE / 1 / 2013 / V82FHE / NJ
44 VIN	5TDKK3DC8DS373668
45 Expires	05 / 23
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	911236063
55 NJ Ins. Code	134
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ARLY E POLO -
66 Number & Street	78 KINGSFIELD DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MAZD / 3 / GRY / 2012 / R90MKV / NJ
74 VIN	JM1BL1M84C1612108
75 Expires	10 / 22
76 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	M	-	-	-	11	04	-	-	REUVEN - MANDELBAUM - 137 SAINT KATHERINE P LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

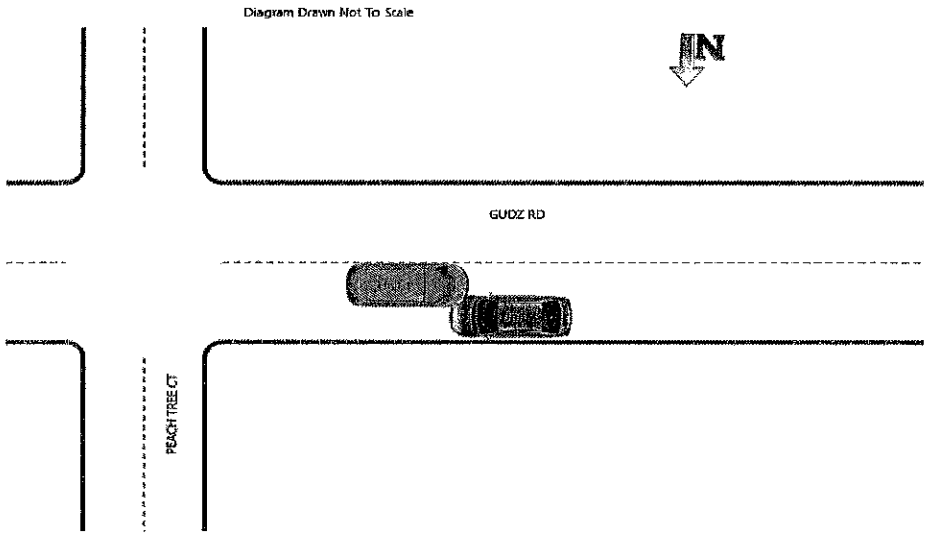
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-046458

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 2 WAS PARKED ON GUDZ RD WHEN IT WAS STRUCK BY VEHICLE 1.

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON GUDZ RD AND ANOTHER VEHICLE WAS TRAVELING EAST SO HE MOVED TO THE RIGHT OF THE RD CAUSING HIM TO STRIKE VEHICLE 2.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046504
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1439
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDARBRIDGE AVENUE
At Intersection With Road Name	MARTIN LUTHER KING DRIVE
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	1500
☐ N ☐ E ☐ S ☐ W of:	MARTIN LUTHER KING DRIVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.086258
22 Longitude	-74.210359

Vehicle 1 / Driver 1

23 Veh #	1
24 Policy No.	4478175575
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JULIA L MACONE -
29 Sex	F
27 Number & Street	35B NAOMI WAY
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	M00774207356012 / 06/16/2001 / 06 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAWN M RENNA -
36 Number & Street	30 BURNT TAVERN ROAD
37 City / State / Zip	MILLSTONE NJ 08510
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / FOC / BLK / 2010 / Z20KDB / NJ
44 VIN / 45 Expires	1FAHP3HNXAW119968 / 06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2 / Driver 2

53 Veh #	2
54 Policy No.	4588648313
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RACHEL - WOLMARK -
59 Sex	F
57 Number & Street	23 GLEN AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	W62856370056882 / 06/18/1988 / 06 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA L WOLMARK -
66 Number & Street	100 VILLAGE PATH
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2021 / M19NEC / NJ
74 VIN / 75 Expires	5FNRL6H79MB038921 / 01 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	20	F	-	-	-	11	04	-	-	JULIA L MACONE - 35B NAOMI WAY JACKSON NJ 08527 - -
B	V2	01	01	05	33	F	-	-	-	11	04	-	-	RACHEL - WOLMARK - 23 GLEN AVE LAKEWOOD NJ 08701 - -
C	V5	05	01	05	6	M	-	-	-	05	05	-	-	DAVID - WOLMARK - 23 GLEN AVE LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046504

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

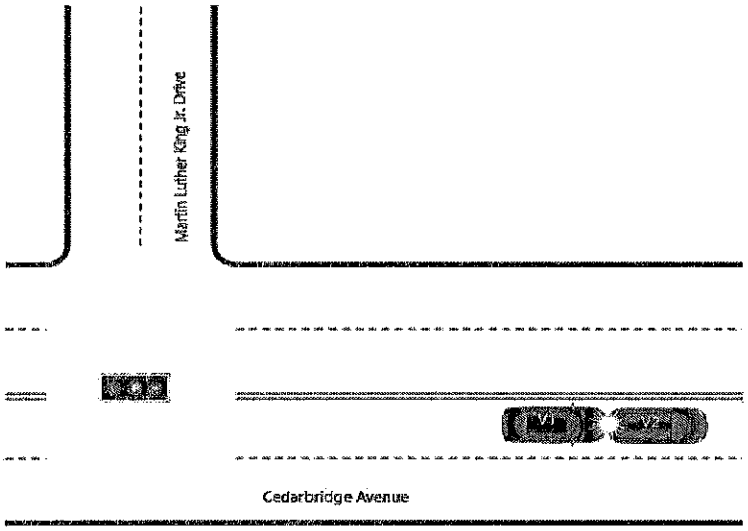


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was traveling Northbound on Cedarbridge Avenue. Driver 1 said that she looked at the GPS in her phone for directions and collided with V2.

Vehicle 2 was traveling Northbound on Cedarbridge Avenue. Driver 2 said that she was stopped in stop-and-go traffic when she felt an impact come from the rear of her car and noticed that V1 collided with her vehicle.

Investigation revealed that both parties were traveling Northbound on Cedarbridge Avenue. Driver 1 was distracted while operating V1 by using her cellphone and collided with V2. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-045574

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

10 Crash Occurred On: 30 AROSA HILL — Road Name

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

☐ At Intersection With — Road Name — Dir

☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:

14 15 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name — 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash mm dd yy	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
06/08/22	WEDNESDAY	1348	1514	--	--	40.109580	-74.189630

118a: 00 — 118b: - — 119a: - — 119b: - — 120a: 00 — 120b: - — 121a: - — 121b: -

Vehicle 1

100b: 04 — 23 Veh #: 1 — 24 Policy No. — 25 NJ Ins. Code

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

101: 02 — 26 Driver's First Name — Initial — Last Name — 29 Sex

102: 01 — 27 Number & Street

103: 01 — 28 City — State — Zip

104: 1 — 30 Eyes — DL Class — Restrictions — Endorsements — 31 State

105: 11 — 32 Driver's License Number — 33 DOB mm dd yyyy — 34 Expires mm yy

106: 00 — 35 Owner's First Name — Initial — Last Name — ☐ Same As Driver

107: - — 36 Number & Street

108: 03 — 37 City — State — Zip

109: - — 38 Make — 39 Model — 40 Color — 41 Year — 42 Plate No. — 43 State

110: 02 — 44 VIN — 45 Expires

111: - — 46 Vehicle Removed To

112: - — ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

113: - — 47 Authority ☐ Owner ☒ Driver ☐ Police

114: - — 48 Alcohol/Drug Test — Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

115: - — 49 Hazardous Material — ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

116: 02 — 50 Carrier No. — ☐ USDOT ☒ None ☐ MC/MX

117: - — 51 GVWR/GCWR — ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: - — 54 Policy No. - — 55 NJ Ins. Code -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name - — Initial - — Last Name - — 59 Sex -

57 Number & Street -

58 City - — State - — Zip -

60 Eyes - — DL Class - — Restrictions - — Endorsements - — 61 State -

62 Driver's License Number - — 63 DOB mm dd yyyy - — 64 Expires mm yy - -

65 Owner's First Name — Initial — Last Name — ☐ Same As Driver -

66 Number & Street -

67 City - — State - — Zip -

68 Make - — 69 Model - — 70 Color - — 71 Year - — 72 Plate No. - — 73 State -

74 VIN - — 75 Expires - -

76 Vehicle Removed To -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material — ☐ None ☐ On Board ☐ Spill — - — Hazard Class — - — Placard No.

80 Carrier No. — ☐ USDOT - ☐ None ☐ MC/MX -

81 GVWR/GCWR — ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity -

Number & Street -

City - — State - — Zip -

122: 01 — 123: - — 124: 11 — 125: - — 126a: 61 — 126b: 54 — 126c: - — 126d: - — 126e: 54 — 127a: - — 127b: - — 127c: - — 127d: - — 127e: - — 128: 61 — 129: 00 — 130: 00 — 131: - — 132: - — 133: 00 — 134: -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

SPOT LIGHT POLE #21333746519 & MAILBOX OF 30 AROSA HILL

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

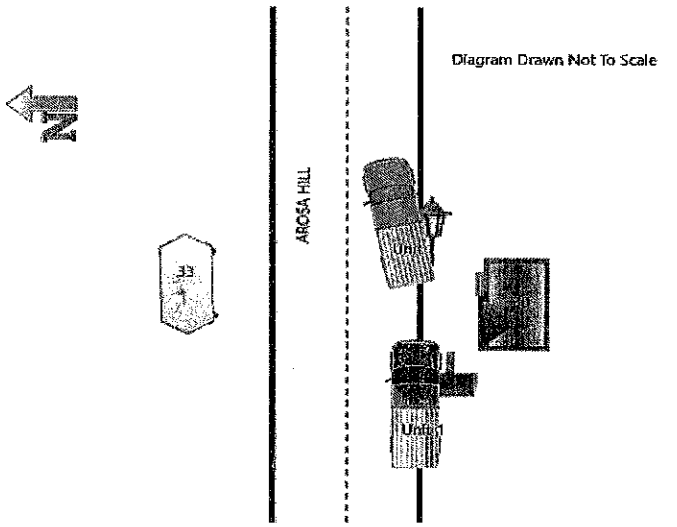
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045574

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 1 STRUCK THE MAILBOX & SPOT LIGHT POLE CAUSING DAMAGE TO BOTH WHILE TRAVELING ON AROSA HILL. VEHICLE 1 IS SUSPECTED TO BE AN AMAZON DELIVERY VAN. CAMERAS ARE LOCATED AT 33 AROSA HILL UNABLE TO VIEW VIDEO AT THE TIME OF THE REPORT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046703
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	HURLEY AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0756
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	S2181576
25 NJ Ins. Code	816
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WILLIAM J DOYLE -
29 Sex	M
27 Number & Street	503 ROBINHOOD RD
28 City / State / Zip	BRICKTOWN NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	D69177857111645
33 DOB mm dd yyyy	11/23/1964
34 Expires mm yy	11 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - ALL COUNTY ENTEI -
36 Number & Street	560 CROSS ST; ALL COUNTY ALUMINUM I
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F15 / WHI / 2014 / XE182C / NJ
44 VIN	1FTMF1CM6EKF13995
45 Expires	08 22
46 Vehicle Removed To	ALL COUNTY ALUMINUM TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	9962165092061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SARAH - KLEIN -
59 Sex	F
57 Number & Street	410 WARREN AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	K52346910054822
63 DOB mm dd yyyy	04/08/1982
64 Expires mm yy	04 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARTIN - KLEIN -
66 Number & Street	115 STRATFORD PL
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / PIL / GRY / 2020 / Z62MKT / NJ
74 VIN	5FNYF6H54LB045792
75 Expires	05 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	57	M	-	-	-	11	04	01	-	WILLIAM J DOYLE - 503 ROBINHOOD RD BRICKTOWN NJ 08724
B	02	01	01	05	40	F	-	-	-	11	04	-	-	SARAH - KLEIN - 410 WARREN AVE LAKEWOOD NJ 08701
C														
D														

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	05
109	01
110	02
111	01
112	01
113	-
114	-
115	-
116	01
117	01
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	04
134	03

New Jersey Police Crash Investigation Report

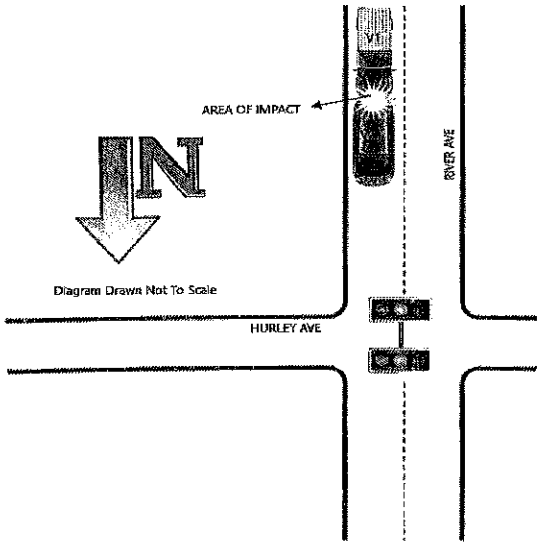
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046703

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED BOTH VEHICLES WERE FACING NORTH ON RIVER AVE. VEHICLE 1 HAD DISABLING DAMAGE WITH FRONT AIRBAG DEPLOYED. THE FRONT BUMBER OF THE VEHICLE HAD DISABLING DAMAGE. VEHICLE 2 HAD AN EXTENSIVE DENT TO THE REAR BUMPER OF THE VEHICLE. THERE WERE NO INJURIES REPORTED.

DRIVER OF VEHICLE 1 STATED HE WAS DRIVING NORTH ON RIVER AVE. WHEN VEHICLE 2 STOPPED TO WHICH CAUSED HIM TO MAKE CONTACT WITH VEHICLE 2.

DRIVER OF VEHICLE 2 STATED SHE STOPPED IN TRAFFIC THEN VEHICLE 1 STRUCK THE REAR OF HER VEHICLE.

VEHICLE 1 HAD ITS AIRBAGS DEPLOYED TO WHICH THE DRIVER CONTACTED A PRIVATE TOW FOR THE VEHICLE.

BASED ON MY INVESTIGATION DRIVER OF VEHICLE 1 IS AT FAULT FOR FOLLOWING TO CLOSELY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046725
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OAK ST
☒ At Intersection With	TOWBIN AVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0931
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.059915
22 Longitude	-74.190430

Vehicle 1

23 Veh #	1
24 Policy No.	956497075
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID - STEINBERG
29 Sex	M
27 Number & Street	1212 TUXEDO TERRACE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / - / - / -
31 State	NJ
32 Driver's License Number	S81881560002834
33 DOB (mm dd yyyy)	02/12/1983
34 Expires (mm yy)	02 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - STEINBERG
36 Number & Street	1212 TUXEDO TERRACE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / SIL / 2019 / L46MCS / NJ
44 VIN	4T1B11HK1KU752363
45 Expires	01 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	CAP-1079248
55 NJ Ins. Code	204
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANTHONY J VIVONA -
59 Sex	M
57 Number & Street	14 WALNUT STREET UNIT 103
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	V47610537107012
63 DOB (mm dd yyyy)	07/13/2001
64 Expires (mm yy)	07 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - AJV LANDSCAPE & -
66 Number & Street	364 GILMORES ISLAND RD
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BIGT / 14B / BLK / 2022 / TYY94F / NJ
74 VIN	16V1D192XN5171467
75 Expires	01 26
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-4	A-293599	1		
2			2		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	39	M	-	-	-	11	04	-	-	DAVID - STEINBERG - 1212 TUXEDO TERRACE LAKEWOOD NJ 08701
B	02	01	01	-	20	M	-	-	-	11	04	-	-	ANTHONY J VIVONA - 14 WALNUT STREET UNI TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

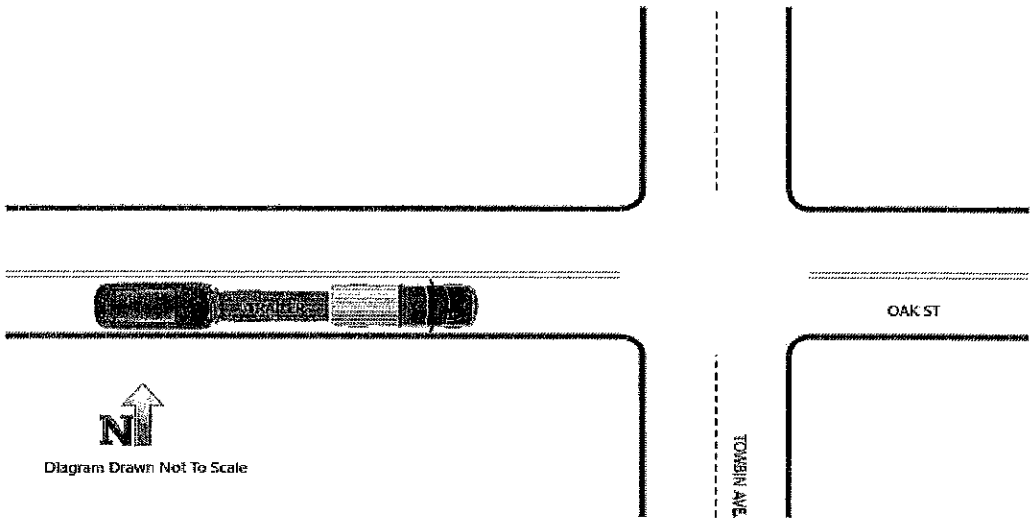
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046725

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that he was stopped in traffic when V2 proceeded to go in reverse and strike the top portion of his hood. Driver of V2 stated that he was stopped in traffic, facing east at the intersection of Oak St. and Towbin Ave. Driver of V2 further stated that while at the intersection, an 18 wheeler came off of Towbin Ave. and was making a left turn in front of him. Driver of V2 stated that to avoid being struck by the 18 wheeler, he put his vehicle in reverse and was constantly using his horn to alert the vehicle behind him. Driver of V2 stated that while going in reverse, he ultimately ended up colliding with V1 with his trailer to which caused damaged to his hood.

In conclusion to my investigation, I determined that the driver of V2 was at fault for backing unsafely.

****** Trailer information**** NJ REG (TYY94F) expires 01/2026, BRAND *** 2022 BIG TRAIL*** BLACK IN COLOR.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046742
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1053
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	897 INVERNESS CT # B
At Intersection With	☐
Road Name	ARGYLL CIRCLE
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
16 Speed Limit	25
☒ Feet / ☐ Miles	250
☐ N ☐ E / ☐ S ☐ W	
14	15
16	
17 Cross Road Name	-
18 Ramp ☐ To / ☐ From	
☐ NB ☐ EB / ☐ SB ☐ WB	
19	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	036-6877-E08-30B
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	WILLIAM
Initial	H
Last Name	BENDER
29 Sex	M
27 Number & Street	897B INVERNESS CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B25127856806354
33 DOB (mm dd yyyy)	06/13/1935
34 Expires (mm yy)	06 26
35 Owner's First Name	WILLIAM
Initial	H
Last Name	BENDER
☐ Same As Driver	
36 Number & Street	897B INVERNESS CT
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	NISS
39 Model	SEN - SE
40 Color	3
41 Year	2001
42 Plate No.	VHG14F
43 State	NJ
44 VIN	3N1CB51DX1L431202
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	1176201-C23-30A-001
55 NJ Ins. Code	962
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name	N/A
Initial	-
Last Name	EAN HOLDINGS LL(
☐ Same As Driver	
66 Number & Street	14002 EAST 21ST ST STE 1500
67 City	TULSA
State	OK
Zip	74134
68 Make	TOYT
69 Model	CAM
70 Color	WHI
71 Year	2020
72 Plate No.	M17MJW
73 State	NJ
74 VIN	4T1G11AK7LU906835
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	87	M	-	-	-	11	04	-	-	WILLIAM H BENDER - 897B INVERNESS CT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

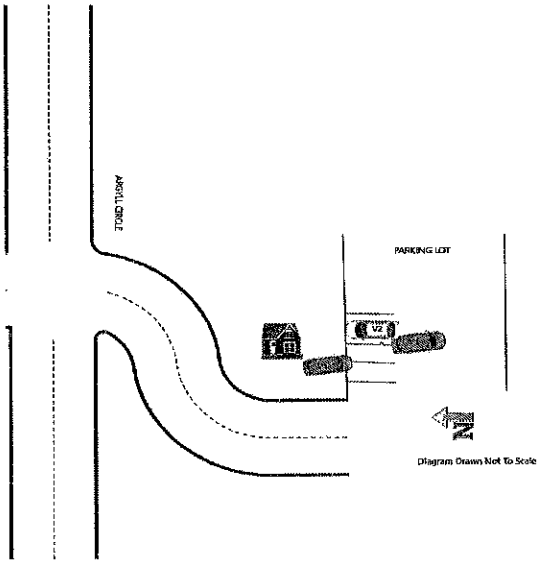
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046742

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 ADVISED WHEN ATTEMPTING TO PULL HIS VEHICLE INTO HIS PARKING SPOT OF 897 INVERNESS CT UNIT B. UPON ATTEMPTING TO PARK HIS VEHICLE D1 ADVISED ME HE PLACED THE VEHICLE IN REVERSE INSTEAD OF DRIVE. D1 ADIVSED HE THOUGHT HE PRESSED THE BREAK, BUT PRESSED THE GAS INSTEAD, WHICH CAUSED HIM TO STRIKE THE REAR OF V2 WITH THE REAR DRIVER SIDE OF HIS VEHICLE. V1 COME TO A FINAL REST ON THE GRASS AFTER HITTING A CURB.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046757
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CENTRAL AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0031
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet	200
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	CARANETTA DR
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1222
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.086311
22 Longitude	-74.217465

Vehicle 1

23 Veh #	1
24 Policy No.	610 392 038 2061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - MOSHEL
29 Sex	M
27 Number & Street	7 SHORT HILLS BLVD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NY
32 Driver's License Number	260304830
33 DOB mm dd yyyy	11/12/1991
34 Expires mm yy	11 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - MOSHEL
36 Number & Street	7 SHORT HILLS BLVD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZD / CX5 / BLU / 2022 / U45PNJ / NJ
44 VIN	JM3KFBDM2N1528860
45 Expires	02 25
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4569-90-38-10
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ESTHER - BRUS
59 Sex	F
57 Number & Street	16 CHELSEA RD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	B76822390058882
63 DOB mm dd yyyy	08/08/1988
64 Expires mm yy	08 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YECHIEL T BRUS
66 Number & Street	16 CHELSEA RD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / 3 / 2014 / B21LCS / NJ
74 VIN	5TDYK3DC7ES523877
75 Expires	03 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
01		NONE
	140 Charge	141 Summons No.
02	138 Charge	139 Summons No.
	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	30	M	-	-	-	11	04	-	-	MOSHE - MOSHEL - 7 SHORT HILLS BLVD JACKSON NJ 08527
B	02	01	01	-	33	F	-	-	-	11	04	-	-	ESTHER - BRUS - 16 CHELSEA RD JACKSON NJ 08527
C	02	04	01	-	10	F	-	-	-	11	04	-	-	BAILA KESSELMAN
D	02	05	-	-	10	F	-	-	-	11	04	-	-	CHANA LASKIN

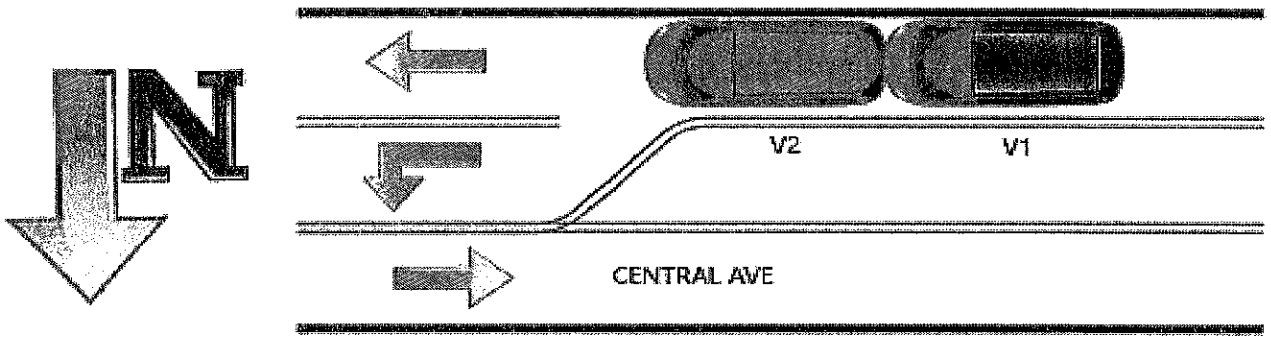
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-046757

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death	
	83	84	85	86	87	88	89	90	91	92	93	94	95		
ALL INVOLVED E	02	06	01	-	10	F	-	-	-	11	04	-	-	ZELDY	NEUMANN
F	02	07	01	-	11	F	-	-	-	11	04	-	-	HINDY	COHEN
G	02	08	01	-	10	F	-	-	-	11	04	-	-	MIREL	SCHECTER
H	02	09	01	-	11	F	-	-	-	11	04	-	-	RIKKI	FRANKEL
I															
J															

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find both vehicles in the roadway. Vehicles were damage but remained operational. No airbag deployment was noted. No injuries were reported on scene.

Both vehicles were in stop and go traffic on Central Avenue when Vehicle 02 came to a stop and Vehicle 01 was unable to stop in time, causing Vehicle 01 to make contact.

Both vehicles were driven from the scene by the listed drivers. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046785
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SOMERSET AVENUE
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	Road Name: RIDGE AVENUE
Dir	-
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1516
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.095721
22 Longitude	-74.194704

Vehicle 1

23 Veh #	1
24 Policy No.	939797108
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROSA - LEMUS-CEBALLOS
29 Sex	F
27 Number & Street	83 BEAR ALY
28 City / State / Zip	BROWNS MILLS / NJ / 08015
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	L24896690055882
33 DOB mm dd yyyy	05/01/1988
34 Expires mm yy	05 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ROSA - LEMUS-CEBALLOS
36 Number & Street	83 BEAR ALY
37 City / State / Zip	BROWNS MILLS / NJ / 08015
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / MAL - MA / BGE / 2007 / V79HXT / NJ
44 VIN	1G1ZT58F67F296727
45 Expires	05 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle B1

53 Veh #	B1
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID - VASQUEZ
59 Sex	M
57 Number & Street	101 ASTOR DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	11/19/2006
64 Expires mm yy	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- / - / -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISHIKI / PUEBLO / GY / - / - / -
74 VIN	-
75 Expires	- / -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	34	F	-	-	-	11	04	-	-	ROSA - LEMUS-CEBALLOS - 83 BEAR ALY BROWNS MILLS NJ 08015
B	B	-	03	03	15	M	08	04	02	01	01	-	6502	DAVID - VASQUEZ - 101 ASTOR DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

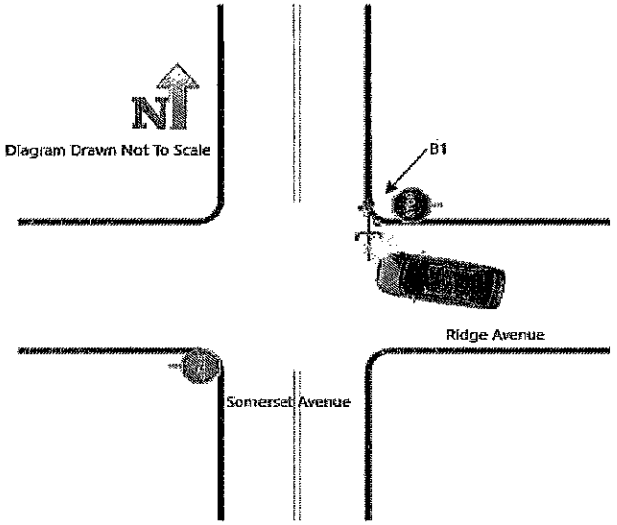
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046785

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was waiting at the stop sign on Ridge Ave waiting to turn right onto Somerset Ave. She observed B1 approaching on the sidewalk riding southbound. She believed he would stop to let her go so she continued to start making a right turn. As she was turning, B1 rode into the intersection without stopping causing vehicle 1 to crash into B1. Vehicle 1 sustained minor damage to the front bumper/fender area.

B1 stated he was riding on the sidewalk south on Somerset Ave. As he was approaching Ridge Ave he saw vehicle 1 stopped at the stop sign and believed it would wait for him. As he crossed into the intersection he was struck by vehicle 1. B1 sustained injuries to his arm and leg in the form of some cuts and bruising.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046799
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1631
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On:	NEW HAMPSHIRE AVE
☒ At Intersection With	☐ Feet ☐ Miles
Road Name	PINEHURST DR
Dir	☐ N ☐ E ☐ S ☐ W
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
14	-
15	
16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.087088
22 Longitude	-74.175297

Vehicle 1

23 Veh #	1
24 Policy No.	BA 2997BD
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JAYSON
Initial	O
Last Name	LEBRON
29 Sex	M
27 Number & Street	147 WOODLAKE MANOR DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L20863927608842
33 DOB (mm dd yyyy)	08/03/1984
34 Expires (mm yy)	08 25
35 Owner's	☐ Same As Driver
First Name	JAYS
Initial	-
Last Name	JAYS BUS SERVICE -
36 Number & Street	672 CROSS ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	IC
39 Model	BUS
40 Color	YEL
41 Year	2020
42 Plate No.	T755S1
43 State	NJ
44 VIN	4DRBUPWP4LB102822
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
49 Hazardous Material	☐ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939 624 747
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CHANA
Initial	B
Last Name	JACOBS
59 Sex	F
57 Number & Street	5 KEDMA DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	A
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	J00751206258922
63 DOB (mm dd yyyy)	08/22/1992
64 Expires (mm yy)	12 21
65 Owner's	☐ Same As Driver
First Name	SHLOMO
Initial	D
Last Name	JACOBS -
66 Number & Street	45 ASPEN CT
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	SIE
70 Color	GRY
71 Year	2016
72 Plate No.	F33KLY
73 State	NJ
74 VIN	5TDKK3DC8GS726124
75 Expires	09 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
79 Hazardous Material	☐ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.
1	39:4-97	A291761
2	39:3-10	A291764
3	39:3-10	A291762
4	39:3-10	A291763

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	37	M	-	-	-	11	04	-	-	JAYSON O LEBRON - 147 WOODLAKE MANOR LAKEWOOD NJ 08701
B	02	01	01	05	29	F	-	-	-	11	04	-	-	CHANA B JACOBS - 5 KEDMA DR LAKEWOOD NJ 08701
C	02	03	01	05	1	F	-	-	-	06	06	-	-	ROCHEL - JACOBS - 5 KEDMA DR LAKEWOOD NJ 08701
D	02	04	01	05	3	M	-	-	-	05	05	-	-	SHMUEL A JACOBS - 5 KEDMA DR LAKEWOOD NJ 08701

PAGE 2 OF 4 ☐ Fatal **New Jersey Police Crash Investigation Report** ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046799
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	PINEHURST DR
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1631
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.087088
22 Longitude	-74.175297

Vehicle 3

23 Veh #	3
24 Policy No.	941734113
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	FELICITAS - COTTO -
29 Sex	F
27 Number & Street	407 WOODLAKE MANOR DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	07/25/1976
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GELSON - COTTO -
36 Number & Street	407 WOODLAKE MANOR DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / RD / 2006 / L56MMS / NJ
44 VIN	1HGFA168X6L102232
45 Expires	07 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 4

53 Veh #	4
54 Policy No.	AOJ-231-349624-70 2 0
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AMANDA - SORIANO-BUENO -
59 Sex	F
57 Number & Street	126 MICHELE WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	UNLICENSED
63 DOB mm dd yyyy	02/06/1982
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JORGE L FLORES -
66 Number & Street	830 LAKEHURST AVE
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / RAM / RD / 2008 / B10HGZ / NJ
74 VIN	1D7HU18208S532051
75 Expires	11 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	05	01	05	6	M	-	-	-	11	04	-	-	YAAKOV M JACOBS - / 5 KEDMA DR LAKEWOOD NJ 08701
B	2	06	01	05	7	F	-	-	-	11	04	-	-	SHULAMIS - JACOBS - / 5 KEDMA DR LAKEWOOD NJ 08701
C	03	01	01	03	45	F	04	08	02	11	04	-	6304	FELICITAS - COTTO - / 407 WOODLAKE MANOR LAKEWOOD NJ 08701
D	04	01	01	05	40	F	-	-	-	11	04	-	-	AMANDA - SORIANO-BUENO - / 126 MICHELE WAY LAKEWOOD NJ 08701

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-046799

1.	RACHELLI	PINKUS
2.	CHANA	THUMAN
3.	BASYA	TOLCHINSKY
4.	MALKA	SHWARTZ
5.	CHARI	SHWARTZ
6.	RACHEL	LANG
7.	SARI	GERWITZ
8.	FRAIDEL	TOLCHINSKY
9.	RIVKA	BERKOWITZ
10.	RIVKY	WESSON
11.	RIKKI	GERWITZ
12.	CHELI	NADOFF
13.	CHANA	WELDMAN
14.	RIKKI	LANDSMAN
15.	MIRIAM	LEIFER
16.	CHAYALA	LIEFER
17.	ALIEA	LANG
18.		
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46.		
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52.		
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54.		

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

New Jersey Police Crash Investigation Report

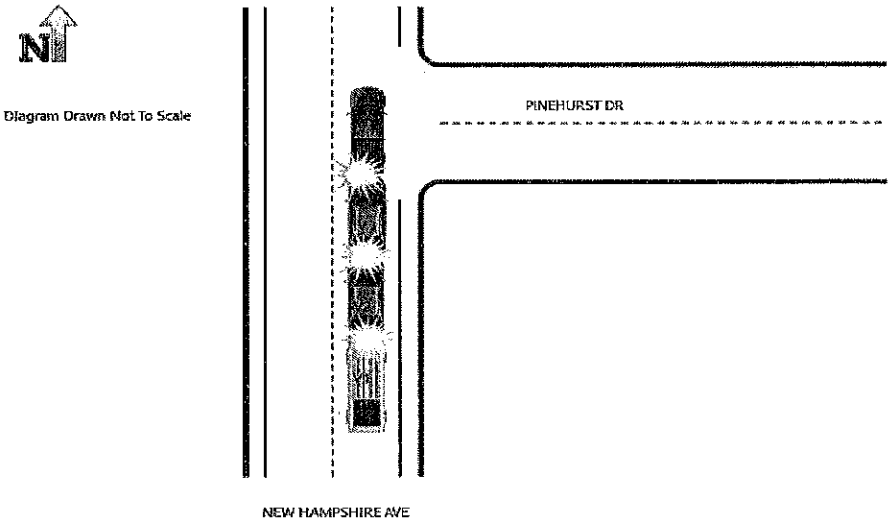
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046799

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

vehicle 1 School Bus insurance: Nationwide Insurance Group. Company Number 23787 Policy # BA 2997BD. Central Insurance Group INC. Tammy Jones 1360 North Atherton St. State College PA, 16803 (8140234-6667

Driver 1 stated he was traveling North on New Hampshire Avenue and noticed vehicle 4 brake which caused vehicle 3 and vehicle 2 to also brake and he stated he could not stop in time and collided with vehicle 2 which pushed into vehicle 3 which then collided into vehicle 4. Driver 2 stated that she slowed down in traffic and vehicle 1 rear-ended her causing her to rear-end vehicle 3 and then vehicle 3 rear-ended vehicle 4. Driver 3 stated the same as driver 2. Driver 4 stated she slowed down for another vehicle in traffic and stated the Bus caused the collision with all vehicles involved.
Driver 2 stated that her children were not injured but wanted to take them to Urgent Care later to be checked out.
Driver 3 complained of neck pain and was transported to the Hospital.

Driver 1 caused collision for following too closely which caused him not to be able to stop in time which caused collision with all vehicles involved. Drivers 2, 3, and 4 do not share fault in the crash. However, drivers 2, 3 and 4 did not have a valid license and were also issued summonses.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E	311	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046800
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	STATE HWY 70 E
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0070
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	200
of:	LOCUST ST
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1632
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.047490
22 Longitude	-74.216907

Vehicle 1

23 Veh #	1
24 Policy No.	4435-41-54-03
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YECHEZKIE - MELLER
29 Sex	M
27 Number & Street	109 JOHNATHAN
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / ON
32 Driver's License Number	M23957891920716
33 DOB mm dd yyyy	07/16/1992
34 Expires mm yy	07 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YECHEZKIE - MELLER
36 Number & Street	109 JOHNATHAN
37 City / State / Zip	MANCHESTER NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLU / 2016 / Y76NEF / NJ
44 VIN	4T1BF1FK7GU597152
45 Expires	02 23
46 Vehicle Removed To	WAYNES AUTOBODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939526530
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ESTHER R SALOMON -
59 Sex	F
57 Number & Street	339 GRANDE RIVER BLVD
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	S03132397961826
63 DOB mm dd yyyy	11/07/1982
64 Expires mm yy	11 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ESTHER R SALOMON
66 Number & Street	339 GRANDE RIVER BLVD
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TRA / WHI / 2020 / B98NYY / NJ
74 VIN	1GNEVFKW3LJ177353
75 Expires	01 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	11	02	-	YECHEZKIE - MELLER - 109 JOHNATHAN MANCHESTER NJ 08759
B	02	01	01	05	39	F	-	-	-	11	04	-	-	ESTHER R SALOMON - 339 GRANDE RIVER BLVI TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

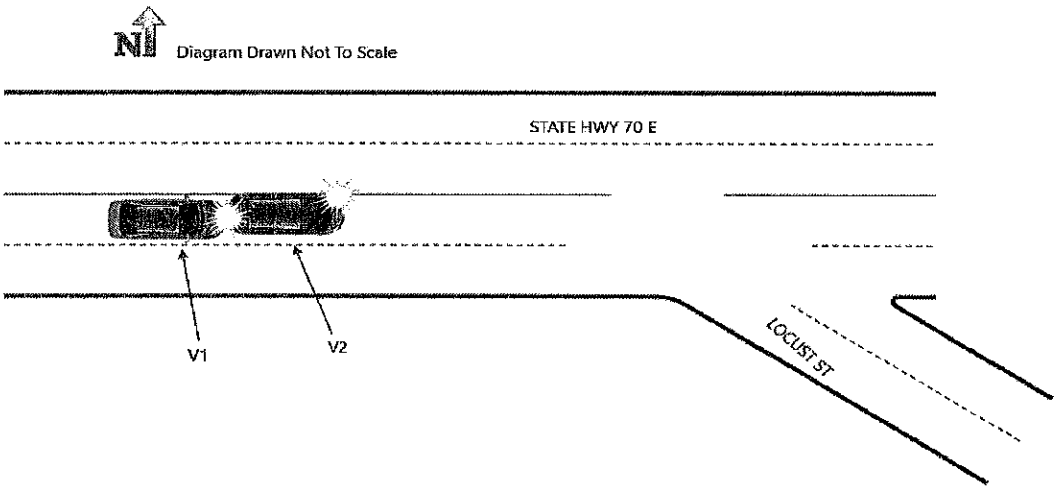
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046800

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated he was behind vehicle two, Eastbound on Route 70. Vehicle two stopped abruptly due to a school bus further up the road. As vehicle two stopped, he was unable to avoid a collusion and struck vehicle two.

Driver of vehicle two stated she was stopped due to a school bus further up the road. While stopped, she was struck by vehicle one, which caused her to strike the concrete median.

As a result of my investigation, I determined driver of vehicle one to be at fault due to following too closely to vehicle two.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047068
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ At Intersection With	JAMES ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1732
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.060286
22 Longitude	-74.229379

Vehicle 1

23 Veh #	1
24 Policy No.	4510974308
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JAVIER - MAHECHARUEDA -
29 Sex	M
27 Number & Street	489 RIVER TERRACE
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	M01623900006642
33 DOB mm dd yyyy	06/27/1964
34 Expires mm yy	06 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JAVIER - MAHECHARUEDA -
36 Number & Street	489 RIVER TERRACE
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / BLK / 2012 / N51JGE / NJ
44 VIN	19XFB2F57CE345914
45 Expires	09 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	TRAU388357
55 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BOBBY D JONES -
59 Sex	M
57 Number & Street	188 DOWNING ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / I / - / - / NJ
62 Driver's License Number	J63940946401612
63 DOB mm dd yyyy	01/28/1961
64 Expires mm yy	03 20
65 Owner's First Name / Initial / Last Name	☐ Same As Driver STANLEY G GEORGE -
66 Number & Street	624 HILL DR
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / TC7 / 6 / 2000 / XHBL28 / NJ
74 VIN	1GD7PH1C7YJ514124
75 Expires	11 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-40	292527			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	57	M	-	-	-	11	04	-	-	JAVIER - MAHECHARUEDA - 489 RIVER TERRACE TOMS RIVER NJ 08755
B	02	01	01	05	61	M	-	-	-	11	04	-	-	BOBBY D JONES - 188 DOWNING ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

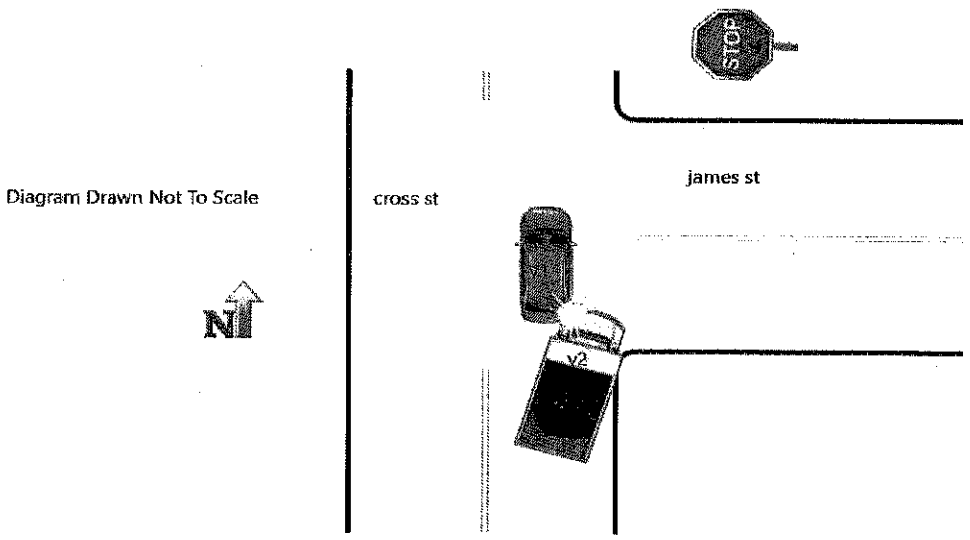
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047068

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Northbound on Cross ST and was in stop and go traffic. He stated as he was going forward, vehicle 2 who was behind him attempted to turn right onto James ST but crashed into the side of his vehicle. He stated vehicle 2 attempted to take a wide turn and that is why he crashed into his vehicle. Driver 1 stated vehicle 2 then attempted to flee the scene. *It should be noted vehicle 1 followed vehicle 2 into Jackson NJ where vehicle 2 came to a stop from being into an another accident.

Driver of vehicle 2 stated he was not fleeing the scene because he did not think he crashed into vehicle 1. It should be noted I observed some minor damage to front driver fender of vehicle 2 with some grey paint transfer which was consistent with driver 1's statement.

In my investigation I find vehicle 2 at fault for driver inattention and improper turning as vehicle 2 needs to make sure he completes his turn safely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047105
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	E COUNTY LINE RD
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	-
Suffix	
13 Milepost	-
18 Speed Limit	45
☐ At Intersection With	☒ Feet ☐ Miles
☐ N ☒ E ☐ S ☐ W of:	MADISON AVE
14	10
15	
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2209
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939508997
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARA - BERTRAM
29 Sex	F
27 Number & Street	1564 52ND ST
28 City / State / Zip	BROOKLYN NY 11219
30 Eyes / DL Class / Restrictions / Endorsements	1 - - -
31 State	NY
32 Driver's License Number	367145567
33 DOB mm dd yyyy	09/17/2002
34 Expires mm yy	09 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ABRAHAM M BERTRAM -
36 Number & Street	1440 KIMBERLY DRIVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LINC / COR / 1 / 2022 / F48PXP / NJ
44 VIN	5LMCJ1D93NUL06403
45 Expires	04 26
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6028403308
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KEVIN L DAVIS -
59 Sex	M
57 Number & Street	420 PROSPECT ST; 7
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 D - -
61 State	NJ
62 Driver's License Number	D09214337311782
63 DOB mm dd yyyy	11/02/1978
64 Expires mm yy	11 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KEVIN L DAVIS -
66 Number & Street	420 PROSPECT ST; 7
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / GLE / SIL / 2018 / B69NUB / NJ
74 VIN	4JGDA5HBXJA998277
75 Expires	06 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	19	F	-	-	-	11	04	-	-	SARA - BERTRAM - 1564 52ND ST BROOKLYN NY 11219
B	V1	03	01	05	49	F	-	-	-	11	04	-	-	RIVKY - BERTRAM - 1440 KIMBERLY DRIVE LAKEWOOD NJ 08701
C	V2	01	01	05	43	M	-	-	-	11	04	-	-	KEVIN L DAVIS - 420 PROSPECT ST; 7 LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

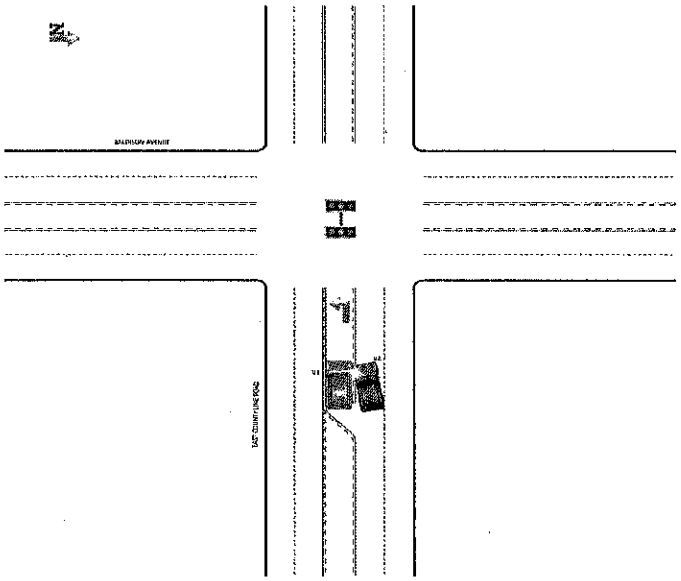
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047105

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 merged into the left turn lane making contact with Vehicle 2.

Driver 1 stated she was traveling West on County Line Road approaching the intersection of Madison Avenue. Driver 1 stated she was attempting to merge into the left turn lane to turn South onto Madison Avenue when she made contact with Vehicle 2. Driver 1 stated she did not see where Vehicle 2 had come from.

