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| Page <u>1</u> of <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <input type="checkbox"/> Fatal                                                                                   |    | <b>New Jersey Police Crash Investigation Report</b>                                                                                  |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    | <input checked="" type="checkbox"/> Reportable                                                                                                                                   |  | <input type="checkbox"/> Non-Reportable |  | <input type="checkbox"/> Change Report                                                                          |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Case Number<br><b>2016-00011444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 10 Crash Occurred On: <b>Rt. 88</b>                                                                              |    | 11 Speed Limit<br><b>W 3 5</b>                                                                                                       |    | 12 Route No. <b>8 8</b>                                                                                                                                                                                                                                                                         |    | 13 Milepost                                                                                                      |    | 14                                                                                                                                   |    | 15                                                                                                                                                                               |    | 16                                                                                                                                                                               |  | 17 Cross Road Name                      |  | 18 Speed Limit<br><b>3 5</b>                                                                                    |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Police Dept of<br><b>Brick Township</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | Code<br><b>01</b>                                                                                                |    | <input type="checkbox"/> At Intersection with                                                                                        |    | Road Name                                                                                                                                                                                                                                                                                       |    | Dir                                                                                                              |    | <input checked="" type="checkbox"/> Feet                                                                                             |    | <input type="checkbox"/> Miles                                                                                                                                                   |    | <input type="checkbox"/> N <input checked="" type="checkbox"/> E of:                                                                                                             |  | <b>Post RD</b>                          |  | <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> SB <input type="checkbox"/> WB |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Station/Precinct<br><b>Brick Police</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | 4 Date of Crash<br><b>02/22/16</b>                                                                               |    | 5 Day of Week<br><b>Su</b>                                                                                                           |    | 6 Time (use 2400 hrs)<br><b>1914</b>                                                                                                                                                                                                                                                            |    | 7 Municipality Code<br><b>1506</b>                                                                               |    | 8 Total Killed                                                                                                                       |    | 9 Total Injured                                                                                                                                                                  |    | 19 Ramp                                                                                                                                                                          |  | 20 Route/Name                           |  | 22 Longitude                                                                                                    |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 Veh No<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 24 Policy No.<br><b>F814662-2</b>                                                                                |    | 25 Ins Code<br><b>426</b>                                                                                                            |    | 53 Veh No<br><b>2</b>                                                                                                                                                                                                                                                                           |    | 54 Policy No.<br><b>AOU-2385920834056</b>                                                                        |    | 55 Ins Code<br><b>090</b>                                                                                                            |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |    | <input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 Driver's First Name<br><b>CHRISTOPH P KURMIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | Initial                                                                                                          |    | Last Name                                                                                                                            |    | 29 Sex<br><b>M</b>                                                                                                                                                                                                                                                                              |    | 56 Driver's First Name<br><b>RICHARD J COLETTA</b>                                                               |    | Initial                                                                                                                              |    | Last Name                                                                                                                                                                        |    | 59 Sex                                                                                                                                                                           |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 Number and Street<br><b>411 MACARTHUR DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 30 Eyes<br><b>Green</b>                                                                                          |    | 57 Number and Street<br><b>3402 HERBERTSVILLE ROAD</b>                                                                               |    | 60 Eyes                                                                                                                                                                                                                                                                                         |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 City<br><b>BRICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | State<br><b>NJ</b>                                                                                               |    | Zip<br><b>08724</b>                                                                                                                  |    | 58 City<br><b>POINT PLEASANT</b>                                                                                                                                                                                                                                                                |    | State<br><b>NJ</b>                                                                                               |    | Zip<br><b>08742</b>                                                                                                                  |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 State<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 32 Drivers License No<br><b>K9384 12477 01726</b>                                                                |    | 33 DOB<br><b>01/07/72</b>                                                                                                            |    | 34 