PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059704
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1721
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
10 Crash Occurred On	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	45
12 Route No.	RT 659
Suffix	-
13 Milepost	-
14 Feet	20
15 Miles	☐
16 of: ☒N ☐E ☐S ☐W	OAK ST
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐NB ☐EB ☐SB ☐WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	NJSS215433160
25 NJ Ins. Code	217
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	GEULA - ABAYEV
29 Sex	F
27 Number & Street	1015 FOREST AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	A10042820054042
33 DOB (mm dd yyyy)	04/07/2004
34 Expires (mm yy)	04 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LIO - SHIMUNOVA -
36 Number & Street	1015 FOREST AVE D
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / BOL / BLK / 2021 / J72PAR / NJ
44 VIN	1G1FZ6S07M4102676
45 Expires	07 24
46 Vehicle Removed To	MOISHY'S AUTO AND TOWING
☐Driven ☒Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
47 Authority	☐Owner ☒Driver ☐Police
48 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
49 Hazardous Material	☒None ☐On Board ☐Spill - - (Hazard Class / Placard No.)
50 Carrier No.	☐USDOT - ☐None ☐MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4240133258
55 NJ Ins. Code	100
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	CRAIG - ROGERS 2ND
59 Sex	M
57 Number & Street	810 DOVER CHASE BLVD
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	R61451410009902
63 DOB (mm dd yyyy)	09/12/1990
64 Expires (mm yy)	09 24
65 Owner's First Name / Initial / Last Name	☒ Same As Driver CRAIG - ROGERS 2ND -
66 Number & Street	810 DOVER CHASE BLVD
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / SIL / 2013 / F30GZE / NJ
74 VIN	1HGCR2F59DA217646
75 Expires	07 23
76 Vehicle Removed To	TOTAL CAR CARE
☐Driven ☒Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☒Owner ☐Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill - - (Hazard Class / Placard No.)
80 Carrier No.	☐USDOT - ☐None ☐MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	294158	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	18	F	08	06	02	11	11	01	6505	GEULA - ABAYEV - 1015 FOREST AVE LAKEWOOD NJ 08701
B	1	03	01	03	18	F	01	08	02	11	11	01	6505	CHANA R PARNES - 2 GRANT AVE LAKEWOOD NJ 08701
C	2	01	01	05	31	M	-	-	-	11	11	01	-	CRAIG - ROGERS 2ND - 810 DOVER CHASE BLVD TOMS RIVER NJ 08755
D	2	04	01	02	33	F	02	04	02	11	11	01	6505	CHELSEA L SUTTON - 810 DOVER CHASE TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report

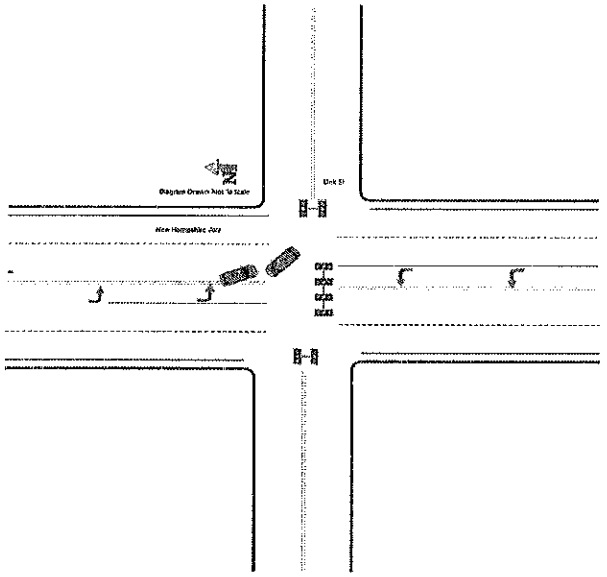
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059704

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E	2	06	01	05	03M	F	-	-	-	06	06	01	-	CINIYA - ROGERS - 810 DOVER CHASE BLVD TOMS RIVER NJ 08755
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 did not give a statement about the motor vehicle accident because she was to emotional but driver 1 stated to her father on scene, who was the registered owner of the vehicle that she was traveling south on New Hampshire Ave, when she had the green arrow to make a left hand turn on to Oak St, while making the left hand turn vehicle 1 was struck by vehicle 2 traveling south on New Hampshire.

Passenger of Vehicle 1 stated driver 1 was making a left onto Oak St, when vehicle 1 was struck by vehicle 2. The passenger also stated driver 1 should have waited for vehicle 2 to pass before making the left hand turn.

Driver 2 stated he was traveling north on New Hampshire Ave, when he saw a vehicle make a left turn onto Oak St then vehicle 1 made sharp left turn onto Oak St in front of him, which caused driver 2 to swerve left and strike vehicle 1. Driver 2 also stated there was no green arrow at that time and traffic was flowing north and south.

A driver on Oak St facing east at the traffic light on New Hampshire Ave provided dash camera footage of the accident. The video shows traffic flowing on New Hampshire Ave north and south bound indicative green light for both sides. Video footage shows a vehicle making a left on Oak St right before vehicle 2 passes through the intersection. Vehicle 2 almost makes it completely through the intersection and strike vehicle 1 out of the dash camera view.

Vehicle 1 is at fault for failure to yield to vehicle 2, who has the right of way. Driver 1 was issued careless driving 39:4-97.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059694
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	Road Name
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: FORD AVE
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1636
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.060470
22 Longitude	-74.219637

Vehicle 1

23 Veh #	1
24 Policy No.	6051-04-88-71
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	FAIGY - LIBERMAN -
29 Sex	F
27 Number & Street	12 KINGS CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / 2 / - / NJ
32 Driver's License Number	L40412580056046
33 DOB mm dd yyyy	06/12/2004
34 Expires mm yy	06 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAYA B GRAMA -
36 Number & Street	2 OMNI CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / TN / 1999 / M70PKU / NJ
44 VIN / 45 Expires	4T1BG22K1XU470471 / 12 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	908330151
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARILYN A COHEN -
59 Sex	F
57 Number & Street	209 CASTLEWALL AVENUE
58 City / State / Zip	ELBERON NJ 07740
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / D / - / - / NJ
62 Driver's License Number	C61615196159935
63 DOB mm dd yyyy	09/15/1993
64 Expires mm yy	09 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - SARWAY -
66 Number & Street	151 WALNUT AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / PIL / BK / 2021 / B59NKB / NJ
74 VIN / 75 Expires	5FNYF6H53MB031724 / 02 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	F	-	-	-	11	04	-	-	FAIGY - LIBERMAN - 12 KINGS CT LAKEWOOD NJ 08701
B	01	03	01	05	13	F	-	-	-	11	04	-	-	SARA - LIBERMAN 12 KINGS CT LAKEWOOD NJ 08701
C	02	01	01	05	28	F	-	-	-	11	04	-	-	MARILYN A COHEN - 209 CASTLEWALL AVENU ELBERON NJ 07740
D	02	04	01	05	4	M	-	-	-	05	05	-	-	SAMUEL - SARWAY 209 CASTLEWALL AVE ELBERON NJ 07740

New Jersey Police Crash Investigation Report

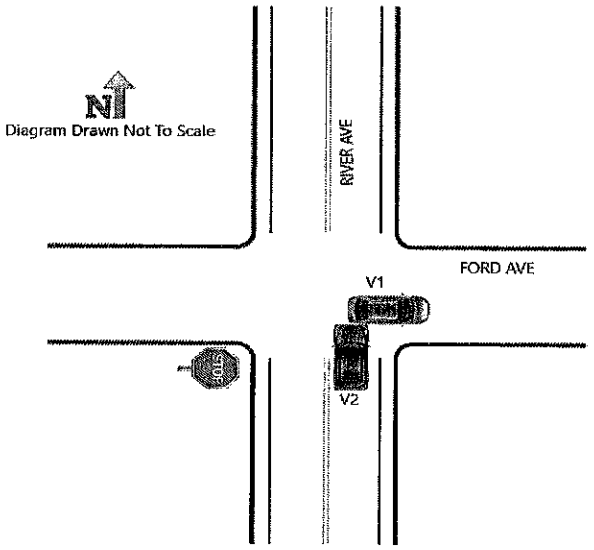
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059694

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	05	01	05	5	M	-	-	-	05	05	-	-	SHAUL - SARWAY 209 CASTLEWALL AVE ELBERON NJ 07740
	F	02	06	01	05	1	F	-	-	-	06	06	-	-	BARBARA - SARWAY 209 CASTLEWALL AVE ELBERON NJ 07740
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was traveling east on Finchley Blvd. She observed bumper to bumper traffic south on River Ave. She inched out in order to proceed east onto Ford Ave. She did not observe V2 traveling north on River Ave. V1 and V2 collided.

The driver of V2 stated she was traveling north on River Ave. While traveling north, V1 crossed her path. V1 and V2 collided.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-035856
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	MASSACHUSETTS AVE
☐ Miles ☐ S ☐ W	
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	05/04/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0705
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.06029
22 Longitude	-74.22938

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MICHELLE - GELPI
29 Sex	F
27 Number & Street	2010 HICKORY CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / B / - / - / NJ
32 Driver's License Number	G24225440055742
33 DOB (mm dd yyyy)	05/18/1974
34 Expires (mm yy)	05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JAYS BUS - JAYS BUS SERVICE -
36 Number & Street	672 CROSS STREET
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	THO / 310 / YEL / 2017 / J420S1 / NJ
44 VIN	4UZABRDU5HCHW8372
45 Expires	08 22
46 Vehicle Removed To	
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☒ USDOT 1926134 ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	JAY'S BUS SERVICE
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD NJ 08701

Vehicle 2

53 Veh #	2
54 Policy No.	4536-96-51-57
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DOVID - RUBIN
59 Sex	M
57 Number & Street	1911 WHITE KNOLL DR
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number	R90251800001865
63 DOB (mm dd yyyy)	01/09/1986
64 Expires (mm yy)	01 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DOVID - RUBIN
66 Number & Street	1911 WHITE KNOLL DR
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ELA / BLK / 2020 / V17LWJ / NJ
74 VIN	KMHD84LF6LU951815
75 Expires	11 22
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

UTILITY POLE JC568LD

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-81	A-290478	2	39:4-81	A-290479
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	47	F	05	08	02	04	01	-	6303	MICHELLE - GELPI - 2010 HICKORY CT LAKEWOOD NJ 08701
B	2	01	04	02	36	M	10	07	02	11	11	04	6303	DOVID - RUBIN - 1911 WHITE KNOLL DR TOMS RIVER NJ 08755
C														
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-035856

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

See Scaled Diagram

145 Crash Description/Narrative

Vehicle 1 was traveling west on Cross St. Vehicle 2 was traveling south on Massachusetts Ave. As vehicle 1 approached the intersection of Cross St and Massachusetts Ave the traffic signal turned yellow. Prior to Vehicle 1 entering the intersection the traffic signal turned red. Vehicle 1 proceeded through the intersection where it struck Vehicle 2 as it proceeded south through the intersection to the right of a vehicle which was stopped at the red traffic signal.

Vehicle 1 which is a school bus is equipped with dash camera which captured the crash. The dash camera footage is recorded at a frame rate of 15 frames per second. The shows the traffic signal turn yellow at 07:03:23 and turn red at 07:03:27. During that time frame there were 76 frames of recorded video which equates to 5 seconds of elapsed time. From the next recorded frame to the last frame before the video cuts out due to the crash there are 39 recorded frames which equates to 2 seconds. The traffic signal light cycle timing for Cross St is 5 seconds for a yellow light prior to the traffic signal turning red. The traffic signal for Massachusetts Ave turns from red to green two seconds after the traffic signal on Cross St turns red. I visually confirmed this timing using a stopwatch function on my cell phone. My visual timing of the traffic signals matches to the time observed in the video.

For Vehicle 2 to have reached the location of the crash in the intersection 2 seconds after the traffic signal for Vehicle 1 turned red Vehicle 2 would have had to have entered the intersection prior to his traffic signal turning green. The traffic signal for Vehicle 2 would have turned green at the moment the crash occurs.

A secondary video from the bus which shows the driver and front door recorded the crash and post crash interaction Mrs. Gelpi had with a male who entered the bus from the rear to render aid. The male was not identified on scene and he only provided his first name a Timmy. In the video the male can be heard speaking to Mrs. Gelpi in which he stated the black car ran a red light. It is not known where Timmy was when he observed the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SILBERSTEIN D	312	SGT. FRANK WORK	217	☒ Pending ☐ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-035856

145 Crash Description

Both Driver 1 and Driver 2 were transported to Jersey Shore University Medical Center for treatment of their injuries prior to my arrival on scene.

Driver 1 identified as Michelle Gelpi stated that as she approached the intersection while traveling west on Cross St the traffic light turned yellow. Mrs. Gelpi stated she felt she was to close to the intersection to slam on her brakes so she accelerated to get through the intersection before the light turned red. Mrs. Gelpi stated she observed a truck which was facing south stopped at the traffic signal on Massachusetts Ave but did not observe vehicle 2 prior to the crash. Mrs. Gelpi stated that after the crash with Vehicle 1 she was thrown out of the drivers seat because she had forgotten to put her seatbelt on. After being thrown from her seat she realized the bus was still moving and attempted to push the brake with her hand when the bus had a secondary collision with the utility pole. Mrs. Gelpi stated the secondary crash resulted in her being knocked unconscious.

Driver 2 identified as Dovid Rubin stated that he has no recollection of the crash or how it occurred.

Based on the video footage both drivers were issued summonses for Failure to Observe a Traffic Signal.

Vehicle 1 is insured by National Insurance Group NAIC# 23787.

SILBERSTEIN D — Officer's Signature

312 — Badge Number

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059667
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1411
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WASHINGTON AVE
At Intersection With Road Name	SPRUCE ST
Dir	N
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
14 Feet / 15 Miles	3
16 of: N E S W	N
17 Cross Road Name	
18 Speed Limit	25
19 Ramp To / From	
20 Route/Name	
NB EB SB WB	
21 Latitude	40.071319
22 Longitude	-74.206979

Vehicle 1

23 Veh #	1
24 Policy No.	4552538508
25 NJ Ins. Code	100
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	
26 Driver's First Name / Initial / Last Name	NAYELI - MUNOZROJAS
29 Sex	F
27 Number & Street	12 DEARBORN AV
28 City / State / Zip	BROWNS MILLS NJ 08015
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / DZ / - / - / NJ
32 Driver's License Number	M92905830055872
33 DOB (mm dd yyyy)	05/21/1987
34 Expires (mm yy)	05 25
35 Owner's First Name / Initial / Last Name	Same As Driver: JAVIER - MUNOZROJAS
36 Number & Street	518 BAXTER ST
37 City / State / Zip	BRICK NJ 08723
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / RD / 2019 / R78LYC / NJ
44 VIN / 45 Expires	1HGCV1F47KA004981 / 10 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939602052
55 NJ Ins. Code	054
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	
56 Driver's First Name / Initial / Last Name	DEVORA - SCHREIBER
59 Sex	F
57 Number & Street	183 SAINT NICHOLAS AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	S15201650052016
63 DOB (mm dd yyyy)	02/10/2001
64 Expires (mm yy)	02 23
65 Owner's First Name / Initial / Last Name	Same As Driver: DAVID S PARYZER
66 Number & Street	810 VALLEY DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / OPT / 4 / 2018 / J35PFJ / NJ
74 VIN / 75 Expires	5XXGT4L39JG226590 / 10 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	35	F	-	-	-	11	04	-	-	NAYELI - MUNOZROJAS - 12 DEARBORN AV BROWNS MILLS NJ 08015
B	2	01	01	05	21	F	-	-	-	11	04	-	-	DEVORA - SCHREIBER - 183 SAINT NICHOLAS AV LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

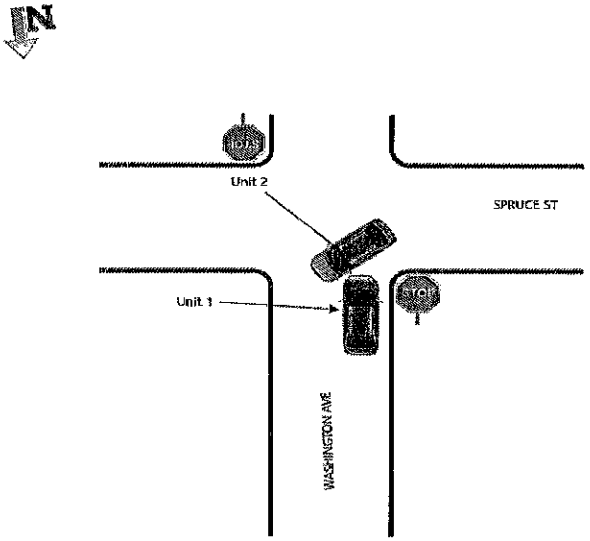
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: _____ Case No: 22-059667

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT SHE WAS TRAVELING SOUTH ON WASHINGTON AVE AND STOPPED AT THE STOP SIGN AT TTHE INTERSECTION OF SPRUCE ST. SHE SAID VEHICLE #2 WAS ATTEMPTING TO MAKE A LEFT ONTO WASHINGTON AVE AND STRUCK HER VEHICLE.

DRIVER #2 STATED THAT SHE WAS TRAVELING WEST ON SPRUCE ST AND ATTEMPTED TO MAKE A LEFT ONTO WASHINGTON AVE. AND WAS STRUCK BY VEHICLE #1. I ASKED DRIVER #2 IF VEHICLE #1 WAS MOVING AND HER RESPONSE WAS SHE HAD A STOP SIGN SHE MUST BE AT FAULT". I AGAIN ASKED HER IF VEHICLE #1 WAS MOVING OR STOPPED AND SHE SAID IT ALL HAPPENED SO FAST I DON'T REMEMBER

BASED ON THE DAMAGE TO BOTH VEHICLES I BELIEVE THAT VEHICLE #1 WAS STOPPED AT THE STOP SIGN ON WASHINGTON AVE. AND VEHICLE #2 STRUCK VEHICLE #1 WHILE MAKING A LEFT TURN.

LET IT BE NOTED THAT AFTER I WAS ON SCENE FOR APPROX. 15 MINUTES DRIVER #2 HUSBAND CLAIMED TO HAVE A WITNESS TO THE CRASH ON THE PHONE. THERE WAS NO MENTION OF A WITNESS WITH MY INTIAL CONTACT OF DRIVER #2 SO I DID NOT SPEAK TO PERSON ON THE PHONE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059661
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1343
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	1001 NEW HAMPSHIRE AVE
At Intersection With / Road Name	-
Feet / Miles	- / -
N E S W of:	-
Dir	-
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost	- / - / -
14 / 15 / 16	- / - / -
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	
21 Latitude	40.060303
22 Longitude	-74.194993

Vehicle 1

23 Veh #	1
24 Policy No.	952650859
25 NJ Ins. Code	134
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	- / - / -
29 Sex	-
27 Number & Street	-
28 City / State / Zip	- / - / -
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	-
34 Expires (mm yy)	- / -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / DANENE / J / BONAVITA
36 Number & Street	37 N COOKS BRIDGE RD.
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SOU / BLK / 2012 / WEP74H / NJ
44 VIN / 45 Expires	KNDJT2A58C7362137 / 10 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4602756464
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BREINDY / - / CENSOR
59 Sex	F
57 Number & Street	17 SQUANKUM RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	C25820960060032
63 DOB (mm dd yyyy)	10/20/2003
64 Expires (mm yy)	10 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / OSHER / - / CENSOR
66 Number & Street	17 SQUANKUM RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FOC / GRY / 2009 / E67JEB / NJ
74 VIN / 75 Expires	1FAHP35N79W268726 / 08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	54	F	06	08	02	01	01	-	6505	DANENE J BONAVITA - 37 N COOKS BRIDGE RD. JACKSON NJ 08527
B	01	11	01	03	33	M	02	04	02	-	-	-	6505	MICHAEL L BONAVITA JR - 508 SCHLEY AVE TOMS RIVER NJ 08755
C	02	01	01	05	18	F	-	-	-	11	04	-	-	BREINDY - CENSOR - 17 SQUANKUM RD LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059661

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

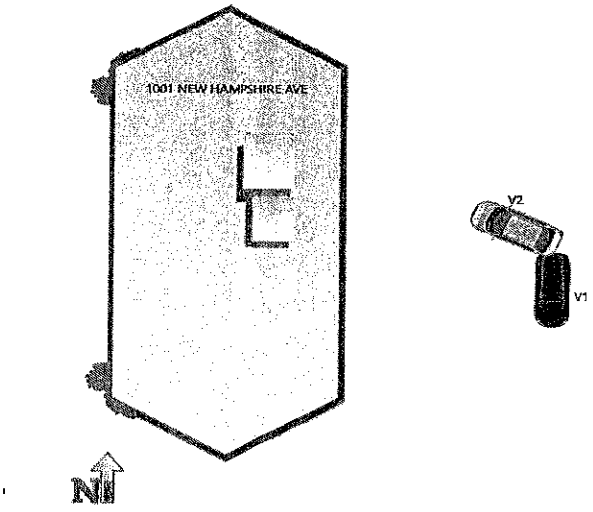


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1, a 2012 Kia Soul, NJ WEP-74H was parked in the rear of 1001 New Hampshire Avenue. The owner of vehicle 1, Danene Bonavita stated she was sitting in the driver seat of her vehicle with the ignition off when the rear of her vehicle was struck by vehicle 2 which was backing up in the parking lot. She was treated by Lakewood First Aid for a back injury and was transported to Ocean Medical Center in Brick Township.

Michael Bonavita Jr. stated he was leaning on the open passenger window frame of vehicle 1 speaking with his Mother who was sitting in the driver seat when the rear of vehicle 1 was struck by vehicle 2 which was backing up in the parking lot. The collision caused the window frame of vehicle 1 to strike his nose causing it to bleed. He was treated for the nose bleed by Lakewood First Aid.

Driver 2, Breindy Censor was operating a 2009 Ford Focus, NJ E67-JEB. Ms. Censor stated she was backing her vehicle in the rear of 1001 New Hampshire Avenue but didn't observe vehicle 1 parked in a parking space behind her. The rear of her vehicle then struck the rear of vehicle 1.

Driver 2 was determined to be at fault for backing unsafely. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059646
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	7TH ST
At Intersection With / Road Name	
☒ Feet ☐ Miles	300
☐ N ☒ E ☐ S ☐ W of:	LAKEWOOD AVENUE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1226
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.096353
22 Longitude	-74.224145

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002782514
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	BILHAH / H / RIBNER / F
27 Number & Street	645 7TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / - / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	R40500936860624 / 10/21/1962 / 10 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / BILHAH / H / RIBNER
36 Number & Street	645 7TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / RAV / GRY / 2018 / J57PKB / NJ
44 VIN / 45 Expires	2T3RFREV5JW737920 / 11 22
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No. / 55 NJ Ins. Code	
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	- / - / - / -
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	- / - / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / BARUCH / N / ZISKIN
66 Number & Street	103 S SOUTHGATE DR SPRING
67 City / State / Zip	VALLEY / NY / 10977
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / INQ / - / 2020 / HTV1767 / NY
74 VIN / 75 Expires	KMHC75LJ8LU066153 / 08 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	59	F	-	-	-	11	04	-	-	BILHAH H RIBNER - 645 7TH ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

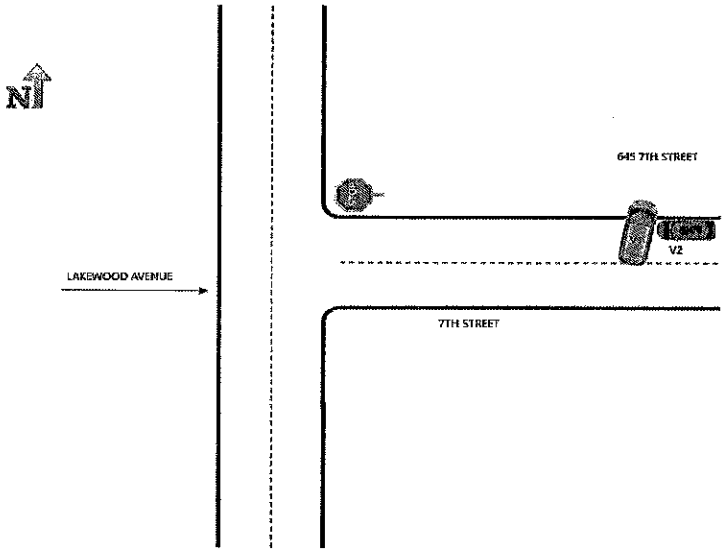
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059646

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V2- GEICO OF NY POLICY # 4478-48-05-04 COMPANY CODE 639. DRIVER OF V1 WAS ATTEMPTING TO PARK IN HER DRIVEWAY AT 645 7TH STREET WHEN SHE STOPPED, SHE THOUGHT SHE HAD PUT THE VEHICLE IN PARK; HOWEVER SHE HAD PUT THE VEHICLE IN REVERSE AND V1 STRUCK VEHICLE 2, A PARKED VEHICLE, WHICH WAS PARKED LEGALLY IN FRONT OF 645 7TH STREET.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059639
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1205
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	VINE AVE
☒ At Intersection With	Road Name
☐ Feet ☐ N ☐ E of:	BRAHURST AVE
☐ Miles ☐ S ☐ W	Dir
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.063649
22 Longitude	-74.209167

Vehicle 1

23 Veh #	1
24 Policy No.	5082-0173-03
25 NJ Ins. Code	068
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOVANNY
Initial	-
Last Name	FLORES
29 Sex	M
27 Number & Street	458 BREWERS BRIDGE RD
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	F55434130001992
33 DOB (mm dd yyyy)	01/15/1999
34 Expires (mm yy)	01 24
35 Owner's First Name	LLC
Initial	-
Last Name	BUGGIES CAR REN
☐ Same As Driver	
36 Number & Street	PO BOX 1168
37 City	JACKSON
State	NJ
Zip	08527
38 Make	TOYT
39 Model	COA
40 Color	BLK
41 Year	2020
42 Plate No.	B13PWX
43 State	NJ
44 VIN	5YFP4RCE9LP001110
45 Expires	04 23
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	989020082
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DAVID
Initial	-
Last Name	KUNSTLINGER
59 Sex	M
57 Number & Street	144 COLONIAL DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K92971560005022
63 DOB (mm dd yyyy)	05/14/2002
64 Expires (mm yy)	05 25
65 Owner's First Name	ESTHER
Initial	-
Last Name	KUNSTLINGER
☐ Same As Driver	
66 Number & Street	144 COLONIAL DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	PIL
70 Color	WHI
71 Year	2020
72 Plate No.	B11MFW
73 State	NJ
74 VIN	5FNYF6H59LB010715
75 Expires	02 23
76 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1		-	2		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	03	23	M	08	08	01	11	11	02	-	JOVANNY - FLORES - 458 BREWERS BRIDGE RJACKSON NJ 08527
B	V2	01	01	03	20	M	08	08	01	11	11	01	-	DAVID - KUNSTLINGER - 144 COLONIAL DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

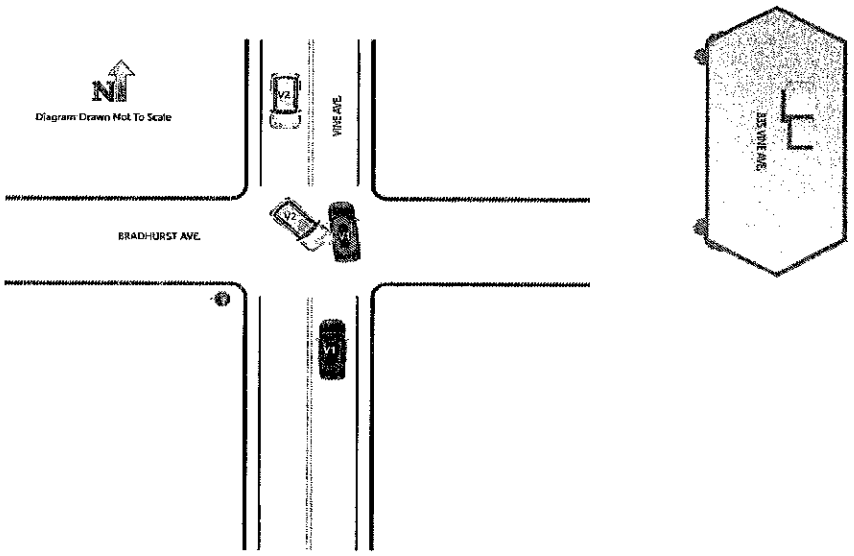
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059639

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 stated he was traveling northbound on Vine Ave. approaching the intersection with Bradhurst Ave. when his vehicle was struck by vehicle #2. The driver of vehicle #2 stated he was traveling southbound on Vine Ave. and attempted to make a left turn into 835 Vine Ave., but inadvertently collided with vehicle #1. Driver #1 had a complaint of lower left arm pain, but refused medical attention by Lakewood EMS. Driver #2 had a complaint of left hand pain, but refused medical attention by Hatzolah EMS. Driver #2 is at fault for the collision for failing to yield to vehicle #1. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059720
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1839
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	COUNTY LINE RD
At Intersection With	
Road Name	
Dir	
11 Speed Limit	40
12 Route No.	0526
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	100
☐ N ☐ E ☐ S ☒ W of:	RIDGE AVE
14 15 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.102526
22 Longitude	-74.170810

Vehicle 1

23 Veh #	1
24 Policy No.	FIAU226358
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	STEVHAN
Initial	N
Last Name	MAZUR
29 Sex	M
27 Number & Street	48 LARKSPUR STREET
28 City	BROWNS MILLS
State	NJ
Zip	08015
30 Eyes	5
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	M09827237501795
33 DOB (mm dd yyyy)	01/24/1979
34 Expires (mm yy)	01 26
35 Owner's First Name	-
Initial	-
Last Name	FIRST CLS LDSCP& -
☐ Same As Driver	
36 Number & Street	10 SIENNA WAY
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	CHEV
39 Model	450
40 Color	WHI
41 Year	2019
42 Plate No.	XJMH69
43 State	NJ
44 VIN	54DCDW1BXKS809366
45 Expires	06 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	FIRST CLASS LDSCP & LAWN
Number & Street	10 SIENNA WAY
City	LAKEWOOD
State	NJ
Zip	08701

Vehicle 2

53 Veh #	2
54 Policy No.	4260-58-68-49
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MARIELA
Initial	-
Last Name	OSORIO
59 Sex	F
57 Number & Street	3 SUTTON DRIVE
58 City	BRICK
State	NJ
Zip	08724
60 Eyes	2
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	O80525190059652
63 DOB (mm dd yyyy)	09/02/1965
64 Expires (mm yy)	09 24
65 Owner's First Name	MARIELA
Initial	-
Last Name	OSORIO
☐ Same As Driver	
66 Number & Street	3 SUTTON DRIVE
67 City	BRICK
State	NJ
Zip	08724
68 Make	FORD
69 Model	MUS
70 Color	WHI
71 Year	2011
72 Plate No.	F72MKG
73 State	NJ
74 VIN	1ZVBP8EM3B5148922
75 Expires	08 22
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		N/A	2		N/A
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	43	M	-	-	-	11	04	-	-	STEVHAN N MAZUR - 48 LARKSPUR STREET BROWNS MILLS NJ 08015
B	2	01	01	05	56	F	-	-	-	11	04	-	-	MARIELA - OSORIO - 3 SUTTON DRIVE BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

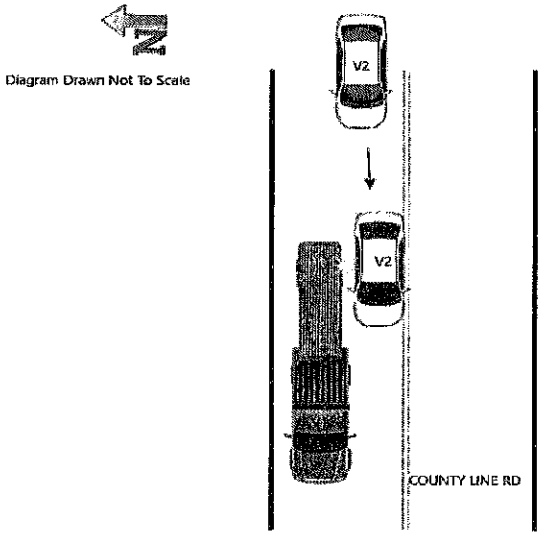
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059720

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was travelling straight ahead on County line Road. Vehicle #2 was behind Vehicle #1 when it attempted to pass and crashed into the trailer (NJ-TXF33U) of Vehicle #1. The trailer sustained a dent toward the rear driver side of the trailer. Vehicle #2 sustained scratches to the passenger side door. The driver opted to leave her vehicle in the Holy Family Church parking lot while her daughter picked her up. There were no reports of injuries.

Driver 1 stated he was travelling straight on County Line Road. Vehicle #2 was behind him and started to creep up to the side of his trailer. As Vehicle #2 was passing beside him, Vehicle #2 crashed into his vehicle.

Driver 2 stated she was travelling straight ahead in traffic when Vehicle #1 tried to squeeze by her vehicle and struck it in passing.

Judging by the damage on both vehicles and where the vehicles were located at the time of the crash, my investigation finds Vehicle #2 to be at fault for failing to yield right of way to vehicle.

Vehicle #1 insurance info:
Sureco Agency Inc.
300 BLVD of the Americas #101
Lakewood, NJ 08701
Phone: 732-730-8700

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059705
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0088
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	100
☐ N ☐ E ☐ S ☒ W of:	CHAMBERSBRIDGE RD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1725
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
20 Route/Name	
21 Latitude	40.081765
22 Longitude	-74.157636

Vehicle 1

23 Veh #	1
24 Policy No.	939 974 108
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name /	ROY / A / DIPIETRO / JR
29 Sex	M
27 Number & Street	89 IDA LANE
28 City / State / Zip	BRICK / NJ / 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	D456167561037 22 / 03/01/1972 / 03 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	ROY / A / DIPIETRO / JR
36 Number & Street	89 IDA LANE
37 City / State / Zip	BRICK / NJ / 08724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / YUK / GRY / 2020 / D52MPS / NJ
44 VIN / 45 Expires	1GKS2AKCXLR144482 / 07 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6035069506
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name /	LUIS / A / GARCIA / -
59 Sex	M
57 Number & Street	3805 RT 33 APT 17
58 City / State / Zip	NEPTUNE / NJ / 07753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	G05544946107872 / 07/06/1987 / 07 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	LUIS / A / GARCIA / -
66 Number & Street	3805 RT 33 APT 17
67 City / State / Zip	NEPTUNE / NJ / 07753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / C / WHI / 2009 / P88KYN / NJ
74 VIN / 75 Expires	WDBTK72F29T102301 / 01 23
76 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136 Charge	137 Summons. No. N/A	2	138 Charge 39:4-97	139 Summons. No. 1514A294286
3	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	50	M	08	05	01	11	04	-	-	ROY A DIPIETRO JR; 89 IDA LANE BRICK NJ 08724
B	2	01	01	03	35	M	11	08	02	11	04	-	-	LUIS A GARCIA -; 3805 RT 33 APT 17 NEPTUNE NJ 07753
C	2	03	01	05	64	M	-	-	-	11	04	-	-	RONALD - PAIGE -; 3805 RT 33 APT 17 NEPTUNE NJ 07753
D	3	01	01	05	17	M	-	-	-	11	04	-	-	ISAIAH O RICHARDSON -; 524 MASSACHUSETTS AV LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059705
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1725
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
10 Crash Occurred On	OCEAN AVE
At Intersection With / Road Name	
☒ Feet ☐ Miles	100
☐ N ☐ E ☐ S ☒ W of:	CHAMBERSBRIDGE RD
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	0088
18 Speed Limit	35
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.081765
22 Longitude	-74.157636

Vehicle 3

23 Veh #	3
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	ISAIAH / O / RICHARDSON / M
27 Number & Street	524 MASSACHUSETTS AVE APT 1
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	R40783737608042 / 08/04/2004 / 08 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / NEKEISHA / A / MCDERMOTT
36 Number & Street	524 MASSACHUSETTS AVE; APT 1
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / MUR - MU / 1 / 2005 / G59PTK / NJ
44 VIN / 45 Expires	JN8AZ08T85W316313 / 03 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 1

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
3		N/A			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	3	03	01	05	34	F	-	-	-	11	04	-	-	JESSICA - MELENDEZ - 55 C 210 ST BRONX NY 10467
B	3	04	01	05	26	F	-	-	-	04	04	-	-	LARAE - LUCAS - 1450 RT 88 BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

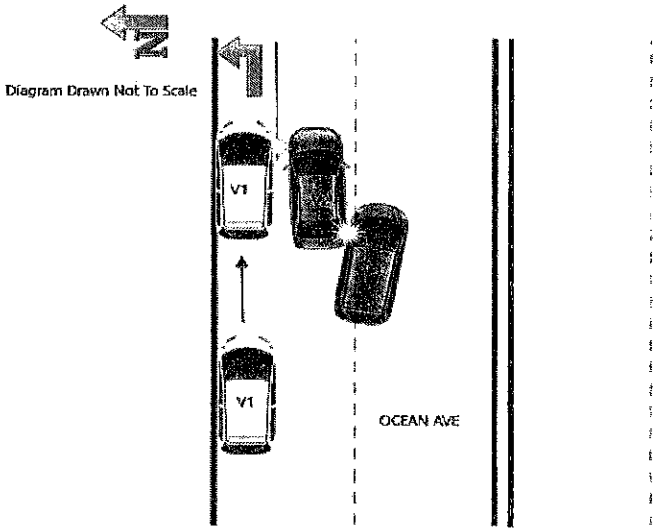
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059705

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was travelling East in the left hand turning lane on Ocean Avenue. Vehicle #2 was travelling East in the middle lane when it attempted to move into the left lane which caused the crash. Vehicle #3 was behind Vehicle #2 and was unable to avoid the crash. Vehicle #1 sustained dents and cracks to the front passenger side bumper and quarter panel. Vehicle #2 sustained dents and cracks to the front driver side bumper and quarter panel and was towed by Tilton's Auto Body. Vehicle #3 sustained scratches to the driver side door. Driver 2 was attended to by Lakewood First Aid Volunteer squad on scene.

Driver 1 stated he was in the left hand turning lane and was approaching the intersection to turn. He advised me Vehicle #2 attempted to turn in front of him and crashed into his vehicle.

Driver 2 stated he was in the middle lane and was going to switch to the left lane when Vehicle #1 came flying down the roadway.

Driver 3 stated his vehicle was struck by Vehicle #2 who was attempting to swerve out of the way of crashing into Vehicle #1.

My investigation finds Vehicle #2 to be at fault for unsafe lane change. He was issued a summons for careless driving.

Vehicle #3 Insurance info:
Plymouth Rock Assurance
Phone: 855-993-4470

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059704
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/28/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1721
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With Road Name	OAK ST
Dir	-
11 Speed Limit	45
12 Route No.	RT 659
Suffix	-
13 Milepost	-
14	20 ☒ Feet ☐ Miles
15	☒ N ☐ E ☐ S ☐ W of:
16	
17 Cross Road Name	
18 Speed Limit	35
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	NJSS215433160
25 NJ Ins. Code	217
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GEULA
Initial	-
Last Name	ABAYEV
29 Sex	F
27 Number & Street	1015 FOREST AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	A10042820054042
33 DOB (mm dd yyyy)	04/07/2004
34 Expires (mm yy)	04 25
35 Owner's First Name	☐ Same As Driver LIO
Initial	-
Last Name	SHIMUNOVA
36 Number & Street	1015 FOREST AVE D
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	CHEV
39 Model	BOL
40 Color	BLK
41 Year	2021
42 Plate No.	J72PAR
43 State	NJ
44 VIN	1G1FZ6S07M4102676
45 Expires	07 24
46 Vehicle Removed To	MOISHY'S AUTO AND TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4240133258
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CRAIG
Initial	-
Last Name	ROGERS 2ND
59 Sex	M
57 Number & Street	810 DOVER CHASE BLVD
58 City	TOMS RIVER
State	NJ
Zip	08755
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	R61451410009902
63 DOB (mm dd yyyy)	09/12/1990
64 Expires (mm yy)	09 24
65 Owner's First Name	☒ Same As Driver CRAIG
Initial	-
Last Name	ROGERS 2ND
66 Number & Street	810 DOVER CHASE BLVD
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	HOND
69 Model	ACC
70 Color	SIL
71 Year	2013
72 Plate No.	F30GZE
73 State	NJ
74 VIN	1HGCR2F59DA217646
75 Expires	07 23
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	294158	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	18	F	08	06	02	11	11	01	6505	GEULA - ABAYEV - 1015 FOREST AVE LAKEWOOD NJ 08701
B	1	03	01	03	18	F	01	08	02	11	11	01	6505	CHANA R PARNES - 2 GRANT AVE LAKEWOOD NJ 08701
C	2	01	01	05	31	M	-	-	-	11	11	01	-	CRAIG - ROGERS 2ND - 810 DOVER CHASE BLVD TOMS RIVER NJ 08755
D	2	04	01	02	33	F	02	04	02	11	11	01	6505	CHELSEA L SUTTON - 810 DOVER CHASE TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

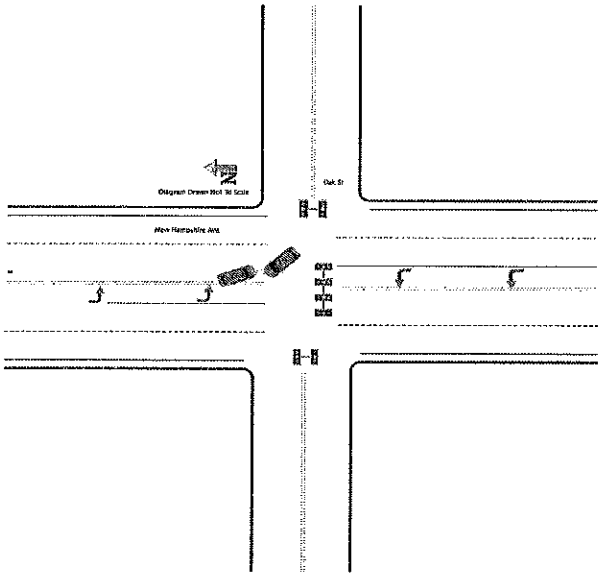
Station: - Case No: 22-059704

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	2	06	01	05	03M	F	-	-	-	06	06	01	-	CINIYA - ROGERS - 810 DOVER CHASE BLVD TOMS RIVER NJ 08755
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 did not give a statement about the motor vehicle accident because she was to emotional but driver 1 stated to her father on scene, who was the registered owner of the vehicle that she was traveling south on New Hampshire Ave, when she had the green arrow to make a left hand turn on to Oak St, while making the left hand turn vehicle 1 was struck by vehicle 2 traveling south on New Hampshire.

Passenger of Vehicle 1 stated driver 1 was making a left onto Oak St, when vehicle 1 was struck by vehicle 2. The passenger also stated driver 1 should have waited for vehicle 2 to pass before making the left hand turn.

Driver 2 stated he was traveling north on New Hampshire Ave, when he saw a vehicle make a left turn onto Oak St then vehicle 1 made sharp left turn onto Oak St in front of him, which caused driver 2 to swerve left and strike vehicle 1. Driver 2 also stated there was no green arrow at that time and traffic was flowing north and south.

A driver on Oak St facing east at the traffic light on New Hampshire Ave provided dash camera footage of the accident. The video shows traffic flowing on New Hampshire Ave north and south bound indicative green light for both sides. Video footage shows a vehicle making a left on Oak St right before vehicle 2 passes through the intersection. Vehicle 2 almost makes it completely through the intersection and strike vehicle 1 out of the dash camera view.