Driver 2 stated he was traveling West on County Line Road in the left turn lane attempting to make a left onto Madison Avenue. Driver 2 stated he was surprised when contact was made with his vehicle as he did not see Vehicle 1 merging into him.

There were no reported injuries on scene. Vehicle 1 was driven from the scene with minor damage to the front driver side fender. Vehicle 2 was driven from the scene with minor damage to the passenger side fender as well as minor damage to the front passenger side rim and rearview mirror.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
STEFANELLI E	364	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047026
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1427
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	870 RIVER AVE
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.065385
22 Longitude	-74.219668

Vehicle 1

23 Veh #	1
24 Policy No.	955906699
25 NJ Ins. Code	134
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- / - / -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver KERRIANN C MASCELLINO -
36 Number & Street	1112 BEL AIRE CT
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make	NISS
39 Model	ROG
40 Color	WHI
41 Year	2018
42 Plate No.	K11NYJ
43 State	NJ
44 VIN	KNMAT2MV4JP582223
45 Expires	07 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	VFNUTR0008046
55 NJ Ins. Code	228
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YEHUDA A HESS -
59 Sex	M
57 Number & Street	24 NATURE BLVD
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	H28157896106972
63 DOB mm dd yyyy	06/26/1997
64 Expires mm yy	06 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - HATZOLAH EMER M -
66 Number & Street	PO BOX 256
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make	CHEV
69 Model	EXP - EX
70 Color	WHI
71 Year	2013
72 Plate No.	OA1215
73 State	NJ
74 VIN	1GB6G5CL2D1147479
75 Expires	01 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	HATZOLAH EMERG MED SER INC
Number & Street	PO BOX 256
City / State / Zip	LAKEWOOD / NJ / -8701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	24	M	-	-	-	11	04	-	-	YEHUDA A HESS - 24 NATURE BLVD JACKSON NJ 08527
B														
C														
D														

New Jersey Police
Crash Investigation Report

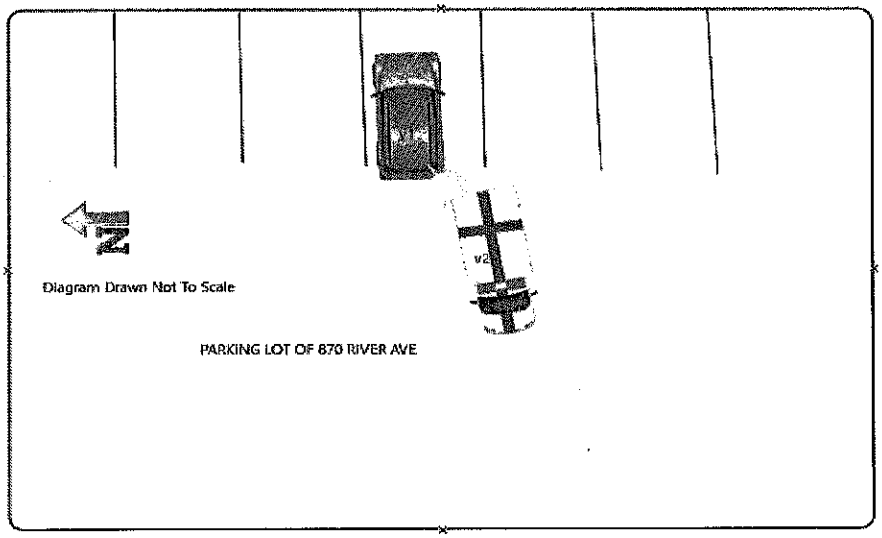
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047026

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The owner of vehicle 1 stated while her vehicle was parked in the parking lot of 870 River Ave, vehicle 2 backed up and crashed into it.

Driver of vehicle 2 stated while he was attempting to back into a parking spot located at 870 River Ave, he backed into the rear of vehicle 1 who was parked in a parking space.

In my investigation I find driver 2 at fault for this crash for driver inattention and backing unsafely as driver 2 needs to make sure he is aware of the vehicles around him while he backs up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047030
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1442
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	LANES MILL RD
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0549
Suffix	-
13 Milepost	-
18 Speed Limit	40
Feet	☒
Miles	☐
14	50
15	
N ☐ E ☒ S ☐ W ☐ of:	OCEAN AVE
16	
17 Cross Road Name	
19 Ramp To ☐ From: ☐	-
20 Route/Name	
NB ☐ SB ☐ EB ☐ WB ☐	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939 887 202
25 NJ Ins. Code	054
Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run ☐	
26 Driver's First Name	SORAH
Initial	S
Last Name	LUBIN
29 Sex	F
27 Number & Street	1529 NEWPORT DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L90257208251902
33 DOB (mm dd yyyy)	01/16/1990
34 Expires (mm yy)	01 24
35 Owner's First Name	PERETZ
Initial	-
Last Name	LUBIN
Same As Driver	☐
36 Number & Street	1529 NEWPORT DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	GRY
41 Year	2013
42 Plate No.	J82NPD
43 State	NJ
44 VIN	5TDYK3DC1DS317520
45 Expires	05 22
46 Vehicle Removed To	-
Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded ☐	
47 Authority	Owner ☐ Driver ☒ Police ☐
48 Alcohol/Drug Test	Given: No ☒ Yes ☐ Refused ☐ Type: Breath ☐ Blood ☐ Urine ☐ Results: 0.- % Pending ☐
49 Hazardous Material	None ☒ On Board ☐ Spill ☐ Hazard Class - Placard No. -
50 Carrier No.	USDOT ☐ - None ☒ MC/MX ☐ -
51 GVWR/GCWR	Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs ☐
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	A0J-231-780468-40 1 1
55 NJ Ins. Code	370
Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run ☐	
56 Driver's First Name	MELANIE
Initial	A
Last Name	MORRIS
59 Sex	F
57 Number & Street	192 WOODLAKE MANOR DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M66515376153582
63 DOB (mm dd yyyy)	03/19/1958
64 Expires (mm yy)	03 24
65 Owner's First Name	MELANIE
Initial	A
Last Name	MORRIS
Same As Driver	☐
66 Number & Street	192 WOODLAKE MANOR DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	PONT
69 Model	G6
70 Color	GRY
71 Year	2005
72 Plate No.	L56HWK
73 State	NJ
74 VIN	1G2ZG548954149737
75 Expires	05 22
76 Vehicle Removed To	-
Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded ☐	
77 Authority	Owner ☒ Driver ☐ Police ☐
78 Alcohol/Drug Test	Given: No ☒ Yes ☐ Refused ☐ Type: Breath ☐ Blood ☐ Urine ☐ Results: 0.- % Pending ☐
79 Hazardous Material	None ☒ On Board ☐ Spill ☐ Hazard Class - Placard No. -
80 Carrier No.	USDOT ☐ - None ☒ MC/MX ☐ -
81 GVWR/GCWR	Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs ☐
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	F	-	-	-	11	04	-	-	SORAH S LUBIN - 1529 NEWPORT DR LAKEWOOD NJ 08701 - -
B	01	04	01	05	6	M	-	-	-	05	05	-	-	TZVI - LUBIN - 1529 NEWPORT DR LAKEWOOD NJ 08701 - -
C	02	01	01	05	64	F	-	-	-	11	04	-	-	MELANIE A MORRIS - 192 WOODLAKE MANOR LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

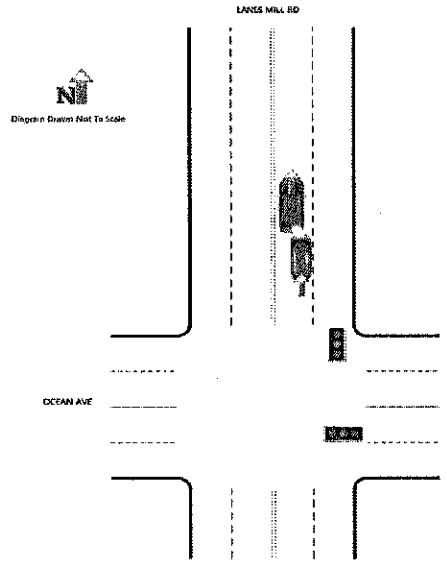
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047030

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling north on Lanes Mill Road prior to the crash. She explained that vehicle 2 was directly in front of her prior to the crash. Driver 1 explained that she had just finished making a left turn on to Lanes Mill Road from Ocean Avenue and was driving north when she observed vehicle 2 come to a sudden stop in the left lane. She added that she believed vehicle 2 was attempting to make an illegal left turn in to a gas station across the roadway. Driver 1 stated she did not have enough space to stop and ultimately struck the rear bumper of vehicle 2. Driver 1 was not injured. Damage to vehicle 1 was moderate but functional.

Driver 2 stated she was traveling north on Lanes Mill Road prior to the crash. She stated that she was directly in front of vehicle 1 prior to the crash. Driver 2 stated she had just finished making a left turn on to Lanes Mill Road from Ocean Avenue and was driving north. She stated that she did not observe any vehicles behind her and believed she saw 'something' to her right off of the roadway and began slowing down to look at it when she was suddenly rear ended by vehicle 1. Driver 2 was not injured. Damage top vehicle 2 was minor.

As a result of my investigation, both drivers were found at fault for the crash. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT J	384	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047031
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1443
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	S CLOVER ST
At Intersection With / Road Name	WARREN AVE
Feet / Miles	150 Feet
N / E / S / W of	☒ N ☐ E ☐ S ☐ W
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	25
19 Ramp To / From	☐ To ☐ From: -
17 Cross Road Name	-
NB EB SB WB	☐ NB ☐ EB ☐ SB ☐ WB
20 Route/Name	-
21 Latitude	40.084358
22 Longitude	-74.201177

Vehicle 1

23 Veh #	1
24 Policy No.	134 0617-C15-30
25 NJ Ins. Code	896
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	REY Y RAMIREZMEJIA -
29 Sex	M
27 Number & Street	409 CLIFTON AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	R03556528801962
33 DOB (mm dd yyyy)	01/06/1996
34 Expires (mm yy)	01 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	REY Y RAMIREZMEJIA -
36 Number & Street	409 CLIFTON AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BRO / 2007 / V26NDD / NJ
44 VIN	1HGCM66527A103367
45 Expires	02 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4316-03-00-24
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ESTHER R WEINFELD -
59 Sex	F
57 Number & Street	29 MAJESTIC WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	W22842390059942
63 DOB (mm dd yyyy)	09/30/1994
64 Expires (mm yy)	09 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	NACHUM - ORENSTEIN -
66 Number & Street	665 PRINCETON AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / PAC / BLK / 2019 / H49LXE / NJ
74 VIN	2C4RC1BG8KR737888
75 Expires	10 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	26	M	-	-	-	11	04	-	-	REY Y RAMIREZMEJIA - 409 CLIFTON AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	27	F	-	-	-	11	04	-	-	ESTHER R WEINFELD - 29 MAJESTIC WAY LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

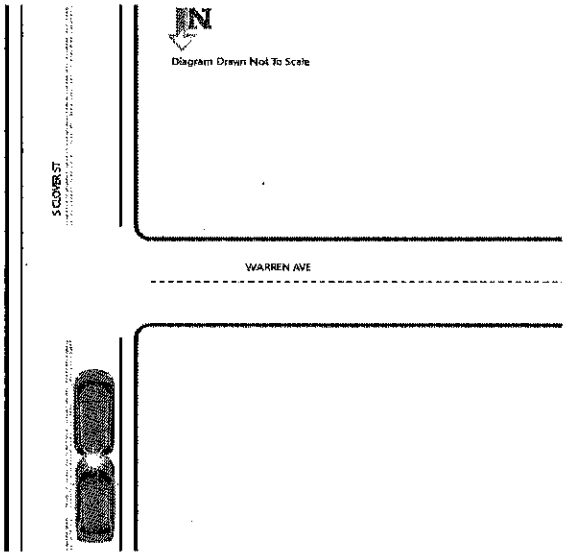
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047031

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was behind vehicle 2. They were slowly moving with traffic when out of nowhere she stopped short. Once she stopped short driver 1 crashed into the rear of her vehicle.

Driver 2 stated she was not moving at all with traffic when out of nowhere vehicle 1 rear ended her.

My investigation determined that driver 1 is at fault for following to closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047043
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1523
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With Road Name	OCEAN AVE
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ Feet ☐ Miles	20
☐ N ☐ E ☒ S ☐ W of:	OCEAN AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4590820454
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZYAERA T PASELER -
29 Sex	F
27 Number & Street	139 JOHN ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	P07317978360992
33 DOB mm dd yyyy	10/09/1999
34 Expires mm yy	10 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZYAERA T PASELER -
36 Number & Street	139 JOHN ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ACC / SIL / 2013 / S19PZR / NJ
44 VIN	KMHCU4AE8DU317876
45 Expires	05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	951969413
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOHANNA D BURYSALINAS -
59 Sex	F
57 Number & Street	1121 EAST STATE STREET
58 City / State / Zip	TRENTON NJ 08609
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	B94234066457942
63 DOB mm dd yyyy	07/02/1994
64 Expires mm yy	07 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOHANNA D BURYSALINAS -
66 Number & Street	1121 EAST STATE STREET
67 City / State / Zip	TRENTON NJ 08609
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / GRY / 2021 / C87NMM / NJ
74 VIN	2HKRW2H5XMH641246
75 Expires	04 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	-	11	04	-	-	ZYAERA T PASELER - 139 JOHN ST LAKEWOOD NJ 08701 - -
B	01	03	01	05	17	F	-	-	-	11	04	-	-	KAYNYA - PASELER - 139 JOHN ST LAKEWOOD NJ 08701 - -
C	02	01	01	05	27	F	-	-	-	11	04	-	-	JOHANNA D BURYSALINAS - 1121 EAST STATE STREE TRENTON NJ 08609 - -
D														

New Jersey Police Crash Investigation Report

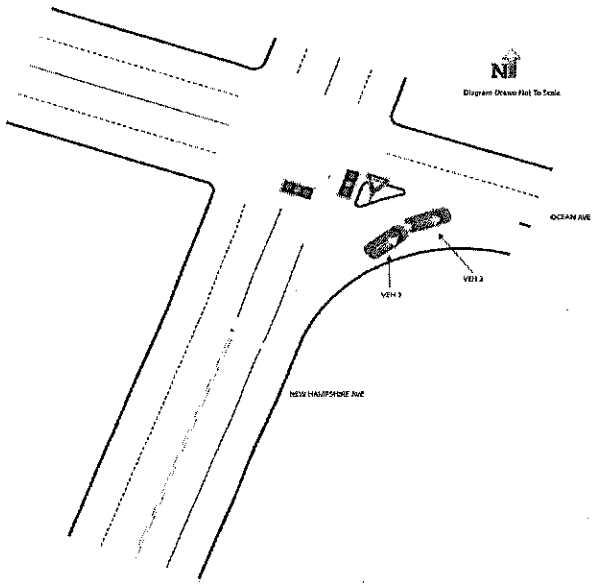
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047043

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling north on New Hampshire Ave prior to the crash. She stated that she was traveling directly behind vehicle 2. She explained that she entered the turning off lane to head east on Ocean Avenue but did not see that vehicle 2 had come to a complete stop in the turn off lane and ultimately crashed into the rear of vehicle 2. Driver of vehicle 1 was not injured. Damage to vehicle 1 was minor.

Driver 2 stated she was traveling north on New Hampshire Ave prior to the crash. She stated that she was traveling directly in front of vehicle 1. Driver 2 explained that she had come to a complete stop in the turn off lane to head east on Ocean Avenue and was waiting for eastbound traffic to clear up before accelerating when she was rear ended by vehicle 1. Driver 2 was not injured. Damage to vehicle 2 was minor.

As a result of my investigation, driver 1 was found at fault for following too closely. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT J	384	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047063
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MONMOUTH AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W	of: 4TH ST
14 15 16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1659
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.094562
22 Longitude	-74.210564

Vehicle 1

23 Veh #	1
24 Policy No.	4600340816
25 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	LLC - BUGGIES CAR REN -
☐ Same As Driver	
36 Number & Street	PO BOX 1168
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2018 / H16PHK / NJ
44 VIN / 45 Expires	4T1B11HK2JU040667 / 11 22
46 Vehicle Removed To	YITZ
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	6063486713
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YOSEF D KOVITZ -
59 Sex	M
57 Number & Street	2823 AVENUE I APT A
58 City / State / Zip	BROOKLYN NY 11210
60 Eyes / DL Class / Restrictions / Endorsements	6 - - -
61 State	NY
62 Driver's License Number	457425281
63 DOB mm dd yyyy	09/12/1985
64 Expires mm yy	09 26
65 Owner's First Name / Initial / Last Name	YOSEF D KOVITZ -
☐ Same As Driver	
66 Number & Street	2823 AVENUE I APT A
67 City / State / Zip	BROOKLYN NY 11210
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIENNA / RD / 2015 / KRC7299 / NY
74 VIN / 75 Expires	5TDYK3DC7FS574345 / 08 23
76 Vehicle Removed To	HESHEY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

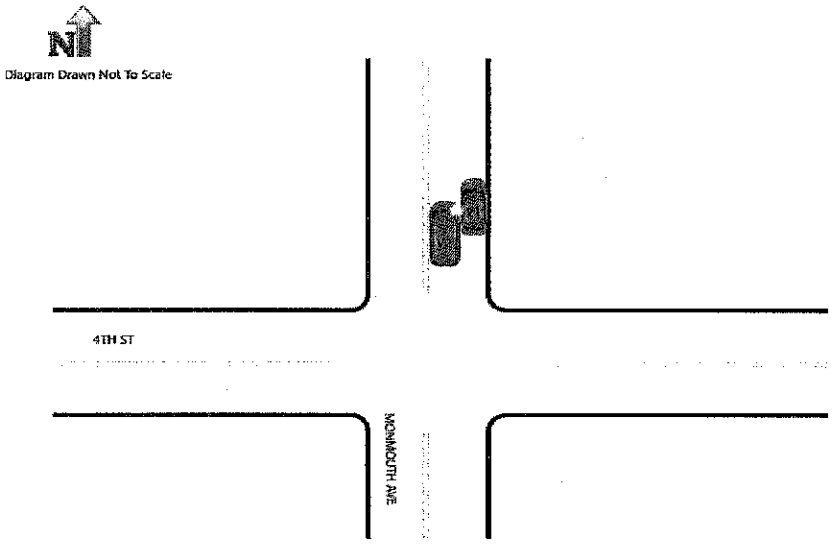
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	M	-	-	-	11	04	-	-	YISRAEL - KRUPKA - 528 OAK DR FAR ROCKAWAY NY 11691 - -
B	02	01	01	05	36	M	-	-	-	11	04	-	-	YOSEF D KOVITZ - 2823 AVENUE I APT A BROOKLYN NY 11210 - -
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-047063

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 was exiting his vehicle that he just parked on Monmouth Avenue. Once he opened the door vehicle 2 stuck it causing it to no longer close.

Driver 2 stated he was traveling north bound when driver 1 swung his driver side door open. Driver 2 stated he could not avoid it and ended up crashing into it.

My investigation determined that driver 1 is at fault due to not yielding to the right of way of traffic while opening his driver side door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045304
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEWPORT AVE
At Intersection With Road Name	
Dir	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	300
☒ N ☐ E ☐ S ☐ W of:	WENSTROM AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	06/07/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1510
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.069650
22 Longitude	-74.254607

Vehicle 1

23 Veh #	1
24 Policy No.	4613443987
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	WILFREDO - NEIRAGONZALEZ
29 Sex	M
27 Number & Street	22 FOXMOOR LANE
28 City / State / Zip	BAYVILLE NJ 08721
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	N22977830008882
33 DOB (mm dd yyyy)	08/10/1988
34 Expires (mm yy)	10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver WILFREDO - NEIRAGONZALEZ
36 Number & Street	22 FOXMOOR LANE
37 City / State / Zip	BAYVILLE NJ 08721
38 Make	HYUN
39 Model	TUC
40 Color	GRY
41 Year	2016
42 Plate No.	J55MUP
43 State	NJ
44 VIN	KM8J3CA25GU247221
45 Expires	08 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	33	M	06	08	01	11	11	01	-	WILFREDO - NEIRAGONZALEZ - 22 FOXMOOR LANE BAYVILLE NJ 08721
B														
C														
D														

New Jersey Police Crash Investigation Report

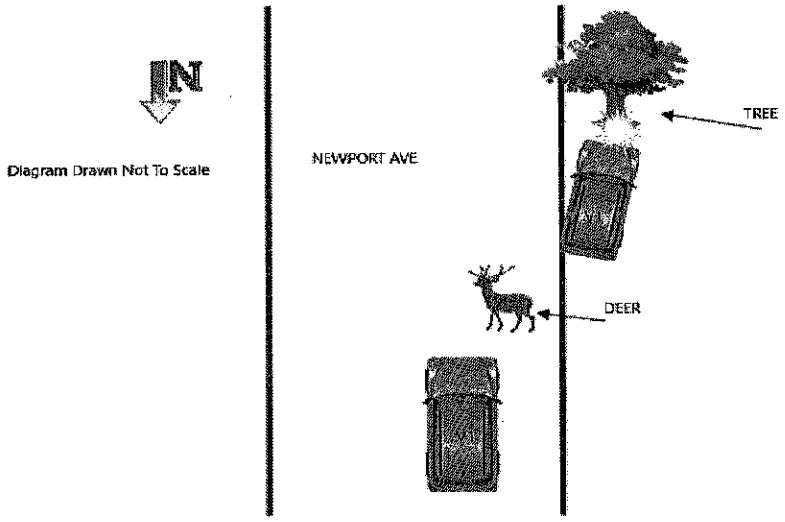
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045304

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Southbound on Newport Ave. He stated as he was going forward, a deer ran out in front of him causing him to turn to the right to avoid hitting the deer but he ended up crashing into a tree.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	KCM	335	☐ Pending ☐ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-045482
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	MADISON AVE
11 Speed Limit	40
At Intersection With	☐
14 / 15 Distance	40 ☒ Feet ☐ Miles
16 Dir	☒ N ☐ E ☐ S ☐ W
of	1ST ST
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	06/08/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0834
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090921
22 Longitude	-74.216473

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	939471954	1685440-E22-32A
NJ Ins. Code	012	962
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	JOSEFINA D GARCIA -	SAMUEL - MOSKOWITZ -
Sex	F	M
Number & Street	100 MANAQUA RD	5823 11TH AVE
City / State / Zip	FREEHOLD NJ 07728	BROOKLYN NY 11213
Eyes	2	BR
DL Class	D	-
Restrictions	-	-
Endorsements	-	-
State	NJ	NY
Driver's License Number	G05544106457752	674806263
DOB	07/19/1975	03/08/1984
Expires	07 24	03 24
Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEFINA D GARCIA -	☐ Same As Driver SAMUEL - MOSKOWITZ -
Number & Street	100 MANAQUA RD	5823 11TH AVE
City / State / Zip	FREEHOLD NJ 07728	BROOKLYN NY 11213
Make	LEXU	KIA
Model	GX4	SOR
Color	WHI	3
Year	2008	2017
Plate No.	S30BTT	GPX4363
State	NJ	NY
VIN	JTJBT20X680160613	5XYPGDA39HG298922
Expires	04 23	05 23
Vehicle Removed To		
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
Authority	☒ Owner ☐ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No.	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT ☐ MC/MX ☒ None
GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity		
Number & Street		
City / State / Zip		

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.

Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	46	F	-	-	-	11	04	-	-	JOSEFINA D GARCIA - 100 MANAQUA RD FREEHOLD NJ 07728
B	2	01	01	-	38	M	-	-	-	11	04	-	-	SAMUEL - MOSKOWITZ - 5823 11TH AVE BROOKLYN NY 11213
C														
D														

Left margin code	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	04
109	04
110	02
111	02
112	-
113	-
114	-
115	-
116	03
117	03

Right margin code	Value
118a	05
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	11
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	11
132	11
133	03
134	03

New Jersey Police Crash Investigation Report

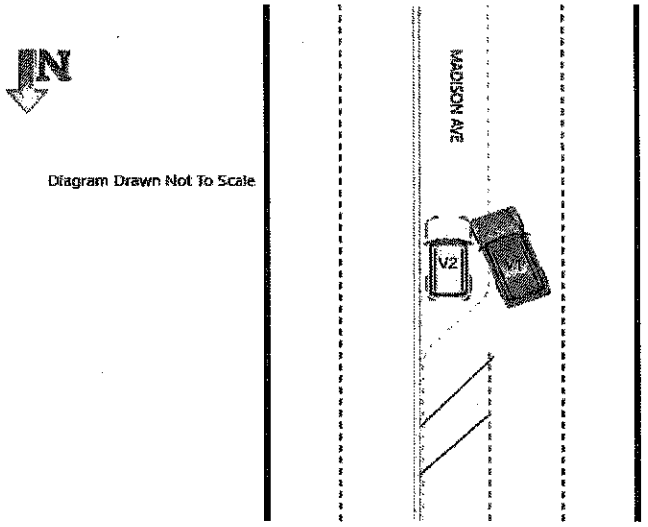
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045482

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT SHE WAS TRAVELLING SOUTH ON MADISON AVENUE AND WAS ENTERING THE LEFT TURN LANE, BUT WAS STARTING IN THE YELLOW LINES PRIOR TO THAT LANE WHEN V1 COLLIDED WITH V2.

DRIVER OF V2 STATED THAT HE WAS STOPPED IN TRAFFIC SOUTH ON MADISON AVENUE WHEN V1 COLLIDED WITH V2.

A WITNESS STATED THAT THEY WERE IN FRONT OF V2 AND SAW V1 COLLIDE WITH V2 IN THE REAR VIEW MIRROR.

BASED ON DRIVER STATEMENTS AND THE WITNESS STATEMENT, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046406
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0128
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E 4TH ST
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	50
15 Feet / Miles	☒ Feet ☐ Miles
16 of:	DEWEY AVE
N ☐ E ☐ S ☒ W	☐ N ☐ E ☐ S ☒ W
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	☐
21 Latitude	40.094634
22 Longitude	-74.202355

Vehicle 1

23 Veh #	1
24 Policy No.	*****
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JORGE
Initial	D
Last Name	RAMIEREZ-CHOLUCA-
29 Sex	M
27 Number & Street	447 WOODLAKE MANOR DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	06/18/2001
34 Expires (mm yy)	- -
35 Owner's First Name	RAMIREZ
Initial	R
Last Name	ROGELIO -
☐ Same As Driver	
36 Number & Street	741 W SAINT AUBIN DR
37 City	ADDISON
State	IL
Zip	60101
38 Make	FORD
39 Model	F150
40 Color	RD
41 Year	1997
42 Plate No.	3186697B
43 State	IL
44 VIN	1FTDX1722VNC00401
45 Expires	10 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused
	Type: ☒ Breath ☐ Blood ☐ Urine
	Results: 0. 21 % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	939 960 403
55 NJ Ins. Code	054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name	YOSEF
Initial	-
Last Name	BIALA -
☐ Same As Driver	
66 Number & Street	30 E 11TH ST
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	PIL
70 Color	6
71 Year	2007
72 Plate No.	G86PNW
73 State	NJ
74 VIN	5FNYF28797B034190
75 Expires	01 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☒ USDOT - ☐ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
V1	39:4-50	292795
V1	39:3-10	292796
V2	39:6B-2	292797
V2	39:4-96	292798

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	20	M	-	-	-	11	04	-	-	JORGE D RAMIEREZ-CHOLUCA - 447 WOODLAKE MANOR LAKEWOOD NJ 08701
B	V1	03	01	05	23	M	-	-	-	11	04	-	-	FRANKIE - RAMIREZ - 447 WOODLAKE MANOR LAKEWOOD NJ 08701
C	V1	04	01	05	23	M	-	-	-	11	04	-	-	JERRY R RAMIREZ - 447 WOODLAKE MANOR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

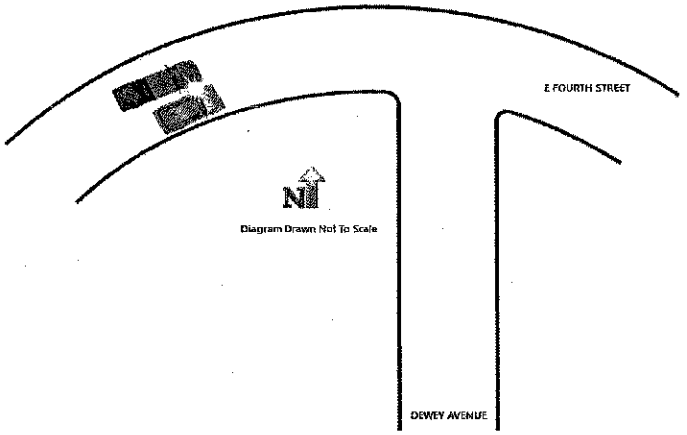
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046406

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle One was traveling East on East 4th Street. Furthermore while in transport, I overheard his vehicle strike Vehicle 2. I stopped his vehicle on foot while he was continuing on East 4th Street, approximately 50 feet West from the crash, and confirmed he struck and caused damage to Vehicle Two, and was leaving the scene. The owner of Vehicle Two was walking from his vehicle after parking it and overheard the collision as well, and confirmed the new damage sustained. Visible damage sustained was a broken driver's side view mirror, and minor scuffing to the front bumper cover.

As a result of my investigation, it was determined the driver of Vehicle One was at fault, and subsequently placed under arrest after investigation determined he was under the influence of alcohol and the driver stating he had been consuming alcohol.

V1 insurance information:
Unique Insurance Company
Amigo Insurance Company
Phone# (708) 484-6300
7400 N. Caldwell
Niles, IL 60714-3806
Policy # ILP2784678

END OF NARRATIVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046443
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0843
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MAIN ST
At Intersection With Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ W ☐ S of:	RAILROAD ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

Vehicle 2

53 Veh #	2
54 Policy No.	950977175
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

Driver 1

26 Driver's First Name	VICTOR
Initial	-
Last Name	RODRIGUEZ-FLORES-
29 Sex	M
27 Number & Street	263 ZACHARY CT
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	-
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R60947670003812
33 DOB (mm dd yyyy)	03/06/1981
34 Expires (mm yy)	- -

Driver 2

56 Driver's First Name	SHARON
Initial	M
Last Name	SCHACHTER -
59 Sex	F
57 Number & Street	2816 AVENUE I
58 City	BROOKLYN
State	NY
Zip	11210
60 Eyes	2
DL Class	-
Restrictions	-
Endorsements	-
61 State	NY
62 Driver's License Number	301537447
63 DOB (mm dd yyyy)	09/24/1960
64 Expires (mm yy)	09 28

Owner 1

35 Owner's	☐ Same As Driver
First Name	HERIBERTO
Initial	-
Last Name	FLORES -
36 Number & Street	4160 N 7TH ST
37 City	PHILADELPHIA
State	PA
Zip	19140

Owner 2

65 Owner's	☐ Same As Driver
First Name	AVRAHAM
Initial	-
Last Name	KESSELMAN -
66 Number & Street	122 LIBERTY DR
67 City	LAKEWOOD
State	NJ
Zip	08701

Vehicle 1

38 Make	FORD
39 Model	F15
40 Color	WHI
41 Year	2002
42 Plate No.	ZHA2306
43 State	PA
44 VIN	1FTRW07L92KB39511
45 Expires	04 23
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

68 Make	FORD
69 Model	FUS
70 Color	BLK
71 Year	2007
72 Plate No.	L10NWV
73 State	NJ
74 VIN	3FAHP07117R110858
75 Expires	10 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:3-10	293935	-		-
-		-	-		-

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	41	M	-	-	-	11	04	-	-	VICTOR - RODRIGUEZ-FLORES - 263 ZACHARY CT LAKEWOOD NJ 08701
B	02	01	01	05	61	F	-	-	-	11	04	04	-	SHARON M SCHACHTER - 2816 AVENUE I BROOKLYN NY 11210
C														
D														

New Jersey Police Crash Investigation Report

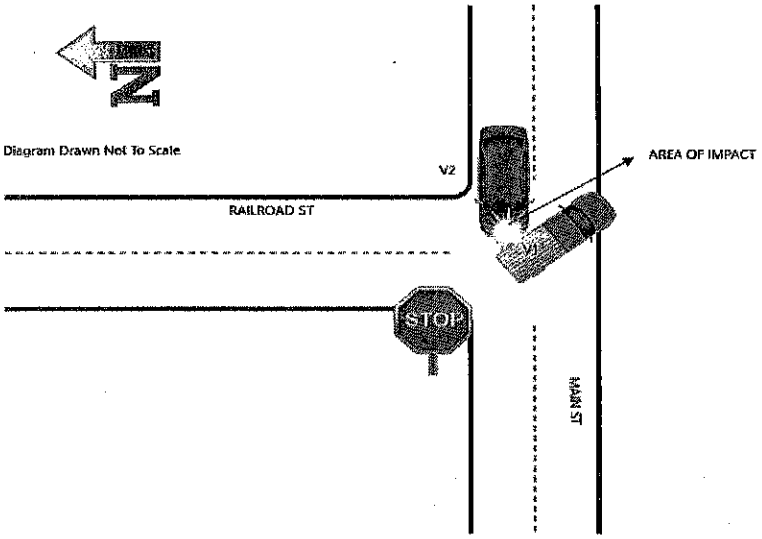
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046443

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED BOTH VEHICLES WERE FACING WEST ON MAIN ST. APPROXIMATELY 10 FEET WEST OF RAILROAD ST. VEHICLE 1 HAD MINOR DAMAGE TO THE DRIVERS SIDE REAR TIRE AND BUMPER. VEHICLE 2 HAD ITS AIRBAGS DEPLOYED AND HAD DISABLING DAMAGE TO THE FRONT END OF THE VEHICLE.

THERE WERE NO INJURIES.

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING SOUTH ON RAILROAD ST. GOING TO MAKE A LEFT TURN ONTO MAIN ST. HE STATED A NEW JERSEY TRANSIT BUS STOPPED SO HE CAN MAKE THE LEFT TURN ONTO MAIN ST. WHEN MAKING THE LEFT TURN VEHICLE 2 STRUCK THE REAR DRIVERS SIDE OF HIS VEHICLE.

DRIVER OF VEHICLE 2 STATED SHE WAS HEADING WEST ON MAIN ST. WHEN VEHICLE 1 CAME IN HER LANE OF TRAVEL TO WHICH SHE STRUCK HIS VEHICLE. SHE STATED HE HAD NO TIME TO AVOID THE COLLISION.

DRIVER OF VEHICLE 1 WILL BE RECIEIVING A SUMMONS IN THE MAIL FOR BEING UNLICENSED.

BASED ON MY INVESTIGATION, VEHICLE 1 IS AT FAULT FOR FAILING TO YIELD TO VEHICLE 2.

VEHICLE 1 INSURANCE INFORMATION
FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA
POLICY NUMBER 921170403
NAIC NUMBER 32786
A PLUS INSURANCE AGENCY LLC 1-215-745-6900

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046737
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1023
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MARY'S LANE
At Intersection With / Road Name	
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W of:	EAST 6TH STREET
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	
22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	41TRDCA00005601
25 NJ Ins. Code	120
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

26 Driver's First Name / Initial / Last Name	YECHIEL A MANDELBAUM
29 Sex	M
27 Number & Street	36 GARDEN OF EDEN DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M03957896107956
33 DOB (mm dd yyyy)	07/05/1995
34 Expires (mm yy)	07 25
35 Owner's First Name / Initial / Last Name	INC - JUST FOUR WHEEL! -
☐ Same As Driver	
36 Number & Street	324 E WHITE HORSE PIKE
37 City / State / Zip	GALLOWAY NJ 08205
38 Make	HINO
39 Model	268
40 Color	WHI
41 Year	2019
42 Plate No.	XGVJ90
43 State	NJ
44 VIN	5PVNJ8JV2K4S73173
45 Expires	09 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class / Placard No.	
50 Carrier No.	
☒ USDOT 542457 ☐ None	
☐ MC/MX	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☒ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	

56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	
☐ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☐ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
79 Hazardous Material	
☐ None ☐ On Board ☐ Spill	
Hazard Class / Placard No.	- -
80 Carrier No.	
☐ USDOT - ☐ None	
☐ MC/MX -	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

DAMAGE TO MILK CRATE DUE TO VEHICLE STRIKING IT .

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	26	M	-	-	-	11	04	-	-	YECHIEL A MANDELBAUM - 36 GARDEN OF EDEN DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

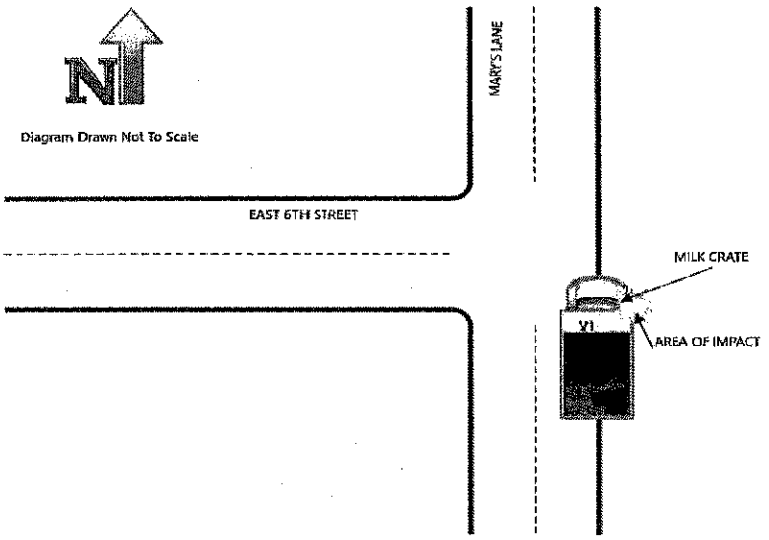
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046737

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED A CARGO TRUCK WAS PARKED FACING NORTH ON MARY'S LANE. THERE WERE NO INJURIES REPORTED. THERE WAS MINOR DAMAGE ON THE UNDERCARRIAGE OF THE TRUCK

DRIVER OF VEHICLE 1 STATED HE WAS PARKING THE TRUCK ON THE SIDE OF THE ROAD, TO WHICH HE RAN OVER THE MILK CRATE, CAUSING MINOR DAMAGE TO THE UNDERCARRIAGE OF THE TRUCK. HE STATED HE WASN'T AWARE OF THE MILK CRATE BEING ON THE SIDE OF THE ROAD.

BASED ON MY INVESTIGATION, DRIVER OF VEHICLE 1 IS AT FAULT FOR DRIVER INATTENTION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046776
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1450
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	801 MADISON AVE
At Intersection With Road Name	-
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	-
16 N ☐ E ☐ S ☐ W of:	-
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	PCA 0100719175
25 NJ Ins. Code	287
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	NICK
Initial	S
Last Name	DEVAUX
29 Sex	M
27 Number & Street	104 WALTER DR
28 City	WOODBRIDGE
State	NJ
Zip	07095
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D29175918204862
33 DOB mm dd yyyy	04/21/1986
34 Expires mm yy	04 25
35 Owner's First Name Initial Last Name	- - NJPD PLUMBING & -
☐ Same As Driver	-
36 Number & Street	1985 RUTGERS UNIVESITY BLVD
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	MERZ
39 Model	SPR - SP
40 Color	WHI
41 Year	2015
42 Plate No.	XCZP15
43 State	NJ
44 VIN	WD3PE7DC5FP102093
45 Expires	12 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	A0J-231-783864-40 1 8
55 NJ Ins. Code	370
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name Initial Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name Initial Last Name	YEHUDA - FINKEL
☐ Same As Driver	-
66 Number & Street	801 MADISON AVE APT A7
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	BLK
71 Year	2017
72 Plate No.	V30NSF
73 State	NJ
74 VIN	4T1BF1FK0HU378714
75 Expires	05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	36	M	-	-	-	11	04	-	-	NICK S DEVAUX - 104 WALTER DR WOODBRIDGE NJ 07095 - -
B	01	03	01	05	18	M	-	-	-	11	04	-	-	EDUARD - GAPICH - 1503 COMMON DRIVE EAST BRUNSWICI NJ 08816 - -
C														
D														

New Jersey Police Crash Investigation Report

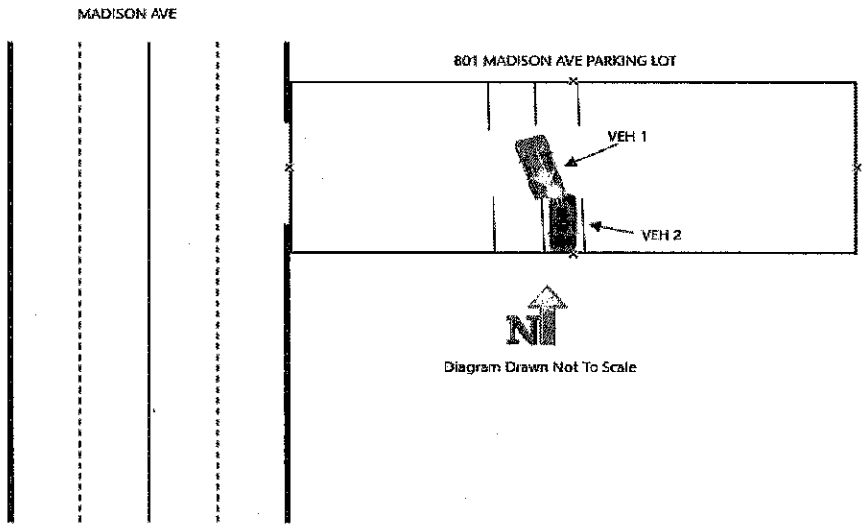
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046776

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was in the parking lot of 801 Madison Ave prior to the crash. He explained that his vehicle was facing north and he began backing south out of a parking space and intended to leave the lot on the western exit on to Madison Avenue. He stated that due to a glare from the sun, he could not see very well behind him and ultimately backed into the rear bumper of vehicle 2 which was unoccupied. Driver 1 was not injured. There was no visible damage to vehicle 1.

Vehicle 2 was parked/unoccupied.

Driver 1 was found at fault for backing unsafely. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT J	384	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046936
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0513
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	EAST COUNTYLINE RD
☒ At Intersection With	SQUANKUM
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.105200
22 Longitude	-74.205188

Vehicle 1

23 Veh #	1
24 Policy No.	6093165998
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DWIGHT D MALDONADO
29 Sex	M
27 Number & Street	1 VANDELFT DRIVE APT 10
28 City / State / Zip	SOUTH AMBOY NJ 08879
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	M02581846406962
33 DOB (mm dd yyyy)	06/30/1996
34 Expires (mm yy)	06 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DWIGHT D MALDONADO
36 Number & Street	1 VANDELFT DRIVE APT 10
37 City / State / Zip	SOUTH AMBOY NJ 08879
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ELA / BLK / 2020 / R77PKC / NJ
44 VIN / 45 Expires	5NPD84LF0LH521728 / 01 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / - / - / - / - / -
74 VIN / 75 Expires	- / - -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill
	- / -
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT - ☐ None
	☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

STREET SIGN.

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	25	M	-	-	-	04	11	-	-	DWIGHT D MALDONADO - 1 VANDELFT DRIVE APT : SOUTH AMBOY NJ 08879
B														
C														
D														

New Jersey Police Crash Investigation Report

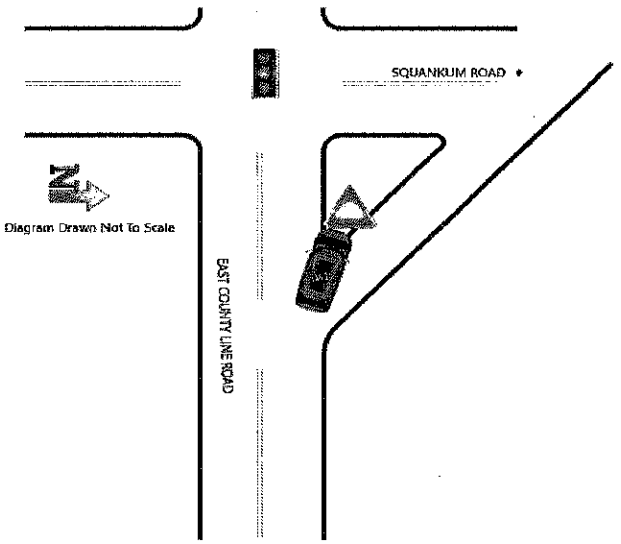
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046936

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver One stated he was traveling west on East Countyline Road heading to Route 9. Driver One stated he was not familiar with the area and did not realize the right lane did not merge to stay on East Countyline Road causing him to strike the traffic sign on the concrete island.

After observing the damage to the drivers vehicle it appeared what Driver One stated was accurate.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SPAGNUOLO D	394	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046950
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVENUE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet / ☐ Miles	500
☐ N ☐ E ☒ S ☐ W of:	CHESTNUT STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0736
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.053416
22 Longitude	-74.220834

Vehicle 1

23 Veh #	1
24 Policy No.	F4010690
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TRACEY / L / YOUNG
29 Sex	F
27 Number & Street	1321 RIVER AVE, APT. E
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	Y68117507358592
33 DOB (mm dd yyyy)	08/06/1959
34 Expires (mm yy)	08 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / TRACEY / L / YOUNG
36 Number & Street	1321 RIVER AVE, APT. E
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SAN / GRY / 2010 / P138CC / NJ
44 VIN	5NMSG3AB8AH386769
45 Expires	03 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	NC10196678
55 NJ Ins. Code	946
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NANCY / A / JACKS
59 Sex	F
57 Number & Street	438 STALLION CIR W
58 City / State / Zip	TOMS RIVER / NJ / 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	J00615776162772
63 DOB (mm dd yyyy)	12/07/1977
64 Expires (mm yy)	12 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / NANCY / A / JACKS
66 Number & Street	438 STALLION CIR W
67 City / State / Zip	TOMS RIVER / NJ / 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2022 / E59PFD / NJ
74 VIN	4T1G11AK3NU629829
75 Expires	10 / 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	62	F	-	-	-	11	04	-	-	TRACEY L YOUNG - 1321 RIVER AVE, APT. E LAKEWOOD NJ 08701 - -
B	V2	01	01	05	44	F	-	-	-	11	04	-	-	NANCY A JACKS - 438 STALLION CIR W TOMS RIVER NJ 08755 - -
C														
D														

New Jersey Police Crash Investigation Report

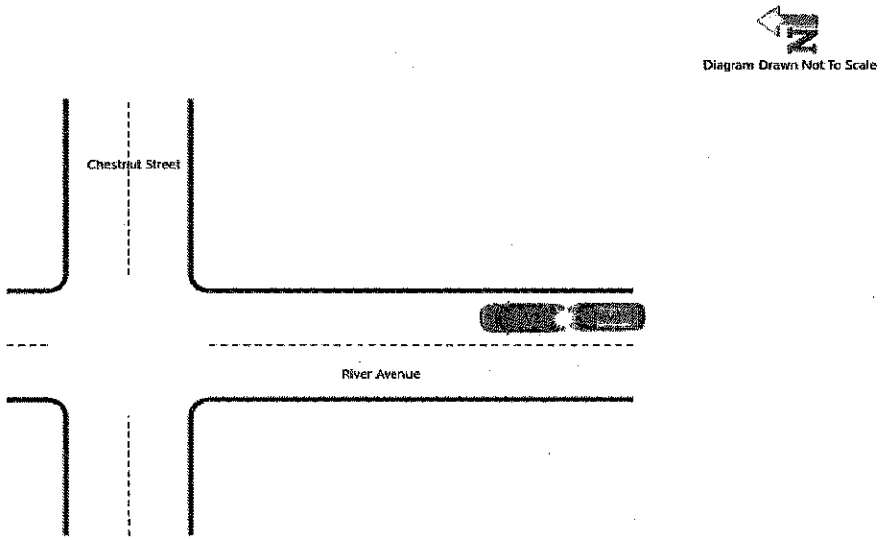
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046950

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Northbound on River Avenue. Driver 1 said that she thought V2 was moving forward and collided with V2.

