

|      |                                                                                                             |  |  |  |  |  |  |  |  |    |                                                                                                           |  |  |  |  |  |  |  |  |    |                                                                                                                               |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
|------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-----------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|------|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------------|--|--|--|--|--|--|--|--|--|
| 96   | Page 1 of 3                                                                                                 |  |  |  |  |  |  |  |  |    | New Jersey Police Crash Investigation Report                                                              |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Reportable <input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report |  |  |  |  |  |  |  |  |    | 118a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | 1. Case Number                                                                                              |  |  |  |  |  |  |  |  |    | 10. Crash Occurred On: RT 88                                                                              |  |  |  |  |  |  |  |  |    | 11. Speed Limit                                                                                                               |  |  |  |  |  |  |  |  |    | 09   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 97   | 2022-00040176                                                                                               |  |  |  |  |  |  |  |  |    | Road Name                                                                                                 |  |  |  |  |  |  |  |  |    | 12. Route No. 3 5                                                                                                             |  |  |  |  |  |  |  |  |    | 118b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | 2. Police Dept. of                                                                                          |  |  |  |  |  |  |  |  |    | Code                                                                                                      |  |  |  |  |  |  |  |  |    | 13. Milepost                                                                                                                  |  |  |  |  |  |  |  |  |    | 02   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 98   | Brick Police                                                                                                |  |  |  |  |  |  |  |  |    | 01                                                                                                        |  |  |  |  |  |  |  |  |    | 14. Speed Limit                                                                                                               |  |  |  |  |  |  |  |  |    | 119a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | 3. Station/Precinct                                                                                         |  |  |  |  |  |  |  |  |    | 200                                                                                                       |  |  |  |  |  |  |  |  |    | 4 0                                                                                                                           |  |  |  |  |  |  |  |  |    | 25   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 99   | 4. Date of Crash                                                                                            |  |  |  |  |  |  |  |  |    | 5. Day of Week                                                                                            |  |  |  |  |  |  |  |  |    | 6. Time                                                                                                                       |  |  |  |  |  |  |  |  |    | 119b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 02   | mm dd yy                                                                                                    |  |  |  |  |  |  |  |  |    | Su M Tu W Th Sa                                                                                           |  |  |  |  |  |  |  |  |    | (use 2400 hrs.)                                                                                                               |  |  |  |  |  |  |  |  |    | —    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 100a | 0 6 1 0 2 2                                                                                                 |  |  |  |  |  |  |  |  |    | 1 7 2 2                                                                                                   |  |  |  |  |  |  |  |  |    | 1 5 0 6                                                                                                                       |  |  |  |  |  |  |  |  |    | 120a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | 23. Veh. #                                                                                                  |  |  |  |  |  |  |  |  |    | 24. Policy No.                                                                                            |  |  |  |  |  |  |  |  |    | 25. NJ Ins. Code                                                                                                              |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 100b | 01                                                                                                          |  |  |  |  |  |  |  |  |    | 1366912E2630A                                                                                             |  |  |  |  |  |  |  |  |    | 926                                                                                                                           |  |  |  |  |  |  |  |  |    | 120b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 04   | 26. Driver's First Name                                                                                     |  |  |  |  |  |  |  |  |    | Initial                                                                                                   |  |  |  |  |  |  |  |  |    | Last Name                                                                                                                     |  |  |  |  |  |  |  |  |    | 121a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 101  | Codey                                                                                                       |  |  |  |  |  |  |  |  |    | P                                                                                                         |  |  |  |  |  |  |  |  |    | Kelleher                                                                                                                      |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 02   | 27. Number & Street                                                                                         |  |  |  |  |  |  |  |  |    | 28. City                                                                                                  |  |  |  |  |  |  |  |  |    | State                                                                                                                         |  |  |  |  |  |  |  |  |    | 121b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 102  | 455                                                                                                         |  |  |  |  |  |  |  |  |    | CARLISA DR                                                                                                |  |  |  |  |  |  |  |  |    | NJ                                                                                                                            |  |  |  |  |  |  |  |  |    | —    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 103  | 28. City                                                                                                    |  |  |  |  |  |  |  |  |    | State                                                                                                     |  |  |  |  |  |  |  |  |    | Zip                                                                                                                           |  |  |  |  |  |  |  |  |    | 122  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | BRICK TOWNSHIP                                                                                              |  |  |  |  |  |  |  |  |    | NJ                                                                                                        |  |  |  |  |  |  |  |  |    | 08723                                                                                                                         |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 104  | 30. Eyes                                                                                                    |  |  |  |  |  |  |  |  |    | DL Class                                                                                                  |  |  |  |  |  |  |  |  |    | Restrictions                                                                                                                  |  |  |  |  |  |  |  |  |    | 123  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 02   | 0 4                                                                                                         |  |  |  |  |  |  |  |  |    | D                                                                                                         |  |  |  |  |  |  |  |  |    | 1                                                                                                                             |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 105  | 32. Driver's License