Vehicle 1 is at fault for failure to yield to vehicle 2, who has the right of way. Driver 1 was issued careless driving 39:4-97.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059503
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	412 PROSPECT ST
At Intersection With / Road Name	
Feet ☐ N ☐ E of: / Miles ☐ S ☐ W	
11 Speed Limit	
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
14	
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2208
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.073529
22 Longitude	-74.224434

Vehicle 1

23 Veh #	1
24 Policy No.	PCA0100721215
25 NJ Ins. Code	287
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JAVIER - RUIZ-MARTINEZ -
29 Sex	M
27 Number & Street	5245 KENILWORTH AVE APT 102
28 City / State / Zip	HYATTSVILLE MD 20781
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / MD
32 Driver's License Number	R256376009070
33 DOB mm dd yyyy	01/26/1981
34 Expires mm yy	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - LORENZOS OUTDO(-
36 Number & Street	3 HIGHPOINT RD
37 City / State / Zip	LINCROFT NJ 07738
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / SIL. / BLK / 2021 / XZX67G / NJ
44 VIN	1GC4YME76MF108326
45 Expires	01 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939864713
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RENA B NEWMARK -
59 Sex	F
57 Number & Street	132 COLES WAY
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	06 / D / - / - / NJ
62 Driver's License Number	N29656476254856
63 DOB mm dd yyyy	04/07/1985
64 Expires mm yy	04 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - NEWMARK -
66 Number & Street	132 COLES WAY
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / 4 / 2015 / L19KFJ / NJ
74 VIN	5TDKK3DC3FS614104
75 Expires	07 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	41	M	-	-	-	11	04	-	-	JAVIER - RUIZ-MARTINEZ - 5245 KENILWORTH AVE HYATTSVILLE MD 20781
B	02	01	01	05	37	F	-	-	-	11	04	-	-	RENA B NEWMARK - 132 COLES WAY LAKEWOOD NJ 08701
C														
D														

95	05
96	01
97	02
98	07
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04
118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	03
123	01
124	01
125	01
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	11
132	11
133	02
134	02

New Jersey Police Crash Investigation Report

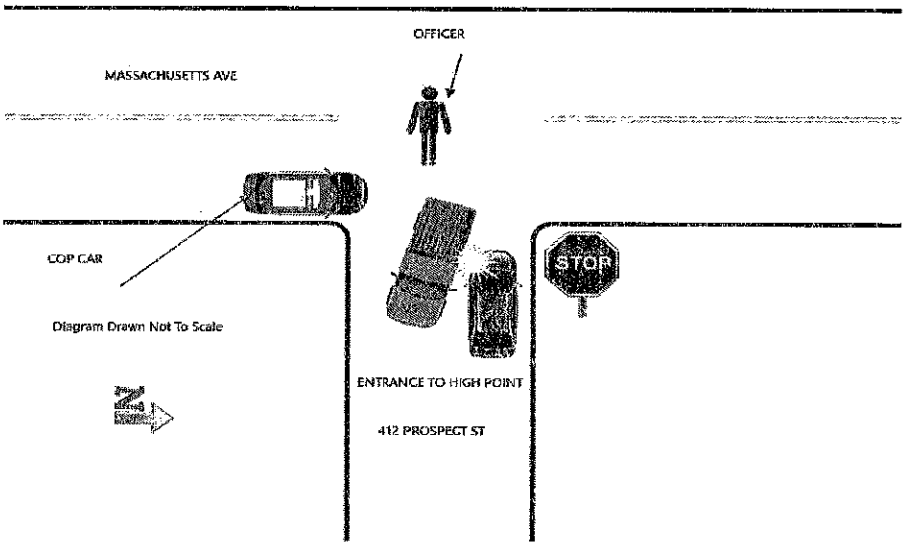
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059503

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

I personally observed the crashed. Due to traffic in the area and numerous complaints I was assisting with traffic control. I observed vehicle 1 coming Southbound on Massachusetts Ave and noticed that he had his left blinker on to turn into the entrance to High Point. I then directed vehicle 1 to make his left turn where I then observed vehicle 2 going Westbound through the parking lot of High Point. I tried to get the attention of driver of vehicle 2 to stop but she did not causing her to crash into vehicle 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059422
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1556
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	1700 MADISON AVE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	
Suffix	
13 Milepost	--
14 Feet / Miles	--
15 N ☐ E ☐ S ☐ W	
16 of:	
17 Cross Road Name	--
18 Speed Limit	--
19 Ramp ☐ To ☐ From:	
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.108606
22 Longitude	-74.221266

Vehicle 1

23 Veh #	1
24 Policy No.	5129J000487
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	CHAIM
Initial	E
Last Name	ROTHMANN -
29 Sex	M
27 Number & Street	15 NEGBA ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R67661206509794
33 DOB (mm dd yyyy)	09/20/1979
34 Expires (mm yy)	09 23
35 Owner's First Name	CHAIM
Initial	E
Last Name	ROTHMANN -
☐ Same As Driver	
36 Number & Street	15 NEGBA ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	HYUN
39 Model	SAN
40 Color	3
41 Year	2017
42 Plate No.	D27MCR
43 State	NJ
44 VIN	5XYZUDLB7HG478129
45 Expires	01 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	943396075
55 NJ Ins. Code	882
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	ARMANDO
Initial	-
Last Name	MEJIA-GOMEZ -
59 Sex	M
57 Number & Street	965 W COUNTY LINE RD
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	08/20/1986
64 Expires (mm yy)	- -
65 Owner's First Name	ELMER
Initial	-
Last Name	MEJIA-GOMEZ -
☐ Same As Driver	
66 Number & Street	7933 GOUGH ST
67 City	BALTIMORE
State	MD
Zip	21224
68 Make	TOYT
69 Model	COA
70 Color	BLU
71 Year	2010
72 Plate No.	7EK5255
73 State	MD
74 VIN	2T1BU4EE1AC469839
75 Expires	12 22
75 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
02	39:3-10	A294405			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	42	M	-	-	-	11	04	-	-	CHAIM E ROTHMANN - 15 NEGBA ST LAKEWOOD NJ 08701
B	02	01	01	05	35	M	-	-	-	11	04	-	-	ARMANDO - MEJIA-GOMEZ - 965 W COUNTY LINE RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

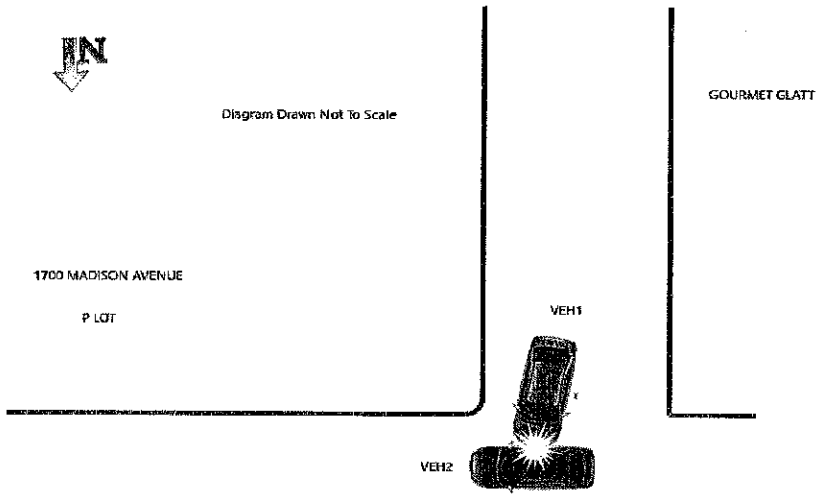
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-059422

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED HE WAS TRAVELING NORTH IN THE PARKING LOT OF 1700 MADISON AVE, AND WAS MAKING A RIGHT TURN IN THE PLAZA WHEN HE WAS STRUCK BY VEH 2 THAT WAS SPEEDING IN THE PARKING LOT.

DRIVER OF VEH 2 STATED HE WAS TRAVELING STRAIGHT EAST BOUND IN THE PARKING LOT OF 1700 MADISON AVENUE WHEN VEH 1 MADE A RIGHT TURN AND CRASHED INTO THE SIDE OF HIS CAR.

UPON MY INVESTIGATION I DETERMINED DRIVER 1 AT FAULT FOR THE CRASH FOR FAILING TO YIELD TO THE RIGHT OF WAY FOR VEH 2. DRIVER 2 RECEIVED A SUMMONS FOR DRIVING WHILE UNLICENSED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059401
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	128 OCEAN AVE
At Intersection With Road Name	
Feet ☐ N ☐ E of:	-
Miles ☐ S ☐ W	
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
11 Speed Limit	10
12 Route No.	0088
Dir / Suffix / 13 Milepost	- / -
16 Speed Limit	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.089944
22 Longitude	-74.209381
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1422
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4376-88-29-91
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANA / B / STERN
29 Sex	F
27 Number & Street	137 NORTH CREST PL
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	S82261206255042
33 DOB mm dd yyyy	05/04/2004
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CHAVA / E / STERN
36 Number & Street	137 NORTH CREST PL
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2016 / J70HWK / NJ
44 VIN	5TDKK3DC4GS715931
45 Expires	05 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - / - (Hazard Class / Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939-387-678
55 NJ Ins. Code	054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / GUMARO / - / PEREZ-CHANES
66 Number & Street	52 ERICA RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / TAC / RD / 2022 / L64PNA / NJ
74 VIN	3TMCZ5AN1NM483061
75 Expires	02 / 26
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - / - (Hazard Class / Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	-	11	04	-	-	CHANA B STERN - 137 NORTH CREST PL LAKEWOOD NJ 08701
B	1	03	01	05	40	F	-	-	-	11	04	-	-	CHAVA E STERN - 137 NORTH CREST PL LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059401

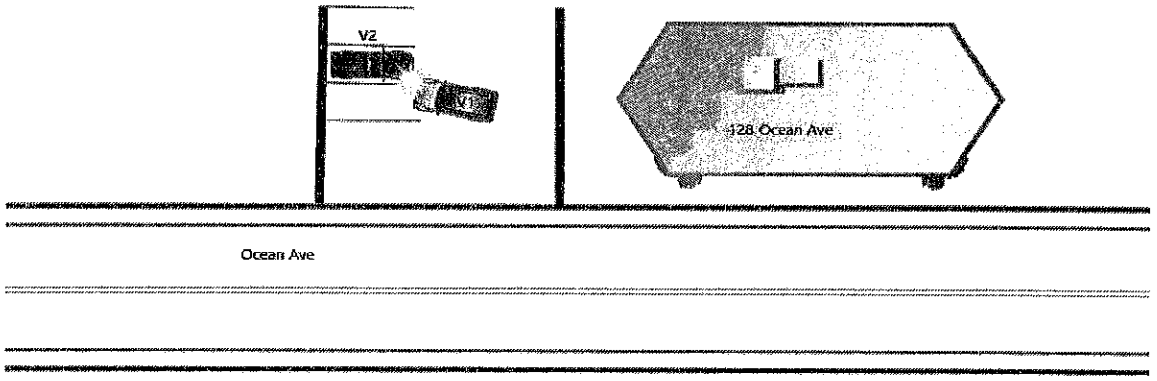
(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

N

Diagram Drawn Not To Scale



145 Crash Description/Narrative

On 7/27/2022 at 14:42 hours, Ptl. Kicki and I were dispatched to 128 Ocean Ave for a motor vehicle accident. Upon our arrival, Ptl. Kicki and I met with driver 1, who stated she was pulling into a parking spot when she struck vehicle 2. Both vehicles had moderate damage.

Vehicle 1 was at fault for the crash.

Submitted By, Ptl. Ryan Laird #433

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058690
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0952
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CENTRAL CT
☒ At Intersection With	ROYAL AVE
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.091323
22 Longitude	-74.238839

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JEVON
Initial	P
Last Name	VASSEL
29 Sex	M
27 Number & Street	300 STEINER ROAD
28 City	MANCHESTER
State	NJ
Zip	08759
30 Eyes	2
DL Class	B
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	V07664017712572
33 DOB (mm dd yyyy)	12/20/1957
34 Expires (mm yy)	12 23
35 Owner's First Name	JAYS
Initial	-
Last Name	JAYS BUS SERVICE -
☐ Same As Driver	
36 Number & Street	672 CROSS ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	IC
39 Model	BUS
40 Color	YEL
41 Year	2020
42 Plate No.	P534S1
43 State	NJ
44 VIN	4DRBUPWP6LB102823
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☒ USDOT 926134 ☐ None
☐ MC/MX 688727	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☒ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4590-95-51-93
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DEBORAH
Initial	-
Last Name	NEUMANN
59 Sex	F
57 Number & Street	29 MYRTLE PLACE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	5
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	N29021580060775
63 DOB (mm dd yyyy)	10/07/1977
64 Expires (mm yy)	10 25
65 Owner's First Name	DEBORAH
Initial	-
Last Name	NEUMANN
☐ Same As Driver	
66 Number & Street	29 MYRTLE PLACE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	NISS
69 Model	ALT - AL
70 Color	BLK
71 Year	2022
72 Plate No.	L54PRN
73 State	NJ
74 VIN	1N4BL4DV9NN322049
75 Expires	01 26
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0.- % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2		-
1	140 Charge	141 Summons. No.	2	142 Charge	143 Summons. No.
		-			-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	64	M	-	-	-	04	04	-	-	JEVON P VASSEL - 300 STEINER ROAD MANCHESTER NJ 08759
B	V2	01	01	-	44	F	-	-	-	11	04	-	-	DEBORAH - NEUMANN - 29 MYRTLE PLACE LAKEWOOD NJ 08701
C	V2	03	01	-	19	M	-	-	-	11	04	-	-	YEHUDA - STROH - 106 GLEN AVE LAKEWOOD NJ 08701
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station - Case No. 22-058690

1.	ALEX	FARKER
2.	YISROEL	FARKER
3.	YAAKOV	FRIEDMAN
4.	YITCHKOCK	HESS
5.	YOSSIF	LESSER
6.	YEHUDA	EISEN
7.	SHLOMY	LIEB
8.	BENYIM	HYMAN
9.	CHAIM	LEVOVITZ
10.	CHAIM	KANOW
11.	SHIM	NIEMAN
12.	SIMCA	LONDINSKI
13.	AVRAMI	SILVERMAN
14.	DANIEL	FINK
15.	TZVI	SCHUBERT
16.		
17.		
18.		
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51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

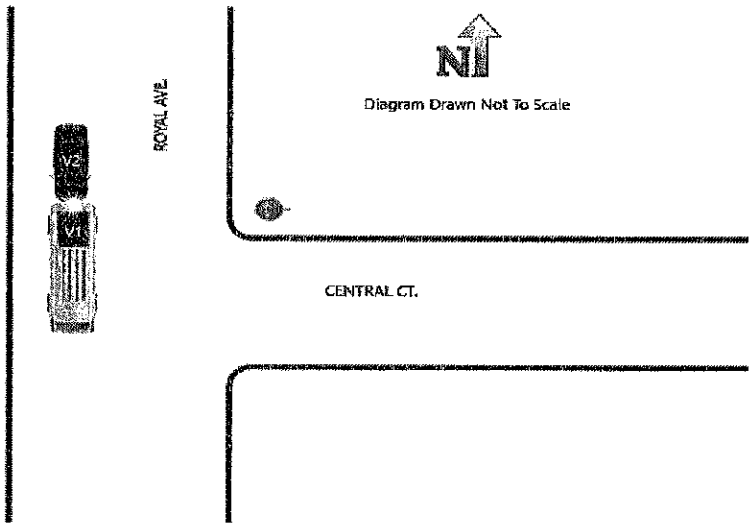
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058690

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 stated he was traveling southbound on Royal Ave., and almost missed his turn onto Central Ct. Driver #1 began to back his bus to make his left turn, but inadvertently struck vehicle #2 that was stopped behind him. The driver of vehicle #2 stated she was stopped behind the bus as it was attempting to back up, and had no way to avoid the collision. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059475
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1920
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	0528
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet / ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	GARDEN STATE PKWY N
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	906312815
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ROBERT
Initial	D
Last Name	DETURO -
29 Sex	M
27 Number & Street	487 BARA STREET
28 City	BRICK
State	NJ
Zip	08723
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D28906586406912
33 DOB (mm dd yyyy)	06/29/1991
34 Expires (mm yy)	06 24
35 Owner's First Name	PATY
Initial	P
Last Name	NAKANO -
☐ Same As Driver	
36 Number & Street	111 REFLECTION RD
37 City	TOMS RIVER
State	NJ
Zip	08753
38 Make	HOND
39 Model	CIV
40 Color	SIL
41 Year	2008
42 Plate No.	N19PHK
43 State	NJ
44 VIN	2HGFA16558H523068
45 Expires	12 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	939172111
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	BARBARA
Initial	A
Last Name	PICAZ-VASQUEZ -
59 Sex	F
57 Number & Street	518 HARVEY AVE
58 City	BRICK
State	NJ
Zip	08723
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	P40620736161932
63 DOB (mm dd yyyy)	11/07/1993
64 Expires (mm yy)	11 22
65 Owner's First Name	BARBARA
Initial	A
Last Name	PICAZ-VASQUEZ -
☐ Same As Driver	
66 Number & Street	518 HARVEY AVE
67 City	BRICK
State	NJ
Zip	08723
68 Make	DODG
69 Model	CHA
70 Color	BLK
71 Year	2014
72 Plate No.	S82AFX
73 State	NJ
74 VIN	2C3CDXHG4EH104140
75 Expires	11 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	31	M	-	-	-	11	11	01	-	ROBERT D DETURO - 487 BARA STREET BRICK NJ 08723
B	V2	01	01	05	28	F	-	-	-	11	04	-	-	BARBARA A PICAZ-VASQUEZ - 518 HARVEY AVE BRICK NJ 08723
C	V3	01	01	05	45	F	-	-	-	11	04	-	-	PATY P NAKANO - 111 REFLECTION RD TOMS RIVER NJ 08753
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-059475

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/27/22

5 Day Of Week: WEDNESDAY

10 Crash Occurred On: CEDARBRIDGE AVE

☐ At Intersection With Road Name

☒ Feet ☐ Miles | ☐ N ☐ E ☐ S ☒ W of: GARDEN STATE PKWY N

14: 200 | 15 | 16

6 Time (use 2400 hrs): 1920

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

11 Speed Limit: 50

12 Route No.: 0528 | Suffix: - | 13 Milepost: -

18 Speed Limit: 35

17 Cross Road Name

19 Ramp ☐ To ☐ From: -

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

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

Vehicle 1

23 Veh #: 3

24 Policy No.: 939949902

25 NJ Ins. Code: 054

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

Vehicle 2

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

Driver 1

26 Driver's First Name: PATY | Initial: P | Last Name: NAKANO | 29 Sex: F

27 Number & Street: 111 REFLECTION RD

28 City: TOMS RIVER | State: NJ | Zip: 08753

30 Eyes: 2 | DL Class: A | Restrictions: - | Endorsements: -

31 State: NJ

32 Driver's License Number: N02126197757762

33 DOB (mm dd yyyy): 07/28/1976

34 Expires (mm yy): 07 26

35 Owner's First Name: PATY | Initial: P | Last Name: NAKANO

☐ Same As Driver

36 Number & Street: 111 REFLECTION RD

37 City: TOMS RIVER | State: NJ | Zip: 08753

38 Make: HOND | 39 Model: CIV | 40 Color: SIL | 41 Year: 2008 | 42 Plate No.: N19PHK | 43 State: NJ

44 VIN: 2HGFA16558H523068

45 Expires: 12 22

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Driver 2

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

57 Number & Street: -

58 City: - | State: - | Zip: -

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: - | Initial: - | Last Name: -

☐ Same As Driver

66 Number & Street: -

67 City: - | State: - | Zip: -

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

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

-

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

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

New Jersey Police Crash Investigation Report

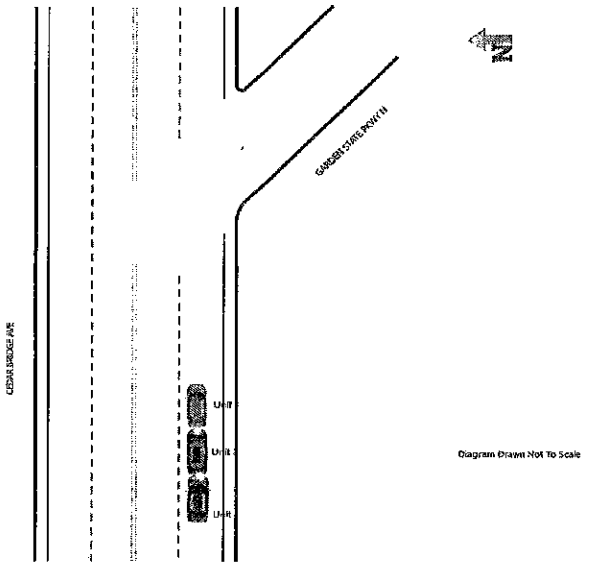
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059475

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT WHILE TRAVELING ON CEDAR BRIDGE AVE PRIOR TO GARDEN STATE PKWY N RAMP HE DROPPED HIS CIGARETTE ON TO HIS LAP CAUSING HIM TO LOOK DOWN AND NOT PAY ATTENTION TO THE ROAD IN FRONT OF HIM. THIS ACTION CAUSED HIM TO STRIKE V2 IN THE REAR WHICH WAS TRAVELING IN FRONT OF HIM. D2 OF V2 STATED TO ME THAT WHILE TRAVELING ON CEDAR BRIDGE AVE PRIOR TO GARDEN STATE PKWY N RAMP SHE WAS STRUCK IN THE REAR BY V1 CAUSING HER VEHICLE TO PUSH FORWARD AND STRIKE V3 IN FRONT OF HER. D3 OF V3 STATED THAT SHE WAS TRAVELING ON CEDAR BRIDGE AVE PRIOR TO GARDEN STATE PKWY N RAMP WHEN V2 STRUCK HER VEHICLE IN THE REAR. NO INJURIES WERE REPORTED. FROM MY INVESTIGATION I DETERMINED THAT D1 OF V1 WAS AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	JPEDERSON	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059474
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1917
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	NEW HAMPSHIRE AVE
Dir	S
11 Speed Limit	50
12 Route No.	0623
Suffix	-
13 Milepost	-
14	-
15	☐ Miles
16	☐ N ☐ E ☐ S ☐ W
☒ At Intersection With	
Road Name	TOWERS STREET
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.064142
22 Longitude	-74.192579

Vehicle 1

23 Veh #	1
24 Policy No.	958411121
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YONATAN
Initial	-
Last Name	MAMONOV
29 Sex	M
27 Number & Street	7927 153RD ST FL 1ST
28 City	FLUSHING
State	NY
Zip	11367
30 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
31 State	NY
32 Driver's License Number	862255831
33 DOB (mm dd yyyy)	10/27/2000
34 Expires (mm yy)	10 29
35 Owner's First Name	☒ Same As Driver YONATAN
Initial	-
Last Name	MAMONOV
36 Number & Street	7927 153RD ST FL 1ST
37 City	FLUSHING
State	NY
Zip	11367
38 Make	KIA
39 Model	FOR
40 Color	GD
41 Year	2011
42 Plate No.	G34PZE
43 State	NJ
44 VIN	KNAFU4A25B5418336
45 Expires	05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4601-35-04-59
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	HEKMAT
Initial	-
Last Name	ZIADEH
59 Sex	M
57 Number & Street	23 N BINNACLE DR
58 City	LTL EGG HARBOR
State	NJ
Zip	08087
60 Eyes	02
DL Class	B
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	Z40043220001762
63 DOB (mm dd yyyy)	01/28/1976
64 Expires (mm yy)	01 26
65 Owner's First Name	☒ Same As Driver HEKMAT
Initial	-
Last Name	ZIADEH
66 Number & Street	23 N BINNACLE DR
67 City	LTL EGG HARBOR
State	NJ
Zip	08087
68 Make	FORD
69 Model	ECP
70 Color	BK
71 Year	2019
72 Plate No.	41BDYP
73 State	FL
74 VIN	2FMGK5C83KBA10235
75 Expires	01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	NO STATUTE	-	-	NO STATUTE	-
-	NO STATUTE	-	-	NO STATUTE	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	21	M	-	-	-	11	04	-	-	YONATAN - MAMONOV - 7927 153RD ST FL 1ST FLUSHING NY 11367 - -
B	02	01	01	04	46	M	06	08	01	11	04	-	-	HEKMAT - ZIADEH - 23 N BINNACLE DR LTL EGG HARBOR NJ 08087 - -
C														
D														

New Jersey Police Crash Investigation Report

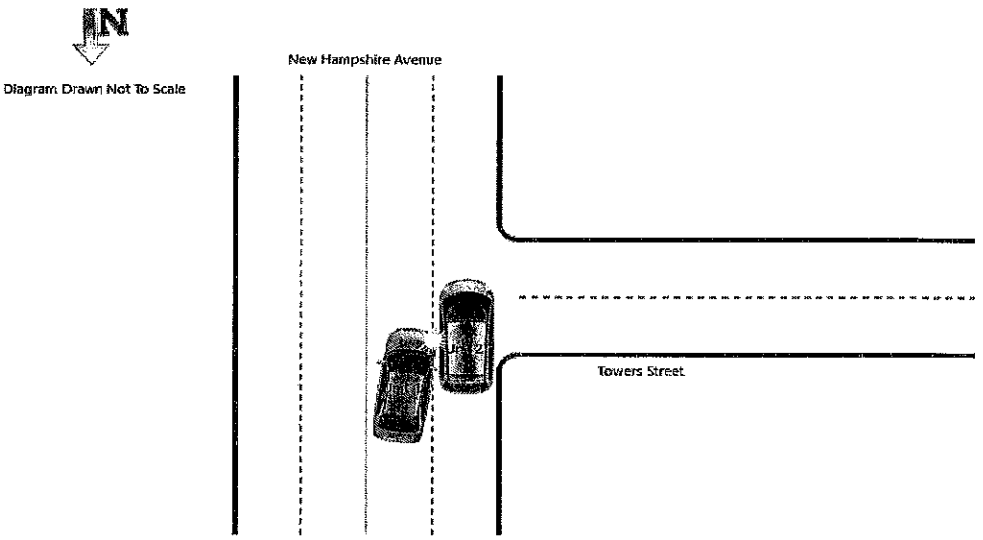
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059474

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle two was traveling southbound on New Hampshire Avenue in the right lane of travel. Vehicle one was traveling southbound in the left lane.

As the vehicles approached the intersection of Towers Street, vehicle one changed lanes, crashing into vehicle two.

Vehicle one is at fault for changing lanes when it was not safe to do so. Vehicle one had damage to the front passenger side fender and bumper. Vehicle two had damage to the drivers side front and rear door.

Vehicle two was insured out of state. Florida NAIC: 01026

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	JPEDERSON	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059463
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	570 STATE HWY 70 E; EXXON
☐ At Intersection With	Road Name
Dir	
11 Speed Limit	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14 15 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1838
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050445
22 Longitude	-74.196140

Vehicle 1

23 Veh #	1
24 Policy No.	F103399903
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROBERT W HAGAMAN JR
29 Sex	M
27 Number & Street	2283 BIG ENOUGH WAY
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	H01316588605964
33 DOB mm dd yyyy	05/06/1996
34 Expires mm yy	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ROBERT W HAGAMAN
36 Number & Street	2283 BIG ENOUGH WAY
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	AUDI / Q8 / WHI / 2021 / P68EGX / NJ
44 VIN / 45 Expires	WA1EVAF16MD014460 / 05 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4425951144
55 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver STEPHANIE N REGANTE
66 Number & Street	407 BRICK BLVD APT 10A
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / 4 / 1999 / K46KDU / NJ
74 VIN / 75 Expires	JHLRD1860XC080924 / 07 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	26	M	-	-	-	11	04	-	-	ROBERT W HAGAMAN JR - 2283 BIG ENOUGH WAY TOMS RIVER NJ 08755
B	02	01	01	05	32	F	-	-	-	11	04	-	-	STEPHANIE N REGANTE - 407 BRICK BLVD APT 10, BRICK NJ 08723
C														
D														

New Jersey Police Crash Investigation Report

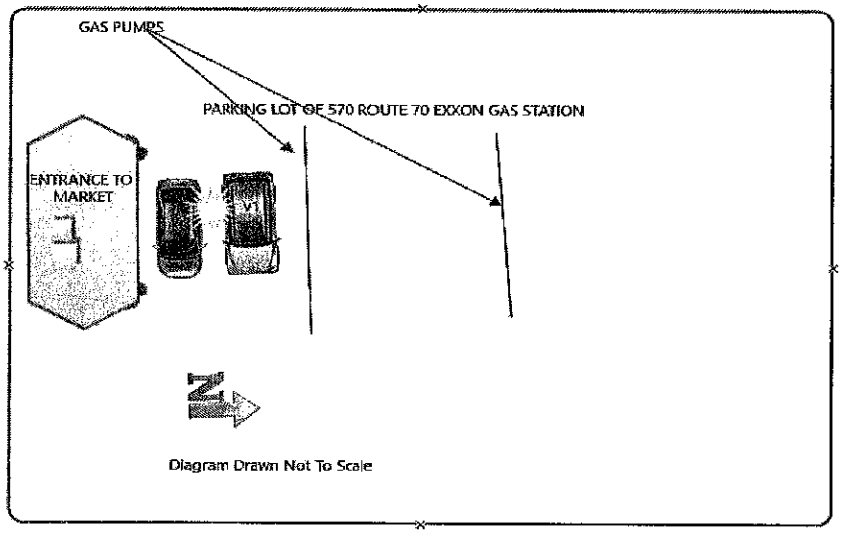
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059463

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle 1 stated he was going Eastbound in the parking lot of 570 Route 70 (Exxon). He stated while he was going forward and approaching vehicle 2 (who was parked near the entrance to the market), the driver door of vehicle 2 suddenly opened causing him to crash into it.

The owner of vehicle 2 stated she parked her vehicle in the parking lot of 570 Route 70 (Exxon) near the entrance to the market. She stated when she went to open her driver door, vehicle 1 crashed into it. She stated she did not see vehicle 1 and opened it as soon as he was passing by. It should be noted the owner of vehicle 2 was sitting in the driver seat of the vehicle during the accident.

In my investigation I find vehicle 2 at fault as vehicle 2 needs to make sure it safe/clear before opening her door while she is parked.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	JPEDERSON	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059432
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1645
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CHESTNUT STREET
At Intersection With	
Road Name	RIVER AVENUE
Dir	-
11 Speed Limit	40
12 Route No.	0040
Suffix	-
13 Milepost	-
14	200 Feet ☐ Miles
15	☐ N ☒ E ☐ S ☐ W of:
16	
17 Cross Road Name	
18 Speed Limit	40
19 Ramp	☐ To ☐ From: -
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.054716
22 Longitude	-74.220081

Vehicle 1

23 Veh #	1
24 Policy No.	6106192393
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AHUVA / B / HERSKOWITZ -
29 Sex	F
27 Number & Street	6 STAMFORD HILL RD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	H27670146257044
33 DOB (mm dd yyyy)	07/16/2004
34 Expires (mm yy)	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / MIRIAM - / LIEBER -
36 Number & Street	6 STAMFORD HILL RD
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / RX3 / BLK / 2015 / D72KAF / NJ
44 VIN	JTJZK1BA1F2420843
45 Expires	05 23
46 Vehicle Removed To	JERSEY SHORE COLLISION
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	268221291
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ISRAEL - / STEREN -
59 Sex	M
57 Number & Street	13719 COASTAL HIGHWAY
58 City / State / Zip	OCEAN CITY / MD / 21842
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / MD
62 Driver's License Number	S365344018934
63 DOB (mm dd yyyy)	12/08/1982
64 Expires (mm yy)	12 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / YISROEL E / HERZKA -
66 Number & Street	1168 EVERGREEN AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CADI / ESC / BLK / 2021 / V97NJK / NJ
74 VIN	1GYS4LKL2MR167994
75 Expires	02 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	NO STATUTE	-	-	NO STATUTE	-
-	NO STATUTE	-	-	NO STATUTE	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	F	-	-	-	11	04	-	-	AHUVA B HERSKOWITZ - 6 STAMFORD HILL RD LAKEWOOD NJ 08701 - -
B	01	04	01	05	03	M	-	-	-	05	05	-	-	JOEY - HIRTH - 23 OAKLAND DRIVE JACKSON NJ 08527 - -
C	02	01	01	05	39	M	-	-	-	11	04	-	-	ISRAEL - STEREN - 13719 COASTAL HIGHW/ OCEAN CITY MD 21842 - -
D														

New Jersey Police Crash Investigation Report

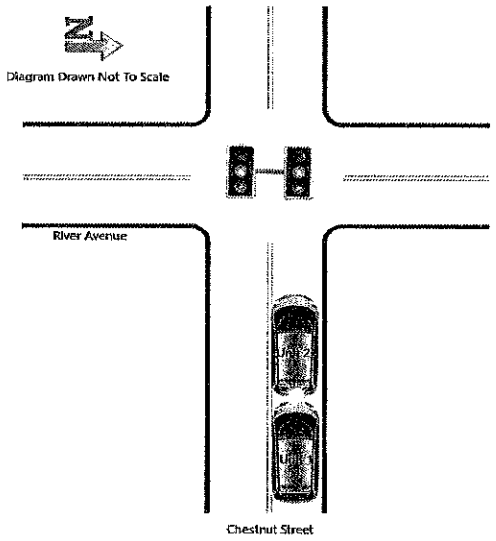
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059432

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle two was traveling westbound on Chestnut street towards River Avenue. Vehicle one was traveling behind vehicle two. Vehicle two began slowing as approaching the red stop light at the intersection with River Avenue.

The driver of vehicle one stated that she was turned around looking at the child in her backseat. When she looked back forward she noticed vehicle two was stopped. The driver of vehicle one attempted to stop, but was not able to and crashed into the rear of vehicle two.

Vehicle one sustained damage to the driver's side bumper, fender, and hood. Vehicle two sustained damage to the rear bumper.

Vehicle two is insured by:
Prime Insurance Agency
960 E County Line Rod
Lakewood, NJ 08701
NAIC # 38938

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	JPEDERSON	290	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059426
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1615
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CEDAR BRIDGE AVE
☒ At Intersection With	NEW HAMPSHIRE AVE
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	50
12 Route No.	0528
Suffix	-
13 Milepost	-
16 Speed Limit	50
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	4150-82-21-89
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RENA - MALINOWITZ
29 Sex	F
27 Number & Street	415 7TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	M02816470060572
33 DOB mm dd yyyy	10/29/1957
34 Expires mm yy	10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHRAGA F MALINOWITZ
36 Number & Street	212 MURRAY ST.
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / 3 / 2005 / URX79A / NJ
44 VIN	4T1BK36B35U016430
45 Expires	05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939530382
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELISO - MAISURADZE
59 Sex	M
57 Number & Street	217D BUCKINGHAM CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	M02012110004592
63 DOB mm dd yyyy	04/16/1959
64 Expires mm yy	04 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver WILLIAM R CLAYTON
66 Number & Street	1514 SILO COURT
67 City / State / Zip	MANASQUAN NJ 08736
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / EDG / WHI / 2019 / G89FJP / NJ
74 VIN	2FMPK4AP2KBB39913
75 Expires	04 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	64	F	-	-	-	11	04	-	-	RENA - MALINOWITZ - 415 7TH ST LAKEWOOD NJ 08701
B	V1	03	01	05	9	M	-	-	-	11	04	-	-	CHAIM - WEINRIB - 211 NORTH DR LAKEWOOD NJ 08701
C	V2	01	01	05	63	M	-	-	-	11	04	-	-	ELISO - MAISURADZE - 217D BUCKINGHAM CT LAKEWOOD NJ 08701
D	V2	03	01	05	93	M	-	-	-	11	04	-	-	WILLIAM R CLAYTON - 1514 SILO COURT MANASQUAN NJ 08736

New Jersey Police Crash Investigation Report

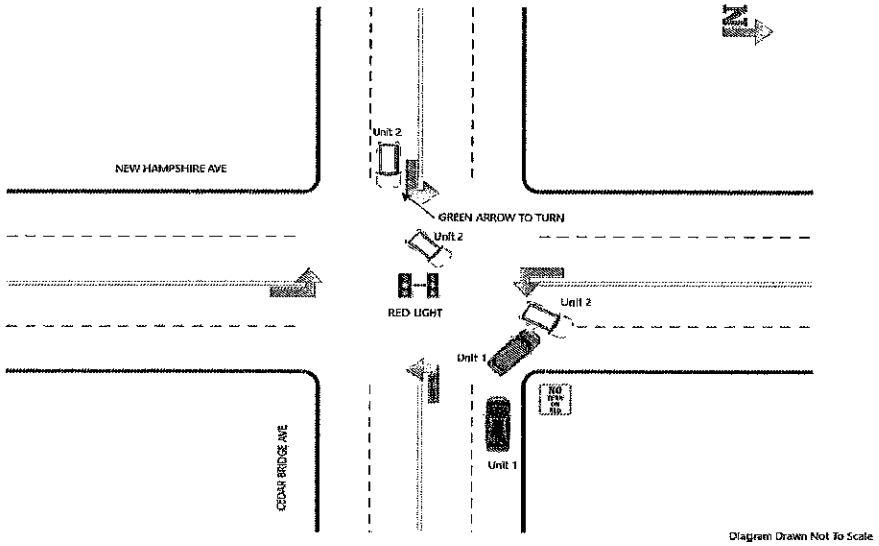
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059426

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 OF V1 STATED TO ME THAT SHE WAS ON CEDAR BRIDGE AVE WHILE ATTEMPTING TO MAKE RIGHT TURN ON TO NEW HAMPSHIRE AVE (NO TURN ON RED POSTED) AS SHE STARTED TO MAKE THE TURN HER VEHICLE WAS STRUCK BY V2. D2 OF V2 STATED TO ME THAT SHE WAS ON CEDAR BRIDGE AVE WHILE MAKING LEFT TURN ON GREEN ARROW ON TO NEW HAMPSHIRE AVE AND THAT IS WHEN HER VEHICLE WAS STRUCK BY V1. FROM MY INVESTIGATION I DETERMINED THAT D1 OF V1 WAS AT FAULT DUE TO THE RED TRAFFIC SIGNAL ON HER END AND V2 HAVING RIGHT OF WAY ON GREEN ARROW THROUGH THE INTERSECTION AND HER BEING ABLE TO COMPLETE THE TURN WITHOUT OBSTRUCTION FROM INCOMING TRAFFIC FROM THE OPPOSITE DIRECTION. NO INJURIES WERE REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	E.MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-059406
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1457
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	2ND ST
At Intersection With Road Name	
☒ Feet ☐ Miles	200
☐ N ☒ E ☐ S ☐ W of:	CLIFTON AVENUE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.092129
22 Longitude	-74.214609

Vehicle 1

23 Veh #	1
24 Policy No.	122 2631-D13-30A
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	FRANK / A / OLIVERIO -
29 Sex	M
27 Number & Street	157 WILD DUNES WAY
28 City / State / Zip	JACKSON / NJ / 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	O53972676105392 / 05/03/1939 / 05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver FRANK / A / OLIVERIO -
36 Number & Street	157 WILD DUNES WAY
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / CHE / BLK / 2017 / WPA86C / NJ
44 VIN / 45 Expires	1C4PJMCB8HW658044 / 02 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	6105-15-79-00
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ALEYDA / E / FUENTESPAZ -
59 Sex	F
57 Number & Street	310 WOODLAKE MANOR DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / - / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	F91130206553852 / 03/14/1985 / 06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSUE / - / URENA -
66 Number & Street	149 RONALD RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / CHR / WHI / 2007 / E82PZE / NJ
74 VIN / 75 Expires	2D4GP44L37R164870 / 05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	83	M	-	-	-	11	04	-	-	FRANK A OLIVERIO - 157 WILD DUNES WAY JACKSON NJ 08527
B	V2	01	01	05	37	F	-	-	-	11	04	-	-	ALEYDA E FUENTESPAZ - 310 WOODLAKE MANOR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

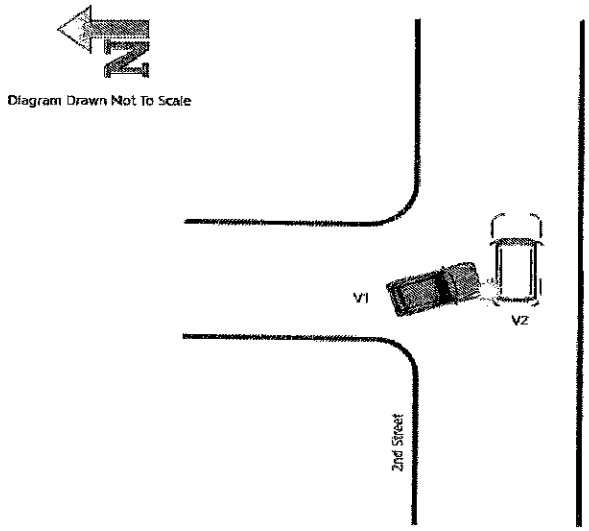
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059406

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was attempting to make a left hand turn out of the municipal lot on to 2nd Street when Vehicle 1 was driving east down 2nd Street and caused the collision. Vehicle 1 sustained damage to the passengers side front bumper area. No injuries were reported.

The driver of Vehicle 2 stated she was driving east down 2nd Street when Vehicle 1 turned out of the municipal lot and caused the collision. Vehicle 2 sustained damage to the drivers side rear wheel well area. No injuries were reported.

Based on my observations and statements provided by both drivers, Vehicle 1 is at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059400
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	W COUNTY LINE RD
At Intersection With	
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	20
☐ N ☐ E ☐ S ☒ W of:	TEABERRY CT
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1416
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.107770
22 Longitude	-74.232761

Vehicle 1

23 Veh #	1
24 Policy No.	MAAU241663
25 NJ Ins. Code	187
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	YISROEL / C / GROSS / - / M
27 Number & Street	1848 ATTAYA RD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	09/17/2004
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / MANDEL TOBACCO -
36 Number & Street	62 JACKSON ST
37 City / State / Zip	FREEHOLD / NJ / 07728
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / MAR / 2008 / F53BTY / NJ
44 VIN / 45 Expires	5TDZK23C48S147563 / 02 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4321337-A15-06
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MICHAEL / - / JACOBS / - / M
57 Number & Street	7329 E BYERS ST
58 City / State / Zip	DENVER / CO / 80230
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / CO
62 Driver's License Number	17-140-0365
63 DOB mm dd yyyy	07/28/2004
64 Expires mm yy	08 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIEZER / - / ZUSSMAN -
66 Number & Street	315 S MAGNOLIA STREET
67 City / State / Zip	DENVER / CO / 80224
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / MUR / BLK / 2014 / 385RFK / CO
74 VIN / 75 Expires	JN8AZ1MW0EW533666 / 05 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-10	294113			
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	17	M	-	-	-	11	04	-	-	YISROEL C GROSS - 1848 ATTAYA RD LAKEWOOD NJ 08701
B	2	01	01	-	17	M	-	-	-	11	04	-	-	MICHAEL - JACOBS - 7329 E BYERS ST DENVER CO 80230
C														
D														

New Jersey Police Crash Investigation Report

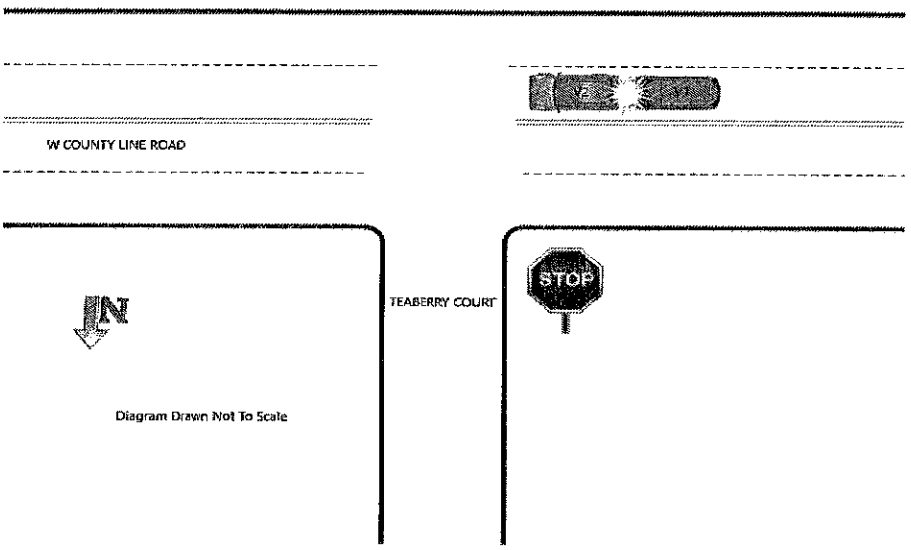
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059400

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS TRAVELLING EAST ON COUNTY LINE ROAD IN THE LEFT LANE, WHEN V2 STOPPED AND V1 COLLIDED WITH V2.

DRIVER OF V2 STATED THAT ANOTHER VEHICLE HAD STOPPED IN FRONT OF HIM AND WHEN HE BRAKED, V1 COLLIDED WITH V2.