Vehicle 2 was traveling Northbound on River Avenue. Driver 2 said that she was stopped in traffic when she felt an impact from the rear of her vehicle and noticed V1 collided with her car. Driver 2 said that her head hit the steering wheel, but it did not hurt at the moment. Driver 2 refused medical attention.

Investigation revealed that both parties were traveling Northbound on River Avenue. V1 was following too close, not giving her enough time to stop, and collided with V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047310
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	200 RAMSEY AVE
At Intersection With / Road Name	
Feet / Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	10
Dir / 12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1610
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.098162
22 Longitude	-74.191470

Vehicle 1

23 Veh #	1
24 Policy No.	F766099-6
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DEBORAH J ZARRO
29 Sex	F
27 Number & Street	54 MILLBROOK DR
28 City / State / Zip	TOMS RIVER NJ 08757
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	Z06711587153634
33 DOB mm dd yyyy	03/31/1963
34 Expires mm yy	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL - ZARRO
36 Number & Street	54 MILLBROOK DRIVE
37 City / State / Zip	TOMS RIVER NJ 08757
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / TUC / GRY / 2020 / V68LZY / NJ
44 VIN / 45 Expires	KM8J3CA41LU084286 / 11 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	TC2JCAP-281K9794-TIL-21
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ARYE L LERMAN
59 Sex	M
57 Number & Street	10 8TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	L27120627303704
63 DOB mm dd yyyy	03/03/1970
64 Expires mm yy	03 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - STEEL WAREHOUSE
66 Number & Street	2722 TUCKER DR
67 City / State / Zip	SOUTH END IN 46619
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / MAX / WHI / 2004 / 854ARV / IN
74 VIN / 75 Expires	1N4BA41E54C893297 / 01 22
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
1		N/A
2	39:3-4	1514A292528

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	59	F	-	-	-	11	04	-	-	DEBORAH J ZARRO - 54 MILLBROOK DR TOMS RIVER NJ 08757
B	2	01	01	05	52	M	-	-	-	11	04	-	-	ARYE L LERMAN - 10 8TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

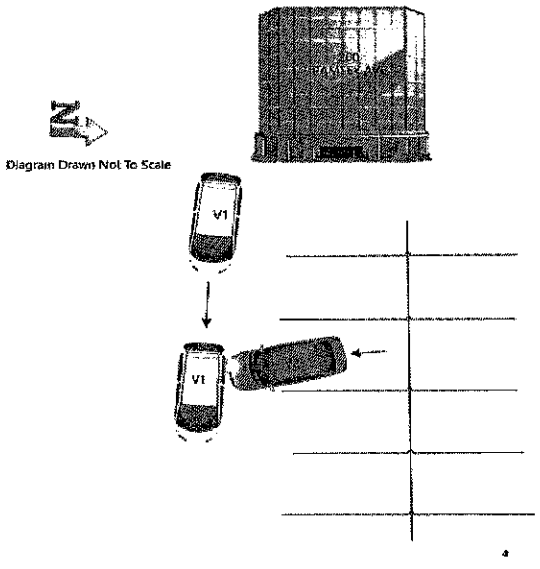
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047310

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was travelling East through the parking lot going straight ahead. Vehicle #2 was facing South and starting from being parked. As Vehicle #1 was going straight ahead, Vehicle #2 pulled out of its parking spot and crashed into Vehicle #1. Vehicle #1 sustained dents and scratches to the rear driver side door. Vehicle #2 sustained cracks to the front passenger side fender. There were no reports of injuries.

Driver 1 stated she was driving straight ahead through the parking lot to exit. As she was passing Vehicle #2, Vehicle #2 pulled out of its parking spot.

Driver 2 stated he was pulling out of his parking spot. As he was pulling out, Vehicle #1 was passing and the two vehicles collided. Driver 2 was issued a summons for expired registration.

My investigation finds Vehicle #2 to be at fault for failing to yield right of way to vehicle.

Vehicle #2 Indiana Insurance Info:
Arthur J. Gallagher Risk Management Services Inc.
2850 Golf Road
Rolling Meadows, IL 60008
Phone: 630-773-3800

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047312
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SWARTHMORE AVE
At Intersection With Road Name	
Dir	-
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
☒ Feet ☐ Miles	20
☐ N ☐ E ☒ S ☐ W of:	RUTGERS UNIVERSITY BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1621
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.072149
22 Longitude	-74.165981

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GENARO - PEREZ LOZANO
29 Sex	M
27 Number & Street	1309 STARK ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / I / - / - / NJ
32 Driver's License Number	P26782760009822
33 DOB mm dd yyyy	09/19/1982
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GENARO - PEREZ LOZANO -
36 Number & Street	5032 BOUDINOT ST
37 City / State / Zip	PHILADELPHIA PA 19120
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / - / - / 2007 / LXE0159 / PA
44 VIN / 45 Expires	- / 02 23
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	C2959815
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHIMON Z DIER
59 Sex	M
57 Number & Street	1305 VENTURA DR.
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	D41837088907902
63 DOB mm dd yyyy	07/20/1990
64 Expires mm yy	07 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - ALPINE AIR HVAC I -
66 Number & Street	1985 SWARTHMORE AVE #6
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / SIE / BLK / 2019 / A56MAG / NJ
74 VIN / 75 Expires	1GTU9FEL2KZ404073 / 11 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	1514A293157			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	39	M	-	-	-	11	04	-	-	GENARO - PEREZ LOZANO - 1309 STARK ST LAKEWOOD NJ 08701
B	2	01	01	05	31	M	-	-	-	11	04	-	-	SHIMON Z DIER - 1305 VENTURA DR. LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

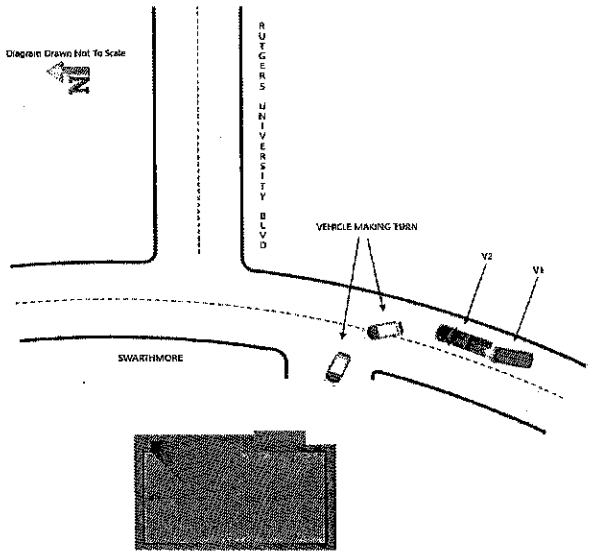
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047312

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver Of V1 said he was traveling behind V2 on Swarthmore Ave. V2 stopped, so V1 tried to stop but could not in time and struck the rear of V2.

Driver of V2 said he was traveling behind another vehicle on Swarthmore Ave, that vehicle made a left turn into a driveway, so he slowed down. His vehicle was then struck from behind by V1.

After speaking with both drivers it was determined that V1 was at fault for the crash.

V1 Insurance info: Infinity Auto Insurance
2201 4th Ave North
Birmingham, AL 35203

Policy# 10015130901

NAIC# 11738

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047340
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CLIFTON AVE (P-LOT)
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
☐ At Intersection With Road Name	9TH ST
Dir	
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1753
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.098987
22 Longitude	-74.215907

Vehicle 1

23 Veh #	1
24 Policy No.	AI01572392
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MENACHEM - BIENSTOCK -
29 Sex	M
27 Number & Street	14447 CHELLINGTON CT
28 City / State / Zip	CHESTERFIELD MO 63017
30 Eyes / DL Class / Restrictions / Endorsements	- / D / - / -
31 State	MO
32 Driver's License Number	Z114221009
33 DOB mm dd yyyy	01/09/1999
34 Expires mm yy	01 28
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MENACHEM - BIENSTOCK -
36 Number & Street	14447 CHELLINGTON CT
37 City / State / Zip	CHESTERFIELD MO 63017
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SPT / - / 20 / ZHZ2854 / NY
44 VIN / 45 Expires	KNDPMCAC3L7692182 / 04 22
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4244-23-18-50
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MEYER R COHEN -
59 Sex	M
57 Number & Street	435 7TH STREET
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
61 State	NJ
62 Driver's License Number	C61615427905882
63 DOB mm dd yyyy	05/17/1988
64 Expires mm yy	05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MEYER R COHEN -
66 Number & Street	435 7TH STREET
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / 3 / 2004 / E99LCS / NJ
74 VIN / 75 Expires	4T1BF28B04U353258 / 04 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-		-	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	23	M	-	-	-	11	04	-	-	MENACHEM - BIENSTOCK - 14447 CHELLINGTON CT CHESTERFIELD MO 63017
B	2	01	01	05	34	M	-	-	-	11	04	-	-	MEYER R COHEN - 435 7TH STREET LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

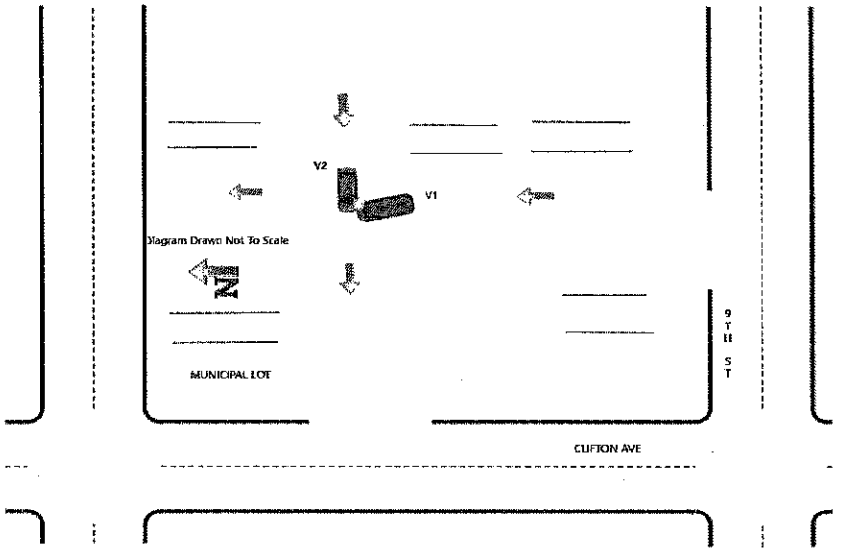
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047340

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that while traveling through the municipal lot(North) he made a left turn without stopping or checking to see if it was clear and struck Vehicle 2.

Driver 2 stated that while traveling through the municipal lot (West) Vehicle 1 suddenly struck his vehicle.

Vehicle 1 sustained damage to the front passenger side corner panel consisting of dents, scratches and a plastic cover from the wheel well coming off the vehicle.

Vehicle 2 sustained damage to the front driver side bumper consisting of dents, scratches, the bumper coming loose from the vehicle and the headlight cover being cracked.

Due to driver statements and my observations I determined that Driver 1 failed to yield the right of way to Vehicle 2 and caused the crash.

There were no injuries reported on scene.

***Vehicle 1 Missouri Insurance Information: American Family Connect Property and Casualty Insurance Company, NAIC 29068, 3500 Packerland Dr. De Pere, WI 54115-9070 Policy # AI01572392. End of report.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047349
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1830
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CROSS STREET
At Intersection With	☐
Road Name	CROSS STREET
Dir	-
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	- / - / -
☒ Feet ☐ Miles	200
☐N ☐E of: ☐S ☒W	RIVER AVE
18 Speed Limit	50
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.054305
22 Longitude	-74.220654

Vehicle 1

23 Veh #	1
24 Policy No.	939978036
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIVKAH - BRODIE -
29 Sex	F
27 Number & Street	21 8TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
31 State	NJ
32 Driver's License Number	B75176580060762
33 DOB (mm dd yyyy)	10/23/1976
34 Expires (mm yy)	10 / 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIEZER B BRODIE -
36 Number & Street	21 8TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COR / 4 / 2000 / V45PZE / NJ
44 VIN / 45 Expires	2T1BR12E7YC272639 / 04 / 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6029-96-16-01
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	VICTORIAN - SALAS -
59 Sex	F
57 Number & Street	364 GILMORES ISLAND ROAD
58 City / State / Zip	TOMS RIVER / NJ / 08732
60 Eyes / DL Class / Restrictions / Endorsements	02 / I / - / -
61 State	NJ
62 Driver's License Number	S02367670058662
63 DOB (mm dd yyyy)	08/11/1966
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver EDGAR M ROSALES -
66 Number & Street	364 GILMORES ISLAND RD
67 City / State / Zip	TOMS RIVER / NJ / 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / WRA / BLK / 2012 / P22LLM / NJ
74 VIN / 75 Expires	1C4BJWEG4CL158102 / 06 / 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
02	39:4-97	293769	02	39:3-10	293770
-	140 Charge	141 Summons. No.	-	142 Charge	143 Summons. No.
		-			-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	F	-	-	-	11	04	-	-	RIVKAH - BRODIE - 21 8TH ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	45	F	-	-	-	11	04	-	-	RIVKAH - BRODIE - 21 8TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

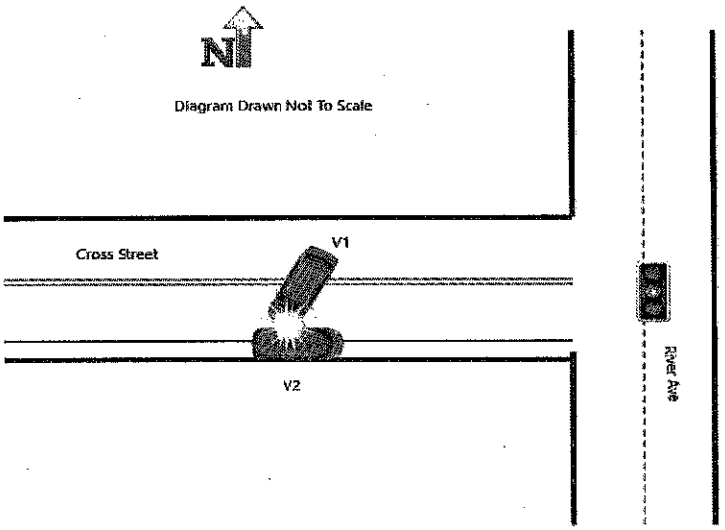
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047349

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling west bound on Cross Street and attempted to make a left turn and struck Vehicle 2 who was traveling east bound in the shoulder of Cross Street.

Driver 2 stated she was traveling east bound in the shoulder of Cross Street approaching the turning lane when Vehicle 1 attempted to make a left turn and struck her on the passenger side.

Video Footage from 32 Cross Street showed Driver 2 driving in the shoulder east bound on Cross Street. Traffic stopped to let Driver 1 make her turn when she struck Vehicle 2 on the passenger side.

After my investigation I found Driver 2 to be at fault for driving in the shoulder resulting in Driver 1 striking her due to not seeing her.

There were no reported injuries on scene. Vehicle 1 sustained disabling damage to the front end of the vehicle and was towed by Heshy's Towing. Vehicle 2 sustained minor damage to the passenger side running board and rear passenger quarter panel.

Driver 2 was issued one summons for careless driving (39:4-97) and another summons for driving without a license (39:3-10).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047415
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	100
☐ N ☒ E / ☐ S ☐ W of:	JOHN ST
14	100
15	
16	
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
20 Route/Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2319
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.083260
22 Longitude	-74.215870

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZHENG Z XIAO
29 Sex	M
27 Number & Street	286 SOUTH ST APT 20K
28 City / State / Zip	NEW YORK NY 10002
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	01 / D / - / - / NY
32 Driver's License Number	534680297
33 DOB mm dd yyyy	07/01/1953
34 Expires mm yy	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZHENG Z XIAO -
36 Number & Street	286 SOUTH ST APT 20K
37 City / State / Zip	NEW YORK NY 10002
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZD / MAZDA / GRY / 2007 / FHS1360 / NY
44 VIN	JM1BK32F271750977
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	PAA C1 09 55
55 NJ Ins. Code	168
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHANA P APPELBAUM
59 Sex	F
57 Number & Street	404 8TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	A70881207759962
63 DOB mm dd yyyy	09/14/1996
64 Expires mm yy	09 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA - APPELBAUM -
66 Number & Street	404 8TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLU / 2011 / S84HKK / NJ
74 VIN	4T1BF3EK5BU631532
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	68	M	08	08	-	11	04	-	-	ZHENG Z XIAO - 286 SOUTH ST APT 20K NEW YORK NY 10002
B	V1	01	01	05	25	F	-	-	-	11	04	-	-	CHANA P APPELBAUM - 404 8TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

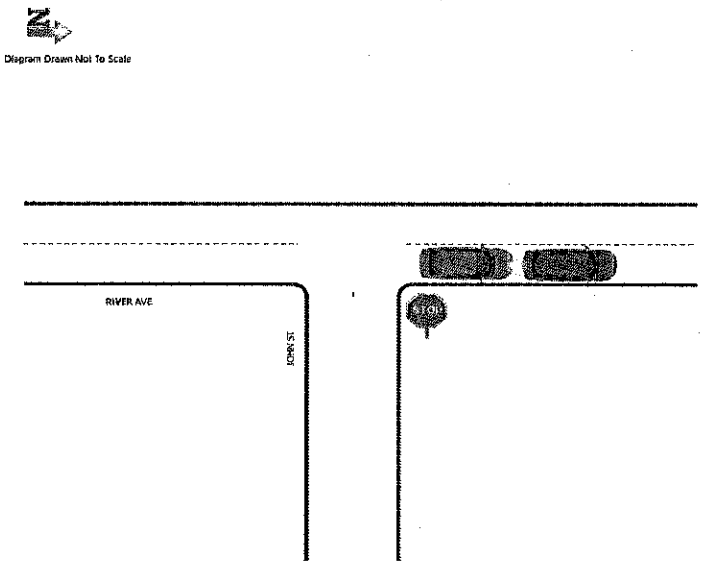
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047415

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED HE WAS DRIVING NORTHBOUND ON RIVER AVE. WHILE TRAVELING NORTHBOUND ON RIVER AVE, HE CRASHED INTO THE REAR OF V2.

THE DRIVER OF V2 STATED SHE WAS DRIVING NORTHBOUND ON RIVER AVE. WHILE TRAVELING NORTHBOUND ON RIVER AVE, THE DRIVER OF V1 CRASHED INTO THE REAR OF HER VEHICLE.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND SPEAKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR THIS MOTOR VEHICLE ACCIDENT FOR FOLLOWING TOO CLOSE TO V2.

DRIVER 1 INSURANCE INFORMATION:

POLICY NUMBER: 1726493-D01-32F

COMPANY CODE: 328

NAME AND ADDRESS OF INSURER:
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
PO BOX 89000
ATLANTA, GA 30356-9900

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047044
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CHESTERFIELD CT
At Intersection With Road Name	
Dir	
11 Speed Limit	15
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	15
☒ Feet ☐ Miles	500
☐ N ☐ E ☐ S ☒ W of:	DORCHESTER DR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1526
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.035917
22 Longitude	-74.183075

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ2383157847022
25 NJ Ins. Code	370
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	- / - / - / -
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / THOMAS / H / PERLIN / -
36 Number & Street	345A CANTERBURY CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / NX3 / WHI / 2020 / B87MRC / NJ
44 VIN	JTJGARDZ2L2234851
45 Expires	07 / 24
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	9844548771051
55 NJ Ins. Code	129
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MICHAEL / - / ORFINO / - / M
57 Number & Street	254 JEFFERSON CT # D
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	O73795440012562
63 DOB mm dd yyyy	12/19/1956
64 Expires mm yy	12 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / MICHAEL / - / ORFINO / -
66 Number & Street	254 JEFFERSON CT # D
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2017 / L53KMA / NJ
74 VIN	4T1BF1FK1HU742137
75 Expires	08 / 22
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

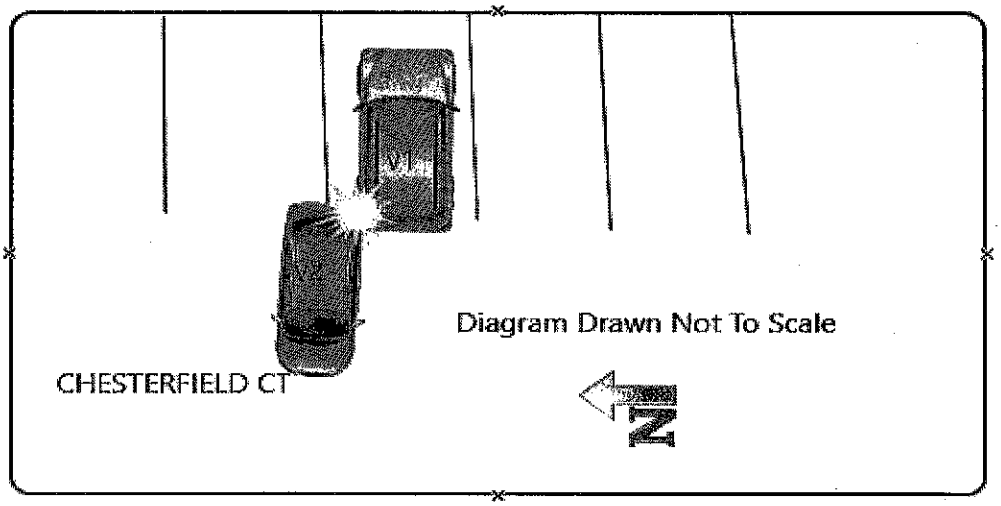
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	65	M	-	-	-	11	04	-	-	MICHAEL - ORFINO - 254 JEFFERSON CT # D LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-047044

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

While vehicle 1 was parked in a parking space off Chesterfield CT, vehicle 2 attempted to back in but crashed into the rear of the vehicle.

Driver of vehicle 2 stated he was attempting to back into a parking space off Chesterfield CT but crashed into vehicle 1 who was parked in a parking space.

In my investigation I find vehicle 2 at fault for this crash for driver inattention and backing unsafely as vehicle 2 needs to make sure he is aware of other vehicles before backing up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045615
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	174 NEW HAMPSHIRE AVE
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
4 Date of Crash (mm dd yy)	06/08/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1723
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
17 Cross Road Name	
20 Route/Name	
21 Latitude	40.086538
22 Longitude	-74.176805

Vehicle 1

23 Veh #	1
24 Policy No.	01480 28 50U 7101 9
25 NJ Ins. Code	355
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	- / - / - / -
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number / 33 DOB / 34 Expires	- / - / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / KIRK / A / MCANUFF -
36 Number & Street	1212 BEL AIRE CT
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INFI / QX6 / SIL / 2018 / H39LJD / NJ
44 VIN / 45 Expires	5N1DL0MM8JC520948 / 07 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	917315038
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	ROBERT / A / MURAWSKI - / M
57 Number & Street	1 PINEHURST DR 8B
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	M93366586108675 / 08/14/1967 / 08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ROBERT / A / MURAWSKI -
66 Number & Street	1 PINEHURST DR 8B
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / AVE / WHI / 2013 / Z64PFA / NJ
74 VIN / 75 Expires	1C3CDZCB1DN677798 / 11 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	N/A	2	138	N/A
Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	49	M	-	-	-	11	01	-	-	KIRK A MCANUFF - 1212 BEL AIRE CT TOMS RIVER NJ 08753
B	1	03	01	05	36	F	-	-	-	11	01	-	-	LATOYA - MCANUFF - 1212 BEL AIRE CT TOMS RIVER NJ 08755
C	2	01	01	05	54	M	-	-	-	11	04	-	-	ROBERT A MURAWSKI - 1 PINEHURST DR 8B LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

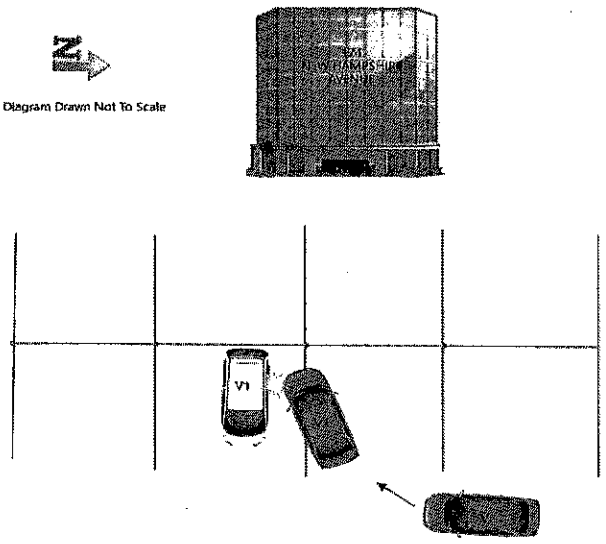
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045615

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked in a parking spot facing East near 174 New Hampshire Avenue. The driver and front passenger were still inside the vehicle when the crash occurred. Vehicle #2 was travelling East into a parking spot going straight ahead when it crashed into Vehicle #1. Vehicle #1 sustained scratches to the rear driver side door. Vehicle #2 sustained scratches to the front driver side fender. There were no reports of injuries.

The operator of Vehicle #1 stated he was inside his parked vehicle waiting on food. In the process of waiting, Vehicle #2 pulled into the parking spot next to him and crashed into his vehicle.

Driver 2 stated he was pulling into a parking spot which was next to Vehicle #1. As he was pulling in, he must have misjudged the amount of space and crashed into Vehicle #1.

My investigation finds Vehicle #2 to be at fault for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046004
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1219
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	HADASSAH LN
At Intersection With	☐
Feet	☒
Miles	☐
5	14 15 16
N ☐ E ☐ S ☒ W of:	RIVER AVE
11 Speed Limit	25
12 Route No.	-
Dir	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
19 Ramp	☐ To ☐ From:
17 Cross Road Name	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.067766
22 Longitude	-74.218413

Vehicle 1

23 Veh #	1
24 Policy No.	14911346
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOSEPH
Initial	M
Last Name	CHALME
29 Sex	M
27 Number & Street	447 SLOCUM PLACE
28 City	OAKHURST
State	NJ
Zip	07755
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C31644107406992
33 DOB (mm dd yyyy)	06/22/1999
34 Expires (mm yy)	06 24
35 Owner's First Name	JUDITH
Initial	M
Last Name	CHALME
Same As Driver	☐
36 Number & Street	447 SLOCUM PLACE
37 City	OAKHURST
State	NJ
Zip	07755
38 Make	HYUN
39 Model	ELA
40 Color	BLK
41 Year	2020
42 Plate No.	Y78LTK
43 State	NJ
44 VIN	KMHD74LF6LU980864
45 Expires	09 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	
☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name	-
Initial	-
Last Name	-
Same As Driver	☐
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	SPA-BUS
69 Model	
70 Color	YL
71 Year	-
72 Plate No.	-
73 State	NJ
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☐ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	
☐ USDOT ☐ MC/MX ☐ None	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	22	M	-	-	-	11	04	-	-	JOSEPH M CHALME - 447 SLOCUM PLACE OAKHURST NJ 07755 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

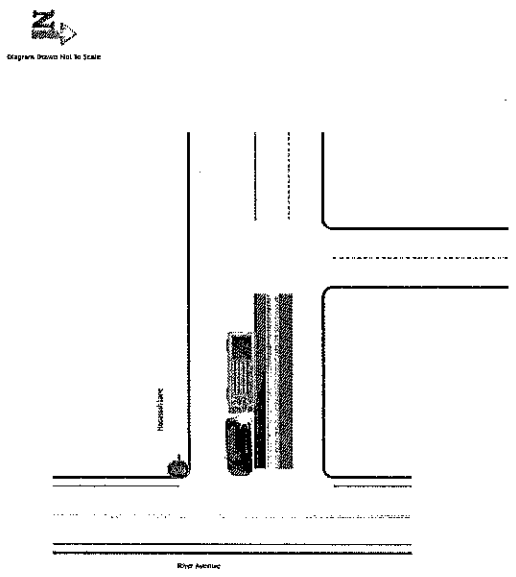
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046004

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash he was traveling east bound on Hadassah Lane approaching River Avenue. The Driver of Vehicle #1 stated that as he sat stopped awaiting making a left turn onto the north bound lane of River Avenue. The Driver of Vehicle #1 stated that there was a yellow school bus behind him with a right blinker indicating a right turn onto the south bound lane of River Avenue. The Driver of Vehicle #1 stated that Vehicle #2 appear to become impatient and drove into the driver side rear of Vehicle #1. The Driver of Vehicle #1 stated that Vehicle #2 then fled south bound on River Avenue. The Driver of Vehicle #1 did not report any injury as a result of the crash.

Vehicle #2 was not on scene when Police arrived. No video was found in the area of the accident. Unable to determine what bus company Vehicle #2 belonged to.

I find the Driver of Vehicle #2 to be at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046124
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W	of: REGAL CT
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2043
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090319
22 Longitude	-74.210522

Vehicle 1

23 Veh #	1
24 Policy No.	943434775
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GIANA
Initial	R
Last Name	DIGANGI
29 Sex	F
27 Number & Street	25 CANNON BALL DRIVE
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D42322827959982
33 DOB mm dd yyyy	09/11/1998
34 Expires mm yy	09 23
35 Owner's First Name	☒ Same As Driver GIANA
Initial	R
Last Name	DIGANGI
36 Number & Street	25 CANNON BALL DRIVE
37 City	HOWELL
State	NJ
Zip	07731
38 Make	VOLK
39 Model	BEE
40 Color	YEL
41 Year	2012
42 Plate No.	C40NPA
43 State	NJ
44 VIN	3VWJP7AT3CM634130
45 Expires	05 23
46 Vehicle Removed To	AAA
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - Hazard Class - Placard No.
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name	☐ Same As Driver -
Initial	-
Last Name	-
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill - Hazard Class - Placard No.
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	23	F	-	-	-	11	04	-	-	GIANA R DIGANGI - 25 CANNON BALL DRIVE HOWELL NJ 07731
B														
C														
D														

New Jersey Police Crash Investigation Report

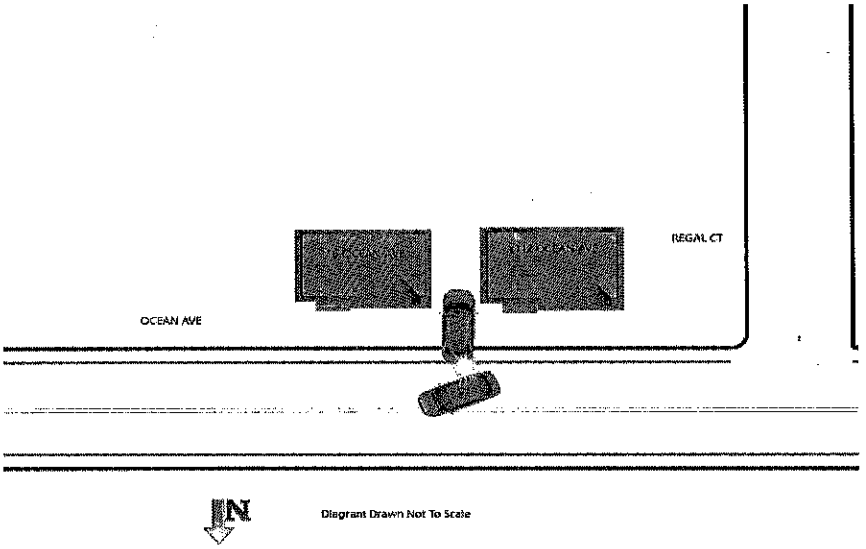
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046124

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING EAST ON OCEAN AVE WHEN VEHICLE 2 BACKED OUT OF A DRIVEWAY BETWEEN 116 AND 112 OCEAN AVE AT A HIGH RATE OF SPEED. SHE TRIED TO AVOID THE COLLISION BUT THEY CRASHED. VEHICLE 2 FLED WEST ON OCEAN AVE.

DRIVER OF VEHICLE 1 BELIEVED VEHICLE 2 WAS A TAN SEDAN. POSSIBLE RED PAINT TRANSFER ON DAMAGE TO VEHICLE 1. THE PARKING LOT OF 112 AND 116 OCEAN AVE WAS CHECKED FOR THAT VEHICLE AND IT WAS NOT ABLE TO BE LOCATED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046513
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	52 MADISON AVE
11 Speed Limit	25
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1511
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

☐ At Intersection With Road Name Dir 12 Route No. Suffix 13 Milepost 18 Speed Limit

☐ Feet ☐ N ☐ E of: -

14 - ☐ Miles ☐ S ☐ W 15 16

19 Ramp ☐ To ☐ From: - 17 Cross Road Name ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude 22 Longitude

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run

26 Driver's First Name Initial Last Name	
29 Sex	
27 Number & Street	
28 City State Zip	
30 Eyes DL Class Restrictions Endorsements	
31 State	
32 Driver's License Number	
33 DOB mm dd yyyy	
34 Expires mm yy	
35 Owner's First Name Initial Last Name	
☐ Same As Driver	
36 Number & Street	
37 City State Zip	
38 Make	
39 Model	
40 Color	
41 Year	
42 Plate No.	
43 State	
44 VIN	
45 Expires	
46 Vehicle Removed To	

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -

50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City State Zip

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name Initial Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City State Zip	- - -
60 Eyes DL Class Restrictions Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name Initial Last Name	- - -
☐ Same As Driver	-
66 Number & Street	-
67 City State Zip	- - -
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -

80 Carrier No.: ☐ USDOT - ☐ None; ☐ MC/MX -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City State Zip

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

OVERHANG EAVE STRUCTURE TO THE ADDRESS OF 52 MADISON AVE

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

96 05 | 97 01 | 98 01 | 99 09 | 100a 03 | 100b 04 | 101 02 | 102 01 | 103 05 | 104 1 | 105 11 | 106 - | 107 - | 108 03 | 109 - | 110 02 | 111 - | 112 01 | 113 - | 114 - | 115 - | 116 04 | 117 - | 118a 49 | 118b - | 119a - | 119b - | 120a | 120b 00 | 121a - | 121b - | 122 01 | 123 - | 124 11 | 125 - | 126a 42 | 126b - | 126c - | 126d - | 126e 42 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 42 | 129 13 | 130 00 | 131 - | 132 - | 133 00 | 134 -

New Jersey Police Crash Investigation Report

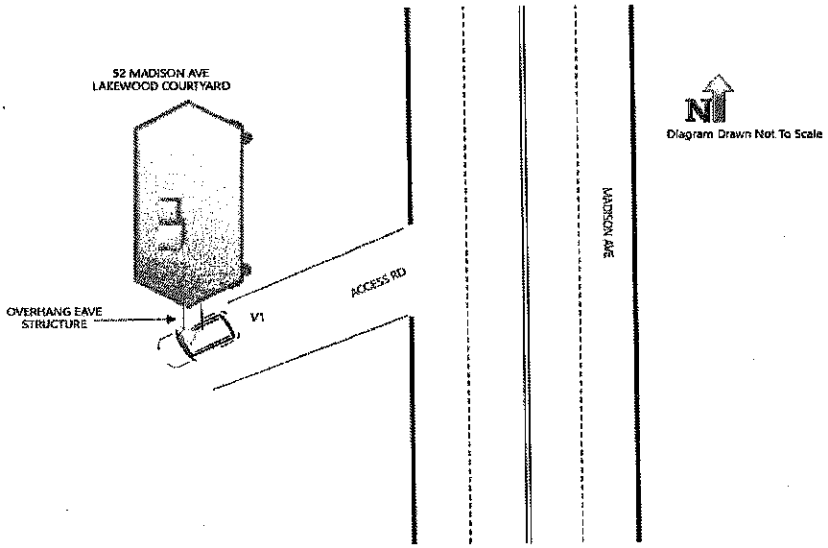
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046513

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Employee at above address reported observing a Fed Ex Truck damage the Overhang Eave Structure at the Main Entrance to the address of 52 Madison Ave (Lakewood Courtyard).

Employee stated Vehicle 1 was exiting the Main Entrance at the above address and struck the Overhang Eave. She stated after exiting the above address Vehicle 1 returned to the Main Entrance and while exiting struck the Overhang Eave once again causing damage. She stated after collision a portion of the Overhang Eave approximately two feet long fell off the Overhang and onto the ground.

Employee described Vehicle 1 as a Fed Ex Truck (Unknown Registration). Driver of Vehicle 1 was described as a dark skinned male with dreadlocks.

Employee believed there are signs in the area displaying a height requirement for Vehicle's entering the Main Entrance. While on scene I did not observe any signs in the area displaying height requirement.

A surveillance camera is equipped at the overhang that is believed to have captured the incident. At this time Surveillance Footage is not available until tomorrow morning.

The height of vehicle 1 may have contributed to the Crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046633
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	GEM DR
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	25
☒ N ☐ E ☐ S ☐ W of:	DIAMOND TER
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2253
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.102212
22 Longitude	-74.178793

Vehicle 1

23 Veh #	1
24 Policy No.	UNKNOWN
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	UNKNOWN - UNKNOWN
29 Sex	U
27 Number & Street	UNKNOWN
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver UNKNOWN - UNKNOWN -
36 Number & Street	UNKNOWN
37 City / State / Zip	- / - / -
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	UNKNOWN / UNKNOWN / - / - / UNKNOWN / UN
44 VIN	UNKNOWN
45 Expires	- -
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6058-47-31-06
55 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YECHEIL - FISCHER -
66 Number & Street	22 GEM DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / GRY / 2022 / N21PKE / NJ
74 VIN	2HGFE2F58NH551579
75 Expires	12 24
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	00	-		U	00	00	00	00	00	-	-	UNKNOWN - UNKNOWN - UNKNOWN - - -
B														
C														
D														

New Jersey Police Crash Investigation Report

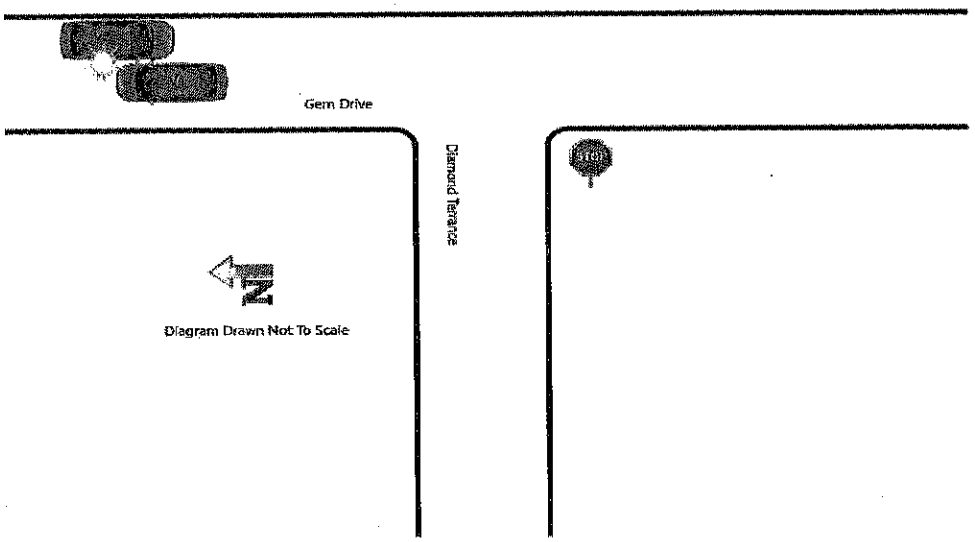
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046633

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

No statements were gathered from the driver of vehicle 1, as they left the scene of an accident.

The owner of vehicle 2 was away for the time being and returned home to see his vehicle to have sustained a minor damage to the rear passenger side door. Vehicle 2 parked on Gem Drive, facing south bound, just north of the intersection of Diamond Terrance. Vehicle 2 was not towed as per the owner's request. Vehicle 2 was un-occupied at the time of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	SGT. J. SPAGNUOLO	331	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046850
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	1985 CEDARBRIDGE AVE
☐ At Intersection With	Road Name
Dir	
11 Speed Limit	5
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14	15
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/13/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2143
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	-
21 Latitude	40.069921
22 Longitude	-74.168195

Vehicle 1

23 Veh #	1
24 Policy No.	1394110B0730
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YEHUDA
Initial	Z
Last Name	ORZEL
29 Sex	M
27 Number & Street	9 KENYON DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	O77167898910876
33 DOB mm dd yyyy	10/13/1987
34 Expires mm yy	10 22
35 Owner's First Name	CONNECTICUT MAI
Initial	-
Last Name	-
☐ Same As Driver	
36 Number & Street	1985 CEDARBRIDGE AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	BLK
41 Year	2018
42 Plate No.	D38JSK
43 State	NJ
44 VIN	JTNB11HK8J3038959
45 Expires	12 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☐ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
50 Carrier No.	
☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	018193384C71017
55 NJ Ins. Code	823
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name	DOUGLAS
Initial	M
Last Name	SNELL
☐ Same As Driver	
66 Number & Street	956 SOMERSET DR
67 City	TOMS RIVER
State	NJ
Zip	08753
68 Make	KIA
69 Model	SOR
70 Color	SIL
71 Year	2012
72 Plate No.	SLY44Y
73 State	NJ
74 VIN	5XYKTDA6XCG292720
75 Expires	05 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	
☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
80 Carrier No.	
☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01					
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	34	M	-	-	-	11	04	-	-	YEHUDA Z ORZEL - 9 KENYON DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

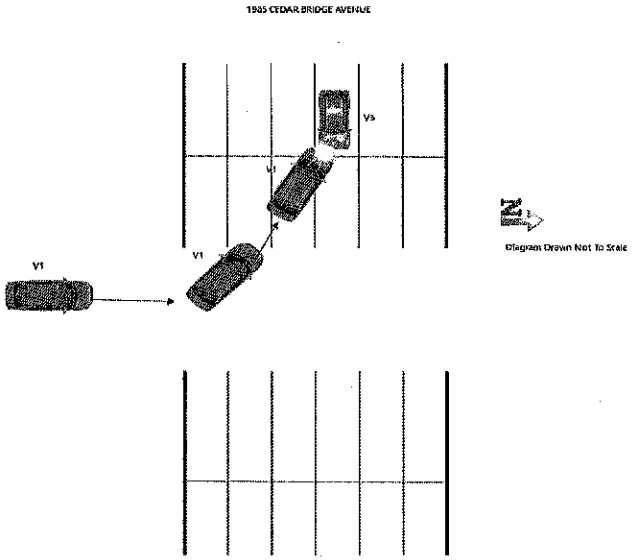
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046850

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1: Stated that he was attempting to park his vehicle when he got distracted by something behind him. The driver of V1 stated that when he turned around to look at something he struck the front passenger side bumper of V2.The driver of V1 was not injured and left the scene in his vehicle.

V2: Stated that when she came out to her car she had a note on the windshield that "Hi I hit your car" with a phone number attached. The caller identified as Sarah Snell stated that she was able to get and show the video of her car being hit. In the video you see V1 pull in to the parking lot and attempt to park next to V2. V1 strikes the front passenger side bumper of V2.

Through my brief investigation I find V1 at fault for crashing in to V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DANCEY R	360	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-046986
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	FOREST AVENUE
11 Speed Limit	35
☒ At Intersection With	2ND STREET
18 Speed Limit	25
4 Date of Crash	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0958
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.091675
22 Longitude	-74.218721

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 05; 104: 2; 105: 03; 106: -; 107: -; 108: 04; 109: 01; 110: 01; 111: 01; 112: 01; 113: -; 114: -; 115: -; 116: 02; 117: 03

Right margin codes: 118a: 02; 118b: -; 119a: 25; 119b: -; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 06; 123: 01; 124: 08; 125: 11; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 11; 130: 12; 131: 03; 132: 04; 133: 04; 134: 04

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	PAA80002128262	994511321 206 1
NJ Ins. Code	963	884
Driver's Name	SHULAMITH - GRANDOVSKY -	MICHAEL M WOLF -
Sex	F	M
Number & Street	113 ENCLAVE BLVD	4 REGENCY CT
City / State / Zip	LAKEWOOD NJ 08701	LAKEWOOD NJ 08701
Eyes	4	6
DL Class	D	A
Restrictions	-	-
Endorsements	-	-
State	NJ	NJ
Driver's License Number	G71837090053444	W62445447404846
DOB	03/31/1944	04/25/1984
Expires	03 23	05 20
Owner's Name	CHARLES - GRANDOVSKY -	MICHAEL M WOLF -
Owner Number & Street	113 ENCLAVE BLVD	4 REGENCY CT
Owner City / State / Zip	LAKEWOOD NJ 08701	LAKEWOOD NJ 08701
Make	SUBA	HOND
Model	LEG - LE	ODY
Color	GRY	4
Year	2022	2020
Plate No.	T51PWC	K56MDS
State	NJ	NJ
VIN	4S3BWAD62N3017478	5FNRL6H74LB007221
Expires	03 25	01 24
Vehicle Removed To	ARKADYS	
Removal	☒ Towed Disabled	☒ Left At Scene
Authority	☒ Owner	
Alcohol/Drug Test Given	☒ No	☒ No
Results	0.- %	0.- %
Hazardous Material	☒ None	☒ None
Carrier No.		
GVWR/GCWR		

52 Motor Carrier or Government Entity / 82 Motor Carrier or Government Entity: Number & Street, City, State, Zip — blank

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.

Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	78	F	-	-	-	11	11	02	-	SHULAMITH - GRANDOVSKY - 113 ENCLAVE BLVD LAKEWOOD NJ 08701
B	02	01	01	05	38	M	-	-	-	11	04	-	-	MICHAEL M WOLF - 4 REGENCY CT LAKEWOOD NJ 08701
C	02	05	01	05	05	F	-	-	-	05	05	-	-	GOLDIE WOLF 4 REGENCY CT LAKEWOOD NJ 08701
D	02	06	01	05	06	F	-	-	-	04	04	-	-	SERENA WOLF 4 REGENCY CT LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

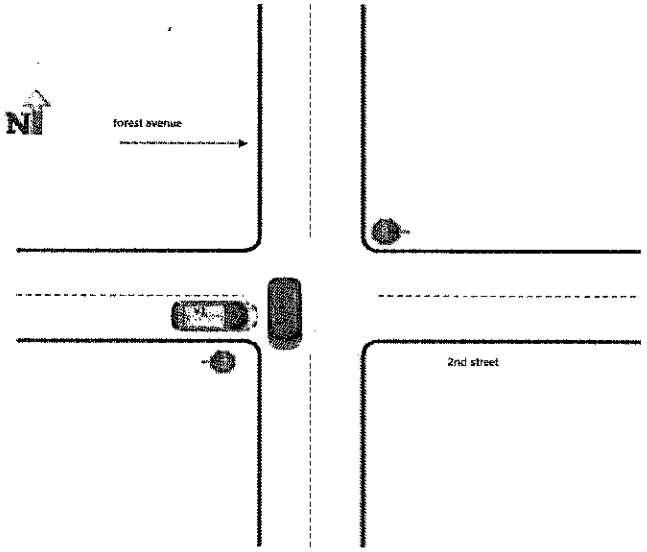
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046986

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	07	01	05	12	M	-	-	-	04	04	-	-	JACOB WOLF 4 REGENCY CT LAKEWOOD NJ 08701
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT SHE HAD STOPPED AT THE STOP SIGN AND LOOKED BOTH WAYS, AND DID NOT SEE ANYONE; AND THE OTHER VEHICLE MUST HAVE BEEN FLYING.

DRIVER OF V2 STATED THAT HE WAS DRIVING SOUTH ON FOREST AVENUE AND THE LADY(V1) CAME THOUGH THE STOP SIGN. V2 HAD THE RIGHT OF WAY AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046989
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1011
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	LINDEN AVE
At Intersection With Road Name	OCEAN AVE
Dir	-
11 Speed Limit	25
12 Route No.	0088
Suffix	-
13 Milepost	-
14	20 ☒ Feet ☐ Miles
15	☒ N ☐ E ☐ S ☐ W
16	of:
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp	☐ To ☐ From:
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.090594
22 Longitude	-74.196015

Vehicle 1

23 Veh #	1
24 Policy No.	993703105 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVROHOM Y ZEFFREN -
29 Sex	M
27 Number & Street	18 NATURES WAY
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	Z22070718807862
33 DOB (mm dd yyyy)	07/15/1986
34 Expires (mm yy)	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AVROHOM Y ZEFFREN -
36 Number & Street	18 NATURES WAY
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / 3 / 2004 / M11DTV / NJ
44 VIN	4T1BE32KX4U839867
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	A0J-231-856046040 1 4
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HIDELBERT - LOPEZ-SANDOVAL -
59 Sex	F
57 Number & Street	413 LAUREL AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	L65313310056872
63 DOB (mm dd yyyy)	06/20/1987
64 Expires (mm yy)	06 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver HIDELBERT - LOPEZ-SANDOVAL -
66 Number & Street	413 LAUREL AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / 4 / 2007 / K43PGV / NJ
74 VIN	5TDZK23C57S083001
75 Expires	11 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-		-	-		-
-	140 Charge	141 Summons No.	-	142 Charge	143 Summons No.
		-			-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	M	-	-	-	11	04	-	-	AVROHOM Y ZEFFREN - 18 NATURES WAY LAKEWOOD NJ 08701
B	02	01	01	05	34	F	-	-	-	11	04	-	-	HIDELBERT - LOPEZ-SANDOVAL - 413 LAUREL AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

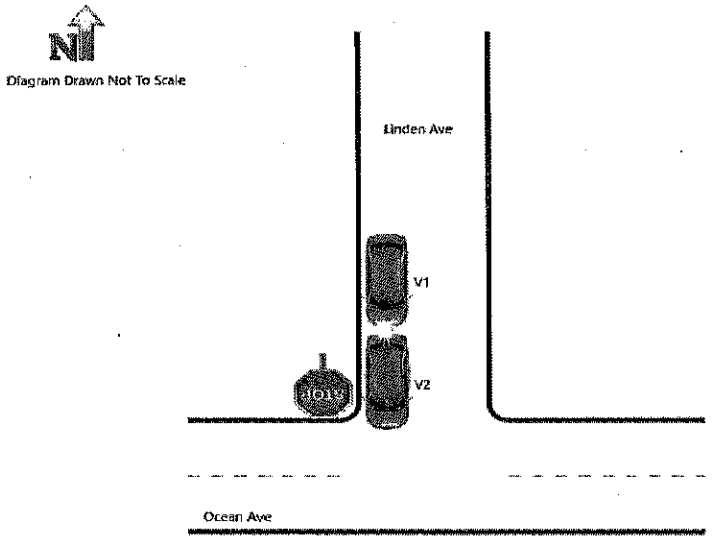
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046989

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was stopped in traffic behind vehicle 2 on Linden Ave and crashed into the rear of vehicle 2 which was stopped at the stop sign on Linden Ave and Ocean Ave.

Driver 1 stated he was stopped in traffic behind vehicle 2 on Linden Ave. Vehicle 1 was inching closer to the intersection about to make a right turn. When he inched closer, he crashed into the rear of vehicle 2.

Driver 2 stated she was stopped at the stop sign on Linden Ave and Ocean Ave waiting to make a right turn. While she was waiting for traffic, vehicle 1 crashed into the rear of her vehicle.

There were no reported injuries on scene and both vehicles sustained very minor damage.

Based on my observations and speaking with both parties, I determined that driver 1 was at fault for crashing into the rear of vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047045
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1535
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLIFTON AVE S
At Intersection With Road Name	MAIN ST
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet / ☐ Miles	250
☐ N ☐ E of: ☒ S ☐ W	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.090058
22 Longitude	-74.214224

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	- / - / -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- / -
35 Owner's First Name / Initial / Last Name	GYONGYVER / - / SZEKELY
☐ Same As Driver	
36 Number & Street	350 E CHICAGO ST
37 City / State / Zip	ELGIN / IL / 60120
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / - / BLK / 2003 / CG34662 / IL
44 VIN / 45 Expires	JTHBF30G936002707 / 09 21
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	609529340 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHAMAH / - / PERLOW
59 Sex	F
57 Number & Street	607 5TH ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	P27101200055014
63 DOB (mm dd yyyy)	05/18/2001
64 Expires (mm yy)	05 / 23
65 Owner's First Name / Initial / Last Name	SHOSHANAH / - / PERLOW
☐ Same As Driver	
66 Number & Street	607 5TH ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / SIL / 2020 / A54NLV / NJ
74 VIN / 75 Expires	1HGCV1F35LA140499 / 03 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	21	F	-	-	-	11	04	-	-	CHAMAH - PERLOW - 607 5TH ST LAKEWOOD NJ 08701 - -
B	03	01	01	05	22	F	-	-	-	11	04	-	-	TZIVIA R SCHWARZ - 518 FOREST AVE LAKEWOOD NJ 08701 - -
C	03	06	01	05	6M	F	-	-	-	06	06	-	-	BINA - SCHWARZ - 518 FOREST AVE LAKEWOOD NJ 08701 - -
D														

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-047045
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1535
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CLIFTON AVE S
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	250
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☒ S ☐ W of:
17 Cross Road Name	MAIN ST
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.090058
22 Longitude	-74.214224

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 3; 105: 01; 106: -; 107: -; 108: 01; 109: -; 110: 01; 111: -; 112: -; 113: -; 114: -; 115: -; 116: 01; 117: -

Right margin codes: 118a: 25; 118b: -; 119a: -; 119b: -; 120a: 01; 120b: -; 121a: -; 121b: -; 122: 08; 123: -; 124: 04; 125: -; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: -; 127b: -; 127c: -; 127d: -; 127e: -; 128: 26; 129: 06; 130: 06; 131: -; 132: -; 133: 02; 134: -

Field	Vehicle	Field	Vehicle
23 Veh #	3	53 Veh #	-
24 Policy No.	947758014	54 Policy No.	-
25 NJ Ins. Code	134	55 NJ Ins. Code	-
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	TZIVIA R SCHWARZ -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	F	59 Sex	-
27 Number & Street	518 FOREST AVE	57 Number & Street	-
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	- - -
30 Eyes	02	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	S15707537956002	62 Driver's License Number	-
33 DOB (mm dd yyyy)	06/13/2000	63 DOB	-
34 Expires (mm yy)	06 26	64 Expires	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM Y SCHWARZ -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
36 Number & Street	518 FOREST AVE	66 Number & Street	-
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	- - -
38 Make	TOYT	68 Make	-
39 Model	CAM	69 Model	-
40 Color	3	70 Color	-
41 Year	2015	71 Year	-
42 Plate No.	M16MYT	72 Plate No.	-
43 State	NJ	73 State	-
44 VIN	4T1BF1FK7FU047707	74 VIN	-
45 Expires	12 22	75 Expires	- -
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

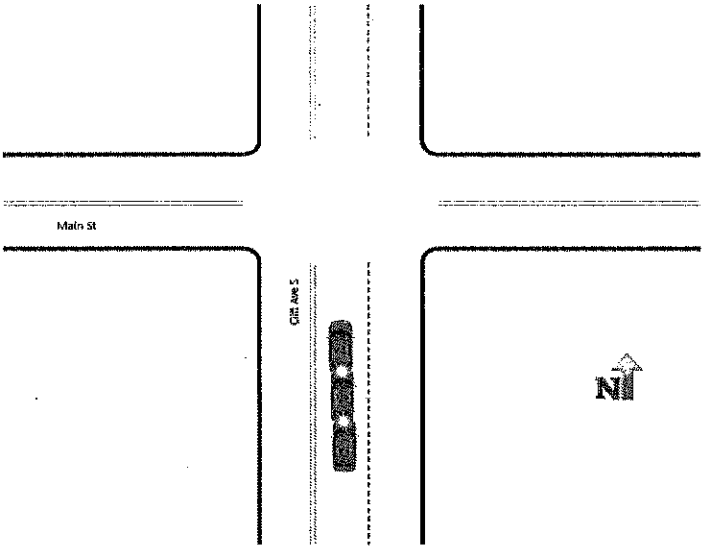
Station: - Case No: 22-047045

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 2 stated she was inching forward when out of nowhere a vehicle rear ended her sending her into vehicle 3. That vehicle then took off north bound towards Main Street.

Driver 3 stated she was stopped in traffic when vehicle 2 crashed into her. She then saw another vehicle sped off towards Main Street.

A witness gave me the plate of vehicle 1. The plate was an expired Illinois registration. We had no history and I was unable to locate the vehicle in the area.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	KCM	335	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047046
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/14/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1541
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	☒
15 Miles	☐
N ☐ E ☐ S ☐ W	☒ N
of:	OCEAN AVE
16	15
17 Cross Road Name	-
18 Speed Limit	40
19 Ramp To ☐ From ☐	☐
20 Route/Name	-
NB ☐ SB ☐ EB ☐ WB ☐	☐
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	F871759-7
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	LUANN
Initial	-
Last Name	CASH
29 Sex	F
27 Number & Street	54 WHITE SWAN WAY
28 City	BRICK
State	NJ
Zip	08723
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C07354900056685
33 DOB (mm dd yyyy)	06/07/1968
34 Expires (mm yy)	06 25
35 Owner's First Name	LUANN
Initial	-
Last Name	CASH
☐ Same As Driver	☐
36 Number & Street	54 WHITE SWAN WAY
37 City	BRICK
State	NJ
Zip	08723
38 Make	VOLK
39 Model	GOL - GO
40 Color	SIL
41 Year	2013
42 Plate No.	MZD99G
43 State	NJ
44 VIN	WVWDB7AJXDW007360
45 Expires	08 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name	-
Initial	-
Last Name	-
☐ Same As Driver	☐
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	--
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	54	F	-	-	-	11	04	-	-	LUANN - CASH - 54 WHITE SWAN WAY BRICK NJ 08723 - -
B														
C														
D														

95	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	00
110	01
111	00
112	-
113	-
114	-
115	-
116	03
117	03
118a	25
118b	-
119a	06
119b	08
120a	01
120b	-
121a	00
121b	-
122	08
123	08
124	03
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	01
132	00
133	03
134	00

New Jersey Police Crash Investigation Report

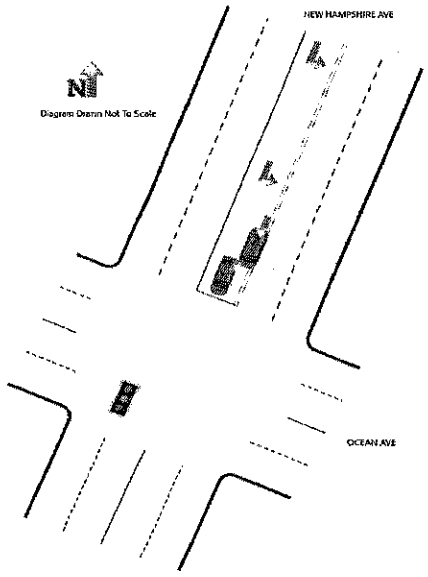
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047046

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was stopped at the traffic signal facing south at the intersection of New Hampshire Ave and Ocean Ave. She explained that she was directly in front of vehicle 2 prior to the crash. Driver 1 stated the green arrow had just turned off and was waiting for northbound traffic on New Hampshire Ave to clear before making a left turn at the green traffic signal. She stated that driver 2 was impatient and crossed the double yellow, then side swiped her vehicle before making a left turn on to Ocean Ave and fleeing the scene heading east on Ocean Avenue. Driver 1 did not provide a vehicle description or a suspect plate. Driver 1 was not injured. Damage to vehicle 1 was moderate but functional.

As a result of my investigation, driver 2 was found a fault for improper passing and improper turning. End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT J	384	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-047104	10 Crash Occurred On: CLIFTON AVE	11 Speed Limit: 35	18 Speed Limit: 40
2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01	At Intersection With / Road Name / Dir	12 Route No. / Suffix / 13 Milepost
3 Station/Precinct: -	20 Feet ☒ / Miles ☐ (14 / 15)	☐N ☐E ☒S ☐W of: MAIN ST	16
4 Date of Crash (mm dd yy): 06/14/22	5 Day Of Week: TUESDAY	19 Ramp ☐ To ☐ From: -	17 Cross Road Name: ☐NB ☐EB ☐SB ☐WB
6 Time (use 2400 hrs): 2159	7 Municipality Code: 1514	20 Route/Name	
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.090058	22 Longitude: -74.214224

Vehicle 1

23 Veh #: 1	24 Policy No.: -	25 NJ Ins. Code: -	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run		
26 Driver's First Name / Initial / Last Name: - - -	29 Sex: -				
27 Number & Street: -					
28 City: -	State: -	Zip: -			
30 Eyes: -	DL Class: -	Restrictions: -	Endorsements: -	31 State: -	
32 Driver's License Number: -	33 DOB (mm dd yyyy): -	34 Expires (mm yy): - -			
35 Owner's First Name / Initial / Last Name: ☐ Same As Driver - - - -					
36 Number & Street: -					
37 City: -	State: -	Zip: -			
38 Make: -	39 Model: -	40 Color: WT	41 Year: -	42 Plate No.: -	43 State: -
44 VIN: -	45 Expires: - -				
46 Vehicle Removed To: -					
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
47 Authority: ☐ Owner ☐ Driver ☐ Police					
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -					
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -					
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					
52 Motor Carrier or Government Entity: -					
Number & Street: -					
City: -	State: -	Zip: -			

Vehicle 2

53 Veh #: 2	54 Policy No.: *	55 NJ Ins. Code: -	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name / Initial / Last Name: BETZALEL - GREENWALD	59 Sex: M				
57 Number & Street: 157 FLINTLOCK DR					
58 City: LAKEWOOD	State: NJ	Zip: 08701			
60 Eyes: 02	DL Class: D	Restrictions: -	Endorsements: -	61 State: NJ	
62 Driver's License Number: G73130920003982	63 DOB (mm dd yyyy): 03/10/1998	64 Expires (mm yy): 03 23			
65 Owner's First Name / Initial / Last Name: ☐ Same As Driver ELLIOT - BECKER					
66 Number & Street: 570 CEDARHILL ROAD FAR					
67 City: ROCKAWAY	State: NY	Zip: 11691			
68 Make: NISS	69 Model: RGE	70 Color: -	71 Year: 2019	72 Plate No.: FCT6989	73 State: NY
74 VIN: 5N1AT2MV0KC754459	75 Expires: 12 22				
76 Vehicle Removed To: -					
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
77 Authority: ☐ Owner ☒ Driver ☐ Police					
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -					
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -					
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					
82 Motor Carrier or Government Entity: -					
Number & Street: -					
City: -	State: -	Zip: -			

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	24	M	-	-	-	11	04	-	-	BETZALEL - GREENWALD - 157 FLINTLOCK DR LAKEWOOD NJ 08701
B	02	03	01	05	33	F	-	-	-	11	04	-	-	SHOSHANA - BECKER - 570 CEDARHILL RD FAR ROCKAWAY NY 11691
C														
D														

New Jersey Police Crash Investigation Report

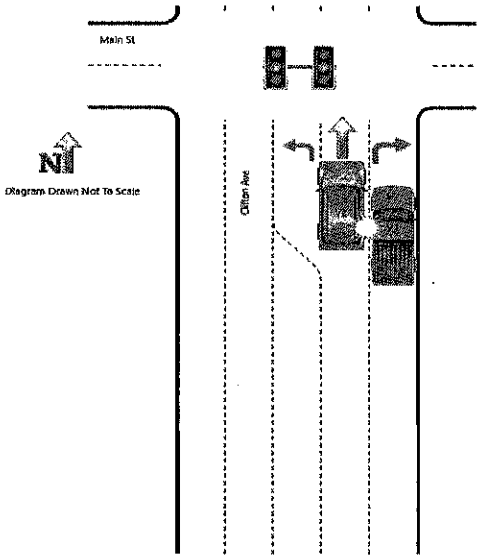
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047104

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 02 stated that he was traveling North on Clifton Ave when Vehicle 01 side swiped his vehicle from the right lane. Driver 02 stated that he got out of Vehicle 02 to confront Driver 01 but Driver 01 fled and made a left turn onto Main St. Driver 02 described Vehicle 01 as a white pickup truck being operated by a Hispanic male. Driver 02 and Passenger 02 had no complaint of pain or injuries.

Vehicle 01 had fled the area prior to my arrival and was unable to be located.

Due to the time of the call, I was unable to check video surveillance in the area because businesses were closed.

After my investigation, I concluded Driver 01 to be at fault for this crash for improper lane change and driver inattention.

***Vehicle 02 Insurance**
Allstate
Policy #000000943018115 (743)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047201
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0815
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE (Road Name) - (Dir)
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
At Intersection With	☒ Feet ☐ Miles; ☐ N ☒ E ☐ S ☐ W of: S CLOVER ST
10 / 14 / 15 / 16	10
17 Cross Road Name	
19 Ramp	☐ To ☐ From:
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.082695
22 Longitude	-74.201449

Vehicle 1

23 Veh #	1
24 Policy No.	10902314
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KAITLYN J RIEGERT
29 Sex	F
27 Number & Street	317 STEINER ROAD
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	R41614247153926 / 03/29/1992 / 03 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	KAITLYN J RIEGERT
36 Number & Street	317 STEINER ROAD
37 City / State / Zip	MANCHESTER NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / EXP / 1 / 2022 / W22RAP / NJ
44 VIN / 45 Expires	1FMSK8DHXNGB11960 / 05 25
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4627320163
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TYTIANA J SUMMERS
59 Sex	F
57 Number & Street	2250 W COUNTY LINE RD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	S92467537156942 / 06/18/1994 / 06 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	TYTIANA J SUMMERS
66 Number & Street	2250 W COUNTY LINE RD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ALT - AL / BLK / 2022 / E22PPF / NJ
74 VIN / 75 Expires	1N4BL4BV1NN339060 / 02 26
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	30	F	-	-	-	11	04	-	-	KAITLYN J RIEGERT - 317 STEINER ROAD MANCHESTER NJ 08759
B	2	00	01	05	27	F	01	08	01	11	04	-	-	TYTIANA J SUMMERS - 2250 W COUNTY LINE RI JACKSON NJ 08527
C	2	04	01	05	2	M	-	-	-	05	05	-	-	NASIR RYLAND 2250 W COUNTYLINE R JACKSON NJ 08527
D	2	06	01	05	4	M		-	-	05	05	-	-	NASIH RYLAND 2250 W COUNTYLINE R JACKSON NJ 08527

New Jersey Police Crash Investigation Report

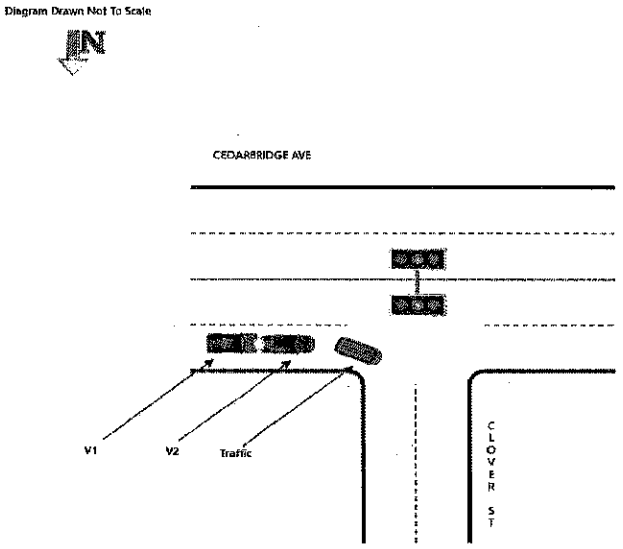
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047201

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said she was on Cedarbridge Ave (behind V2) stopped at the traffic light. The light changed and she thought V2 started to go ,so she started to go and struck the rear of V2. She said that she observed V2s brake light go off so she thought she was going to go.

Driver of V2 said she was at the traffic light on CedarBridge Ave, behind another vehicle. The light changed and the vehicle in front of her started to make a right. Her vehicle was then struck from behind by V1.

After speaking with both drivers it was determined that V1 was at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	DTWORKOSKI	249	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-047208
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0853
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	REGENT DR
11 Speed Limit	40
12 Route No.	
13 Milepost	
At Intersection With	☒
17 Cross Road Name	CENTRAL AVE
18 Speed Limit	25
21 Latitude	40.089045
22 Longitude	-74.228568

Margin codes (left): 96: 05; 97: 01; 98: 01; 99: 05; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 1; 105: 13; 106: -; 107: -; 108: 01; 109: -; 110: 01; 111: -; 112: -; 113: -; 114: -; 115: -; 116: 01; 117: 04

Margin codes (right): 118a: 04; 118b: 02; 119a: -; 119b: -; 120a: 01; 120b: -; 121a: 01; 121b: -; 122: 06; 123: 44; 124: 08; 125: 11; 126a: 22; 126b: -; 126c: -; 126d: -; 126e: 22; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 12; 130: 17; 131: -; 132: -; 133: 01; 134: -

Field	Vehicle 1	Field	Vehicle P
23 Veh #	1	53 Veh #	P
24 Policy No.	6024580932061	54 Policy No.	
25 NJ Ins. Code	884	55 NJ Ins. Code	
Type		Type	☒ Ped
26 Driver's Name	YITZCHOK A SELENGUT -	56 Driver's Name	MARIA G DIAZ -
29 Sex	M	59 Sex	F
27 Number & Street	158 REGENT PLACE	57 Number & Street	32 BRADSHAW RD
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	02	60 Eyes	02
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	S23677906109842	62 Driver's License Number	-
33 DOB	09/09/1984	63 DOB	09/05/1985
34 Expires	09 24	64 Expires	- -
35 Owner's Name	YITZCHOK A SELENGUT -	65 Owner's Name	
36 Number & Street	158 REGENT PLACE	66 Number & Street	
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	
38 Make	TOYT	68 Make	
39 Model	CAM	69 Model	
40 Color	SIL	70 Color	
41 Year	2017	71 Year	
42 Plate No.	V35NYZ	72 Plate No.	
43 State	NJ	73 State	
44 VIN	4T1BF1FK1HU694476	74 VIN	
45 Expires	07 22	75 Expires	
46 Vehicle Removed To	☒ Driven	76 Vehicle Removed To	
47 Authority	☒ Owner	77 Authority	
48 Alcohol/Drug Test	Given: ☒ No; Results: 0. - %	78 Alcohol/Drug Test	Given: ☐; Results: 0. %
49 Hazardous Material	☒ None	79 Hazardous Material	
50 Carrier No.	☒ None	80 Carrier No.	
51 GVWR/GCWR		81 GVWR/GCWR	
52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514A292884			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	37	M	-	-	-	11	04	-	-	YITZCHOK A SELENGUT - 158 REGENT PLACE LAKEWOOD NJ 08701
B	P	-	-	03	36	F	11	08	02	-	-	-	6502	MARIA G DIAZ - 32 BRADSHAW RD LAKEWOOD NJ 08701
C	1	04	01	-	13	M	-	-	-	11	04	-	-	YISRAEL SELENGUT 158 REGENT PLACE LAKEWOOD NJ 08701
D	1	06	01	-	7	M	-	-	-	11	04	-	-	ASHER SELENGUT 158 REGENT PLACE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

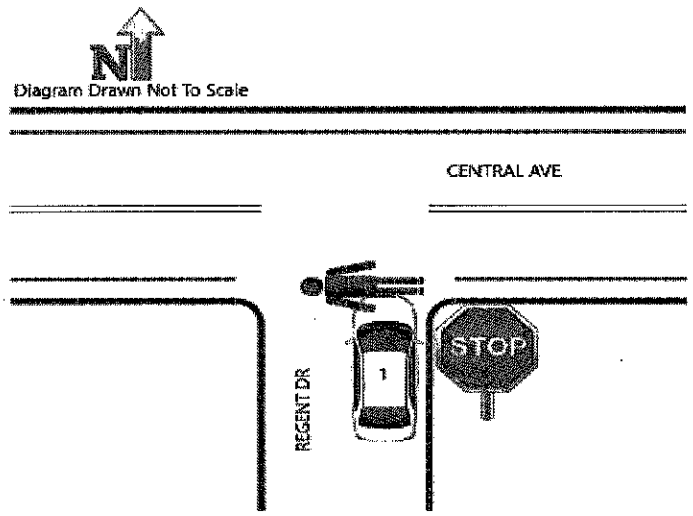
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047208

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling North on Regent Dr stopped at the stop sign at the intersection with Central Ave. P1 was walking West on Central Ave on the Eastbound side of the road on the sidewalk. P1. began grossing Regent Dr. in the unmarked crosswalk. Vehicle #1 began making a left turn. Vehicle #1 struck P1 in the unmarked crosswalk. Driver #1 stated that he did not see P1. P1. stated that vehicle #1 was stopped when she began crossing. Driver #1 failed to yield the right of way to P1 causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95: 05

1 Case Number: 22-047260

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct:

10 Crash Occurred On: HEATHWOOD AVE — Road Name — Dir

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 45

☐ At Intersection With — Road Name: WEST COUNTY LINE ROAD

☒ Feet ☐ Miles — 14: 100 — 15

☐ N ☐ E ☒ S ☐ W of: — 16

19 Ramp ☐ To ☐ From

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

4 Date of Crash mm dd yy: 06/15/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1204

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.105383

22 Longitude: -74.223526

118a: 02 — 118b: - — 119a: 25 — 119b: - — 120a: 01

Vehicle 1

23 Veh #: 1

24 Policy No.: 8720091

25 NJ Ins. Code: 096

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SALAMON — Initial: - — Last Name: LUNCZER — 29 Sex: M

27 Number & Street: 1421 ARDENWOOD AVE

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: L92626840009672

33 DOB mm dd yyyy: 09/18/1967

34 Expires mm yy: 09 25

35 Owner's First Name: SALAMON — Initial: - — Last Name: LUNCZER

☐ Same As Driver

36 Number & Street: 1421 ARDENWOOD AVE

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: KIA — 39 Model: SOR — 40 Color: GRY — 41 Year: 2017 — 42 Plate No.: W20NBW — 43 State: NJ

44 VIN: 5XYPGDA53HG329941

45 Expires: 12 22

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

50 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 5090964749

55 NJ Ins. Code: 098

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: LUKE — Initial: - — Last Name: SHINN — 59 Sex: M

57 Number & Street: 271 WATERFORD ROAD

58 City: HAMMONTON — State: NJ — Zip: 08037

60 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: S34834947107645

63 DOB mm dd yyyy: 07/31/1964

64 Expires mm yy: 07 24

65 Owner's First Name: - — Initial: - — Last Name: PERNA FINNIGAN J-

☐ Same As Driver

66 Number & Street: 1921 E SHERMAN AVE

67 City: VINELAND — State: NJ — Zip: 08361

68 Make: FORD — 69 Model: F3 — 70 Color: WHI — 71 Year: 2016 — 72 Plate No.: XDXJ88 — 73 State: NJ

74 VIN: 1FD8X3FT2GEB63369

75 Expires: 02 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

79 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class — Placard No.

80 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	54	M	-	-	-	11	04	-	-	SALAMON - LUNCZER - 1421 ARDENWOOD AVE LAKEWOOD NJ 08701
B	02	01	01	05	57	M	-	-	-	11	04	-	-	LUKE - SHINN - 271 WATERFORD ROAD HAMMONTON NJ 08037
C														
D														

118a: 02 — 118b: - — 119a: 25 — 119b: - — 120a: 01 — 120b: 01 — 121a: - — 121b: 01 — 122: 01 — 123: 10 — 124: 11 — 125: 11 — 126a: 99 — 126b: 26 — 126c: - — 126d: - — 126e: 99 — 127a: 26 — 127b: - — 127c: - — 127d: - — 127e: 26 — 128: 26 — 129: 03 — 130: 04 — 131: 99 — 132: 17 — 133: 02 — 134: 01

New Jersey Police Crash Investigation Report

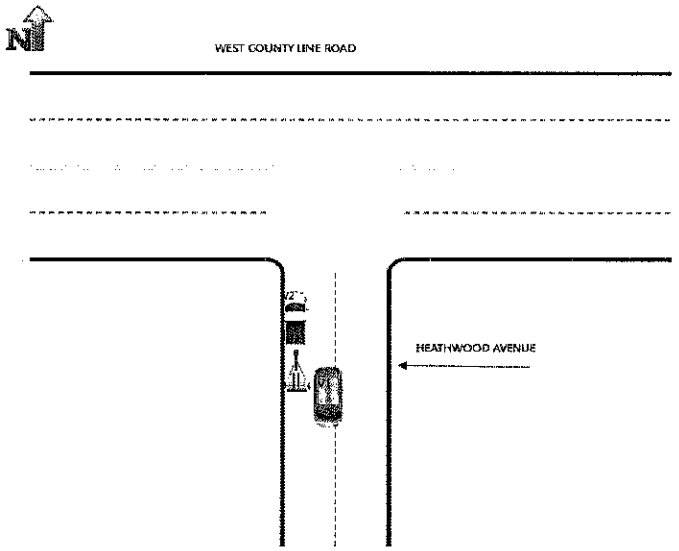
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047260

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED THAT THERE WAS ANOTHER CAR PARKED ON THE OTHER SIDE OF THE STREET, AND THAT HE MOVED OVER. DRIVER OF V2 STATED THAT HE WAS PARKED ALONG SIDE OF THE ROAD, THE TRUCK WAS RUNNING AND THE VAN(V1) HIT THE RIGHT REAR CORNER OF THE TRAILER FOR THE TRUCK. THERE WAS NO DAMAGE TO THE TRAILER, MINOR DAMAGE TO V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047261
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1207
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	SOMERSET AVE (Road Name)
At Intersection With	
Feet / Miles	.5 Miles
N / S / E / W of	N of KENNEDY BLVD
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp To / From	
17 Cross Road Name	
NB / SB / EB / WB	
20 Route/Name	
21 Latitude	40.108620
22 Longitude	-74.195770

Vehicle 1

23 Veh #	1
24 Policy No.	PAA80002114534
25 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ABRAHAM - LOWENTHAL -
29 Sex	M
27 Number & Street	1139 SOMERSET AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	L68810050010882
33 DOB (mm dd yyyy)	10/10/1988
34 Expires (mm yy)	10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ABRAHAM - LOWENTHAL -
36 Number & Street	1139 SOMERSET AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / SIL / 2017 / S55LNY / NJ
44 VIN	4T1BF1FK3HU726540
45 Expires	07 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	993
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL - SNYDER -
59 Sex	M
57 Number & Street	23 LINTHORPE ROAD
58 City / State / Zip	LONDON EN
60 Eyes / DL Class / Restrictions / Endorsements	- / D / - / -
61 State	EN
62 Driver's License Number	SNYDE709092M99GJ
63 DOB (mm dd yyyy)	09/09/1972
64 Expires (mm yy)	02 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver EAN - HOLDINGS -
66 Number & Street	14002 E 21ST STE1500
67 City / State / Zip	TULSA OK 74134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / PACIFICA / 1 / 2022 / KBV6799 / NY
74 VIN	2C4RC1BG6NR126214
75 Expires	09 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	33	M	-	-	-	11	04	-	-	ABRAHAM - LOWENTHAL - 1139 SOMERSET AVE LAKEWOOD NJ 08701
B	2	01	01	05	49	M	-	-	-	11	04	-	-	MICHAEL - SNYDER - 23 LINTHORPE ROAD LONDON EN N165R
C														
D														

New Jersey Police Crash Investigation Report

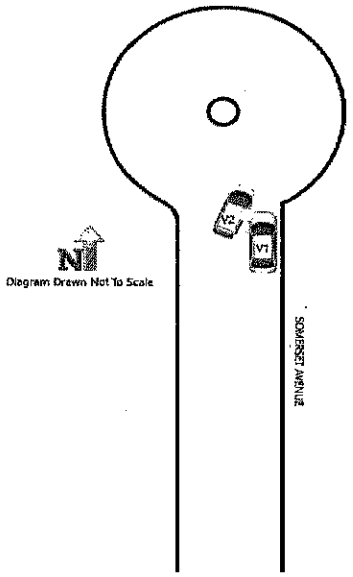
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047261

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was parked in front of 1147 Somerset Avenue facing southbound when driver of vehicle 2 struck the drivers side front quarter panel of his vehicle has he drove by.

Driver of vehicle 2 stated he saw vehicle 1 parked on the side of the roadway on Somerset Avenue when he attempted to make a wide turn to go around the circle before striking vehicle 1 on the drivers side front quarter panel.

No injuries were reported and no summonses were issued at the time. After listening statements from both drivers and observing the damage to both vehicles I have made the determination that driver of vehicle 2 is at fault due to driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047278
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE -
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
☐ At Intersection With Road Name	AIRPORT RD
Dir	
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1338
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.068066
22 Longitude	-74.167587

Vehicle 1

23 Veh #	1
24 Policy No.	098 9984 B0130A
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GARY P DOUGHTY -
29 Sex	M
27 Number & Street	31A PHEASANT STREET
28 City / State / Zip	MANCHESTER NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	D68002747707465
33 DOB mm dd yyyy	07/18/1946
34 Expires mm yy	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GARY P DOUGHTY -
36 Number & Street	31A PHEASANT STREET
37 City / State / Zip	MANCHESTER NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	SUBA / OUT / GRN / 2022 / E19RBJ / NJ
44 VIN	4S4BTADC3N3252921
45 Expires	06 25
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4570866915
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RAYMOND F SORIANO -
59 Sex	M
57 Number & Street	13 ALCALA DRIVE
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	S65966436603024
63 DOB mm dd yyyy	03/27/2002
64 Expires mm yy	03 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LINDA S HIRSCH -
66 Number & Street	13 ALCALA DRIVE
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / GEN / GRY / 2016 / B97MTS / NJ
74 VIN	KMHHU6KJ2GU137293
75 Expires	09 22
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	75	M	-	-	-	11	04	-	-	GARY P DOUGHTY - 31A PHEASANT STREET MANCHESTER NJ 08759
B	02	01	01	05	20	M	-	-	-	11	04	-	-	RAYMOND F SORIANO - 13 ALCALA DRIVE BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

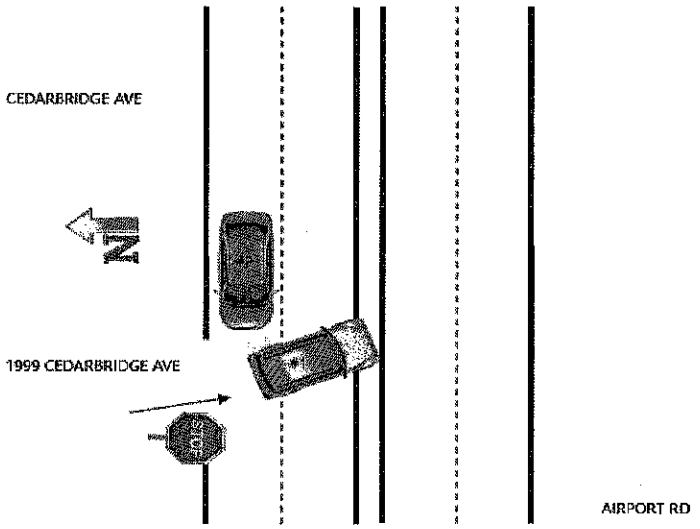
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047278

(Refer to vehicle by number)

		83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc Inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Dept	95 Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #2 captured the crash on his dashboard camera. I was able to view the video and Veh #2 was traveling west on Cedarbridge Ave in the right lane when Veh #1 turned left from a parking lot in front of him. Driver #1 stated that he cut Veh #2 off while turning around. This officer found Driver #1 at fault for the crash for failing to yield the right of way to Driver #2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047286
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1435
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CLIFTON AVENUE
At Intersection With	☒
Road Name	CLIFTON AVENUE
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	☐
16 N ☐ E ☐ S ☐ W	
of:	SECOND STREET
18 Speed Limit	25
19 Ramp	☐ To ☐ From
17 Cross Road Name	-
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE*
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	OSCAR - HERNANDEZ -
29 Sex	M
27 Number & Street	113 BROWN STREET
28 City / State / Zip	MOUNT HOLLY NJ 08060
30 Eyes / DL Class / Restrictions / Endorsements	1 / B / - / -
31 State	NJ
32 Driver's License Number	H27186090003571
33 DOB (mm dd yyyy)	03/13/1957
34 Expires (mm yy)	03 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RYDER - TRUCK RENTAL INC -
36 Number & Street	11690 NW 105TH ST
37 City / State / Zip	MIAMI FL 33178
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FREI / - / WHI / 2016 / 2643821 / IN
44 VIN / 45 Expires	1FVACXDT7GHHR7018 / 10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☒ USDOT 13811 ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	IMPERIAL BAG & PAPER CO LLC
Number & Street	255 RT 1&9 S
City / State / Zip	JERSEY CITY NJ 07306

Vehicle 2

53 Veh #	2
54 Policy No.	SEE NARRATIVE*
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PATRICIA A BUNNELL -
59 Sex	F
57 Number & Street	287 E MALVERN CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
61 State	NJ
62 Driver's License Number	B92866176152562
63 DOB (mm dd yyyy)	02/05/1956
64 Expires (mm yy)	02 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JAYS - JAYS BUS SERVICE -
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	IC / - / YEL / 2015 / E430S1 / NJ
74 VIN / 75 Expires	4DRBUC8P2FB640557 / 05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☒ USDOT 1926134 ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	JAYS BUS SERVICE
Number & Street	672 CROSS STREET
City / State / Zip	LAKEWOOD NJ 08701

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	65	M	-	-	-	11	04	-	-	OSCAR - HERNANDEZ - 113 BROWN STREET MOUNT HOLLY NJ 08060
B	V2	01	01	05	66	F	-	-	-	11	04	-	-	PATRICIA A BUNNELL - 287 E MALVERN CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-047286

(Refer to vehicle by number)

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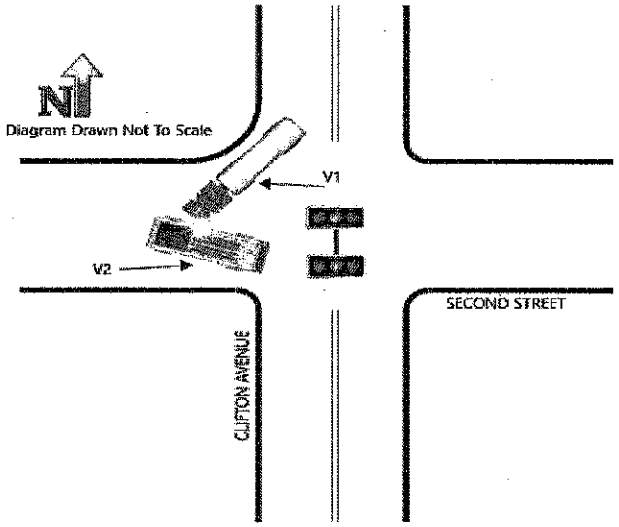
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED WHEN THE LIGHT WAS GREEN HE MADE A RIGHT TURN ONTO SECOND STREET IN THE DIRECTION OF WEST. THE DRIVER OF VEHICLE 1 STATED THAT WHILE TURNING, THE LIGHT TURNED RED, AND THEN VEHICLE 2 ATTEMPTED TO MAKE A RIGHT TURN FROM SECOND STREET ONTO CLIFTON AVENUE ULTIMATELY MAKING CONTACT WITH VEHICLE 1.

THE DRIVER OF VEHICLE 2 STATED SHE WAS ATTEMPTING TO MAKE A RIGHT TURN ONTO CLIFTON AVENUE IN THE DIRECTION OF SOUTH, WHEN VEHICLE 1 MADE CONTACT WITH HER VEHICLE. SHE STATED THE LIGHT TURNED GREEN AND SHE HAD TO MAKE A SLIGHTLY WIDE TURN DUE TO VEHICLES THAT WERE PARKED ON SECOND STREET, WHILE DOING SO VEHICLE 1 BACKED UP AND THEN PROCEEDED TO GO FORWARD ULTIMATELY MAKING CONTACT WITH THE OTHER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT BOTH DRIVERS ARE AT FAULT DUE TO BOTH STATEMENTS MADE.

VEHICLE 1 INFO*
POLICY #: CA6675939
COMPANY #: 15105
WILLIS TOWERS WATSON NORTHEAST INC.
26 CENTURY BOULEVARD P.O. BOX 305191 NASHVILLE, TN

VEHICLE 2 INFO*
POLICY #: BA2997BD
COMPANY #: 23787
CENTRAL INSURERS GROUP INC.
1360 NORTH ATHERTON STREET , STATE COLLEGE PA 16803

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	DTWORKOSKI	249	☐ Pending ☒ Complete

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station – Case No. 22-047286

1.	NIULKA	OVALLE
2.	EMILY	CRUZ
3.	KIMBERLY	CRUZ
4.	BRANDON	MONDES
5.	JENNIFER	MARTINEZ
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54.		

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047303
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1527
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On:	PROSPECT STREET
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	250
15 Miles	☐
16 N ☐ E ☐ S ☒ W of:	MASSACHUSETTS
17 Cross Road Name	
18 Speed Limit	45
19 Ramp To / From	☐ / ☐
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	☐ ☐ ☐ ☐
21 Latitude	40.073333
22 Longitude	-74.227225

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ORIN - BECKER
29 Sex	M
27 Number & Street	853 E VETERANS HWY
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	B21106070005512
33 DOB (mm dd yyyy)	05/30/1951
34 Expires (mm yy)	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver N/A - EAN HOLDINGS LL(
36 Number & Street	14002 EAST 21ST ST STE 1500
37 City / State / Zip	TULSA OK 74134
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / GRA / BLK / 2021 / L88NCZ / NJ
44 VIN	1C4RJFBG4MC627838
45 Expires	01 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4553-50-90-29
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AVROHOM - BROYDE
59 Sex	M
57 Number & Street	6 NUSSBAUM AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	B76160710002922
63 DOB (mm dd yyyy)	02/17/1992
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CHANA B BROYDE
66 Number & Street	6 NUSSBAUM AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2017 / G86MDU / NJ
74 VIN	4T1BF1FK0HU318836
75 Expires	01 23
76 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	293768	-		-
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	71	M	06	08	02	11	11	04	6502	ORIN - BECKER - 853 E VETERANS HWY JACKSON NJ 08527 - -
B	02	01	01	05	30	M	-	-	-	11	11	04	-	AVROHOM - BROYDE - 6 NUSSBAUM AVE LAKEWOOD NJ 08701 - -
C	02	04	01	03	4	M	01	05	02	11	11	04	6303	ARON - BROYDE - 6 NUSSBAUM AVE LAKEWOOD NJ 08701 - -
D	02	06	01	05	2	F	-	-	-	11	11	04	-	ELKA - BROYDE - 6 NUSSBAUM AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

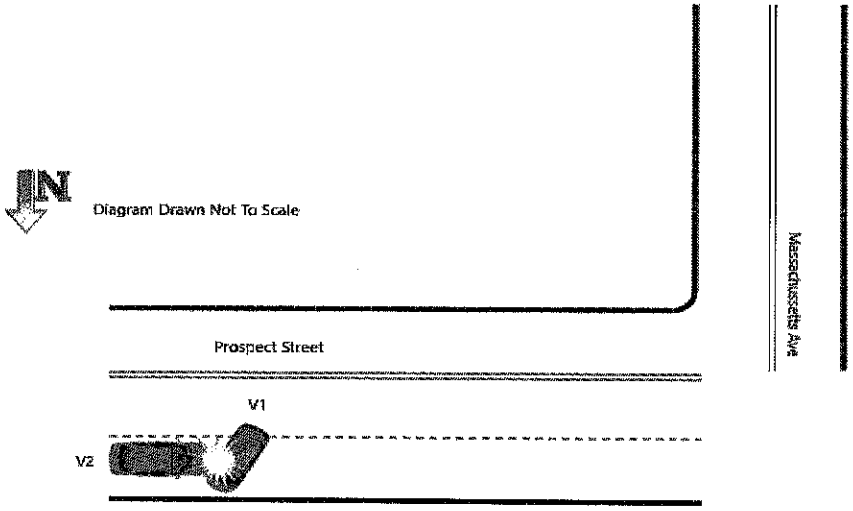
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047303

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that he was traveling east bound on Prospect Street and attempted to make a left hand turn. He stated that the traffic traveling west bound in the turning lane on Prospect Street had stopped in order for him to make his turn. While making the turn he was struck on the passenger side by Vehicle 2 who was traveling west resulting in Vehicle 1 to overturn.

