PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061294

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

3 Station/Precinct: -

10 Crash Occurred On: MADISON AVE & 12TH ST — Dir: S — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix: - — 13 Milepost: -

☒ At Intersection With — Road Name: 12TH ST — 18 Speed Limit: 25

☐ 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: 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1637 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.102545 — 22 Longitude: -74.218684

118a	16
118b	08
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	03
132	03
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: A0U-238-372176-4014 — 25 NJ Ins. Code: 090

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

26 Driver's First Name: RACHAEL — Initial: - — Last Name: KRAWIEC - — 29 Sex: F

27 Number & Street: 2 DOVE LN

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: K72446370053504 — 33 DOB mm dd yyyy: 03/26/1950 — 34 Expires mm yy: 03 25

35 Owner's First Name: ☐ Same As Driver YITZCHOK — Initial: Z — Last Name: KRAWIEC -

36 Number & Street: 1435 READ PL

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

38 Make: LEXU — 39 Model: ES3 — 40 Color: TN — 41 Year: 2011 — 42 Plate No.: M54PHY — 43 State: NJ

44 VIN: JTHBK1EG0B2437632 — 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.: 1454164-F15-30 — 55 NJ Ins. Code: 962

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

56 Driver's First Name: SVITLANA — Initial: - — Last Name: LITOVSKA - — 59 Sex: F

57 Number & Street: 755 BREWERS BRIDGE RD 26J

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

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: L47097290059856 — 63 DOB mm dd yyyy: 09/07/1985 — 64 Expires mm yy: 09 23

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

66 Number & Street: 755 BREWERS BRIDGE RD 26J

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

68 Make: RAM — 69 Model: PRO — 70 Color: WHI — 71 Year: 2017 — 72 Plate No.: R94NAP — 73 State: NJ

74 VIN: ZFBERFAB0H6E20984 — 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	1	01	01	-	72	F	-	-	-	11	04	-	-	RACHAEL - KRAWIEC - 2 DOVE LN LAKEWOOD NJ 08701
B	2	01	01	-	36	F	-	-	-	11	04	-	-	SVITLANA - LITOVSKA - 755 BREWERS BRIDGE R JACKSON NJ 08527
C	2	03	01	-	10	F	-	-	-	11	04	-	-	MARIA VICTORIA - PILAT - 755 BREWERS BRIDGE R JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

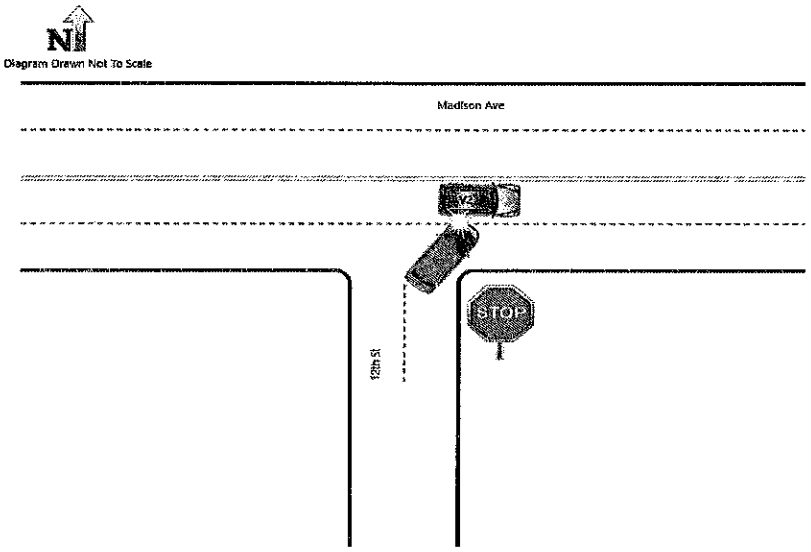
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-061294

(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 making a right turn onto Madison Ave from 12th St, when she struck vehicle 2, who was traveling south on Madison Ave in the left lane.

Driver 2 stated she was traveling south on Madison Ave, when she was struck by vehicle 1, who was making a right turn onto Madison Ave from 12th St.

Driver 1 is at fault for failing to obey stop sign and improper right turn.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-061559
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	03	3 Station/Precinct	-
99	05	4 Date of Crash (mm dd yy)	08/04/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1839
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	2
		10 Crash Occurred On:	CLIFTON AVE
		☐ At Intersection With	
		☒ Feet / ☐ Miles	150
		☒ N ☐ E ☐ S ☐ W	
		of: Road Name	MAIN STREET
		Dir	
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	45
		19 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.090058
		22 Longitude	-74.214224
118a	09		
118b	-		
119a	25	☐ NB ☐ EB ☐ SB ☐ WB	
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	08		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	02		
134	02		

Vehicle 1

100b	04	23 Veh #	1
		24 Policy No.	G01 1338410 0
		25 NJ Ins. Code	392
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ERICK
		Initial	-
		Last Name	CRUZ -
		29 Sex	M
103	01	27 Number & Street	476 PROSPECT ST
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	02
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	-
105	01	32 Driver's License Number	UNLICENSED
		33 DOB (mm dd yyyy)	09/10/2006
		34 Expires (mm yy)	- -
106	-	35 Owner's ☐ Same As Driver	TEODULO - CAMPOS-TORRES -
107	-	36 Number & Street	62 ROSEWOOD DR
108	01	37 City	TOMS RIVER
		State	NJ
		Zip	08753
109	01	38 Make	KIA
		39 Model	OPT
		40 Color	BLK
		41 Year	2017
		42 Plate No.	A99PMY
		43 State	NJ
110	01	44 VIN	KNAGU4LE4H5012732
		45 Expires	02 23
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
116	03	50 Carrier No.	☐ USDOT - ☒ None
117	03		☐ 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.	126 9200-E01-304		
55 NJ Ins. Code	896		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	ALBERTO		
Initial	O		
Last Name	PANTOJARAMOS -		
59 Sex	M		
57 Number & Street	8 4TH ST		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	P04890177604752		
63 DOB (mm dd yyyy)	04/08/1975		
64 Expires (mm yy)	04 25		
65 Owner's ☐ Same As Driver	ALBERTO O PANTOJARAMOS -		
66 Number & Street	8 4TH ST		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	CHRY		
69 Model	T		
70 Color	BLK		
71 Year	2010		
72 Plate No.	M37PXB		
73 State	NJ		
74 VIN	2A4RR2D19AR414679		
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.
1	39:3-10	294396	-		-
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	15	M	-	-	-	11	04	-	-	ERICK - CRUZ - 476 PROSPECT ST LAKEWOOD NJ 08701
B	V2	01	01	04	47	M	06	08	02	11	04	-	6502	ALBERTO O PANTOJARAMOS - 8 4TH ST LAKEWOOD NJ 08701
C	V2	03	01	05	15	F	-	-	-	11	04	-	-	ESMERALDA GONZALEZ 8 4TH STREET LAKEWOOD NJ 08701
D	V2	06	01	04	42	F	06	08	02	11	04	-	6502	LILIANA GONZALEZ 8 4TH STREET LAKEWOOD NJ 08701

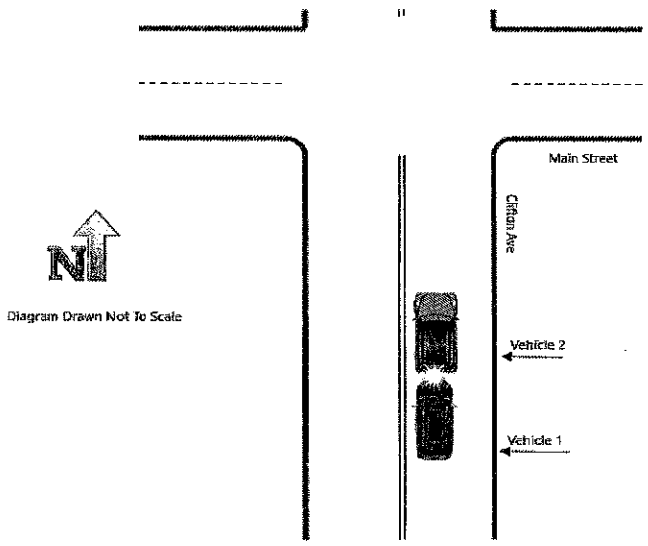
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061559

(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 driving south on Clifton Avenue when he could not stop in time before colliding into the rear of Vehicle 2 which was stopped in traffic ahead of him. Vehicle 1 sustained minor damage to the front of the vehicle. No injuries reported from Vehicle 1.