BASED ON STATEMENTS BY BOTH DRIVERS AND THE DAMAGE TO THE VEHICLES, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCKEE M	320	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-059385
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
10 Crash Occurred On	1900 STATE HWY 70 E; TOWN -
At Intersection With / Road Name / Dir	
Feet / Miles	-
N E S W of:	-
11 Speed Limit	15
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
NB EB SB WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1253
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.053034
22 Longitude	-74.164033

Vehicle 1

23 Veh #	1
24 Policy No.	F1203074
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MICHAEL J TUZIO -
29 Sex	M
27 Number & Street	225 EASTHAM RD
28 City / State / Zip	POINT PLEASANT NJ 08742
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	T95205447109532
33 DOB mm dd yyyy	09/15/1953
34 Expires mm yy	09 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	MICHAEL J TUZIO -
36 Number & Street	225 EASTHAM RD
37 City / State / Zip	POINT PLEASANT NJ 08742
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TOW / BLK / 2014 / MLS91X / NJ
44 VIN / 45 Expires	2C4RC1BG1ER444225 / 04 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill — Hazard Class - / Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	9796511761055
55 NJ Ins. Code	129
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHIFRA - FREITAG -
59 Sex	F
57 Number & Street	64 JAMES ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	F73307080062046
63 DOB mm dd yyyy	12/27/2004
64 Expires mm yy	12 26
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	SOLOMON - FREITAG -
66 Number & Street	64 JAMES ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2017 / B24KAF / NJ
74 VIN / 75 Expires	4T1BF1FK5HU400786 / 05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill — Hazard Class - / Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	68	M	-	-	-	11	04	-	-	MICHAEL J TUZIO - 225 EASTHAM RD POINT PLEASANT NJ 08742
B	02	01	01	05	17	F	-	-	-	11	04	-	-	SHIFRA - FREITAG - 64 JAMES ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

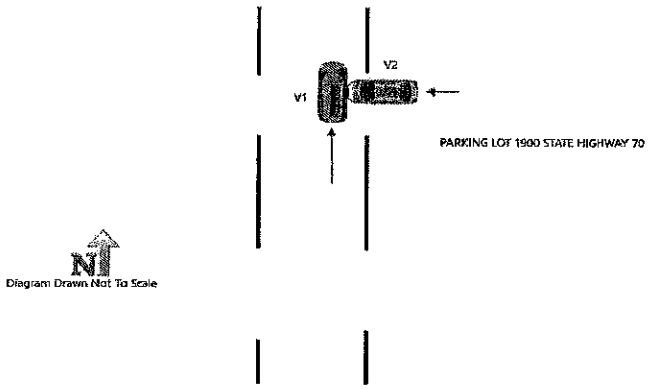
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059385

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1, Michael Tuzio was operating a 2014 Chrysler Town and Country, NJ MLS-91X. Mr. Tuzio stated he was traveling north in the parking lot of 1900 State Highway 70 when vehicle 2 the Home Depot parking space area and struck the passenger side of his vehicle.

Driver 2, Shifra Freitag was operating a 2017 Toyota Camry, NJ B24-KAF. Ms. Freitag stated she was exiting the Home Depot parking lot area getting ready to make a right turn onto the main road portion of 1900 State Highway 70 which leads to state Highway 70. She didn't observe vehicle 1 traveling north in the parking lot and when she began to turn the front of her vehicle struck the passenger side of vehicle 1.

Driver 2 was determined to be at fault for failure to stop/yield for the right of was vehicle. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059386
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1253
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	NEW HAMPSHIRE AVE
At Intersection With	
Road Name / Dir	
11 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	50
☒ Feet ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	RT 70
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.050397
22 Longitude	-74.196703

Vehicle 1

23 Veh #	1
24 Policy No.	F10357697-1
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARIE D WHITE
29 Sex	F
27 Number & Street	31 WARNER WAY
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	W35125196462452
33 DOB (mm dd yyyy)	12/15/1945
34 Expires (mm yy)	12 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIE D WHITE
36 Number & Street	31 WARNER WAY
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM - CA / GRN / 2010 / C95CDJ / NJ
44 VIN	4T1BF3EK8AU523632
45 Expires	05 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4611-10-03-08
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SAMUEL - LICHTENSTEIN
59 Sex	M
57 Number & Street	29 LODZ DRIVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	L40906880012846
63 DOB (mm dd yyyy)	12/31/1984
64 Expires (mm yy)	12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SAMUEL - LICHTENSTEIN
66 Number & Street	29 LODZ DRIVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHRY / PAC / BLK / 2018 / K90PUF / NJ
74 VIN	2C4RC1BG2JR262155
75 Expires	03 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	76	F	-	-	-	11	00	-	-	MARIE D WHITE - 31 WARNER WAY TOMS RIVER NJ 08755
B	2	01	01	05	37	M	-	-	-	11	00	-	-	SAMUEL - LICHTENSTEIN - 29 LODZ DRIVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

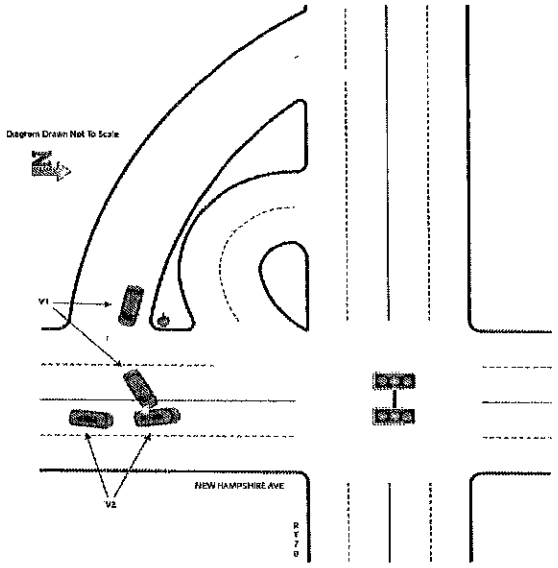
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059386

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said she was stopped at the stop sign for New Hampshire Ave. waiting to make a left. She looked both ways and she said there were no vehicles, coming so she went. She then collided with V2 which was traveling North on New Hampshire.

Driver of V2 said he was traveling North on New Hampshire Ave. He observed V1 making a left off on the Rt 70 ramp (in front of him). He tried to avoid V1 but could not. His vehicle was struck in the driver side by V1.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-059357
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1116
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CENTRAL AVENUE
At Intersection With	☐
Road Name	CENTRAL AVENUE
Dir	-
11 Speed Limit	45
12 Route No.	0528
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	LAPSLEY LANE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	9970551242061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	BROCHA
Initial	-
Last Name	KOPPENHEIM
29 Sex	F
27 Number & Street	179 REGENT DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K65421000060032
33 DOB mm dd yyyy	10/18/2003
34 Expires mm yy	10 25
35 Owner's First Name	YITZCHOK
Initial	-
Last Name	SCHWARZMAN
☐ Same As Driver	
36 Number & Street	1449 HEATHWOOD AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	TN
41 Year	2011
42 Plate No.	P51BWW
43 State	NJ
44 VIN	5TDKK3DC5BS074507
45 Expires	03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	MWTB31203322
55 NJ Ins. Code	263
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CHRISTOPH
Initial	L
Last Name	BODO
59 Sex	M
57 Number & Street	1250 HIGHWAY 34 B1 A12
58 City	ABERDEEN
State	NJ
Zip	07747
60 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	B60921247307704
63 DOB mm dd yyyy	07/28/1970
64 Expires mm yy	07 24
65 Owner's First Name	ORKIN
Initial	-
Last Name	LLC
☐ Same As Driver	
66 Number & Street	2170 PIEDMONT ROAD
67 City	ATLANTA
State	GA
Zip	30324
68 Make	TOYT
69 Model	TAC
70 Color	WHI
71 Year	2021
72 Plate No.	XKVR99
73 State	NJ
74 VIN	3TYRX5GN1MT030021
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	18	F	-	-	-	11	04	-	-	BROCHA - KOPPENHEIM - 179 REGENT DR LAKEWOOD NJ 08701
B	V2	01	01	05	51	M	-	-	-	11	04	-	-	CHRISTOPH L BODO - 1250 HIGHWAY 34 B1 A1 ABERDEEN NJ 07747
C														
D														

New Jersey Police Crash Investigation Report

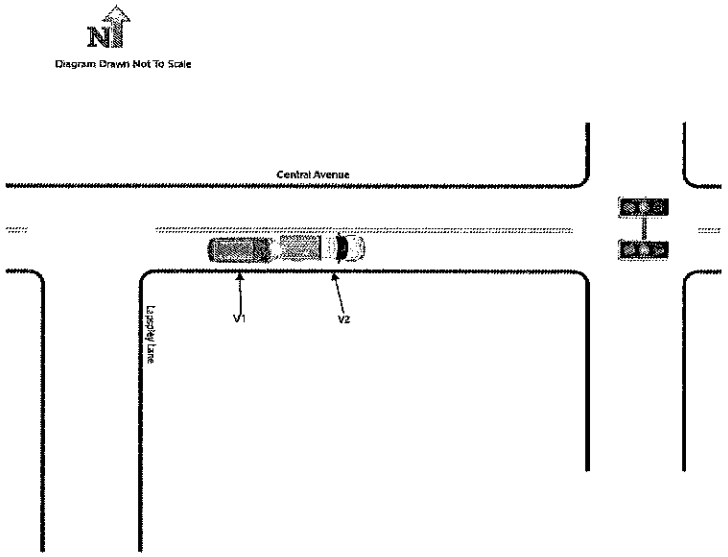
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059357

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING EAST BEHIND VEHICLE 2 AND "DOZED OFF" ULTIMATELY NOT GIVING HERSELF ENOUGH TIME TO REACT TO THE TRAFFIC THAT WAS SLOWING DOWN.

THE DRIVER OF VEHICLE 2 STATED HE WAS SLOWING IN TRAFFIC WHILE TRAVELING EAST ON CENTRAL AVENUE WHEN VEHICLE 1 MADE CONTACT WITH VEHICLE 2.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE WAS FOLLOWING TOO CLOSELY TO VEHICLE 2, ULTIMATELY NOT GIVING HERSELF ENOUGH TIME TO REACT TO THE VEHICLES IN FRONT OF HER.

NO INJURIES WERE REPORTED ON SCENE.

LET IT BE NOTED THERE WAS NO DAMAGE TO BOTH VEHICLES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059289
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	40
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☒ Feet / ☐ Miles	10
☐ N ☐ E ☐ S ☒ W of:	NEW HAMPSHIRE AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/27/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0805
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	956045629
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	PIERRE V DUBOSE -
29 Sex	M
27 Number & Street	21 DAVID DR
28 City / State / Zip	BARNEGAT NJ 08005
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / I / - / - / NJ
32 Driver's License Number	D90326308503882
33 DOB mm dd yyyy	03/13/1988
34 Expires mm yy	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AUDREY C HUERTAS -
36 Number & Street	100 CRESCENT COURT APT 1207
37 City / State / Zip	TOMS RIVER NJ 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / 4 / 2020 / T74PYP / NJ
44 VIN	1HGCV1F17LA048597
45 Expires	06 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROMEO F HUERTAS -
59 Sex	M
57 Number & Street	69 EAST 15TH STREET
58 City / State / Zip	PATERSON NJ 07524
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	H91196676612712
63 DOB mm dd yyyy	12/16/1971
64 Expires mm yy	12 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - ORTHO DELL CO -
66 Number & Street	PO BOX 71
67 City / State / Zip	ENGLEWOOD NJ 07631
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / TRA / WHI / 2019 / S61RCY / NJ
74 VIN	1FBAX2CM4KKA63947
75 Expires	07 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-40	14514A294456			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	34	M	-	-	-	11	11	01	-	PIERRE V DUBOSE - 21 DAVID DR BARNEGAT NJ 08005
B	2	01	01	05	50	M	-	-	-	11	04	-	-	ROMEO F HUERTAS - 69 EAST 15TH STREET PATERSON NJ 07524
C														
D														

New Jersey Police Crash Investigation Report

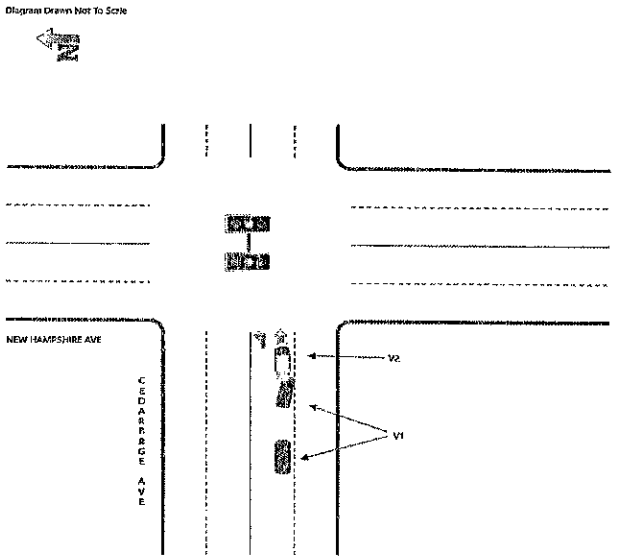
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059289

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was traveling East on Cedarbridge Ave (in the middle lane) approaching New Hampshire Ave. He realized he had to make a right onto New Hampshire. He tried to make the right but hit V2 (which was stopped at the light) in the rear of the vehicle.

Driver of V2 said he was stopped at the light for New Hampshire Ave (facing East on Cedarbridge). He said he vehicle was struck from behind by V1.

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

V2 Insurance Info. Protective Specialty Ins.
1800 SW First Ave, Suite 400
Portland Or 97201

Claims phone # 800-6268381

Policy # TN-100024-21

NAIC# 131149

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	MY	329	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Margin	Field	Value
96: 05	1 Case Number	22-059270
97: 01	2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
98: 01	3 Station/Precinct	
99: 09	4 Date of Crash (mm dd yy)	07/27/22
100a: 01	5 Day Of Week	WEDNESDAY
	6 Time (use 2400 hrs)	0621
	7 Municipality Code	1514
	8 Total Killed	--
	9 Total Injured	--
	10 Crash Occurred On (Road Name / Dir)	1444 OCEAN AVE / W
	11 Speed Limit	15
	12 Route No. / Suffix / 13 Milepost	
	☐ At Intersection With / ☐ Feet / ☐ Miles (14: -, 15) ☐N ☐E ☐S ☐W (16) of:	-
	17 Cross Road Name	
	18 Speed Limit	-
	19 Ramp ☐ To ☐ From:	
	20 Route/Name ☐NB ☐EB ☐SB ☐WB	
	21 Latitude	-
	22 Longitude	-

Right margin: 118a 25; 118b -; 119a 02; 119b 10; 120a 01; 120b 01; 121a 01; 121b 01; 122 10; 123 13; 124 11; 125 11; 126a 26; 126b -; 126c -; 126d -; 126e 26; 127a 28; 127b -; 127c -; 127d -; 127e 28; 128 26; 129 09; 130 17; 131 07; 132 07; 133 01; 134 02

Left margin: 100b 04; 101 02; 102 01; 103 01; 104 2; 105 08; 106 -; 107 -; 108 20; 109 01; 110 02; 111 01; 112 99; 113 -; 114 03; 115 -; 116 03; 117 04

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	AS2-621-095430-022	941571216
NJ Ins. Code	182	134
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run		
Driver's First Name / Initial / Last Name	PHILIP - CASAS -	SAYODZHON - ABDULFAYZOV -
Sex	M	M
Number & Street	203 OAK LN	15 WALTON STREET
City / State / Zip	LEH NJ 08087	TOMS RIVER NJ 08753
Eyes	2	2
DL Class	D	A
Restrictions	-	-
Endorsements	-	-
State	NJ	NJ
Driver's License Number	C07246260008662	A10176930011872
DOB	08/23/1966	11/16/1987
Expires (mm yy)	08 24	11 22
Owner's First Name / Initial / Last Name	☐ Same As Driver - - CREAM O LAND DA -	☐ Same As Driver SAYODZHON - ABDULFAYZOV -
Number & Street	529 CEDAR LA	15 WALTON STREET
City / State / Zip	FLORENCE NJ 08518	TOMS RIVER NJ 08753
Make	INTR	LEXU
Model	MV6	460
Color	WHI	GRY
Year	2021	2008
Plate No.	AW205W	L72MDL
State	NJ	NJ
VIN	3HAEUTAN5ML307352	JTHBL46F685082249
Expires	12 22	02 23
Vehicle Removed To	☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded
Authority	☐Owner ☒Driver ☐Police	☒Owner ☐Driver ☐Police
Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending
Hazardous Material	☒None ☐On Board ☐Spill; Hazard Class; Placard No.	☒None ☐On Board ☐Spill; Hazard Class; Placard No.
Carrier No.	☒USDOT 0016506 ☐None ☐MC/MX	☐USDOT ☒None ☐MC/MX
GVWR/GCWR	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☒Weight >= 26,001 lbs	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☐Weight >= 26,001 lbs
Motor Carrier or Government Entity		
Number & Street		
City / State / Zip		

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	137: -	2	138	139: -
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	55	M	-	-	-	11	04	-	-	PHILIP - CASAS - 203 OAK LN LEH NJ 08087
B	2	01	01	05	34	M	-	-	-	11	04	-	-	SAYODZHON - ABDULFAYZOV - 15 WALTON STREET TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

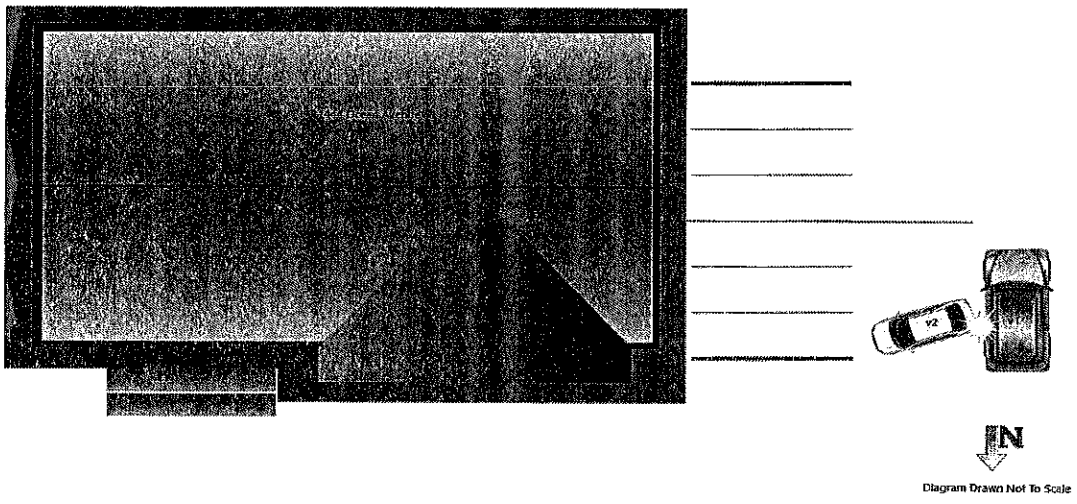
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059270

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was parked in the parking lot of 1444 Ocean Avenue (Exxon Gas Station) making a delivery when driver of vehicle 2 who was parked in a parking spot at the same location asked him to move so he can exit. Driver of vehicle 1 explained it would be a few minutes before he could move when driver of vehicle 2 stated if you don't move I may hit you. Driver of vehicle 1 further explained upon vehicle 2 backing he may have struck his vehicle but didn't feel anything.

Driver of vehicle 2 stated he was parked in a parking spot on the west side of the property and was blocked in by vehicle 1 who was making a delivery. Driver of vehicle 2 asked driver of vehicle 1 to move so he could exit when driver of vehicle 1 stated he could not at this time. Driver of vehicle 2 stated as he was backing he struck vehicle 1 on the drivers side of the vehicle with his truck lid.

Based on statements from involved parties and my observations at the scene and damage to the vehicles, I determined that vehicle 2 is at fault due to improper backing and driver inattention. No injuries were reported at this time and no summonses were issued.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 [ ] Fatal

New Jersey Police Crash Investigation Report

[ ] Reportable [X] Non-Reportable [ ] Change Report

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

1 Case Number: 22-059173

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

3 Station/Precinct: -

10 Crash Occurred On: STATE HWY 70 — Dir: W — 11 Speed Limit: 50 — 12 Route No.: 0070 — Suffix: - — 13 Milepost: -

[ ] At Intersection With [X] Feet 100 [ ] Miles (14, 15) [ ] N [X] E [ ] S [ ] W (16) of: 17 Cross Road Name: NEW HAMPSHIRE AVENUE — 18 Speed Limit: 45

19 Ramp [ ] To [ ] From: - — 20 Route/Name — [ ] NB [ ] EB [ ] SB [ ] WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/26/22	TUESDAY	2227	1514	--	1	40.050397	-74.196703

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	978885539	54 Policy No.	939889723
25 NJ Ins. Code	-	55 NJ Ins. Code	054
	[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run		[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run
26 Driver's First Name / Initial / Last Name	CHAIMDOV - KIRSHENBAUM -	56 Driver's First Name / Initial / Last Name	ALYSSA A WARREN -
29 Sex	M	59 Sex	F
27 Number & Street	1498 E 19TH ST	57 Number & Street	35 MAPLE TREE RD
28 City / State / Zip	BROOKLYN NY 11230	58 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes	02	60 Eyes	04
DL Class	D	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NY	61 State	NJ
32 Driver's License Number	988055790	62 Driver's License Number	W06630366153994
33 DOB	09/16/2001	63 DOB	03/07/1999
34 Expires	09 23	64 Expires	03 24
35 Owner's First Name / Initial / Last Name	[ ] Same As Driver MORDY - KIRSHENBAUM -	65 Owner's First Name / Initial / Last Name	[ ] Same As Driver ALYSSA A WARREN -
36 Number & Street	1498 E 19TH ST	66 Number & Street	35 MAPLE TREE RD
37 City / State / Zip	BROOKLYN NY 11230	67 City / State / Zip	TOMS RIVER NJ 08753
38 Make	LEXU	68 Make	HYUN
39 Model	R35	69 Model	ELA
40 Color	DBL	70 Color	SIL
41 Year	2016	71 Year	2013
42 Plate No.	KUB7242	72 Plate No.	W26NYZ
43 State	NY	73 State	NJ
44 VIN	JTHHE5BC6G5013484	74 VIN	5NPDH4AE7DH383293
45 Expires	02 24	75 Expires	07 22
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded		[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded
47 Authority	[ ] Owner [X] Driver [ ] Police	77 Authority	[X] Owner [ ] Driver [ ] Police
48 Alcohol/Drug Test	Given: [X] No [ ] Yes [ ] Refused; Type: [ ] Breath [ ] Blood [ ] Urine; Results: 0. - %; [ ] Pending	78 Alcohol/Drug Test	Given: [X] No [ ] Yes [ ] Refused; Type: [ ] Breath [ ] Blood [ ] Urine; Results: 0. - %; [ ] Pending
49 Hazardous Material	[X] None [ ] On Board [ ] Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	[X] None [ ] On Board [ ] Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	[ ] USDOT - [ ] MC/MX - [X] None	80 Carrier No.	[ ] USDOT - [ ] MC/MX - [X] None
51 GVWR/GCWR	[X] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs	81 GVWR/GCWR	[X] Weight <= 10,000 lbs [ ] Weight 10,001-26,000 lbs [ ] Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

Code	Value
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	07
124	04
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	02

135 Damage To Other Property [ ] Yes (If Yes, describe) [X] No

-

Oper.	136 Charge	137 Summons, No.	Oper.	138 Charge	139 Summons, No.
-	NO STATUTE	-	-	NO STATUTE	-

Oper.	140 Charge	141 Summons, No.	Oper.	142 Charge	143 Summons, No.
-	NO STATUTE	-	-	NO STATUTE	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	CHAIMDOV - KIRSHENBAUM - / 1498 E 19TH ST BROOKLYN NY 11230 - -
B	01	03	01	05	20	F	-	-	-	11	04	-	-	SHAINDY - BERKOWITZ - / 145 WHITE ROAD JACKSON NJ 08527 - -
C	02	01	01	04	23	F	04	08	02	11	04	-	-	ALYSSA A WARREN - / 35 MAPLE TREE RD TOMS RIVER NJ 08753 - -
D														

New Jersey Police Crash Investigation Report

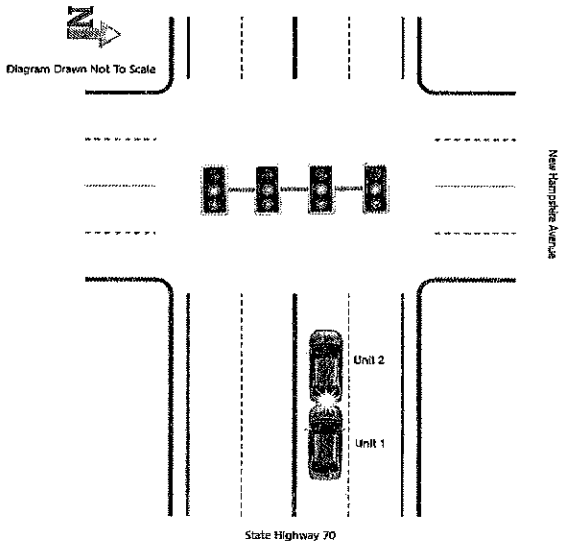
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059173

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle two was traveling westbound on State Highway 70. Vehicle one was traveling behind vehicle two. As the two vehicles approached a red traffic signal at the intersection of New Hampshire Avenue vehicle one crashed into the back of vehicle two.

Vehicle one is found at fault for not stopping at the red traffic signal and crashing into vehicle two. Vehicle two had two screw marks on the rear bumper from the license plate on vehicle one. The license plate on vehicle one was bent. No other new damage was observed.

Vehicle one was insured by Allstate in Texas. NAIC 29688

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059145
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2046
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS STREET
Road Name	
Dir	E
11 Speed Limit	45
12 Route No.	0626
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	100 (14 15)
☐ N ☐ E ☐ S ☐ W of:	NEIMAN ROAD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	00.028563
22 Longitude	-00.425919

Vehicle 1

23 Veh #	1
24 Policy No.	6631J170176
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHLOMO - FRIEDMAN
29 Sex	M
27 Number & Street	49 W MAPLE AVE
28 City / State / Zip	MONSEY NY 10952
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	700273588 / 10/12/2001 / 10 25
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	SHLOMO - FRIEDMAN -
36 Number & Street	49 W MAPLE AVE
37 City / State / Zip	MONSEY NY 10952
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / PLT / GRY / 2022 / KUH7821 / NY
44 VIN / 45 Expires	5FNYF6H57NB027807 / 01 24
46 Vehicle Removed To	MOSHES TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	A05-231-190037-7515
55 NJ Ins. Code	192
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARY E BIZZELL
59 Sex	F
57 Number & Street	28 DEERCHASE LN
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	B47755276556524 / 06/16/1952 / 06 23
65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	MARY E BIZZELL
66 Number & Street	28 DEERCHASE LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC - AC / GRY / 2011 / S13APY / NJ
74 VIN / 75 Expires	1HGCP2F86BA068917 / 03 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
-	NO STATUTE	-	-	NO STATUTE	-
-	NO STATUTE	-	-	NO STATUTE	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	11	02	-	SHLOMO - FRIEDMAN - 49 W MAPLE AVE MONSEY NY 10952 - -
B	01	03	01	05	20	M	-	-	-	11	04	-	-	AZRIEL - ZAKRON - 625 MAPLE AVE LAKEWOOD NJ 08701 - -
C	02	01	01	05	70	F	-	-	-	11	04	-	-	MARY E BIZZELL - 28 DEERCHASE LN LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

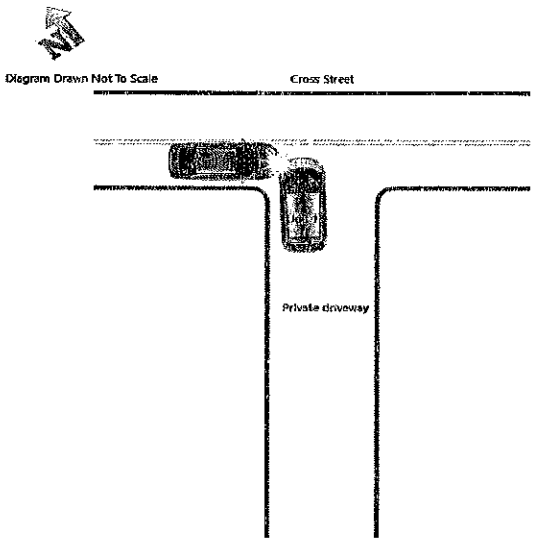
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059145

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle one stated that he was attempting to make a left turn out of a driveway onto Cross street. The driver of vehicle one pulled out into the intersection, obstructing the eastbound lane of travel. While waiting for the westbound lane of travel to be clear his vehicle was struck by vehicle two.

The driver of vehicle two stated that she was traveling eastbound on Cross street. The driver of vehicle two stated that vehicle one pulled out of a driveway, blocking her lane of travel and causing her to crash into vehicle one.

The driver of vehicle one is found at fault for entering the intersection before it was safe to do so. Vehicle one sustained damage to the driver's side front fender and had to be towed due to airbag deployment. Vehicle two sustained damage to the passenger side front bumper.

Vehicle one out of state insurance NAIC 23760

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059144
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	COUNTY LINE RD.
At Intersection With Road Name	MADISON AVE
Dir	E
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	45
☒ Feet ☐ Miles	100
of:	9
17 Cross Road Name	
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2045
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.106934
22 Longitude	-74.219482

Vehicle 1

23 Veh #	1
24 Policy No.	612084242061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	EMILY - MOSKOVITZ -
29 Sex	F
27 Number & Street	6115 AV DE VIMY
28 City / State / Zip	MONTREAL CD H3S 2
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / PQ
32 Driver's License Number	M2133-210399-04
33 DOB mm dd yyyy	03/21/1999
34 Expires mm yy	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NATHAN M STEIN RABI
36 Number & Street	910 MONMOUTH AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / IMP - IM / WHI / 2006 / X85PWW / NJ
44 VIN	2G1WT58K969186956
45 Expires	04 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6104902694
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL - LICHTENSTEIN -
59 Sex	M
57 Number & Street	37 FESSLER DR
58 City / State / Zip	SPRING VALLEY NY 10977
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / - / - / - / NY
62 Driver's License Number	301677302
63 DOB mm dd yyyy	03/11/2003
64 Expires mm yy	03 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEIBISH - SPIEGEL -
66 Number & Street	29 SHERATON DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 1 / 2020 / J59NZR / NJ
74 VIN	4T1G11AK7LU908648
75 Expires	07 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	23	F	-	-	-	11	04	-	-	EMILY - MOSKOVITZ - 6115 AV DE VIMY MONTREAL CD H3S 2
B	1	03	01	05	14	F	-	-	-	11	04	-	-	ELISHEVA TOLEDANO 2310 BEDFORD MONTREAL H3S1E
C	1	06	01	05	6W	F	-	-	-	06	06	-	-	ITA SPIEGAL 6115 MONTREAL H3S2R
D	2	01	01	05	19	M	-	-	-	11	04	-	-	MICHAEL - LICHTENSTEIN - 37 FESSLER DR SPRING VALLEY NY 10977

New Jersey Police Crash Investigation Report

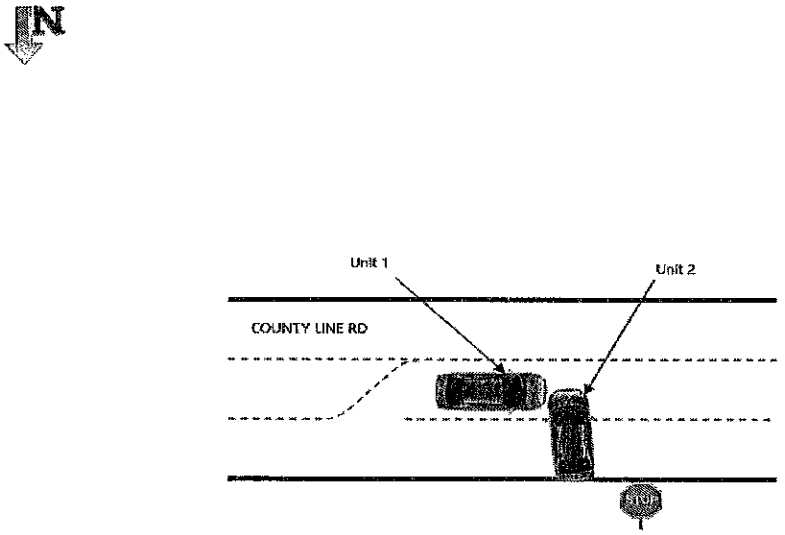
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059144

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT SHE WAS TRAVELING WEST ON COUNTY LINE RD IN THE LEFT TURN LANE TO MAKE A LEFT ONTO RT 9. SHE SAID AS SHE WAS MOVING A VEHICLE EXITED THE TD BANK A COLLIDED WITH HER VEHICLE.

DRIVER #2 STATED THAT HE WAS ATTEMPTING TO MAKE A LEFT TURN ONTO COUNTY LINE RD FROM THE TD BANK. HE SAID THAT HE DID NOT SEE VEHICLE #1, PULLED OUT ONTO COUNTY LINE RD. AND COLLIDED WITH VEHICLE #1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WARD S	302	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059101
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On	W KENNEDY BLVD
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	30
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	75
☐ N ☒ E ☐ S ☐ W of:	FOREST AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1711
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.107055
22 Longitude	-74.221457

Vehicle 1

23 Veh #	1
24 Policy No.	939577239
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIVKA - KUESSOUS -
29 Sex	F
27 Number & Street	16 CEDAR KNOLL ROAD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements	05 / A / - / -
31 State	NJ
32 Driver's License Number	K91206580054895
33 DOB mm dd yyyy	04/25/1989
34 Expires mm yy	04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver URIEL - DAVOUDI -
36 Number & Street	121 LIVERPOOL CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / 1 / 2022 / A55PBJ / NJ
44 VIN	5FNRL6H72NB024795
45 Expires	08 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given ☒ No ☐ Yes ☐ Refused; Type ☐ Breath ☐ Blood ☐ Urine; Results 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4086983485
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GITTEL N KLAINBERG -
59 Sex	F
57 Number & Street	1011 BAY 31ST ST
58 City / State / Zip	FAR ROCKAWAY NY 11691
60 Eyes / DL Class / Restrictions / Endorsements	04 / - / - / -
61 State	NY
62 Driver's License Number	773979476
63 DOB mm dd yyyy	08/04/1999
64 Expires mm yy	08 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHIRLEY - SILBER -
66 Number & Street	1302 AVENUE L
67 City / State / Zip	BROOKLYN NY 11230
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
Given: ☒ No ☐ Yes ☐ Refused	☒ None ☐ On Board ☐ Spill
74 VIN Type: ☐ Breath ☐ Blood ☐ Urine	75 Expires
76 Vehicle Removed To % ☐ Pending	
☐ USDOT ☐ MC/MX 77 Authority	☒ None
☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
78 Alcohol/Drug Test	79 Hazardous Material
Hazard Class	Placard No.
80 Carrier No.	81 GVWR/GCWR
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	33	F	11	04	-	-	11	-	-	RIVKA - KUESSOUS - 16 CEDAR KNOLL ROAD JACKSON NJ 08527
B	02	01	01	05	22	F	11	04	-	-	11	-	-	GITTEL N KLAINBERG - 1011 BAY 31ST ST FAR ROCKAWAY NY 11691
C														
D														

New Jersey Police Crash Investigation Report

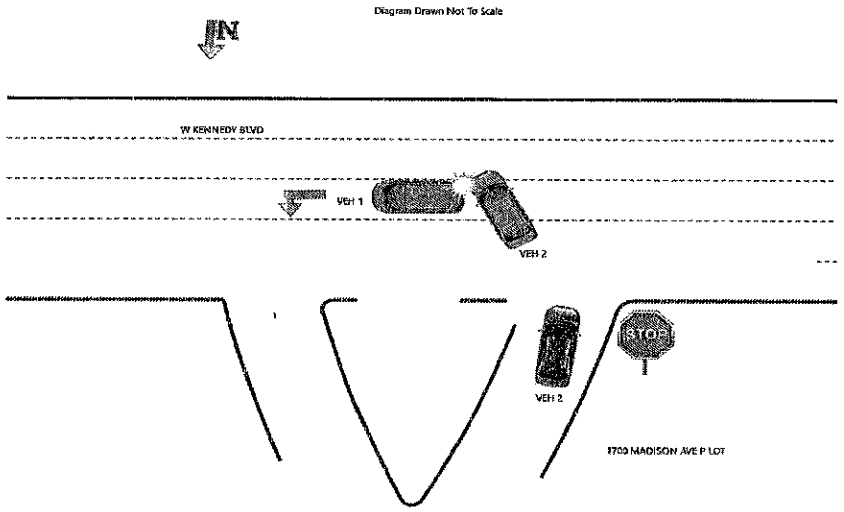
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-059101

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED SHE WAS TRAVELING EAST ON W KENNEDY BLVD APPROACHING MADISON AVENUE. DRIVER 1 SAID SHE STOPPED IN TRAFFIC FOR A RED LIGHT AHEAD, IN THE LEFT TURN LANE, AND THAT WAS WHEN SHE WAS STRUCK IN THE REAR BY VEH 2 THAT MADE A LEFT TURN FROM THE 1700 MADISON AVE PLAZA.

DRIVER OF VEH 2 STATED SHE WAS TRAVELING SOUTH IN THE 1700 MADISON PLAZA P LOT AND MADE A LEFT TURN OUT OF ONE OF THE PLAZAS EXITS. WHEN DRIVER 2 WAS MAKING HER LEFT TURN, SHE HIT THE PASSANGER REAR PORTION OF VEH 1.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH FOR MAKING THE ILLEGAL LEFT YURN OUT OF THE 1700 MADISON PLAZA.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059025
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	417 CEDARBRIDGE AVE
At Intersection With / Road Name	-
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
Feet / Miles	-
N E S W of:	-
19 Ramp To / From	-
17 Cross Road Name	-
NB EB SB WB	
20 Route/Name	-
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1126
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.084214
22 Longitude	-74.205101

Vehicle 1

23 Veh #	1
24 Policy No.	ISA H1073261A
25 NJ Ins. Code	487
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROBERT M PITTS
29 Sex	M
27 Number & Street	108 PROSPECT ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / B / - / - / NJ
32 Driver's License Number	P47246587401732
33 DOB mm dd yyyy	01/23/1973
34 Expires mm yy	01 24
35 Owner's First Name / Initial / Last Name	- - REPUBLIC SERVICE
☐ Same As Driver	-
36 Number & Street	5 INDUSTRIAL DR
37 City / State / Zip	NEW BRUNSWICK NJ 08901
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MACK / RD6 / - / 2002 / AT261M / NJ
44 VIN	1M2P267C52M061864
45 Expires	06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

VERIZON CABLE WIRES

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	49	M	-	-	-	11	04	-	-	ROBERT M PITTS - 108 PROSPECT ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

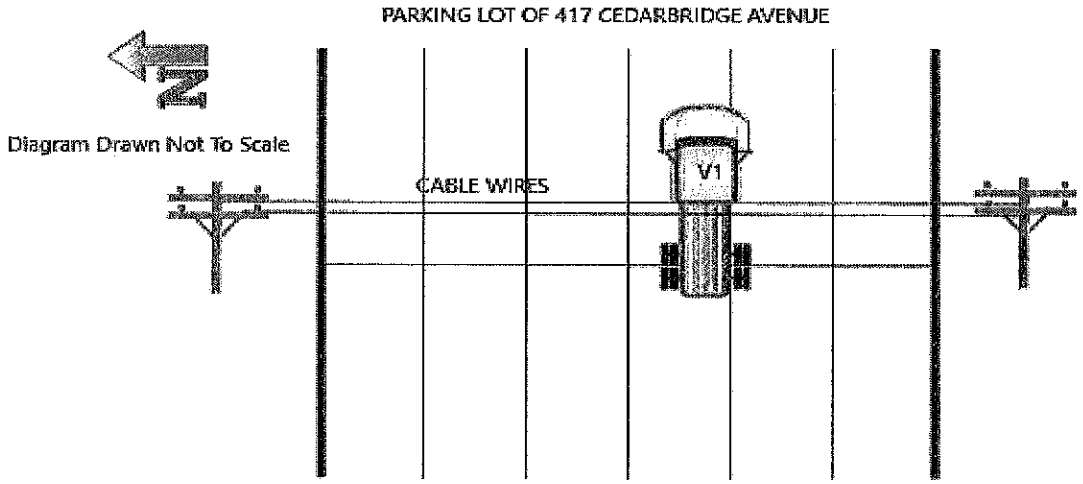
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059025

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS REMOVING A DUMPSTER FROM THE REAR OF 417 CEDARBRIDGE AVENUE. D1 STATED HE PLACED THE EMPTY DUMPSTER IN THE REAR OF THE PROPERTY. D1 THEN ADVISED ME WHEN ATTEMPTING TO PICK UP THE DUMPSTER THAT WAS FILLED WITH GARBAGE, HIS TRUCK MADE CONTACT WITH THE CABLE WIRES. AFTER THE VEHICLE MADE CONTACT WITH THE WIRES, THEY PROCEEDED TO FALL ONTO THE VEHICLE AS WELL AS THE GROUND. VERIZON WAS CONTACT AND RESPOND AND REPLACED THE WIRES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058728
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	6TH STREET
☒ At Intersection With	FOREST AVENUE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	35
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1314
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.095583
22 Longitude	-74.219466

Vehicle 1

23 Veh #	1
24 Policy No.	4379-84-00-79
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ISAAC - BRISK
29 Sex	M
27 Number & Street	630 5TH ST APT A
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	NJ
32 Driver's License Number	B74473700006894
33 DOB (mm dd yyyy)	06/06/1989
34 Expires (mm yy)	06 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOCHEVED E BRISK -
36 Number & Street	630 5TH STREET APT A
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2010 / N93FAN / NJ
44 VIN	4T1BF3EKXAU020085
45 Expires	02 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHELLE A MCFADDEN -
59 Sex	F
57 Number & Street	803 BIRCH CT
58 City / State / Zip	BENSALEM PA 19020
60 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
61 State	PA
62 Driver's License Number	32635609
63 DOB (mm dd yyyy)	02/18/1994
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - DND GROUND INC -
66 Number & Street	13 YELLOWSTONE DR
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / F59 / WHI / 2021 / XLRL53 / NJ
74 VIN	1F64F5KN9M0A02408
75 Expires	03 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	33	M	-	-	-	11	01	-	-	ISAAC - BRISK - 630 5TH ST APT A LAKEWOOD NJ 08701
B	02	01	01	05	28	F	-	-	-	04	01	-	-	MICHELLE A MCFADDEN - 803 BIRCH CT BENSALEM PA 19020
C														
D														

New Jersey Police Crash Investigation Report

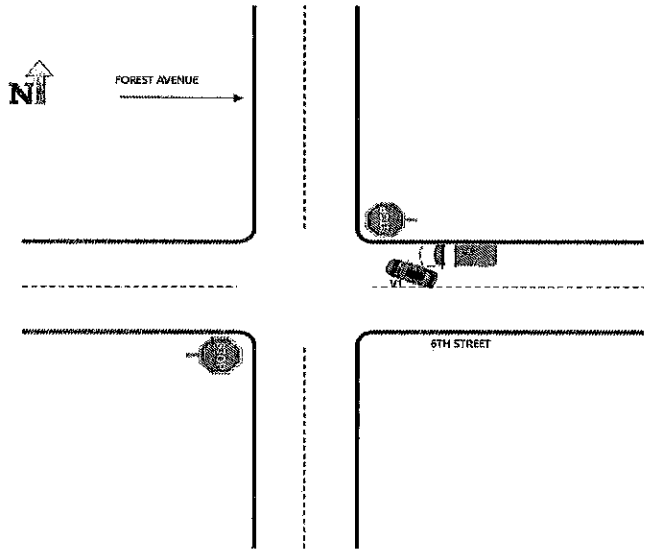
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058728

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V2 STATED THAT SHE WAS STOPPED AND HAD DELIVERED A PACKAGE, HAD GOT BACK INTO HER VEHICLE AND HAD JUST SAT DOWN IN THE DRIVER SEAT AND WAS HIT BY THE CAR (V1)THAT WAS GOING AROUND HER. DRIVER OF V1 STATED THAT HE WAS BEHIND THE DELIVERY TRUCK(V2) AND A TRUCK HAD GONE AROUND IT AND HE WAS FOLLOWING THE TRUCK WHEN THE FED EX VAN(V2) HIT HER. DRIVER OF V2 LATER STATED THAT SHE BEGAN TO MOVE, BUT ONLY MOVED AN INCH. INSURANCE INFORMATION V2- PROTECTIVE INSURANCE POLICY # IL000056 NAIC CODE 12416. DRIVER OF V1 STATED THAT THERE WOULD BE VIDEO AVAILABLE FOR THE CRASH BUT AS OF SUBMISSION OF THE REPORT THE VIDEO WAS NOT FURNISHED TO POLICE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059128
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	2 STADIUM WAY
Road Name	-
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
At Intersection With	☐
Feet / Miles	- / ☐
N E S W of:	☐ ☐ ☐ ☐ -
14	15
16	
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
NB EB SB WB	☐ ☐ ☐ ☐
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1859
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.074906
22 Longitude	-74.188289

Vehicle 1

23 Veh #	1
24 Policy No.	5129J015588
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TZVI - FISHER -
29 Sex	M
27 Number & Street	1585 KRIS CT
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	F46507530011016
33 DOB mm dd yyyy	11/08/2001
34 Expires mm yy	11 / 25
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	TZVI - FISHER -
36 Number & Street	1585 KRIS CT
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / EXP / BK / 2022 / K20PZX / NJ
44 VIN / 45 Expires	1FM5K8LC4NGB10001 / 06 26
46 Vehicle Removed To	MOISHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4147-81-82-66
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LAYA - LAX -
59 Sex	F
57 Number & Street	1836 NEW CENTRAL AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / 1 / - / NJ
62 Driver's License Number	L09454470053654
63 DOB mm dd yyyy	03/18/1965
64 Expires mm yy	03 / 26
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	IRA J LAX -
66 Number & Street	1836 NEW CENTRAL AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ACC / TN / 2013 / L22NZR / NJ
74 VIN / 75 Expires	KMHCT4AEXDU367357 / 07 23
76 Vehicle Removed To	MOISHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Damage / Charges

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

-

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

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	11	04	-	TZVI - FISHER - 1585 KRIS CT TOMS RIVER NJ 08755
B	02	01	01	05	57	F	-	-	-	11	04	-	-	LAYA - LAX - 1836 NEW CENTRAL AVE LAKEWOOD NJ 08701
C	02	03	01	05	14	F	-	-	-	11	04	-	-	RACHEL - LAX 1836 NEW CENTRAL AV LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

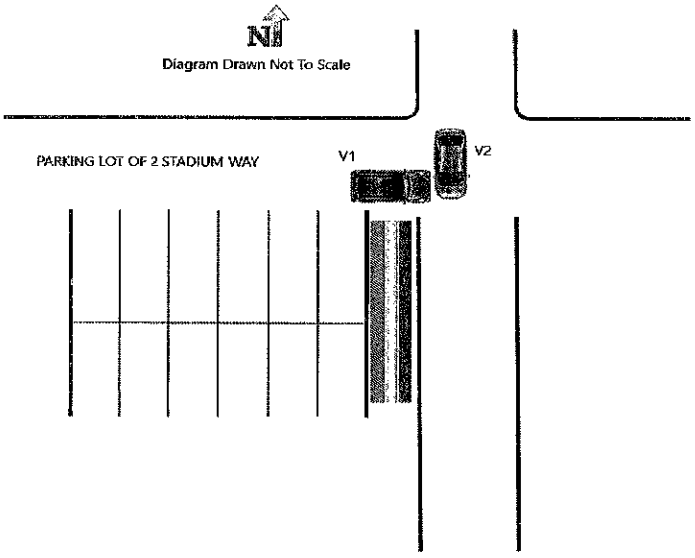
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059128

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling east through the parking lot area of 2 Stadium Way. He proceeded through the an intersection with a main throughway. While proceeding through, V1 struck V2.