Driver 2 stated that he was traveling west bound on Prospect Street when he struck Vehicle 1 which was making a left turn. He stated he was not too sure of what happened.

Surveillance footage from the school located at 501 Prospect Street showed Vehicle 1 making a left turn in front of Vehicle 2 and being struck on the passenger side.

After my investigation I determined Driver 1 to be at fault for not yielding right of way to oncoming traffic and turning in front of Vehicle 2 causing the collision.

Driver 1 was transported by ambulance to Monmouth Medical Southern Campus for complaints of back pain. The passenger in seat 4 of Vehicle 2 was transported to Jersey Shore Medical for a laceration above his left eye and loss of consciousness from the crash. Vehicle 1 sustained disabling damage to the entire car due to being overturned. It was towed by Heshy's Towing. Vehicle 2 sustained disabling damage to the entire front end of the car. It was towed by Heshy's towing.

Vehicle 1 is self insure by EAN Holdings LLC. Driver 1 was issued one summons for careless drive (39:4-97)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047487
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CENTRAL AVE
☒ At Intersection With	Road Name
Dir	-
11 Speed Limit	40
12 Route No.	0528
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: SUNSET RD
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0854
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.087896
22 Longitude	-74.223341

Vehicle 1

23 Veh #	1
24 Policy No.	939 794 186
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROCHEL / L / LUBOWSKY -
29 Sex	F
27 Number & Street	209 JAMESCREST CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	L90356607359016
33 DOB mm dd yyyy	09/19/2001
34 Expires mm yy	09 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / STUART / A / LUBOWSKY -
36 Number & Street	209 JAMESCREST CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / BOL / BLU / 2020 / P32MZG / NJ
44 VIN	1G1FY6S0XL4137472
45 Expires	11 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	BAW50592721
55 NJ Ins. Code	466
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID / J / VANPELT -
59 Sex	M
57 Number & Street	138 WHITE RD
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / A / - / - / NJ
62 Driver's License Number	V04671567108572
63 DOB mm dd yyyy	08/02/1957
64 Expires mm yy	08 / 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / DAVID / J / VANPELT -
66 Number & Street	138 WHITE RD
67 City / State / Zip	JACKSON / NJ / 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / TRUCK / BLU / 1999 / XJDW71 / NJ
74 VIN	1GDJ7H1C9XJ507860
75 Expires	10 / 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☒ USDOT 0581504 ☐ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1		-	2		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	20	F	-	-	-	11	04	-	-	ROCHEL L LUBOWSKY - 209 JAMESCREST CT LAKEWOOD NJ 08701
B	V2	01	01	-	64	M	-	-	-	04	04	-	-	DAVID J VANPELT - 138 WHITE RD JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

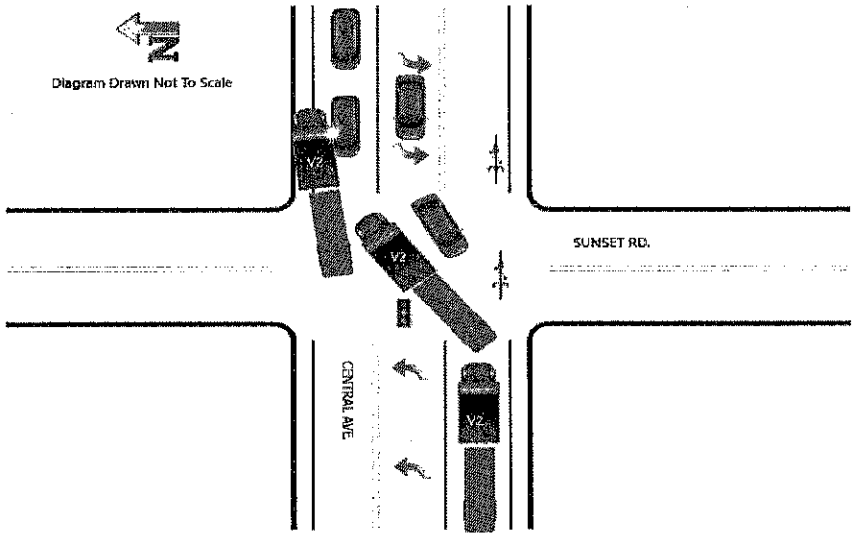
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047487

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #2 trailer: 2003 Eagle FB trailer
NJ reg: TNN20S
Vin: 112HAN3013L062120
Owner: David J. Vanpelt
138 White Rd.
Jackson, NJ 08527

The driver of vehicle #1 stated she was traveling westbound on Central Ave. approaching the intersection with Sunset Rd. when her vehicle was struck by vehicle #2. The driver of vehicle #2 stated he was traveling eastbound on Central Ave. approaching the intersection with Sunset Rd. As vehicle #2 was entering the intersection, a separate motorist attempted to make a left turn in front of him from Central Ave. westbound onto Sunset Rd. southbound, but stopped suddenly for a bicyclist that was crossing the intersection. Driver #2 swerved his vehicle to the left to avoid a head on collision with the turning vehicle, but inadvertently side swiped vehicle #2. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047494
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MAJESTIC WAY
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	OLYMPIC CIRCLE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-
4 Date of Crash (mm dd yy)	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0924
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	939909063
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YISROEL
Initial	M
Last Name	DELMAN
29 Sex	M
27 Number & Street	28 OLYMPIC CIR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D24107907410902
33 DOB (mm dd yyyy)	10/17/1990
34 Expires (mm yy)	10 23
35 Owner's First Name	YISROEL
Initial	M
Last Name	DELMAN
☒ Same As Driver	
36 Number & Street	28 OLYMPIC CIR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	1
41 Year	2015
42 Plate No.	S74NDD
43 State	NJ
44 VIN	5TDKK3DC4FS638699
45 Expires	02 23
46 Vehicle Removed To	HESHY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	CAPI057406
55 NJ Ins. Code	204
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CARLOS
Initial	-
Last Name	RODRIQUEZ
59 Sex	M
57 Number & Street	1065 WALDORF TER
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	R60951100006692
63 DOB (mm dd yyyy)	06/27/1969
64 Expires (mm yy)	06 23
65 Owner's First Name	-
Initial	-
Last Name	CARLITOS WAY LL(
☐ Same As Driver	
66 Number & Street	1065 WALDORF TERR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	FORD
69 Model	450
70 Color	RD
71 Year	2011
72 Plate No.	CARLOS
73 State	NJ
74 VIN	1FT8W4DT1BEB44367
75 Expires	07 23
76 Vehicle Removed To	PERSONAL TOW/ SEE NARRATIVE*
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	31	M	-	-	-	11	04	-	-	YISROEL M DELMAN - 28 OLYMPIC CIR LAKEWOOD NJ 08701
B	V1	03	01	05	2	M	-	-	-	05	05	-	-	RAPHAEL DELMAN 28 OLYMPIC CIRCLE LAKEWOOD NJ 08701
C	V1	04	01	05	1	F	-	-	-	05	05	-	-	CHANA DELMAN 28 OLYMPIC CIRCLE LAKEWOOD NJ 08701
D	V1	05	01	05	4	M	-	-	-	07	07	-	-	YAAKOV DELMAN 28 OLYMPIC CIRCLE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

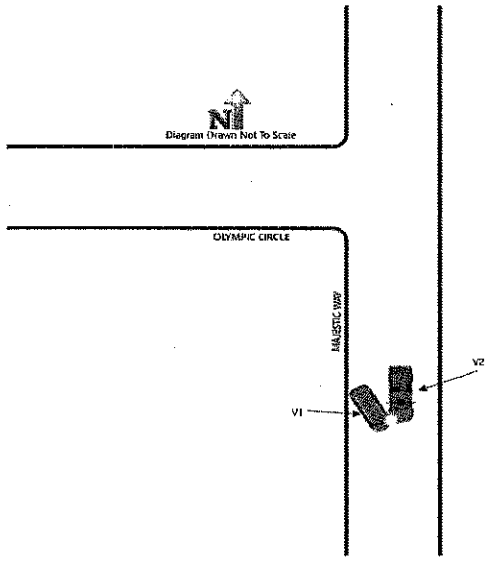
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047494

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E	V2	01	01	05	52	M	-	-	-	11	04	-	-	CARLOS - RODRIQUEZ - 1065 WALDORF TER LAKEWOOD NJ 08701
F	V2	02	01	05	32	M	-	-	-	11	04	-	-	ISAIAH FORBES N/A JACKSON NJ 08527
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED HE WAS ATTEMPTING TO MAKE A "K-TURN" INFRONT OF 16 MAJESTIC WAY WHEN VEHICLE 2 MADE CONTACT WITH HIS VEHICLE.

THE DRIVER OF VEHICLE 2 STATED THAT HE WAS TRAVELLING SOUTH ON MAJESTIC WAY WHEN VEHICLE 1 PULLED OUT IN FRONT OF HIM MAKING CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT HE DID NOT YEILD TO THE VEHICLES WITH THE RIGHT OF WAY.

NO INJURIES WERE REPORTED ON SCENE.

VEHICLE 2 HAD A PERSONAL TOW (FREEDOM TOWNING)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047527
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	101 DRAKE RD
☐ At Intersection With	
Road Name	
Dir	
☒ Feet	200
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	WHITE RD
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	17
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1410
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	909 630 575
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MALKA - SANDLER
29 Sex	F
27 Number & Street	141 CANNONBALL DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	S04045130060032
33 DOB mm dd yyyy	10/26/2003
34 Expires mm yy	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ESTHER S SANDLER
36 Number & Street	141 CANNONBALL DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / TER / BLK / 2022 / B31PSW / NJ
44 VIN	3GKALTEV1NL164907
45 Expires	03 26
46 Vehicle Removed To	MOISHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / - / - / - / - / -
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

JCP&L POLE JC2515LD

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	01	11	11	04	-	MALKA - SANDLER - 141 CANNONBALL DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

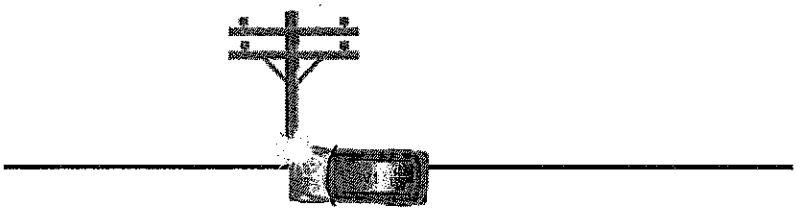
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-047527

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



Drake Road

Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of V1 stated she was traveling East on Drake Road when she looked down at her phone causing her to loose control of her vehicle and striking a utility pole on the South side of the road with her passenger side right quarter panel.

Based on the statement from the driver of V1 and my observations at the scene and damage to the vehicle I determined that driver of V1 is at fault due to driver inattention.

Driver of V1 will be issued a summons and no injuries were reported at the scene.

End.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROSADO K	374	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-047590	10 Crash Occurred On: RIVER AVE	11 Speed Limit: 45	0009
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☒ At Intersection With / Road Name / Dir	12 Route No.	Suffix / 13 Milepost / 18 Speed Limit
3 Station/Precinct: -	☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: YALE DR	17 Cross Road Name	
	14 15 16	19 Ramp ☐ To ☐ From: -	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash mm dd yy: 06/16/22	5 Day Of Week: THURSDAY	6 Time (use 2400 hrs): 1943	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	20 Route/Name	
21 Latitude: 40.057297	22 Longitude: -74.220170		

Vehicle 1

23 Veh #: 1	24 Policy No.: F9073628	25 NJ Ins. Code: 426	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: MOSHE	Initial: -	Last Name: UNGAR -	29 Sex: M
27 Number & Street: 1738 NEW CENTRAL AVE			
28 City: LAKEWOOD	State: NJ	Zip: 08701	
30 Eyes: 6	DL Class: D	Restrictions: -	Endorsements: - / 31 State: NJ
32 Driver's License Number: U59115670007696	33 DOB mm dd yyyy: 07/15/1969	34 Expires mm yy: 07 24	
35 Owner's: ☐ Same As Driver	First Name: MOSHE	Initial: -	Last Name: UNGAR -
36 Number & Street: 1738 NEW CENTRAL AVE			
37 City: LAKEWOOD	State: NJ	Zip: 08701	
38 Make: TOYT	39 Model: HIG	40 Color: BLK	41 Year: 2019 / 42 Plate No.: M70LCA / 43 State: NJ
44 VIN: 5TDBZRFH6KS967888	45 Expires: 03 23		
46 Vehicle Removed To: -			
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
47 Authority: ☒ Owner ☐ Driver ☐ Police			
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☒ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -		
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
52 Motor Carrier or Government Entity: -			
Number & Street: -			
City: -	State:	Zip: -	

Vehicle 2

53 Veh #: 2	54 Policy No.: 1280677C1230	55 NJ Ins. Code: 896	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: RENE	Initial: -	Last Name: AVILASALGADO -	59 Sex: M
57 Number & Street: 1012 HEARTHSTONE DR			
58 City: LAKEWOOD	State: NJ	Zip: 08701	
60 Eyes: 2	DL Class: D	Restrictions: -	Endorsements: - / 61 State: NJ
62 Driver's License Number: A95466470011832	63 DOB mm dd yyyy: 11/12/1983	64 Expires mm yy: 11 25	
65 Owner's: ☐ Same As Driver	First Name: RAS LAWN	Initial: -	Last Name: MAINTENANCE ANI -
66 Number & Street: 1012 HEARTHSTONE DR			
67 City: LAKEWOOD	State: NJ	Zip: 08701	
68 Make: FORD	69 Model: D	70 Color: WHI	71 Year: 2005 / 72 Plate No.: XJJZ60 / 73 State: NJ
74 VIN: 3FRNF65C15N191228	75 Expires: 03 23		
76 Vehicle Removed To: -			
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority: ☐ Owner ☒ Driver ☐ Police			
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -		
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity: RAS LAWN MAINTENANCE AND LANDSCAPING			
Number & Street: 1012 HEARTHSTONE DR			
City: LAKEWOOD	State: NJ	Zip: 08701	

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	52	M	-	-	-	11	04	-	-	MOSHE - UNGAR - 1738 NEW CENTRAL AVE LAKEWOOD NJ 08701
B	2	01	01	05	38	M	-	-	-	11	04	-	-	RENE - AVILASALGADO - 1012 HEARTHSTONE DR LAKEWOOD NJ 08701
C	2	03	01	05	37	F	-	-	-	11	04	-	-	MANUEL CASTILLO 29 HOLLY ST LAKEWOOD NJ 08701
D														

New Jersey Police
Crash Investigation Report

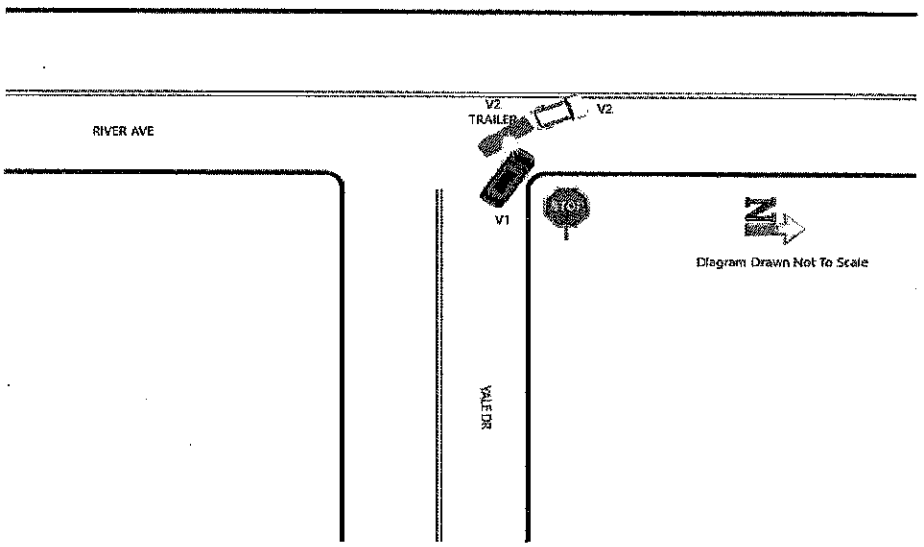
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047590

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Crash involved Trailer in which Vehicle 2 was Hauling.
Vehicle 2 Trailer is bearing NJ Registration "TRR68W" (Expires 1-21-2023) to party out of 263 Clearstream Rd. Jackson, NJ 08527.

Driver 1 stated he was stopped facing Westbound on Yale Dr. at the intersection of River Ave. He stated he was awaiting to negotiate Right Turn onto River Ave (Northbound). He stated while stopped Vehicle 2 which was hauling a Trailer negotiated a Right Turn around his Vehicle. Driver 1 stated Trailer collided into the driver side of his Vehicle while negotiating Right Turn. Driver 1 stated he did not observe Vehicle 2 blinker being utilized.

Driver 2 stated he was stopped facing Westbound on Yale Dr. at the intersection of River Ave. He stated he was awaiting to negotiate a Right Turn onto River Ave (Northbound). Driver 2 stated he felt it was safe to negotiate Right Turn. He stated as he started to negotiate Right Turn Vehicle 1 began to pass his Vehicle on the Right and began to negotiate a Right Turn at the same time. Driver 2 stated both vehicles collided as they were negotiating Right Turn. Driver 2 stated his right blinker was being utilized.

Due to the positioning of both Vehicles and statements provided by Driver 1 and Driver 2 I determined both Vehicles could be at fault for Improper Passing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047596
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2011
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	HURLEY AVE (Road Name)
At Intersection With	CEDARBRIDGE AVE
Feet / Miles	5 Feet; ☒ S ☐ N ☐ E ☐ W of CEDARBRIDGE AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	40
17 Cross Road Name	-
19 Ramp To / From	☐ To ☐ From: -
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.087709
22 Longitude	-74.213569

Vehicle 1

23 Veh #	1
24 Policy No.	917729898
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVIGAYIL / E / JUNGREIS
29 Sex	F
27 Number & Street	55 NORTH CREST PL
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	J92770706553032
33 DOB (mm dd yyyy)	03/23/2003
34 Expires (mm yy)	03 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / SHIRA / C / JUNGREIS
36 Number & Street	55 NORTH CREST PL
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / HIG / GRY / 2021 / F49NLH / NJ
44 VIN	5TDBZRBH3MS095257
45 Expires	03 / 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6105577982
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISROEL / - / UNGARISCHER
59 Sex	M
57 Number & Street	8 BRISK LN
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	U59127900001856
63 DOB (mm dd yyyy)	01/03/1985
64 Expires (mm yy)	01 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / YISROEL / - / UNGARISCHER
66 Number & Street	8 BRISK LN
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2018 / U95MHK / NJ
74 VIN	5TDKZ3DC4JS935797
75 Expires	02 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	F	-	-	-	11	04	-	-	AVIGAYIL E JUNGREIS - 55 NORTH CREST PL LAKEWOOD NJ 08701
B	02	01	01	05	37	M	-	-	-	11	04	-	-	YISROEL - UNGARISCHER - 8 BRISK LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

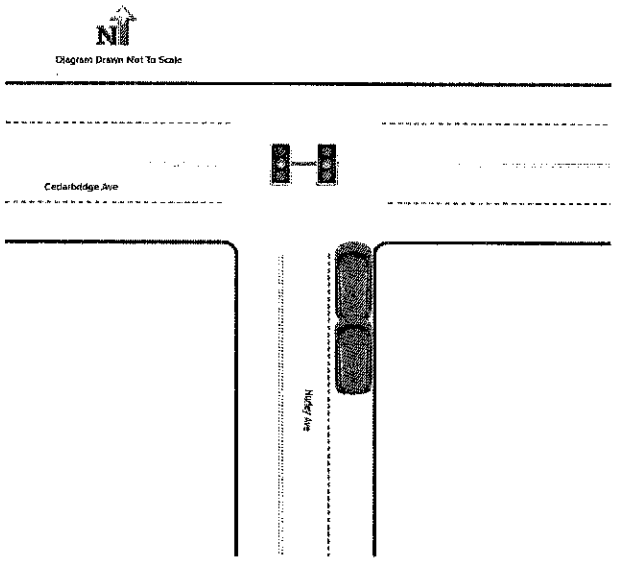
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047596

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was stopped in traffic at the traffic light facing northbound on Hurley Ave and Cedarbridge Ave. She reported that the vehicle in front of her (vehicle 2) was stopped at the red light looking to turn right onto Cedarbridge Ave. She stated that she thought it was clear for vehicle 2 to turn onto Cedarbridge Ave, but driver of vehicle 2 did not turn, yet. Driver of vehicle 1 accelerated and struck the rear of vehicle 2.

Driver of vehicle 2 was stopped at the traffic light facing northbound on Hurley Ave and Cedarbridge Ave. He reported that as he was waiting for traffic to clear up, he was struck from the rear from the vehicle behind him (vehicle 1).

After my investigation, I determined that driver of vehicle 1 is at fault for travelling too closely. Vehicle 1 sustained minor damage to the front bumper. Vehicle 2 sustained moderate damage to the rear bumper and liftgate. Both vehicle 1 and vehicle 2 were able to drive from the scene. No injuries were reported at the scene of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047629
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	MAIN ST
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.089909
22 Longitude	-74.216272

Vehicle 1

23 Veh #	1
24 Policy No.	939955967
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BINYOMIN - KLEIN
29 Sex	M
27 Number & Street	51 CHERRY ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 / D / - / -
31 State	NJ
32 Driver's License Number	K52340930012966
33 DOB mm dd yyyy	12/22/1996
34 Expires mm yy	12 25
35 Owner's ☐ Same As Driver	BINYOMIN - KLEIN -
36 Number & Street	51 CHERRY ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2016 / P64MBE / NJ
44 VIN	4T1BF1FK8GU116471
45 Expires	12 22
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6038-39-39-52
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANGEL A ORELLANA -
59 Sex	M
57 Number & Street	901 TOLERANCE CT
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	O73320436110952
63 DOB mm dd yyyy	10/15/1995
64 Expires mm yy	10 22
65 Owner's ☐ Same As Driver	ANGEL A ORELLANA -
66 Number & Street	901 TOLERANCE CT
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SAN / SIL / 2009 / K18NTX / NJ
74 VIN	5NMSH73E19H312441
75 Expires	08 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	1514-A-293275			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	25	M	-	-	-	11	11	04	-	BINYOMIN - KLEIN - / 51 CHERRY ST LAKEWOOD NJ 08701 - -
B	02	01	01	03	26	M	08	05	01	11	11	01	-	ANGEL A ORELLANA - / 901 TOLERANCE CT TOMS RIVER NJ 08755 - -
C	02	03	01	05	23	F	-	-	-	11	11	01	-	BAILEY M NIELSEN - / 2325 HOLLY HILL RD MANCHESTER NJ 08759 - -
D	03	01	01	05	25	F	-	-	-	11	04	-	-	LEAH - HIRSCH - / 120 IRIS RD LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-047629
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	MADISON AVE
Dir	-
11 Speed Limit	35
12 Route No.	0009
Suffix	-
13 Milepost	-
☒ At Intersection With	MAIN ST
17 Cross Road Name	
18 Speed Limit	25
14 / 15 / 16	-
19 Ramp To/From	-
20 Route/Name	
4 Date of Crash	06/16/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.089909
22 Longitude	-74.216272

Field	Vehicle	Vehicle
Veh # (23 / 53)	3	-
Policy No. (24 / 54)	939237016	-
NJ Ins. Code (25 / 55)	054	-
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☐	☐
Driver's First Name (26 / 56)	LEAH	-
Initial	-	-
Last Name	HIRSCH	-
Sex (29 / 59)	F	-
Number & Street (27 / 57)	120 IRIS RD	-
City (28 / 58)	LAKEWOOD	-
State	NJ	-
Zip	08701	-
Eyes (30 / 60)	05	-
DL Class	A	-
Restrictions	-	-
Endorsements	-	-
State (31 / 61)	NJ	-
Driver's License Number (32 / 62)	H46164500058965	-
DOB (33 / 63)	08/02/1996	-
Expires (34 / 64) mm yy	08 23	- -
Owner's Same As Driver (35 / 65)	☐	☐
Owner's First Name	IRA	-
Initial	-	-
Last Name	HIRSCH	-
Number & Street (36 / 66)	120 IRIS RD	-
City (37 / 67)	LAKEWOOD	-
State	NJ	-
Zip	08701	-
Make (38 / 68)	ROVE	-
Model (39 / 69)	RAN	-
Color (40 / 70)	WHI	-
Year (41 / 71)	2022	-
Plate No. (42 / 72)	Z73PUR	-
State (43 / 73)	NJ	-
VIN (44 / 74)	SALZT2FX1NH175406	-
Expires (45 / 75)	04 26	- -
Vehicle Removed To (46 / 76)	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47 / 77)	☐ Owner ☒ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48 / 78) Given	☒ No ☐ Yes ☐ Refused	☐ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material (49 / 79)	☒ None ☐ On Board ☐ Spill	☐ None ☐ On Board ☐ Spill
Hazard Class / Placard No.		- / -
Carrier No. (50 / 80)	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR (51 / 81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52 / 82)	-	-
Number & Street	-	-
City	-	-
State	-	-
Zip	-	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

Left margin codes:

Code	Value
96	05
97	01
98	07
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	07
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

Right margin codes:

Code	Value
118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	08
123	-
124	04
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	09
130	09
131	-
132	-
133	03
134	-

New Jersey Police
Crash Investigation Report

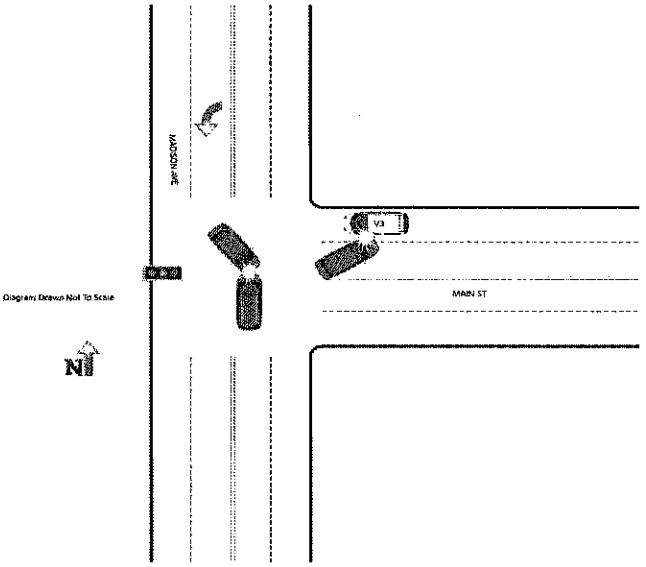
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047629

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT HE WAS ON MADISON AVENUE IN THE AREA OF MAIN ST IN THE LEFT TURN LANE. THE DRIVER STATED THAT HE WAS IN THE INTERSECTION WAITING FOR TRAFFIC TO PASS SO HE COULD MAKE A LEFT. WHEN THE TRAFFIC SIGNAL TURNED TO RED, HE MADE A LEFT HAND TURN BUT WAS STRUCK BY VEHICLE 2 WHICH WAS HEADING NORTH ON MADISON AVENUE GOING STRAIGHT AHEAD.

DRIVER OF VEHICLE 2 STATED THAT HE WAS ON MADISON AVENUE DRIVING NORTH IN THE AREA OF MAIN ST. HE WAS TRAVELING NORTH WHEN THE TRAFFIC SIGNAL TURNED YELLOW AND HE BELIEVED HE DID NOT HAVE ENOUGH TIME TO STOP. THE DRIVER STATED THAT THE TRAFFIC SIGNAL WAS STILL YELLOW WHEN HE WAS ENTERING THE INTERSECTION. WHEN HE WAS ALREADY IN THE INTERSECTION OF MADISON AVE AND MAIN ST, VEHICLE 1 MADE A LEFT HAND TURN IN FRONT OF HIM. AT THIS TIME VEHICLE 2, STRUCK VEHICLE 1. DRIVER OF VEHICLE 2 WAS CHECKED OUT BY LAKEWOOD FIRST AID VOLUNTEERS FOR AN AIR BAG BURN TO HIS LEFT FOREARM BUT DENIED FURTHER MEDICAL ATTENTION.

DRIVER OF VEHICLE 3 STATED THAT SHE WAS ON MAIN ST FACING WEST IN THE AREA OF MADISON AVE STOPPED IN TRAFFIC. SHE SAW VEHICLE 1 AND VEHICLE 2 STRIKE EACHOTHER BUT THEN WAS UNABLE WHICH CAR SPUN OUT AND STRUCK HER VEHICLE. HER VEHICLE SUSTAINED DAMAGE TO THE DRIVER'S SIDE AND HAD THE BUMPER OF VEHICLE 1 UNDERNEATH OF IT.

VEHICLE 1 SUSTAINED DISABLING DAMAGE TO THE FRONT PASSENGER'S SIDE PORTION OF THE VEHICLE. VEHICLE 2 SUSTAINED DISABLING DAMAGE TO THE FRONT DRIVER'S SIDE PORTION OF THE VEHICLE. VEHICLE 3 SUSTAINED MINOR DAMAGE TO THE DRIVER'S SIDE PORTION OF THE VEHICLE WHICH CONSISTED OF DENTING.

I DETERMINED VEHICLE 1 TO BE AT FAULT FOR THE CRASH DUE TO VEHICLE 2 HAVING THE RIGHT OF WAY AS IT WAS TRAVELING STRAIGHT OPPOSED TO VEHICLE 1 WAITING TO MAKE A LEFT HAND TURN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-047223
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	06/15/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0949
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS ST
At Intersection With Road Name	FRANKLIN BLVD
Feet / Miles	10
N / E / S / W of:	W
11 Speed Limit	40
Dir	-
12 Route No.	0626
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp To / From	-
17 Cross Road Name	-
NB / EB / SB / WB	
20 Route/Name	-
21 Latitude	40.073844
22 Longitude	-74.248209

Vehicle 1

23 Veh #	1
24 Policy No.	4215-08-48-90
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MICHELLE L LAZARUS -
29 Sex	F
27 Number & Street	90 AZALEA CIRCLE
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	L09765447357852 / 07/11/1985 / 07 22
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	MICHELLE L LAZARUS -
36 Number & Street	90 AZALEA CIRCLE
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / PAC / RD / 2018 / V70NZP / NJ
44 VIN / 45 Expires	2C4RC1EG3JR116603 / 06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	281285518
55 NJ Ins. Code	139
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ARTHUR A ZUCKERMAN -
59 Sex	M
57 Number & Street	142 FLINTLOCK DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	Z90600616105356 / 05/10/1935 / 05 25
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	ARTHUR A ZUCKERMAN -
66 Number & Street	142 FLINTLOCK DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2011 / J82ELK / NJ
74 VIN / 75 Expires	4T1BF3EK6BU216736 / 07 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.
1		-
2		-
1		-
2		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	36	F	-	-	-	11	04	-	-	MICHELLE L LAZARUS - 90 AZALEA CIRCLE JACKSON NJ 08527
B	V1	03	01	-	48	F	-	-	-	11	04	-	-	JENNA - CHIARAVALLO - 1506 BEACH BLVD FORKED RIVER NJ 08731
C	V1	06	01	-	5	F	-	-	-	05	05	-	-	AUBREE - LAZARUS - 90 AZALEA CIRCLE JACKSON NJ 08527
D	V2	01	01	-	87	M	-	-	-	11	04	-	-	ARTHUR A ZUCKERMAN - 142 FLINTLOCK DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

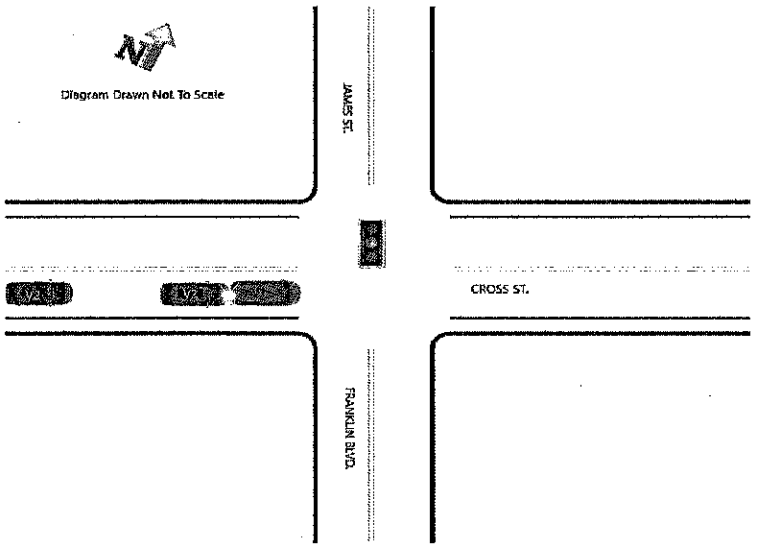
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-047223

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 stated she was stopped on Cross St. eastbound at the intersection with Franklin Blvd. when her vehicle was rear ended by vehicle #2. The driver of vehicle #2 stated he was traveling behind vehicle #1, but was unable to stop in time which resulted in the collision. Driver #2 is at fault for the collision. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046305
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OAK ST
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Road Name	
Dir	
☒ Feet ☐ Miles	50
☐N ☐E ☐S ☒W of:	MARLIN AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	25
20 Route/Name	-
4 Date of Crash mm dd yy	06/11/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1627
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.061701
22 Longitude	-74.198284

Vehicle 1

23 Veh #	1
24 Policy No.	939550612
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELVIRA - LOPEZ
29 Sex	F
27 Number & Street	1004 CRYSTAL DRIVE
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / - / - / - / NJ
32 Driver's License Number	L65302210058702
33 DOB mm dd yyyy	08/11/1970
34 Expires mm yy	08 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELVIRA - LOPEZ
36 Number & Street	1004 CRYSTAL DRIVE
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LINC / NAV - NA / WHI / 2007 / F28NWB / NJ
44 VIN	5LMFL28507LJ09699
45 Expires	06 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	9932883952061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DOREEN M TURELLI -
59 Sex	F
57 Number & Street	31 TENNIS COURT
58 City / State / Zip	BRICK / NJ / 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	T93571767459572
63 DOB mm dd yyyy	09/24/1957
64 Expires mm yy	09 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ANDREW - TURELLI -
66 Number & Street	31 TENNIS COURT
67 City / State / Zip	BRICK / NJ / 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / WHI / 2020 / A84JNP / NJ
74 VIN	JN8AT2MV8LW109227
75 Expires	11 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514-A-292847	1	39:4-127	1514-A-292848
-	140 Charge	141 Summons. No.	-	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	51	F	-	-	-	-	-	-	-	ELVIRA - LOPEZ - 1004 CRYSTAL DRIVE TOMS RIVER NJ 08753 - -
B	2	01	01	04	64	F	05	08	02	11	11	02	6502	DOREEN M TURELLI - 31 TENNIS COURT BRICK NJ 08723 - -
C														
D														

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

- 1 Case Number: 22-046305
- 2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01
- 3 Station/Precinct: -
- 4 Date of Crash (mm dd yy): 06/11/22
- 5 Day Of Week: SATURDAY
- 6 Time (use 2400 hrs): 1627
- 7 Municipality Code: 1514
- 8 Total Killed: --
- 9 Total Injured: 1
- 10 Crash Occurred On: OAK ST — Dir: - — 11 Speed Limit: 35
- 12 Route No.: - — Suffix: - — 13 Milepost: -
- 14: 50 — 15: ☐ At Intersection With ☒ Feet ☐ Miles — 16: ☐ N ☐ E ☐ S ☒ W of: MARLIN AVE
- 17 Cross Road Name — 18 Speed Limit: 25
- 19 Ramp: ☐ To ☐ From: -
- 20 Route/Name — ☐ NB ☐ EB ☐ SB ☐ WB
- 21 Latitude: 40.061701
- 22 Longitude: -74.198284

Left margin codes: 96 —; 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 3; 105: 08; 106: -; 107: -; 108: -; 109: -; 110: 01; 111: -; 112: -; 113: -; 114: -; 115: -; 116: 04; 117: -

Right margin codes: 118a: 25; 118b: -; 119a: -; 119b: -; 120a: -; 120b: -; 121a: -; 121b: -; 122: 10; 123: -; 124: -; 125: -; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: -; 127b: -; 127c: -; 127d: -; 127e: -; 128: 26; 129: 01; 130: 01; 131: -; 132: -; 133: 02; 134: -

Vehicle (left)

- 23 Veh #: 3
- 24 Policy No.: -
- 25 NJ Ins. Code: -
- ☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
- 26 Driver's First Name: - Initial: - Last Name: - -
- 29 Sex: -
- 27 Number & Street: -
- 28 City: - State: - Zip: -
- 30 Eyes: - DL Class: - Restrictions: - Endorsements: -
- 31 State: -
- 32 Driver's License Number: -
- 33 DOB (mm dd yyyy): -
- 34 Expires (mm yy): - -
- 35 Owner's First Name: EDUARDO Initial: - Last Name: REYESLIMA -
- ☐ Same As Driver
- 36 Number & Street: 1420 OAK ST
- 37 City: LAKEWOOD State: NJ Zip: 08701
- 38 Make: DODG
- 39 Model: SW
- 40 Color: SIL
- 41 Year: 2006
- 42 Plate No.: HHS3635
- 43 State: PA
- 44 VIN: 2D4GP44L76R908808
- 45 Expires: 12 20
- 46 Vehicle Removed To: -
- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
- 47 Authority: ☒ Owner ☐ Driver ☐ Police
- 48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused
  - Type: ☐ Breath ☐ Blood ☐ Urine
  - Results: 0. - % ☐ Pending
- 49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - Placard No.: -
- 50 Carrier No.: ☐ USDOT - ☒ None ☐ MC/MX -
- 51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
- 52 Motor Carrier or Government Entity: -
- Number & Street: -
- City: - State: - Zip: -

Vehicle (right)

- 53 Veh #: -
- 54 Policy No.: -
- 55 NJ Ins. Code: -
- ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
- 56 Driver's First Name: - Initial: - Last Name: - -
- 59 Sex: -
- 57 Number & Street: -
- 58 City: - State: - Zip: -
- 60 Eyes: - DL Class: - Restrictions: - Endorsements: -
- 61 State: -
- 62 Driver's License Number: -
- 63 DOB (mm dd yyyy): -
- 64 Expires (mm yy): - -
- 65 Owner's First Name: - Initial: - Last Name: - -
- ☐ Same As Driver
- 66 Number & Street: -
- 67 City: - State: - Zip: -
- 68 Make: -
- 69 Model: -
- 70 Color: -
- 71 Year: -
- 72 Plate No.: -
- 73 State: -
- 74 VIN: -
- 75 Expires: - -
- 76 Vehicle Removed To: -
- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
- 77 Authority: ☐ Owner ☐ Driver ☐ Police
- 78 Alcohol/Drug Test Given: ☐ No ☐ Yes ☐ Refused
  - Type: ☐ Breath ☐ Blood ☐ Urine
  - Results: 0. - % ☐ Pending
- 79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: - Placard No.: -
- 80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX -
- 81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
- 82 Motor Carrier or Government Entity: -
- Number & Street: -
- City: - State: - Zip: -

Other

- 135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No
  - -

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police
Crash Investigation Report

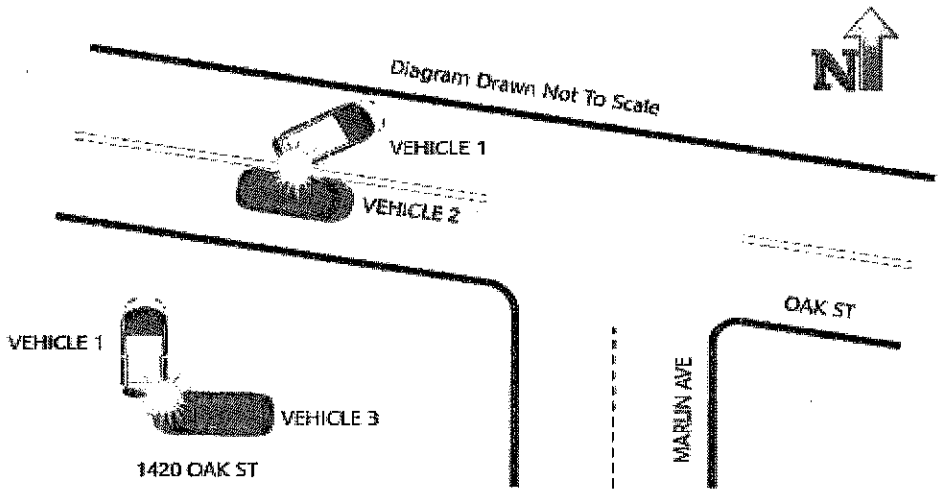
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046305

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated while travelling west on Oak St she had made a left turn onto Marlin Ave. Driver of Vehicle 1 then began backing onto Oak St, crossing over the double yellow lines in a "U" shape pattern, to turn around to travel east on Oak St. While doing so, driver of Vehicle 1 struck Vehicle 2, which was travelling east on Oak St. Driver of Vehicle 1 stated she then lost control of the vehicle, travelled onto the curb of 1420 Oak St and struck Vehicle 3 which was parked on private property. Driver of Vehicle 2 stated she was travelling east on Oak St when she was struck by Vehicle 1, which was backing up into her lane of travel.

Vehicle 1 sustained damages consisting of extensive denting to the rear passenger side area. Vehicle 2 sustained damages consisting of extensive denting to the center of the driver side, as well as driver and passenger side airbag deployment. Vehicle 3 sustained damages consisting of minor denting to the front passenger side bumper area.

A witness stated that she did not observe the crash occur, however witnessed a male getting out of Vehicle 1 instead of the listed driver. The witness pointed out the male, who was identified and attached to the Incident Report. Driver of Vehicle 2 stated she also observed a male exiting the driver seat after the crash. Driver of Vehicle 1 stated she was the operator when asked again. It is unknown if he was operating Vehicle 1 or entering it to retrieve any property, however he denied operating the vehicle.

From my investigation, I concluded driver of Vehicle 1 was at fault for unsafe backing. Driver of Vehicle 1 was issued a motor vehicle citation for 39:4-97 (Careless Driving) and 39:4-127 (Unsafe Backing).

*** Box 24 - Vehicle 3 is uninsured and unregistered, however was parked on private property during the accident.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-044300
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/03/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1635
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CENTRAL AVE
☒ At Intersection With / Road Name	GLEN AVE
☐ Feet ☐ N ☐ E of: / ☒ Miles ☒ S ☐ W	
11 Speed Limit	40
12 Route No.	0528
Suffix	
13 Milepost	
14	
15	
16	
17 Cross Road Name	
18 Speed Limit	15
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.090601
22 Longitude	-74.236435

Vehicle 1

23 Veh #	1
24 Policy No.	K3908604
25 NJ Ins. Code	909
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RUTH - ROTHSCHILD -
29 Sex	F
27 Number & Street	525 GLENGROVE AVE
28 City / State / Zip	NORTH YORK / ON / M6B 2
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / D / - / - / ON
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	R67686810045306 / 03/06/2004 / 06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSHUA - BASCH -
36 Number & Street	1181 ROBIN DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / BUR / 2006 / P93PKU / NJ
44 VIN / 45 Expires	5NPEU46F16H048129 / 12 22
46 Vehicle Removed To	MOSHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	30253321
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSHUA - BASCH -
59 Sex	M
57 Number & Street	1181 ROBIN DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	B07254110012682 / 12/11/1968 / 12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI M ROTHSCHILD -
66 Number & Street	525 GLENGROVE AVE
67 City / State / Zip	TORONTO / ON / M6B 2
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 20 / ATMJ802 / ON
74 VIN / 75 Expires	5FNRL6H61LB504864 / 09 24
76 Vehicle Removed To	MOSHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	53	M	-	-	-	11	04	-	-	JOSHUA - BASCH - 1181 ROBIN DR LAKEWOOD NJ 08701
B	1	03	01	05	15	F	-	-	-	11	04	-	-	RENA B BASCH - 1181 ROBIN DR LAKEWOOD NJ 08701
C	2	01	01	05	18	F	-	-	-	11	04	-	-	RUTH - ROTHSCHILD - 525 GLENGROVE AVE NORTH YORK ON M6B2H
D														

New Jersey Police Crash Investigation Report

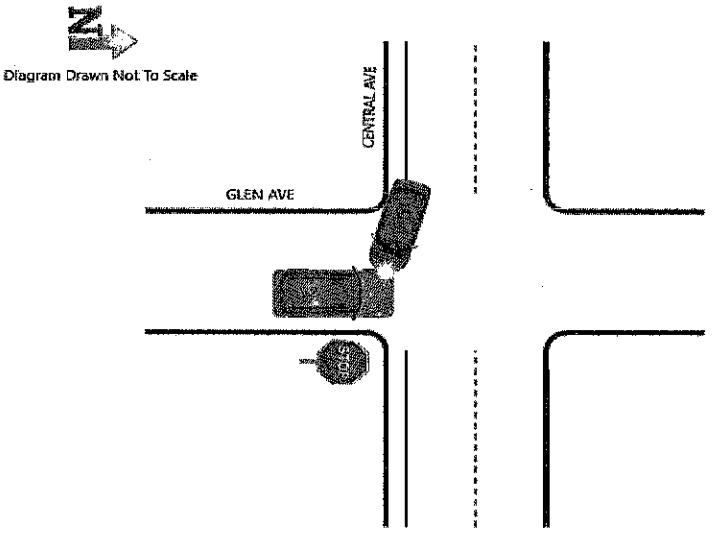
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-044300

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was headed East on Central Ave when he noticed V2 pull up very quick from Glen Ave. Driver 1 stated when he saw V2 pull up very fast, he thought she was going to pull out in front of him so he cut right and crashed into V2.

Driver 2 stated she was attempting to make a left onto Central Ave and was stopped at the stop sign on Glen Ave when suddenly she was hit by V1. Driver 2 stated V1 turned into her while she was stopped on Glen Ave.

Upon my arrival, I spoke with both parties involved in this accident. Driver 1 is at fault for improper turning. No injuries reported at this time. Both Vehicles were towed due to extent of damage.