Expires<br><b>01/17</b>                                                                                                                                                                                                                                                                      |    | 61 State<br><b>NJ</b>                                                                                            |    | 62 Drivers License No<br><b>C6243 65571 05924</b>                                                                                    |    | 63 DOB<br><b>05/18/92</b>                                                                                                                                                        |    | 64 Expires<br><b>12/17</b>                                                                                                                                                       |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 Owner's First Name<br><b>CHRISTOPH P KURMIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Initial                                                                                                          |    | Last Name                                                                                                                            |    | 65 Owner's First Name<br><b>MARY MACHI</b>                                                                                                                                                                                                                                                      |    | Initial                                                                                                          |    | Last Name                                                                                                                            |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 Number and Street<br><b>411 MACARTHUR DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 66 Number and Street<br><b>3402 HERBERTSVILLE ROAD</b>                                                           |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 City<br><b>BRICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | State<br><b>NJ</b>                                                                                               |    | Zip<br><b>08724</b>                                                                                                                  |    | 67 City<br><b>POINT PLEASANT</b>                                                                                                                                                                                                                                                                |    | State<br><b>NJ</b>                                                                                               |    | Zip<br><b>08742</b>                                                                                                                  |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 Make<br><b>TOYOTA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 39 Model<br><b>Tacoma</b>                                                                                        |    | 40 Color<br><b>Gray</b>                                                                                                              |    | 41 Year<br><b>2009</b>                                                                                                                                                                                                                                                                          |    | 42 Plate No.<br><b>V73BZP</b>                                                                                    |    | 43 State<br><b>NJ</b>                                                                                                                |    | 68 Make<br><b>NISSAN</b>                                                                                                                                                         |    | 69 Model<br><b>Altima</b>                                                                                                                                                        |  | 70 Color<br><b>Gray</b>                 |  | 71 Year<br><b>2015</b>                                                                                          |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 VIN<br><b>3TMMU52N59M011016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 45 Expires<br><b>05/16</b>                                                                                       |    | 74 VIN<br><b>1N4AL3AP6FN899683</b>                                                                                                   |    | 75 Expires<br><b>09/19</b>                                                                                                                                                                                                                                                                      |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 Vehicle Removed To<br><b>Driven Away</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed |    | 47 Authority<br><input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |    | 76 Vehicle Removed To<br><b>Driven Away</b>                                                                                                                                                                                                                                                     |    | <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed |    | 77 Authority<br><input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 Alcohol/Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.____% <input type="checkbox"/> Pending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 134 Crash Diagram (NOT TO SCALE)                                                                                 |    |                                                                                                                                      |    | 78 Alcohol/Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0.____% <input type="checkbox"/> Pending |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | Name or Placard No.                                                                                              |    |                                                                                                                                      |    | 79 Hazardous Material<br>On Board <input type="checkbox"/> Spill <input type="checkbox"/>                                                                                                                                                                                                       |    | Name or Placard No.                                                                                              |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                  |    |                                                                                                                                      |    | 80 Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other *                                                                                                                                                                                                                  |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                  |    |                                                                                                                                      |    | 81 Commercial Vehicle Weight<br><input type="checkbox"/> ≤ 10,000 lbs<br><input type="checkbox"/> 10,001 - 26,000 lbs<br><input type="checkbox"/> ≥ 26,001 lbs                                                                                                                                  |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 52 Carrier name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                  |    |                                                                                                                                      |    | 82 Carrier name                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 136 Damage To Other Property <b>None.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oper. <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | 137 Charge <b>39:4-97</b>                                                                                        |    |                                                                                                                                      |    | <input type="checkbox"/> Multiple Charges                                                                                                                                                                                                                                                       |    |                                                                                                                  |    | 138 Summons No. <b>E16-1101</b>                                                                                                      |    |                                                                                                                                                                                  |    | Oper. <b>2</b>                                                                                                                                                                   |  | 139 Charge                              |  |                                                                                                                 |  | <input type="checkbox"/> Multiple Charges                          |  |                                                                                       |  | 140 Summons No. |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 141 Officer's Signature<br><b>Charles Kelly</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    | 142 Badge No.