Number                                                                                 |  |  |  |  |  |  |  |  |    | 33. DOB                                                                                                   |  |  |  |  |  |  |  |  |    | 34. Expires                                                                                                                   |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | K 2 3 9 4                                                                                                   |  |  |  |  |  |  |  |  |    | 1 3 4 7 7                                                                                                 |  |  |  |  |  |  |  |  |    | 1 2 9 1 4                                                                                                                     |  |  |  |  |  |  |  |  |    | 01   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 106  | 35. Owner's First Name                                                                                      |  |  |  |  |  |  |  |  |    | Initial                                                                                                   |  |  |  |  |  |  |  |  |    | Last Name                                                                                                                     |  |  |  |  |  |  |  |  |    | 124  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Same as Driver                                                                                              |  |  |  |  |  |  |  |  |    | Codey P Kelleher                                                                                          |  |  |  |  |  |  |  |  |    | Sandra L Scott                                                                                                                |  |  |  |  |  |  |  |  |    | 04   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 107  | 36. Number & Street                                                                                         |  |  |  |  |  |  |  |  |    | 37. City                                                                                                  |  |  |  |  |  |  |  |  |    | State                                                                                                                         |  |  |  |  |  |  |  |  |    | 125  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | 455                                                                                                         |  |  |  |  |  |  |  |  |    | CARLISA DR                                                                                                |  |  |  |  |  |  |  |  |    | NJ                                                                                                                            |  |  |  |  |  |  |  |  |    | 04   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 108  | 37. City                                                                                                    |  |  |  |  |  |  |  |  |    | State                                                                                                     |  |  |  |  |  |  |  |  |    | Zip                                                                                                                           |  |  |  |  |  |  |  |  |    | 126a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 05   | BRICK TOWNSHIP                                                                                              |  |  |  |  |  |  |  |  |    | NJ                                                                                                        |  |  |  |  |  |  |  |  |    | 08723                                                                                                                         |  |  |  |  |  |  |  |  |    | 26   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 109  | 38. Make                                                                                                    |  |  |  |  |  |  |  |  |    | 39. Model                                                                                                 |  |  |  |  |  |  |  |  |    | 40. Color                                                                                                                     |  |  |  |  |  |  |  |  |    | 126b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | Toyota                                                                                                      |  |  |  |  |  |  |  |  |    | Tacoma                                                                                                    |  |  |  |  |  |  |  |  |    | WT                                                                                                                            |  |  |  |  |  |  |  |  |    | —    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 110  | 44. VIN                                                                                                     |  |  |  |  |  |  |  |  |    | 45. Expires                                                                                               |  |  |  |  |  |  |  |  |    | 74. VIN                                                                                                                       |  |  |  |  |  |  |  |  |    | 126c |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | 3 T M C Z 5 A N 0 L M 3 2 8 2 4 1                                                                           |  |  |  |  |  |  |  |  |    | 09/22                                                                                                     |  |  |  |  |  |  |  |  |    | 4 T 3 B K 3 B B 0 D U 0 7 8 2 1 7                                                                                             |  |  |  |  |  |  |  |  |    | —    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 111  | 46. Vehicle Removed to:                                                                                     |  |  |  |  |  |  |  |  |    | 76. Vehicle Removed to:                                                                                   |  |  |  |  |  |  |  |  |    | 75. Expires                                                                                                                   |  |  |  |  |  |  |  |  |    | 126d |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   | <input checked="" type="checkbox"/> Driven                                                                  |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Towed Disabled                                                                   |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Towed Disabled & Impounded                                                                           |  |  |  |  |  |  |  |  |    | 126e |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | <input type="checkbox"/> Left at Scene                                                                      |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Towed Impounded                                                                  |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Towed Disabled & Impounded                                                                           |  |  |  |  |  |  |  |  |    | 26   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 113  | 47. Authority                                                                                               |  |  |  |  |  |  |  |  |    | 77. Authority                                                                                             |  |  |  |  |  |  |  |  |    | 78. Alcohol Drug Test                                                                                                         |  |  |  |  |  |  |  |  |    | 127a |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | <input checked="" type="checkbox"/> Owner                                                                   |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Driver                                                                           |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Police                                                                                               |  |  |  |  |  |  |  |  |    | 26   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 114  | 48. Alcohol Drug Test                                                                                       |  |  |  |  |  |  |  |  |    | 49. Hazardous Material                                                                                    |  |  |  |  |  |  |  |  |    | 79. Hazardous Material                                                                                                        |  |  |  |  |  |  |  |  |    | 127b |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused |  |  |  |  |  |  |  |  |    | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill |  |  |  |  |  |  |  |  |    | <input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill                     |  |  |  |  |  |  |  |  |    | 127c |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 115  | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine         |  |  |  |  |  |  |  |  |    | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine       |  |  |  |  |  |  |  |  |    | Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine                           |  |  |  |  |  |  |  |  |    | 127d |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Results: 0. — % <input type="checkbox"/> Pending                                                            |  |  |  |  |  |  |  |  |    | Hazard Class                                                                                              |  |  |  |  |  |  |  |  |    | Hazard Class                                                                                                                  |  |  |  |  |  |  |  |  |    | 127e |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 116  | 50. Carrier No.                                                                                             |  |  |  |  |  |  |  |  |    | 51. GVWR / GCWR (trucks & buses only)                                                                     |  |  |  |  |  |  |  |  |    | 80. Carrier No.                                                                                                               |  |  |  |  |  |  |  |  |    | 26   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 04   | <input type="checkbox"/> USDOT                                                                              |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> ≤ 10,000 lbs.                                                                    |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> USDOT                                                                                                |  |  |  |  |  |  |  |  |    | 128  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 117  | <input type="checkbox"/> MC/MX                                                                              |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> 10,001 - 26,000 lbs.                                                             |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> MC/MX                                                                                                |  |  |  |  |  |  |  |  |    | 26   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 04   | <input type="checkbox"/> ≥ 26,001 lbs.                                                                      |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> ≥ 26,001 lbs.                                                                    |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> ≥ 26,001 lbs.                                                                                        |  |  |  |  |  |  |  |  |    | 129  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | 52. Motor Carrier or Government Entity                                                                      |  |  |  |  |  |  |  |  |    | 82. Motor Carrier or Government Entity                                                                    |  |  |  |  |  |  |  |  |    | 130                                                                                                                           |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Number & Street                                                                                             |  |  |  |  |  |  |  |  |    | Number & Street                                                                                           |  |  |  |  |  |  |  |  |    | 131                                                                                                                           |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | City                                                                                                        |  |  |  |  |  |  |  |  |    | City                                                                                                      |  |  |  |  |  |  |  |  |    | 132                                                                                                                           |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | State                                                                                                       |  |  |  |  |  |  |  |  |    | State                                                                                                     |  |  |  |  |  |  |  |  |    | 133                                                                                                                           |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Zip                                                                                                         |  |  |  |  |  |  |  |  |    | Zip                                                                                                       |  |  |  |  |  |  |  |  |    | 134                                                                                                                           |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | 135. Damage to Other Property                                                                               |  |  |  |  |  |  |  |  |    | <input type="checkbox"/> Yes (If Yes, describe)                                                           |  |  |  |  |  |  |  |  |    | <input checked="" type="checkbox"/> No                                                                                        |  |  |  |  |  |  |  |  |    | 06   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Oper.                                                                                                       |  |  |  |  |  |  |  |  |    | 136. Charge                                                                                               |  |  |  |  |  |  |  |  |    | 137. Summons No.                                                                                                              |  |  |  |  |  |  |  |  |    | 02   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Oper.                                                                                                       |  |  |  |  |  |  |  |  |    | 140. Charge                                                                                               |  |  |  |  |  |  |  |  |    | 141. Summons No.                                                                                                              |  |  |  |  |  |  |  |  |    | 02   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| —    | Oper.                                                                                                       |  |  |  |  |  |  |  |  |    | 142. Charge                                                                                               |  |  |  |  |  |  |  |  |    | 143. Summons No.                                                                                                              |  |  |  |  |  |  |  |  |    | 02   |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| A    |                                                                                                             |  |  |  |  |  |  |  |  | 83 |                                                                                                           |  |  |  |  |  |  |  |  | 84 |                                                                                                                               |  |  |  |  |  |  |  |  | 85 |      |  |  |  |  |  |  |  |  | 86 |  |  |  |  |  |  |  |  |  | 87 |  |  |  |  |  |  |  |  |  | 88 |  |  |  |  |  |  |  |  |  | 89 |  |  |  |  |  |  |  |  |  | 90 |  |  |  |  |  |  |  |  |  | 91 |  |  |  |  |  |  |  |  |  | 92 |  |  |  |  |  |  |  |  |  | 93 |  |  |  |  |  |  |  |  |  | 94                   |  |  |  |  |  |  |  |  |  | 95                  |  |  |  |  |  |  |  |  |  | Names & Addresses of Occupants |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| 01   |                                                                                                             |  |  |  |  |  |  |  |  | 01 |                                                                                                           |  |  |  |  |  |  |  |  | 01 |                                                                                                                               |  |  |  |  |  |  |  |  | —  |      |  |  |  |  |  |  |  |  | 30 |  |  |  |  |  |  |  |  |  | M  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  | 04 |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | Codey Peter Kelleher |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| B    |                                                                                                             |  |  |  |  |  |  |  |  | 01 |                                                                                                           |  |  |  |  |  |  |  |  | 03 |                                                                                                                               |  |  |  |  |  |  |  |  | 01 |      |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | 23 |  |  |  |  |  |  |  |  |  | M  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  | 04 |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —                    |  |  |  |  |  |  |  |  |  | Zachary T Gleason   |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| C    |                                                                                                             |  |  |  |  |  |  |  |  | 02 |                                                                                                           |  |  |  |  |  |  |  |  | 01 |                                                                                                                               |  |  |  |  |  |  |  |  | 01 |      |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | 72 |  |  |  |  |  |  |  |  |  | F  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  | 04 |  |  |  |  |  |  |  |  |  | —  |  |  |  |  |  |  |  |  |  | —                    |  |  |  |  |  |  |  |  |  | Sandra Louise Scott |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                         |  |  |  |  |  |  |  |  |  |
| D    |                                                                                                             |  |  |  |  |  |  |  |  |    |                                                                                                           |  |  |  |  |  |  |  |  |    |                                                                                                                               |  |  |  |  |  |  |  |  |    |      |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 237 OKLAHOMA DR BRICK TOWNSHIP NJ 08723 |  |  |  |  |  |  |  |  |  |