The driver of Vehicle 2 stated he was stopped for the red traffic signal facing south on Clifton Avenue when he felt the rear of his vehicle get struck by Vehicle 1. Vehicle 2 sustained minor damage to the rear of the vehicle. The driver of Vehicle 2 and the occupant located in the 2nd row behind the passenger were both transported by ambulance to Monmouth Medical Center Southern Campus for possible back injuries.

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	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	14
106	-
107	-
108	13
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	03

1 Case Number: 22-061552

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

3 Station/Precinct: -

10 Crash Occurred On: MARYS LN | - | 11 Speed Limit: 25 | - | - | -

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☒ Feet ☒ N ☐ E of: E FOURTH STREET | 18 Speed Limit: 25

100 ☐ 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): 08/04/22 | 5 Day Of Week: THURSDAY | 6 Time (use 2400 hrs): 1753 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1

21 Latitude: 40.094779 | 22 Longitude: -74.208285

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	21
127b	-
127c	-
127d	-
127e	21
128	21
129	06
130	06
131	11
132	11
133	02
134	02

Vehicle A

23 Veh #: B1 | 24 Policy No.: - | 25 NJ Ins. Code: -

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

26 Driver's First Name: DOVI | Initial: - | Last Name: STERN | - | 29 Sex: M

27 Number & Street: 504 TWIN OAKS DR

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

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

32 Driver's License Number: - | 33 DOB (mm dd yyyy): 04/29/2009 | 34 Expires (mm yy): - | -

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

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 B

53 Veh #: 2 | 54 Policy No.: 4450-52-90-62 | 55 NJ Ins. Code: 148

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

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

57 Number & Street: 2 CABINFIELD CIR

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

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: K72135390006024 | 63 DOB (mm dd yyyy): 06/22/2002 | 64 Expires (mm yy): 06 | 25

65 Owner's First Name: ☐ Same As Driver AZRIEL | Initial: - | Last Name: KRASNOW | -

66 Number & Street: 2 CABINFIELD CIR

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

68 Make: TOYT | 69 Model: SIE | 70 Color: GRY | 71 Year: 2013 | 72 Plate No.: E59HGX | 73 State: NJ

74 VIN: 5TDKK3DC5DS382716 | 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	P1	01	01	03	13	M	10	05	02	08	08	-	-	DOVI - STERN - 504 TWIN OAKS DR LAKEWOOD NJ 08701
B	V1	01	01	05	20	M	-	-	-	11	04	-	-	MENACHEM - KRASNOW - 2 CABINFIELD CIR LAKEWOOD NJ 08701
C														
D														

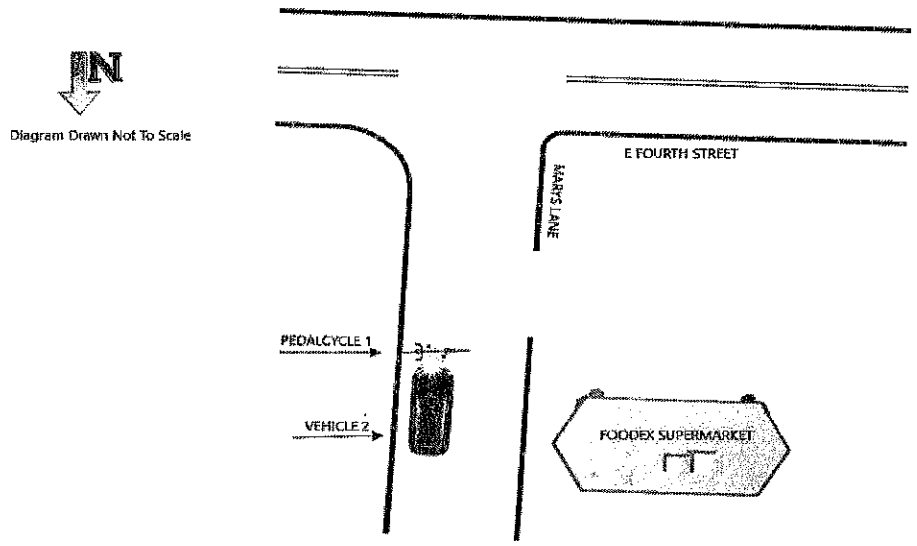
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061552

(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 Pedal-cycle 1 stated he was riding his bicycle through the parking lot of 407 Princeton Avenue (Foodex Supermarket) and he entered the roadway of Marys Lane in an eastern direction and struck Vehicle 2 which was traveling south along Marys Lane. the Pedal-cyclist sustained minor injuries to his left thigh and right knee. He was then transported to Urgent Care located at 400 New Hampshire Avenue, Lakewood Twp. NJ.

The driver of Vehicle 2 stated he was driving down Marys Lane towards E Fourth Street when suddenly P1 came out from behind a vehicle and entered the roadway in front of him. The driver of Vehicle 2 stated he tried to swerve out of the way but could not do so in time. No injuries were reported.

Based on my observations and statements provided by both drivers, P1 is at fault for the crash.

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

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	04
113	-
114	04
115	04
116	02
117	01

1 Case Number: 22-061524

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 08/04/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1536

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: W KENNEDY BLVD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☒ E ☐ S ☐ W of: HEATHWOOD AVE — 16

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.106841

22 Longitude: -74.223427

118a	25
118b	-
119a	10
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	13
124	04
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	03
130	03
131	06
132	06
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 939584636

25 NJ Ins. Code: 054

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

26 Driver's First Name: LOIS — Initial: - — Last Name: GORNISH — 29 Sex: F

27 Number & Street: 143 BEGONIA DR

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

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: G66274810061425

33 DOB (mm dd yyyy): 11/11/1942

34 Expires (mm yy): 11 25

35 Owner's First Name: LOIS — Initial: - — Last Name: GORNISH

☐ Same As Driver

36 Number & Street: 143 BEGONIA DR

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

38 Make: TOYT — 39 Model: CAM — 40 Color: 1 — 41 Year: 2014 — 42 Plate No.: F30JLW — 43 State: NJ

44 VIN: 4T4BF1FK6ER403052

45 Expires: 11 22

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 92082924CN

55 NJ Ins. Code: 141

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

56 Driver's First Name: LEAH — Initial: D — Last Name: GORDON — 59 Sex: F

57 Number & Street: 11 8TH ST

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

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: G65764506454752

63 DOB (mm dd yyyy): 04/18/1975

64 Expires (mm yy): 04 24

65 Owner's First Name: MICHAEL — Initial: S — Last Name: GORDON

☐ Same As Driver

66 Number & Street: 11 8TH ST; 200

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

68 Make: TOYT — 69 Model: SIE — 70 Color: GRN — 71 Year: 2009 — 72 Plate No.: K35MPP — 73 State: NJ

74 VIN: 5TDZK23C19S272621

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	79	F	-	-	-	11	04	-	-	LOIS - GORNISH - 143 BEGONIA DR LAKEWOOD NJ 08701
B	02	01	01	05	47	F	-	-	-	11	04	-	-	LEAH D GORDON - 11 8TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police
Crash Investigation Report

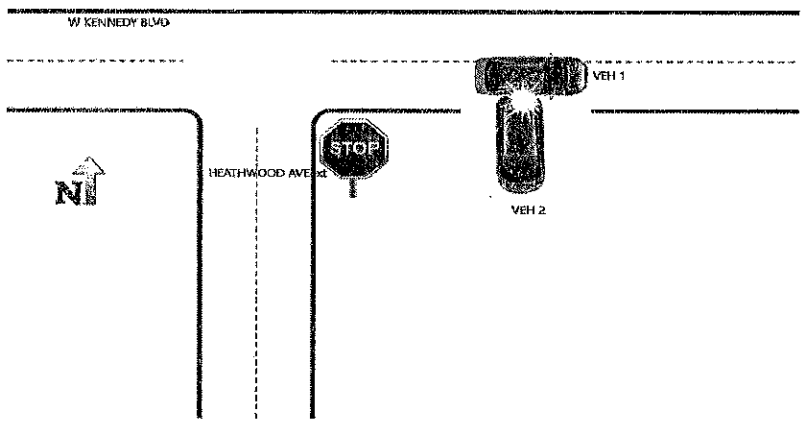
Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: -- Case No: 22-061524

(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 VEH 1 SAID SHE WAS TRAVELING EAST ON W KENNEDY BLVD, WHEN VEH 2 BACKED OUT OF THE DRIVEWAY AT 600 W KENNEDY BLVD AND HIT HER VEHICLE.