The driver of V2 stated she was traveling south on the main throughway of 2 Stadium Way. V1 came from the parking lot area and struck V2.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-059098
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1655
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CHESTNUT ST
Dir	-
11 Speed Limit	40
12 Route No.	0040
Suffix	-
13 Milepost	-
☒ At Intersection With / ☐ Feet / ☐ Miles (14 -, 15)	☐N ☐E ☐S ☐W of:
16 Speed Limit	25
17 Cross Road Name	VERMONT AVE
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐NB ☐EB ☐SB ☐WB
21 Latitude	40.052225
22 Longitude	-74.208854

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	NJSS206456573	909773023
NJ Ins. Code	217	054
Status	☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run
Driver's First Name / Initial / Last Name	DAVID L TABACZYNSKI -	OBDELIA - MAYAGARCIA -
Sex	M	F
Number & Street	16 STAMFORD HILL RD	1181 ANTHONY CT
City / State / Zip	LAKEWOOD NJ 08701	LAKEWOOD NJ 08701
Eyes	04	01
DL Class	D	D
Restrictions	1	T
Endorsements	-	-
State	NJ	NJ
Driver's License Number	T00041567303884	M09536010052831
DOB	03/04/1988	02/02/1983
Expires (mm yy)	03 26	02 26
Owner's First Name / Initial / Last Name	☐ Same As Driver AHUVA S TABACZYNSKI -	☐ Same As Driver ERINEO - OLEA-LOPEZ -
Number & Street	3 PINE HOLLOW LN	7 OAK ST
City / State / Zip	LAKEWOOD NJ 08701	NEPTUNE NJ 07753
Make	TOYT	TOYT
Model	CAM	COR
Color	BG	RD
Year	2009	2004
Plate No.	M19CLM	L63GGK
State	NJ	NJ
VIN	4T1BE46K89U892932	2T1BR38E34C226142
Expires	08 23	02 23
Vehicle Removed To	-	-
Removal	☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded
Authority	☐Owner ☒Driver ☐Police	☐Owner ☒Driver ☐Police
Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0. - %; ☐Pending
Hazardous Material	☒None ☐On Board ☐Spill; Hazard Class; Placard No.	☒None ☐On Board ☐Spill; Hazard Class; Placard No.
Carrier No.	☐USDOT ☐MC/MX ☒None	☐USDOT ☐MC/MX ☒None
GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	34	M	-	-	-	11	04	-	-	DAVID L TABACZYNSKI - 16 STAMFORD HILL RD LAKEWOOD NJ 08701
B	02	01	01	05	39	F	-	-	-	11	04	-	-	OBDELIA - MAYAGARCIA - 1181 ANTHONY CT LAKEWOOD NJ 08701
C	02	03	01	05	15	M	-	-	-	11	04	-	-	ETHAN - GONZALEZ 1181 ANTHONY CT LAKEWOOD NJ 08701
D	02	04	01	05	4	F	-	-	-	07	07	-	-	HILLARY - SANCHEZ 1181 ANTHONY CT LAKEWOOD NJ 08701

Left margin codes:

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

Right margin codes:

Code	Value
118a	02
118b	06
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	03
124	04
125	04
126a	08
126b	26
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	10
132	10
133	03
134	03

New Jersey Police Crash Investigation Report

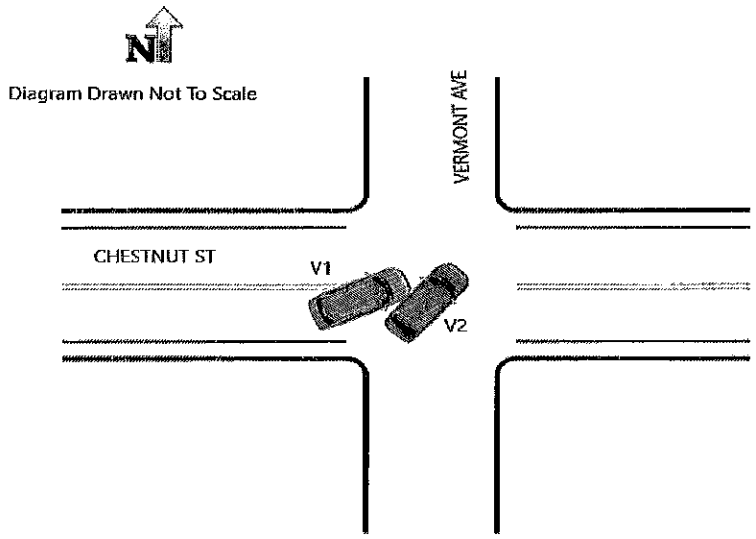
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059098

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated he was traveling east on Chestnut St. He observed V2 stopped waiting to make a left turn. He realized V2 was turning late and attempted to swerve left to avoid crashing into the rear of V2. V2 started turning onto Vermont Ave. V1 collided with V2.

The driver of V2 stated she was traveling east on Chestnut St. She stopped to turn left onto Vermont Ave. She started turning and was struck by V1.

Based on my investigation, V1 caused the crash by swerving left and striking V2 in the same direction while V2 was turning left.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059095
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	1406 14TH ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	50
☐ N ☒ E / ☐ S ☐ W of:	ROSELLE COURT
19 Ramp ☐ To / ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1647
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	CAA 144846294
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOSEF / / MANDELBAUM
29 Sex	M
27 Number & Street	156 N FORMOSA AVENUE
28 City / State / Zip	LOS ANGELES / CA / 90036
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / / / / CA
32 Driver's License Number	E1130017
33 DOB mm dd yyyy	08111992
34 Expires mm yy	08 22
35 Owner's First Name / Initial / Last Name	☒ Same As Driver YOSEF / / MANDELBAUM
36 Number & Street	156 N FORMOSA AVENUE
37 City / State / Zip	LOS ANGELES / CA / 90036
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODGE / RAM / BK / 2019 / ACMSTRS / CA
44 VIN	1C6RREFT5KN653562
45 Expires	11 22
46 Vehicle Removed To	PRIVATE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939 969 667
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NOACH / - / FRANK -
59 Sex	M
57 Number & Street	509 CARANETTA DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number	F71905940002014
63 DOB mm dd yyyy	02/12/2001
64 Expires mm yy	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE / A / FRANK -
66 Number & Street	509 CARANETTA DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / 4 / 2015 / A53LNU / NJ
74 VIN	5NPE24AF2FH186355
75 Expires	07 23
76 Vehicle Removed To	PRIVATE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:4-97	293379	-		-
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	04	-	-	YOSEF MANDELBAUM 156 N FORMOSA AVE LOS ANGELES CA 90036
B	02	01	01	05	21	M	-	-	-	11	04	-	-	NOACH - FRANK - 509 CARANETTA DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

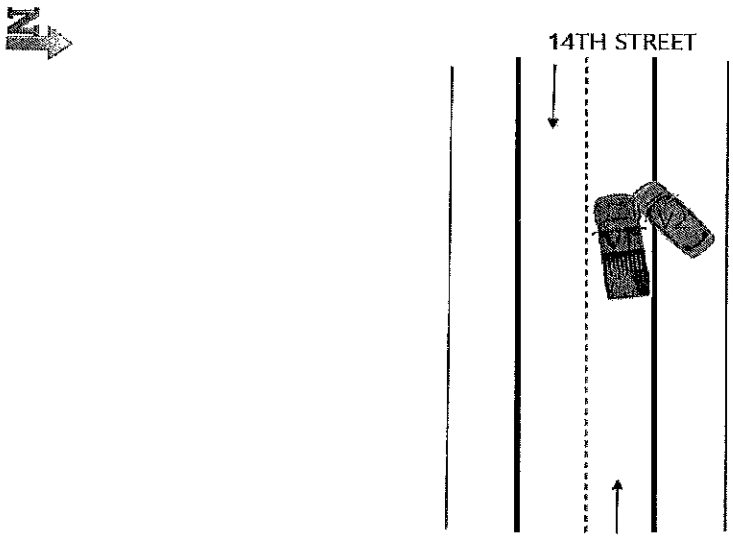
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059095

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING WEST ON 14TH STREET WHEN VEHICLE 2 MADE A U-TURN IN FRONT OF VEHICLE 1 FROM THE RIGHT SHOULDER.

THE DRIVER OF VEHICLE 2 STATED HE WAS MAKING U-TURN WHEN HE CRASHED INTO VEHICLE 1.

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 MADE A UNSAFE U-TURN.

BOX #25... INTERINSURANCE EXCHANGE OF THE AUTOMOBILE CLUB NAIC # 15598

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. K. SEUNATH	284	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059028
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1132
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE
At Intersection With Road Name	MELVILLE AVE
Dir	E
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	100
15 Miles	
16 N/S/E/W of	E
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp To/From	-
20 Route/Name	-
21 Latitude	40.084824
22 Longitude	-74.206727
NB/SB/EB/WB	-

Vehicle 1

23 Veh #	1
24 Policy No.	BA-0000002660AA
25 NJ Ins. Code	925
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CRAIG J THEIBAULT
29 Sex	M
27 Number & Street	1253 RIDGE AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 - - -
31 State	NJ
32 Driver's License Number	T33181417109596
33 DOB (mm dd yyyy)	09/25/1959
34 Expires (mm yy)	09 23
35 Owner's First Name / Initial / Last Name	JJ THIEBAULT JR LI-
☐ Same As Driver	-
36 Number & Street	1245 RIDGE AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F45 / WHI / 2019 / XKFZ25 / NJ
44 VIN	1FDTF4HT0KDA02727
45 Expires	11 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☒ USDOT 356443 ☐ None; ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	956297436
55 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	SMART FIBER INN(-
☐ Same As Driver	-
66 Number & Street	1220 BEWICK ST
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / VAN / WHI / 2005 / B237014 / NJ
74 VIN	1FTSS34PX5HA53356
75 Expires	08 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1			1		
2			2		

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	62	M	-	-	-	11	04	-	-	CRAIG J THEIBAULT - 1253 RIDGE AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

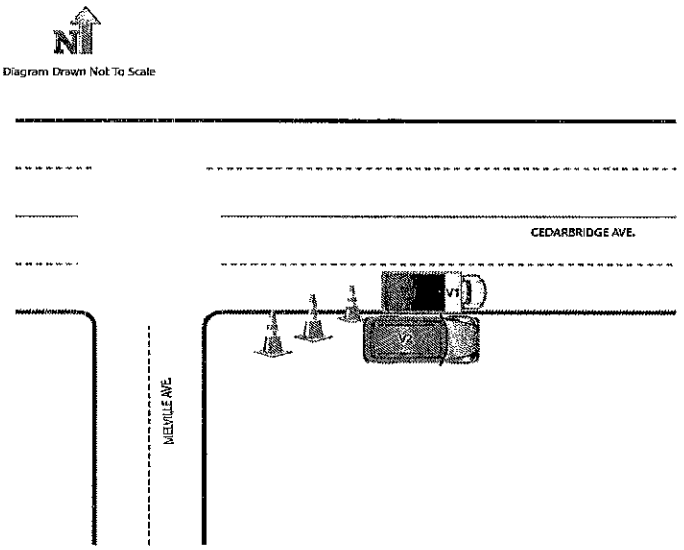
Station: - Case No: 22-059028

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of V1 stated that he was traveling east on Cedarbridge Ave. Driver of V1 further stated that as he was passing V2, that was parked doing construction work on the shoulder of the road, he did not secure the hatch to the door of his dump truck and ultimately struck the driver side mirror of V2. Operator of V2 stated that the vehicle was parked in the shoulder of the road when V1 drove passed and struck the mirror.

V1 stated that V2 was working on the shoulder of the road and did not have the proper signs nor a crash truck as it is needed, working on a County Rd. Although he was correct, I still found V1 at fault for failing to secure the hatch to the door prior to driving his vehicle.

Box #55 Insurance Code, 11410, Street Smart Insurance, 208 South St. Freehold,NJ, 07728.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☒Fatal

New Jersey Police Crash Investigation Report

☒Reportable ☐Non-Reportable ☐Change Report

1 Case Number	22-059019		
2 Police Dept of	LAKEWOOD TOWNSHIP P	Code	01
3 Station/Precinct	-		
4 Date of Crash (mm dd yy)	07/26/22		
5 Day Of Week	TUESDAY		
6 Time (use 2400 hrs)	1038		
7 Municipality Code	1514		
8 Total Killed	1		
9 Total Injured	1		
10 Crash Occurred On:	MADISON AVENUE	-	
11 Speed Limit	45		
12 Route No.	0009	Suffix -	13 Milepost -
14 Feet / 15 Miles	☐Feet ☐Miles	16 ☐N ☐E ☐S ☐W of:	COUNTY LINE ROAD
17 Cross Road Name	-	18 Speed Limit	35
19 Ramp	☐To ☐From: -		
20 Route/Name		☐NB ☐EB ☐SB ☐WB	
21 Latitude	40.106197	22 Longitude	-74.219377

Vehicle 1

23 Veh #	1
24 Policy No.	G01 1149903 01
25 NJ Ins. Code	392
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	ERIKA - PEREZSANTOS
29 Sex	F
27 Number & Street	206 RIDGE AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	P26792330057032
33 DOB (mm dd yyyy)	07/23/2003
34 Expires (mm yy)	07 25
35 Owner's First Name / Initial / Last Name	☐Same As Driver ERIKA - PEREZSANTOS
36 Number & Street	206 RIDGE AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / RD / 2006 / K58NZR / NJ
44 VIN	5FNRL38456B021220
45 Expires	07 23
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐Driven ☒Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
47 Authority	☒Owner ☐Driver ☐Police
48 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0. - % ☐Pending
49 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
50 Carrier No.	☐USDOT ☒None ☐MC/MX
51 GVWR/GCWR	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☐Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4197-63-64-44
55 NJ Ins. Code	148
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	CHANA - SIEGEL
59 Sex	F
57 Number & Street	10 LINDA DRIVE
58 City / State / Zip	JACKSON / NJ / 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number	S41591200055806
63 DOB (mm dd yyyy)	05/31/1980
64 Expires (mm yy)	05 24
65 Owner's First Name / Initial / Last Name	☐Same As Driver YAAKOV - SIEGEL
66 Number & Street	10 LINDA DRIVE
67 City / State / Zip	JACKSON / NJ / 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / WHI / 2022 / C92NYR / NJ
74 VIN	5FNRL6H5XNB019214
75 Expires	07 25
76 Vehicle Removed To	PRIVATE TOW
☐Driven ☒Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☒Owner ☐Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0. - % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
80 Carrier No.	☐USDOT ☒None ☐MC/MX
81 GVWR/GCWR	☐Weight <= 10,000 lbs ☐Weight 10,001-26,000 lbs ☐Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:4-81	293378	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	19	F	08	08	02	11	11	01	6502	ERIKA - PEREZSANTOS - 206 RIDGE AVE LAKEWOOD NJ 08701
B	02	01	01	01	42	F	-	-	-	11	11	02	-	CHANA - SIEGEL - 10 LINDA DRIVE JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

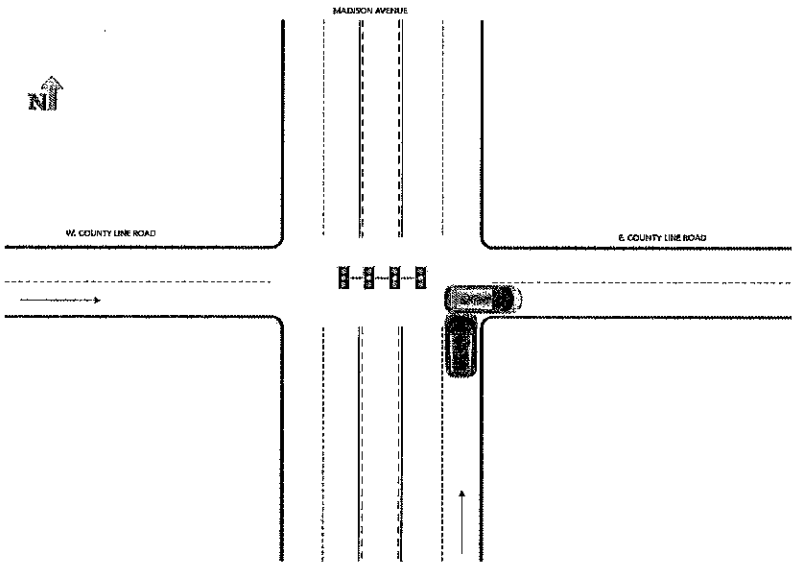
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059019

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WAS IN THE RIGHT LANE ON MADISON AVENUE HEADING NORTH THROUGH A GREEN TRAFFIC LIGHT AT THE INTERSECTION WITH E. COUNTY LINE ROAD. AS SHE WAS TRAVELING THROUGH THE INTERSECTION, VEHICLE 2 WHICH WAS TRAVELING EAST ON W. COUNTY LINE ROAD WENT THROUGH A RED TRAFFIC LIGHT. SHE WAS UNABLE TO STOP AND CRASHED INTO THE SIDE OF VEHICLE 2.

DRIVER OF VEHICLE 2 STATED "SOMEONE SAID I WENT THROUGH A RED LIGHT." SHE ALSO SAID SHE WAS TRAVELING EAST ON W. COUNTY LINE ROAD AND DOES NOT REMEMBER THE COLOR OF THE TRAFFIC LIGHT AS SHE WAS GOING THROUGH IT.

THIS INVESTIGATION DETERMINED DRIVER 1 WAS TRAVELING NORTH ON MADISON AVENUE AT A SAFE SPEED. THE DRIVER OF VEHICLE 2 WHICH WAS TRAVELING E. ON W. COUNTY LINE ROAD, FAILED TO STOP AT RED TRAFFIC LIGHT CAUSING VEHICLE 1 TO T-BONE VEHICLE 2.

WITNESS LEFT PRIOR TO MY ARRIVAL AND IDENTITY IS UNKNOWN.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-059013
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	PROSPECT ST
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ At Intersection With	MASSACHUSETTS AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/26/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0954
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.073333
22 Longitude	-74.227225

Vehicle 1

23 Veh #	1
24 Policy No.	939389027
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BRYNA / A / TENDLER -
29 Sex	F
27 Number & Street	370 GRANDE RIVER BOULEVARD
28 City / State / Zip	TOMS RIVER / NJ / 08755
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / A / - / - / NJ
32 Driver's License Number	T25141036151916
33 DOB mm dd yyyy	01/31/1991
34 Expires mm yy	01 / 23
35 Owner's First Name / Initial / Last Name	☒ Same As Driver BRYNA / A / TENDLER -
36 Number & Street	370 GRANDE RIVER BOULEVARD
37 City / State / Zip	TOMS RIVER / NJ / 08755
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / PCF / WHI / 2020 / B85MLA / NJ
44 VIN	2C4RC1BG4LR142988
45 Expires	07 / 24
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	SEE NARRATIVE
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BLANCA / I / DEJESUS -
59 Sex	F
57 Number & Street	122 BELMONT DRIVE
58 City / State / Zip	SO TOMS RIVER / NJ / 08757
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / B / - / - / NJ
62 Driver's License Number	D23260936956652
63 DOB mm dd yyyy	06/28/1965
64 Expires mm yy	06 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / SEMAN-TOV -
66 Number & Street	10 TRUAX ST
67 City / State / Zip	ELBERON / NJ / 07740
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / 4500 / YEL / 2019 / M212S1 / NJ
74 VIN	1HA6GUBG7JN003310
75 Expires	07 / 23
76 Vehicle Removed To	CERTIFIED TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☒ USDOT 1149194 ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☒ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	31	F	-	-	-	11	04	-	-	BRYNA A TENDLER - 370 GRANDE RIVER BOU TOMS RIVER NJ 08755
B	01	03	01	05	11	M	-	-	-	11	04	-	-	YECHIEL TENDLER 370 GRAND RIVER BLV TOMS RIVER NJ 08755
C	01	04	01	05	9	F	-	-	-	11	04	-	-	HADASSAH TENDLER 370 GRAND RIVER BLV TOMS RIVER NJ 08755
D	01	05	01	05	9	F	-	-	-	11	04	-	-	BELLA TENDLER 370 GRAND RIVER BLV TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report

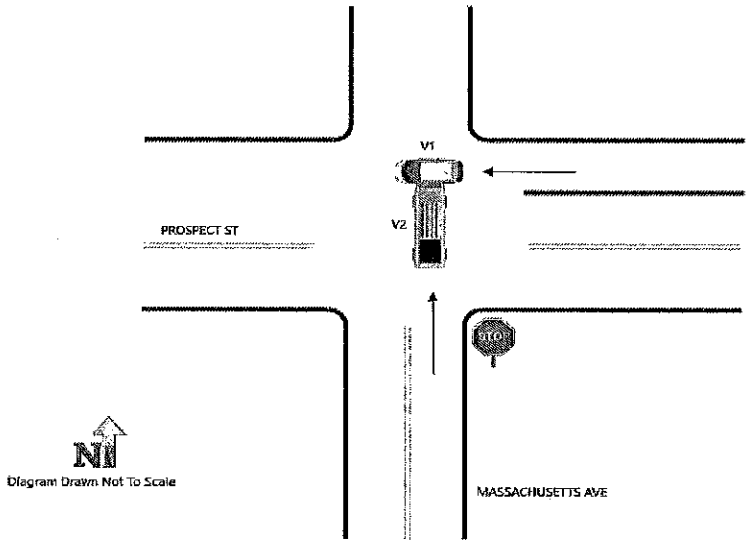
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-059013

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	02	01	01	03	57	F	08	08	01	11	04	-	-	BLANCA I DEJESUS - 122 BELMONT DRIVE SO TOMS RIVER NJ 08757
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1, Bryna Tendler was operating a 2020 Chrysler Pacifica, NJ B85-MLA. Mrs. Tendler stated she was traveling west on Prospect Street crossing over the intersection at Massachusetts Avenue when a school bus attempted to enter Prospect Street from Massachusetts Avenue and struck the driver side of her vehicle.

Driver 2, Blanca DeJesus, was operating a 2019 Chevrolet 4500 School Bus, NJ M21-2S1. Ms. DeJesus stated she was traveling north stopped at the stop sign on Massachusetts Avenue waiting to cross over Prospect Street and enter the Excel Business Park. A vehicle not involved in the crash was stopped in the left turn lane traveling west on Prospect Street. The driver of that vehicle hand signaled to her to cross over Prospect Street in front of him. As she began to cross over she didn't realize vehicle 1 was traveling straight on Prospect Street and the front of her bus struck the driver side of vehicle 1.

Driver 2 was determined to be at fault for failure to stop/yield for the right of way vehicle.

Vehicle 2 insurance: Nationwide Insurance Group. Policy BA4182BB. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-058988
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	-
100a	01	4 Date of Crash mm dd yy	07/26/22
		5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	0823
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	EAST 2ND ST
		☐ At Intersection With Road Name	
		☒ Feet ☐ Miles	55
		☐ N ☒ E ☐ S ☐ W of:	MIDTOWN CIRCLE
		11 Speed Limit	25
		Dir	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		16 Speed Limit	25
		17 Cross Road Name	
		19 Ramp ☐ To ☐ From	-
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.093057
		22 Longitude	-74.208927
118a	25		
118b	-		
119a	00		
119b	-		
120a	01		
120b	-		
121a	00		
121b	-		
122	10		
123	00		
124	11		
125	-		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	28		
127b	00		
127c	00		
127d	00		
127e	28		
128	26		
129	11		
130	11		
131	00		
132	00		
133	03		
134	00		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	4070-75-20-45
102	01	25 NJ Ins. Code	148
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
104	2	26 Driver's First Name / Initial / Last Name	- - -
105	00	29 Sex	-
106	-	27 Number & Street	-
107	00	28 City / State / Zip	- - -
108	01	30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
109	00	32 Driver's License Number	-
110	01	33 DOB mm dd yyyy	-
111	00	34 Expires mm yy	- -
112	-	35 Owner's First Name / Initial / Last Name	☐ Same As Driver DOVID Y HASENFELD -
113	00	36 Number & Street	101 E 2ND ST
114	-	37 City / State / Zip	LAKEWOOD NJ 08701
115	00	38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT COR SIL 2016 U48LZA NJ
116	04	44 VIN	2T1BURHE7GC744311
117	00	45 Expires	10 22
		46 Vehicle Removed To	-
		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
		47 Authority	☒ Owner ☐ Driver ☐ Police
		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
		50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City / State / Zip	- - -

Vehicle 2

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

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

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

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

New Jersey Police Crash Investigation Report

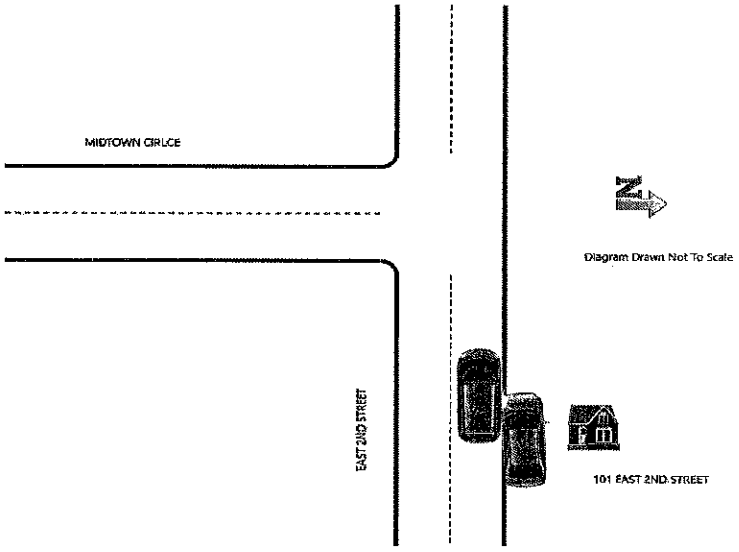
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058988

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

OWNER OF V1 STATED THAT HE PARKED HIS VEHICLE AT 17:00 HOURS ON 7/25/2022. THE OWNER STATED THAT THERE WAS NO DAMAGE ON HIS VEHICLE WHEN HE PARKED. THE OWNER OF THE VEHICLE STATED THAT UPON COMING OUT OF HIS RESIDENCE THIS MORNING AT 06:50, HE NOTICED THAT THE FRONT DRIVER SIDE OF HIS VEHICLE WAS STRUCK. LET IT BE NOTED THAT I WAS ADVISED THAT HE DOES HAVE CAMERAS IN FRONT OF HIS RESIDENCE, BUT HE IS WAITING FOR SOMEONE TO COME AND FIX THEM. HE ADVISED ME THAT HE WILL SEND ME THE FOOTAGE UPON LOCATING IT, WHEN THE CAMERAS ARE WORKING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05

1 Case Number: 22-058457

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

3 Station/Precinct: -

97: 01

98: 01

99: 05

10 Crash Occurred On: CROSS STREET | 11 Speed Limit: 40 | 12 Route No.: 0528 | Suffix: - | 13 Milepost: -

☒ At Intersection With | Road Name | Dir

☐ Feet ☐ N ☐ E of: WHITE ROAD | 18 Speed Limit: 25

14: - ☐ Miles 15 ☐ S ☐ W 16

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

4 Date of Crash mm dd yy: 07/24/22 | 5 Day Of Week: SUNDAY | 6 Time (use 2400 hrs): 1417 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

20 Route/Name | 21 Latitude: 40.080365 | 22 Longitude: -74.255426

100a: 01

100b: 04

101: 02

102: 01

103: 01

104: 2

105: 00

106: -

107: -

108: 01

109: 01

110: 01

111: 01

112: -

113: -

114: -

115: -

116: 04

117: 02

118a: 00

118b: -

119a: 00

119b: -

120a: 01

120b: -

121a: 01

121b: -

122: 01

123: 01

124: 04

125: 04

126a: 26

126b: -

126c: -

126d: -

126e: 26

127a: 26

127b: -

127c: -

127d: -

127e: 26

128: 26

129: 12

130: 12

131: 08

132: 08

133: 02

134: 04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 995509982061 | 25 NJ Ins. Code: 884

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

26 Driver's First Name: MARTHA | Initial: - | Last Name: ESCOTO-ALMAZO | 29 Sex: F

27 Number & Street: 104 WOODLAKE MANOR DR

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

30 Eyes: 01 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: E80145250054841 | 33 DOB mm dd yyyy: 04/03/1984 | 34 Expires mm yy: 04 25

35 Owner's ☐ Same As Driver | First Name: MARTHA | Initial: - | Last Name: ESCOTO-ALMAZO

36 Number & Street: 104 WOODLAKE MANOR DR

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

38 Make: NISS | 39 Model: ALT - AL | 40 Color: WHI | 41 Year: 2012 | 42 Plate No.: D98HTK | 43 State: NJ

44 VIN: 1N4AL2AP9CC165492 | 45 Expires: 04 23

46 Vehicle Removed To: ALLSTATE COLLISION

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 939842587 | 55 NJ Ins. Code: 054

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

56 Driver's First Name: ISAAC | Initial: D | Last Name: WALDEN | 59 Sex: M

57 Number & Street: 1045 HEARTHSTONE DR

58 City: LAKEWOOD | State: NJ | Zip: 08701

60 Eyes: 02 | DL Class: A | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: W02543706411812 | 63 DOB mm dd yyyy: 11/20/1981 | 64 Expires mm yy: 11 23

65 Owner's ☐ Same As Driver | First Name: ISAAC | Initial: D | Last Name: WALDEN

66 Number & Street: 1045 HEARTHSTONE DR

67 City: LAKEWOOD | State: NJ | Zip: 08701

68 Make: SUBA | 69 Model: LEG - LE | 70 Color: GRY | 71 Year: 2021 | 72 Plate No.: K28PED | 73 State: NJ

74 VIN: 4S3BWGP60M3008274 | 75 Expires: 08 24

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	38	F	-	-	-	11	04	-	-	MARTHA - ESCOTO-ALMAZO - 104 WOODLAKE MANOR LAKEWOOD NJ 08701 - -
B	V2	01	01	05	40	M	-	-	-	11	04	-	-	ISAAC D WALDEN - 1045 HEARTHSTONE DR LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

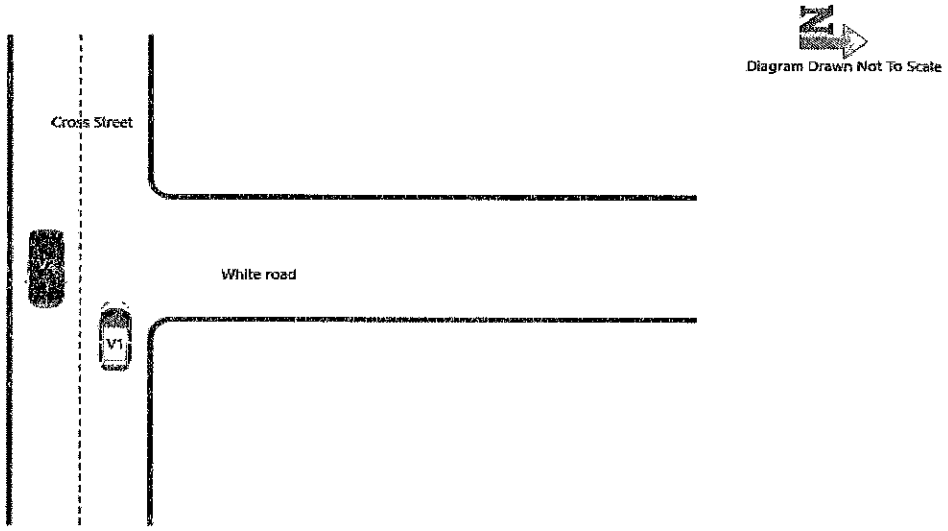
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058457

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Westbound on Cross Street. Driver 1 explained that she was traveling Westbound, going towards Jackson. Driver 1 said that it seemed like V2 did not stop at the stop sign on White Road, causing her to collide with V2.

Vehicle 2 was traveling Eastbound on Cross Street. Driver 2 said that he was traveling Eastbound when he felt an impact from the side of his car and noticed V1 collided with his vehicle.

Investigation revealed Vehicle 1 was traveling Westbound on Cross Street, and Vehicle 2 was traveling Eastbound on Cross Street. Based on the statements from Driver 1 and Driver 2, I cannot determine who is at fault. I checked the area for cameras yielding negative results. No injuries were report at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058855
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2258
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PARK AVE
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	HACKETT STREET
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.094737
22 Longitude	-74.207882

Vehicle 1

23 Veh #	1
24 Policy No.	4496-40-27-38
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ABRAHAM
Initial	-
Last Name	LIPSCHITZ
29 Sex	M
27 Number & Street	104 E 9TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	L45780050012812
33 DOB mm dd yyyy	12/21/1981
34 Expires mm yy	12 26
35 Owner's First Name	ABRAHAM
Initial	-
Last Name	LIPSCHITZ
☐ Same As Driver	
36 Number & Street	104 E 9TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	GRY
41 Year	2013
42 Plate No.	W29JRC
43 State	NJ
44 VIN	5TDKK3DCXDS355088
45 Expires	01 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	
☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
50 Carrier No.	
☐ USDOT ☒ None	
☐ MC/MX	
51 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	SELF INSURED
55 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	-
65 Owner's First Name	N/A
Initial	-
Last Name	EAN HOLDINGS LL(
☐ Same As Driver	
66 Number & Street	14002 EAST 21ST ST STE 1500
67 City	TULSA
State	OK
Zip	74134
68 Make	AUDI
69 Model	Q3
70 Color	GRY
71 Year	2019
72 Plate No.	T64PPZ
73 State	NJ
74 VIN	WA1AECF37K1082650
75 Expires	03 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
77 Authority	
☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test	
Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	
☒ None ☐ On Board ☐ Spill	
Hazard Class	
Placard No.	
80 Carrier No.	
☐ USDOT ☒ None	
☐ MC/MX	
81 GVWR/GCWR	
☐ Weight <= 10,000 lbs	
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City	
State	
Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	A290420			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	M	-	-	-	11	04	-	-	ABRAHAM - LIPSCHITZ - 104 E 9TH ST LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

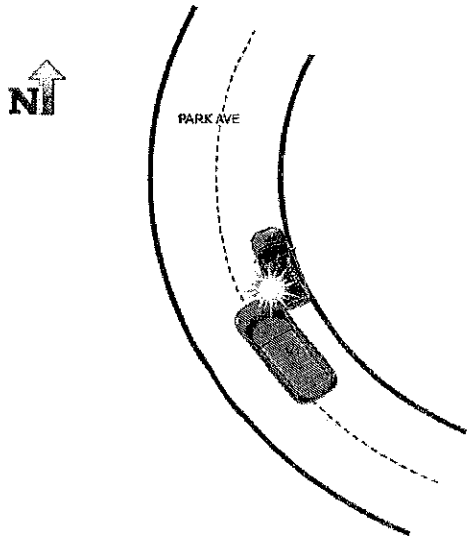
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058855

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED HE WAS HEADING NORTH ON PARK AVE WHEN A ANOTHER VEHICLE WAS GOING SOUTH. D1 STATED THE ROAD WAS WET AND WHILE NEGOTIATING THE CURVE AND ON COMING TRAFFIC, D1 STATED HE LOST CONTROL AND SIDE SWIPED VEH 2 DISABLING VEH 2.

VEH 2 WAS DAMAGED FROM REAR TO FRONT BUMPER WITH SIGNIFICANT DAMAGES TO THE DRIVER'S SIDE DOOR AND REAR DRIVER'S SIDE TIRE AREA.

VEH 2 IS SELF INSURED BY ENTERPRIZE CAR RENTAL/EAN HOLDINGS.

VEH 1 IS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MORGAN T	349	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058849
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	E KENNEDY BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2241
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.106934
22 Longitude	-74.219482

Vehicle 1

23 Veh #	1
24 Policy No.	4561 48 97 27
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YECHEZKEL - ORLOWEK -
29 Sex	M
27 Number & Street	107 YESODEI CT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number	O74757890001922
33 DOB mm dd yyyy	01/16/1992
34 Expires mm yy	01 / 23
35 Owner's First Name / Initial / Last Name	☒ Same As Driver YECHEZKEL - ORLOWEK -
36 Number & Street	107 YESODEI CT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / 2 / 2016 / F38LCS / NJ
44 VIN	5FNRL5H46GB049296
45 Expires	04 / 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	144 9009 E31 30
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEOBARDO - CUAYARAMIREZ -
59 Sex	M
57 Number & Street	5 HALEY ST APT A
58 City / State / Zip	FREEHOLD / NJ / 07728
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / D / - / - / NJ
62 Driver's License Number	C90144590003751
63 DOB mm dd yyyy	03/14/1975
64 Expires mm yy	03 / 26
65 Owner's First Name / Initial / Last Name	☒ Same As Driver LEOBARDO - CUAYARAMIREZ -
66 Number & Street	5 HALEY ST APT A
67 City / State / Zip	FREEHOLD / NJ / 07728
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / REG / BLK / 2012 / L85PXL / NJ
74 VIN	2G4GR5EK3C9140318
75 Expires	06 / 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	30	M	-	-	-	11	11	-	-	YECHEZKEL - ORLOWEK - 107 YESODEI CT LAKEWOOD NJ 08701
B	02	01	01	05	47	M	-	-	-	11	11	01	-	LEOBARDO - CUAYARAMIREZ - 5 HALEY ST APT A FREEHOLD NJ 07728
C	02	02	01	03	41	F	01	08	01	11	11	01	-	EVELIA - AGUILAR - 5 HALEY ST APT A FREEHOLD NJ 07728
D														

New Jersey Police Crash Investigation Report

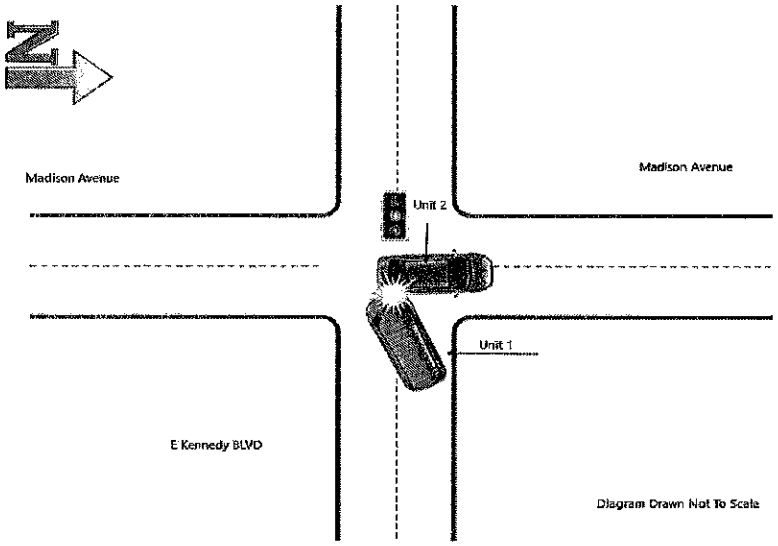
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058849

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 stated that he was traveling Northbound on Madison Avenue crossing over E Kennedy Blvd while the traffic light was green. Driver then stated that V1 made a left turn in front of his vehicle causing the accident. Driver of V1 stated that he was making a left turn onto Madison Avenue from E Kennedy Blvd and that he also had a green light. A witness on scene stated that he observed V2 traveling at a high rate of speed but could not provide proof of his observations. No video camera in this area was located. I could not determine who was negligent in this accident. The passenger in V2 complained of pain but refused medical treatment.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
REYES S	342	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058720
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVE
11 Speed Limit	40
At Intersection With Road Name	
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	E KENNEDY BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1212
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.106934
22 Longitude	-74.219482

Vehicle 1

23 Veh #	1
24 Policy No.	
25 NJ Ins. Code	
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - KLINE
29 Sex	M
27 Number & Street	195 RIDGE AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	06/24/2009
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	
☐ Same As Driver	
36 Number & Street	
37 City / State / Zip	
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	
44 VIN / 45 Expires	
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	AOJ-238-175025-40 2 2
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	
☐ Same As Driver	ROBERT R BOGAN -
66 Number & Street	23 KINGS NORTH ROAD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CADI / ATS / 4 / 2014 / AFVIDEO / NJ
74 VIN / 75 Expires	1G6AA5RA1E0171912 / 12 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	03	02	13	M	11	07	02	08	08	-	6303	MOSHE - KLINE - 195 RIDGE AVE LAKEWOOD NJ 08701
B	2	01	01	05	83	M	-	-	-	11	04	-	-	ROBERT R BOGAN - 23 KINGS NORTH ROAD JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

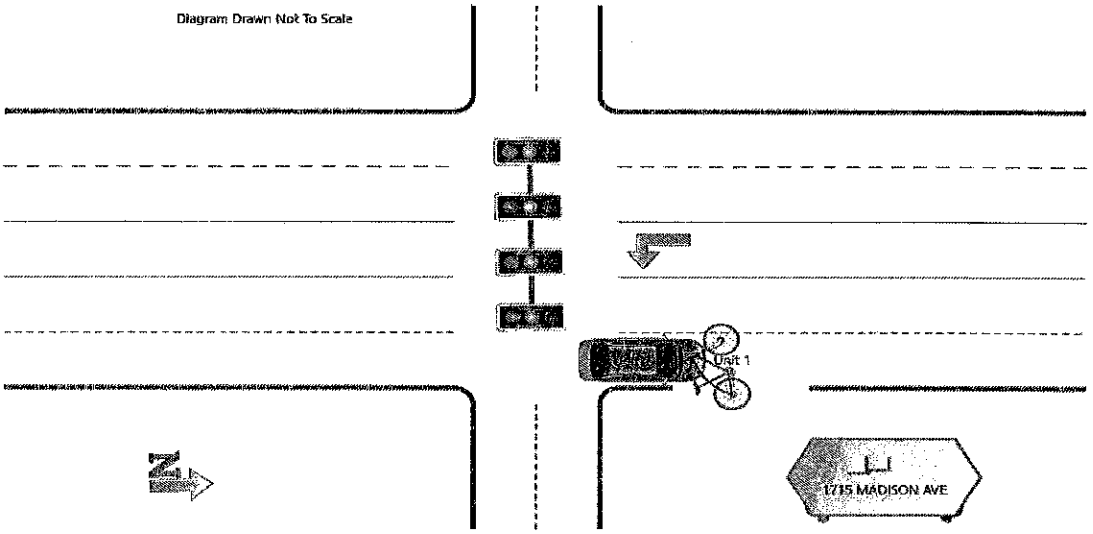
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058720

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING NORTH ON MADISON AVE AND HAD THE GREEN LIGHT IN THE INTERSECTION OF MADISON AVE & E KENNEDY BLVD. AFTER CROSSING THE INTERSECTION HE STRUCK A JV ON A ELECTRIC BICYCLE WHILE ON THE RIGHT LANE. DRIVER WAS UNSURE WHERE THE JV ENTERED HIS LANE OF TRAVEL FROM.