Driver 2 insurance info:

Chubb insurance
199 Bay St #2500, Toronto, ON M5L 1E2, Canada
Agent- Paisley-Manor Insurance Brokers Inc.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-044300
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
☐ At Intersection With / Road Name / Dir	
☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude / 22 Longitude	
4 Date of Crash mm dd yy	06/03/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1635
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSHUA - BASCH -
29 Sex	M
27 Number & Street	1181 ROBIN DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	B07254110012682
33 DOB mm dd yyyy	12/11/1968
34 Expires mm yy	12 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSHUA - BASCH -
36 Number & Street	1181 ROBIN DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	
44 VIN / 45 Expires	
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RUTH - ROTHSCHILD -
59 Sex	F
57 Number & Street	525 GLENGROVE AVE
58 City / State / Zip	NORTH YORK ON M6B 2
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / D / - / - / ON
62 Driver's License Number	R67686810045306
63 DOB mm dd yyyy	03/06/2004
64 Expires mm yy	06 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI M ROTHSCHILD -
66 Number & Street	525 GLENGROVE AVE
67 City / State / Zip	TORONTO ON M6B 2
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
74 VIN / 75 Expires	
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A					53	M								JOSHUA - BASCH - 1181 ROBIN DR LAKEWOOD NJ 08701
B														
C					18	F								RUTH - ROTHSCHILD - 525 GLENGROVE AVE NORTH YORK ON M6B2H
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-044300

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JOSHUA GIANOULIS	410	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046475
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	E 13TH ST
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
At Intersection With	☐
Road Name	
Dir	
☒ Feet ☐ Miles	250
☐ N ☐ E ☐ S ☒ W of:	SHAFTO AVE
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1124
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.104391
22 Longitude	-74.207452

Vehicle 1

23 Veh #	1
24 Policy No.	4106-11-44-18
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHAUL Y GOBIOFF -
29 Sex	M
27 Number & Street	114 HUDSON ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	G60237048811012 / 11/21/2001 / 11 26
35 Owner's Same As Driver / First Name / Initial / Last Name	☐ / MORDECHAI E GOBIOFF -
36 Number & Street	114 HUDSON ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / OPT / BLK / 2019 / E11LCY / NJ
44 VIN / 45 Expires	5XXGT4L38KG340811 / 03 23
46 Vehicle Removed To	MOISHY TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4276-18-58-00
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MENUCHA R PARNES -
59 Sex	F
57 Number & Street	28A EAST 13TH STREET
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	P06385397956922 / 06/01/1992 / 06 23
65 Owner's Same As Driver / First Name / Initial / Last Name	☐ / SHIMON - PARNES -
66 Number & Street	28A E 13TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2021 / L48NSX / NJ
74 VIN / 75 Expires	5TDKRKEC6MS040874 / 05 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	137	1	138	139
2	140	141	2	142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	20	M	-	-	-	11	04	-	-	SHAUL Y GOBIOFF - 114 HUDSON ST LAKEWOOD NJ 08701
B	02	01	01	-	30	F	-	-	-	11	04	-	-	MENUCHA R PARNES - 28A EAST 13TH STREET LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

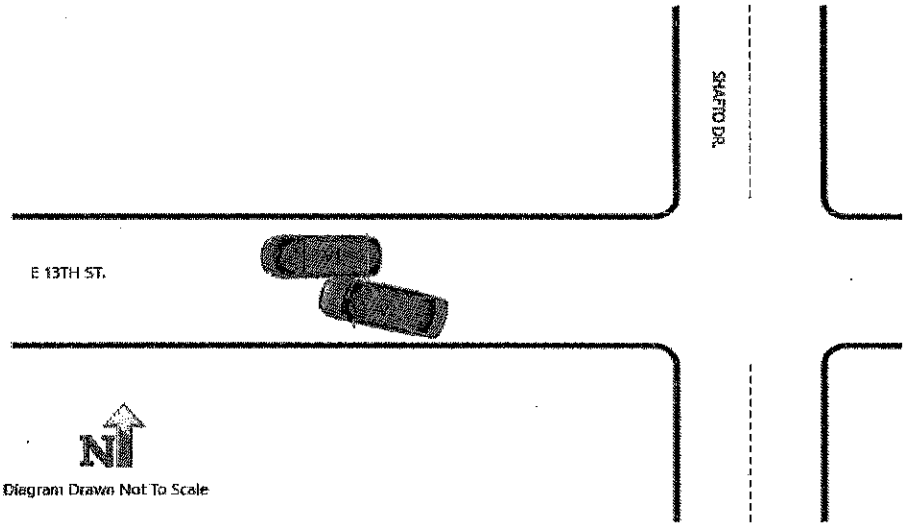
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046475

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that he was traveling east on E. 13th St. when V2 entered his lane of travel while they were exiting a parking spot. Driver of V2 stated that she was facing east on E 13th St. preparing to exit a parking spot. Driver of V2 further stated that once she thought it was clear to exit the parking spot, she did and ultimately ended up striking V1.

In conclusion to my investigation, I determined that the driver of V2 to be at fault due to V1 having the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	DTWORKOSKI	249	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-045955
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On (Road Name)	1950 RUTGERS UNIVERSITY B
Dir	-
11 Speed Limit	-
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	-
At Intersection With / of:	GATE NEAR LOADING DOCKS
14 / 15 Feet / Miles	-
16 ☐N ☐E ☐S ☐W	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name ☐NB ☐EB ☐SB ☐WB	-
4 Date of Crash (mm dd yy)	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0809
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.073138
22 Longitude	-74.159942

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 09; 100a: 01; 100b: 06; 101: 02; 102: 01; 103: 01; 104: 1; 105: 11; 106: 02; 107: -; 108: 23; 109: -; 110: 02; 111: -; 112: -; 113: -; 114: 03; 115: -; 116: 04; 117: -

Right margin codes: 118a: 29; 118b: -; 119a: -; 119b: -; 120a: 01; 120b: 01; 121a: -; 121b: -; 122: 03; 123: -; 124: 11; 125: -; 126a: 54; 126b: 54; 126c: 59; 126d: -; 126e: 54; 127a: -; 127b: -; 127c: -; 127d: -; 127e: -; 128: 54; 129: 09; 130: 09; 131: -; 132: -; 133: 02; 134: -

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	-
24 Policy No.	CSC00001007203	54 Policy No.	-
25 NJ Ins. Code	-	55 NJ Ins. Code	-
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run		☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	EDSON J MALANSKI -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	M	59 Sex	-
27 Number & Street	2115 ARCOLA AVE	57 Number & Street	-
28 City / State / Zip	SILVER SPRING MD 20902	58 City / State / Zip	- - -
30 Eyes	-	60 Eyes	-
DL Class	A	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	MD	61 State	-
32 Driver's License Number	M452184421648	62 Driver's License Number	-
33 DOB (mm dd yyyy)	08/19/1970	63 DOB	-
34 Expires (mm yy)	08 26	64 Expires	- -
35 Owner's ☐Same As Driver First Name / Initial / Last Name	IBP - TRANSPORTATION -	65 Owner's ☐Same As Driver	- - - -
36 Number & Street	10 BALDWIN AVE	66 Number & Street	-
37 City / State / Zip	MARLBOROUGH MA 01752	67 City / State / Zip	- - -
38 Make	VOLV	68 Make	-
39 Model	VN VNL	69 Model	-
40 Color	RD	70 Color	-
41 Year	2017	71 Year	-
42 Plate No.	5080B	72 Plate No.	-
43 State	MA	73 State	-
44 VIN	4V4NC9EH6HN991207	74 VIN	-
45 Expires	06 22	75 Expires	- -
46 Vehicle Removed To		76 Vehicle Removed To	-
	☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded		☐Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded
47 Authority	☐Owner ☒Driver ☐Police	77 Authority	☐Owner ☐Driver ☐Police
48 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending	78 Alcohol/Drug Test	Given: ☐No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending
49 Hazardous Material	☒None ☐On Board ☐Spill; Hazard Class: ; Placard No.:	79 Hazardous Material	☐None ☐On Board ☐Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☒USDOT 2284571 ☐None ☐MC/MX	80 Carrier No.	☐USDOT - ☐None ☐MC/MX -
51 GVWR/GCWR	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☒Weight >= 26,001 lbs	81 GVWR/GCWR	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☐Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	IBP TRANSPORTATION INC	82 Motor Carrier or Government Entity	-
Number & Street	10 BALDWIN AVE	Number & Street	-
City / State / Zip	MARLBOROUGH MA 01752	City / State / Zip	- - -

135 Damage To Other Property ☒Yes (If Yes, describe) ☐No

FRONT GATE TO 1950 RUTGERS UNIVERSITY BLVD (SAMR) AND TWO YELLOW CONCRETE POSTS

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	M	-	-	-	04	04	-	-	EDSON J MALANSKI - 2115 ARCOLA AVE SILVER SPRING MD 20902
B														
C														
D														

New Jersey Police Crash Investigation Report

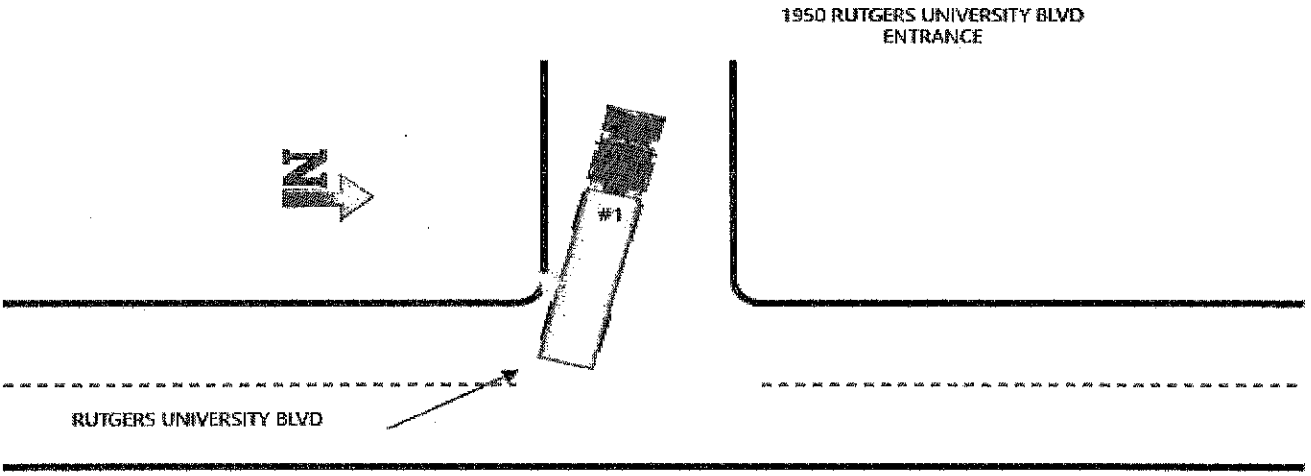
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045955

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was turning in to 1950 Rutgers University Blvd and misjudged his turn striking the fenced gate and two yellow concrete poles. The owner of the company has the crash on video.

BOX 25: PILGRIM INSURANCE CO, THROUGH BARBERA INS AGENCY, 175 MARKET ST, BRIGHTON MA 02135

TRAILER: MAINE REGISTRATION (C218179), VIN #1UYVS2537EP789519, OWNER: IBP TRANSPORTATION INC, 2014 UTIL TL WHITE EXP 02/29/24

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045965
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	EAST END AVE
At Intersection With Road Name	
Dir	
12 Route No.	
Suffix	
13 Milepost	
11 Speed Limit	15
18 Speed Limit	15
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	LEONARD ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0858
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.102596
22 Longitude	-74.199734

Vehicle 1

23 Veh #	1
24 Policy No.	2012563903
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MAYLI YACKELINE - AMADOR HERNANDE-
29 Sex	F
27 Number & Street	940 FARMINGDALE RD
28 City / State / Zip	JACKSON / NJ / 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	11/22/2001
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	FREDY ROBERTO R AMADOR-HERNANI-
☐ Same As Driver	
36 Number & Street	940 FARMINGDALE RD
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COA / WHI / 2007 / 4EX1505 / MD
44 VIN	2T1BR32E07C788187
45 Expires	01 24
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939152574
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	STEPHEN - SANTUCCI -
59 Sex	M
57 Number & Street	10 NEW YORK AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / D / - / - / NJ
62 Driver's License Number	S04927220007705
63 DOB mm dd yyyy	07/05/1970
64 Expires mm yy	07 25
65 Owner's First Name / Initial / Last Name	STEPHEN - SANTUCCI -
☐ Same As Driver	
66 Number & Street	10 NEW YORK AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ROVE / RAN / GRY / 2022 / H96PPE / NJ
74 VIN	SALWR2SE9NA224012
75 Expires	02 26
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	F	-	-	-	11	04	-	-	MAYLI YACKELINE - AMADOR HERNANDEZ - 940 FARMINGDALE RD JACKSON NJ 08527
B	01	03	01	05	24	F	-	-	-	11	04	-	-	VELMI YOLIBETH - AMADOR HERNANDEZ - 940 FARMINGDALE RD JACKSON NJ 08527
C	01	04	01	05	20	F	-	-	-	11	04	-	5303	DEISY - PEREZ RAMIREZ - 940 FARMINDALE RD JACKSON NJ 08527
D	01	06	01	05	26	F	-	-	-	11	04	-	-	BLANCA - AMADOR - 940 FARMINGDALE RD JACKSON NJ 08527

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045965

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	01	01	05	51	M	-	-	-	11	04	-	-	STEPHEN - SANTUCCI - 10 NEW YORK AVE LAKEWOOD NJ 08701
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

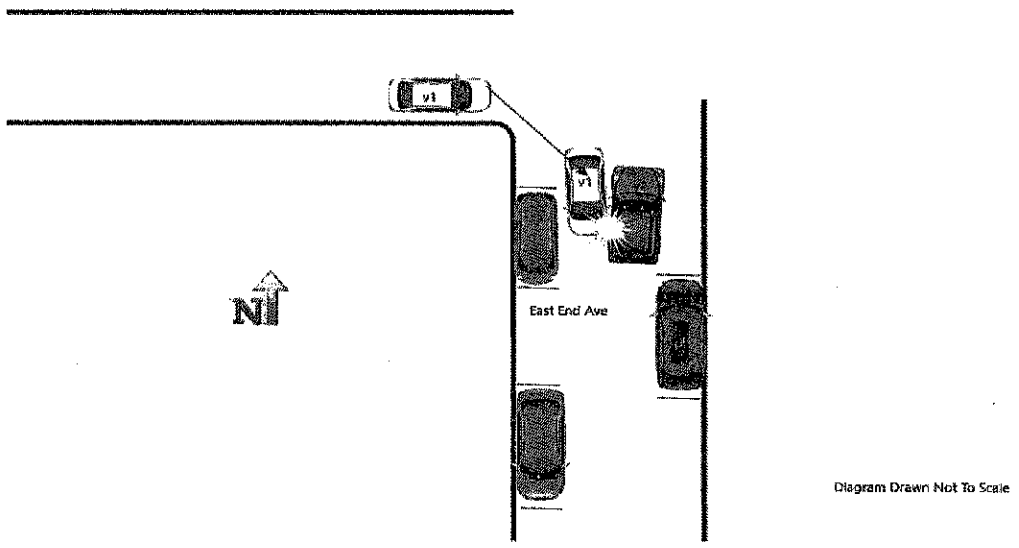


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle one made a right turn onto East End Ave. After completing her turn she noticed veh2 swerving into her lane of travel. As a result a crash occurred.

Driver of vehicle two stated that he was driving North on East End when veh1 made a wide right turn. Due to the wide turn veh2 was side swiped.

No medical attention needed.

Both vehicles sustained moderate damage.

***Note this road is narrow due to vehicles being able to park on both sides of the road. However I find veh1 at fault for not yielding to veh2.**

Veh1 has insurance , National General (Allstate Company)

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SMITH D	411	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045997
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1141
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	GUDZ RD
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	45
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	NEW EGYPT
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	OC 528
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	0.142672
22 Longitude	-0.376762

Vehicle 1

23 Veh #	1
24 Policy No.	8626809
25 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	AARON
Initial	W
Last Name	PEARSON
29 Sex	M
27 Number & Street	2747 HOOPER AVE BLDG9 APT19
28 City	BRICK
State	NJ
Zip	08723
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P20450008609842
33 DOB (mm dd yyyy)	09/25/1984
34 Expires (mm yy)	09 24
35 Owner's Name	☐ Same As Driver AARON W PEARSON -
36 Number & Street	2747 HOOPER AVE BLDG9 APT19
37 City	BRICK
State	NJ
Zip	08723
38 Make	CHRY
39 Model	TOW
40 Color	BLK
41 Year	2010
42 Plate No.	U13NBS
43 State	NJ
44 VIN	2A4RR5D13AR308651
45 Expires	12 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	129 1550-D20-30B
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	REVITAL
Initial	-
Last Name	AZOULAY
59 Sex	F
57 Number & Street	28 CLOVER HILL DR
58 City	JACKSON
State	NJ
Zip	-
60 Eyes	-
DL Class	D
Restrictions	-
Endorsements	-
61 State	IS
62 Driver's License Number	033621772
63 DOB (mm dd yyyy)	02/08/1977
64 Expires (mm yy)	02 24
65 Owner's Name	☐ Same As Driver - - LKNJ CUSTOM CNS -
66 Number & Street	1 HAVENWOOD CT UNIT 504A
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ODY
70 Color	WHI
71 Year	2022
72 Plate No.	P43PDH
73 State	NJ
74 VIN	5FNRL6H81NB028863
75 Expires	09 24
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.
01		NONE
02		NONE

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	37	M	-	-	-	11	04	-	-	AARON W PEARSON - 2747 HOOPER AVE BLDG BRICK NJ 08723
B	02	01	01	-	45	F	-	-	-	11	04	-	-	REVITAL - AZOULAY - 28 CLOVER HILL DR JACKSON NJ -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

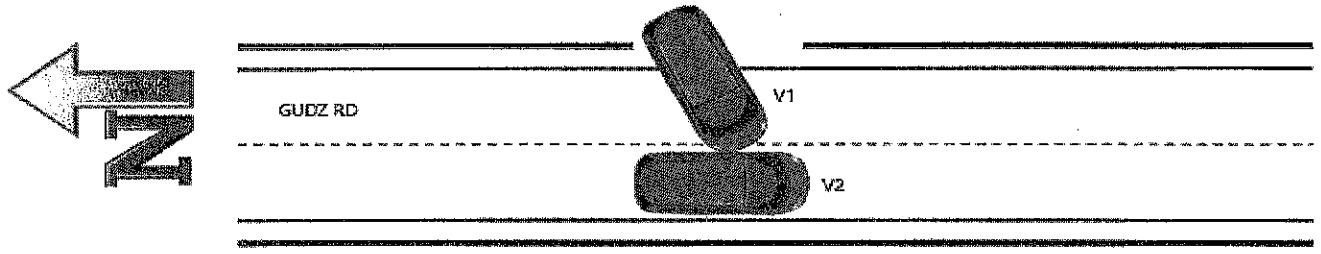
Station: _____ Case No: 22-045997

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find both vehicles in the roadway. Multiple HEMS vehicles on scene. Both vehicles sustained moderate damage. No airbag deployment noted. No injuries reported on scene.

Driver of vehicle 01 stated that he entered onto the roadway by mistake and was making a U-Turn. While making the turn, he saw Vehicle 02 approaching. He assumed that the vehicle would stop as he was blocking the roadway, however, Vehicle 02 swerved to go around his vehicle and he made contact.

Driver 02 stated that she was headed south on Gudz Road and saw Vehicle 01 making a U-Turn and then they collided. Driver 02 was unclear on as how contact was made.

Based on evidence and statements on location, both parties share culpability for the crash as both saw the other party and continued their pre-crash action. Both vehicles were driven from the scene by the listed drivers. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046005
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/10/22
5 Day Of Week	FRIDAY
10 Crash Occurred On	6TH STREET (Road Name)
At Intersection With	☐
☒ Feet / ☐ Miles	50
☐N ☐E ☐S ☒W of:	LEXINGTON
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- / - / -
16 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	-
6 Time (use 2400 hrs)	1220
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.096326
22 Longitude	-74.212951

Vehicle 1

23 Veh #	1
24 Policy No.	TCA00002000068
25 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIVKA / M / KOPS
29 Sex	F
27 Number & Street	721 FOREST AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	K65476587453022
33 DOB (mm dd yyyy)	03/17/2002
34 Expires (mm yy)	03 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / TOVA / T / COHEN
36 Number & Street	751 FOREST AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM - CA / BLK / 2011 / A20GCT / NJ
44 VIN	4T1BF3EK3BU770526
45 Expires	12 / 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	039600275
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHAYASARA / - / FRIED
59 Sex	F
57 Number & Street	47 CANARY DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	F73971220055842
63 DOB (mm dd yyyy)	05/17/1984
64 Expires (mm yy)	05 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / MORDECHAI / - / FRIED
66 Number & Street	47 CANARY DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2011 / 5474HF / NJ
74 VIN	5TDKK3DC8BS037967
75 Expires	06 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	F	-	-	-	11	04	-	-	RIVKA M KOPS - / 721 FOREST AVE LAKEWOOD NJ 08701
B	02	01	01	04	38	F	04	08	01	11	04	-	-	CHAYASARA - FRIED - / 47 CANARY DR LAKEWOOD NJ 08701
C	02	03	01	04	13	F	04	08	01	11	04	-	-	ESTHER - FRIED - / 47 CANARY DR LAKEWOOD NJ 08701
D	02	04	01	05	1M	M	-	-	-	06	06	-	-	JOSEPH - FRIED - / 47 CANARY DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

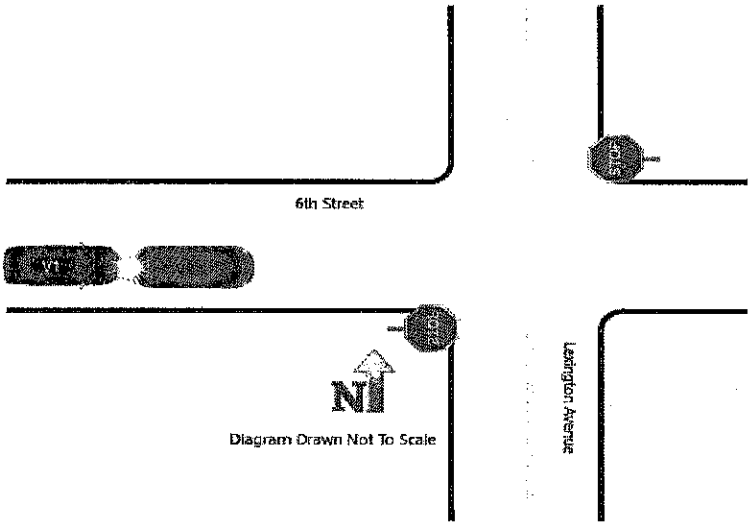
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046005

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was driving west on 6th street when vehicle 2 came to a stop and she crashed into the rear of vehicle 2. Vehicle 1 sustained minor damage to the front bumper license plate area.

Driver 2 stated she was stopped behind a line of cars waiting for a stop sign on 6th street. While stopped she was rear ended by vehicle 1. Vehicle 2 sustained minor damage to the rear bumper in the form of two indents. It should be noted there was preexisting damage to vehicle 2's rear bumper already.

Vehicle 1 is at fault for this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046010
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LUBLIN TER
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
☒ Feet	300
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	HILLSIDE DR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1253
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.086779
22 Longitude	-74.253859

Vehicle 1

23 Veh #	1
24 Policy No.	29W1460921
25 NJ Ins. Code	276
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANTHONY - MAROTTA
29 Sex	M
27 Number & Street	743 CLUBHOUSE DRIVE
28 City / State / Zip	FORKED RIVER NJ 08731
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	M06520530008652
33 DOB mm dd yyyy	08/27/1965
34 Expires mm yy	08 23
35 Owner's First Name / Initial / Last Name	- - WOODHAVEN LUMI-
☐ Same As Driver	
36 Number & Street	200 JAMES ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MACK / CXU / BRO / 2015 / AW857J / NJ
44 VIN	1M1AW07Y2FM045411
45 Expires	11 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☒ USDOT 671180 ☐ None; ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	WOODHAVEN MILLWORK & LUMBER
Number & Street	200 JAMES ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	S 2221639
55 NJ Ins. Code	206
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	PATRICIA - COTTRELL
☐ Same As Driver	
66 Number & Street	46 RUES ROAD
67 City / State / Zip	CREAM RIDGE NJ 08514
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MACK / RD6 / WHI / 1993 / XS400S / NJ
74 VIN	1M2P265C4PM011581
75 Expires	09 22
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☒ USDOT 3211656 ☐ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	COTTRELL SAND AND GRAVEL
Number & Street	46 RUES RD
City / State / Zip	CREAM RIDGE NJ 08514

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		NONE	02		NONE
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	56	M	-	-	-	11	04	-	-	ANTHONY - MAROTTA - 743 CLUBHOUSE DRIVE FORKED RIVER NJ 08731
B														
C														
D														

New Jersey Police Crash Investigation Report

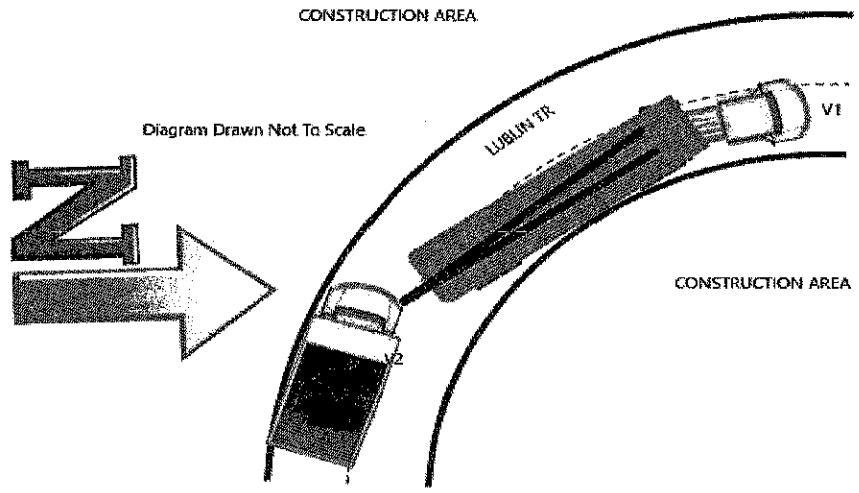
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046010

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Arrived on scene at an active construction site.

Upon speaking with both parties, it was determined that Vehicle 02 was parked when Vehicle 01, which was carrying an oversize load, made contact with the passenger side front fender causing damage.

No injuries were reported on scene. Both vehicles remained operational. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046014
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MONMOUTH AVE
☒ At Intersection With	3RD ST
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1257
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.093613
22 Longitude	-74.210375

Vehicle 1

23 Veh #	1
24 Policy No.	930439678
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANIEL S SCHIFF -
29 Sex	M
27 Number & Street	39 GARFIELD ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / A / - / - / NJ
32 Driver's License Number	S13891538206862
33 DOB (mm dd yyyy)	06/09/1986
34 Expires (mm yy)	06 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DANIEL S SCHIFF -
36 Number & Street	39 GARFIELD ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LINC / AVI / BLK / 2021 / Y94NYL / NJ
44 VIN / 45 Expires	5LMYJ8XY7MNL01649 / 07 24
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939542707
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHAYA A WITTY -
59 Sex	F
57 Number & Street	11 BELGIAN HILL RD
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / A / - / - / NJ
62 Driver's License Number	W47261226162896
63 DOB (mm dd yyyy)	12/17/1989
64 Expires (mm yy)	12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - DRILLMAN -
66 Number & Street	11 BELGIAN HILL RD
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN - SE / BLK / 2020 / L53NKM / NJ
74 VIN / 75 Expires	3N1AB8CV9LY299859 / 02 24
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.		138 Charge	139 Summons. No.
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	36	M	-	-	-	11	04	-	-	DANIEL S SCHIFF - 39 GARFIELD ST LAKEWOOD NJ 08701
B	02	01	01	05	32	F	-	-	-	11	04	-	-	CHAYA A WITTY - 11 BELGIAN HILL RD LAKEWOOD NJ 08701
C	02	04	01	05	7	M	-	-	-	11	04	-	-	SHLOMO DRILLMAN - 11 BELGIAN HILL ROAD LAKEWOOD NJ 08701
D	02	06	01	05	4	M	-	-	-	05	05	-	-	AVRAHAM DRILLMAN - 11 GELGIAN HILL ROAD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

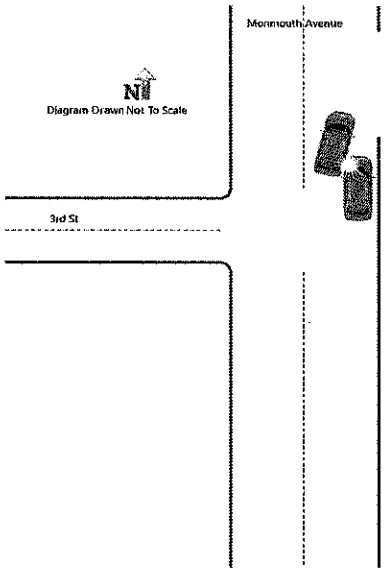
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046014

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling north on Monmouth Avenue. Driver of vehicle 1 stated vehicle 2 was parked on the side of the street illegally picking up someone. Driver of vehicle 1 stated vehicle 2 pulled forward striking the passenger side of vehicle 1 causing minor damage. Driver of vehicle 1 had no complain of pain.

Driver of vehicle 2 stated she was on Monmouth Avenue facing north. Driver of vehicle 2 stated she was parked waiting to pick up her children from school. Driver of vehicle 2 stated when she was pulling away she struck the passenger side of vehicle 1. Vehicle 2 had minor front driver side damage. Driver of vehicle 2 had no complaints of pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046016
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVENUE
Road Name	
Dir	W
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	FLANNERY AVENUE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1301
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	PANJ-008885478
25 NJ Ins. Code	071
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SARIT / A / BITTON
29 Sex	F
27 Number & Street	161 SEMINOLE DRIVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	B47236926159972
33 DOB mm dd yyyy	09/06/1997
34 Expires mm yy	09 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / RIVKA / M / WEISS
36 Number & Street	20 VILNA LN
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ELA / 4 / 2020 / J61NDM / NJ
44 VIN	5NPD84LFXLH624140
45 Expires	12 / 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4027-24-00-03
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PETER / L / WIEGANDT
59 Sex	M
57 Number & Street	312 TIMBERLINE PL
58 City / State / Zip	BRICK / NJ / 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / A / - / - / NJ
62 Driver's License Number	W41586257307744
63 DOB mm dd yyyy	07/30/1974
64 Expires mm yy	10 / 17
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / PETER / L / WIEGANDT
66 Number & Street	312 TIMBERLINE PL
67 City / State / Zip	BRICK / NJ / 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / 350 - 35 / 4 / 2014 / L83JYA / NJ
74 VIN	WDDKK5KF6EF229942
75 Expires	04 / 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	24	F	-	-	-	11	04	-	-	SARIT A BITTON - 161 SEMINOLE DRIVE LAKEWOOD NJ 08701
B	2	01	01	05	47	M	-	-	-	11	04	-	-	PETER L WIEGANDT - 312 TIMBERLINE PL BRICK NJ 08723
C														
D														

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04
118a	25
118b	-
119a	09
119b	-
120a	
120b	01
121a	01
121b	01
122	01
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	02

New Jersey Police Crash Investigation Report

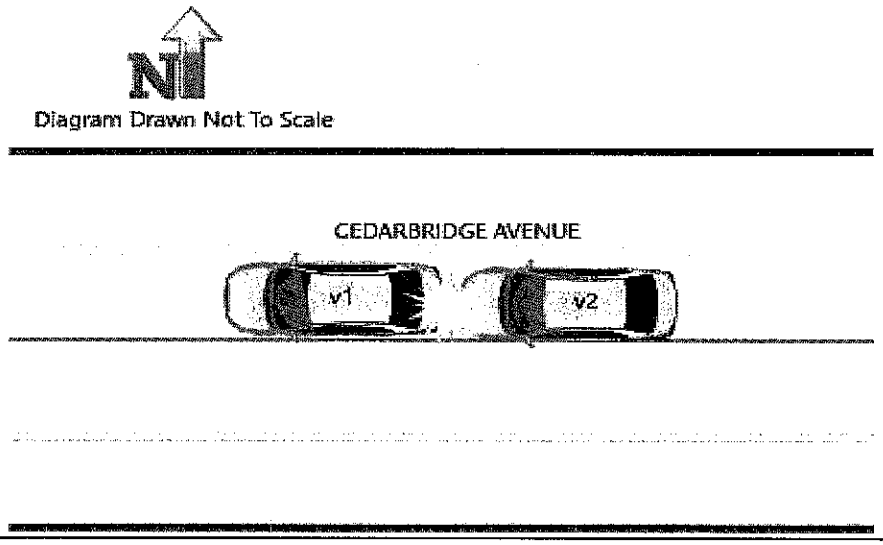
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046016

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was travelling west on Cedarbridge Avenue in the left lane when the vehicle in front of her stopped abruptly causing her to stop short which resulted in vehicle 2, which was travelling in the same direction, to strike her vehicle in the rear bumper of her vehicle.

Driver of vehicle 2 stated he was travelling west on Cedarbridge avenue behind vehicle 1 when vehicle 1 stopped abruptly causing him to strike vehicle 1 in the rear bumper.

After speaking to both drivers and seeing the damage to both vehicles I have made the determination that driver of vehicle 2 was at fault due to following to closely. No injuries were reported and no summonses were given at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046054
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	E 7TH ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: SOMERSET AVE
11 Speed Limit	25
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1528
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.097770
22 Longitude	-74.194995

Vehicle 1

23 Veh #	1
24 Policy No.	4270-27-14-57
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AHRON - PRESS
29 Sex	M
27 Number & Street	57 WHISPERING PINES LN
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	P73560140010974
33 DOB mm dd yyyy	10/02/1997
34 Expires mm yy	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EZEKIEL J PRESS
36 Number & Street	57 WHISPERING PINES LN
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / BUR / 2016 / Y78MVV / NJ
44 VIN / 45 Expires	4T1BK1EB2GU233900 / 09 22
46 Vehicle Removed To	MOISHY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4502-08-63-01
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEBORAH - WEINSTEIN
59 Sex	F
57 Number & Street	1631 55TH ST
58 City / State / Zip	BROOKLYN NY 11204
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / - / - / - / NY
62 Driver's License Number	207941763
63 DOB mm dd yyyy	08/18/1948
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DEBORAH - WEINSTEIN
66 Number & Street	1631 55TH ST
67 City / State / Zip	BROOKLYN NY 11204
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / RGE / - / 2020 / JPM6278 / NY
74 VIN / 75 Expires	JN8AT2MVXLW131634 / 02 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	24	M	-	-	-	11	04	-	-	AHRON - PRESS - 57 WHISPERING PINES LAKEWOOD NJ 08701
B	01	03	-	-	21	F	-	-	-	11	04	-	-	ITA - PRESS - 65 AROSA HILL LAKEWOOD NJ 08701
C	02	01	-	-	73	F	-	-	-	11	04	-	-	DEBORAH - WEINSTEIN - 1631 55TH ST BROOKLYN NY 11204
D	02	03	-	-	15	F	-	-	-	11	04	-	-	ETTI - GRUEN - 26 COUNTRY CLUB DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

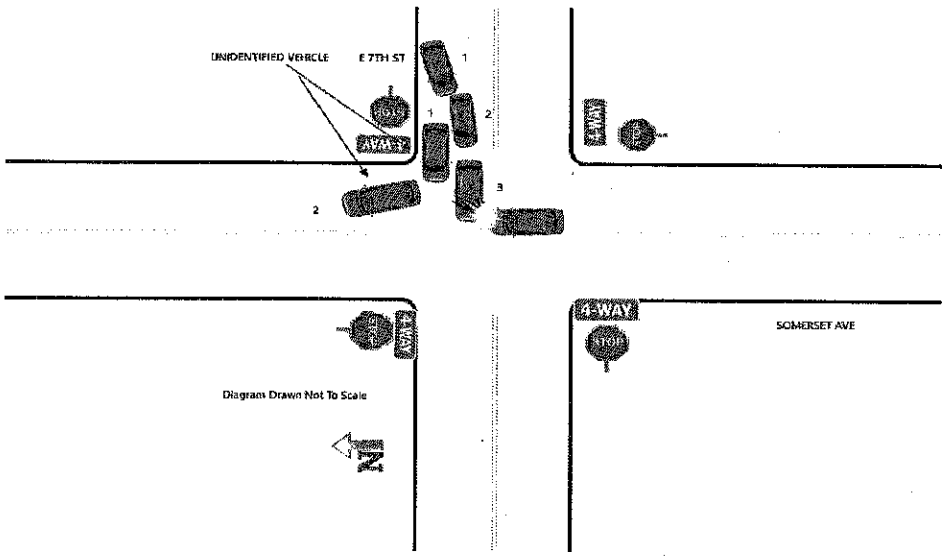
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046054

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS STOPPED AT THE STOP SIGN ON SOMERSET AVE WAITING TO CROSS OVER E 7TH ST TO CONTINUE NORTH ON SOMERSET AVE. AN UNIDENTIFIED VEHILCE WAS PREVIOUSLY STOPPED AT THE 4 WAY STOP SIGN ON E 7TH ST FACING WEST WAITING TO TURN NORTH ONTO SOMERSET. VEHICE 2 WHO WAS BEHIND THE UNIDENTIFIED VEHICLE BEGAN TO PULL FORWARD PASSING THE UNIDENTIFIED VEHICLE ON THE LEFT. WHEN THE UNIDENTIFED VEHICLE TURNED ONTO SOMERSET DRIVER OF VEHILCE 1 STATED IT WAS THEN HIS TURN TO GO BUT VEHICLE 2 BEGAN TO PULL INTO THE INTSERECTION RIGHT AS OR A FEW SECONDS AFTER THE UNIDENTIFIED VEHICLE TURNED. VEHICLE 1 THEN CRASHED INTO VEHICLE 2.

DRIVER OF VEHICLE 2 STATED SHE SAW THE AN UNIDENTIFIED VEHICLE WAS AT THE 4 WAY STOP SIGN ON E 7TH FACING WEST BUT WAS GOING TO MAKE THE RIGHT TO GO NORTH ON SOMERSET SO SHE ASSUMED SHE COULD PULL BESIDE HIM AT THE STOP SIGN EVEN THOUGH IT IS ONE LANE WITH NO TURNING LANE. SHE SAW THE UNIDENTIFIED VEHICLE MAKE THE TURN SO SHE THOUGHT THAT SHE COULD GO THROUGH THE INTERSECTION AT THE SAME TIME. AS SHE DID VEHICLE 1 STARTED TO GO THROUGH THE INTERSECTION AND THEY CRASHED.

VEHICLE 2 IS AT FAULT FOR FAILING TO STOP AND YIELD TO VEHICLE 1 WHO HAD THE RIGHT OF WAY.

THERE WERE 2 OTHER PASSANGERS IN THE REAR OF VEHICLE 2 BELIEVED TO BE JUVENILE FEMALES BUT THE OCCUPANTS CLAIMED TO NOT KNOW THEIR NAMES OR OTHER IDENTIFIYING INFORMATION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046100
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MAIN ST
☒ At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	NJ-88
Suffix	-
13 Milepost	-
18 Speed Limit	35
☐ Feet	-
☐ Miles	
☐ N ☐ E ☐ S ☐ W of:	CLIFTON AVE
14	
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/10/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1820
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090058
22 Longitude	-74.214224

Vehicle 1

23 Veh #	1
24 Policy No.	SEE BOTTOM***
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ZUBAIR
Initial	-
Last Name	AHMAD
29 Sex	M
27 Number & Street	3075 FAZIO DR
28 City	WINDSOR
State	ON
Zip	N9E 4
30 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
31 State	ON
32 Driver's License Number	A3561-79707-70211
33 DOB mm dd yyyy	02/11/1977
34 Expires mm yy	02 26
35 Owner's First Name Initial Last Name	- - 882819 ONTARIO L-
☐ Same As Driver	
36 Number & Street	3049 DEVON DR
37 City	WINDSOR
State	ON
Zip	N8X 4
38 Make	FREI
39 Model	FM2
40 Color	BLU
41 Year	2019
42 Plate No.	8678PY
43 State	ON
44 VIN	1FUJHHDR3KLKG6784
45 Expires	06 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
50 Carrier No.	
☒ USDOT 459412 ☐ None	
☐ MC/MX	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☒ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name Initial Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	- -
64 Expires mm yy	- -
65 Owner's First Name Initial Last Name	- - -
☐ Same As Driver	
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	
☐ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☐ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	
☐ None ☐ On Board ☐ Spill	
Hazard Class -	
Placard No. -	
80 Carrier No.	
☐ USDOT - ☐ None	
☐ MC/MX -	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

K POLE STATION 0+167

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:4-97	1514-A293716			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

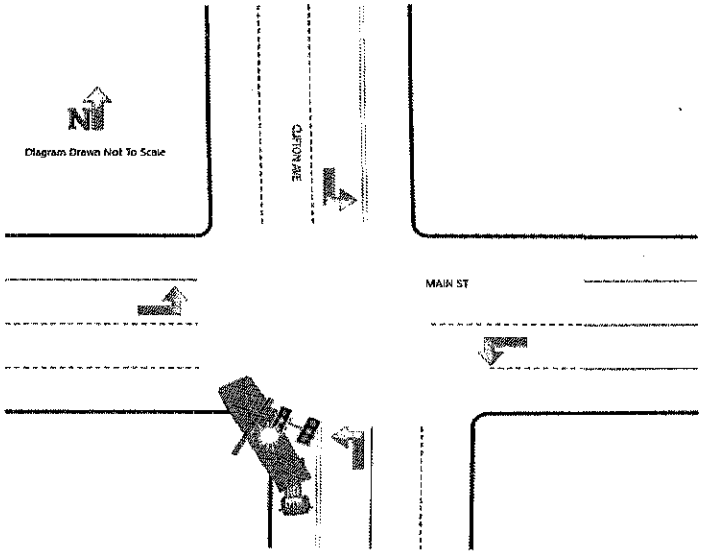
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	45	M	-	-	-	11	04	-	-	ZUBAIR - AHMAD - 3075 FAZIO DR WINDSOR ON N9E 4
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-046100

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that he was attempting to make a right hand turn onto Clifton Ave from Main St when he believes his back tires jumped the curb causing his trailer to strike the traffic pole.

The result of the investigation revealed Driver of V1 was at fault for not maintaining control of his truck while making a right hand turn which resulted in the top of his trailer to strike the traffic pole. Driver of V1 reported no injuries at this time.

Trailer information
Registration: Ontario V70620
Expiration: 08/22
Owner: 882819 Ontario LTD.

Insurance information:
Old Republic Insurance Company of Canada
Policy # T70013J
NAIC # 24147
Expiration: 03/23
Address:
100 King Street West, Box 557, Hamilton, Ontario L8N3K9

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046209
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RT 70
☒ At Intersection With	NEW HAMPSHIRE AVENUE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	50
Dir	E
12 Route No.	0070
Suffix	
13 Milepost	
14	
15	
16	
17 Cross Road Name	
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/11/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0540
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050445
22 Longitude	-74.196140

Vehicle 1

23 Veh #	1
24 Policy No.	939507522
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANIEL P SHEVLIN -
29 Sex	M
27 Number & Street	4406 NORMA PLACE
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	S34091537703692 / 03/05/1969 / 03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DANIEL P SHEVLIN -
36 Number & Street	4406 NORMA PLACE
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / YAR / BLU / 2007 / P71NWV / NJ
44 VIN / 45 Expires	JTDJT923075107215 / 06 23
46 Vehicle Removed To	AAA TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	927492116
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JERSON E VILLAMIZAR -
59 Sex	M
57 Number & Street	640 MARIA ST
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	V43524006511922 / 11/20/1992 / 11 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JESSIKA J VELEZ -
66 Number & Street	1004 CHAMBER CRESCENT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / RD / 2016 / L17KZK / NJ
74 VIN / 75 Expires	4T1BF1FK2GU537070 / 02 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-		-	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	53	M	01	08	02	11	04	-	-	DANIEL P SHEVLIN - 4406 NORMA PLACE TOMS RIVER NJ 08755
B	V2	01	01	05	29	M	-	-	-	11	04	-	-	JERSON E VILLAMIZAR - 640 MARIA ST JACKSON NJ 08527
C	V2	03	01	05	21	F	-	-	-	11	04	-	-	ANIYAH - TERRY - 2135 W COUNTY LINE RI JACKSON NJ 08527
D	V2	04	01	05	34	M	-	-	-	11	04	-	-	RAVONN S TERRY - 2135 W COUNTY LINE RI JACKSON NJ 08527

New Jersey Police Crash Investigation Report

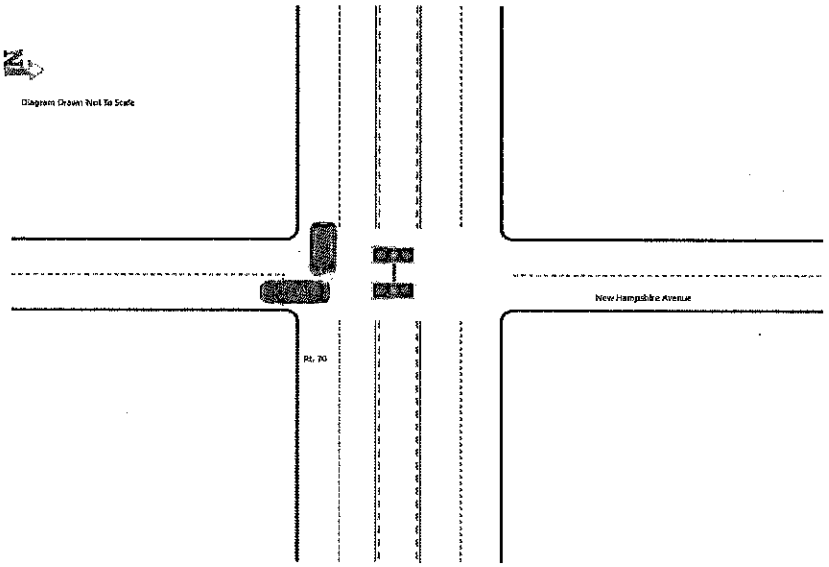
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046209

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling eastbound on Rt. 70 toward the intersection of Rt. 70 and New Hampshire Avenue. V2 was traveling southbound on New Hampshire Avenue toward the intersection of New Hampshire Avenue and Rt. 70. A collision between V1 and V2 occurred at the intersection of New Hampshire Avenue and Rt. 70. The driver of V1 stated that V2 disobeyed the red traffic signal, traveled through the intersection, and struck his vehicle. The driver of V2 stated that V1 disobeyed the red traffic signal, traveled through the intersection, and struck his vehicle. There were no witnesses on scene to confirm either parties statements.