DRIVER OF VEH 2 STATED SHE WAS BACKING OUT OF THE DRIVEWAY AT 600 W KENNEDY BLVD AND DID NOT SEE VEH 1 TRAVELING AND BY ACCIDENT HIT THE VEHICLE.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH.

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

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

1 Case Number: 22-061514

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

3 Station/Precinct: -

10 Crash Occurred On: 7TH ST — ☒ At Intersection With — Road Name — Dir

☐ Feet ☐ N ☐ E of: MONMOUTH AVE

☐ Miles ☐ S ☐ W

14: - 15 16

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: 40.097530 — 22 Longitude: -74.211130

4 Date of Crash (mm dd yy): 08/04/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1502 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939968921 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: SEMION — Initial: L — Last Name: HITRIK — 29 Sex: M

27 Number & Street: 5 DINA PL

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H47096977312892 — 33 DOB (mm dd yyyy): 12/12/1989 — 34 Expires (mm yy): 12 25

35 Owner's First Name: SEMION — Initial: L — Last Name: HITRIK — ☐ Same As Driver

36 Number & Street: 5 DINA PL

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

38 Make: HOND — 39 Model: CIV — 40 Color: BLU — 41 Year: 2006 — 42 Plate No.: Y86PWW — 43 State: NJ

44 VIN: 1HGFA16596L086482 — 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.: 6083505666 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: YEHOSHUA — Initial: - — Last Name: SCHECHTER — 59 Sex: M

57 Number & Street: 190 CARLTON AVE S

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: S13407890006984 — 63 DOB (mm dd yyyy): 06/08/1998 — 64 Expires (mm yy): 06 23

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

66 Number & Street: 190 CARLTON AVE S

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

68 Make: NISS — 69 Model: SEN - SE — 70 Color: GRY — 71 Year: 2013 — 72 Plate No.: K44PFM — 73 State: NJ

74 VIN: 3N1AB7AP4DL564569 — 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 ☐ 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.
-		-	-		-

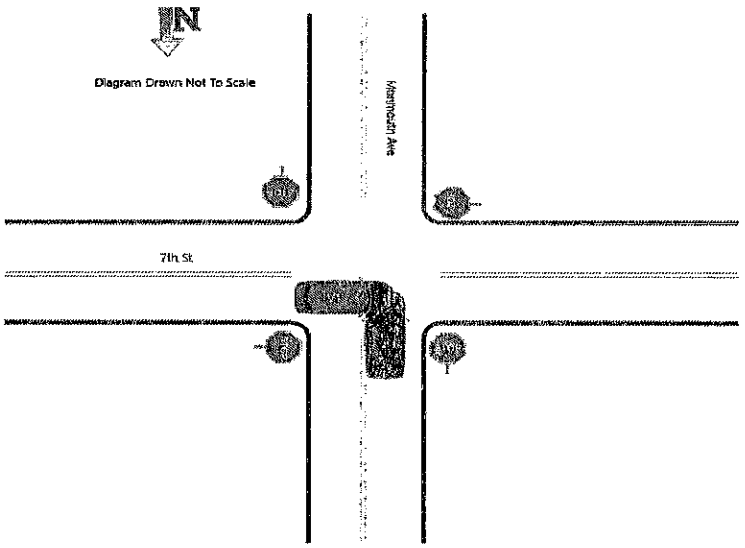
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	M	-	-	-	11	04	-	-	SEMION L HITRIK - 5 DINA PL JACKSON NJ 08527
B	02	01	01	05	24	M	-	-	-	11	04	-	-	YEHOSHUA - SCHECHTER - 190 CARLTON AVE S LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-061514

(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

Driver of vehicle 1 was stopped at a 4-way stop facing westbound on 7th St intersecting with Monmouth Ave. He reported that he was the first car at the 4-way stop and proceeded to travel westbound as it was clear. He added that while in the middle of the intersection, vehicle 2 then entered the intersection and caused the crash.

Driver of vehicle 2 was stopped at a 4-way stop facing southbound on Monmouth Ave intersecting with 7th St. He reported that he was the first car at the 4-way stop and proceeded to travel southbound as it was clear. He added that while in the middle of the intersection, vehicle 1 then entered the intersection and caused the crash.

After my investigation, I am unable to determine who is at fault as both driver from vehicle 1 and vehicle 2 are stating they were the primary vehicle in the intersection prior to the accident. Vehicle 1 sustained minor damage to the front passenger side bumper. Vehicle 2 sustained moderate damage to the front driver side bumper. Vehicle 1 was able to drive from the scene. Vehicle 2 parked the vehicle in a legal spot and remained on scene. There were no injuries reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061512

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

3 Station/Precinct:

10 Crash Occurred On: OCEAN AVE — Road Name — Dir — 11 Speed Limit: 35 — 12 Route No.: 0088 — Suffix — 13 Milepost

☐ At Intersection With — Road Name: CHAMBERSBRIDGE RD — 18 Speed Limit: 35

☒ Feet ☐ Miles — 14: 100 — 15 — 16 — ☐ N ☒ E ☐ S ☐ W of:

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

20 Route/Name — 21 Latitude: 40.081765 — 22 Longitude: -74.157636

4 Date of Crash (mm dd yy): 08/04/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1445 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	09
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	07
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F10114493-9 — 25 NJ Ins. Code: 426

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

26 Driver's First Name: MARIA — Initial: E — Last Name: RIVERA — 29 Sex: F

27 Number & Street: 614 ZINIA ST

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: R47525196553682 — 33 DOB (mm dd yyyy): 03/19/1968 — 34 Expires (mm yy): 03 24

35 Owner's ☐ Same As Driver — First Name: MARIA — Initial: E — Last Name: RIVERA

36 Number & Street: 614 ZINIA ST

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

38 Make: CHEV — 39 Model: MAL - MA — 40 Color: GRY — 41 Year: 2018 — 42 Plate No.: M71NYJ — 43 State: NJ

44 VIN: 1G1ZD5ST5JF167655 — 45 Expires: 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 ☐ 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.: 909 911 0004 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: ADNAN — Initial: - — Last Name: KASTRAT — 59 Sex: M

57 Number & Street: 266 MARION AVE

58 City: CLIFFSIDE PARK — State: NJ — Zip: 07010

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K07800100001942 — 63 DOB (mm dd yyyy): 01/06/1994 — 64 Expires (mm yy): 01 23

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

66 Number & Street: 1680 MAPLE STREET#1

67 City: FORT LEE — State: NJ — Zip: 07024

68 Make: CHEV — 69 Model: MAL - MA — 70 Color: GRY — 71 Year: 2016 — 72 Plate No.: G25HEW — 73 State: NJ

74 VIN: 1G1ZE5ST5GF334019 — 75 Expires: 01 23

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	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	54	F	-	-	-	11	04	-	-	MARIA E RIVERA - 614 ZINIA ST JACKSON NJ 08527
B	2	01	01	05	28	M	-	-	-	11	04	-	-	ADNAN - KASTRAT - 266 MARION AVE CLIFFSIDE PARK NJ 07010
C														
D														

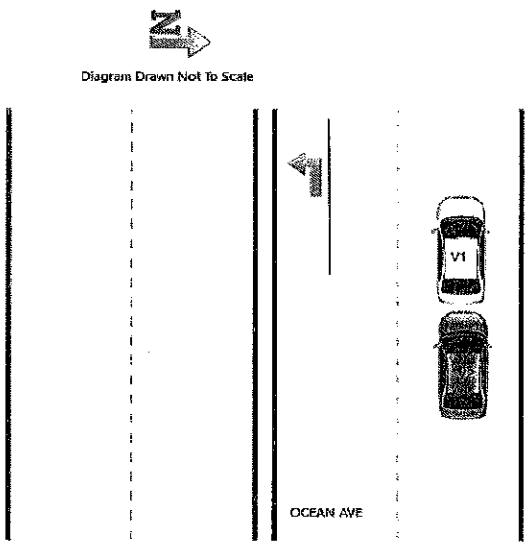
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-061512

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was stopped in traffic facing West on Ocean Avenue. Vehicle #2 was behind Vehicle #1 and was not able to stop in time resulting in the crash. Vehicle #1 sustained minor scratches to the rear bumper. Vehicle #2 sustained minor damage to the front fender. There were no reports of injuries.