ONE WITNESS ON SCENE STATED HE WAS FACING E KENNEDY BLVD ON THE LEFT TURNING LANE, HE STATED VEHICLE 2 WAS IN THE RIGHT NORTH LANE OF TRAVEL ON MADISON AVE. WHEN THE JV ON THE ELECTRIC BICYCLE EXITED SHELL GAS STATION (1715 MADISON AVE) WITHOUT STOPPING WHEN VEHICLE 2 WHO HAD THE GREEN LIGHT STRUCK THE BICYCLE. HE STATED THE JV WENT UP IN THE AIR AND LANDED ON THE WINDSHILED OF VEHICLE 2. JV WAS WEARING A HELMET.

ANOTHER WITNESS STATED SHE WAS ON W KENNEDY BLVD FACING MADISON AVE. VEHICLE 2 HAD THE GREEN LIGHT WHEN THE JV RIDING THE BICYCLE DARTED INTO TRAFFIC CAUSING VEHICLE 2 TO STRIKE THE BICYCLE.

THE JV WAS TRANSPORTED TO JERSEY SHORE MEDICAL CENTER FOR HIS INJURIES WHICH WERE A POSSIBLE HEAD INJURY AND AND OPEN FRACTURE TO HIS LEFT LOWER LEG.

THE BICYCLE WAS PLACE IN PROPERTY FOR SAFEKEEPING.

TRAFFIC SAFETY RESPONDED AND TOOK PICTURES OF THE SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA E S	348	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058820
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	2132
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	MAIN ST
At Intersection With Road Name	CLIFTON AVE
250 Feet / Miles	☐N ☒E ☐S ☐W of:
11 Speed Limit	40
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	-
21 Latitude	40.090058
22 Longitude	-74.214224

Vehicle 1

23 Veh #	1
24 Policy No.	939964373
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LAYA - HERSKOWITZ -
29 Sex	F
27 Number & Street	102 E 7TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	H27674470059742
33 DOB (mm dd yyyy)	09/13/1974
34 Expires (mm yy)	09 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BINYOMIN - HERSKOWITZ -
36 Number & Street	102 E 7TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG / CAR / SIL / 2007 / Y46GLD / NJ
44 VIN	1D4GP24R47B211587
45 Expires	03 / 23
46 Vehicle Removed To	MOISHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4336066818
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RIVKA - SHACHAR -
59 Sex	F
57 Number & Street	439 RIDGE AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	S31296580053034
63 DOB (mm dd yyyy)	03/16/2003
64 Expires (mm yy)	03 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEIB - SHACHAR -
66 Number & Street	439 RIDGE AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2002 / N85LJL / NJ
74 VIN	4T1BE30K12U575776
75 Expires	05 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	47	F	-	-	-	11	04	-	-	LAYA - HERSKOWITZ - 102 E 7TH ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	19	F	-	-	-	11	04	-	-	RIVKA - SHACHAR - 439 RIDGE AVE LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

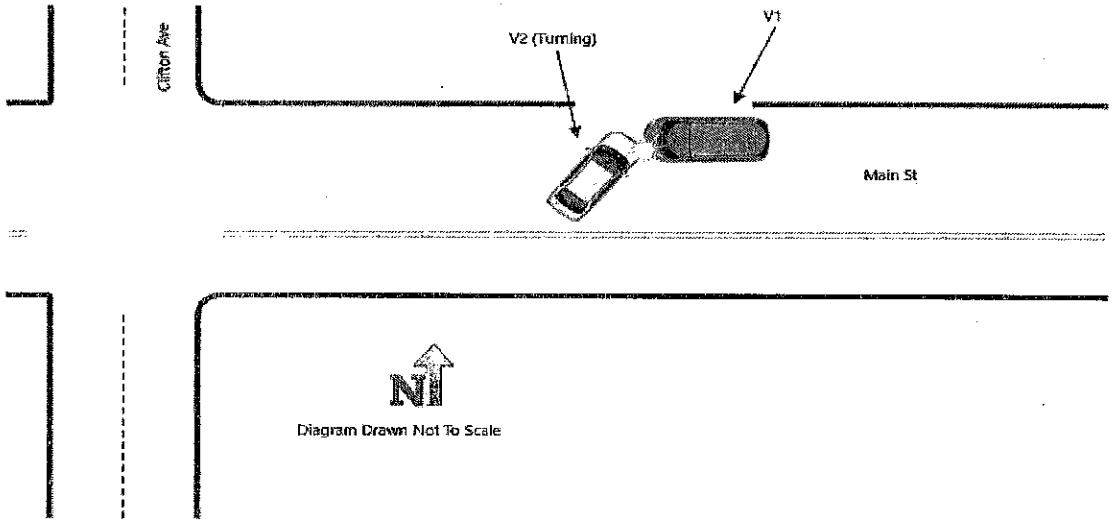
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058820

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, she was traveling west on Main St toward Clifton Ave. She stated, driver 2 made a left in front of her vehicle and caused a collision. The damage was to the front driver side. No injuries reported.

Driver 2 stated, she was traveling east on Main St. She stated, west bound traffic stopped and was allowing her to make a left turn into the parking lot of 219 Main St. She stated, as she was turning she was struck by vehicle 1 which was in the other lane of travel. The damage was to the passenger side front end. No injuries reported.

As a result of my investigation, I, determined driver 2 at fault due to failing to yield to driver 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058743
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	FOREST AVE
Road Name	
Dir	-
11 Speed Limit	30
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	4TH STREET
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W	of:
14	15
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1452
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.093621
22 Longitude	-74.219092

Vehicle 1

23 Veh #	1
24 Policy No.	AODT3187155945
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	PARIS
Initial	C
Last Name	DUNST
-	-
29 Sex	M
27 Number & Street	579 CAROLINA AVENUE
28 City	BRICK
State	NJ
Zip	08724
30 Eyes	05
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D92976166302905
33 DOB mm dd yyyy	02/20/1990
34 Expires mm yy	02 25
35 Owner's First Name	☐ Same As Driver PARIS
Initial	C
Last Name	DUNST
-	-
36 Number & Street	579 CAROLINA AVENUE
37 City	BRICK
State	NJ
Zip	08724
38 Make	LINC
39 Model	MKZ
40 Color	BLK
41 Year	2009
42 Plate No.	T28MZN
43 State	NJ
44 VIN	3LNHM26TX9R622330
45 Expires	02 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4333-15-56-48
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SHAUL
Initial	S
Last Name	LENCHITZ
-	-
59 Sex	M
57 Number & Street	4 MICHIGAN CT
58 City	JACKSON
State	NJ
Zip	08527
60 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	L25027048206872
63 DOB mm dd yyyy	06/22/1987
64 Expires mm yy	06 23
65 Owner's First Name	☒ Same As Driver SHAUL
Initial	S
Last Name	LENCHITZ
-	-
66 Number & Street	4 MICHIGAN CT
67 City	JACKSON
State	NJ
Zip	08527
68 Make	MAZD
69 Model	MA3
70 Color	WHI
71 Year	2007
72 Plate No.	L53KVM
73 State	NJ
74 VIN	JM1BK343X71713131
75 Expires	12 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	1514A294233			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	M	-	-	-	11	04	-	-	PARIS C DUNST - 579 CAROLINA AVENUE BRICK NJ 08724 - -
B	01	03	01	05	30	F	-	-	-	11	04	-	-	CHAYA S KLEIN - 809 CLIFTON AVE LAKEWOOD NJ 08701 - -
C	02	01	01	05	35	M	-	-	-	11	04	-	-	SHAUL S LENCHITZ - 4 MICHIGAN CT JACKSON NJ 08527 - -
D	02	04	01	05	10M	F	-	-	-	05	05	-	-	BASYA - LENCHITZ - 4 MICHIGAN CT JACKSON NJ 08527 - -

New Jersey Police Crash Investigation Report

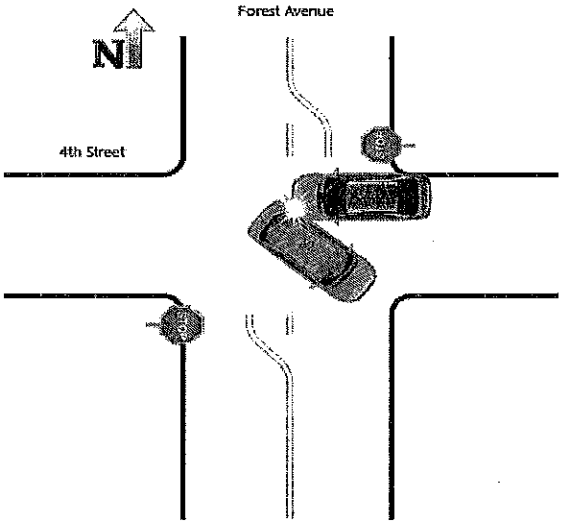
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058743

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle two was traveling south on Forest Avenue, and attempted to make a left turn onto 4th Street. The driver of vehicle one was stopped at the stop sign on 4th Street, intending to make a left turn onto Forest Avenue.

Prior to vehicle two completing its turn and being clear of the intersection, vehicle one made its left turn crashing into the driver's side rear fender of vehicle two.

Vehicle one is at fault for entering the intersection before it was safe to do so and crashing into vehicle two.

Vehicle 1 insurance code NAIC #18333

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058710
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE -
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
At Intersection With	☐
Road Name	
Dir	
☒ Feet ☐ Miles	50
☐ N ☐ E ☐ S ☒ W of:	HOLLY ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	25
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1125
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	1
24 Policy No.	954339442
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ERNESTO - AVILA-MARAVER
29 Sex	M
27 Number & Street	319 OCEAN AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	A95462340005792
33 DOB mm dd yyyy	05/21/1979
34 Expires mm yy	05 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ERNESTO - AVILA-MARAVER -
36 Number & Street	319 OCEAN AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / TAH - TA / BLK / 2002 / T62NPC / NJ
44 VIN	1GNEC13V62R315305
45 Expires	04 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939779773
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ARYEH L RABINOWITZ -
59 Sex	M
57 Number & Street	11 OCEANSIDE DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	R00140627305842
63 DOB mm dd yyyy	05/31/1984
64 Expires mm yy	05 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ARYEH L RABINOWITZ -
66 Number & Street	11 OCEANSIDE DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / 3 / 2007 / M74CPF / NJ
74 VIN	5FNRL38417B106847
75 Expires	11 / 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	43	M	-	-	-	11	04	-	-	ERNESTO - AVILA-MARAVER - 319 OCEAN AVE LAKEWOOD NJ 08701 - -
B	V2	01	01	05	38	M	-	-	-	11	04	-	-	ARYEH L RABINOWITZ - 11 OCEANSIDE DR LAKEWOOD NJ 08701 - -
C	V3	01	01	05	30	M	-	-	-	11	04	-	-	VADIM - ISSAKOV - 117 PARK AVE LAKEWOOD NJ 08701 - -
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058710
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1125
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVE
At Intersection With / Road Name	HOLLY ST
Feet / Miles	50 Feet
N ☐ E ☐ S ☒ W of:	W
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	0088
Dir	-
18 Speed Limit	25
19 Ramp To / From	-
17 Cross Road Name	-
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	3
24 Policy No.	955176029
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	VADIM - ISSAKOV - M
27 Number & Street	117 PARK AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	I80577610010912 / 10/27/1991 / 10 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - ACME TOWING OCI -
36 Number & Street	117 PARK AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	BMW / X5 / BLK / 2022 / N59PVG / NJ
44 VIN / 45 Expires	5UXJU4C04N9K04183 / 03 26
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

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

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

New Jersey Police Crash Investigation Report

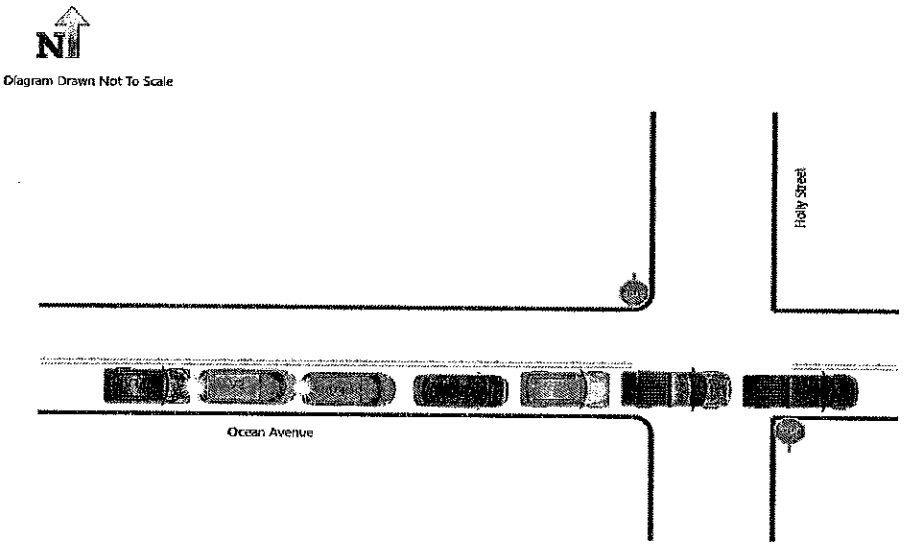
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058710

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The Driver of Vehicle #1 stated that prior to the crash he was traveling east bound on Ocean Avenue. The Driver of Vehicle stated that he believed Vehicle #2 was going forward after being stopped in traffic. The Driver of Vehicle #1 stated that he accelerated but Vehicle #2 did not. The Driver of Vehicle #2 stated that he struck Vehicle #2 in the rear. The Driver of Vehicle #1 did not report any injuries as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash he was stopped in traffic on Ocean Avenue approaching Holly Street. The Driver of Vehicle #2 stated that while stopped in traffic his vehicle was struck in the rear by Vehicle #1. The Driver of Vehicle #2 stated that the contact from Vehicle #1 caused Vehicle #2 to strike Vehicle #3. The Driver of Vehicle #2 did not report any injuries as a result of the crash.

The Driver of Vehicle #3 stated that prior to the crash he was stopped in traffic on Ocean Avenue right before Holly Street. The Driver of Vehicle #3 stated that he heard a bang and then his Vehicle was struck by Vehicle #2. The Driver of Vehicle #3 did not report any injuries as a result of the crash.

I find the Driver of Vehicle #1 to be at fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058696
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	40
☐ At Intersection With	
☒ Feet ☐ Miles	100
☐ N ☐ E ☒ S ☐ W of:	CEDARBRIDGE AVE
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1013
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.087709
22 Longitude	-74.213569

Vehicle 1

23 Veh #	1
24 Policy No.	12AU001473789
25 NJ Ins. Code	487
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARIA - SILVIA -
29 Sex	F
27 Number & Street	126 N OAKLAND ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	05/01/1982
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIA - SILVIA -
36 Number & Street	126 N OAKLAND ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / TC / 4 / 2008 / CB5613 / IL
44 VIN	JTKDE167480230254
45 Expires	08 21
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☒ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939944418
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHARON - ROSENGER -
59 Sex	F
57 Number & Street	1 SONCINO PL
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	R66957030058774
63 DOB mm dd yyyy	08/25/1977
64 Expires mm yy	08 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver EPHRAIM P ROSENGER -
66 Number & Street	1 SONCINO PL
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / BLK / 2021 / Y74NHS / NJ
74 VIN	5TDYSKFC0MS003509
75 Expires	12 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	294189	01	39:4-129	294190
01	39:3-10	294631	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	F	-	-	-	11	04	-	-	MARIA - SILVIA - 126 N OAKLAND ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	44	F	-	-	-	11	04	-	-	SHARON - ROSENGER - 1 SONCINO PL LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

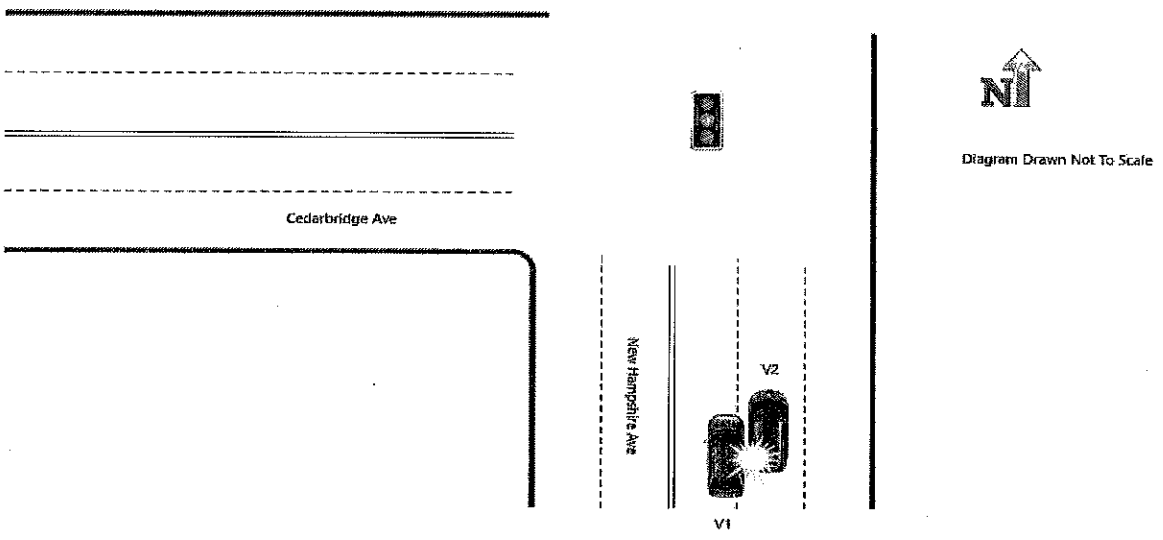
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058696

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 2 stated she was traveling north bound on New Hampshire Ave waiting in traffic when Vehicle 1 attempted to pass her on the left side to enter the turning lane. Vehicle 1 side swiped her vehicle. She did not stop and continued to make a left onto Cedarbridge Ave and was followed by Driver 2 until they stopped in a parking lot on Main Ave and Clifton Ave.

Driver 1 stated she did not know she struck vehicle 2 and she was in a rush to get home.

After my investigation I determined Driver 1 to be at fault for side swiping Vehicle 2.

There were no reported injuries on scene. Vehicle 1 sustained moderate damage to the passenger side front and rear doors. It was towed by Barina Towing and impounded. Driver 1 was issued a summons for driving an unregistered vehicle a summons for leaving the scene of an accident, and a summons for driving without a license. Vehicle 2 sustained moderate damage to the driver side rear quarter panel and door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058687
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0945
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVENUE (Road Name) - (Dir)
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	NATURES WAY
☐ Feet / ☐ Miles	- (14) (15) (16)
☐ N ☐ E ☐ S ☐ W of:	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	6071-30-60-85
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MODESTO G BEMOL-GALIZ -
29 Sex	M
27 Number & Street	2 TAMARA CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	B24765600006802
33 DOB (mm dd yyyy)	06/15/1980
34 Expires (mm yy)	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MODESTO G BEMOL-GALIZ -
36 Number & Street	2 TAMARA CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EXP - EX / WHI / 2005 / H81PZE / NJ
44 VIN	1GNHG39U851256630
45 Expires	06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4370-92-37-42
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ABRAHAM T ZOMBEK -
59 Sex	M
57 Number & Street	3 WATERVIEW DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	05 / - / - / -
61 State	NJ
62 Driver's License Number	Z63310058310895
63 DOB (mm dd yyyy)	10/19/1989
64 Expires (mm yy)	10 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ABRAHAM T ZOMBEK -
66 Number & Street	3 WATERVIEW DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SNA / WHI / 2014 / F27JXF / NJ
74 VIN	5TDKK3DC8ES451772
75 Expires	03 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	42	M	-	-	-	11	04	-	-	MODESTO G BEMOL-GALIZ - 2 TAMARA CT LAKEWOOD NJ 08701
B	V2	01	01	05	32	M	-	-	-	11	04	-	-	ABRAHAM T ZOMBEK - 3 WATERVIEW DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

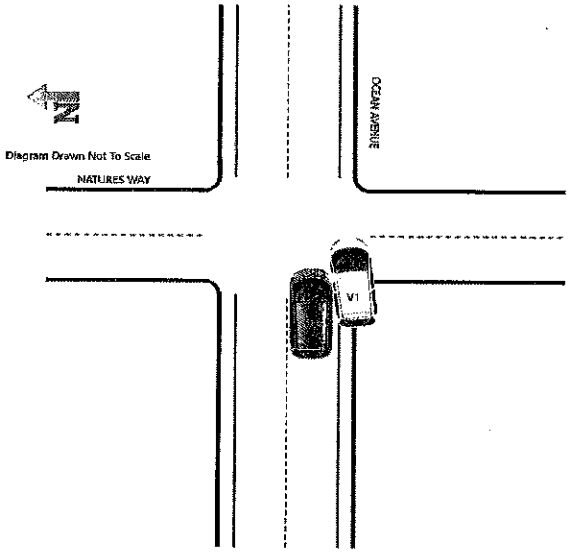
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058687

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS TRAVELING EAST BOUND ON OCEAN AVENUE APPROACHING THE INTERSECTION OF NATURES WAY BEHIND V2. D1 STATED THAT HE OBSERVED V2 UTLIZING THEIR LEFT TURNING SIGNAL ATTEMPTING TO MAKE A LEFT HAND TURN ONTO NATURES WAY. D1 STATED AT THIS TIME HE PROCEEDED TO ENTER THE SHOULDER TO GO AROUND V2. D1 THEN ADVISED ME WHEN GOING AROUND V2, HE STATED THAT V2 THEN PROCEEDED TO CONTINUE STRAIGHT ON OCEAN, WHEN THE DRIVER SIDE DOOR OF HIS VEHICLE MADE CONTACT WITH THE FRONT END OF V2.

D2 STATED THAT HE WAS TRAVELING EAST BOUND ON OCEAN AVENUE APPROACHING THE INTERSECTION OF NATURES WAY. D2 STATED THAT HE SLOWED DOWN TO MAKE A LEFT ONTO NATURES WAY, WHEN HE REALIZED THAT HE FORGOT AN ITEM AT HIS RESIDENCE. AFTER REALIZING THAT HE FORGOT AN ITEM, HE STATED THAT HE PROCEEDED TO DRIVE STRAIGHT, WHEN V1 MADE CONTACT WITH THE FRONT PASSENGER SIDE OF HIS VEHICLE.

UPON DOING MY INVESTIGATION I PUT V1 AT FAULT FOR IMPROPERLY PASSING ON THE SHOULDER, WHICH CAUSED THE CRASH TO OCCUR.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058686
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	WEST COUNTY LINE ROAD
☒ At Intersection With	Road Name: WEST COUNTY LINE ROAD
Dir	
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: TEABERRY COURT
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0931
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.107770
22 Longitude	-74.232761

Vehicle 1

23 Veh #	1
24 Policy No.	128 5245-D06-30
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID - HERZOG
29 Sex	M
27 Number & Street	1466 PARKSIDE DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	H27881560005534
33 DOB mm dd yyyy	05/31/1953
34 Expires mm yy	05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EAN HOLDINGS - LLC
36 Number & Street	14002 EAST 21ST STREET STE 1500
37 City / State / Zip	TULSA OK 74134
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / TELLURID / 3 / 2020 / JCR1304 / OH
44 VIN	5XYP5DHC7LG080319
45 Expires	03 23
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MATTISEN L MESTEY-JONES
59 Sex	F
57 Number & Street	1325 PARIS CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	M28335297357972
63 DOB mm dd yyyy	07/08/1997
64 Expires mm yy	07 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JAYS - JAYS BUS SERVICE
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	THO / 310 / YEL / 2015 / R110S1 / NJ
74 VIN	4UZABRDU5FCFX0775
75 Expires	08 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	JAYS BUS SERVICE
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD NJ 08701

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	A293333			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
1	39:4-88B	A293334			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	69	M	-	-	-	11	04	-	-	DAVID - HERZOG - 1466 PARKSIDE DR LAKEWOOD NJ 08701
B	02	01	01	05	25	F	-	-	-	04	04	-	-	MATTISEN L MESTEY-JONES - 1325 PARIS CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

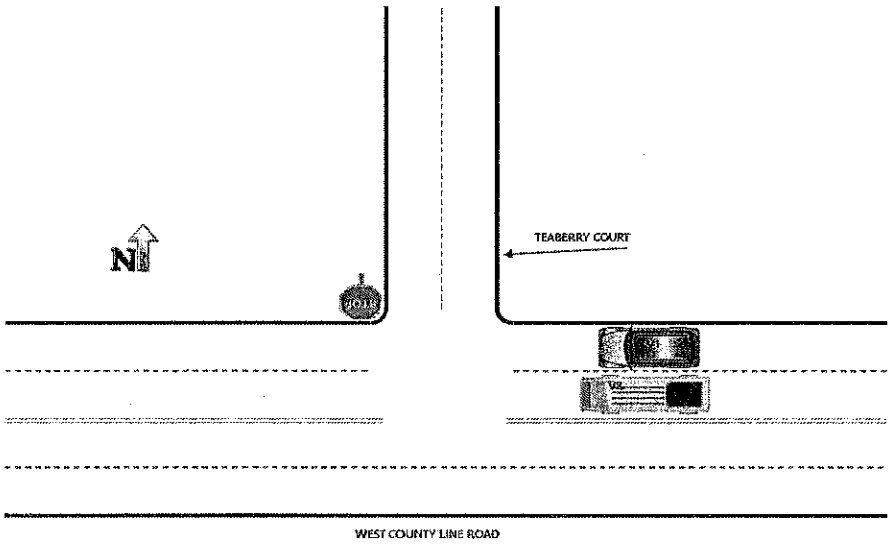
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058686

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V2-NATIONWIDE INSURANCE GROUP (814)234-6667 POLICY # BA2997BD NAIC CODE 23787. DRIVER OF V1 STATED THAT HE WAS DRIVING IN THE RIGHT LANE AND THE BUS(V2) WAS IN THE LEFT LANE AND SHE (DRIVER 2) PUT ON HER BLINKER AND TRIED TO GET IN MY LANE AND HIT ME. DRIVER OF V2 STATED THAT SHE WAS DRIVING ON COUNTY LINE ROAD AND THAT SHE PUT HER BLINKER ON TRYING TO GET OVER AND HE (V1) STARTED SPEEDING UP IN THE RIGHT LANE, AND I SLOWED DOWN AND STRAIGHTENED OUT IN THE LEFT LANE, AND I TRIED TO GET BACK IN THE RIGHT LANE AND AS I TRIED TO INCH OVER HE THREW HIS CAR OVER AND HIT ME AND PUSHED ME OVER THE DOUBLE YELLOW LINE INTO ONCOMING TRAFFIC. AFTER REVIEWING THE VIDEO FURNISHED BY JAYS BUS SERVICE SHOWS VEHICLE 1 PURPOSELY CHANGING LANES STRIKING VEHICLE 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058678
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	CARASALJO DR
At Intersection With / Road Name	
Dir	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	35
☒ Feet / ☐ Miles	500
☐ N ☐ E ☐ S ☒ W of:	S LAKE DR
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	07/25/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0900
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.093990
22 Longitude	-74.236953

Vehicle 1

23 Veh #	1
24 Policy No.	6047-34-40-95
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	YEHUDIS / Y / BERGER / - / F
27 Number & Street	42 CARASALJO DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	B26847898860985 / 10/09/1998 / 10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / MALKA / - / BERGER / -
36 Number & Street	42 CARASALJO DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2017 / G51NBX / NJ
44 VIN / 45 Expires	4T1BF1FK0HU809617 / 01 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4463-67-37-17
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	AVI / - / CHASE / - / M
57 Number & Street	41 SUNSET RD
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	C32430700003986 / 03/30/1998 / 03 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / SAMUEL / M / GERSTEIN / -
66 Number & Street	308 MILLER RD
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / TN / 2006 / LSS28Z / NJ
74 VIN / 75 Expires	4T1BE32K66U710673 / 08 23
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01	136 Charge	137 Summons. No. NONE	02	138 Charge	139 Summons. No. NONE
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	23	F	-	-	-	11	04	-	-	YEHUDIS Y BERGER - 42 CARASALJO DR LAKEWOOD NJ 08701
B	02	01	01	-	24	M	-	-	-	11	04	-	-	AVI - CHASE - 41 SUNSET RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058678

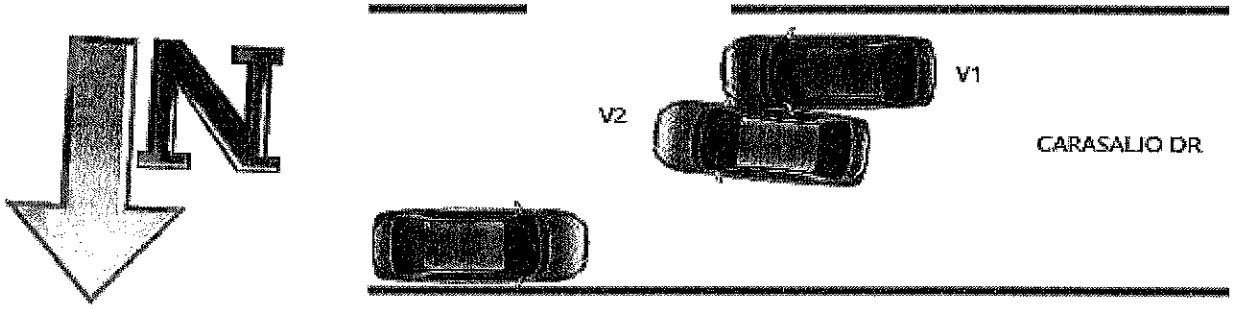
(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

156 CARASALJO DR

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find both vehicles in the roadway. Both vehicles sustained moderate damage. No airbag deployment was noted. No injuries were reported on scene.

Driver 01 stated that she was headed east on Carasaljo Drive when she came upon Vehicle 02 which was stopped in the roadway. Not clear of his intentions, she drove around Vehicle 02 to the right when he turned into her. She stated that she did not know if his turn signal was illuminated.

Driver 02 stated that he was deciding whether to turn into 156 Carasaljo Drive or to park along the shoulder. Upon his decision to turn into the driveway, he began his turn when he was struck by Vehicle 01. He was unsure if his turn signal was illuminated.

Vehicle 01 remained operational and was driven from the scene by the listed driver. Vehicle 02 was disabled and remained on scene awaiting a private tow. JSM/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058494
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	219 MAIN ST
At Intersection With / Road Name / Dir	
Feet / Miles	N E S W of:
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost / 16 Speed Limit	
14 / 15 / 16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1705
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090657
22 Longitude	-74.212928

Vehicle 1

23 Veh #	1
24 Policy No.	939813568
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID - COHEN -
29 Sex	M
27 Number & Street	31 PONDEROSA DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	C61611560004772 / 04/21/1977 / 04 23
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	DAVID - COHEN -
36 Number & Street	31 PONDEROSA DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INFI / QX6 / GRY / 2015 / T92GSW / NJ
44 VIN / 45 Expires	5N1AL0MM4FC539300 / 06 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	ILAA-0716190-00
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RAFAELA - MARTINEZ-QUINTER-
59 Sex	F
57 Number & Street	1053 E VETERANS HWY
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BR / - / - / - / -
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	- / 10/24/1982 / - -
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	SAUL - MENDOZA-MARTIN-
66 Number & Street	1220 N HAMLIN AVE
67 City / State / Zip	CHICAGO IL 60651
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / - / RD / 2004 / DK40121 / IL
74 VIN / 75 Expires	1D4GP45R64B510696 / 05 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
02	39:3-10	294721			
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	M	-	-	-	11	04	-	-	DAVID - COHEN - 31 PONDEROSA DR LAKEWOOD NJ 08701
B	02	01	01	05	39	F	-	-	-	11	04	-	-	RAFAELA - MARTINEZ-QUINTERO - 1053 E VETERANS HWY JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

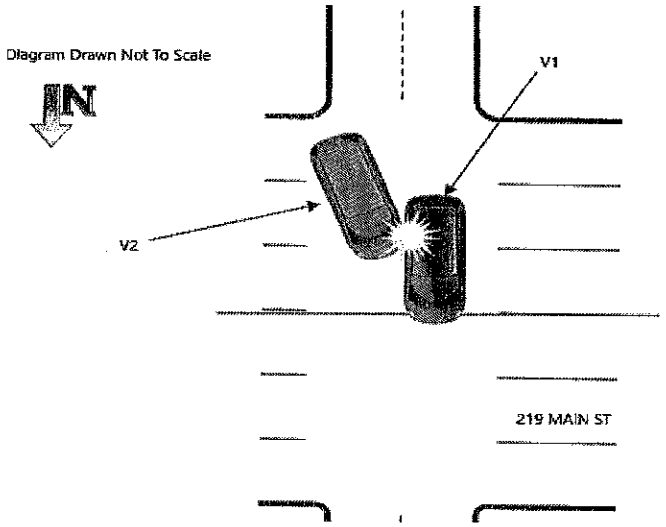
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-058494

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle one stated he was entering the parking lot of 219 Main St. While pulling into the parking lot, vehicle one passed vehicle two, which was stationary on the right side of the parking lot. While passing vehicle two, vehicle two turned left into vehicle one.

Driver of vehicle two stated she was attempting to make a left turn in the parking lot of 219 Main St, in order to back into a parking spot. While turning left, she struck vehicle one.

As a result of my investigation, I determined driver of vehicle one to be at fault due to improper passing and driver of vehicle two to be at fault due to improper turning.

vehicle two insurance information:
Producer: 10024
Amigo Insurance Agency Inc
5900 W Cermak Rd Suite 100
Cicero, IL, 60804
708-484-6300

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058493
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LAUREL AVE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet	500
☐ Miles	
☐ N ☐ E ☐ S ☒ W of:	CLOVER ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	04
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1658
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.089765
22 Longitude	-74.200359

Vehicle 1

23 Veh #	1
24 Policy No.	4603680358
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOSEF O KOHN -
29 Sex	M
27 Number & Street	318 BRUCE ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	03 / D / - / -
31 State	NJ
32 Driver's License Number	K61687907606843
33 DOB mm dd yyyy	06/11/1984
34 Expires mm yy	06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOSEF O KOHN -
36 Number & Street	318 BRUCE ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ROG / SIL / 2019 / N85NRX / NJ
44 VIN	JN1BJ1CP5KW232987
45 Expires	04 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4583295334
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NOE - TLAPA-AMARO -
59 Sex	M
57 Number & Street	1438 READ PL
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	07/05/2001
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NOE - TLAPA-AMARO -
66 Number & Street	1438 READ PL
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / BLK / 2018 / C80NMM / NJ
74 VIN	2HGFC2F79JH518883
75 Expires	03 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	M	-	-	-	11	04	-	-	YOSEF O KOHN - 318 BRUCE ST LAKEWOOD NJ 08701 - -
B	01	03	01	05	11	M	-	-	-	11	04	-	-	MOSHE - KOHN - 318 BRUCE ST LAKEWOOD NJ 08701 - -
C	01	06	01	05	9	M	-	-	-	11	04	-	-	AARON - KOHN - 318 BRUCE ST LAKEWOOD NJ 08701 - -
D	02	01	01	05	21	M	-	-	-	11	04	-	-	NOE - TLAPA-AMARO - 1438 READ PL LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

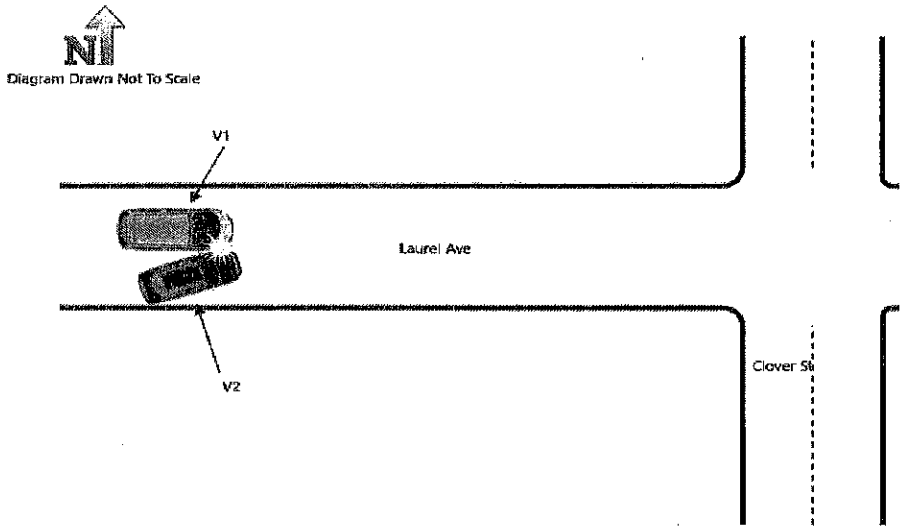
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058493

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, he was traveling east on Laurel Ave toward Clover St. He stated, vehicle 2 suddenly pulled out from the south side of Laurel Ave in front of his vehicle which caused a collision. The damage was to the front passenger side. No injuries reported.

Driver 2 stated, he was making a food delivery to 344 Laurel Ave. He stated, he passed the residence in order to reverse into the driveway. He stated, while in reverse driver 1 attempted to pass his vehicle on the left which caused the collision. The damage was to the front driver side. No injuries reported.

I observed dash camera footage from a vehicle within the drive way of 345 Laurel Ave. The video shows driver 2 returning to his vehicle that was parked on the southside of Laurel Ave. Driver 2 pulled onto Laurel Ave into driver 1's lane of travel which ultimately caused the collision. As a result of my investigation, I, determined driver 2 at fault due to failing to yield to driver 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WOODS, C	418	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057969
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	194 NEW HAMPSHIRE AVE
At Intersection With / Road Name / Dir	
Feet / Miles	N E S W of:
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	
17 Cross Road Name	
19 Ramp To / From	
20 Route/Name	
NB EB SB WB	
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1756
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.085878
22 Longitude	-74.176616

Vehicle 1

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

Vehicle 2

53 Veh #	2
54 Policy No.	4534360658
55 NJ Ins. Code	100
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	- / - / - / -
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	- / - / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver KATHRYN / M / ROJAS-STRAUSS
66 Number & Street	1 PINEHURST DR RAMP; # 23B
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / HRV / GRY / 2022 / L16PWB / NJ
74 VIN / 75 Expires	3CZRU6H37NM753777 / 03 25
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

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

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057969

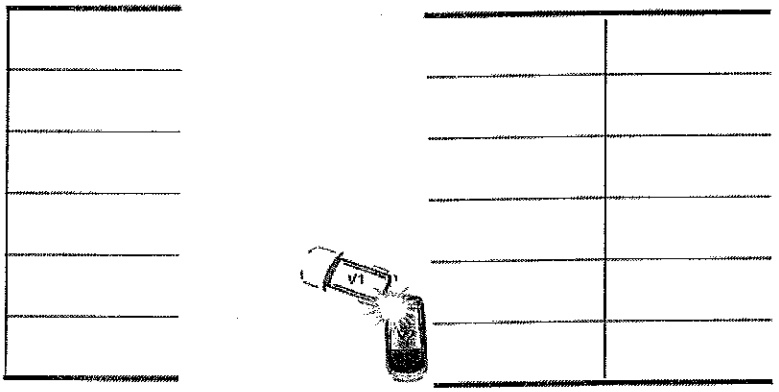
(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale

194 NEW HAMPSHIRE AVE



145 Crash Description/Narrative

Owner of V2 stated she parked illegally due to there not being any parking spots. Upon her return to her vehicle she observed a heavy set black woman looking at damage to Owner of V2's vehicle. Owner of V2 stated the woman told her it was just a tap and then left the scene of the accident.

Driver of V1 could not provide a statement due to fleeing the scene of the accident.