| New Jersey Police<br>Crash Investigation Report |    |    |    |    |    |    |    |    |    |    |    | Case Number<br>2022-00040176 |    |                                                                     | Page 2 of 3 |  |
|-------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------------------|----|---------------------------------------------------------------------|-------------|--|
|                                                 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94                           | 95 | Names & Addresses of Occupants<br>If Deceased, Date & Time of Death |             |  |
| E                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| F                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| G                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| H                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| I                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |
| J                                               |    |    |    |    |    |    |    |    |    |    |    |                              |    |                                                                     |             |  |

144. Crash Diagram



Show NORTH by Arrow  
(Not to Scale)

SEE ATTACHED DIAGRAM

145. Crash Description/Narrative

Vehicle #01 was traveling westbound on Rt. 88 approaching Rt. 70 in the left lane. Vehicle #02 was traveling directly in front of vehicle #01. Vehicle #01 struck the rear of vehicle #02 while traveling at a low rate of speed, causing minor damage to the rear of vehicle #02. No injuries were reported while on scene, however the driver of vehicle #02 stated she hit her head on the head rest but was not injured.

Driver #02 stated while driving in the left lane of Rt. 88 she was suddenly struck from behind.

Driver #01 stated while traveling behind vehicle #02 he looked away from the road before crashing into the rear of vehicle #02 at a low speed.

Driver #01 was found to be at fault for crashing into the rear of vehicle #02.