Driver 1 stated she was stopped in traffic when the vehicle behind her crashed into her vehicle.

Driver 2 stated he was slowing down to stop and didn't hit the brakes hard enough which resulted in him tapping Vehicle #1.

My investigation finds Vehicle #2 to be at fault for following too closely.

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

96	05	PAGE 1 OF 2	
97	01	1 Case Number: 22-061488	
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01
99	09	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy): 08/04/22	5 Day Of Week: THURSDAY
100b	04	6 Time (use 2400 hrs): 1156	7 Municipality Code: 1514
101	02	8 Total Killed: --	9 Total Injured: --
102	01	10 Crash Occurred On: 65 E COUNTY LINE RD	Road Name / Dir
103	01	☐ At Intersection With / ☐ Feet / ☐ Miles (14 15 16)	☐ N ☐ E ☐ S ☐ W of:
104	2	11 Speed Limit: 15	12 Route No. / Suffix / 13 Milepost / 18 Speed Limit
105	06	19 Ramp ☐ To ☐ From:	17 Cross Road Name / 20 Route/Name
106	-	☐ NB ☐ EB ☐ SB ☐ WB	
107	-	21 Latitude: 40.106137	22 Longitude: -74.218014
108	20		
109	03		
110	02		
111	02		
112	-		
113	-		
114	-		
115	-		
116	03		
117	04		

118a	02	118b	-
119a	25	119b	-
120a	01	120b	-
121a	01	121b	-
122	02	123	10
124	11	125	11
126a	28	126b	-
126c	-	126d	-
126e	28	127a	26
127b	-	127c	-
127d	-	127e	26
128	26	129	06
130	06	131	07
132	07	133	01
134	03		

Vehicle 1

23 Veh #: 1
24 Policy No.: AS2-621-095430-022
25 NJ Ins. Code: 182
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: GARY | Initial: W | Last Name: THOMPSON | 29 Sex: M
27 Number & Street: 65 ROBBINS ST
28 City: BRICK | State: NJ | Zip: 08724
30 Eyes: 4 | DL Class: B | Restrictions: - | Endorsements: - | 31 State: NJ
32 Driver's License Number: T36012748601654
33 DOB (mm dd yyyy): 01/31/1965
34 Expires (mm yy): 01 26
35 Owner's First Name: - | Initial: - | Last Name: CREAM O LAND DA
☐ Same As Driver
36 Number & Street: 529 CEDAR LA
37 City: FLORENCE | State: NJ | Zip: 08518
38 Make: INTR | 39 Model: 430 | 40 Color: WHI | 41 Year: 2014 | 42 Plate No.: AU437T | 43 State: NJ
44 VIN: 1HTMMAAN8EH792156
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 0016506 ☐ 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.: BA 00000024189W
55 NJ Ins. Code: 917
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: - | Initial: - | Last Name: - | 59 Sex: -
57 Number & Street: -
58 City: - | State: - | Zip: -
60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -
62 Driver's License Number: -
63 DOB (mm dd yyyy): - -
64 Expires (mm yy): - -
65 Owner's First Name: - | Initial: - | Last Name: EAGLE NEW YORK I
☐ Same As Driver
66 Number & Street: 70 OUTWATER LINE
67 City: GARFIELD | State: NJ | Zip: 07062
68 Make: MERZ | 69 Model: SPR - SP | 70 Color: WHI | 71 Year: 2020 | 72 Plate No.: XKEE91 | 73 State: NJ
74 VIN: W1Y4EDHYXLT031288
75 Expires: 12 22
76 Vehicle Removed To
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left At Scene ☐ Towed Impounded
77 Authority
☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test
Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. - %
☐ Pending
79 Hazardous Material
☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.
80 Carrier No.
☐ USDOT ☒ None
☐ MC/MX
81 GVWR/GCWR
☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs
☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity
Number & Street
City / State / Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	57	M	-	-	01	04	04	-	-	GARY W THOMPSON - 65 ROBBINS ST BRICK NJ 08724
B	1	02	01	05	55	M	-	-	01	04	04	-	-	PAUL A STEADMAN - 23 GATES ROAD SOMERSET NJ 08873
C	2	01	01	05	44	M	-	-	01	11	04	-	-	URBANSKI E KRZYSZTOF - 194 MUNSTER RD LEMONT IL 60439
D														

New Jersey Police Crash Investigation Report

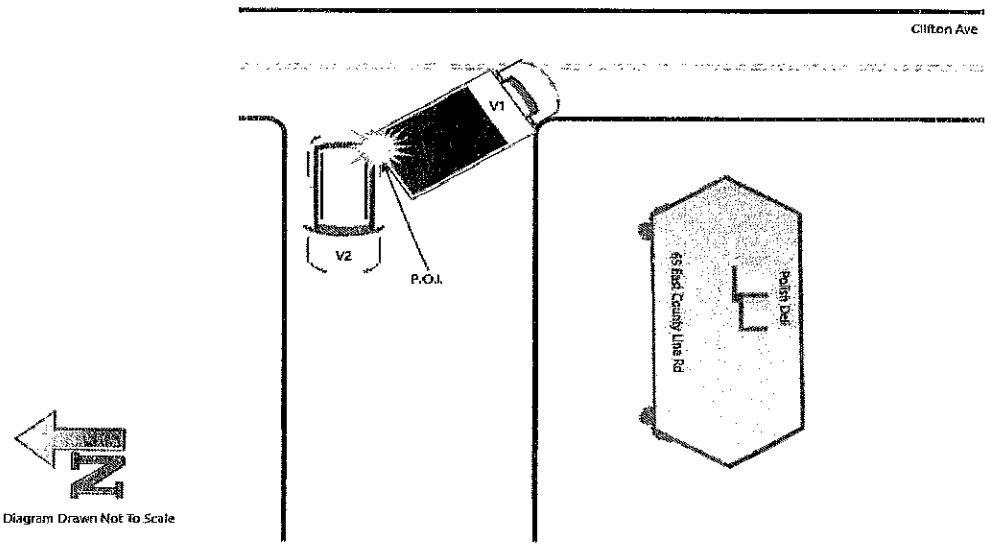
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-061488

(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

Driver 1 was making a right hand turn onto Clifton Avenue from the rear parking lot of 65 East County Line Rd (Polish Deli) when the rear of his vehicle collided with Vehicle 2 as he was exiting the lot. Driver 1 advised me that he thought he had cleared the way prior to making the right hand turn out of the parking lot.

Driver 2 was parked in the rear parking lot of 65 East County Line Rd facing West when the driver of Vehicle 1 collided with his vehicle as he was exiting the lot.

Vehicle 1 sustained no visible damages. Vehicle 2 sustained damages to the driver side rear quarter panel and taillight. There were no complaints of pain and/or injuries reported from both drivers and the front seat passenger of Vehicle 1.