The result of the investigation revealed that both individuals share fault due to the fact Owner of V2 parked her vehicle illegally. Additionally Driver of V1 did not maintain control of her vehicle while backing out of her spot. I then recovered video surveillance footage from 194 New Hampshire Ave that shows a early 2000's white Ford Expedition back out of there spot and ultimately strike V2 at the 5 o'clock. It should be noted that V1's registration was unreadable.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057931
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☒ At Intersection With	
☐ Feet ☐ N ☐ E of:	CEDARBRIDGE AVE
☐ Miles ☐ S ☐ W	
14	-
15	
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1425
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	145 9746-F18-30
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHANNON / A / DANGLER -
29 Sex	F
27 Number & Street	10 ACADEMY STREET
28 City / State / Zip	FARMINGDALE / NJ / 07727
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	D04247036161704
33 DOB mm dd yyyy	11/01/1970
34 Expires mm yy	11 23
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	JOHN - DANGLER -
36 Number & Street	10 ACADEMY STREET
37 City / State / Zip	FARMINGDALE / NJ / 07727
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / PAC / GRY / 2017 / YHX17E / NJ
44 VIN	2C4RC1BG4HR730400
45 Expires	08 22
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill	
Hazard Class / Placard No.	
50 Carrier No. ☐ USDOT ☒ None ☐ MC/MX	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	139 3633-B10-30C
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHARLES - MONGE -
59 Sex	M
57 Number & Street	120 HUMBOLT ST 4A
58 City / State / Zip	BROOKLYN / NY / 11206
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / - / - / - / NY
62 Driver's License Number	969419796
63 DOB mm dd yyyy	07/27/1977
64 Expires mm yy	07 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	JOSEPHINE - GONZALEZ -
66 Number & Street	15 BIRCH STREET APT A
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	SUBA / FOR - FO / 4 / 2019 / S52RAV / NJ
74 VIN	JF2SKAEC2KH445311
75 Expires	05 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☒ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill	
Hazard Class / Placard No.	
80 Carrier No. ☐ USDOT ☒ None ☐ MC/MX	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.	02	138 Charge: 39:4-81	139 Summons. No.: 293267
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	04	51	F	05	08	02	11	04	-	6505	SHANNON A DANGLER - 10 ACADEMY STREET FARMINGDALE NJ 07727
B	01	03	01	05	20	F	-	-	-	11	04	-	-	CHARLIE DANGLER 10 ACADEMY ST FARMINGDALE NJ 07727 10/17/2001
C	01	04	01	05	20	F	-	-	-	04	04	-	-	SAMANTHA DANGLER 10 ACADEMY ST FARMINDALE NJ 07727 10/17/2001
D	02	01	01	04	44	M	04	08	01	11	04	-	-	CHARLES - MONGE - 120 HUMBOLT ST 4A BROOKLYN NY 11206

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

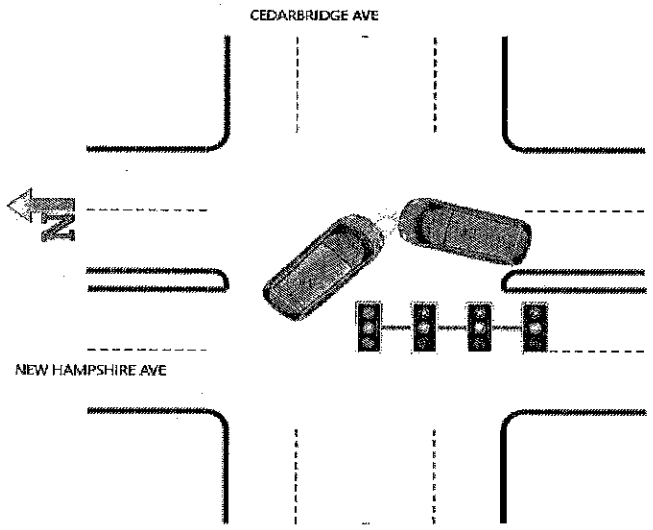
Station: _____ Case No: 22-057931

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ 83	Pos In/On 84	Eject 85	Phys Cond 86	Age 87	Sex 88	Loc Inj 89	Type Inj 90	Ref Med 91	Equip Avail 92	Equip Used 93	Bag Dept 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E	02	03	01	05	44	F	-	-	-	11	04	-	-	JOSEPHINE - GONZALEZ - 15 BIRCH STREET APT A LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated she was traveling south on New Hampshire Ave and was waiting to make a left turn on to Cedarbridge Ave. The light turned yellow while she was in the intersection and she made the left turn when Veh #2 struck her. Driver #2 stated he was traveling north on New Hampshire Ave in the middle lane and the light turned yellow as he entered the intersection when Veh #1 turned in front of him. A surveillance video captured the crash and I was able to see it. I attached it to this report. I was able to see Veh #1 clearly in the intersection when the light turned yellow and Veh #2 speeding up to make the light. Veh #2 went through the red traffic light and is at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-057923
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1345
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	190 OBERLIN AVE
Dir	-
11 Speed Limit	-
12 Route No.	
Suffix	
13 Milepost	
☐ At Intersection With / ☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	LOADING DOCK AREA
17 Cross Road Name	
18 Speed Limit	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.075660
22 Longitude	-74.179120

Vehicles

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	5129J013914	6096594
NJ Ins. Code	917	126
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	BERL - INDIG -	- - - -
Sex	M	-
Number & Street	2 ONYX LN	-
City / State / Zip	LAKEWOOD NJ 08701	- - -
Eyes	BR	-
DL Class	I	-
Restrictions	-	-
Endorsements	-	-
State	NJ	-
Driver's License Number	I58780850010912	-
DOB (mm dd yyyy)	10/10/1991	-
Expires (mm yy)	04 24	- -
Owner's First Name / Initial / Last Name	☐ Same As Driver BERL - INDIG -	☐ Same As Driver MYGUY - PLUMBING LLC -
Number & Street	2 ONYX LN	162 4TH AVENUE
City / State / Zip	LAKEWOOD NJ 08701	TOMS RIVER NJ 08757
Make	TES	FORD
Model	Y	E35
Color	4	WHI
Year	2021	2019
Plate No.	R80NHZ	XJLV67
State	NJ	NJ
VIN	5YJYGDEE2MF100473	1FDWE3F68KDC68519
Expires	02 25	01 23
Vehicle Removed To		
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
Authority	☒ Owner ☐ Driver ☐ Police	☐ Owner ☒ Driver ☐ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No.	☐ USDOT ☒ None ☐ MC/MX	☐ USDOT ☒ None ☐ MC/MX
GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity		
Number & Street		
City / State / Zip		

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

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

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

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	30	M	-	-	-	11	04	-	-	BERL - INDIG - 2 ONYX LN LAKEWOOD NJ 08701
B														
C														
D														

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 09; 100a: 01; 100b: 06; 101: 02; 102: 01; 103: 01; 104: 2; 105: 08; 106: -; 107: -; 108: 01; 109: 03; 110: 01; 111: 02; 112: -; 113: -; 114: -; 115: -; 116: 03; 117: 01

Right margin codes: 118a: 10; 118b: -; 119a: 25; 119b: -; 120a: 01; 120b: 01; 121a: -; 121b: -; 122: 13; 123: 10; 124: 11; 125: 04; 126a: 28; 126b: -; 126c: -; 126d: -; 126e: 28; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 28; 129: 05; 130: 05; 131: 12; 132: 17; 133: 02; 134: 01

New Jersey Police Crash Investigation Report

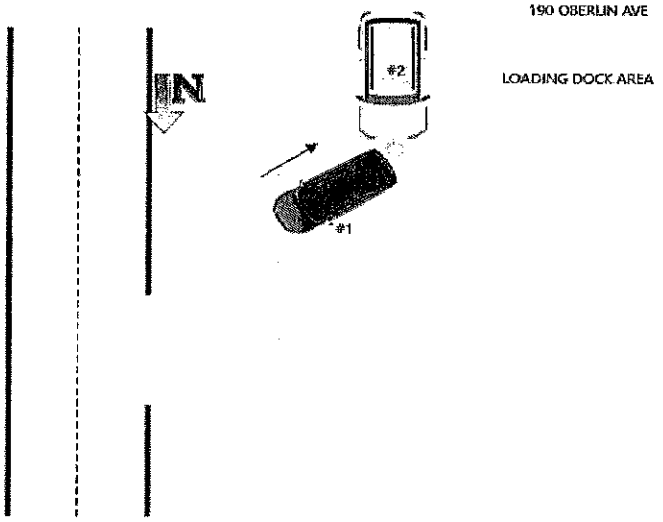
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057923

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was backing up and struck Veh #2. Veh #2 was legally parked in the loading dock area. Driver #1 is at fault for the crash for failing to pay attention behind him while backing up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057595
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CLIFTON AVENUE
☒ At Intersection With	EAST KENNEDY BLVD
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	03
20 Route/Name	
4 Date of Crash mm dd yy	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1419
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106776
22 Longitude	-74.217171

Vehicle 1

23 Veh #	1
24 Policy No.	000-6429-040-2
25 NJ Ins. Code	038
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELI E MASLATON -
29 Sex	M
27 Number & Street	172 POWDERHORN DRIVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	M07532050008764
33 DOB mm dd yyyy	08/10/1976
34 Expires mm yy	08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SARAH - MASLATON -
36 Number & Street	172 POWDERHORN DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / IMP - IM / 4 / 2008 / E37GCT / NJ
44 VIN	2G1WB58K381234939
45 Expires	12 22
46 Vehicle Removed To	YITZ TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	4556-59-88-88
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SIMON - LOW -
59 Sex	M
57 Number & Street	1 DEVASH CT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	L68637160010922
63 DOB mm dd yyyy	10/16/1992
64 Expires mm yy	10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SIMON - LOW -
66 Number & Street	1 DEVASH CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / GRY / 2018 / P66PDV / NJ
74 VIN	JTMBFREV7JJ238634
75 Expires	09 23
76 Vehicle Removed To	YITZ TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	-	2	138	-
Oper.	140	141	Oper.	142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	45	M	-	-	-	11	04	-	-	ELI E MASLATON - 172 POWDERHORN DRI\ LAKEWOOD NJ 08701
B	02	01	01	05	29	M	-	-	-	11	04	-	-	SIMON - LOW - 1 DEVASH CT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

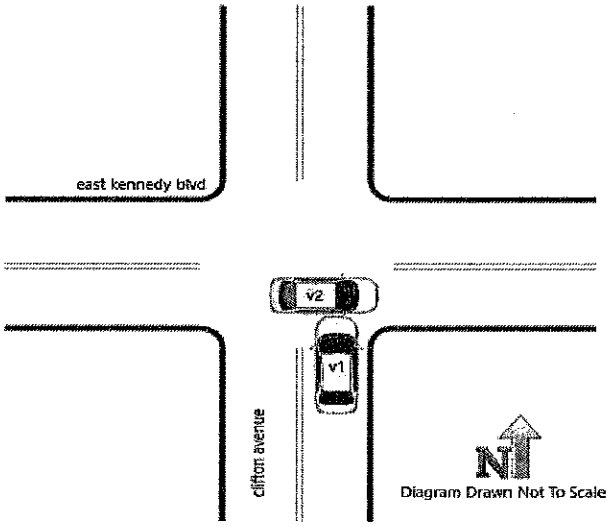
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057595

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was travelling north on Clifton Avenue approaching the intersection of East Kennedy Blvd when vehicle 2 ran the red light travelling east on East Kennedy Blvd causing him to strike vehicle 2 on the passenger side front and rear doors.

Driver of vehicle 2 stated he was travelling east on East Kennedy Blvd when he ran the red light accidentally at the intersection of Clifton Avenue when vehicle 1 struck his vehicle on the passenger side front and rear door and it was travelling north on Clifton Avenue through the intersection.

Based on statements from involved parties and my observations at the scene and damage to the vehicles, I determined that vehicle 2 is at fault due to failing to observe traffic signal. No summonses were issued and no injuries were reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-057195	10 Crash Occurred On: MADISON AVENUE (Road Name)	11 Speed Limit: 35	12 Route No. / Suffix / 13 Milepost / 18 Speed Limit: 25
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☒ At Intersection With: 5TH STREET (Road Name)	Dir	
3 Station/Precinct	☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:	17 Cross Road Name	19 Ramp ☐ To ☐ From:
	14 15 16	20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash mm dd yy: 07/20/22	5 Day Of Week: WEDNESDAY	6 Time (use 2400 hrs): 0926	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.094820	22 Longitude: -74.217221

Vehicle 1

23 Veh #: 1	24 Policy No.: *	25 NJ Ins. Code	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name: SARA	Initial: -	Last Name: MOLDAVER -	29 Sex: F	
27 Number & Street: 801 MADISON AVE A A14				
28 City: LAKEWOOD	State: NJ	Zip: 08701		
30 Eyes: -	DL Class: -	Restrictions: -	Endorsements: -	31 State: NJ
32 Driver's License Number: M23216910057002	33 DOB mm dd yyyy: 07/20/2000	34 Expires mm yy: 07 26		
35 Owner's First Name: ☐ Same As Driver MOSES	Initial: J	Last Name: MOLDAVER -		
36 Number & Street: 11 TRAILSIDE PL NEW				
37 City: CITY	State: NY	Zip: 10956		
38 Make: TOYT	39 Model: AVA	40 Color: -	41 Year: 2007	42 Plate No.: JLC9645 / 43 State: NY
44 VIN: 4T1BK36B17U182724	45 Expires: 11 23			
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded			
47 Authority	☐ Owner ☐ Driver ☐ Police			
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.-- %; ☐ Pending			
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.			
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX			
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs			
52 Motor Carrier or Government Entity				
Number & Street				
City / State / Zip				

Vehicle 2

53 Veh #: 2	54 Policy No.: KCA 2661168-1	55 NJ Ins. Code: 082	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name: CYNTHIA	Initial: L	Last Name: RAFFERTY -	59 Sex: F	
57 Number & Street: 121 ATTISON AVE				
58 City: S. TOMS RIVER	State: NJ	Zip: 08757		
60 Eyes: 5	DL Class: -	Restrictions: -	Endorsements: -	61 State: NJ
62 Driver's License Number: R01241447353755	63 DOB mm dd yyyy: 03/01/1975	64 Expires mm yy: 03 24		
65 Owner's First Name: ☐ Same As Driver -	Initial: -	Last Name: KLARR TRANSPORT -		
66 Number & Street: 185 LEHIGH AVE				
67 City: LAKEWOOD	State: NJ	Zip: 08701		
68 Make: BUIC	69 Model: C	70 Color: YEL	71 Year: 2018	72 Plate No.: J703S1 / 73 State: NJ
74 VIN: 4DRBUC8P7JB523310	75 Expires: 10 22			
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☐ Owner ☒ Driver ☐ Police			
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending			
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.			
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX			
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs			
82 Motor Carrier or Government Entity				
Number & Street				
City / State / Zip				

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	F	-	-	-	11	04	-	-	SARA - MOLDAVER - 801 MADISON AVE A A14 LAKEWOOD NJ 08701
B	01	04	01	05	01	M	-	-	-	06	06	-	-	AVROHOM MOLDAVER 801 MADISON AVE A14 LAKEWOOD NJ 08701
C	02	01	01	05	47	F	-	-	-	04	04	-	-	CYNTHIA L RAFFERTY - 121 ATTISON AVE S. TOMS RIVER NJ 08757
D														

New Jersey Police Crash Investigation Report

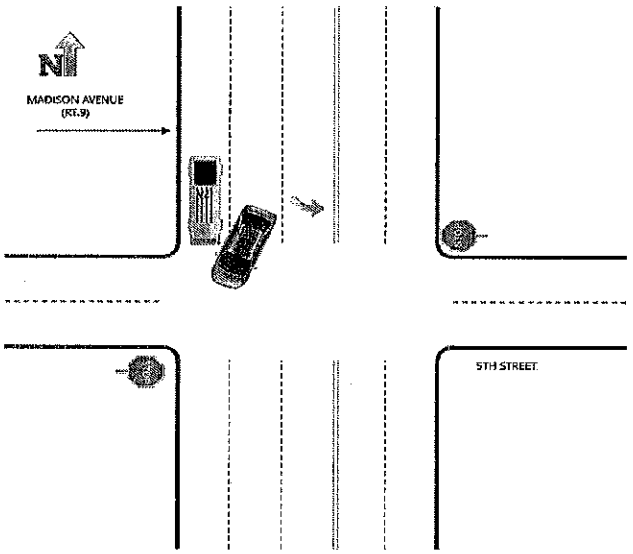
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057195

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

INSURANCE INFORMATION V1- NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA POLICY # 6631J041257 COMPANY CODE 733. DRIVER OF V1 STATED THAT SHE WAS DRIVING ON ROUTE 9 IN THE LEFT LANE AND THAT SHE WAS TRYING TO GET INTO THE RIGHT LANE AND SHE HAD HER BLINKER ON, AND SHE MADE CONTACT WITH THE BUS. DRIVER OF V2 STATED THAT SHE WAS DRIVING SOUTH ON ROUTE 9 IN THE RIGHT LANE AND THE CAR(V1) TURNED INTO HER AND SHE TRIED TO HIT HER BRAKES BUT WAS HIT BY THE CAR(V1). V2 HAD THE RIGHT OF WAY AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
YOUMANS R	250	PA	325	☐ Pending ☒ Complete

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-057195

1.	AHUVA	INGBERG
2.	MIRIAM	MICIK
3.	ESTY	TRESS
4.	MIRI	HOFFMAN
5.	RACHELLY	MILLER
6.	ELISHEVA	MUNK
7.	SHAINDY	WEISS
8.	SARA	KLEIN
9.	ESTY	MARK
10.	NELLY	NUSSBAUM
11.	MIRIAM	NUSSBAUM
12.	SARI	STERN
13.	RIVKY	HERZKA
14.	RIVKY	RHINE
15.	SHAINDY	EISIKOVIZ
16.	BAYLA	SETZER
17.	MALKY	WAJSBORT
18.	CHANA	ROSMORIERE
19.	ESTY	GELMAN
20.	TOVA	SHOBERG
21.	ROCHELA	PAL
22.	LEAH	ALON
23.	CHAYA	SEHMIDT
24.	RECHILI	GERMAN
25.	FAIGY	SHWARTZ
26.	NAOMI	MIZRACHI
27.	RUCHAMA	SHWARTZ
28.	MINDY	KOHN
29.	DEVORAH	HERTZBERG
30.	LEEBAH	GULAN
31.	ADINA	JEINAH
32.	ALIZA	FELDMAN
33.	RUTHIE	LERCHER
34.	MICHAL	PETKINSKY
35.	CHANA	GONTER
36.	YOCHOVED	MUELER
37.	SARALAH	KALISH
38.	ROCHIE	HEVNDKE
39.	ESTY	PETRICOFSKY
40.	PESSI	RUBIN
41.	GITTY	FRIEDMAN
42.	CHANALA	ROTH
43.	FAIGY	KLEIN
44.	MIRI	SAFFER
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-056900
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/19/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1348
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	1525 PROSPECT ST
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
14 / 15 / 16	☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W of: -
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ SB ☐ EB ☐ WB
21 Latitude	40.074540
22 Longitude	-74.242284

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	6214138990	54 Policy No.	6048983011
25 NJ Ins. Code	945	55 NJ Ins. Code	148
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	DENA - NUSSBAUM -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	F	59 Sex	-
27 Number & Street	133 VINTAGE CIR	57 Number & Street	-
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	- - -
30 Eyes	02	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	N94551620052902	62 Driver's License Number	-
33 DOB (mm dd yyyy)	02/09/1990	63 DOB	-
34 Expires (mm yy)	02 25	64 Expires	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YOCHANAN - NUSSBAUM -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOEL - SCHWARTZ -
36 Number & Street	133 VINTAGE CIR	66 Number & Street	2114 ORIEN RD
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	TOMS RIVER NJ 08755
38 Make	TOYT	68 Make	TOYT
39 Model	CAM	69 Model	HGH
40 Color	GRY	70 Color	GRY
41 Year	2016	71 Year	2011
42 Plate No.	A67KZU	72 Plate No.	C60ELZ
43 State	NJ	73 State	NJ
44 VIN	4T1BF1FKXGU157684	74 VIN	5TDBK3EH8BS071661
45 Expires	02 23	75 Expires	07 23
46 Vehicle Removed To	HESHY'S TOWING	76 Vehicle Removed To	-
Removal	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	32	F	-	-	-	11	04	-	-	DENA - NUSSBAUM - 133 VINTAGE CIR LAKEWOOD NJ 08701 - -
B														
C														
D														

Left margin codes:

Code	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

Right margin codes:

Code	Value
118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	-
121b	-
122	09
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	03
132	03
133	04
134	03

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-056900

(Refer to vehicle by number)

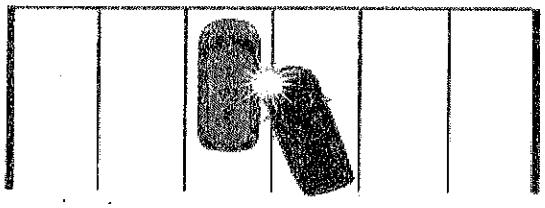
	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED E														
F														
G														
H														
I					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

144 Crash Diagram (NOT TO SCALE)

N

Diagram Drawn Not To Scale

1525 Prospect Strett



145 Crash Description/Narrative

Vehicle 1 was traveling Northbound in the parking lot of 1525 Prospect Street. Driver 1 explained she was backing up from the parking space. V1 was not backing up the way she wanted, so Driver 1 decided to go back into the parking space colliding with V2.

Investigation revealed Vehicle 1 was traveling Northbound in the parking lot of 1525 Prospect Street. Driver 1 was backing up unsafely, causing Driver 1 to go back into the parking space colliding with V2. No injuries were reported.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-056917
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	CEDARBRIDGE AVENUE
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	HURLEY AVENUE
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/19/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1503
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.087709
22 Longitude	-74.213569

Vehicle 1

23 Veh #	1
24 Policy No.	6046601012061
25 NJ Ins. Code	189
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YEDIDYA
Initial	-
Last Name	BASSER
29 Sex	M
27 Number & Street	217 11TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	B07677890008942
33 DOB mm dd yyyy	08/31/1994
34 Expires mm yy	08 24
35 Owner's First Name	ELIEZER
Initial	Y
Last Name	BERL
☐ Same As Driver	
36 Number & Street	1454 HEATHWOOD AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	TN
41 Year	2015
42 Plate No.	B35LRG
43 State	NJ
44 VIN	5TDYK3DC9FS688203
45 Expires	08 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01		-	-		-
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	27	M	-	-	-	11	04	-	-	YEDIDYA - BASSER - 217 11TH ST LAKEWOOD NJ 08701 - -
B	01	06	01	05	4	M	-	-	-	05	05	-	-	SHIMON - BASSER - 217 11TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

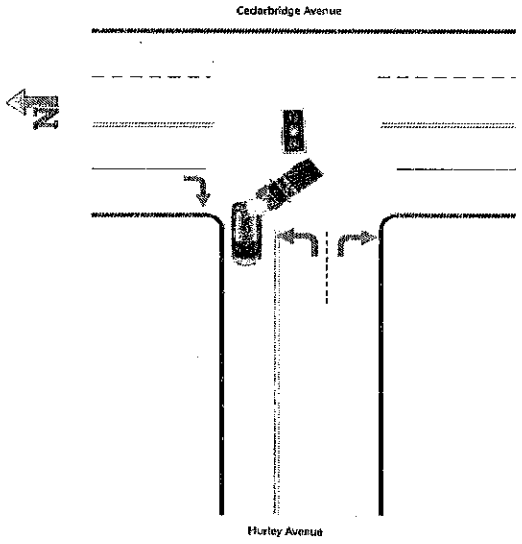
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-056917

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle one stated that he was traveling east on Cedarbridge Avenue towards Hurley Avenue. Driver one approached the intersection at Hurley Avenue and made a right turn, and felt another vehicle crash into the back of his vehicle while making the turn. Upon completing the turn, driver one made a left turn into the Singin parking lot on the corner of Cedarbridge Ave and Hurley Ave to assess the damage to the vehicle.

Driver one stated that he never saw the vehicle that crashed into his vehicle, and was not sure what direction the vehicle that crashed into his vehicle was coming from or where it went after the crash. Driver one stated prior to my arrival an unidentified witness stated that a white truck had crashed into his vehicle, but did not give a description on what had occurred.

Based on the damage to the vehicle on scene, it appears that vehicle two made a left turn onto Hurley Avenue while vehicle one was still in the intersection, and crashed into the rear drivers side of vehicle one.

The Singin gas station had surveillance cameras, however an employee stated that no one present had access to the footage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	E. MIICK	307	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057193
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/20/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0920
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
At Intersection With / Road Name	HIGH ST
Feet / Miles	Feet: 10
N / E / S / W of	S of HIGH ST
11 Speed Limit	45
12 Route No. / Suffix	0009 / -
13 Milepost	-
18 Speed Limit	25
19 Ramp To / From	-
17 Cross Road Name	-
20 Route/Name	-
NB / EB / SB / WB	-
21 Latitude	40.069268
22 Longitude	-74.218144

Vehicle 1

23 Veh #	1
24 Policy No.	6059593612061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHRISTOPH D THERIEN -
29 Sex	M
27 Number & Street	9 PORTEBELLO RD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	T33711246406924 / 06/16/1992 / 06 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHRISTOPH D THERIEN -
36 Number & Street	9 PORTEBELLO RD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / FUS / RD / 2010 / H45JCD / NJ
44 VIN / 45 Expires	3FAHP0KC3AR221556 / 07 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	BA2997BD
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CARMEN - SICURELLA -
59 Sex	M
57 Number & Street	1152 FISCHER BLVD
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / B / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	S41221110012562 / 12/21/1956 / 12 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JAYS - JAYS BUS SERVICE -
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	IC / INT / YEL / 2019 / N272S1 / NJ
74 VIN / 75 Expires	4DRBUC8P5KB091088 / 08 22
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.: -
80 Carrier No.	☒ USDOT 1926134 ☐ None; ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	JAYS BUS SERVICE
Number & Street	672 CROSS ST
City / State / Zip	LAKEWOOD / NJ / 08701

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	30	M	-	-	-	11	04	-	-	CHRISTOPH D THERIEN - 9 PORTEBELLO RD JACKSON NJ 08527
B	02	01	01	05	65	M	-	-	-	11	04	-	-	CARMEN - SICURELLA - 1152 FISCHER BLVD TOMS RIVER NJ 08753
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station - Case No. 22-057193

1.	RVCHI	REVDEN
2.	NAOMI	FREEDMAN
3.	CHANI	SUSSMAN
4.	ASTRIO	EQUIZABAL
5.		
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54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

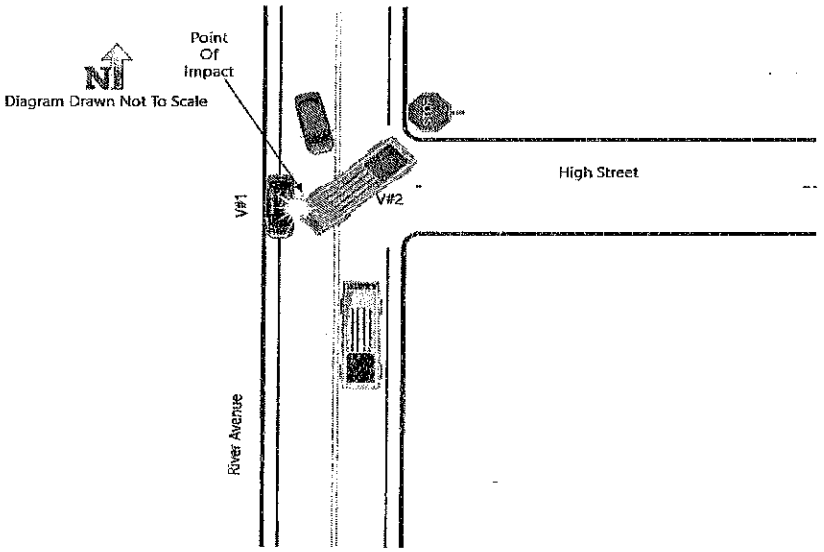
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057193

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #2 insurance is Nationwide Policy# BA2997BD company code 23787 phone 814-234-6667.

Driver #1 was traveling South on River Ave approaching High Street. Driver #1 said that a vehicle in front of him was making a left turn onto High Street and stopped, so he was passing him on the right. He said that a school bus turned off of High Street and they collided.

Driver #2 was stopped at the stop sign on High Street waiting to make a left turn on to River Avenue, to travel Southbound. Driver #2 said that a Bus traveling Northbound stopped to let him make his turn, and that a vehicle making a left turn onto High Street stopped and waived him to go. He said as he proceeded he collided with vehicle #1. No reported injuries at this time. Due to my investigation I found driver #1 to be at fault for the crash, improper passing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERRILL D	323	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057270
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
At Intersection With / Road Name	☐ / LOCUST ST
Dir	
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	0009
18 Speed Limit	35
☒ Feet ☐ Miles	300
☐ N ☐ E ☒ S ☐ W of:	LOCUST ST
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/20/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1451
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.047997
22 Longitude	-74.221711

Vehicle 1

23 Veh #	1
24 Policy No.	049354699C7101
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANA / M / NEWTON
29 Sex	F
27 Number & Street	66 ROCKINGHAM WAY
28 City / State / Zip	MANCHESTER / NJ / 08759
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	N29691527457842
33 DOB mm dd yyyy	07/16/1984
34 Expires mm yy	07 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / KEVIN / J / NEWTON
36 Number & Street	66 ROCKINGHAM WAY
37 City / State / Zip	MANCHESTER / NJ / 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SOU / 3 / 2021 / X74NXH / NJ
44 VIN / 45 Expires	KNDJ23AU4M7795827 / 06 / 25
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	F	-	-	-	11	04	-	-	DANA M NEWTON - 66 ROCKINGHAM WAY MANCHESTER NJ 08759
B	01	03	01	05	37	M	-	-	-	11	04	-	-	KEVIN J NEWTON - 66 ROCKINGHAM WAY MANCHESTER NJ 08759
C														
D														

New Jersey Police Crash Investigation Report

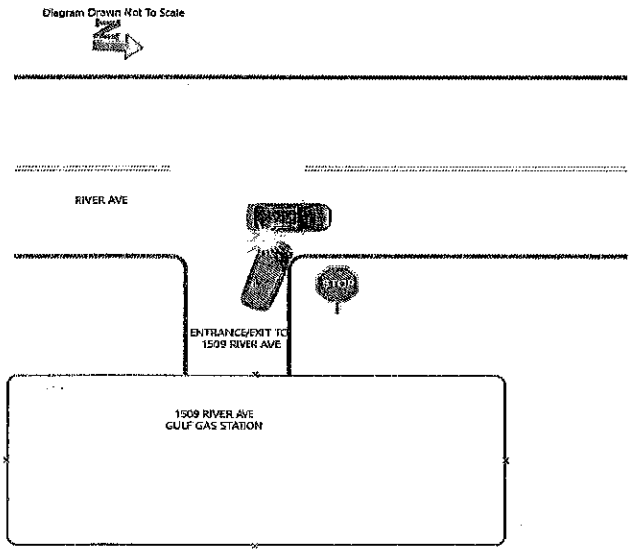
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057270

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was Northbound on River Ave. She stated as she was going forward, vehicle 2 was attempting to make a right turn onto River Ave from 1509 River (Gulf Gas Station) but ended up crashing into the side of her vehicle. She stated vehicle 2 then went forward North on River Ave and fled West on Locust ST.

vehicle 2 is described as a dark blue Toyota corolla or Camry with tinted windows. No plate was provided.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057312
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/20/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1725
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: NEIMAN ROAD
11 Speed Limit	45
12 Route No.	0626
Dir / Suffix	- / -
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.076068
22 Longitude	-74.250622

Vehicle 1

23 Veh #	1
24 Policy No.	6062-56-29-77
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZEV - SUSSMAN -
29 Sex	M
27 Number & Street	70 HILLSIDE BLVD
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	S94577960009814
33 DOB (mm dd yyyy)	09/14/1981
34 Expires (mm yy)	09 / 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZEV - SUSSMAN -
36 Number & Street	70 HILLSIDE BLVD
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / TNC / WHI / 2015 / X37PTK / NJ
44 VIN	2C4RC1BG4FR561637
45 Expires	03 / 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - / - (Hazard Class / Placard No.)
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	S2470614
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	FERNANDO - GARCIA ANDRES -
59 Sex	M
57 Number & Street	203 SUNSET RD NORTH APT 1
58 City / State / Zip	SEASIDE HGTS / NJ / 08751
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / I / - / - / NJ
62 Driver's License Number	G05542620011860
63 DOB (mm dd yyyy)	11/27/1986
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver REFOEL R BURSZTYN -
66 Number & Street	380 MADISON AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / E45 / WHI / 2007 / W49NWA / NJ
74 VIN	1FDXE45S77DA80686
75 Expires	06 / 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - / - (Hazard Class / Placard No.)
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
02	39:3-10	1514A294232			
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	M	-	-	-	11	04	-	-	ZEV - SUSSMAN - 70 HILLSIDE BLVD LAKEWOOD NJ 08701 - -
B	01	06	01	05	2	M	-	-	-	05	05	-	-	SHARGI SUSSMAN 70 HILLSIDE BLVD LAKEWOOD NJ 08701 - -
C	02	01	01	05	35	M	-	-	-	11	04	-	-	FERNANDO - GARCIA ANDRES - 203 SUNSET RD NORTH , SEASIDE HGTS NJ 08751 - -
D	02	03	01	05	52	M	-	-	-	11	04	-	-	GERALDO - RAMIREZ - 19 PINE STREET JACKSON NJ 08527

New Jersey Police Crash Investigation Report

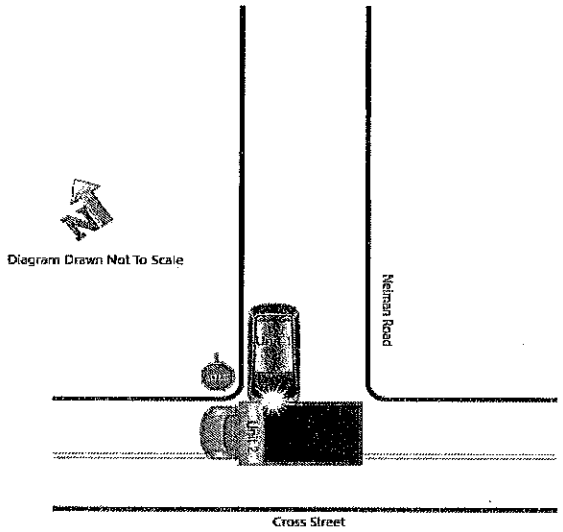
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057312

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle one stated that he was stopped at the stop sign on Neiman Road at the intersection with Cross Street. The driver of vehicle one stated that he was inching forward in an attempt to see the flow of traffic, and admittedly may have pulled forward enough to obstruct the traffic on Cross Street. The driver of vehicle one stated that as he was waiting to turn, vehicle two struck the front bumper of his vehicle.

The driver of vehicle two stated that he was traveling west on Cross Street and as he approached the intersection of Cross Street and Neiman Road vehicle one pulled out in front him slightly. The driver of vehicle two stated that vehicles were approaching in the opposite direction, and he could not avoid contact with vehicle one.

Based on my observations and speaking with all involved parties, I have determined that vehicle one pulled into the lane of travel before it was safe to do so. This caused vehicle two to crash into vehicle one.

Vehicle one had moderate damage to the front bumper. Vehicle two had small scratches on the passenger side of the vehicle.

Vehicle two out of state insurance. NAIC #11867.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057526
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0858
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	HILLSIDE BOULEVARD
☒ At Intersection With	KINGSFIELD DRIVE
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE*
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVROHOM / E / GOLDMAN -
29 Sex	M
27 Number & Street	168 E 9TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	G62280716506932
33 DOB (mm dd yyyy)	06/01/1993
34 Expires (mm yy)	06 / 24
35 Owner's First Name / Initial / Last Name	- / - / PRESIDENTIAL TRI -
☐ Same As Driver	-
36 Number & Street	10 ROOSEVELT AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	THO / 310 / YEL / 2022 / W699S1 / NJ
44 VIN	4UZABPFDXNCMT9984
45 Expires	07 / 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class: - Placard No.: -
50 Carrier No.	☒ USDOT 3271805 ☐ None
	☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	PRESIDENTIAL TRANSPORT LLC
Number & Street	10 ROOSEVELT AVENUE
City / State / Zip	LAKEWOOD / NJ / 08701

Vehicle 2

53 Veh #	2
54 Policy No.	SEE NARRATIVE*
55 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	POWER & JERSEY CENTRAL -
☐ Same As Driver	
66 Number & Street	300 MADISON AVE
67 City / State / Zip	MORRISTOWN / NJ / 07960
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FREI / M2 / WHI / 2021 / XKKA95 / NJ
74 VIN	3ALACXFE6MDMJ9771
75 Expires	10 / 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class: - Placard No.: -
80 Carrier No.	☒ USDOT 411955 ☐ None
	☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	JCP&L
Number & Street	300 MADISON AVENUE
City / State / Zip	MORRISTOWN / NJ / 08701

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	04	29	M	-	-	-	11	04	-	-	AVROHOM E GOLDMAN - 168 E 9TH ST LAKEWOOD NJ 08701
B	V2	03	01	05	23	M	-	-	-	11	04	-	-	ANTHONY J ALVAREZ - 210 SPRINGFIELD AVE PINE BEACH NJ 08741
C														
D														

New Jersey Police Crash Investigation Report

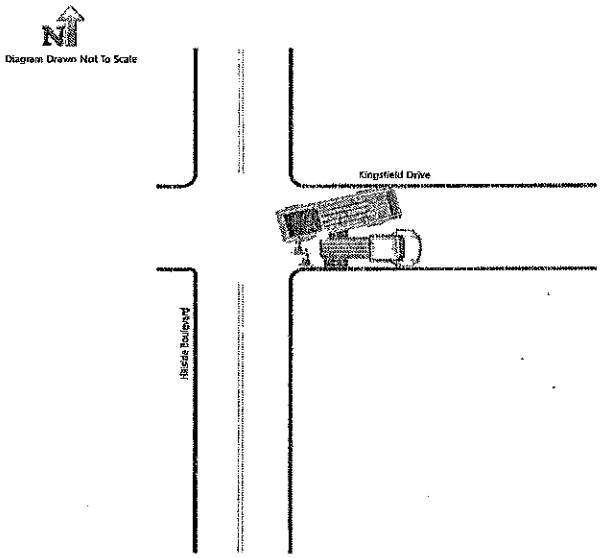
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057526

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED HE WAS MAKING A TURN ONTO KINGSFIELD DRIVE AND MADE CONTACT WITH THE PARKED MOTOR VEHICLE.

ONE OF THE EMPLOYEES OF JCP&L STATED HE STOPPED ONCOMING TRAFFIC SO THAT THE BUS COULD TURN WITHOUT INCIDENT, ULTIMATELY THE BUS CUT HIS TURN TOO SHORT MAKING CONTACT WITH THE JCP&L TRUCK.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT BOTH VEHICLES ARE AT FAULT DUE TO THE FACT THE JCP&L TRUCK WAS STATIONED TOO CLOSE TO THE INTERSECTION, AND THE BUS MADE AN IMPROPER TURN.

NO INJURIES WERE REPORTED ON SCENE.

VEHICLE 1 IS INSURED BY NATIONWIDE INSURANCE GROUP
POLICY#: BA3631BF
COMPANY CODE#: 23787
CENTRAL INSURANCE GROUP INC
TAMMY W JONES
1360 NORTH ATHERTON STREET
STATE COLLEGE, PA 16803

VEHICLE 2 IS SELF INSURED

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	DTWORKOSKI	249	☐ Pending ☒ Complete

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station -
Case No. 22-057526

1.
2. LIBA KATZ
3. ESTHER SCHELLER
4. TALIA SEGAL
5.
6.
7.
8.
9.
10.
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15.
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41.
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44.
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48.
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51.
52.
53.
54.

SCHOOL BUS
(full size)

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

MINIBUS

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057532
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0917
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	PROSPECT ST
At Intersection With / Road Name	CROSS ST
Feet / Miles	25 Feet
N ☒ E / S ☐ W of:	E of
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	- / S / -
16 Speed Limit	45
17 Cross Road Name	-
19 Ramp To / From	-
20 Route/Name	-
21 Latitude	40.071916
22 Longitude	-74.246015

Vehicle 1

23 Veh #	1
24 Policy No.	609733932 206 1
25 NJ Ins. Code	189
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SAMUEL - GELLIS
29 Sex	M
27 Number & Street	198 EMMANUEL DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / A / - / -
31 State	NJ
32 Driver's License Number	G24026880009764
33 DOB (mm dd yyyy)	09/09/1976
34 Expires (mm yy)	09 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YAEL S GELLIS
36 Number & Street	198 EMMANUEL DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / GRY / 2021 / W87NEY / NJ
44 VIN	5FNRL6H81MB025119
45 Expires	01 / 24
46 Vehicle Removed To	ACME TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	45	M	-	-	-	11	04	-	-	SAMUEL - GELLIS - 198 EMMANUEL DR LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

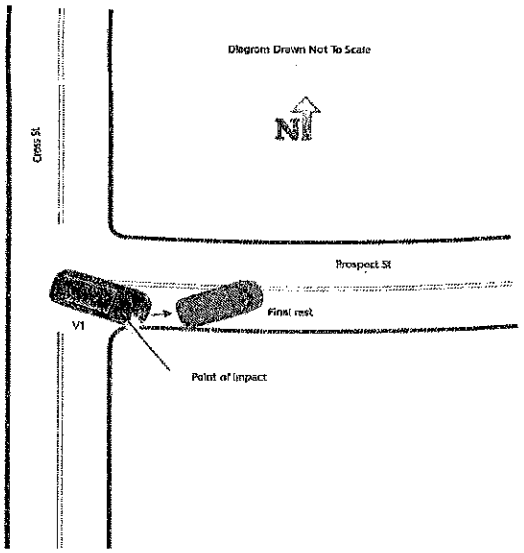
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: - Case No: 22-057532

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling south bound on Cross St when making a left turn onto Prospect St it collided with the curb causing major damage to front passenger side of the vehicle.

Driver 1 related that he was traveling south bound on Cross St. He made a left hand turn onto Prospect St when his vehicle collided with the curb causing major damage to front passenger side of vehicle.

Driver of V1 is at fault due to traveling at an unsafe speed.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	PA	325	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-057560
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1128
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	MONTICELLO LANE -
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
☐ At Intersection With / 125 ☒ Feet ☐ Miles ☒ N ☐ E ☐ S ☐ W of	BENNINGTON LANE
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 07; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 05; 106: -; 107: -; 108: -; 109: 29; 110: -; 111: 03; 112: -; 113: 99; 114: -; 115: 09; 116: 03; 117: 01

Right margin codes: 118a: 00; 118b: -; 119a: 25; 119b: -; 120a: 00; 120b: -; 121a: 01; 121b: -; 122: 00; 123: 99; 124: 00; 125: 11; 126a: 99; 126b: -; 126c: -; 126d: -; 126e: 99; 127a: 26; 127b: -; 127c: -; 127d: -; 127e: 26; 128: 00; 129: 00; 130: 00; 131: 99; 132: 99; 133: 00; 134: 02

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	-	SEE NARRATIVE*
NJ Ins. Code	-	-
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	- - - -	MIGUEL A PEREZ -
Sex	-	M
Number & Street	-	18 SILVER BAY RD
City / State / Zip	- - -	TOMS RIVER NJ 08753
Eyes	-	02
DL Class	-	B
Restrictions	-	-
Endorsements	-	-
State	-	NJ
Driver's License Number	-	P26785476102882
DOB	-	02/26/1988
Expires	- -	02 25
Owner's Same As Driver	☐	☐
Owner's First Name / Initial / Last Name	- - - -	LAKEWOOD - TOWNSHIP OF LAK -
Number & Street	-	231 3RD ST
City / State / Zip	- - -	LAKEWOOD NJ 08701
Make	-	MACK
Model	-	LEU
Color	-	WHI
Year	-	2016
Plate No.	-	18313MG
State	-	NJ
VIN	-	1M2AU04C5GM010406
Expires	- -	09 23
Vehicle Removed To	-	-
Removal	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☐ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
Alcohol/Drug Test Given	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results	0. - % ☐ Pending	0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -	- / -
Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -	☒ USDOT 07755CF ☐ None ☐ MC/MX
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	TOWNSHIP OF LAKEWOOD
Number & Street	-	231 THIRD STREET
City / State / Zip	- - -	LAKEWOOD NJ 08701

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V2	01	01	05	34	M	-	-	-	11	04	-	-	MIGUEL A PEREZ - 18 SILVER BAY RD TOMS RIVER NJ 08753
B														
C														
D														

New Jersey Police Crash Investigation Report

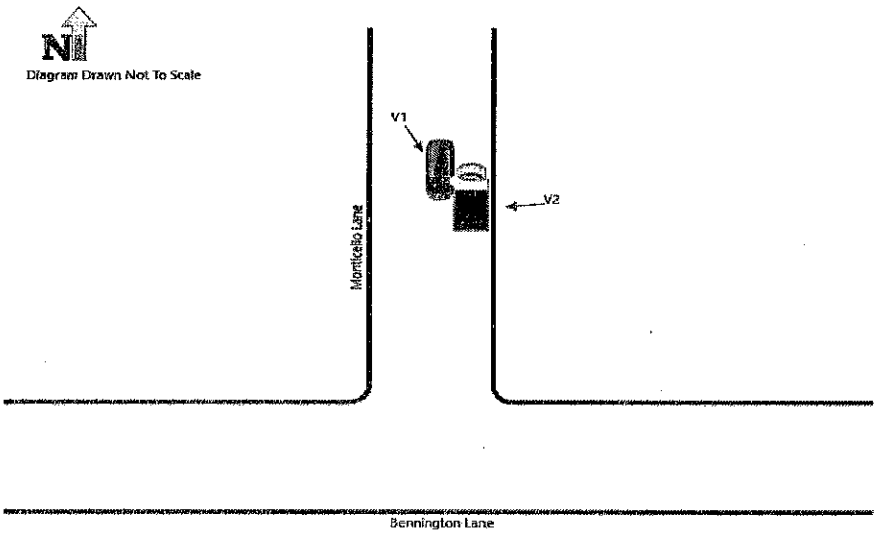
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057560

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 2 STATED THAT A USPS MAIL TRUCK MADE CONTACT WITH THE DPW VEHICLE THAT HE WAS DRIVING. HE STATED THAT HE WAS LOADING UP THE TRASH CAN WHEN VEHICLE 1 MADE CONTACT WITH HIS DRIVER SIDE MIRROR.

THE DRIVER OF VEHICLE 2 PROVIDED ME WITH THE USPS TRUCK #0229570 BUT NO REGISTRATION.

NO INJURIES WERE REPORTED ON SCENE.

VEHICLE 2 IS SELF INSURED BY OCEAN COUNTY MUNICIPAL JOINT INSURANCE FUND
SELF INSURANCE ID: 05-87
PERMA INC.
9 CAMPUS DRIVE; SUITE 216
PARSIPPANY, NJ 07054

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-057635
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	
10 Crash Occurred On:	N LAKE DR (Road Name)
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With / ☒ Feet / ☐ Miles	500
14 / 15 / 16	☐ N ☐ E ☐ S ☒ W of: CASE RD
17 Cross Road Name	
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1735
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.096151
22 Longitude	-74.231465

Field	Vehicle 1	Vehicle (53 Veh #) -
23/53 Veh #	1	-
24/54 Policy No.	*	-
25/55 NJ Ins. Code		-
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26/56 Driver's First Name / Initial / Last Name		- - -
29/59 Sex		-
27/57 Number & Street		-
28/58 City / State / Zip		- - -
30/60 Eyes / DL Class / Restrictions / Endorsements		- - - -
31/61 State		-
32/62 Driver's License Number		-
33/63 DOB (mm dd yyyy)		-
34/64 Expires (mm yy)		- -
35/65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - FRANCHISE CCM RI-	☐ Same As Driver - - - -
36/66 Number & Street	344 MANILA AVENUE ROOM 61	-
37/67 City / State / Zip	JERSEY CITY NJ 07302	- - -
38/68 Make	NISS	-
39/69 Model	SEN - SE	-
40/70 Color	RD	-
41/71 Year	2009	-
42/72 Plate No.	U98JKA	-
43/73 State	NJ	-
44/74 VIN	3N1AB61E69L608040	-
45/75 Expires	10 22	- -
46/76 Vehicle Removed To	BARINA'S AUTOMOTIVE	-
Removal	☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47/77 Authority	☐ Owner ☐ Driver ☒ Police	☐ Owner ☐ Driver ☐ Police
48/78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49/79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☐ None ☐ On Board ☐ Spill; Hazard Class -; Placard No. -
50/80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT - ☐ MC/MX - ☐ None
51/81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52/82 Motor Carrier or Government Entity		-
Number & Street		-
City / State / Zip		- - -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	03	01	03	16	M	03	05	01	11	04	-	-	SRULY - KARCZHG - 1345 43RD STREET BROOKLYNN NY 11219
B	01	04	01	05	17	M	-	-	-	11	04	-	-	MOSHE - SOPER - 4 CABERNET DR LAKEWOOD NJ 08701
C	01	05	01	03	17	M	11	04	02	11	04	-	6303	DOV - LIEBB - 65 CLEARSTREAM RD LAKEWOOD NJ 08701
D	01	06	01	05	17	M	-	-	-	11	04	-	-	AKIVA - FINKEL - 122 S FORMOSA AVE LOS ANGELES CA 90036

Left margin codes:

Code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

Right margin codes:

Code	Value
118a	00
118b	00
119a	-
119b	-
120a	00
120b	00
121a	-
121b	-
122	16
123	-
124	04
125	-
126a	45
126b	-
126c	-
126d	-
126e	45
127a	-
127b	-
127c	-
127d	-
127e	-
128	45
129	12
130	12
131	-
132	-
133	04
134	-

New Jersey Police Crash Investigation Report

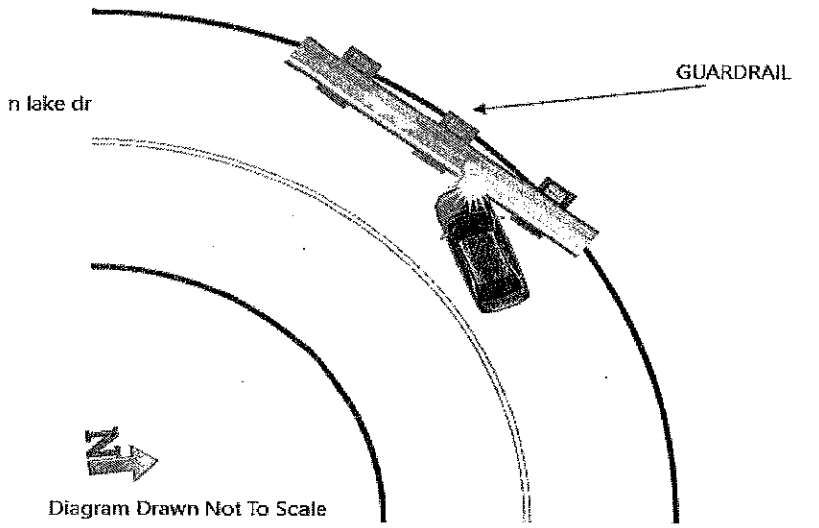
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057635

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

It appeared that vehicle 1 was going Westbound on N Lake DR. As vehicle 1 was approaching the curve, vehicle 1 lost control and crashed into the guardrail. It should be noted the four passengers in the vehicle all claimed that they were not driving and were not cooperative. They stated a male named Derek was driving but would not give further information.