BWC footage available.

|                                             |                     |                                   |                |                                                                                                   |
|---------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|
| 146. Officer's Signature<br>Jeffrey R Melia | 147. Badge #<br>267 | 148. Reviewer<br>Marc C Alexander | Badge #<br>216 | 149. Case Status<br><input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete |
|---------------------------------------------|---------------------|-----------------------------------|----------------|---------------------------------------------------------------------------------------------------|

New Jersey Police Crash Investigation Report  
Motor Vehicle Crash Diagram

Police Dept: Brick Police

Code: 01

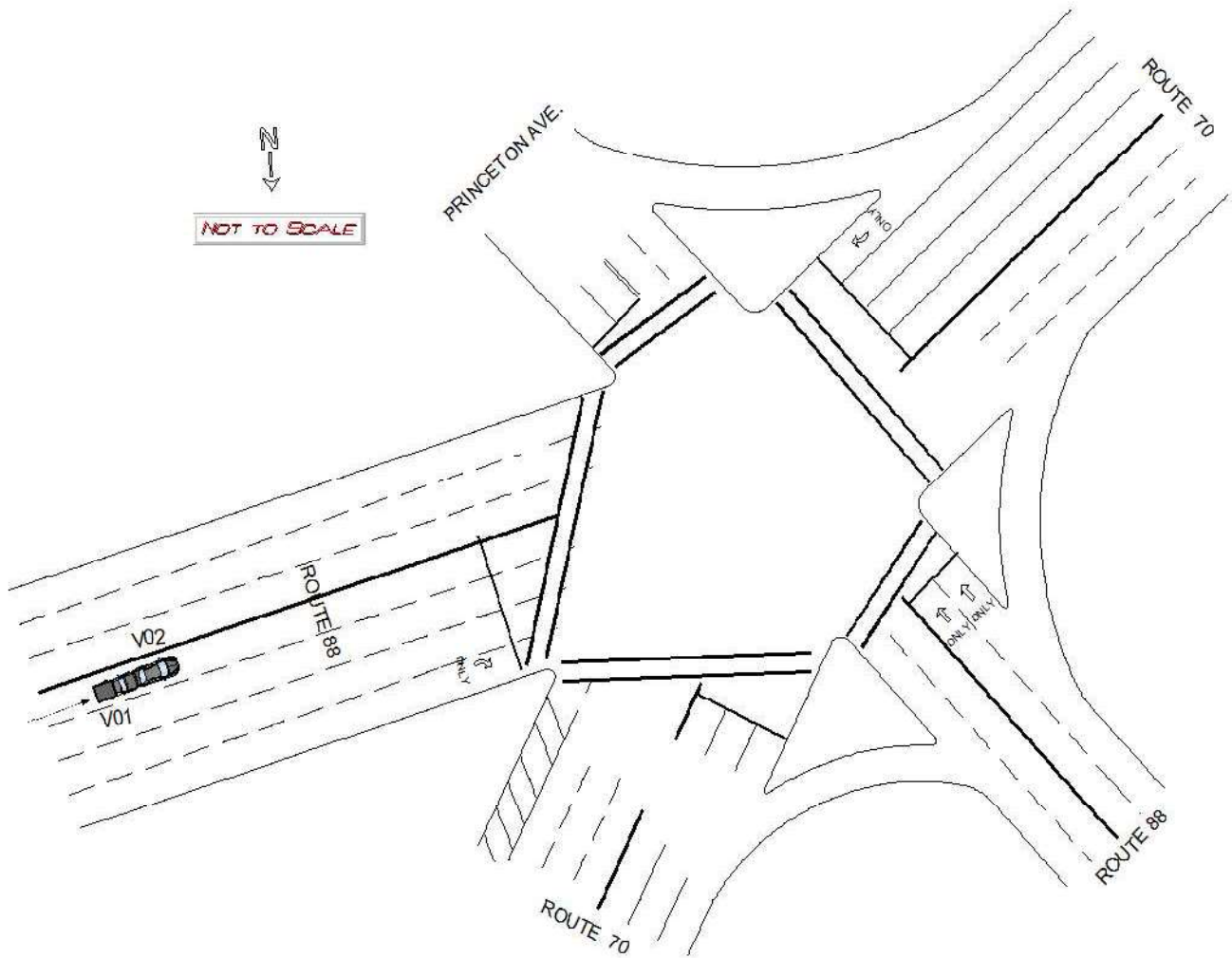
Station:     

Case No: 2022-00040176

144 Crash Diagram (NOT TO SCALE)



NOT TO SCALE



Jeffrey R Melia

Officer's Signature

267

Badge Number