Based on my observations and the drivers statements I find driver 1 to be at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROSADO K	374	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061454

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

3 Station/Precinct:

10 Crash Occurred On: MADISON AVE — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

☒ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: 4TH ST

14 15 16

11 Speed Limit: 45 — 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)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
08/04/22	THURSDAY	1002	1514	--	--	40.093854	-74.217041

118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
25	-	19	03	01	-	01	-	01	01	03	03	26	-	-	-	26	26	-	-	-	26	26	11	11	01	01	02	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4321244321 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: TZVIA — Initial: T — Last Name: LAX — 29 Sex: F

27 Number & Street: 429 3RD STREET APT D6

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

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

32 Driver's License Number: L09457538352912 — 33 DOB (mm dd yyyy): 02/02/1991 — 34 Expires (mm yy): 02 24

35 Owner's First Name: ☐ Same As Driver TZVIA — Initial: T — Last Name: LAX

36 Number & Street: 429 3RD STREET APT D6

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

38 Make: TOYT — 39 Model: CAM — 40 Color: BLK — 41 Year: 2011 — 42 Plate No.: G65NTE — 43 State: NJ

44 VIN: 4T1BF3EK4BU146654 — 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.: 5082017303 — 55 NJ Ins. Code: 068

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

56 Driver's First Name: NOSSON — Initial: - — Last Name: HERZOG — 59 Sex: M

57 Number & Street: 429 8TH ST

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: H27886000003002 — 63 DOB (mm dd yyyy): 03/19/2000 — 64 Expires (mm yy): 03 24

65 Owner's First Name: ☐ Same As Driver LLC — Initial: - — Last Name: BUGGIES CAR REN

66 Number & Street: PO BOX 1168

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

68 Make: TOYT — 69 Model: CAM — 70 Color: GRN — 71 Year: 2018 — 72 Plate No.: V34NYZ — 73 State: NJ

74 VIN: 4T1B11HK3JU595885 — 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	31	F	-	-	-	11	04	-	-	TZVIA T LAX - 429 3RD STREET APT D6 LAKEWOOD NJ 08701
B	01	04	01	05	7	F	-	-	-	11	04	-	-	HADASSAH LAX 429 3RD ST APT D6 LAKEWOOD NJ 08701
C	02	01	01	05	22	M	-	-	-	11	04	-	-	NOSSON - HERZOG - 429 8TH ST LAKEWOOD NJ 08701
D	02	03	01	05	17	M	-	-	-	11	04	-	-	PINCHOS HERTZOG 429 8TH ST LAKEWOOD NJ 08701

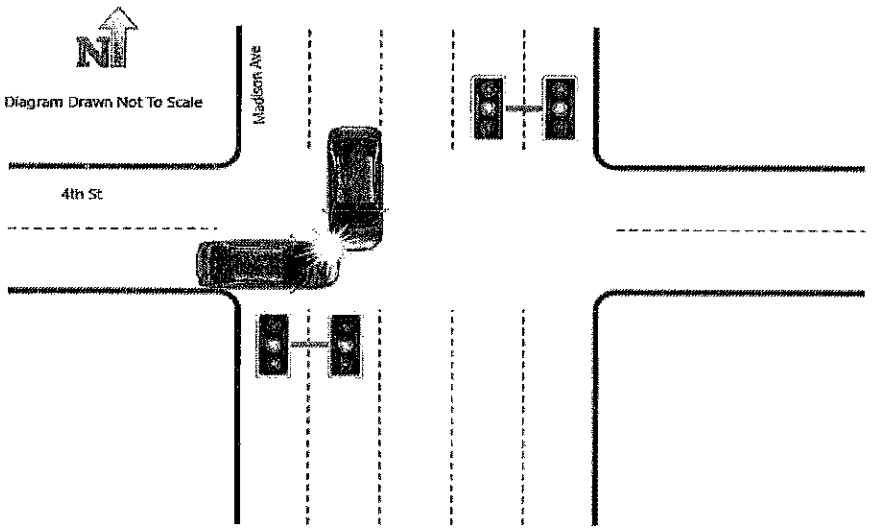
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061454

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was at a complete stop at the traffic signal at Madison Avenue and 4th Street. Driver of vehicle 1 stated she was facing East on 4th Street. Driver of vehicle 1 stated the traffic signal turned green and she continued East on 4th Street. Driver of vehicle 1 stated vehicle 2 did not stop when his traffic signal turned red and struck vehicle 1 on the front driver side causing minor damage. Driver of vehicle 1 had no complaint of pain.

Driver of vehicle 2 stated he was traveling South on Madison Avenue. Driver of vehicle 2 stated he was speaking to the front seat passenger of his vehicle and did not notice the traffic signal turned red. Driver of vehicle 2 admitted to going through the red traffic signal striking the front driver side of vehicle 1 causing minor front passenger side damage to vehicle 2. Driver of vehicle 2 had no complaint of pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061445

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

3 Station/Precinct:

10 Crash Occurred On: OCEAN AVENUE — Road Name — Dir: - — 11 Speed Limit: 45 — 12 Route No.: ROUTE 88 — Suffix — 13 Milepost

☒ At Intersection With — ☐ Feet ☐ Miles — ☐ N ☐ E ☐ S ☐ W of: JESSICA COURT — 18 Speed Limit: 25

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): 08/04/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 0926 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.086797 — 22 Longitude: -74.179138

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4271-63-64-84 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: CHANA — Initial: B — Last Name: ADAMS — 29 Sex: F

27 Number & Street: 224 5TH STREET

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

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

32 Driver's License Number: A17911206258922 — 33 DOB (mm dd yyyy): 08/12/1992 — 34 Expires (mm yy): 08 26

35 Owner's First Name: CHAIM — Initial: D — Last Name: ADAMS

☐ Same As Driver

36 Number & Street: 224 5TH ST

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

38 Make: TOYT — 39 Model: SIE — 40 Color: BLK — 41 Year: 2012 — 42 Plate No.: X43JHV — 43 State: NJ

44 VIN: 5TDKK3DC6CS177128 — 45 Expires: 11 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.: ILS 717120-00 * — 55 NJ Ins. Code: -

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

56 Driver's First Name: LORENA — Initial: - — Last Name: HERNANDEZ-PEREZ - — 59 Sex: F

57 Number & Street: 144 MICHELLE WAY

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

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

62 Driver's License Number: - — 63 DOB (mm dd yyyy): 02/25/1982 — 64 Expires (mm yy): - -

65 Owner's First Name: LORENA — Initial: - — Last Name: HERNANDEZ-PEREZ -

☐ Same As Driver

66 Number & Street: 144 MICHELLE WAY

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

68 Make: FORD — 69 Model: EDGE — 70 Color: BUR — 71 Year: 2010 — 72 Plate No.: DD56115 — 73 State: IL

74 VIN: 2FMDK4KC0ABB70770 — 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 ☐ MC/MX ☒ None

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-	2	39:3-10	290470
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	29	F	-	-	-	11	04	-	-	CHANA B ADAMS - 224 5TH STREET LAKEWOOD NJ 08701
B	1	05	01	05	9	M	-	-	-	11	04	-	-	ARROHOM ADAMS 224 5TH STREET LAKEWOOS NJ 08701 05/19/2013
C	1	06	01	05	1	F	-	-	-	05	05	-	-	BAILA ADAMS 224 5TH STREET LAKEWOOD NJ 08701 03/20/2022
D	2	01	01	05	40	F	-	-	-	11	04	-	-	LORENA - HERNANDEZ-PEREZ - 144 MICHELLE WAY LAKEWOOD NJ 08701

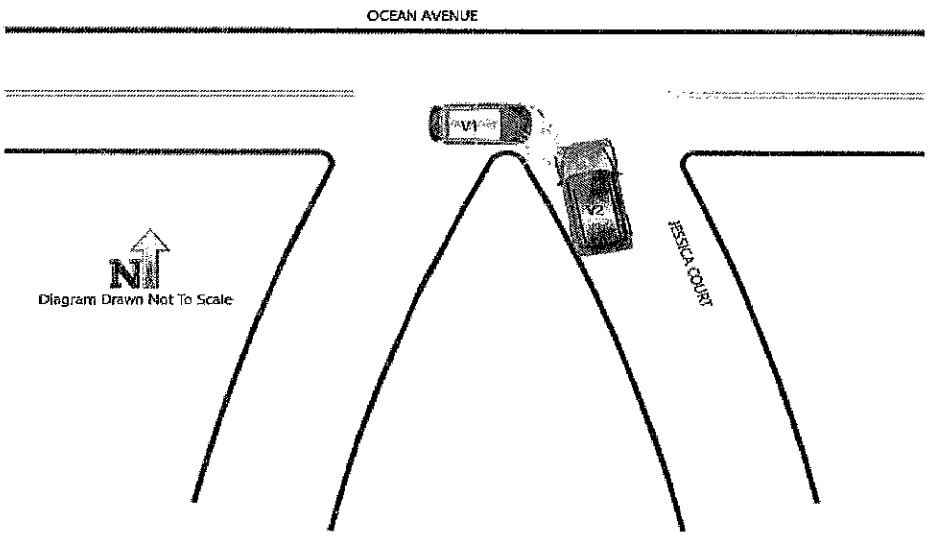
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061445

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was travelling east on Ocean Avenue approaching Jessica Court when vehicle 2 who was exiting Jessica Court attempting to make a left onto Ocean Avenue prior to striking her vehicle on the passengers side door and front quarter panel. Driver of vehicle 1 explained she attempted to avoid the crash but could not.