It should be noted vehicle 1 had no license plate and no insurance card inside. There was a NJ PLATE of C58RCT inside the glove box which did not belong to the vehicle involved in the accident. I then went to the registered owner residence of the plate and gave back the plate who stated he lost his license plate yesterday morning but never reported it to the police.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-057667
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	MASSACHUSETTS AVE
11 Speed Limit	45
12 Route No.	0637
Suffix	
13 Milepost	
☐ At Intersection With	
14	450 ☒ Feet ☐ Miles
16 Dir	☐ N ☐ E ☒ S ☐ W
of: 17 Cross Road Name	LAKEWOOD PINE BLVD
18 Speed Limit	25
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	07/21/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1947
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	-
22 Longitude	-

Left margin codes: 96: 05; 97: 01; 98: 01; 99: 05; 100a: 01; 100b: 05; 101: 02; 102: 01; 103: 01; 104: 1; 105: 11; 106: -; 107: -; 108: 01; 109: -; 110: 01; 111: -; 112: -; 113: -; 114: -; 115: -; 116: 03; 117: -

Right margin codes: 118a: 29; 118b: -; 119a: -; 119b: -; 120a: 01; 120b: -; 121a: -; 121b: -; 122: 01; 123: -; 124: 04; 125: -; 126a: 05; 126b: 60; 126c: 60; 126d: -; 126e: 60; 127a: -; 127b: -; 127c: -; 127d: -; 127e: -; 128: 05; 129: 02; 130: 02; 131: -; 132: -; 133: 04; 134: -

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	-
24 Policy No.	5129J004688	54 Policy No.	-
25 NJ Ins. Code	917	55 NJ Ins. Code	-
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	YECHEZKEL - ZISKIND -	56 Driver's First Name / Initial / Last Name	- - - -
29 Sex	M	59 Sex	-
27 Number & Street	300 LAWRENCE AVE	57 Number & Street	-
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	- - -
30 Eyes	2	60 Eyes	-
DL Class	D	DL Class	-
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	-
32 Driver's License Number	Z46627890006002	62 Driver's License Number	-
33 DOB (mm dd yyyy)	06/11/2000	63 DOB	-
34 Expires (mm yy)	06 26	64 Expires	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AARON S ZISKIND -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
36 Number & Street	314 LAWRENCE AVE	66 Number & Street	-
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	- - -
38 Make	INFI	68 Make	-
39 Model	I30	69 Model	-
40 Color	GRY	70 Color	-
41 Year	2001	71 Year	-
42 Plate No.	L81PZE	72 Plate No.	-
43 State	NJ	73 State	-
44 VIN	JNKCA31A41T015487	74 VIN	-
45 Expires	06 23	75 Expires	- -
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	- ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.:	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☐ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	-
Number & Street		Number & Street	-
City / State / Zip		City / State / Zip	- - -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	22	M	02	05	01	11	04	-	-	YECHEZKEL - ZISKIND - 300 LAWRENCE AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

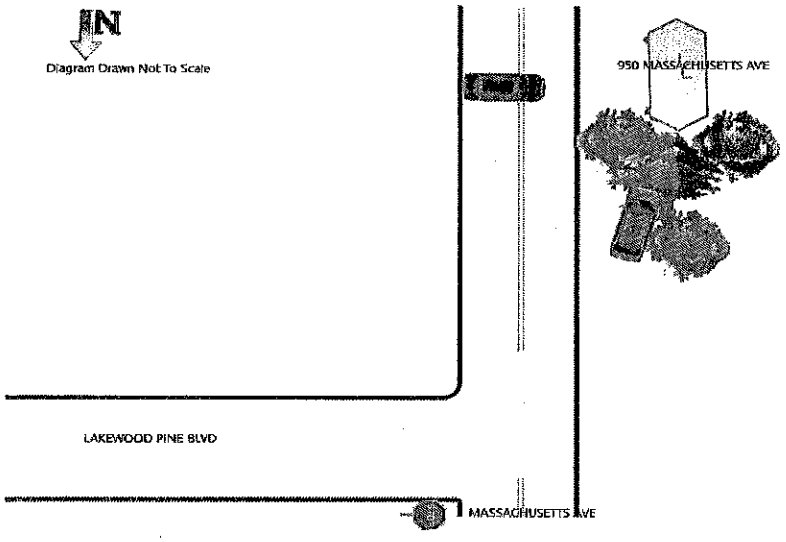
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057667

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

At the time of the crash there was a food distribution event taking place at 950 Massachusetts Ave.

The driver of vehicle #1 reported that he was traveling South on Massachusetts Ave. and as he came over the slight hill there was a vehicle making what he described as a "K-turn" in the middle of the roadway. In an effort to avoid striking this vehicle, he turned to the right and went off the roadway and into the wooded area near 950 Massachusetts Ave. before coming to rest against a tree.

Witnesses described the vehicle making the U-turn as a dark colored van with New York registration HWU4066.

The driver of vehicle #1 sustained swelling to his lower lip and refused medical attention. No other injuries were observed or reported at the scene. The vehicle sustained damage to the front end of the vehicle mainly towards the passenger side. It was left at the scene awaiting a tow.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058572
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	HURLEY AVE
At Intersection With Road Name	RIVER AVE
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W of:	RIVER AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2337
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.086423
22 Longitude	-74.215339

Vehicle 1

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

Vehicle 2

53 Veh #	2
54 Policy No.	HPA00002720124
55 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	IKEIM / J / JACKSON -
59 Sex	M
57 Number & Street	104A EATONCREST DR
58 City / State / Zip	EATONTOWN / NJ / 07724
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	J00623587112892
63 DOB mm dd yyyy	12/30/1989
64 Expires mm yy	12 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver IKEIM / J / JACKSON -
66 Number & Street	1321 MARSHALL ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / MAL - MA / BLK / 2015 / H67MUJ / NJ
74 VIN / 75 Expires	1G11C5SL1FF121456 / 09 / 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	32	M	-	-	-	11	04	-	-	IKEIM J JACKSON - 104A EATONCREST DR EATONTOWN NJ 07724
B														
C														
D														

96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	03
109	01
110	00
111	01
112	-
113	-
114	-
115	-
116	02
117	02
118a	05
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	02
130	02
131	11
132	11
133	00
134	03

New Jersey Police
Crash Investigation Report

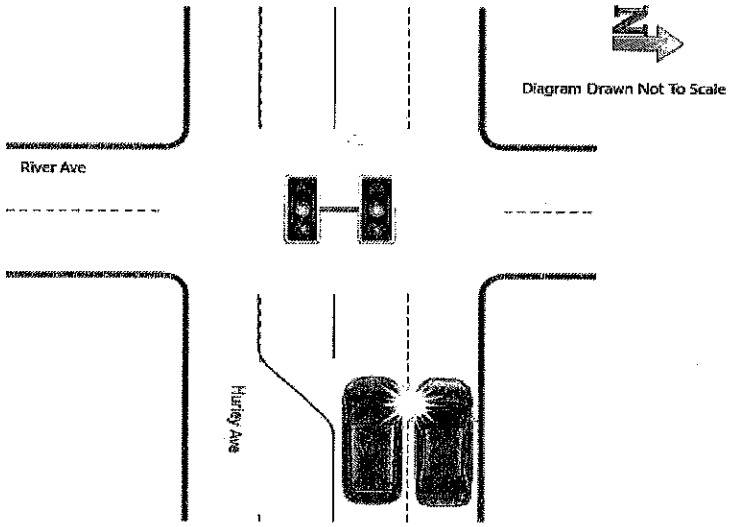
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058572

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 02 stated he was traveling East on Hurley Ave when Vehicle 01 side swiped his vehicle but continued driving East on Central Ave without stopping. Driver 02 gave me a NJ Registration of IA91692 for the suspect vehicle but that registration did not come back to any vehicle in the DMV database. Driver 02 described Vehicle 01 as a white work van with ladders on top, a blue decal on the rear doors that looked like a wave with writing on it, no rear windows, and had damage on the front right after striking Vehicle 02. Driver 02 did not have any injuries or complaint of pain.

After my investigation, I concluded Vehicle 01 to be at fault for leaving the scene of the crash and failing to report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	SGT. M. MARZOCCA	314	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058535
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	JOE PARKER RD
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet	☐ Miles
50	
14	15
☐ N ☐ E ☐ S ☒ W	of: SPY GLASS BLVD
16	
19 Ramp	☐ To ☐ From: -
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2105
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.090359
22 Longitude	-74.163374

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002751150
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JADA
Initial	N
Last Name	CROOMS -
29 Sex	F
27 Number & Street	232 PACIFIC AVE
28 City	BEACHWOOD
State	NJ
Zip	08722
30 Eyes	2
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C75653837556002
33 DOB mm dd yyyy	06/13/2000
34 Expires mm yy	06 26
35 Owner's First Name	JADA
Initial	N
Last Name	CROOMS -
☐ Same As Driver	
36 Number & Street	232 PACIFIC AVE
37 City	BEACHWOOD
State	NJ
Zip	08722
38 Make	HYUN
39 Model	SON
40 Color	4
41 Year	2019
42 Plate No.	J66PHU
43 State	NJ
44 VIN	5NPE24AF6KH750244
45 Expires	10 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	22	F	-	-	-	11	04	-	-	JADA N CROOMS - 232 PACIFIC AVE BEACHWOOD NJ 08722
B														
C														
D														

New Jersey Police Crash Investigation Report

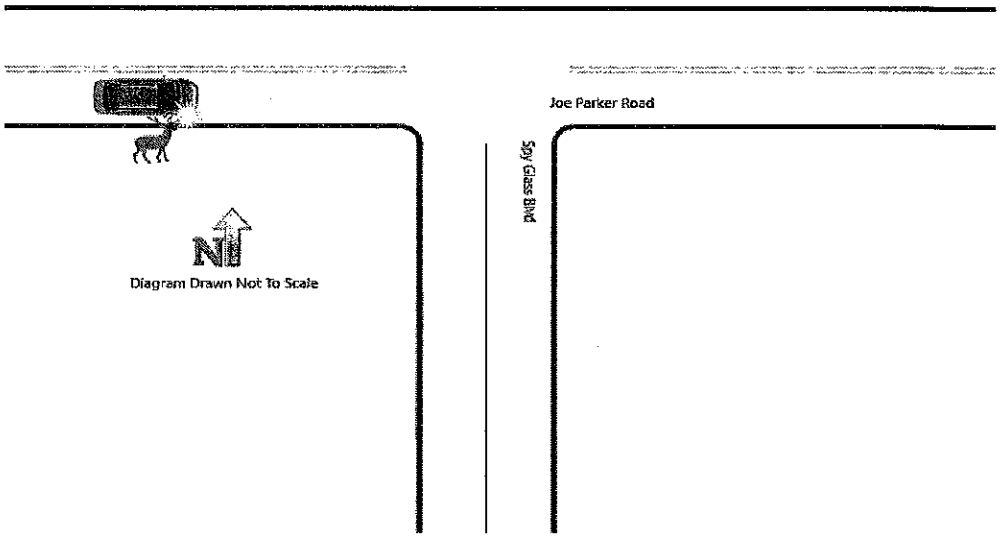
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: _____ Case No: 22-058535

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 was traveling East Bound on Joe Parker Rd. As the driver was approaching the intersection of Spy Glass Blvd, a deer had jumped over the fence line, into the road way, causing the driver of vehicle 1 to strike the deer. V1 appeared to have sustained minor damage to the passenger side door and panel. Vehicle 1 was not towed a per the driver's request. No injuries were observed or reported by the driver of this vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DESANGLES, D	412	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058512
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SHADY LANE DR
At Intersection With	☐
Road Name	SHADY LANE DR
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	50
☐N ☐E ☐S ☒W of:	FOREST DR
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1833
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.096380
22 Longitude	-74.242822

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-238-284280-40 2 1
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALTER H LONDINSKI -
29 Sex	M
27 Number & Street	12 KLETSK HILL RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number / 33 DOB / 34 Expires	L63870346804712 / 04/14/1971 / 04 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALTER H LONDINSKI -
36 Number & Street	12 KLETSK HILL RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / 3 / 2012 / SWY38H / NJ
44 VIN / 45 Expires	5TDKK3DC1CS177571 / 08 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	5129J 016645
55 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID - BERGER -
59 Sex	M
57 Number & Street	42 GARDEN OF EDEN DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	B26841560005822 / 05/07/1982 / 05 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - BERGER -
66 Number & Street	42 GARDEN OF EDEN DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACUR / MDX / BLK / 2020 / P34MVK / NJ
74 VIN / 75 Expires	5J8YD4H34LL044780 / 10 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	M	-	-	-	11	04	-	5104	ALTER H LONDINSKI - 12 KLETSK HILL RD LAKEWOOD NJ 08701 - -
B	02	01	01	05	40	M	-	-	-	11	04	-	5104	DAVID - BERGER - 42 GARDEN OF EDEN DR LAKEWOOD NJ 08701 - -
C	02	03	01	05	33	M	-	-	-	11	04	-	-	AVROM - KHON - 512 FOREST AVE LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

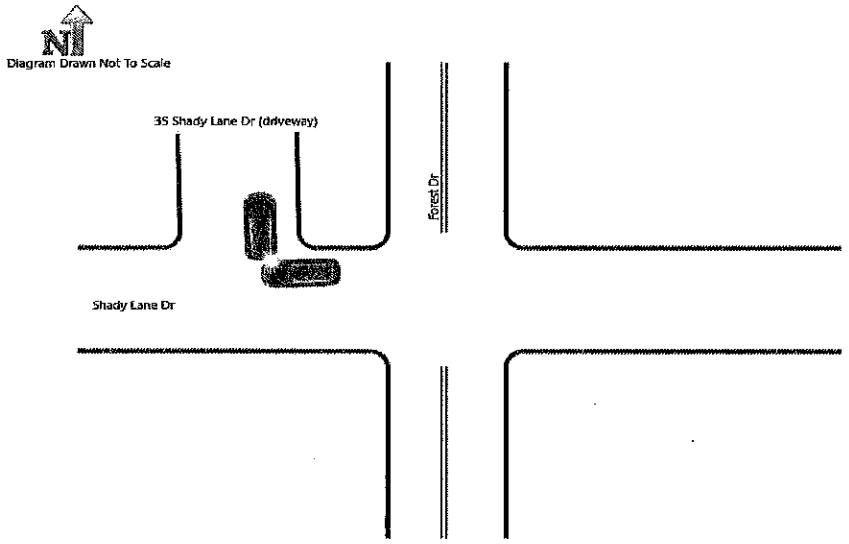
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058512

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was backing out of the driveway to leave 35 Shady Lane Drive. Vehicle 2 was traveling west bound on Shady Lane Drive. Vehicle 1 then crashed into vehicle 2 while entering the roadway.

Driver 1 stated he was backing out of the driveway and did not see vehicle 2.

Driver 2 stated he was traveling west bound on Shady Lane Drive when vehicle 1 backed out of the drive way striking his vehicle.

My investigation determined that driver 1 is at fault due to being inattentive while driving and for backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058482
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	FOREST AVENUE
☒ At Intersection With	Road Name
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ Feet ☐ Miles	14 15
☐ N ☐ E ☐ S ☐ W	16
of:	9TH STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1555
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.098760
22 Longitude	-74.217973

Vehicle 1

23 Veh #	1
24 Policy No.	4552-50-97-15
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MIRIAM - MENDLOWITZ
29 Sex	F
27 Number & Street	611 FOREST AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
31 State	NJ
32 Driver's License Number	M25155580057982
33 DOB mm dd yyyy	07/09/1998
34 Expires mm yy	07 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MIRIAM - MENDLOWITZ
36 Number & Street	611 FOREST AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COR / RD / 2015 / N80KFJ / NJ
44 VIN	2T1BURHE4FC283535
45 Expires	07 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	24	F	-	-	-	11	04	-	-	MIRIAM - MENDLOWITZ - 611 FOREST AVE LAKEWOOD NJ 08701 - -
B	01	04	01	05	3	M	-	-	-	05	05	-	-	DOVID - MENDLOWITZ - 611 FOREST AVE LAKEWOOD NJ 08701 - -
C	01	06	01	05	1	F	-	-	-	06	06	-	-	DEVORAH - MENDLOWITZ - 611 FOREST AVE LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

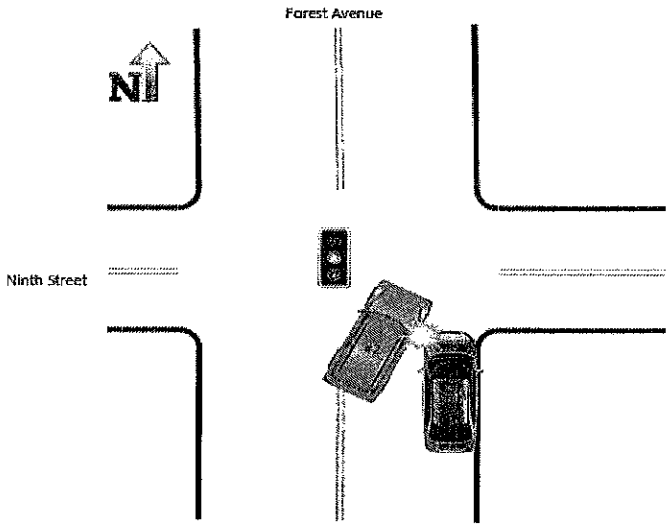
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: - Case No: 22-058482

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle one stated that she was stopped at the red traffic signal heading northbound on Forest Avenue and 9th Street. The driver of vehicle stated that a white passenger van went around to the left of vehicle one, and made a right turn onto 9th Street, side swiping vehicle one.

A witness who wished to not be identified confirmed this story, and provided a picture of a Maryland license plate 38447CK, however the plate did not come back to any currently registered vehicle. The witness stated that the other vehicle involved was a white passenger van. The witness stated that the van fled, then returned to the scene a few minutes later, and then fled northbound on Route 9, not returning.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	DIBIASE	286	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058460
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	TANGLEWOOD LN
11 Speed Limit	25
☐ At Intersection With	Road Name
Dir	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet	50
☐ Miles	
☐ N ☐ E ☒ S ☐ W of:	TUXEDO TERR
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1447
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.105465
22 Longitude	-74.232342

Vehicle 1

23 Veh #	1
24 Policy No.	915970397
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	EZRIEL - DAUM
29 Sex	M
27 Number & Street	220 MAGNOLIA DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	D08852580001004
33 DOB mm dd yyyy	01/31/2000
34 Expires mm yy	01 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AARON - DAUM
36 Number & Street	220 MAGNOLIA DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / AVA / BLK / 2012 / U38MKX / NJ
44 VIN	4T1BK3DB3CU461170
45 Expires	06 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	AO2-238-128270-70 2 9
55 NJ Ins. Code	182
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SHIFRA E SILBERSTEIN -
59 Sex	F
57 Number & Street	53 N CREST PL
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	S42977086558782
63 DOB mm dd yyyy	08/04/1978
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEPH - SILBERSTEIN -
66 Number & Street	53 NORTH CREST PLACE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BLK / 2021 / D99NAU / NJ
74 VIN	5FNRL6H73MB027672
75 Expires	12 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	22	M	-	-	-	11	04	-	-	EZRIEL - DAUM - 220 MAGNOLIA DR LAKEWOOD NJ 08701
B	2	01	01	05	43	F	-	-	-	11	04	-	-	SHIFRA E SILBERSTEIN - 53 N CREST PL LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

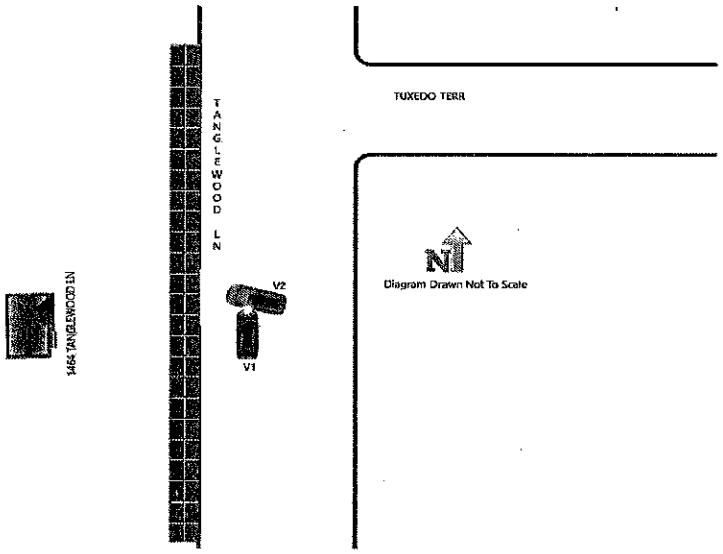
Police Dept: LAKEWOOD TOWNSHIF Code: 01

Station: _____ Case No: 22-058460

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated that while traveling North on Tanglewood Ln. he was driving behind Vehicle 2 when Vehicle 2 turned left and they crashed. Driver 1 stated that he is unsure if Vehicle 2 activated its turn signal.

Driver 2 stated that while traveling North on Tanglewood Ln. she began to turn left in order to park at 1464 Tanglewood Ln. when her vehicle was struck by Vehicle 1. Driver 2 stated that she could not remember if she activated her turn signal.

Vehicle 1 sustained damage to the front end consisting of the front bumper coming lose from the vehicle.

Vehicle 2 sustained damage to the front and rear driver side doors consisting of dents, and paint transfer.

Due to driver statements and my observations I determined that Driver 1 attempted to improperly pass Vehicle 2 on the left and caused the crash.

There were no injuries reported on scene. End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SCHAAL, K	376	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058431
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVENUE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	30
☐ N ☐ E ☐ S ☐ W of:	1ST STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	07/24/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1116
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090921
22 Longitude	-74.216473

Vehicle 1

23 Veh #	1
24 Policy No.	AOS-221-670820-40-2
25 NJ Ins. Code	183
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ANATOLIO - PITAHURTADO
29 Sex	M
27 Number & Street	9409 50TH AVE APT 3
28 City / State / Zip	ELMHURST NY 11373
30 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
31 State	NY
32 Driver's License Number	123701648
33 DOB mm dd yyyy	07/02/1976
34 Expires mm yy	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ANATOLIO - PITAHURTADO
36 Number & Street	9409 50TH AVE APT 3
37 City / State / Zip	ELMHURST NY 11373
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / TRX / BLK / 2019 / KUR3367 / NY
44 VIN	KL7CJPSB6KB848048
45 Expires	02 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4100-39-04-77
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARCIA P GINIAN
59 Sex	F
57 Number & Street	8 BURTON AVE
58 City / State / Zip	WOODMERE NY 11598
60 Eyes / DL Class / Restrictions / Endorsements	6 / - / - / -
61 State	NY
62 Driver's License Number	939282883
63 DOB mm dd yyyy	01/11/1978
64 Expires mm yy	01 28
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ILAN D GINIAN
66 Number & Street	8 BURTON AVE
67 City / State / Zip	WOODMERE NY 11598
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / SPORTAGE / BLU / 2021 / GWF2944 / NY
74 VIN	KNDPMCAC5M7873446
75 Expires	02 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	46	M	-	-	-	11	04	-	-	ANATOLIO - PITAHURTADO - 9409 50TH AVE APT 3 ELMHURST NY 11373
B	V2	01	01	05	44	F	-	-	-	11	04	-	-	MARCIA P GINIAN - 8 BURTON AVE WOODMERE NY 11598
C														
D														

New Jersey Police Crash Investigation Report

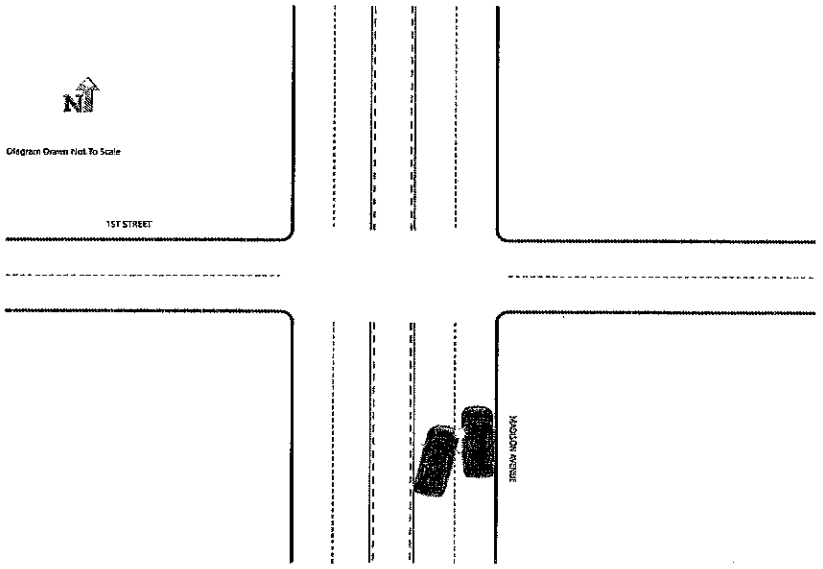
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058431

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS TRAVELING NORTH BOUND ON ROUTE 9 APPOARCHING THE INTERSECTION OF 1ST STREET IN THE LEFT LANE. D1 STATED THAT HE UTILIZED HIS RIGHT BLINKER TO SWITCH INTO THE RIGHT LANE. UPON SWITCHING INTO THE RIGHT LANE, HE STRUCK V2 WITH THE FRONT PASENGER SIDE OF HIS VEHICLE.

D2 STATED THAT SHE WAS TRAVELING NORTH BOUND ON ROUTE 9 APPOARCHING THE INTERSECTION OF 1ST STREET IN THE RIGHT LANE. D2 STATED THAT SHE OBSERVED V1 IN THE LEFT LANE. D2 STATED SHE THEN NOTICED V1 COMING INTO HER LANE, WHICH WAS THE RIGHT LANE. D2 STATED UPON V1 SWITCHING INTO THE RIGHT LANE, SHE WAS STRUCK ON THE DRIVER SIDE DOOR OF HER VEHICLE.

UPON DOING MY INVESTIGATION I PUT V1 AT FAULT FOR IMPROPER LANE CHANGE, WHICH CAUSED THE CRASH TO OCCUR.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-058293
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
At Intersection With	☐
Road Name	RIVER AVE
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet ☐ Miles	25
☐N ☐E ☒S ☐W of:	LOCUST STREET
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐NB ☐EB ☐SB ☐WB	
4 Date of Crash mm dd yy	07/23/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2202
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.047997
22 Longitude	-74.221711

Vehicle 1

23 Veh #	1
24 Policy No.	951511892
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	EVA
Initial	M
Last Name	DEANGELIS
29 Sex	F
27 Number & Street	21 CANNONBALL DR
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	D20322507452024
33 DOB mm dd yyyy	02/11/2002
34 Expires mm yy	02 23
35 Owner's First Name	EVA
Initial	M
Last Name	DEANGELIS
☐ Same As Driver	
36 Number & Street	21 CANNONBALL DR
37 City	HOWELL
State	NJ
Zip	07731
38 Make	HYUN
39 Model	TUC
40 Color	BLU
41 Year	2017
42 Plate No.	Y86MCL
43 State	NJ
44 VIN	KM8J3CA44HU436946
45 Expires	01 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	943869108
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	EFREN
Initial	S
Last Name	AREOPAGITA
59 Sex	M
57 Number & Street	50 DEERCHASE LN
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	A73461968206491
63 DOB mm dd yyyy	06/18/1949
64 Expires mm yy	06 25
65 Owner's First Name	EFREN
Initial	S
Last Name	AREOPAGITA
☐ Same As Driver	
66 Number & Street	50 DEERCHASE LN
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	CRV
70 Color	BLK
71 Year	2018
72 Plate No.	P38KDG
73 State	NJ
74 VIN	5J6RW2H53JL022974
75 Expires	05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	20	F	-	-	-	11	04	-	-	EVA M DEANGELIS - 21 CANNONBALL DR HOWELL NJ 07731
B	V1	03	01	05	21	M	-	-	-	11	04	-	-	JORDAN D PACHECO - 54 MARC DRIVE HOWELL NJ 07731
C	V2	01	01	04	73	M	01	08	01	11	04	-	-	EFREN S AREOPAGITA - 50 DEERCHASE LN LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

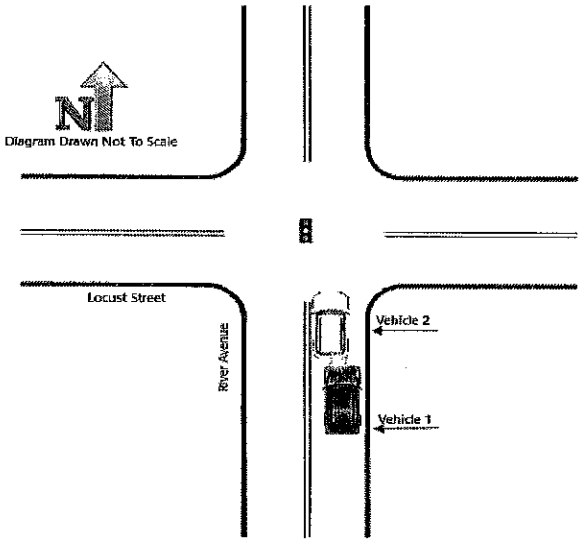
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-058293

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated she thought Vehicle 2 was going straight ahead on Route 9 northbound when Vehicle 2 abruptly applied the brakes and put his blinker on to make the left hand turn and she collided into the rear of Vehicle 2. Vehicle 1 sustained moderate damage to the front of the vehicle. No injuries were reported.

The driver of Vehicle 2 stated that he was slowing down to make a left hand turn off of Route 9 on to Locust street when he felt Vehicle 1 strike the rear of his vehicle. Vehicle 2 sustained moderate damage to the rear of the vehicle. The driver of Vehicle 2 stated he had some soreness in his neck however he did not want any medical attention to the scene and stated he would drive himself to the hospital later if he chooses to do so.

Based on my observations and statements provided by both drivers, Vehicle 1 is at fault for the collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057977
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1836
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CROSS ST
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	-
18 Speed Limit	45
Feet	☒
Miles	☐
14	25
15	
N ☐ E ☐ S ☒ W	
of:	RIVER AVE
16	
17 Cross Road Name	
19 Ramp To ☐ From ☐	9
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.054305
22 Longitude	-74.220654

Vehicle 1

23 Veh #	1
24 Policy No.	938343960
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	GABRIEL
Initial	A
Last Name	WAISBERG -
29 Sex	M
27 Number & Street	104 EDINBURGH LN
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	3
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	W0197270611613
33 DOB mm dd yyyy	11/03/1961
34 Expires mm yy	11 24
35 Owner's Same As Driver ☐	
First Name	GABRIEL
Initial	A
Last Name	WAISBERG -
36 Number & Street	104 EDINBURGH LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	SUBA
39 Model	IMP - IM
40 Color	SIL
41 Year	2008
42 Plate No.	R87NTE
43 State	NJ
44 VIN	JF1GH61648H802843
45 Expires	05 23
46 Vehicle Removed To	HESHEY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	AODT318976854020
55 NJ Ins. Code	664
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DANIEL
Initial	-
Last Name	NICHOLAZ-VARGAS -
59 Sex	M
57 Number & Street	23 CAMINO ROBLE
58 City	LAKEWOOD
State	NJ
Zip	08755
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	05/11/1987
64 Expires mm yy	- -
65 Owner's Same As Driver ☐	
First Name	JASMINE
Initial	-
Last Name	RAMIREZ-NICHOLA -
66 Number & Street	23 CAMINO ROBLE
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	JEEP
69 Model	GRD
70 Color	BLK
71 Year	2006
72 Plate No.	W13PTK
73 State	NJ
74 VIN	1J8GR48K86C295074
75 Expires	03 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	
Zip	-

135 Damage To Other Property	☐ Yes (If Yes, describe)	☒ No		
-				
Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge / 139 Summons. No.
-		-	2	39:3-10 / A294016
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge / 143 Summons. No.
-		-	-	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	60	M	-	-	-	11	04	-	-	GABRIEL A WAISBERG - 104 EDINBURGH LN LAKEWOOD NJ 08701
B	2	01	01	05	35	M	-	-	-	11	04	-	-	DANIEL - NICHOLAZ-VARGAS - 23 CAMINO ROBLE LAKEWOOD NJ 08755
C	2	03	01	05	20	F	-	-	-	11	04	-	-	JASMINE - RAMIREZ-NICHOLAS - 23 CAMINO ROBLE TOMS RIVER NJ 08755
D														

New Jersey Police Crash Investigation Report

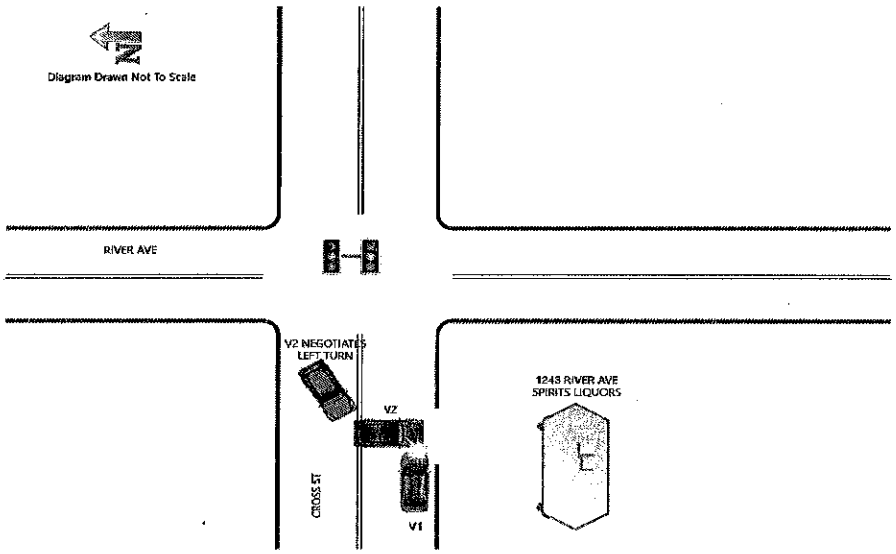
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057977

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling Eastbound on Cross St towards River Ave. He stated while traveling Vehicle 2 negotiated a Left Turn in front of his Vehicle. Driver 1 stated he collided into Vehicle 2.

Driver 2 stated he was facing Westbound on Cross St awaiting to negotiate a Left Turn into the parking lot of 1248 River Ave (Spirits Liquors). He stated he felt it was safe to negotiate Left Turn. Driver 2 stated while negotiating Left Turn Vehicle 1 increased speed and collided into his Vehicle.

I determined Crash was caused by Vehicle 2 for Not Yielding to Right Away Vehicle.

Vehicle 1 was towed by Heshey's Towing.

Driver 2 was issued a Summons for Unlicensed Driver (A294016).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057967
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
11 Speed Limit	45
12 Route No.	0009
13 Milepost	-
18 Speed Limit	25
At Intersection With Road Name	BIRCH STREET
Dir	-
Suffix	-
25 Feet / Miles	Feet
N ☐ E ☐ S ☒ W of:	S
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1754
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078089
22 Longitude	-74.216666

Vehicle 1

23 Veh #	1
24 Policy No.	939 680 115
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MOSHE - HAUER
29 Sex	M
27 Number & Street	121 6TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	H08705670004052
33 DOB (mm dd yyyy)	04/04/2005
34 Expires (mm yy)	04 / 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BINYOMIN - HAUER
36 Number & Street	121 6TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / TN / 2003 / X59HBS / NJ
44 VIN	4T1BE32K53U180448
45 Expires	10 / 22
46 Vehicle Removed To	HESHEYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	939 859 771
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PARESH - NAYEE
59 Sex	M
57 Number & Street	6 PATRICIA AVENUE
58 City / State / Zip	EDISON / NJ / 08837
60 Eyes / DL Class / Restrictions / Endorsements	01 / D / - / -
61 State	NJ
62 Driver's License Number	N09566160003791
63 DOB (mm dd yyyy)	03/16/1979
64 Expires (mm yy)	03 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PARESH - NAYEE
66 Number & Street	6 PATRICIA AVENUE
67 City / State / Zip	EDISON / NJ / 08837
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / BLU / 2013 / P44NHG / NJ
74 VIN	2HKRM4H5XDH612864
75 Expires	01 / 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	17	M	-	-	-	11	04	-	-	MOSHE - HAUER - 121 6TH ST LAKEWOOD NJ 08701
B	V2	01	01	05	43	M	-	-	-	11	04	-	-	PARESH - NAYEE - 6 PATRICIA AVENUE EDISON NJ 08837
C	V2	03	01	05	12	M	-	-	-	11	04	-	-	RAHON PARESH 6 PATRICIA AVENUE EDISON NJ 08837
D	V3	01	01	05	26	F	-	-	-	11	04	-	-	ESTHER - SUTTON - 1209 MONMOUTH AVE LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057967
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
11 Speed Limit	45
12 Route No.	0009
13 Milepost	-
18 Speed Limit	25
At Intersection With Road Name	BIRCH STREET
Dir	-
Suffix	-
☒ Feet ☐ Miles	25
☐ N ☐ E ☒ S ☐ W of:	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1754
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078089
22 Longitude	-74.216666

Vehicle 1

23 Veh #	3
24 Policy No.	01847 11 55R 7101 4
25 NJ Ins. Code	201
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ESTHER
Initial	-
Last Name	SUTTON
29 Sex	F
27 Number & Street	1209 MONMOUTH AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	04
DL Class	A
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S95042390061954
33 DOB mm dd yyyy	11/13/1995
34 Expires mm yy	11 25
35 Owner's First Name	YOSEF
Initial	-
Last Name	SUTTON
☐ Same As Driver	
36 Number & Street	32 12TH ST.
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	1
41 Year	2013
42 Plate No.	Y86GUB
43 State	NJ
44 VIN	4T1BF1FK8DU264177
45 Expires	06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

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

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V3	04	01	05	2	M	-	-	-	05	05	-	-	SHOLOM SUTTON 1209 MONMOUTH AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

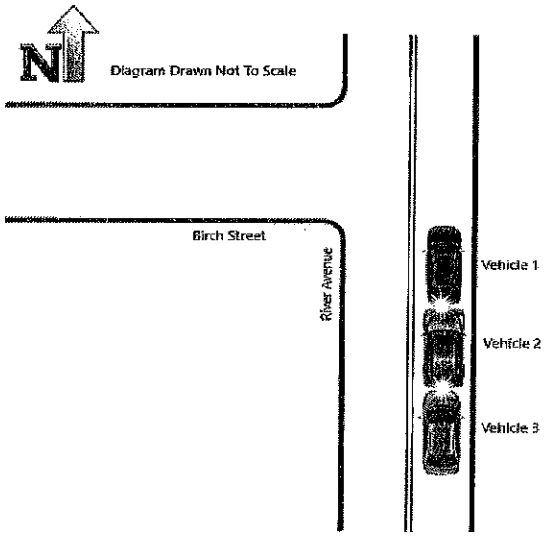
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057967

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was driving north on Route 9 and while he was driving he noticed Vehicle 2 was stopped in traffic directly in front of him causing him to collide into the rear of Vehicle 2. Vehicle 1 sustained disabling damage to the front of the Vehicle.

The driver of Vehicle 2 stated he was stopped in traffic facing north on Route 9 when he felt the rear of his vehicle get struck by Vehicle 1. The momentum of Vehicle 2 being struck by Vehicle 1 pushed him forward into the rear of Vehicle 3. Vehicle 2 sustained moderate damage to the rear of the vehicle.

The driver of Vehicle 3 stated she was stopped in traffic facing north on Route 9 when she felt the rear of her vehicle get struck by vehicle 2.

No injuries were reported at the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057963
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	31 KINGSFIELD DR
☐ At Intersection With Road Name	
Dir	
11 Speed Limit	-
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	-
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	
14	-
15	
16	
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1708
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.088881
22 Longitude	-74.251110

Vehicle 1

23 Veh #	1
24 Policy No.	939259089
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MOSHE
Initial	-
Last Name	GOLDBERG
29 Sex	M
27 Number & Street	31 KINGSFIELD DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G62235670009862
33 DOB mm dd yyyy	09/25/1986
34 Expires mm yy	09 22
35 Owner's First Name Initial Last Name	☐ Same As Driver MOSHE - GOLDBERG -
36 Number & Street	31 KINGSFIELD DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	SIE
40 Color	SIL
41 Year	2011
42 Plate No.	Z24EJY
43 State	NJ
44 VIN	5TDKK3DC5BS016414
45 Expires	06 23
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City State Zip	

Vehicle P

53 Veh #	P
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	SARA
Initial	-
Last Name	GOLDBERG
59 Sex	F
57 Number & Street	31 KINGSFIELD DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	06/22/2020
64 Expires mm yy	- -
65 Owner's First Name Initial Last Name	☐ Same As Driver
66 Number & Street	
67 City State Zip	
68 Make	
69 Model	
70 Color	
71 Year	
72 Plate No.	
73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City State Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	35	M	-	-	-	11	04	-	-	MOSHE - GOLDBERG - 31 KINGSFIELD DR LAKEWOOD NJ 08701
B	P	-	-	02	2	F	01	04	02	-	-	-	6303	SARA - GOLDBERG - 31 KINGSFIELD DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

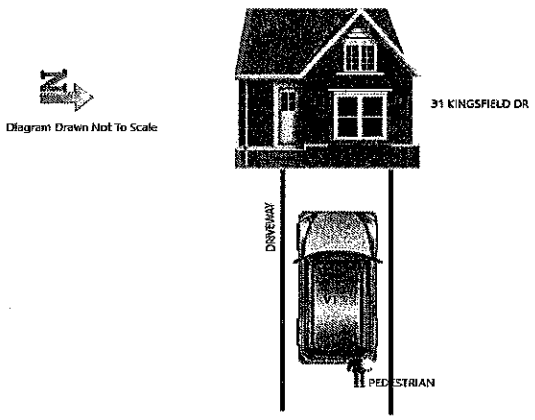
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057963

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he pulled up to his house to drop off his children. While he was bringing his children into the house, his one child (pedestrian) must have snuck away from him and walked behind his vehicle without him noticing. Driver 1 stated when he started to back up slowly his son yelled out to him and he stopped to see what he was saying. It was then he heard his child crying behind his vehicle and he got out to check on her. Driver 1 stated he hit her (pedestrian) when he was backing up. Driver 1 stated he only backed up about three feet and was going very slow.