V1 sustained disabling damage and the owner contacted AAA towing to remove his vehicle from the scene. V2 sustained moderate damage and the driver removed the vehicle from the scene. The driver of V1 complained of head pain and he was transported to Ocean Medical Center for treatment. The driver and passengers of V2 declined medical attention. There was no airbag deployment observed in either vehicle.

Submitted by, Ptl. Nicholas A. Cusanelli II #387 6/11/2022 0800 hours

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUSANELLI, N	387	LNJ	322	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046277
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/11/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1407
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	LANES MILL ROAD
At Intersection With	☐
Feet	☒
Miles	☐
25	
N ☐ E ☐ S ☐ W	☒ N
of:	OCEAN AVENUE
11 Speed Limit	45
12 Route No.	0526
Suffix	-
13 Milepost	-
18 Speed Limit	45
19 Ramp To / From	☐ To ☐ From: -
17 Cross Road Name	-
NB ☐ EB ☐ SB ☐ WB	☐
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4260-69-30-41
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GIAVANNA D ROMEO-CASSIDY -
29 Sex	F
27 Number & Street	6 CANTERBURY LANE
28 City / State / Zip	TINTON FALLS NJ 07724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	R63392826455792
33 DOB (mm dd yyyy)	05/13/1979
34 Expires (mm yy)	05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver FRANK S ROMEO -
36 Number & Street	6 CANTERBURY LA
37 City / State / Zip	TINTON FALLS NJ 07724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SPO / BLK / 2021 / Y98NBK / NJ
44 VIN	KNDPM3AC9M7887771
45 Expires	11 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4031-01-68-11
55 NJ Ins. Code	101
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	THERESA - WATSON -
59 Sex	F
57 Number & Street	PO BOX 633
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	W08317390052562
63 DOB (mm dd yyyy)	02/26/1956
64 Expires (mm yy)	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver THERESA - WATSON -
66 Number & Street	PO BOX 633
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ALT - AL / SIL / 2003 / X84NYB / NJ
74 VIN	1N4BL11DX3C105211
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-			-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	43	F	-	-	-	11	04	-	-	GIAVANNA D ROMEO-CASSIDY - / 6 CANTERBURY LANE TINTON FALLS NJ 07724 - -
B	02	01	01	05	66	F	-	-	-	11	04	-	-	THERESA - WATSON - / PO BOX 633 LAKEWOOD NJ 08701 - -
C	02	02	01	05	72	M	-	-	-	11	04	-	-	DENNIS J WATSON - / P.O. BOX 633 LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

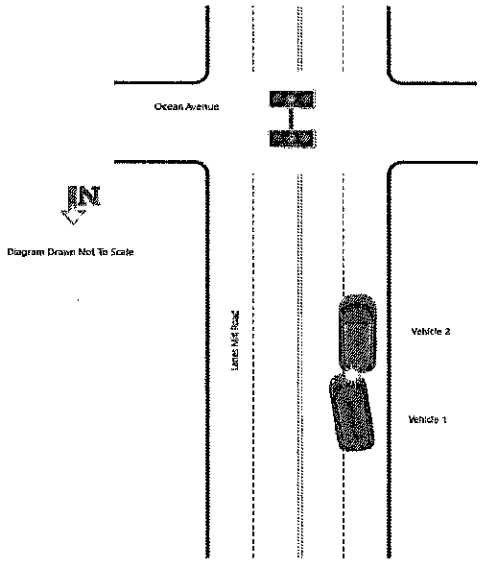
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046277

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was traveling south on Lanes Mill Road . Driver 1 stated she was stopped in traffic and had accidentally lifted her foot off of the brake resulting in her striking the rear of vehicle 2.

Driver of vehicle 2 was traveling south on Lanes Mill Road. Driver 2 stated he was stopped in traffic when he felt that the rear of his vehicle had been struck.

It should be noted that the drivers moved their vehicles into the parking lot of 1441 Ocean Avenue prior to my arrival.

Both drivers and the passenger of vehicle 2 were offered medical attention which they declined at the scene of the crash.

Vehicle 1 had damage to the right side of the fender and the right headlight and vehicle 2 had damage to the rear left side of the bumper and the rear left taillight.

As per my observation and the information provided by both drivers, driver 1 was at fault for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046392
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	EAST END AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet	25
☐ Miles	
☐ N ☐ E ☒ S ☐ W of:	LEONARD STREET
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/11/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2322
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.103012
22 Longitude	-74.200147

Vehicle 1

23 Veh #	1
24 Policy No.	939 518 773
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GITTEL
Initial	-
Last Name	SINSKY
29 Sex	F
27 Number & Street	7 SUMMERHILL AVE
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	06
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S45202910058046
33 DOB mm dd yyyy	08/08/2004
34 Expires mm yy	08 26
35 Owner's First Name	MAYER
Initial	-
Last Name	SINSKY
☐ Same As Driver	
36 Number & Street	7 SUMMERHILL AVENUE
37 City	JACKSON
State	NJ
Zip	08527
38 Make	TOYT
39 Model	SIE
40 Color	TN
41 Year	2011
42 Plate No.	SHK97J
43 State	NJ
44 VIN	5TDKK3DC5BS023301
45 Expires	03 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class
	Placard No.
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	5129J 010521
55 NJ Ins. Code	917
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name	EIDY
Initial	-
Last Name	FRIEDMAN
☐ Same As Driver	
66 Number & Street	913 EAST END AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	COR
70 Color	BLK
71 Year	2013
72 Plate No.	M57NEG
73 State	NJ
74 VIN	2T1BU4EE5DC048985
75 Expires	03 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class
	Placard No.
80 Carrier No.	☒ USDOT - ☐ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	17	F	-	-	-	11	04	-	-	GITTEL - SINSKY - 7 SUMMERHILL AVE JACKSON NJ 08527
B	V1	03	01	05	17	F	-	-	-	11	04	-	-	CHAVI - PRESS - 1280 OCEAN PARKWAY BROOKLYN NJ 11230
C														
D														

New Jersey Police Crash Investigation Report

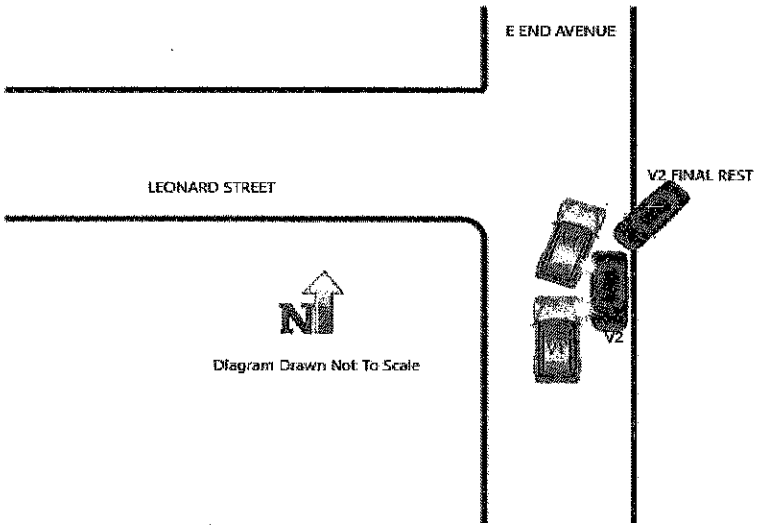
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046392

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle One stated to the effect: I was traveling North on E End Avenue. While traveling, I suddenly heard a loud knock and realized my vehicle had struck Vehicle Two, I did not see Vehicle Two, which was parked on the side of the roadway on E End Avenue.

Vehicle One struck Vehicle Two while it was parked and unoccupied. As a result of my investigation, it was determined that the driver of Vehicle One was at fault for colliding with Vehicle Two while operating her vehicle.

END OF NARRATIVE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046481
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LEXINGTON AVE
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	
☐ Feet	☐ N ☐ E of: 10TH ST
☐ Miles	☐ S ☐ W
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	16
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1209
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.100230
22 Longitude	-74.213678

Vehicle 1

23 Veh #	1
24 Policy No.	6056-55-03-27
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YITZCHOK
Initial	-
Last Name	KAGAN
29 Sex	M
27 Number & Street	518 5TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K01317900004974
33 DOB mm dd yyyy	04/12/1997
34 Expires mm yy	04 26
35 Owner's First Name	☐ Same As Driver YITZCHOK
Initial	-
Last Name	KAGAN
36 Number & Street	518 5TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	BLK
41 Year	2017
42 Plate No.	B67NWB
43 State	NJ
44 VIN	4T1BF1FK5HU796444
45 Expires	06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	9963183062061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MILTON
Initial	P
Last Name	STERN
59 Sex	M
57 Number & Street	1403 LEXINGTON AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S82265547701512
63 DOB mm dd yyyy	01/15/1951
64 Expires mm yy	01 24
65 Owner's First Name	☐ Same As Driver MILTON
Initial	P
Last Name	STERN
66 Number & Street	1403 LEXINGTON AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	SUBA
69 Model	FOR - FO
70 Color	GRN
71 Year	2010
72 Plate No.	P69DWH
73 State	NJ
74 VIN	JF2SH6CC6AH792010
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1			1		
2			2		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	25	M	-	-	-	11	04	-	-	YITZCHOK - KAGAN - 518 5TH ST LAKEWOOD NJ 08701
B	02	01	01	-	71	M	-	-	-	11	04	-	-	MILTON P STERN - 1403 LEXINGTON AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046481

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

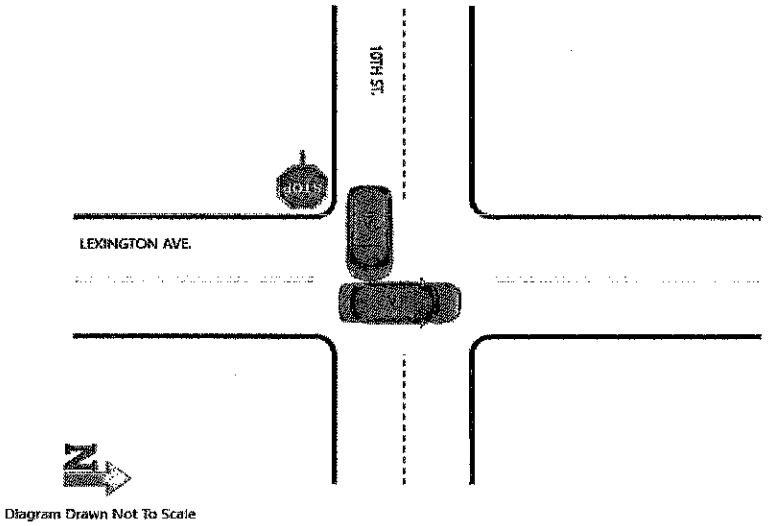


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of V1 stated that he was traveling north on Lexington Ave. Driver of V1 further stated that as he entered the intersection of Lexington Ave. and 10th St. he was struck in the rear driver side door by V2. Driver of V2 stated that he was stopped at the stop sign, facing east at the intersection of 10th St. and Lexington Ave. Driver of V2 further stated that once he thought he was clear to go, he went and ultimately ended up crashing into V1.

In conclusion to my investigation, I determined that the driver of V2 was at fault due to V1 having the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046486
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PRIVATE WAY
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	250
☒ N ☐ E ☐ S ☐ W of:	7TH ST
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1242
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.096405
22 Longitude	-74.221091

Vehicle 1

23 Veh #	1
24 Policy No.	4510175
25 NJ Ins. Code	177
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	KERRON
Initial	M
Last Name	JOHNSON
29 Sex	M
27 Number & Street	1532 COUNTRY MILL DR
28 City	CRANBURY
State	NJ
Zip	08512
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	J61734327408982
33 DOB mm dd yyyy	08/16/1998
34 Expires mm yy	08 24
35 Owner's First Name	-
Initial	-
Last Name	AMAZON LOGISTIC-
☐ Same As Driver	
36 Number & Street	410 TERRY AVENUE NORTH
37 City	SEATTLE
State	WA
Zip	98109
38 Make	FORD
39 Model	TRA
40 Color	GRY
41 Year	2021
42 Plate No.	XLPG76
43 State	NJ
44 VIN	1FDDF6P82MKA56087
45 Expires	11 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939621180
55 NJ Ins. Code	054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name	YOCHANON
Initial	Y
Last Name	RAITZIK
☐ Same As Driver	
66 Number & Street	116 MELVILLE AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ODY
70 Color	BLK
71 Year	2020
72 Plate No.	B64MFW
73 State	NJ
74 VIN	5FNRL6H56LB051011
75 Expires	02 24
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	48	M	-	-	-	11	04	-	-	YOCHANON Y RAITZIK - 116 MELVILLE AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

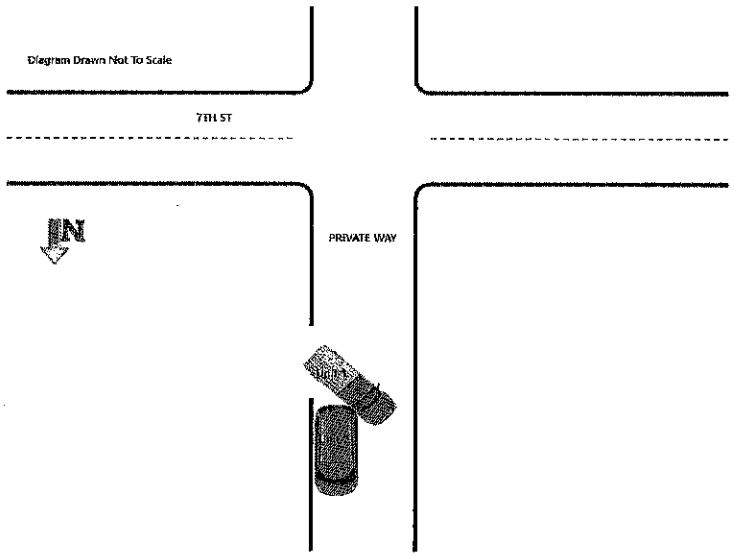
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046486

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 2 WAS LEGALLY PARKED.

DRIVER OF VEHICLE 1 STATED HE EXITED THE PARKING LOT ON PRIVATE WAY MADE THE RIGHT TURN INTO PRIVATE WAY AND STRUCK VEHICLE 2.

VEHICLES WERE PARKED UNDER "NO PARKING SIGNS' ON THE WEST SIDE OF PRIVATE WAY MAKING IT DIFFICULT FOR VEHICLE 1 TO PROPERLY MAKE THE RIGHT TURN.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046497
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE RD
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet	50
☐ Miles	
☐N ☐E ☐S ☐W of:	FOREST AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1328
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106350
22 Longitude	-74.221480

Vehicle 1

23 Veh #	1
24 Policy No.	4566-56-23-38
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / Sex	NOAH / R / GOLDBERG / - / M
27 Number & Street	3 UTICA COURT
28 City / State / Zip	JACKSON / NJ / 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	G62235947903834
33 DOB mm dd yyyy	03/18/1983
34 Expires mm yy	03 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / NOAH / R / GOLDBERG / -
36 Number & Street	3 UTICA COURT
37 City / State / Zip	PCA JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	SUV / OLDS / ALE / WHI / 2004 / WSY98K / NJ
44 VIN	1G3NL52E84C111404
45 Expires	03 / 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	*
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / Sex	SIVYA / E / BARON / - / F
57 Number & Street	5 IMPERIAL PL
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	B06457176552922
63 DOB mm dd yyyy	02/24/1992
64 Expires mm yy	02 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / YONAH / - / BARON / -
66 Number & Street	1469 44TH ST
67 City / State / Zip	BROOKLYN / NY / 11219
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFI / QX6 / 4 / 2020 / JNU2764 / NY
74 VIN	5N1DL0MM2LC525226
75 Expires	12 / 21
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	39	M	-	-	-	11	04	-	-	NOAH R GOLDBERG - / 3 UTICA COURT JACKSON NJ 08527
B	2	01	01	05	30	F	-	-	-	11	04	-	-	SIVYA E BARON - / 5 IMPERIAL PL JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

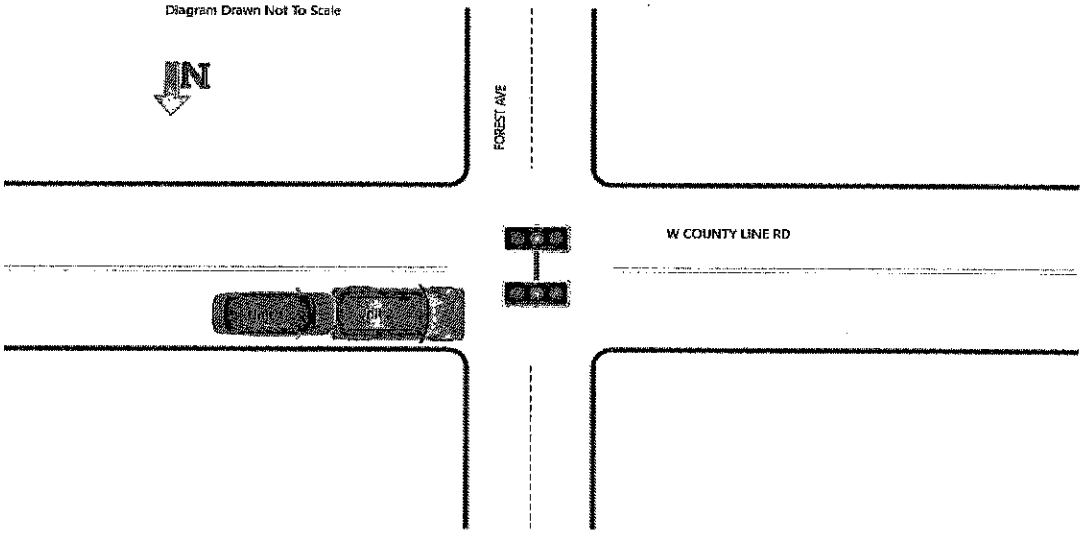
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046497

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE 2 INSURANCE INFO: ALLSTATE FIRE & CASUALTY INSURANCE COMPANY. POLICY#000000978579340. PHONE#8002557828.

DRIVER OF VEHICLE 2 STATED SHE WAS WAITING FOR THE TRAFFIC SIGNAL TO TURN GREEN TO TURN INTO FOREST AVE WHEN VEHICLE STRUCK HER VEHICLE IN THE REAR.

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON W COUNTY LINE RD AND STOPPED BUT STRUCK VEHICLE 2 THAT WAS STOPPED AT THE TRAFFIC LIGHT.

NO INJURIES REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-046519
2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01
3 Station/Precinct: -
10 Crash Occurred On: RIVER AVE
11 Speed Limit: 40
12 Route No.: 0009 Suffix: - 13 Milepost: -
Road Name / Dir
☐ At Intersection With
14: 10 ☒ Feet ☐ Miles
16: ☐ N ☐ E ☒ S ☐ W of: SPRUCE ST
17 Cross Road Name
18 Speed Limit: 25
19 Ramp ☐ To ☐ From: -
20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy): 06/12/22
5 Day Of Week: SUNDAY
6 Time (use 2400 hrs): 1528
7 Municipality Code: 1514
8 Total Killed: --
9 Total Injured: --
21 Latitude: 40.072354
22 Longitude: -74.217661

Field	Value
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	03

Vehicle 1

23 Veh #: 1
24 Policy No.: 9895967961051
25 NJ Ins. Code: 129
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name: AVRAHAM Initial: C Last Name: HORNIG -
29 Sex: M
27 Number & Street: 9 GRASSMERE ST
28 City: LAKEWOOD State: NJ Zip: 08701
30 Eyes: 06 DL Class: D Restrictions: - Endorsements: -
31 State: NJ
32 Driver's License Number: H66270716301036
33 DOB: 01/30/2003
34 Expires: 01 25
35 Owner's: ☐ Same As Driver First Name: MEYER Initial: - Last Name: HORNIG -
36 Number & Street: 9 GRASSMERE ST
37 City: LAKEWOOD State: NJ Zip: 08701
38 Make: TOYT 39 Model: CAM 40 Color: SIL 41 Year: 2011 42 Plate No.: L27GXJ 43 State: NJ
44 VIN: 4T1BF3EK9BU656109
45 Expires: 08 21
46 Vehicle Removed To: -
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☒ Left At Scene ☐ Towed Impounded
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.
50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

Vehicle 2

53 Veh #: 2
54 Policy No.: AOJ2318347784019
55 NJ Ins. Code: 370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
56 Driver's First Name: LAURICE Initial: - Last Name: GALLETTA -
59 Sex: F
57 Number & Street: 3134 QUARRY RD
58 City: MANCHESTER State: NJ Zip: 08759
60 Eyes: 02 DL Class: D Restrictions: - Endorsements: -
61 State: NJ
62 Driver's License Number: G02964430061542
63 DOB: 11/07/1954
64 Expires: 11 23
65 Owner's: ☐ Same As Driver First Name: PHILIP Initial: T Last Name: GALLETTA -
66 Number & Street: 3134 QUARRY RD
67 City: MANCHESTER State: NJ Zip: 08759
68 Make: HYUN 69 Model: SON - SO 70 Color: GRY 71 Year: 2021 72 Plate No.: A26NRX 73 State: NJ
74 VIN: 5NPEJ4J24MH107653
75 Expires: 04 24
76 Vehicle Removed To: -
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left At Scene ☐ Towed Impounded
77 Authority: ☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - % ☐ Pending
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.
80 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity: -
Number & Street: -
City: - State: - Zip: -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No
-

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.
01	39:3-4	1514-A-292397			
Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	M	-	-	-	11	04	-	-	AVRAHAM C HORNIG - 9 GRASSMERE ST LAKEWOOD NJ 08701
B	02	01	01	05	67	F	-	-	-	11	04	-	-	LAURICE - GALLETTA - 3134 QUARRY RD MANCHESTER NJ 08759
C														
D														

New Jersey Police Crash Investigation Report

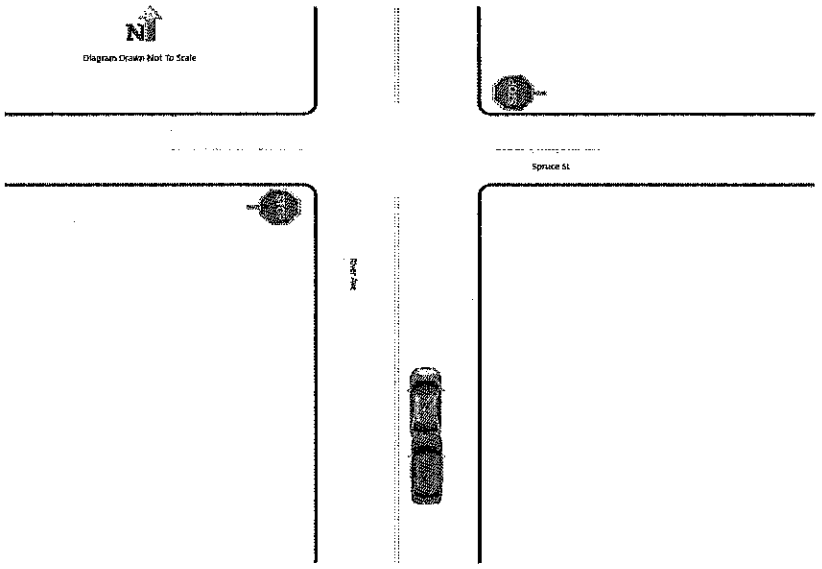
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: " Case No: 22-046519

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 was in stop and go traffic on River Ave headed northbound. He reported that he was slowing down and did not apply the brakes hard enough to stop in time. Driver of vehicle 1 struck the rear of the vehicle in front of him (vehicle 2).

Driver of vehicle 2 was stopped in traffic facing northbound on River Ave. She reported that as she was in stop and go traffic, she was fully stopped and was ultimately struck in the rear from vehicle 1.

After my investigation, driver of vehicle 1 is at fault for following too closely. Vehicle 1 sustained moderate damage to the front bumper of the vehicle. Vehicle 2 sustained moderate damage to the rear bumper of the vehicle. Vehicle 1 registration was expired and was issued a summons for 39:3-4 and was parked on private property on scene. Vehicle 2 was able to drive away from the scene. No injuries reported at the time of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046523
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	E COUNTY LINE ROAD
Road Name	-
Dir	11 Speed Limit: 45
12 Route No.	0526
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	LUCERNE DRIVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1542
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.105359
22 Longitude	-74.188716

Vehicle 1

23 Veh #	1
24 Policy No.	9580503060
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BASSY - MASHINSKY
29 Sex	F
27 Number & Street	517 STIRLING AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 - - - NY
32 Driver's License Number	725736380
33 DOB (mm dd yyyy)	03/29/2000
34 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BARUCH D HOCHMAN -
36 Number & Street	517 STIRLING AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT CAM SIL 2016 G38LGL NJ
44 VIN	4T4BF1FK6GR552869
45 Expires	05 23
46 Vehicle Removed To	MOISHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	4029864362
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☒ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SAUL - SIEGMAN
59 Sex	M
57 Number & Street	8 SHEMEN ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 - - - NJ
62 Driver's License Number	S41636920012804
63 DOB (mm dd yyyy)	12/06/1980
64 Expires (mm yy)	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SAUL - SIEGMAN -
66 Number & Street	8 SHEMEN ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	LINC NAV - NA BLK 2019 B94LSC NJ
74 VIN	5LMJJ2TTXKEL22422
75 Expires	08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	-	11	04	-	-	BASSY - MASHINSKY - 517 STIRLING AVE LAKEWOOD NJ 08701
B	01	04	01	05	1	F	-	-	-	05	05	-	-	BREINDY - HOCHMAN - 517 STIRLING AVE LAKEWOOD NJ 08701
C	02	01	01	05	41	M	-	-	-	11	04	-	-	SAUL - SIEGMAN - 8 SHEMEN ST LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

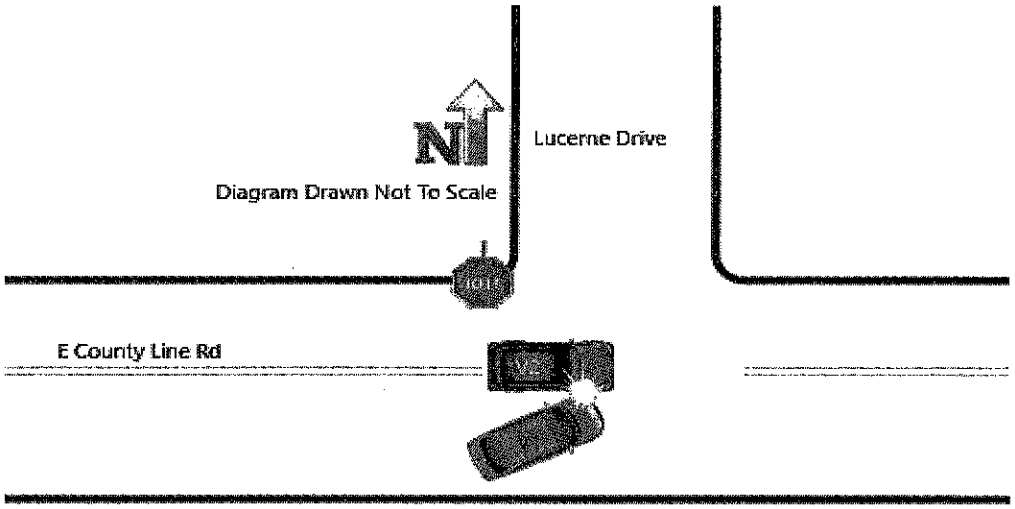
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046523

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was on E County Line Rd waiting to make a left turn onto Lucerne Dr. Oncoming traffic came to a stop so she turned left when she struck vehicle 2. She didn't hear any horn or sirens before making her turn and believed she was clear. Vehicle 1 sustained damage to the driver side fender and front bumper.

Driver 2 stated he was responding to an emergency call as a volunteer EMT. He had his blue emergency lights on and was using an air horn. He was driving east on E County Line Rd and traffic was moving over to allow him to pass. As he approached Lucerne Dr. oncoming traffic stopped to allow him to pass the cars ahead of him. He entered the intersection and was struck by vehicle 1 as it turned left. Vehicle 2 sustained damage to the driver side front fender.

No injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046531
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1555
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	SQUANKUM RD (Road Name) - (Dir)
At Intersection With	
☒ Feet 100 ☐ Miles	☐ N ☐ E ☒ S ☐ W of: 10TH ST
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- - -
16 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.101087
22 Longitude	-74.208869

Vehicle 1

23 Veh #	1
24 Policy No.	SMAU278279
25 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JONATHAN H LOPEZ-PACHECO
29 Sex	M
27 Number & Street	1174 SAWMILL RD
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	L65314096803032
33 DOB (mm dd yyyy)	03/26/2003
34 Expires (mm yy)	03 26
35 Owner's First Name / Initial / Last Name	- - SMOOTH MOBILE C-
☐ Same As Driver	-
36 Number & Street	170 OBERLIN AVE N STE 3
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / G35 / WHI / 2009 / XJKB17 / NJ
44 VIN	1GDJG31K591160847
45 Expires	04 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	F 530873
55 NJ Ins. Code	008
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	ELKY - GELLIS
☐ Same As Driver	
66 Number & Street	122 FOREST AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ELA / GRY / 2012 / N16PFL / NJ
74 VIN	5NPDH4AE9CH086279
75 Expires	10 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	M	-	-	-	11	04	-	-	JONATHAN H LOPEZ-PACHECO - 1174 SAWMILL RD BRICK NJ 08724 - -
B	02	01	01	05	23	F	-	-	-	11	04	-	-	DEVORAH - GELLIS - 122 FOREST AVE LAKEWOOD NJ 08701 - -
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046531
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/12/22
5 Day Of Week	SUNDAY
10 Crash Occurred On:	SQUANKUM RD
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	10TH ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
6 Time (use 2400 hrs)	1555
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101087
22 Longitude	-74.208869

Vehicle 3

23 Veh #	3
24 Policy No.	CAPI074817
25 NJ Ins. Code	215
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - SMOOTH MOBILE C-
36 Number & Street	170 OBERLIN AVE N STE 3
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	GMC
39 Model	G35
40 Color	WHI
41 Year	2009
42 Plate No.	XJKB17
43 State	NJ
44 VIN	1GDJG31K591160847
45 Expires	04 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle -

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

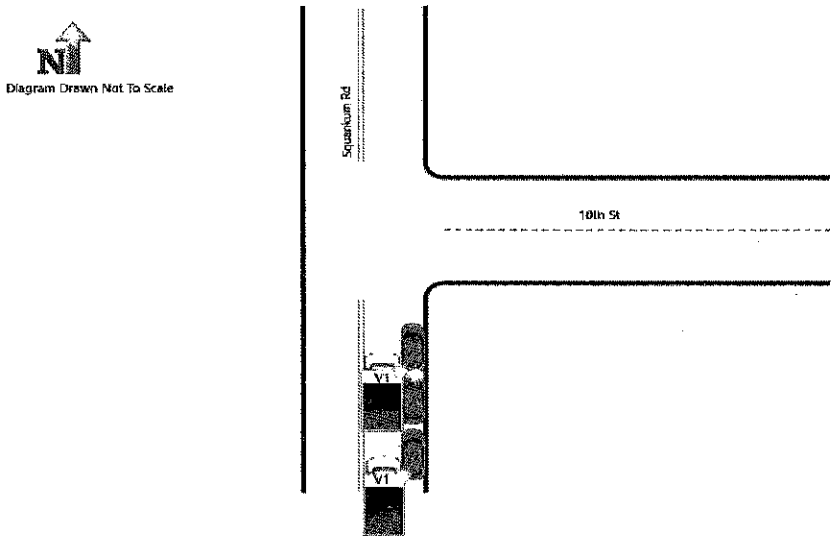
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046531

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling north bound on Squankum Road. Vehicle's 2 and 3 were parked on the side of Squankum Road facing north bound. Vehicle 1 then struck vehicle 2 which resulted in vehicle 2 being sent into vehicle 3. Vehicle 1 also side swiped vehicle 3 in the process.

Driver 1 stated he did not realize how much room he had while driving down Squankum Road. He realized it was narrow when another vehicle was traveling south bound. He then struck vehicle's 2 and 3.

The driver of vehicle 2 stated she was sitting in the vehicle when vehicle 1 struck her. Once she was struck she was sent into vehicle 3.

The driver of vehicle 3 stated his family was about to get into the rear seat of the vehicle when vehicle 1 struck his vehicle and vehicle 2. He continued to stated vehicle 2 also struck his vehicle due to the crash.

My investigation determined that driver 1 is at fault due to being inattentive while driving.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046533
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	300
☒ N ☐ E ☐ S ☐ W of:	W KENNEDY BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1558
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106934
22 Longitude	-74.219482

Vehicle 1

23 Veh #	1
24 Policy No.	G01 1847002 00
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AJYANA / M / MILLER -
29 Sex	F
27 Number & Street	1136 AVRUM DR
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	M43580157457022
33 DOB mm dd yyyy	07/27/2002
34 Expires mm yy	07 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AJYANA / M / MILLER -
36 Number & Street	1136 AVRUM DR
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / BLK / 2018 / J97PZV / NJ
44 VIN	1HGCV1F54JA089785
45 Expires	05 / 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4509-29-51-52
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BENJAMIN / S / BERGER -
59 Sex	M
57 Number & Street	17 DUNBARTON ROAD
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
61 State	NJ
62 Driver's License Number	B26840828204886
63 DOB mm dd yyyy	04/05/1988
64 Expires mm yy	04 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BENJAMIN / S / BERGER -
66 Number & Street	17 DUNBARTON ROAD
67 City / State / Zip	JACKSON / NJ / 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2002 / T57JHE / NJ
74 VIN	4T1BF32K52U003720
75 Expires	09 / 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	F	-	-	-	11	04	-	-	AJYANA M MILLER - 1136 AVRUM DR TOMS RIVER NJ 08753
B	02	01	01	05	34	M	-	-	-	11	04	-	-	BENJAMIN S BERGER - 17 DUNBARTON ROAD JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

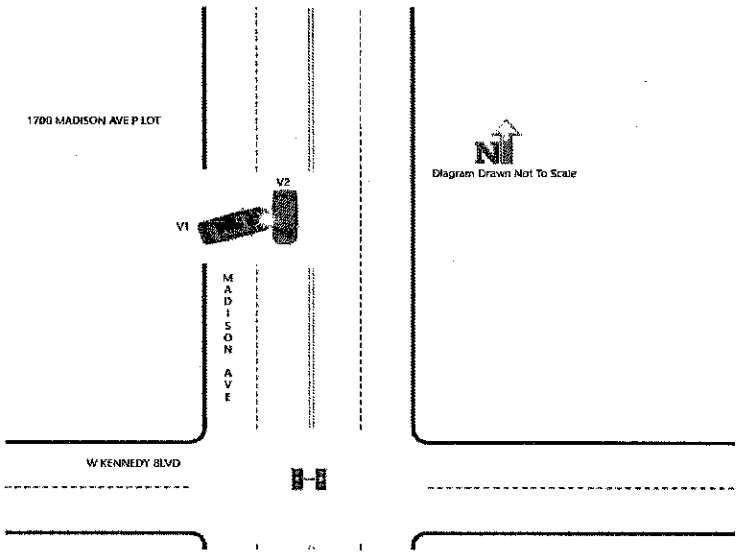
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-046533

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that while waiting to make a left turn out of the parking lot of 1700 Madison Ave a vehicle traveling in the right south bound lane on Madison Ave stopped to let her out. She entered the roadway to make a left turn and crashed with Vehicle 2 which she stated she never saw.

Driver 2 stated that while traveling south on Madison Ave His vehicle was suddenly struck by Vehicle 1 which turned left out of 1700 Madison Ave.

Vehicle 1 sustained damage to the front end consisting of dents, the license plate coming off, and the bumper coming loose from the vehicle.

Vehicle 2 sustained damage to the front passenger side door consisting of the door being dented in and inoperable.

Due to driver statements and my observations I determined that Driver 1 executed a left turn when it was not clear to do so causing the crash.

There were no injuries reported on scene. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046552
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	ALBERT AVE
☒ At Intersection With	Road Name
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet ☐ Miles	of: BELLINGER ST
☐ N ☐ E ☐ S ☐ W	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.064754
22 Longitude	-74.198247

Vehicle 1

23 Veh #	1
24 Policy No.	996081494 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIAS / S / CABASSO -
29 Sex	M
27 Number & Street	4 YESODEI CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 / - / - / -
31 State	MM
32 Driver's License Number	BY8530
33 DOB mm dd yyyy	01/15/2001
34 Expires mm yy	02 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / ELIEZER - TREFF -
36 Number & Street	107 YESODEI CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / SIL / 2006 / E16NPD / NJ
44 VIN	1HGCM56366A010715
45 Expires	05 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOSE / P / MARTINEZ -
59 Sex	M
57 Number & Street	1476 WINDSOR AVE
58 City / State / Zip	TOMS RIVER / NJ / 08753
60 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
61 State	NJ
62 Driver's License Number	M06914107704992
63 DOB mm dd yyyy	04/21/1999
64 Expires mm yy	01 / 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / JOSE P MARTINEZ -
66 Number & Street	1476 WINDSOR AVE
67 City / State / Zip	TOMS RIVER / NJ / 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	AUDI / A5 / BLK / 2008 / TAA552 / MS
74 VIN	WAUDK78T28A029845
75 Expires	- / -
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.
1	39:4-144	1514-A-292849
2	39:3-10	1514-A-292850
2	39:3-4	1514-A-294031
2	39:6B-2	1514-A-294032

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	21	M	-	-	-	11	04	-	-	ELIAS S CABASSO - / 4 YESODEI CT LAKEWOOD NJ 08701 - -
B	1	03	01	05	19	M	-	-	-	11	04	-	-	DAVID - BENBORUCH - / 4 YESODEI CT LAKEWOOD NJ 08701 - -
C	1	06	01	05	18	M	-	-	-	11	04	-	-	RAPHAEL - BITTERMAN - / 4 YESODEI CT LAKEWOOD NJ 08701 - -
D	2	01	01	05	23	M	-	-	-	11	11	02	-	JOSE P MARTINEZ - / 1476 WINDSOR AVE TOMS RIVER NJ 08753 - -

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-046552
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	ALBERT AVE
At Intersection With	☒
Of	BELLINGER ST
11 Speed Limit	25
18 Speed Limit	25
4 Date of Crash	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.064754
22 Longitude	-74.198247

Left margin codes: 96 05, 97 01, 98 01, 99 07, 100a 01, 100b 04, 101 02, 102 01, 103 01, 104 2, 105 03, 106 -, 107 -, 108 -, 109 -, 110 -, 111 -, 112 -, 113 -, 114 -, 115 -, 116 -, 117 -

Right margin codes: 118a -, 118b -, 119a -, 119b -, 120a -, 120b -, 121a -, 121b -, 122 -, 123 -, 124 -, 125 -, 126a -, 126b -, 126c -, 126d -, 126e -, 127a -, 127b -, 127c -, 127d -, 127e -, 128 26, 129 -, 130 -, 131 -, 132 -, 133 -, 134 -

23 Veh #: -
53 Veh #: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name / Initial / Last Name / 29 Sex / 27 Number & Street / 28 City / State / Zip / 30 Eyes / DL Class / Restrictions / Endorsements / 31 State / 32 Driver's License Number / 33 DOB / 34 Expires / 35 Owner's First Name / Initial / Last Name ☐ Same As Driver / 36 Number & Street / 37 City / State / Zip / 38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State / 44 VIN / 45 Expires / 46 Vehicle Removed To

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority ☐ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending

49 Hazardous Material ☐ None ☐ On Board ☐ Spill Hazard Class Placard No.

50 Carrier No. ☐ USDOT ☐ MC/MX ☐ None

51 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity / Number & Street / City / State / Zip

(Vehicle 2 fields 54–82: all entries "-")

135 Damage To Other Property ☐ Yes (If Yes, describe) ☐ No

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.
2	39:3-33	1514-A-294033			
Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report

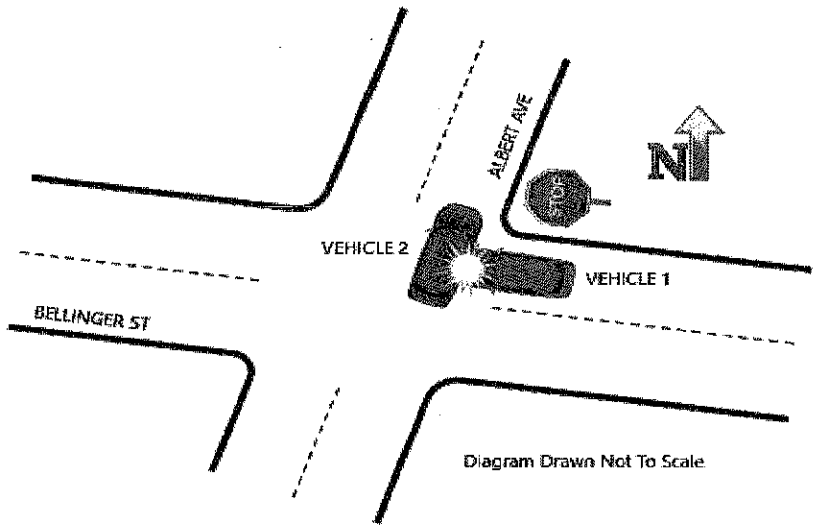
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046552

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated while travelling west on Bellinger St he stopped at the stop sign and entered the intersection at Albert Ave, striking Vehicle 2, who was travelling north on Albert Ave. Driver of Vehicle 1 stated he did not observe Vehicle 2 and reported it to be travelling at a high rate of speed. Driver of Vehicle 2 stated he was travelling north on Albert Ave when Vehicle 1 failed to stop at the stop sign on Bellinger St while travelling west, striking Vehicle 2.

Vehicle 1 sustained damages to the front area consisting of partial removal of the front bumper as well as possible engine damage. Vehicle 2 sustained damages consisting of denting to the center of the passenger side and passenger side airbag deployment.

From my investigation, I concluded that driver of Vehicle 1 was at fault for failing to yield to Vehicle 2.

*** Box 54 & 55 - Vehicle 2 is uninsured.**
*** Box 72 & 73 - The license plate belonging to Vehicle 2 is fictitious and was seized.**

Driver of Vehicle 1 was issued a motor vehicle citation for 39:4-144a (Failure to Stop or Yield). Driver of Vehicle 2 was issued a motor vehicle citation for 39:3-10a (Expired Driver's License), 39:3-4 (Unregistered Motor Vehicle), 39:6B-2 (Uninsured Motor Vehicle) and 39:3-33 (Fictitious License Plates).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-046590
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVENUE
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	0009
Suffix	-
13 Milepost	-
☒ At Intersection With	
☐ Feet	-
☐ Miles	-
14	15
☐ N ☐ E ☐ S ☐ W of:	CAREY STREET
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/12/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1942
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIVKA - LEIBENSTEIN -
29 Sex	F
27 Number & Street	3640 W GLENLAKE AVENUE
28 City / State / Zip	CHICAGO IL 60659
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	IL
32 Driver's License Number	L15272003837
33 DOB mm dd yyyy	08/20/2003
34 Expires mm yy	11 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELLI - LEIBENSTEIN -
36 Number & Street	2640 N GLENLAKE DR
37 City / State / Zip	CHICAGO IL 60659
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR / INT / SIL / 2008 / A632492 / IL
44 VIN	JH4KB16688C003788
45 Expires	02 19
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	TCA00002026340
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MIRIAM Y GUTFREUND -
59 Sex	F
57 Number & Street	20 5TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	G94775588851032
63 DOB mm dd yyyy	01/07/2003
64 Expires mm yy	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MENACHEM M GUTFREUND -
66 Number & Street	20 5TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / AVA / GRY / 2007 / X28DXC / NJ
74 VIN	4T1BK36B17U221506
75 Expires	02 23
76 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	293706	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	F	-	-	-	11	04	-	-	RIVKA - LEIBENSTEIN - 3640 W GLENLAKE AVEN CHICAGO IL 60659 - -
B	02	01	01	05	19	F	-	-	-	11	11	02	-	MIRIAM Y GUTFREUND - 20 5TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

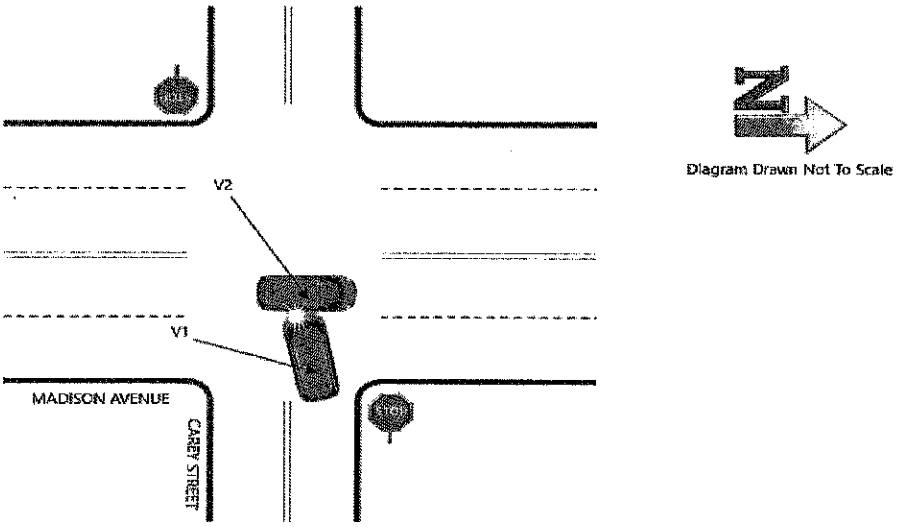
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-046590

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was on Carey Street traveling west when she stopped at the intersection of Madison Avenue, awaiting to make a left turn. The driver stated one uninvolved vehicle stopped to let her go, she then entered the intersection and struck V2. The driver had no reports of injuries. Damage was to the front end.

The driver of V2 stated she was traveling north on Madison Avenue in the left most lane when V1 entered the roadway from Carey Street and struck her vehicle. The driver had no report of injuries. Damages was to the passenger side doors including airbag deployment.

My investigation reveals: V1 failed to obey the posted stop sign on Carey Street, specifically when entering Madison Avenue, ultimately resulting in the crash. V1 is found to be at fault.