Driver of vehicle 2 stated she was on Jessica Court attempting to make a left onto Ocean Avenue when vehicle 1 who was travelling east on Ocean Avenue struck the front bumper of her vehicle.

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 failure to yield right of way to vehicle. Driver of vehicle 2 was issued a summons for being unlicensed and no injuries were reported at this time.

***First Chicago Insurance Company is vehicle 2's insured with the policy number included in box 54.**

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 ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	08
106	-
107	-
108	01
109	
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-
118a	99
118b	-
119a	-
119b	-
120a	-
120b	-
121a	-
121b	-
122	13
123	-
124	04
125	-
126a	28
126b	-
126c	-
126d	-
126e	28
127a	-
127b	-
127c	-
127d	-
127e	-
128	28
129	06
130	06
131	-
132	-
133	02
134	-

1 Case Number: 22-061441

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

3 Station/Precinct: -

10 Crash Occurred On: 315 MONMOUTH AVE — Road Name — Dir: -

11 Speed Limit: -

12 Route No. — Suffix — 13 Milepost: - - -

18 Speed Limit: 25

☐ At Intersection With — of: -

☐ Feet ☐ N ☐ E

☐ 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): 08/04/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 0857

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.093989

22 Longitude: -74.209792

Vehicle 1

23 Veh #: 1

24 Policy No.: G00999233208

25 NJ Ins. Code: 392

☐ 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: ☐ Same As Driver RIGO Initial: A Last Name: CHACONMERLOS -

36 Number & Street: 136 E 7TH ST

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: FORD 39 Model: EXP 40 Color: BRO 41 Year: 2006 42 Plate No.: S99NBS 43 State: NJ

44 VIN: 1FMEU74E96UB16335 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 #: -

54 Policy No.: F178087-3

55 NJ Ins. Code: 426

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

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

57 Number & Street: -

58 City: - State: - Zip: -

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

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

65 Owner's First Name: ☐ Same As Driver DAVID Initial: S Last Name: PAGDATOON -

66 Number & Street: 125 HILLSIDE BLVD

67 City: LAKEWOOD State: NJ Zip: 08701

68 Make: TOYT 69 Model: TAC 70 Color: GRY 71 Year: 2013 72 Plate No.: T30DMY 73 State: NJ

74 VIN: 3TMMU4FN2DM059490 75 Expires: 08 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	21	M	-	-	-	-	11	04	-	MICHAELVI A PAGDATOON - 125 HILLSIDE BLVD LAKEWOOD NJ 08701 - -
B														
C														
D														

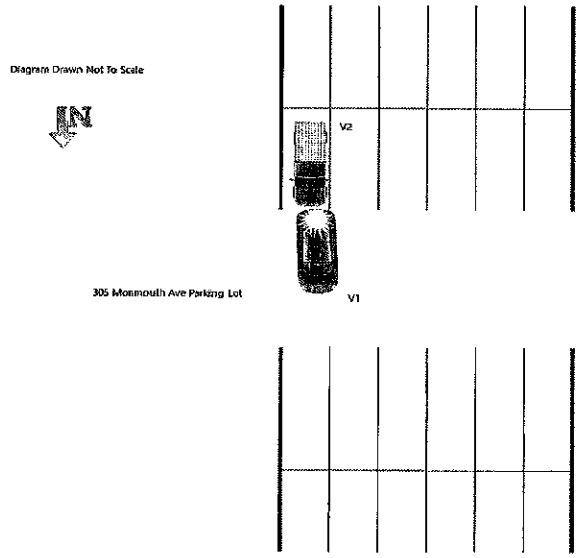
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061441

(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 was not present at the time of the crash. She had thought she put her vehicle into park before going in to work but left the transmission in reverse.

D2 stated he was in his parked car when V1 began backing up. V1 did not stop and struck his vehicle.

After my investigation I determined that D1 was at fault. Upon my initial approach of the scene I noticed the V1 as locked and the transmission was in reverse. D1 did not properly put her can in park resulting in the collision.

There were no reported injuries on scene. V1 sustained minor damage to the rear bumper. V2 sustained minor damage to the front bumper and grill.

End of report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061432

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

3 Station/Precinct:

10 Crash Occurred On: E KENNEDY BLVD — Road Name — Dir: - — 11 Speed Limit: 35 — 12 Route No. — Suffix — 13 Milepost

☐ At Intersection With — of: MADISON AVE — 18 Speed Limit: 40

☒ Feet ☐ Miles — 14: 5 — 15 — 16

☐ N ☐ E ☐ S ☒ W

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

20 Route/Name

4 Date of Crash (mm dd yy): 08/04/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 0753 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.106934 — 22 Longitude: -74.219482

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	18
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	04
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 114 4065-E01-30A — 25 NJ Ins. Code: 962

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

26 Driver's First Name: DANIEL — Initial: S — Last Name: MCGANN JR — 29 Sex: M

27 Number & Street: 44 TERRACE AVENUE

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

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

32 Driver's License Number: M12321538202814 — 33 DOB (mm dd yyyy): 02/03/1981 — 34 Expires (mm yy): 02 26

35 Owner's ☐ Same As Driver — First Name: DANIEL — Initial: S — Last Name: MCGANN JR

36 Number & Street: 44 TERRACE AVENUE

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

38 Make: NISS — 39 Model: KIC — 40 Color: GRY — 41 Year: 2022 — 42 Plate No.: L94PUN — 43 State: NJ

44 VIN: 3N1CP5BV9NL483936 — 45 Expires: 03 26

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.: 909 921 095 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: JACKIE — Initial: - — Last Name: MIZRAHI — 59 Sex: M

57 Number & Street: 135 DANIEL DR

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

60 Eyes: 2 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M47723800011772 — 63 DOB (mm dd yyyy): 11/03/1977 — 64 Expires (mm yy): 11 24

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

66 Number & Street: 135 DANIEL DR

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

68 Make: HOND — 69 Model: ODY — 70 Color: 4 — 71 Year: 2022 — 72 Plate No.: P50NSG — 73 State: NJ

74 VIN: 5FNRL6H56NB015421 — 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 ☐ 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	41	M	-	-	01	11	11	01	-	DANIEL S MCGANN JR - 44 TERRACE AVENUE TOMS RIVER NJ 08753
B	2	01	01	05	44	M	-	-	01	11	04	-	-	JACKIE - MIZRAHI - 135 DANIEL DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

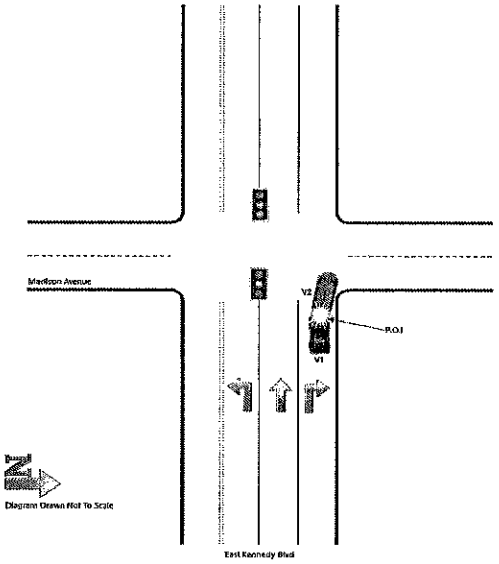
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-061432

(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

Driver 1 was stopped at the red traffic signal directly behind Vehicle 2 in the right turn only lane facing Westbound on East Kennedy Blvd. Driver 1 stated he was looking to his left to make sure traffic was clear and when it was he proceeded to make a right hand turn onto Madison Avenue when he collided with Vehicle 2. Driver 1 advised me that he thought the driver of Vehicle 2 had already made a right hand turn onto Madison Avenue prior, but he did not realize he had stopped due to traffic. I was also advised that Driver 1 was looking to his left as he attempted to make a right hand turn.