Upon my arrival, I spoke with Driver 1. Driver 1 is at fault for backing unsafely. The pedestrian was taken to Jersey Shore Hospital due to a bad head injury as well as road rash on both legs. Blood was on the scene by the accident as well as the pedestrians hair from being hit and dragged approximately three feet.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057961
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1647
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	JAMES ST
At Intersection With / Road Name	SUNSET RD
Dir	☐ N ☒ E ☐ S ☐ W
50 Feet / Miles	50 Feet
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	- / -
18 Speed Limit	45
19 Ramp To / From	☐ To ☐ From: -
17 Cross Road Name	-
20 Route/Name	-
21 Latitude	40.079820
22 Longitude	-74.226281

Vehicle 1

23 Veh #	1
24 Policy No.	904426167
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NYSSA / B / WAWRA -
29 Sex	F
27 Number & Street	75 GLADNEY AVE
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number	W09386006251916
33 DOB (mm dd yyyy)	01/17/1991
34 Expires (mm yy)	01 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NYSSA / B / WAWRA -
36 Number & Street	75 GLADNEY AVE
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN - SE / GRY / 2018 / D33PGG / NJ
44 VIN / 45 Expires	3N1AB7AP8JY343247 / 09 22
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	6050923280
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SIMON - / SCHISCHA -
59 Sex	M
57 Number & Street	415 CENTRAL AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	S14087160007774
63 DOB (mm dd yyyy)	07/12/1977
64 Expires (mm yy)	07 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SIMON - / SCHISCHA -
66 Number & Street	415 CENTRAL AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / SEN - SE / BLK / 2017 / G34NCP / NJ
74 VIN / 75 Expires	3N1AB7AP6HY321967 / 01 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	31	F	-	-	-	11	04	-	-	NYSSA B WAWRA - / 75 GLADNEY AVE TOMS RIVER NJ 08753
B	2	01	01	05	45	M	-	-	-	11	04	-	-	SIMON - SCHISCHA - / 415 CENTRAL AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

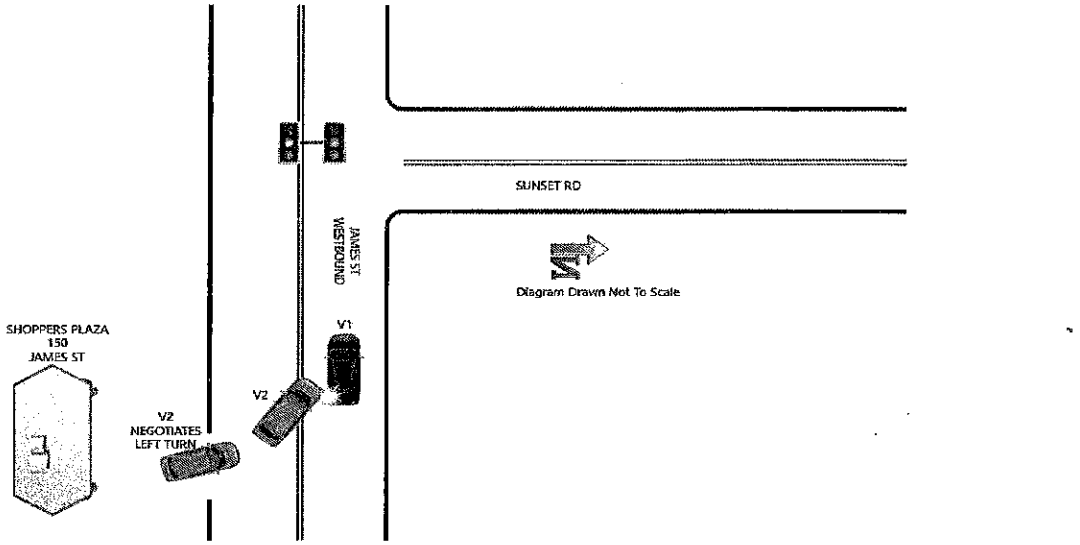
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057961

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling Westbound on James St towards Sunset Rd. She stated while traveling Vehicle 2 negotiated a Left Turn out of the parking lot of 150 James St. Driver 1 stated Vehicle 2 collided into her Vehicle while negotiating Left Turn.

Driver 2 stated he was awaiting to negotiate a Left Turn from the address of 150 James St onto James St (Westbound). He stated he felt it was safe to negotiate left turn. Driver 2 stated he did not see Vehicle 1 and collided into Vehicle 1.

I determined Crash was caused by Vehicle 2 for Not Yielding to the Right Away Vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057953
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1609
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	SWARTHMORE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	25
☒ N ☐ E ☐ S ☐ W of:	CEDARBRIDGE AVE
16 Speed Limit	45
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.071119
22 Longitude	-74.172842

Vehicle 1

23 Veh #	1
24 Policy No.	G00 9457237 07
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOCELYN
Initial	J
Last Name	ENRIQUEZTLACUATL -
29 Sex	F
27 Number & Street	35 COLEMAN WAY
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	E59684047155052
33 DOB (mm dd yyyy)	05/18/2005
34 Expires (mm yy)	05 26
35 Owner's First Name	NANCY
Initial	N
Last Name	ENRIQUEZ-TLACUA -
☐ Same As Driver	
36 Number & Street	35 COLEMAN WAY
37 City	JACKSON
State	NJ
Zip	08527
38 Make	HYUN
39 Model	SON - SO
40 Color	GRY
41 Year	2010
42 Plate No.	E15PTK
43 State	NJ
44 VIN	5NPET4AC2AH628207
45 Expires	03 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	F129727-4
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	CAROL
Initial	A
Last Name	KULPINSKI -
59 Sex	F
57 Number & Street	282 BOEING DR
58 City	BRICK
State	NJ
Zip	08723
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	K92281136160482
63 DOB (mm dd yyyy)	10/03/1948
64 Expires (mm yy)	10 25
65 Owner's First Name	CAROL
Initial	A
Last Name	KULPINSKI -
☐ Same As Driver	
66 Number & Street	282 BOEING DR
67 City	BRICK
State	NJ
Zip	08723
68 Make	TOYT
69 Model	COR
70 Color	GRN
71 Year	2000
72 Plate No.	NSE35C
73 State	NJ
74 VIN	2T1BR12EXYC314818
75 Expires	03 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	F	-	-	-	11	04	-	-	JOCELYN J ENRIQUEZTLACUATL - 35 COLEMAN WAY JACKSON NJ 08527
B	1	03	01	05	16	M	-	-	-	11	04	-	-	BRANDON - TORRES - 570 DAVIDS CT LAKEWOOD NJ 08701
C	2	01	01	05	73	F	-	-	-	11	04	-	-	CAROL A KULPINSKI - 282 BOEING DR BRICK NJ 08723
D														

New Jersey Police Crash Investigation Report

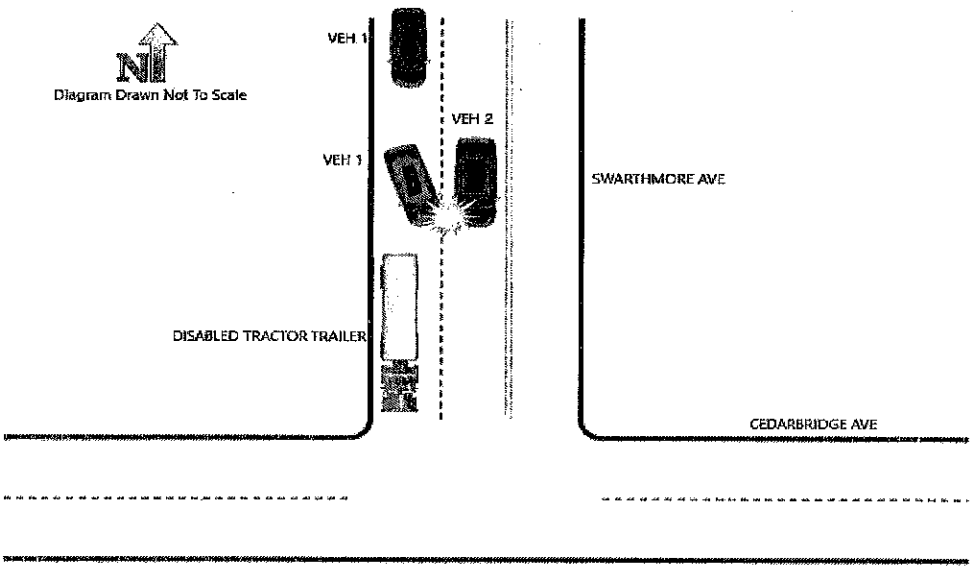
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057953

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLES ONE AND TWO WERE TRAVELING SOUTH ON SWARTHMORE AVENUE. VEHICLE ONE WAS IN THE RIGHT LANE BEHIND A DISABLE TRACTOR TRAILER. VEHICLE TWO WAS IN THE LEFT LANE TRAVELING SOUTH. DRIVER ONE STATED SHE WAS ATTEMPTING TO CHANGE INTO THE LEFT LANE FROM THE RIGHT LANE DUE TO A TRACTOR TRAILER BEING DISABLED IN FRONT OF HER VEHICLE PREVENTING HER FROM TRAVELING SOUTH. AS SHE WAS CHANGING LANES SHE DID NOT CHECK HER BLIND SPOT AND STRUCK VEHICLE TWO. DRIVER TWO STATED SHE WAS TRAVELING SOUTH IN THE LEFT LANE WHEN VEHICLE ONE ENTERED HER LANE AND STRUCK HER VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FAILING TO YEILD TO VEHICLE TWO. NO INJURIES WERE REPORTED AT THE SCENE. NO SUMMONS WERE ISSUED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-057935
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	525 STATE HWY 70 W
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
Road Name	-
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W	
of:	-
14	-
15	
16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1456
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050441
22 Longitude	-74.197235

Vehicle 1

23 Veh #	1
24 Policy No.	925879990
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JULIA
Initial	P
Last Name	PROL
29 Sex	F
27 Number & Street	2069 HOVSONS BLVD.
28 City	TOMS RIVER
State	NJ
Zip	08753
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	P75324207762272
33 DOB mm dd yyyy	12/06/1927
34 Expires mm yy	12 23
35 Owner's First Name	JULIA
Initial	P
Last Name	PROL
☐ Same As Driver	
36 Number & Street	2069 HOVSONS BLVD.
37 City	TOMS RIVER
State	NJ
Zip	08753
38 Make	BUIC
39 Model	CEN
40 Color	BGE
41 Year	1998
42 Plate No.	RCL99N
43 State	NJ
44 VIN	2G4WS52M2W1496106
45 Expires	04 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☐ Driver ☒ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4461-33-37-85
55 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	-
Initial	-
Last Name	-
59 Sex	-
57 Number & Street	-
58 City	-
State	-
Zip	-
60 Eyes	-
DL Class	-
Restrictions	-
Endorsements	-
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	-
65 Owner's First Name	BENJAMIN
Initial	-
Last Name	NIASOFF
☐ Same As Driver	
66 Number & Street	31 FOREST PARK CIRCLE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	SIE
70 Color	GRY
71 Year	2018
72 Plate No.	L47MYS
73 State	NJ
74 VIN	5TDXZ3DC8JS916420
75 Expires	10 22
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	94	F	-	-	-	11	04	-	-	JULIA P PROL - 2069 HOVSONS BLVD. TOMS RIVER NJ 08753
B	V2	01	01	05	18	F	-	-	-	01	01	-	-	SHANI - NIASOFF - 31 FOREST PARK CIR LAKEWOOD NJ 08701
C	V3	03	01	05	45	F	-	-	-	01	01	-	-	MICHELLE NIASOFF 31 FOREST PARK CIR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

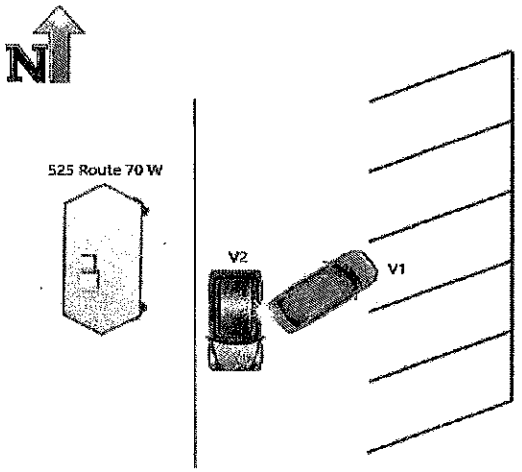
Station: - Case No: 22-057935

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

The driver of Vehicle 1 stated she was backing out of a parking space and did not see Vehicle 2 which was parked behind her. Vehicle 1 sustained minor damage to the passengers side rear corner bumper. No injuries were reported.

Vehicle 2 was parked outside the business of 525 Route 70 W facing the wrong way in a one-way lane when Vehicle 1 backed into the drivers side drivers door causing minor damage. No injuries were reported.

Based on my observations and statements by both parties involved, both vehicles are at fault for the collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057924
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1354
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	OAK STREET
At Intersection With	☐
Road Name	OAK STREET
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	15
☐N ☐E ☒S ☐W of:	VINE AVENUE
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939536018
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	KRISTEN
Initial	B
Last Name	CIANCIA -
29 Sex	F
27 Number & Street	9 RITA DRIVE
28 City	HOWELL
State	NJ
Zip	07731
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	C40144376262992
33 DOB (mm dd yyyy)	12/21/1999
34 Expires (mm yy)	12 25
35 Owner's ☐ Same As Driver	NORMA - CIANCIA -
36 Number & Street	9 RITA DRIVE
37 City	HOWELL
State	NJ
Zip	07731
38 Make	HYUN
39 Model	ELA
40 Color	BLU
41 Year	2012
42 Plate No.	X50BYF
43 State	NJ
44 VIN	5NPDH4AE2CH148749
45 Expires	03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	C12P000231
55 NJ Ins. Code	482
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	HEATHER
Initial	L
Last Name	APPELBAUM -
59 Sex	F
57 Number & Street	1339 APPLE BLOSSOM CT
58 City	TOMS RIVER
State	NJ
Zip	08755
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	A70883200053702
63 DOB (mm dd yyyy)	03/19/1970
64 Expires (mm yy)	03 25
65 Owner's ☒ Same As Driver	HEATHER L APPELBAUM -
66 Number & Street	1339 APPLE BLOSSOM CT
67 City	TOMS RIVER
State	NJ
Zip	08755
68 Make	HOND
69 Model	HRV
70 Color	BLK
71 Year	2022
72 Plate No.	J95PJK
73 State	NJ
74 VIN	3CZRU6H73NM718950
75 Expires	11 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	22	F	-	-	-	11	04	-	-	KRISTEN B CIANCIA - 9 RITA DRIVE HOWELL NJ 07731
B	V2	01	01	05	52	F	-	-	-	11	04	-	-	HEATHER L APPELBAUM - 1339 APPLE BLOSSOM C TOMS RIVER NJ 08755
C	V2	03	01	05	58	M	-	-	-	11	04	-	-	MOSHE BLEICH 1339 APPLE BLOSSIM C TOMS RIVER NJ 08755
D														

New Jersey Police Crash Investigation Report

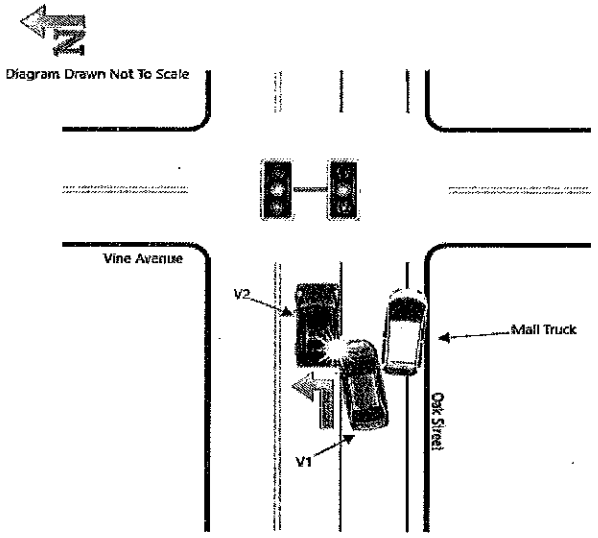
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057924

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING EAST ON OAK STREET AND ATTEMPTED TO PASS A MAIL TRUCK THAT WAS PARTIALLY STICKING OUT IN THE ROADWAY, ULTIMATELY MAKING CONTACT WITH VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED AT THE TRAFFIC LIGHT AWAITING TO TURN LEFT ONTO VINE AVENUE, WHEN SHE OBSERVED VEHICLE 1 TRY AND "SQUEEZE" BY THE MAIL TRUCK ULTIMATELY MAKING CONTACT WITH HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS PARTIALLY AT FAULT DUE TO THE FACT SHE DID NOT YIELD TO THE MAIL TRUCK CONDUCTING IT'S DROP OFF.

VEHICLE 2 INFO*

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057917
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1608
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	312 SOPHEE LANE
☐ At Intersection With	
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: -
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	80906254
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	RHIANNON E ALBURY -
29 Sex	F
27 Number & Street	1040 ROUTE 166; APT 2306
28 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements	02 - - -
31 State	NJ
32 Driver's License Number	A51756546562932
33 DOB (mm dd yyyy)	12/09/1993
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CAROLE A ALBURY -
36 Number & Street	1040 ROUTE 166 ;APT 2306
37 City / State / Zip	TOMS RIVER NJ 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV CRU GRY 2014 1083HE NJ
44 VIN	1G1PC5SB2E7312409
45 Expires	05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- - - -
61 State	-
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MADELINE - KURIN -
66 Number & Street	312 SOPHEE LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN SON BLK 2012 J45BJD NJ
74 VIN	5NPEB4AC6CH351597
75 Expires	08 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

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

96 05 | 97 01 | 98 00 | 99 09 | 100a 01 | 100b 04 | 101 02 | 102 00 | 103 00 | 104 2 | 105 00 | 106 00 | 107 - | 108 01 | 109 01 | 110 00 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 00 | 117 - | 118a 00 | 118b - | 119a 25 | 119b - | 120a 00 | 120b - | 121a - | 121b - | 122 00 | 123 10 | 124 11 | 125 11 | 126a 28 | 126b - | 126c - | 126d - | 126e 28 | 127a 00 | 127b - | 127c - | 127d - | 127e 00 | 128 00 | 129 00 | 130 00 | 131 05 | 132 04 | 133 00 | 134 03

New Jersey Police Crash Investigation Report

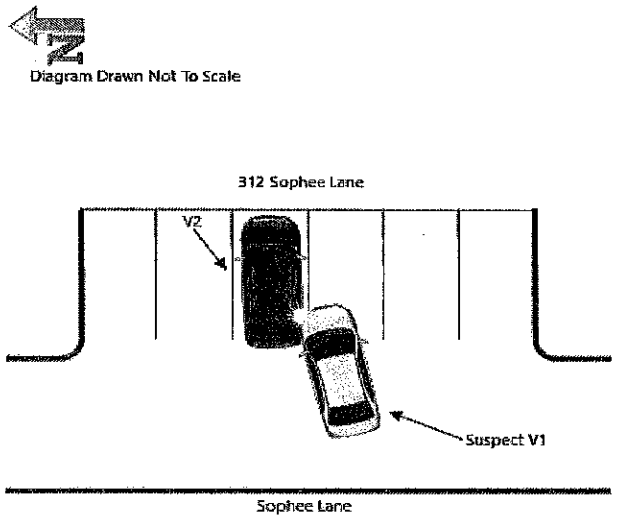
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057917

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE OWNER OF VEHICLE 2 STATED THAT AN UNKNOWN INDIVIDUAL LEFT A NOTE STATING THEY SAW A VEHICLE BEARING (NJ: 1083HE) MAKE CONTACT WITH HER VEHICLE AND DRIVE OFF. IT SHOULD BE NOTED THE OWNER OF VEHICLE 2 IS UNSURE WHEN THE EXACT TIME AND DATE WAS OF THE SUPPOSED CRASH.

A SPILLMAN VEHICLE SEARCH YIELDED RESULTS OF 2014 CHEVY CRUZ OUT OF TOMS RIVER. TOMS RIVER PD WAS NOTIFIED AND ASKED TO MAKE CONTACT IN ATTEMPT TO GET INSURANCE AND DRIVER INFO. PTL. POLLIO (TOMS RIVER PD) WAS ABLE TO MAKE CONTACT WITH THE REGISTERED OWNER OF THE SUSPECT VEHICLE 1. THE OWNER STATED HER DAUGHTER DRIVES THE CAR REGULARLY AND PROVIDED ALL INFORMATION.

TOMS RIVER PD WAS UNABLE TO OBSERVE THE SUSPECT VEHICLE FOR MARKINGS/ PAINT TRANSFER DUE TO THE FACT THE VEHICLE WAS NOT AT THE RESIDENCE UPON THEIR ARRIVAL. I SPOKE TO THE REGISTERED OWNER VIA PHONE WHO SAID THAT HER DAUGHTER RHIANNON WAS THE SUPPOSED DRIVER OF VEHICLE 1 AND SHE STATED THAT THERE WERE NO MARKINGS OR DAMAGE PRESENT ON THE VEHICLE.

I ATTEMPTED TO CONTACT RHIANNON YIELDING NEGATIVE RESULTS.
(732-569-2222)

THERE IS SIGNIFICANT DAMAGE TO VEHICLE 2. VEHICLE 1'S DAMAGE IS STILL UNKNOWN AS OF THIS WRITING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. VEGA	428	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057873
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	DEER PATH
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	75
☒ N ☐ E ☐ S ☐ W of:	HEMLOCK COURT
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	-
22 Longitude	-
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1025
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	4620628562
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARIELLE A KWIATEK -
29 Sex	F
27 Number & Street	2513 DEER PATH
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	K95905196153894 / 03/23/1989 / 03 26
35 Owner's First Name / Initial / Last Name	☒ Same As Driver MARIELLE A KWIATEK -
36 Number & Street	2513 DEER PATH
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / RD / 2010 / P76JWF / NJ
44 VIN / 45 Expires	1HGCP2F37AA112121 / 02 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	931849823
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
55 Driver's First Name / Initial / Last Name	MICHAEL J MASSEY -
59 Sex	M
57 Number & Street	1331 RIVER AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	M07685447101974 / 01/27/1997 / 01 26
65 Owner's First Name / Initial / Last Name	☒ Same As Driver MICHAEL J MASSEY -
66 Number & Street	1331 RIVER AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	VOLK / JET - JE / GRY / 2020 / X90MTR / NJ
74 VIN / 75 Expires	3VWCB7BU3LM062183 / 07 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	33	F	-	-	-	11	04	-	-	MARIELLE A KWIATEK - 2513 DEER PATH LAKEWOOD NJ 08701
B	V1	04	01	05	8	M	-	-	-	11	04	-	-	NOAH KWIATEK 2513 DEER PATH LAKEWOOD NJ 08701
C	V1	06	01	05	6	M	-	-	-	07	07	-	-	EVAN KWIATEK 2513 DEER PATH LAKEWOOD NJ 08701
D	V2	01	01	05	25	M	-	-	-	11	04	-	-	MICHAEL J MASSEY - 1331 RIVER AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

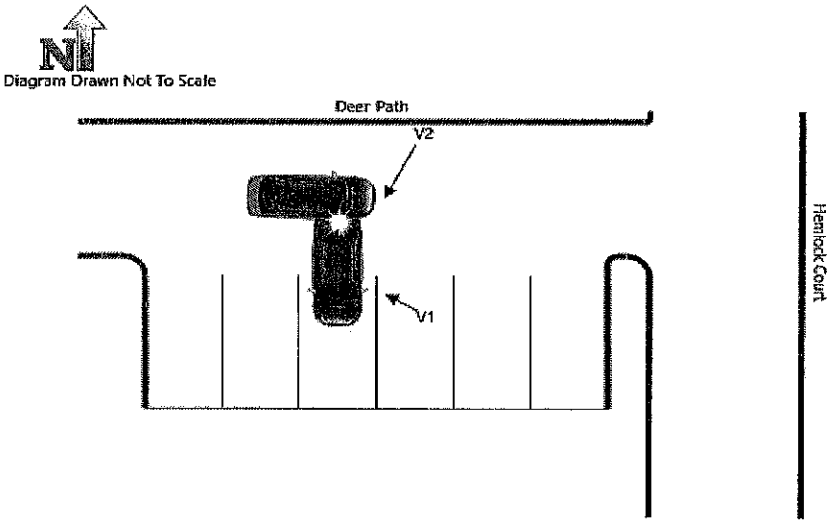
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057873

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS BACKING OUT OF A PARKING SPOT AND MADE CONTACT WITH VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING ON DEER PATH WHEN VEHICLE 1 BACKED OUT AND MADE CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THE DRIVER OF VEHICLE 1 IS AT FAULT FOR NOT YIELDING TO THE ONCOMING VEHICLE 2 THAT HAD THE RIGHT OF WAY.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057872
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CENTRAL AVE
Dir	E
11 Speed Limit	40
12 Route No.	0528
Suffix	-
13 Milepost	-
18 Speed Limit	45
☒ At Intersection With	Road Name: RIVER AVE
☐ Feet / ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1023
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.086423
22 Longitude	-74.215339

Vehicle 1

23 Veh #	1
24 Policy No.	927256934
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARIA E VAZQUEZDEJESUS -
29 Sex	F
27 Number & Street	1988 NEW CENTRAL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / A / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	V09815196560892 / 10/02/1989 / 10 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIA E VAZQUEZDEJESUS -
36 Number & Street	1988 NEW CENTRAL AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GMC / TER / BLK / 2017 / J62KWF / NJ
44 VIN / 45 Expires	2GKFLSEK2H6167605 / 12 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MIGUEL A ORTIZACOSTA -
59 Sex	M
57 Number & Street	2541 97TH ST EAST
58 City / State / Zip	ELMHURST NY 11369
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / D / - / - / NY
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	575617191 / 09/28/1964 / 09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MIGUEL A ORTIZACOSTA -
66 Number & Street	2541 97TH ST EAST
67 City / State / Zip	ELMHURST NY 11369
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	INFI / FX3 / - / 2004 / KHX9692 / NY
74 VIN / 75 Expires	JNRAS08WX4X201523 / 11 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	--
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	32	F	-	-	-	11	04	-	-	MARIA E VAZQUEZDEJESUS - 1988 NEW CENTRAL AVE LAKEWOOD NJ 08701 - -
B	1	06	01	03	1	F	12	08	02	11	05	-	6502	MELODY - GARIA - 1988 NEW CENTRAL AV LAKEWOOD NJ 08701 - -
C	2	01	01	05	57	M	-	-	-	11	04	-	-	MIGUEL A ORTIZACOSTA - 2541 97TH ST EAST ELMHURST NY 11369 - -
D														

New Jersey Police
Crash Investigation Report

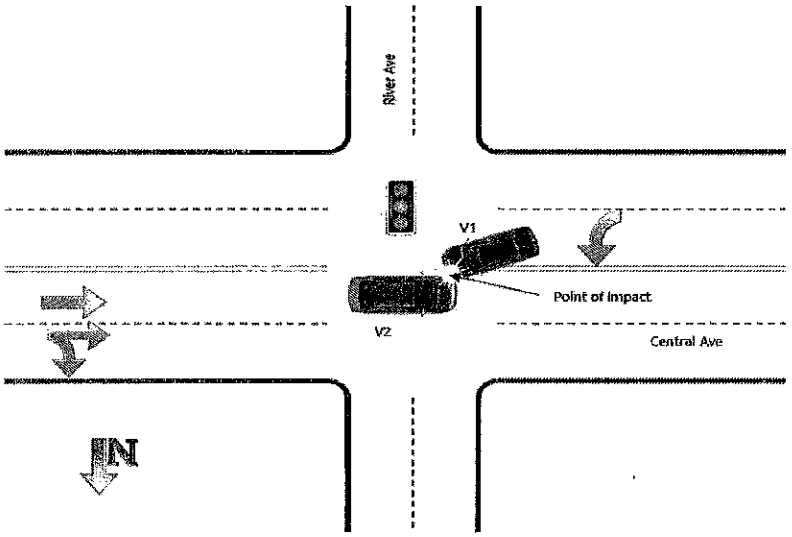
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057872

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V2 was traveling west bound through the intersection of Central Ave & River Ave when V1 struck his vehicle on the front driver side bumper.

Driver 1 related that she was traveling east bound in the left turn lane at the intersection of Central Ave & River Ave. She stated that when she was making the left turn V2 struck her vehicle on the driver side front bumper.

Driver 2 related that he was traveling west bound through the intersection of Central Ave & River Ave. He stated that as her was traveling through, V1 struck his vehicle as V1 was attempting to make left turn onto River Ave causing moderate damage to the driver side front bumper.

Based on statements from involved parties and my observations on the scene and damage to vehicles, I determine that driver of V1 is at fault due to failure to yield right a way to vehicle.

***V2 has NY insurance: State Farm Mutual Automobile, Policy #256 1517-E05-32A.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057856
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CHESTNUT STREET
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	MANOR DRIVE
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0917
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	939770557
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	DEVORA
Initial	-
Last Name	ROZEN
29 Sex	F
27 Number & Street	29 KATHLEEN DR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R69271650053962
33 DOB mm dd yyyy	03/07/1996
34 Expires mm yy	03 23
35 Owner's First Name	ATNIEL
Initial	Y
Last Name	ROZEN
☐ Same As Driver	
36 Number & Street	29 KATHLEEN DR
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	GRY
41 Year	2015
42 Plate No.	P46KEJ
43 State	NJ
44 VIN	4T4BF1FK6FR475693
45 Expires	06 20
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	4313318026
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	BRACHA
Initial	-
Last Name	SCHWARTZ
59 Sex	F
57 Number & Street	141 JENNIFER DR
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S15700950051912
63 DOB mm dd yyyy	01/10/1991
64 Expires mm yy	01 25
65 Owner's First Name	PINCHUS
Initial	Y
Last Name	NADLER
☐ Same As Driver	
66 Number & Street	141 JENNIFER DR
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	HOND
69 Model	ODY
70 Color	SIL
71 Year	2021
72 Plate No.	U58NNN
73 State	NJ
74 VIN	5FNRL6H75MB040990
75 Expires	03 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-4	1514-A-294426	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
V1	39:4-97	1514-A-294427	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	03	26	F	11	08	02	11	11	04	6502	DEVORA - ROZEN - 29 KATHLEEN DR LAKEWOOD NJ 08701
B	V1	04	01	05	5	M	-	-	-	05	05	-	-	MANNIE ROZEN 29 KATHLEEN DR LAKEWOOD NJ 08701
C	V1	05	01	05	1	M	-	-	-	05	05	-	-	AARON ROZEN 29 KATHLEEN DR LAKEWOOD NJ 08701
D	V1	06	01	05	3	F	-	-	-	05	05	-	-	HINDY ROZEN 29 KATHLEEN DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

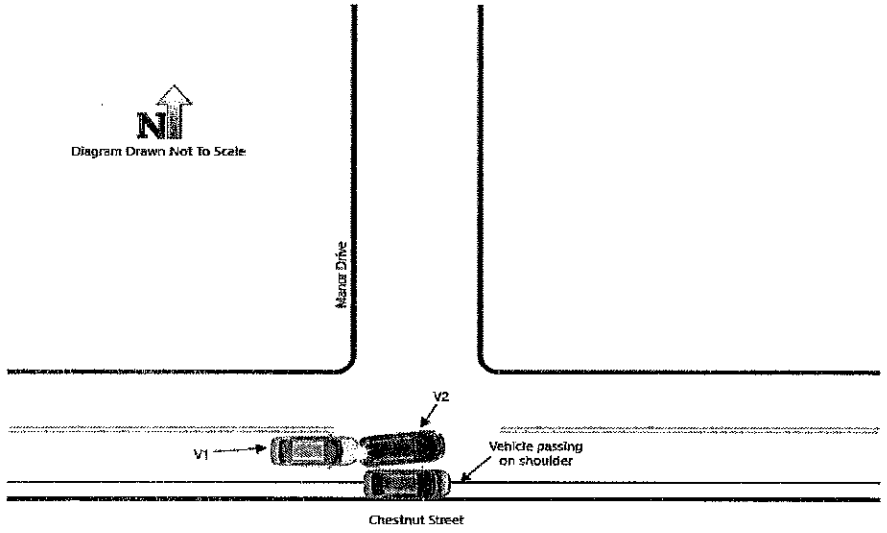
Station: - Case No: 22-057856

(Refer to vehicle by number)

ALL INVOLVED

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
E	V2	01	01	05	31	F	-	-	-	11	04	-	-	BRACHA - SCHWARTZ - 141 JENNIFER DR LAKEWOOD NJ 08701
F	V2	04	01	05	17M	M	-	-	-	05	05	-	-	MARK NADLER 141 JENNIFER DR LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING EAST BEHIND A VEHICLE THAT PASSED ON THE SHOULDER, CAUSING HER NO TIME TO REACT ULTIMATELY MAKING CONTACT INTO VEHICLE 2 WHICH WAS MAKING A LEFT TURN ONTO MANOR DRIVE.

THE DRIVER OF VEHICLE 2 STATED SHE WAS ATTEMPTING MAKE A LEFT TRUN WHEN VEHICLE 1 MADE CONTACT WITH HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE WAS FOLLOWING TOO CLOSELY TO THE VEHICLE INFRONT OF HER ULTIMATELY NOT GIVING HER ENOUGH TIME TO REACT.

THE DRIVER OF VEHICLE 1 HAD A COMPLAINT OF LEG AND ARM PAIN FROM THE AIRBAG DEPLOYMENT AND WAS TRANSPORTED TO MONMOUTH MEDICAL CENTER. HER VEHICLE WAS IMPOUNDED AND TOWED DUE TO BEING UNREGISTERED AND DISABLED.

THE DRIVER OF VEHICLE 1 WAS ISSUED TWO SUMMONSES (39:3-4) & (39:4-97)

NO OTHER INJURIES WERE REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057855
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	1790 SWARTHMORE AVENUE
Road Name	
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	-
☐ At Intersection With	
☐ Feet ☐ N ☐ E of:	-
☐ Miles ☐ S ☐ W	-
14 15 16	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0915
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	03403581
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VITALIY - YURCHENKO
29 Sex	M
27 Number & Street	3211 CREST RD
28 City / State / Zip	HARRISBURG PA 17109
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	03 / C / - / - / PA
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	26940584 / 09/18/1978 / 09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver VY - EXPRESS LLC
36 Number & Street	325 DARTMOUTH AVE. APT 2
37 City / State / Zip	SAWRTHMORE PA 19081
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FREI / - / - / 2004 / AH14851 / PA
44 VIN / 45 Expires	1FUJA6CK24LN29335 / 05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	ISA H25558637
55 NJ Ins. Code	-
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	- / - / - / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver VY - EXPRESS LLC
66 Number & Street	325 DARTMOUTH AVE. APT 2
67 City / State / Zip	SAWRTHMORE PA 19081
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FREI / - / - / 2004 / AH14851 / PA
74 VIN / 75 Expires	1FUJA6CK24LN29335 / 05 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	43	M	-	-	-	11	04	-	-	VITALIY - YURCHENKO - 3211 CREST RD HARRISBURG PA 17109 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

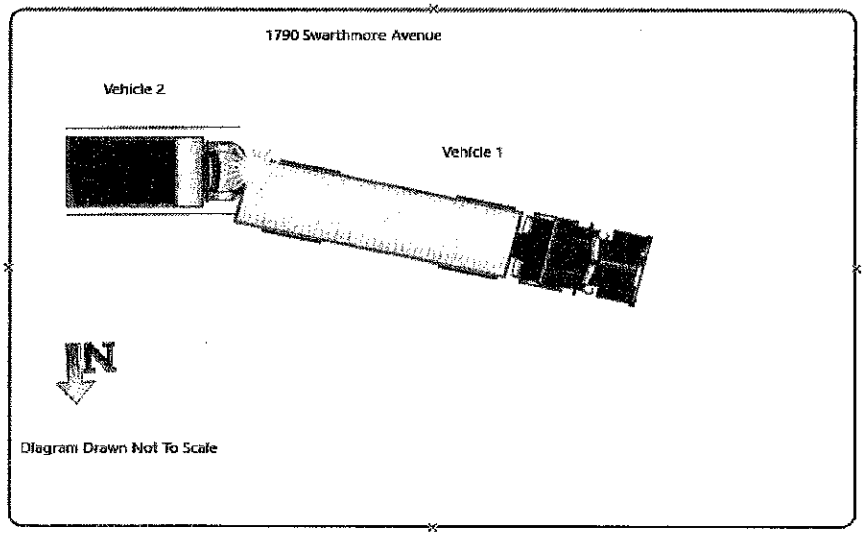
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-057855

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 2 was facing west in the parking lot of 1790 Swarthmore Avenue when it was struck by driver 1.

Driver of vehicle 1 traveling south into the parking lot of 1790 Swarthmore Avenue and as he was attempting to turn around in the parking lot and began to reverse, he did not realize he did not have enough room when he struck vehicle 2.

Vehicle 1 had minor damage to rear of the trailer and vehicle 2 had minor damage to the top portion of the grille.

***Vehicle 1 Company # for the insurance : 11770**

Vehicle 1 Trailer Registration: Maine Reg 3054754 Exp: 02/28/2031
Register Owner: Boomerang Leasing INC
94 WALDOBORO RD JEFFERSON,ME 04348

***Vehicle 2 Company # for the insurance 22667**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057830
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0650
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	OCEAN AVE (Road Name) E (Dir)
☒ At Intersection With	HOLLY ST S (of)
☐ Feet ☐ N ☐ E / ☐ Miles ☐ S ☐ W	
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	
14 / 15 / 16	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	1
24 Policy No.	116 0036-A13-30B
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALFREDA - SEPKO
29 Sex	F
27 Number & Street	108 CEDARWOOD DRIVE
28 City / State / Zip	BRICK / NJ / 08723
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / - / - / - / NJ
32 Driver's License Number	S26280210058706
33 DOB (mm dd yyyy)	08/01/1970
34 Expires (mm yy)	05 / 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ALFREDA - SEPKO
36 Number & Street	108 CEDARWOOD DRIVE
37 City / State / Zip	BRICK / NJ / 08723
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MERZ / E35 / BLK / 2010 / P80GPY / NJ
44 VIN / 45 Expires	WDDHF8HB9AA134965 / 06 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NILSON - ALVES PEREIRA
59 Sex	M
57 Number & Street	7336 GOLCOS ST
58 City / State / Zip	PHILADELPHIA / PA / 19111
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	04/26/1979
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
66 Number & Street	-
67 City / State / Zip	- / - / -
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	- / 8T50 / YEL / - / - / -
74 VIN / 75 Expires	- / - -
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	293987			
2	39:3-4	293988			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	51	F	-	-	01	11	04	-	-	ALFREDA - SEPKO - 108 CEDARWOOD DRIVE BRICK NJ 08723
B	2	01	01	05	43	M	-		01	-	-	-	-	NILSON - ALVES PEREIRA - 7336 GOLCOS ST PHILADELPHIA PA 19111
C														
D														

New Jersey Police Crash Investigation Report

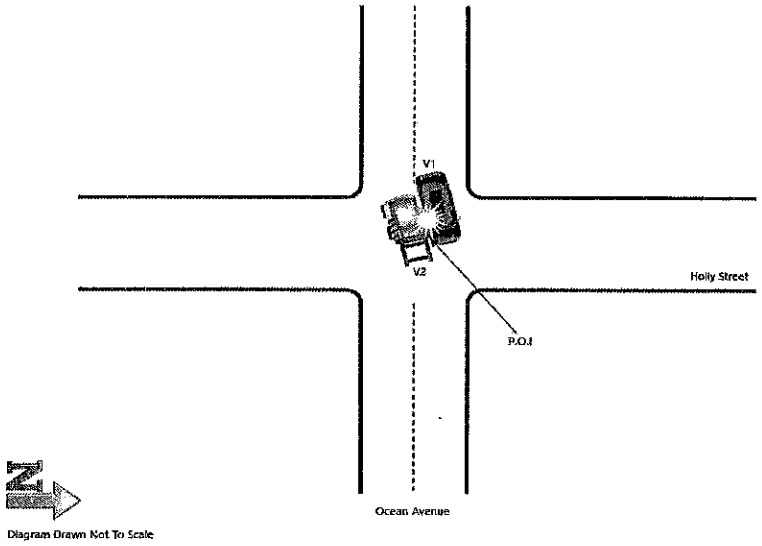
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057830

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling East on Ocean Avenue directly behind Vehicle 2. She continued to state Driver 2 was traveling at a low rate of speed, therefore she began to pass Vehicle 2 from his driver side when the driver of Vehicle 2 suddenly made a left hand turn onto Holly Street and collided into her vehicle. Driver 1 advised that it was clear and safe prior to passing Vehicle 2. She further advised that the fork lift that Driver 2 was operating was not equipped with signal lights and he did not have a van directly behind it with its hazard lights on for safety precautions.

Driver of Vehicle 2 stated he was operating a forklift in the Eastbound lane on Ocean Avenue. He continued to state he began to make a left hand turn onto Holly Street when the driver of Vehicle 1 collided into the forklift as she attempted to pass him from his driver side. Driver 2 advised that his co worker was in a white van directly behind the fork lift with its hazard lights on.

Please be advised that the driver of Vehicle 1 advised the additional officer on scene that there was a van directly in between her vehicle and the fork lift in her initial statement.

Vehicle 1 sustained damage to the right passenger side doors, front passenger side rear view mirror and window, and the front quarter panel. Vehicle 2 sustained damage to the passenger side axel. There was no complaint of pain and/or injuries reported from either party involved.

Based on the driver's statements and my observations I deem both drivers at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROSADO K	374	PA	325	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057830

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

145 Crash Description/Narrative

Apparent Contributing Circumstances Vehicle 2:

Box 119A - Driver of V2 should not have been operating a fork lift on the main road that was not equipped with lights and/ or signals.

Driver 1 was issued the following summons:

1514-A-293987: Careless Driving 39:4-97

Driver 2 was issued the following summons:

1514-A-293988: Unregistered Vehicle 39:3-4

Fork Lift Company Info:

Home Improvement Contractors

HIG Construction LLC

Hugo Gomez Fuentes

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROSADO K	374	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057751
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☐ At Intersection With	
Road Name	
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	CEDARBRIDGE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0036
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	YAAKOV
Initial	-
Last Name	COHEN
29 Sex	M
27 Number & Street	1215 ALDRICH ROAD
28 City	JACKSON
State	NJ
Zip	08527
30 Eyes	02
DL Class	-
Restrictions	-
Endorsements	-
31 State	IS
32 Driver's License Number	304854854
33 DOB mm dd yyyy	02/11/1991
34 Expires mm yy	02 27
35 Owner's First Name	HERTZ
Initial	-
Last Name	COOPERATION
☐ Same As Driver	
36 Number & Street	PO BOX 24130
37 City	OKLAHOMA CITY
State	OK
Zip	73134
38 Make	FORD
39 Model	XPL
40 Color	4
41 Year	2018
42 Plate No.	CTPS18
43 State	FL
44 VIN	1FM5K8DH8JGB14654
45 Expires	06 23
46 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1					
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	31	M	-	-	-	11	04	-	-	YAAKOV - COHEN - 308 7TH ST LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

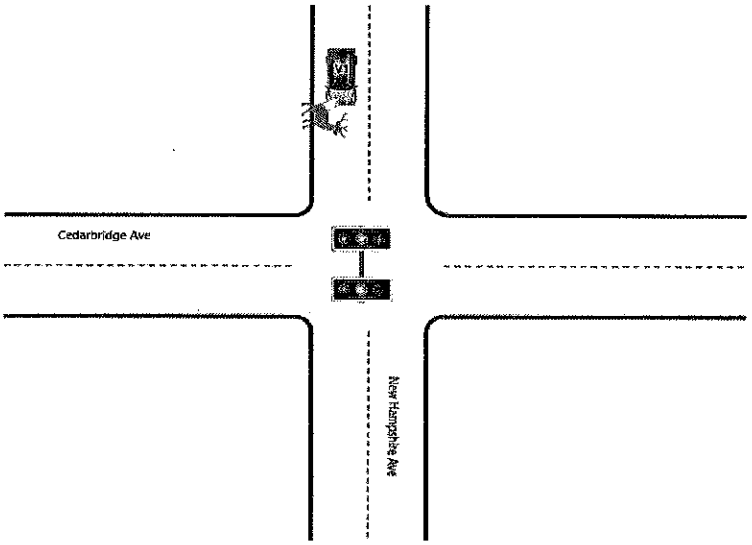
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-057751

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling South on New Hampshire Ave, approaching the intersection of Cedarbridge Ave. As the vehicle was approaching Cedarbridge Ave, a deer ran out into the roadway and Vehicle 1 struck the deer in the front bumper, leaving fur on the bumper. The vehicle was able to drive for a short time, but soon became disabled.

Vehicle 1 was a rental from Hertz Rental Company and the vehicle was removed by a private tow through Hertz Rental Company. The driver had "SELF INSURANCE" for the rental vehicle.

No injuries reported on scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NIEVES JR L	322	KD	303	☐ Pending ☒ Complete