V1 INSURANCE:
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY (IL)
POLICY: 922 342 011
EXP: 08/09/2022
877-360-1415

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-041346
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	400 LEWIN AVE
Road Name	
Dir	W
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	05/23/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0808
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.070799
22 Longitude	-74.233995

Vehicle 1

23 Veh #	1
24 Policy No.	AS2-651-292547-031
25 NJ Ins. Code	182
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements	- - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	-
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	- - SITEONE LNDSCP S -
☐ Same As Driver	
36 Number & Street	300 COLONIAL CNTR PRKY #600
37 City / State / Zip	ROSEWELL GA 30076
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F75 / WHI / 2018 / XKJS94 / NJ
44 VIN / 45 Expires	1FDWF7DC1JDF00762 / 11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	SITEONE LANDSCAPING SUPPLY INC
Number & Street	300 COLONIAL CENTER PARKWAY #600
City / State / Zip	ROSEWELL GA 30076

Vehicle 2

53 Veh #	2
54 Policy No.	ISA H25581593
55 NJ Ins. Code	004
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	- - BRIGHT VIEW LANI -
☐ Same As Driver	
66 Number & Street	2270 W CABOT BLVD STE 300
67 City / State / Zip	LANGHORNE PA 19047
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F45 / WHI / 2014 / XKJW86 / NJ
74 VIN / 75 Expires	1FD0W4GY6EEA69301 / 10 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill - - Hazard Class / Placard No.
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	BRIGHT VIEW LANDSCAPING INC
Number & Street	2270 W CABOT BLVD SUITE 300
City / State / Zip	LANGHORNE PA 19047

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-		-	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A							-	-	-			-	-	- -
B														
C														
D														

New Jersey Police Crash Investigation Report

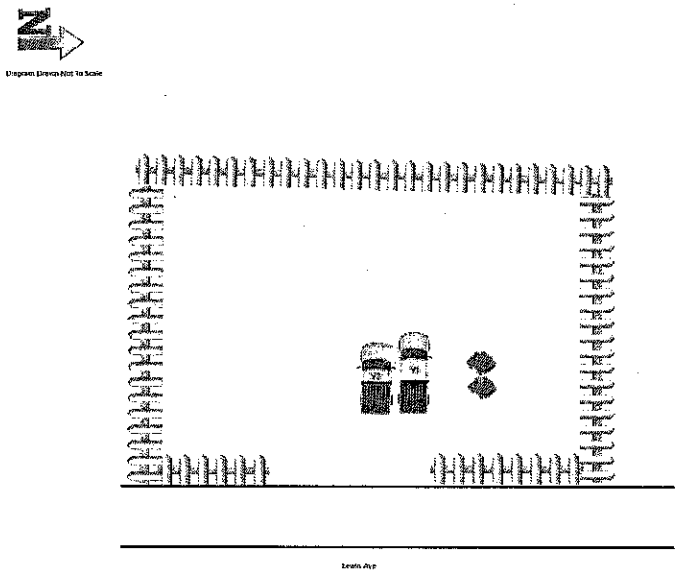
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-041346

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Mr. Abimael Barrera operated Vehicle #1 prior to parking it. The Operator of Vehicle #1 stated that prior to the crash he was parked in the lot of 400 Lewin Avenue. The Operator of Vehicle #1 stated that he was working with a Hispanic male from Bright View Landscaping installing plants. The Operator of Vehicle #1 stated that when the work was done he walked to his truck. The Operator of Vehicle #1 stated that the Driver of Vehicle #2 drove next to his truck and nearly struck him, making contact with his driver side mirror. The Operator of Vehicle #1 stated that the Driver of Vehicle #2 drove away from the scene of the accident. The Operator of Vehicle #1 was able to provide photos of the license plate of Vehicle #2.

Statement was unable to be verified by Vehicle #2.

I find Vehicle #2 to be at fault.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
INGRAM R	408	DTWORKOSKI	249	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-044789
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/05/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1740
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	1199 SHETLAND DR # D
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	-
15 Miles	-
N E S W of:	-
16 Speed Limit	-
17 Cross Road Name	-
19 Ramp To From:	-
NB EB SB WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	A02-232-217880-0014
25 NJ Ins. Code	182
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- - -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- - -
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALBIN B ENQUIST -
36 Number & Street	1406 GRAND CENTRAL AVE
37 City / State / Zip	LAVALLETTE NJ 08735
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC SIE WHI 2009 LCV63S NJ
44 VIN	1GTHK49K99E159818
45 Expires	12 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- - - - -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - -
66 Number & Street	-
67 City / State / Zip	- - -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- - - - - -
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

96 05 | 97 01 | 98 01 | 99 09 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 2 | 105 06 | 106 - | 107 00 | 108 05 | 109 00 | 110 01 | 111 00 | 112 - | 113 00 | 114 - | 115 00 | 116 01 | 117 00 | 118a 25 | 118b - | 119a 00 | 119b - | 120a - | 120b - | 121a 00 | 121b - | 122 10 | 123 00 | 124 11 | 125 00 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 28 | 127b - | 127c - | 127d - | 127e 00 | 128 28 | 129 08 | 130 08 | 131 00 | 132 00 | 133 02 | 134 00

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-044789

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

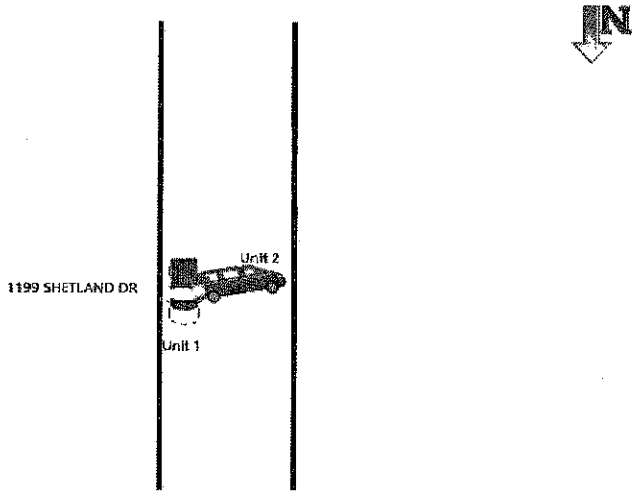


Diagram Drawn Not To Scale

145 Crash Description/Narrative

OPERATOR OF V1 STATED TO ME THAT HER VEHICLE WAS STRUCK POSSIBLY BY "AMAZON" DELIVERY TRUCK THAT WAS DROPPING OFF PACKAGE IN THE AREA. VEHICLE WAS PARKED CURB SIDE IN THE AREA OF 1199 SHETLAND DR. DRIVER SIDE PASSENGER DOOR WAS DAMAGED DURING THE IMPACT. VEHICLE WAS UNOCCUPIED DURING THE INCIDENT. NO SURVEILLANCE FOOTAGE OF THE INCIDENT WAS OBTAINED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	KCM	335	☒ Pending ☐ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-045366
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/07/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1959
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	4TH STREET
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	100 ☒ Feet ☐ Miles
16	☐ N ☒ E ☐ S ☐ W of:
17 Cross Road Name	MADISON AVENUE
18 Speed Limit	40
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 00; 106: -; 107: 00; 108: 04; 109: 00; 110: 01; 111: 00; 112: -; 113: 00; 114: -; 115: 00; 116: -; 117: 00

Right margin codes: 118a: 25; 118b: -; 119a: 00; 119b: -; 120a: -; 120b: -; 121a: 00; 121b: -; 122: 10; 123: 00; 124: 04; 125: 04; 126a: 26; 126b: -; 126c: -; 126d: -; 126e: 26; 127a: 00; 127b: 00; 127c: 00; 127d: 00; 127e: 28; 128: 28; 129: 11; 130: 11; 131: 00; 132: 00; 133: 02; 134: 00

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	F878802-8	54 Policy No.	00
25 NJ Ins. Code	426	55 NJ Ins. Code	-
Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run
26 Driver's First Name / Initial / Last Name	- - - -	56 Driver's First Name / Initial / Last Name	00 - 00 -
29 Sex	-	59 Sex	U
27 Number & Street	-	57 Number & Street	00
28 City / State / Zip	- / - / -	58 City / State / Zip	00 / - / 00
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -	60 Eyes / DL Class / Restrictions / Endorsements	00 / 00 / 00 / 00
31 State	-	61 State	-
32 Driver's License Number	-	62 Driver's License Number	00
33 DOB	-	63 DOB	00
34 Expires (mm yy)	- / -	64 Expires (mm yy)	00 / 00
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANGELA R FOGARTY -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver 00 - 00 -
36 Number & Street	233 PLEASANT DRIVE	66 Number & Street	00
37 City / State / Zip	BRICK / NJ / 08723	67 City / State / Zip	00 / - / 00
38 Make	CHEV	68 Make	00
39 Model	SUB - SU	69 Model	00
40 Color	GRY	70 Color	-
41 Year	2016	71 Year	00
42 Plate No.	M65LHL	72 Plate No.	00
43 State	NJ	73 State	-
44 VIN	1GNSKHKC5GR230851	74 VIN	00
45 Expires	06 23	75 Expires	00 00
46 Vehicle Removed To	-	76 Vehicle Removed To	00
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.:	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: 00; Placard No.: 00
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT 00 ☐ MC/MX 00 ☐ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	00
Number & Street	-	Number & Street	00
City / State / Zip	- / - / -	City / State / Zip	00 / - / 00

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	-		-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	00	-	00	U	00	00	00	00	00	-	-	00 - 00 - 00 00 - 00 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

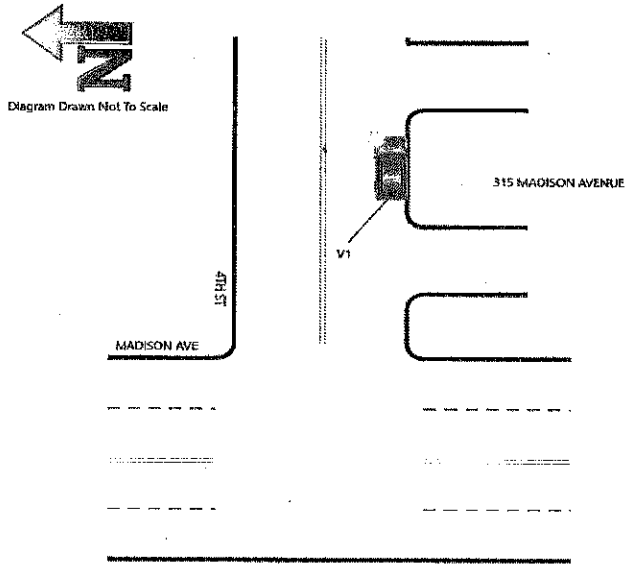
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045366

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The owner stated she parked V1 on the right side of 4th Street facing east on 06/08/2022 at approximately 1950 hours. The owner stated upon returning to V1, she observed damage to the front driver fender.

I personally observed V1 parked on 4th Street facing east just prior the driveway for 315 Madison Avenue (Bank of America). I observed minor damage to the front driver fender, including white or light grey paint transfer. I canvassed the area for cameras that would have captured the incident, yielding negative results. I searched the area for a suspect vehicle, also yielding negative results.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. ROBERT MEYER JR	401	CM	332	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-045656
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	06/08/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2215
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On: Road Name	MONMOUTH AVE
Dir	-
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
☐ At Intersection With	
14	100
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☒ S ☐ W
of: 17 Cross Road Name	7TH STREET
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.097530
22 Longitude	-74.211130

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	000000943660795	54 Policy No.	
25 NJ Ins. Code	054	55 NJ Ins. Code	
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run
26 Driver's First Name / Initial / Last Name	REBBECAH - MITNICK -	56 Driver's First Name / Initial / Last Name	
29 Sex	F	59 Sex	
27 Number & Street	1376 E.13	57 Number & Street	
28 City / State / Zip	BROOKLYN NY 11230	58 City / State / Zip	
30 Eyes	05	60 Eyes	
DL Class / Restrictions / Endorsements	- / - / -	DL Class / Restrictions / Endorsements	
31 State	NY	61 State	
32 Driver's License Number	304244515	62 Driver's License Number	
33 DOB (mm dd yyyy)	08/31/1972	63 DOB	
34 Expires (mm yy)	08 24	64 Expires	
35 Owner's First Name / Initial / Last Name	☐ Same As Driver REBBECAH - MITNICK -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver TONIA D BROWN -
36 Number & Street	1376 E.13	66 Number & Street	518 LOUISIANA TRL
37 City / State / Zip	BROOKLYN NY 11230	67 City / State / Zip	BROWNS MILLS NJ 08015
38 Make	TOYT	68 Make	CHRY
39 Model	CAM	69 Model	300
40 Color	GRY	70 Color	WHI
41 Year	2017	71 Year	2010
42 Plate No.	HSA7465	72 Plate No.	A57DFM
43 State	NY	73 State	NJ
44 VIN	4T1BF1FK6HU621460	74 VIN	2C3CA5CV4AH134008
45 Expires	06 23	75 Expires	05 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	
Number & Street		Number & Street	
City / State / Zip		City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	49	F	06	08	01	11	04	-	-	REBBECAH - MITNICK - 1376 E.13 BROOKLYN NY 11230
B	01	03	01	03	53	M	07	08	01	11	04	-	-	YAAKOV - MITNICK - 1376 E 13TH STREET BROOKLYN NY 11230
C														
D														

Code	Value
96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	00
112	-
113	-
114	-
115	-
116	01
117	01
118a	25
118b	-
119a	00
119b	-
120a	01
120b	-
121a	00
121b	-
122	07
123	00
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	17
133	02
134	01

New Jersey Police Crash Investigation Report

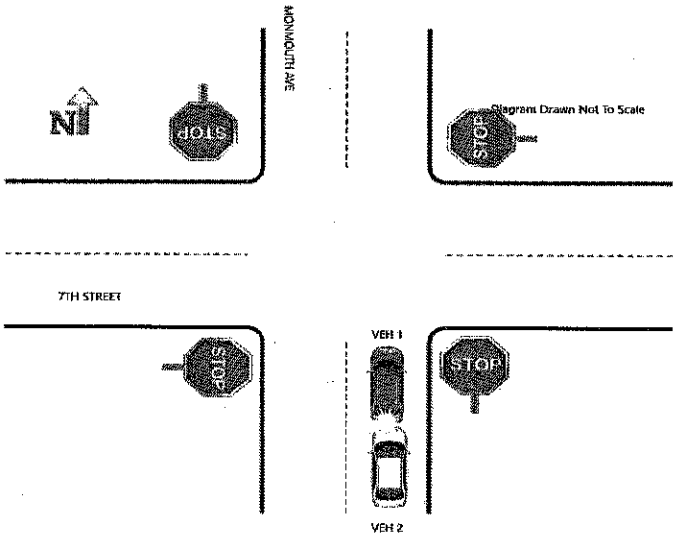
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-045656

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED SHE WAS TRAVELING NORTH ON MONMOUTH AVENUE AND WAS SLOWING DOWN TO STOP FOR STOP SIGN AT THE INTERSECTION OF MONMOUTH AVE AND 7TH STREET. DRIVER 1 SAID WHEN SHE STOPPED IN TRAFFIC SHE WAS REAR ENDED BY VEHICLE 2. DRIVER 1 SAID SHE SPOKE TO THE DRIVER OF VEH 2 AND THEY LOOKED OVER THEIR VEHICLES TO ASSESS THE DAMAGE.

DRIVER 1 SAID SHE HAD MINOR DAMAGE TO HER REAR BUMPER, AND VEH 2 HAD NO VISIBLE DAMAGE TO ITS FRONT BUMPER. DRIVER 1 SAID DRIVER 2 TOLD HER HE WAS GOING TO PULL HIS CAR OFF TO THE SIDE OF THE ROAD AND WHEN HE DID THAT HE PROCEEDED TO DRIVE AWAY INSTEAD. DRIVER 1 SAID SHE CHASED THE CAR BRIEFLY, BUT HE DID NOT STOP.

DRIVER 1 DESCRIBED THE SUSPECT DRIVER AS A BLACK MALE, NO FURTHER DESCRIPTION. DRIVER 1 WAS ABLE TO PROVIDE ME WITH A SUSPECT PLATE, NJ A57DFM. I RAN THE SUSPECT'S PLATE AND IT CAME BACK ON 2010 WHITE CHRYSLER 300, AND THE OWNER IS A FEMALE PARTY FROM OUT OF TOWN.

AT THIS TIME, DUE TO THE SUSPECT DESCRIPTION NOT MATCHING THE REGISTERED OWNERS INFORMATION, I DID NOT ISSUE ANY SUMMONS FOR THE HIT AND RUN. I COMPLETED A HIT AND RUN FOLLOW UP FORM AND FORWARDED IT TO TRAFFIC AND SAFETY FOR THEMTO FOLLOW UP.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045600
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	LANES MILL RD
At Intersection With / Road Name	
Dir	
11 Speed Limit	45
12 Route No.	0549
Suffix	
13 Milepost	
18 Speed Limit	45
☒ Feet / ☐ Miles	50
☐N ☐E of: ☒S ☐W	LANES MILL RD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐NB ☐EB ☐SB ☐WB	05
4 Date of Crash mm dd yy	06/08/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1555
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
20 Route/Name	
21 Latitude	40.101679
22 Longitude	-74.171577

Vehicle 1

23 Veh #	1
24 Policy No.	955080441
25 NJ Ins. Code	134
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	CANDICE / D / SAMUELS / - / F
27 Number & Street	82A FAIRWAY CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	S03761106457862
33 DOB mm dd yyyy	07/05/1986
34 Expires mm yy	07 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CANDICE / D / SAMUELS / -
36 Number & Street	82A FAIRWAY CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / GRY / 2013 / G46PSU / NJ
44 VIN	1HGCR2E58DA101498
45 Expires	01 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐Driven ☒Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
47 Authority	☒Owner ☐Driver ☐Police
48 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
49 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
50 Carrier No.	☐USDOT ☒None ☐MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	584872573
55 NJ Ins. Code	
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	RALPH / - / PEREZ / - / M
57 Number & Street	125 ROOSEVELT AVE
58 City / State / Zip	W ORANGE / NJ / 07052
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	P26786380006592
63 DOB mm dd yyyy	06/21/1959
64 Expires mm yy	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / THE HERTZ CORPO / - / THE HERTZ CORPO / -
66 Number & Street	PO BOX 24130
67 City / State / Zip	OKLAHOMA CITY / OK / 73134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROU / WHI / 2018 / QNCR81 / FL
74 VIN	5N1AT2MV0JC795642
75 Expires	06 23
76 Vehicle Removed To	
☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☐Owner ☒Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
80 Carrier No.	☐USDOT ☒None ☐MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐Yes (If Yes, describe) ☒No

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1		N/A	2	39:4-97	1514A291227
Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	35	F	01	08	02	11	04	-	-	CANDICE D SAMUELS - 82A FAIRWAY CT LAKEWOOD NJ 08701
B	2	01	01	05	62	M	-	-	-	11	04	-	-	RALPH - PEREZ - 125 ROOSEVELT AVE W ORANGE NJ 07052
C														
D														

New Jersey Police
Crash Investigation Report

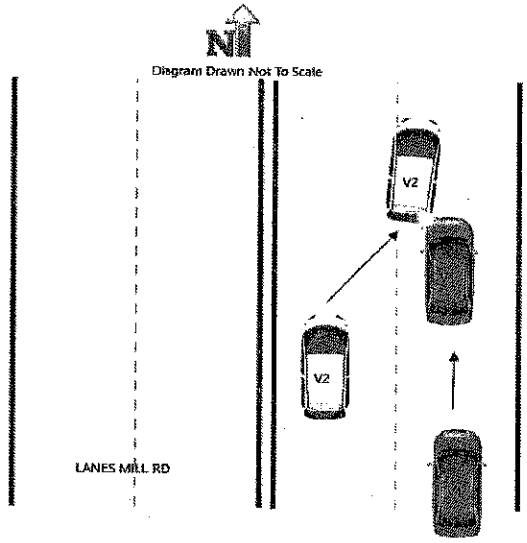
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045600

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was in the right lane travelling North on Lanes Mill Road going straight ahead. Vehicle #2 was in the left lane travelling North on Lanes Mill Road going straight ahead when the vehicle in front of him suddenly stopped short. This action caused Vehicle #2 to swerve right crashing into Vehicle #1. Vehicle #1 sustained cracks and scratches to the front driver side fender and was towed by Barina's Auto Body. Vehicle #2 had minimal damage to the rear bumper. Driver 1 had complaints of pain to her head neck and back and was seen by first aid on scene.

Driver 1 stated she observed the vehicle in front of Vehicle #2 stop short causing him to swerve into her lane of travelling and crashing into her vehicle.

Driver 2 stated he was travelling in the left lane going straight ahead. The vehicle in front of him stopped short which caused him to swerve into the right lane. Driver 2 advised he attempted to move over to the right lane to avoid crashing into the vehicle in front of him. Driver 2 was issued a summons for careless driving.

My investigation finds Vehicle #2 to be at fault for failing to maintain his lane of travel.

Vehicle #2 Insurance Info:
Hertz Rental Corporation
Rental Record Number: 584872573
40 Claremont Avenue
Montclair, NJ 07042
Phone: 973-744-7409

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045897
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	W COUNTY LINE RD
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
☒ At Intersection With	HOPE CHAPEL RD
18 Speed Limit	45
☐ Feet	-
☐ Miles	-
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	2248
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.110800
22 Longitude	-74.239210

Vehicle 1

23 Veh #	1
24 Policy No.	5129J001226
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI - ZEFFREN -
29 Sex	M
27 Number & Street	61 CHELSEA RD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	Z22075630002972
33 DOB mm dd yyyy	02/21/1997
34 Expires mm yy	02 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MORDECHAI - ZEFFREN -
36 Number & Street	61 CHELSEA RD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	VOLV / S60 - S6 / 6 / 2005 / U19PGV / NJ
44 VIN	YV1RS592352443557
45 Expires	11 22
46 Vehicle Removed To	YITZ TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	0464613900
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HERBERT F FEUER -
59 Sex	M
57 Number & Street	21 THISTLE CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / A / - / - / NJ
62 Driver's License Number	F28973266601435
63 DOB mm dd yyyy	01/31/1943
64 Expires mm yy	01 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver HERBERT F FEUER -
66 Number & Street	21 THISTLE CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FUS / SIL / 2016 / K82NTX / NJ
74 VIN	3FA6P0HD5GR374617
75 Expires	08 22
76 Vehicle Removed To	HESHEY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	-	-	-	-	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	-	-	-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	25	M	-	-	-	11	11	02	-	MORDECHAI - ZEFFREN - 61 CHELSEA RD JACKSON NJ 08527
B	2	01	01	05	79	M	-	-	-	11	11	04	-	HERBERT F FEUER - 21 THISTLE CT LAKEWOOD NJ 08701
C	2	03	01	05	78	F	-	-	-	11	11	04	-	PEARL FEUER 21 THISTLE CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

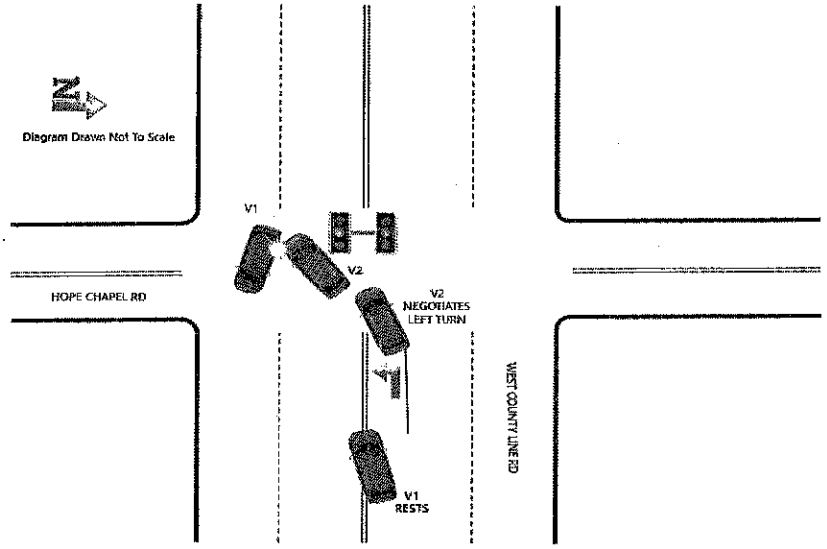
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045897

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling Eastbound in the Right lane on West County Line Rd towards Hope Chapel Rd. He stated while traveling the Traffic Light at the intersection turned Yellow. Driver 1 stated he proceeded through the intersection when Vehicle 2 which was traveling Westbound on West County Line Rd negotiated a Left Turn in front of his Vehicle. Driver 1 stated he swerved his Vehicle to the Right in an attempt to avoid collision however collision occurred.

Driver 2 stated he was facing Westbound in the Left Turn Lane on West County Line Rd awaiting to negotiate a Left Turn onto Hope chapel Rd (Southbound). He stated he felt like it was safe to negotiate Left Turn as the Traffic Light turned Yellow. Driver 2 stated he felt Vehicle 1 was going to stop so he negotiate Left Turn. Driver 2 stated as he began to turn Vehicle 1 continued through the intersection and collision occurred.

Witness stated Vehicle 1 and Vehicle 2 approached the intersection as the Traffic Light turned Yellow. He stated both Vehicles sped up to the intersection. Witness stated Vehicle 2 almost completed Left Turn as Vehicle 1 quickly proceeded through the intersection. Witness stated Vehicle 2 collided into Vehicle 1 (Rear Driver Side).

I determined both Vehicles at fault for Not Obeying Traffic Signal.

Vehicle 1 was towed by Yitz Towing.

Vehicle 2 was towed by Moishey's Towing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045858
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	JAMES ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: WILLIAMS ST
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
16 Speed Limit	25
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1858
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.079689
22 Longitude	-74.220761

Vehicle 1

23 Veh #	1
24 Policy No.	939576551
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVRAHAM / A / MOSKOWITZ -
29 Sex	M
27 Number & Street	100 CHATEAU DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	M67140716112922
33 DOB mm dd yyyy	12/31/1992
34 Expires mm yy	12 / 24
35 Owner's Name ☐ Same As Driver	AVRAHAM A MOSKOWITZ -
36 Number & Street	100 CHATEAU DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / PAC / BLK / 2017 / A62NTE / NJ
44 VIN	2C4RC1BG1HR599040
45 Expires	05 / 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6095932742061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHOSHANA - STURMAN -
59 Sex	F
57 Number & Street	5 DEVASH CT
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	S84207090059982
63 DOB mm dd yyyy	09/01/1998
64 Expires mm yy	09 / 23
65 Owner's Name ☐ Same As Driver	MITCHELL - ZILBERBERG -
66 Number & Street	746 CYPRESS AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	VOLK / JET - JE / GRY / 2017 / X28NXK / NJ
74 VIN	3VWDB7AJ4HM406204
75 Expires	06 / 22
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	04	-	-	AVRAHAM A MOSKOWITZ - / 100 CHATEAU DR LAKEWOOD NJ 08701
B	02	01	01	05	23	F	-	-	-	11	04	-	-	SHOSHANA - STURMAN - / 5 DEVASH CT LAKEWOOD NJ 08701
C	02	01		05	07M	M	-	-	-	06	06	-	-	AARON - ZILBERBERG - / 746 CYPRESS AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

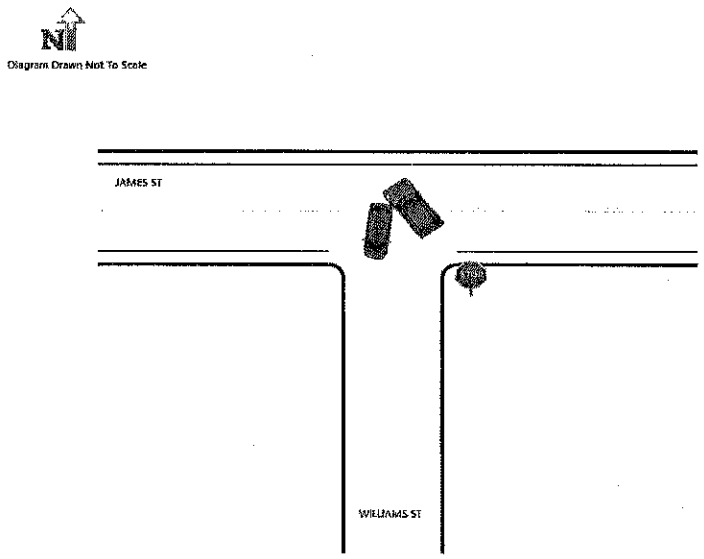
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-045858

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Deployed	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 reported that he has stopped at the stop sign at Williams St. and James St. awaiting to make a left hand turn onto James St. Once a vehicle stopped to allow him to make his turn he began turning and in doing so he heard a noise and realized he struck vehicle #2.

The driver of vehicle #2 reported that she was travelling West on James St. and was making a left hand turn onto Williams St. when her vehicle was struck in the rear by vehicle #1.

There were no injuries reported at the scene of the crash. Vehicle #1 sustained dents and scratches along the driver side front fender and doors. Vehicle #2 had the rear bumper cover torn off of the vehicle. Both were driven from the scene of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045823
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1608
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	OCEAN AVE
☒ At Intersection With	HOLLY ST
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	001.20
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	1
24 Policy No.	4572217232
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KEVIN / P / SEUNATH
29 Sex	M
27 Number & Street	442 E LONG BRANCH AVE
28 City / State / Zip	OCEAN GATE / NJ / 08740
30 Eyes / DL Class / Restrictions / Endorsements	02 / - / - / -
31 State	NJ
32 Driver's License Number	S29034337712722
33 DOB (mm dd yyyy)	12/30/1972
34 Expires (mm yy)	12 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver KEVIN / P / SEUNATH
36 Number & Street	442 E LONG BRANCH AVE
37 City / State / Zip	OCEAN GATE / NJ / 08740
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / GRA / WHI / 2019 / W46NRZ / NJ
44 VIN	1C4RJFBG3KC564177
45 Expires	06 / 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -
50 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	F7135148
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARIANNE / - / SOLARI
59 Sex	F
57 Number & Street	49 RED HOOK BAY DR
58 City / State / Zip	TOMS RIVER / NJ / 08757
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	S62145190055512
63 DOB (mm dd yyyy)	05/16/1951
64 Expires (mm yy)	05 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIANNE / - / SOLARI
66 Number & Street	49 RED HOOK BAY DR
67 City / State / Zip	TOMS RIVER / NJ / 08757
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ELA / RD / 2019 / A23LXT / NJ
74 VIN	5NPD84LFXKH420887
75 Expires	11 / 22
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -
80 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	Charge	Summons No.
2	39:4-144	1514-A-293903

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	49	M	-	-	-	11	04	-	-	KEVIN P SEUNATH - 442 E LONG BRANCH AV OCEAN GATE NJ 08740 - -
B	2	01	01	03	71	F	11	05	02	11	11	04	6505	MARIANNE - SOLARI - 49 RED HOOK BAY DR TOMS RIVER NJ 08757 - -
C														
D														

New Jersey Police Crash Investigation Report

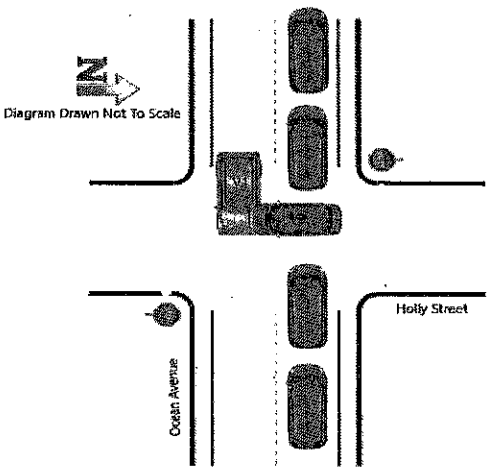
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045823

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was east on Ocean Avenue. Vehicle 2 was traveling south on Holly Street. Vehicle 2 entered the intersection and collided with vehicle 1.

Driver 1 stated that he was traveling eastbound on Ocean Avenue. He said that traffic was heavy in the westbound lane. He said when he approached the intersection of Holly Street, vehicle 2 struck his vehicle. Driver 1 was unsure if vehicle 2 stopped at the stop sign or not. Driver 1 said he could not avoid the collision due to not being able to see vehicle 2 because the traffic that was stopped in the westbound lanes was obstructing his view. Also, because of the heavy traffic, driver 1 said he was traveling approximately 10-15 miles per hour under the posted 35 mile per hour speed limit. By the time he saw vehicle 2, the only evasive maneuver he could attempt was braking.

Driver 2 stated that she was south on Holly Street attempting to continue straight across Ocean Avenue. Driver said that she did stop at the stop sign but never saw vehicle 1. When she began to cross Ocean Avenue, she collided with vehicle 1.

I was able to obtain video footage that partially captured the crash. The impact is not visible but the footage clearly shows vehicle 2 approach the stop sign on Holly Street. Vehicle 2 does not come to a complete stop but instead slowly rolls into the intersection then comes to a stop after the impact with vehicle 1. I was not able to locate any persons that witnessed the crash.

After my investigation was complete, I determined that driver 2 was solely at fault for the crash. Driver 1 had the right of way. Driver 2 had a stop sign. She did not completely stop and did not yield right of way to vehicle 1. Vehicle 2 entered the intersection when it was not safe to do so.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JUS	283	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045815
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1536
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With	☐
Road Name	CUSHMAN ST
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
14 Feet	260
15 Miles	☐
16 N ☐ E ☐ S ☒ W of:	S
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp To / From	☐ / ☐
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	☐ ☐ ☐ ☐
21 Latitude	40.064416
22 Longitude	-74.218965

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	PATRICIA A ROKOSE -
29 Sex	F
27 Number & Street	163 GRAMERCY CT # C
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	R62056176155754
33 DOB (mm dd yyyy)	05/19/1975
34 Expires (mm yy)	05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver PATRICIA A ROKOSE -
36 Number & Street	163 GRAMERCY CT # C
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ALT - AL / WHI / 2004 / U40LXP / NJ
44 VIN	1N4AL11E64C161300
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	5129J 009860
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHOSHANA S ENGLANDER -
59 Sex	F
57 Number & Street	74 KEW GARDENS DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	E59247098260796
63 DOB (mm dd yyyy)	10/19/1979
64 Expires (mm yy)	10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM M ENGLANDER -
66 Number & Street	74 KEW GARDENS DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2022 / L37NYU / NJ
74 VIN	5FNRL6H72NB026353
75 Expires	06 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-129	A293765	1	39:4-97	A293766
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1	39:4-130	A293767			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	47	F	00	00	00	00	00	-	-	PATRICIA A ROKOSE - / 163 GRAMERCY CT # C LAKEWOOD NJ 08701
B	02	01	01	05	42	F	-	-	-	11	04	-	-	SHOSHANA S ENGLANDER - / 74 KEW GARDENS DR LAKEWOOD NJ 08701
C	02	03	01	05	17	F	-	-	-	11	04	-	-	SHEVA - ENGLANDER / 74 KEW GARDENS DR LAKEWOOD NJ 08701
D	02	06	01	05	6	M	-	-	-	07	07	-	-	NOSSON - ENGLANDER / 74 KEW GARDENS DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

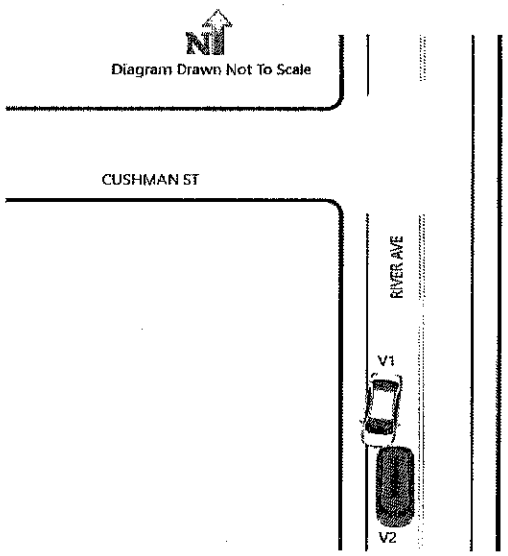
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045815

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V2 stated she was traveling south on River Ave. She was moving slowly in stop and go traffic, when V2 was struck from the rear by V1.

The driver of V1 exited a white sedan. She was described to be a short white female in her 50s or 60s. She asked the driver of V2 not to contact the police. She wrote the name Patti, the address of 163C Gramercy Ct Lakewood, NJ 08701, and the telephone number (732)890-5901 on a piece of paper and gave it to the driver of V2. When the driver of V2 stated she was contacting the police, the driver of V1 re entered her vehicle and left the scene.

Officers attempted to make contact with the driver of V1 at her address but were unable. I attempted to contact her via telephone but had to leave a voicemail.

Based on my investigation, V1 caused the crash by striking the rear of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E.MIICK	307	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-045810
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1509
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E 5TH ST
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With / 14	50 ☒ Feet ☐ Miles (15) ☐ N ☐ E ☐ S ☐ W (16) of:
Road Name	NEGBA ST
17 Cross Road Name	
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.095541
22 Longitude	-74.203067

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	BA 2997BD	ASCZ11C0W265021
NJ Ins. Code	-	112
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name	JUAN	-
Initial	E	-
Last Name	CANCHONCHAPARR(-	-
Sex	M	-
Number & Street	44 WALNUT ST	-
City	TOMS RIVER	-
State	NJ	-
Zip	08753	-
Eyes	02	-
DL Class	B	-
Restrictions	-	-
Endorsements	-	-
State	NJ	-
Driver's License Number	C03884156501482	-
DOB	01/27/1948	-
Expires (mm yy)	01 26	- -
Owner ☐ Same As Driver – First Name	JAYS	COMMUNICATIONS -
Initial	-	
Last Name	JAYS BUS SERVICE -	SPECIALISTS LLC -
Number & Street	672 CROSS ST	143 OLD ROUTE 9
City	LAKEWOOD	FISHKILL
State	NJ	NY
Zip	08701	12524
Make	IC	FORD
Model	-	F55
Color	YEL	-
Year	2020	2019
Plate No.	P517S1	78798MM
State	NJ	NY
VIN	4DRBUC8P2LB318416	1FDUF5GTXKEE94253
Expires	10 22	07 22
Vehicle Removed To	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☒ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

-

Oper.	136 Charge	137 Summons No.	Oper.	138 Charge	139 Summons No.
-		-	-		-

Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.
-		-	-		-

Left column codes: 96 05; 97 01; 98 01; 99 07; 100a 01; 100b 04; 101 02; 102 01; 103 01; 104 2; 105 06; 106 -; 107 -; 108 31; 109 29; 110 02; 111 02; 112 01; 113 01; 114 -; 115 -; 116 02; 117 04

Right column codes: 118a 06; 118b -; 119a 25; 119b -; 120a 01; 120b -; 121a -; 121b -; 122 01; 123 10; 124 04; 125 04; 126a 28; 126b -; 126c -; 126d -; 126e 26; 127a -; 127b -; 127c -; 127d -; 127e 26; 128 26; 129 04; 130 04; 131 05; 132 05; 133 02; 134 02

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	74	M	-	-	-	11	04	-	-	JUAN E CANCHONCHAPARRO - 44 WALNUT ST TOMS RIVER NJ 08753 - -
B	02	99	-	-	42	M	-	-	-	11	04	-	-	VIVIANS - GARSON - 45 DUBOIS ST NEWBURGH NY 12550 - -
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station - Case No. 22-045810

1.	TEMMI	WEINSTEIN	-
2.	CHANI	GOLDBERG	-
3.	SARA	GREENWALD	-
4.	NECHAMA	TILLM	-
5.	MIRIAM	EPHRATHI	-
6.	CHANY	ZIMMERMAN	-
7.	BLIMI	YOFFE	-
8.	ESTHER	LAX	-
9.	MALKA	ALPERT	-
10.	PESSI	FURMAN	-
11.	AVIGIAL	FREEDMAN	-
12.	BREINDY	KASTEN	-
13.	CHAYA	SHINDLER	-
14.	BRACHA	RABINOWITZ	-
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53.			
54.			

SCHOOL BUS
(full size)

● DRIVER				DOOR →	
1	2	3		4	5
6	7	8		9	10
11	12	13		14	15
16	17	18		19	20
21	22	23		24	25
26	27	28		29	30
31	32	33		34	35
36	37	38		39	40
41	42	43		44	45
46	47	48		49	50
51	52			53	54

MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16

New Jersey Police Crash Investigation Report

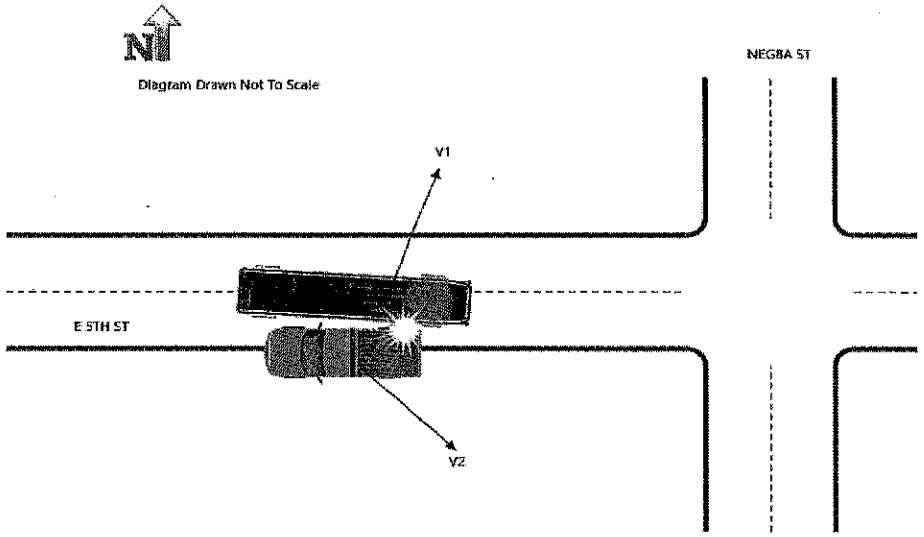
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045810

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
		83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E														
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 Insurance: Policy Number #BA 2997BD
Company Number # 23787
Company: Nationwide Insurance Group

The driver of V1 stated that he was traveling East on E. 5th St. While he was traveling, he noticed an Altica cable utility vehicle (V2) working on E. 5th St. The driver of V1 explained that he got wave down by an Altica worker to attempted to pass V2. The driver of V1 mentioned that as he tired to pass, he collided into V2. The driver of kids on boarded were not hurt or injured. V1 left the scene safely.

V2 was parked, but it should be noted that Garson Vivians was in the service bucket working on an utility pole. Garson Vivians was not hurt or injured.

Based on my investigation, V1 was at fault for improper passing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TOWNSEND T	403	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-045737
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	06/09/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0958
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OCEAN AVE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	5
☐ N ☒ E ☐ S ☐ W of:	HOLLY ST
16 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	1
24 Policy No.	6080733792061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MIRIAM
Initial	-
Last Name	MANDELBAUM
29 Sex	F
27 Number & Street	219 8TH ST;10B
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M03955580060992
33 DOB (mm dd yyyy)	10/18/1999
34 Expires (mm yy)	10 25
35 Owner's First Name	MIRIAM
Initial	-
Last Name	MANDELBAUM
☒ Same As Driver	
36 Number & Street	219 8TH ST;10B
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	4
41 Year	2017
42 Plate No.	T44NBS
43 State	NJ
44 VIN	4T1BF1FK3HU624820
45 Expires	12 22
46 Vehicle Removed To	YITZ AUTO
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name	-
Initial	-
Last Name	-
☐ Same As Driver	
66 Number & Street	-
67 City	-
State	-
Zip	-
68 Make	-
69 Model	-
70 Color	-
71 Year	-
72 Plate No.	-
73 State	-
74 VIN	-
75 Expires	- -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☐ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

135 Damage To Other Property ☒ Yes (If Yes, describe) ☐ No

UTILITY POLE JC153 DAMAGED

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	02	11	04	-	6304	MIRIAM - MANDELBAUM - 219 8TH ST;10B LAKEWOOD NJ 08701
B														
C														
D														

96	05
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-
118a	25
118b	99
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	05
126b	56
126c	52
126d	-
126e	52
127a	-
127b	-
127c	-
127d	-
127e	-
128	52
129	11
130	11
131	-
132	-
133	04
134	-

New Jersey Police Crash Investigation Report

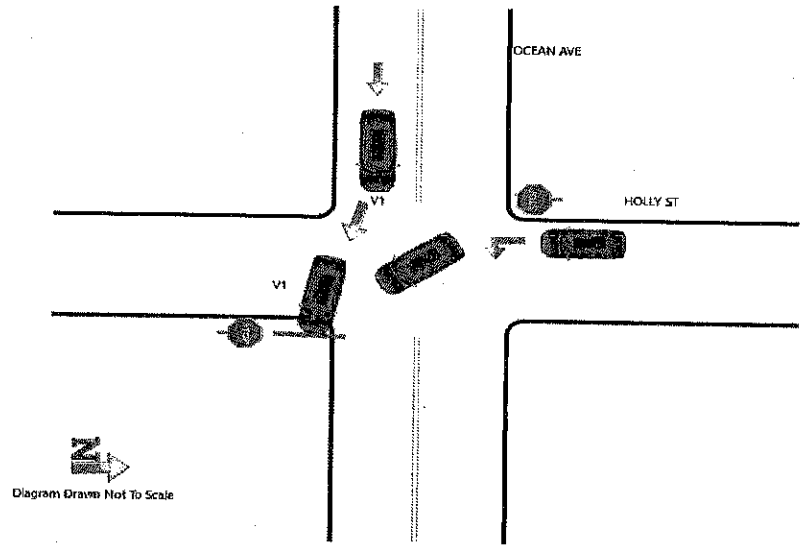
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-045737

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1, Miriam Mandelbaum was operating a 2017 Toyota Camry, NJ T44-NBS. Ms. Mandelbaum stated she was traveling east on Ocean Avenue approaching Holly Street. A vehicle attempted to make a left turn in front of her from Holly Street onto Ocean Avenue. Ms. Mandelbaum stated she swerved to the right and successfully avoided a collision with the vehicle but then struck a utility pole located at the southeast corner of Ocean Avenue and Holly Street.

Liba Rausman was operating a 2009 Toyota Camry, NY KUH-1471. Ms. Rausman stated she was stopped at the stop sign on Holly Street waiting to make a left turn onto Ocean Avenue. She began to make her left turn but didn't observe vehicle 1 traveling east on Ocean Avenue. Vehicle 1 swerved to avoid striking her vehicle but then struck the utility pole at the corner of the intersection.

Ms. Rausman was determined to be at fault for failure to stop/yield for the right of way vehicle. Insurance for NY KUH-1471, Safeco Insurance Company. PO Box 461 St. Louis, MO 63116, Policy # K3923491.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	DTWORKOSKI	249	☐ Pending ☒ Complete