Driver 2 was stopped at the red traffic signal directly in front of Vehicle 1 in the right turn only lane facing Westbound on East Kennedy Blvd. Driver 2 stated he began to stop in traffic when the driver of Vehicle 1 collided with his vehicle. Driver 2 advised me that traffic was no longer clear for him to proceed onto Madison Avenue when he attempted to make the right hand turn causing him to stop in traffic.

Vehicle 1 sustained damage to the front bumper and hood. Vehicle 2 sustained damage to the rear bumper. There were no complaints of pain and/or injuries reported from the parties involved.

Based on my observations and the drivers statements I find Driver 1 at fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROSADO K	374	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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	02
117	03

1 Case Number: 22-061240

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

3 Station/Precinct:

10 Crash Occurred On: 1700 MADISON AVE — ☐ At Intersection With — Road Name — Dir — 11 Speed Limit: 15 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

☐ Feet ☐ N ☐ E of: - — 14 - — 15 ☐ Miles ☐ S ☐ W — 16 — 19 Ramp ☐ To ☐ From: — 17 Cross Road Name — ☐ NB ☐ EB ☐ SB ☐ WB — 20 Route/Name

4 Date of Crash (mm dd yy): 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1208 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.108606 — 22 Longitude: -74.221266

118a	02
118b	-
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	02
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	05
132	05
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4623049857 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: ALICIA — Initial: M — Last Name: SCHWARTZ — 29 Sex: F

27 Number & Street: 55 E 8TH ST

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

30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S15700237452765 — 33 DOB (mm dd yyyy): 02/10/1976 — 34 Expires (mm yy): 05 23

35 Owner's ☐ Same As Driver — First Name: ALICIA — Initial: M — Last Name: SCHWARTZ

36 Number & Street: 55 E 8TH ST

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

38 Make: CHEV — 39 Model: EXP - EX — 40 Color: WHI — 41 Year: 2005 — 42 Plate No.: M29PXK — 43 State: NJ

44 VIN: 1GAHG39U651253226 — 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.: 939960727 — 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 ☐ Same As Driver — First Name: - — Initial: - — Last Name: HILLY HILL LLC, -

66 Number & Street: 10 POPLAR STREET

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

68 Make: HOND — 69 Model: ODY — 70 Color: BLK — 71 Year: 2019 — 72 Plate No.: E12LMG — 73 State: NJ

74 VIN: 5FNRL6H50KB118104 — 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	1	01	01	-	46	F	-	-	-	11	04	-	-	ALICIA M SCHWARTZ - 55 E 8TH ST LAKEWOOD NJ 08701
B														
C														
D														

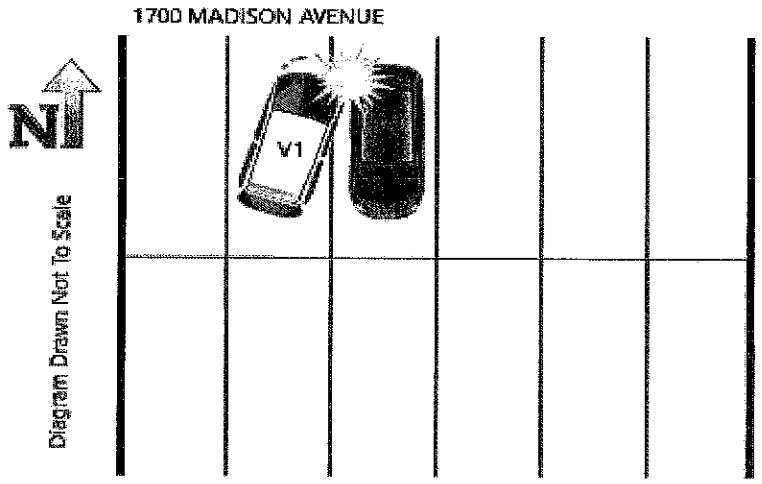
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061240

(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 SHE WAS PULLING OUT OF HER PARKING SPACE WHEN V1 COLLIDED WITH V2 WHICH WAS PARKED.

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061235

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

3 Station/Precinct:

10 Crash Occurred On: CEDARBRIDGE AVE — Dir: - — 11 Speed Limit: 50

☒ At Intersection With — Road Name: AIRPORT RD — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 40

☐ Feet ☐ Miles — 14: - — 15 — 16

☐ N ☐ E ☐ S ☐ W

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

20 Route/Name:

4 Date of Crash (mm dd yy): 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1147 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.068066 — 22 Longitude: -74.167587

118a	25
118b	-
119a	04
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	03
124	03
125	03
126a	26
126b	56
126c	-
126d	-
126e	26
127a	26
127b	56
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	01
132	12
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 5129J009015 — 25 NJ Ins. Code: 917

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

26 Driver's First Name: MIRIAM — Initial: - — Last Name: SAFDIEH — 29 Sex: F

27 Number & Street: 216 CEDAR AVE

28 City: LONG BRANCH — State: NJ — Zip: 07740

30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S01215580053025 — 33 DOB (mm dd yyyy): 03/14/2002 — 34 Expires (mm yy): 03 23

35 Owner's ☐ Same As Driver — First Name: MIRIAM — Initial: - — Last Name: SAFDIEH

36 Number & Street: 216 CEDAR AVE

37 City: LONG BRANCH — State: NJ — Zip: 07740

38 Make: CHEV — 39 Model: BOL — 40 Color: WHI — 41 Year: 2020 — 42 Plate No.: R98NAR — 43 State: NJ

44 VIN: 1G1FY6S02L4121475 — 45 Expires: 11 23

46 Vehicle Removed To: BARINA'S AUTOMOTIVE

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

47 Authority: ☐ Owner ☐ Driver ☒ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4601-47-95-30 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: AMINTA — Initial: A — Last Name: PORTILLO — 59 Sex: F

57 Number & Street: 94 ERICA RD

58 City: LAKWOOD — State: NJ — Zip: 08701

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: P66730396152992 — 63 DOB (mm dd yyyy): 02/04/1999 — 64 Expires (mm yy): 02 24

65 Owner's ☐ Same As Driver — First Name: AMINTA — Initial: A — Last Name: PORTILLO

66 Number & Street: 94 ERICA RD

67 City: LAKWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: COR — 70 Color: BLU — 71 Year: 2022 — 72 Plate No.: Y31MXV — 73 State: NJ

74 VIN: 5YFS4MCE2NP113103 — 75 Expires: 10 24

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.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			02	39:4-97	293268

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	20	F	-	-	-	11	11	04	-	MIRIAM - SAFDIEH - 216 CEDAR AVE LONG BRANCH NJ 07740
B	01	03	01	05	33	F	-	-	-	11	11	04	-	SARAH - SHOMER - 103 HENRY STREET LAKEWOOD NJ 08701
C	01	04	01	05	0	F	-	-	-	06	06	04	-	BRACHA SHOMER 103 HENRY ST LAKEWOOD NJ 08701
D	01	06	01	05	0	F	-	-	-	11	11	04	-	OLGA SAFDIEH 216 CEDAR AVE LONG BRANCH NJ 07740