<br><b>241</b>                                                                                                          |    |                                                                                                                                                                                  |    | 143 Reviewed By                                                                                                                                                                  |  |                                         |  | Badge No.                                                                                                       |  |                                                                    |  | 144 Case Status<br><input type="checkbox"/> Pending <input type="checkbox"/> Complete |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10">Names &amp; Addresses of Occupants - If Deceased, Date &amp; Time of Death</td> </tr> <tr> <td>A</td> <td>83</td> <td>84</td> <td>85</td> <td>86</td> <td>87</td> <td>88</td> <td>89</td> <td>90</td> <td>91</td> <td>92</td> <td>93</td> <td>94</td> <td>95</td> <td colspan="6">CHRISTOPH P KURMIN<br/>411 MACARTHUR DRIVE<br/>BRICK, NJ 08724</td> </tr> <tr> <td>B</td> <td>1</td> <td>01</td> <td>01</td> <td>--</td> <td>44</td> <td>M</td> <td>--</td> <td>--</td> <td>--</td> <td>09</td> <td>04</td> <td>--</td> <td>--</td> <td colspan="6">RYAN KURMIN<br/>411 MacArthur BLVD<br/>Brick, NJ 08724</td> </tr> <tr> <td>C</td> <td>2</td> <td>01</td> <td>01</td> <td>--</td> <td>23</td> <td>M</td> <td>--</td> <td>--</td> <td>--</td> <td>09</td> <td>04</td> <td>--</td> <td>--</td> <td colspan="6">RICHARD J COLETTA<br/>3402 HERBERTSVILLE ROAD<br/>POINT PLEASANT, NJ 08742</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> </table> |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  | Names & Addresses of Occupants - If Deceased, Date & Time of Death |  |                                                                                       |  |                 |  |  |  |  |  | A | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | CHRISTOPH P KURMIN<br>411 MACARTHUR DRIVE<br>BRICK, NJ 08724 |  |  |  |  |  | B | 1 | 01 | 01 | -- | 44 | M | -- | -- | -- | 09 | 04 | -- | -- | RYAN KURMIN<br>411 MacArthur BLVD<br>Brick, NJ 08724 |  |  |  |  |  | C | 2 | 01 | 01 | -- | 23 | M | -- | -- | -- | 09 | 04 | -- | -- | RICHARD J COLETTA<br>3402 HERBERTSVILLE ROAD<br>POINT PLEASANT, NJ 08742 |  |  |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Names & Addresses of Occupants - If Deceased, Date & Time of Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 83 | 84                                                                                                               | 85 | 86                                                                                                                                   | 87 | 88                                                                                                                                                                                                                                                                                              | 89 | 90                                                                                                               | 91 | 92                                                                                                                                   | 93 | 94                                                                                                                                                                               | 95 | CHRISTOPH P KURMIN<br>411 MACARTHUR DRIVE<br>BRICK, NJ 08724                                                                                                                     |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1  | 01                                                                                                               | 01 | --                                                                                                                                   | 44 | M                                                                                                                                                                                                                                                                                               | -- | --                                                                                                               | -- | 09                                                                                                                                   | 04 | --                                                                                                                                                                               | -- | RYAN KURMIN<br>411 MacArthur BLVD<br>Brick, NJ 08724                                                                                                                             |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2  | 01                                                                                                               | 01 | --                                                                                                                                   | 23 | M                                                                                                                                                                                                                                                                                               | -- | --                                                                                                               | -- | 09                                                                                                                                   | 04 | --                                                                                                                                                                               | -- | RICHARD J COLETTA<br>3402 HERBERTSVILLE ROAD<br>POINT PLEASANT, NJ 08742                                                                                                         |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                  |    |                                                                                                                                      |    |                                                                                                                                                                                  |    |                                                                                                                                                                                  |  |                                         |  |                                                                                                                 |  |                                                                    |  |                                                                                       |  |                 |  |  |  |  |  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                              |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                      |  |  |  |  |  |   |   |    |    |    |    |   |    |    |    |    |    |    |    |                                                                          |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## New Jersey Police Crash Investigation Report

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

## Motor Vehicle Crash Description

Station: **Brick Police**Case No: **2016-00011444**

(Refer to vehicle by number)

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

## 135 Crash Description

Vehicle 1 was attempting to exit the driveway of the Laurelton Baptist Church and turn left towards Rt. 88. Vehicle 2 was traveling on Rt. 88 approaching Post Rd. The crash occurred when vehicle 1 entered the roadway and impacted vehicle 2. On scene I observed damage to the front of vehicle 1 and the right middle of vehicle 2. No injuries were reported and the vehicles were moved prior to my arrival.

The driver of vehicle 1 stated he was attempting to turn left and did not see vehicle 2 as he began turning. The driver of vehicle 2 stated he was traveling on Rt. 88 when vehicle 1 pulled out and impacted him.

A witness on scene, Susan Stanisz, stated vehicle 1 attempted to turn left while the vehicles in the right lane were stopped, however impacted vehicle 2 as it was moving in the left lane. She completed a Witness Statement Form which has been submitted.

The driver of vehicle 1 was issued summons E16-1101 for careless driving.

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

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

Station: Brick Police

Case No: 2016-00011444