New Jersey Police Crash Investigation Report

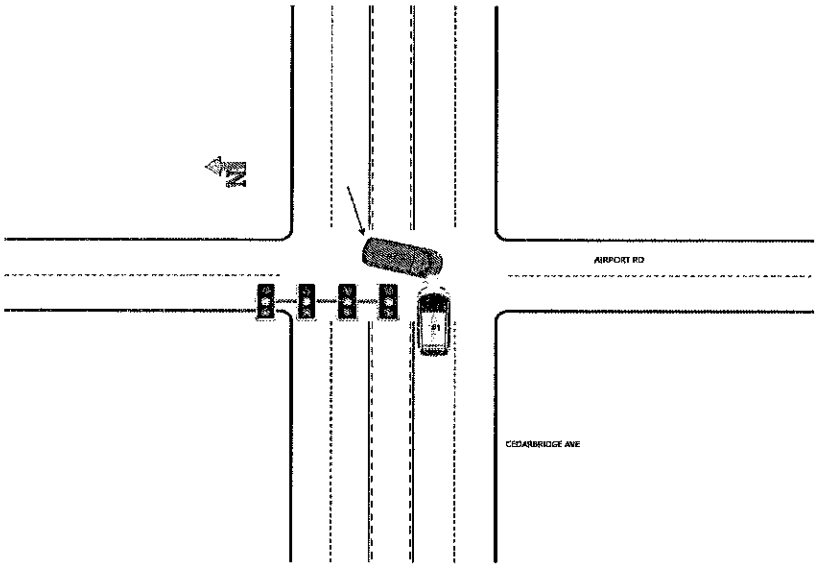
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-061235

(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	01	04	02	23	F	10	08	02	11	11	04	6303	AMINTA A PORTILLO - 94 ERICA RD LAKWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated she was traveling east on Cedarbridge Ave in the left hand lane. As she approached the intersection of Airport Rd Veh #2 turned left in front of her causing her to hit it. Driver #1 stated the light was green as she entered in to the intersection. Driver #2 stated that she was making a left onto Airport Rd from Cedarbridge Ave and had a yellow light, when Veh #1 tried to beat the light and struck her. Based on this officers investigation Driver #1 has the right of way and Driver #2 failed to yield to Veh #1. Driver #2 has to make sure it is safe and clear to do so prior to making her turn.

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

96	05	1 Case Number	22-061205
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	08/03/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1000
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	MADISON AVENUE
		☐ At Intersection With	
		☒ Feet / ☐ Miles	50
		Road Name	11TH STREET
		Dir	☐ N ☐ E ☒ S ☐ W
		11 Speed Limit	45
		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	40.100681
		22 Longitude	-74.218324
118a	25		
118b	-		
119a	21		
119b	09		

100b	04	23 Veh #	1	24 Policy No.	5129J 001825
		25 NJ Ins. Code	917	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	SHOSHANA	Initial	F
		Last Name	MUSKAT	29 Sex	F
102	01	27 Number & Street	1343 READ PLACE		
103	01	28 City	LAKEWOOD	State	NJ
		Zip	08701		
104	2	30 Eyes	2	DL Class	D
		Restrictions	-	Endorsements	-
		31 State	NJ		
105	01	32 Driver's License Number	M94447096655942	33 DOB (mm dd yyyy)	05/19/1994
		34 Expires (mm yy)	05 25		
106	-	35 Owner's First Name	☐ Same As Driver SHOSHANA	Initial	F
		Last Name	MUSKAT		-
107	-	36 Number & Street	1343 READ PLACE		
108	01	37 City	LAKEWOOD	State	NJ
		Zip	08701		
109	03	38 Make	HOND	39 Model	CIV
		40 Color	4	41 Year	2009
		42 Plate No.	Y97KBZ	43 State	NJ
110	01	44 VIN	2HGFA16549H546990	45 Expires	06 23
111	02	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
112	-				
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police		
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
		Type: ☐ Breath ☐ Blood ☐ Urine			
115	03	Results: 0. - % ☐ Pending			
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill		
		Hazard Class	Placard No.		
116	01	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
117	01	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	-		

53 Veh #	2	54 Policy No.	C2956423	55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
56 Driver's First Name	JUAN	Initial	C	Last Name	BRAVOALVAREZ
59 Sex	M				
57 Number & Street	67 MOBILE LN				
58 City	TOMS RIVER	State	NJ	Zip	08755
60 Eyes	2	DL Class	D	Restrictions	-
Endorsements	-	61 State	NJ		
62 Driver's License Number	B72434156308852	63 DOB (mm dd yyyy)	08/05/1985	64 Expires (mm yy)	08 25
65 Owner's First Name	☐ Same As Driver -	Initial	-	Last Name	SUPERIOR CMMNC -
66 Number & Street	644 CROSS ST UNIT 13				
67 City	LAKEWOOD	State	NJ	Zip	08701
68 Make	FORD	69 Model	TRA	70 Color	WHI
71 Year	2018	72 Plate No.	XGKM36	73 State	NJ
74 VIN	1FTYE1CM1JKA00944	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	-

120a	01	120b	01
121a	01	121b	01
122	01	123	01
124	03	125	03
126a	26	126b	-
126c	-	126d	-
126e	26	127a	26
127b	-	127c	-
127d	-	127e	26
128	26	129	06
130	06	131	12
132	12	133	04
134	03		

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.
-		-	-		-

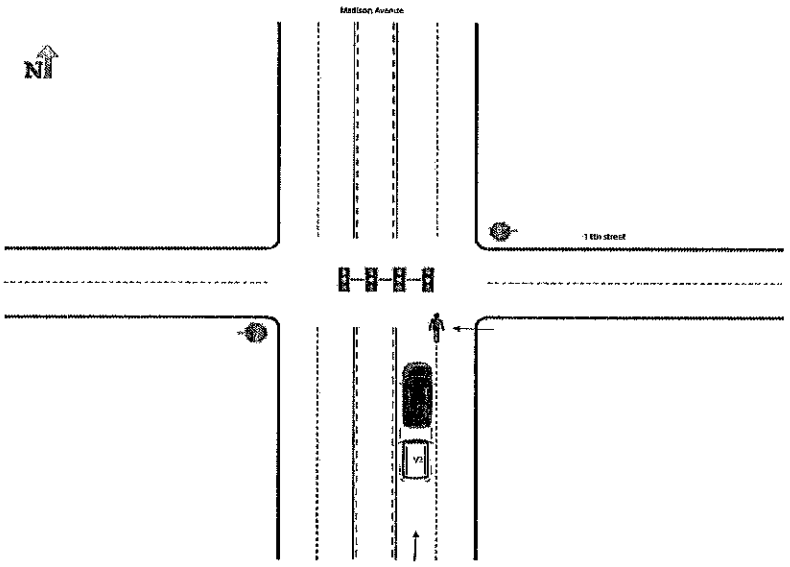
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	F	-	-	-	11	04	-	-	SHOSHANA F MUSKAT - 1343 READ PLACE LAKEWOOD NJ 08701
B	02	01	01	03	36	M	07	08	01	11	04	-	-	JUAN C BRAVOALVAREZ - 67 MOBILE LN TOMS RIVER NJ 08755
C	-													
D	-													

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: _____ Case No: 22-061205

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WAS IN THE RIGHT LANE ON MADISON AVENUE HEADING NORTH BOUND. AS SHE WAS APPROACHING THE INTERSECTION WITH 11TH STREET A PEDESTRIAN PROCEEDED TO CROSS MADISON AVENUE AGAINST A RED TRAFFIC LIGHT FROM 11TH STREET. SHE STOPPED SHORT TO PREVENT A CRASH. ONCE STOPPED SHE WAS STRUCK IN THE REAR BY VEHICLE 2.

DRIVER OF VEHCILE 2 STATED HE WAS TRAVELING NORTH BEHIND VEHCILE 1 AT APPROXIMATLEY "FOUR CAR LENGTHS" AWAY WHEN HE OBSERVED A PEDESTRIAN CROSS IN FRONT OF VEHICLE 1. VEHICLE 1 STOPPED SHORT TO AVOID HITTING THE PEDESTRIAN. HE TRIED TO STOP, BUT INSTEAD CRASHED INTO THE REAR OF VEHCILE 1
THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE WAS FOLLOWING TOO CLOSE. ALSO THE PEDESTRIAN WAS CROSSING AT THE INTERSECTION AGAINST A RED TRAFFIC LIGHT.

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

96	05	1 Case Number	22-061179
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	08/03/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	0829
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	PRINCETON AVE
		Road Name	
		Dir	-
		11 Speed Limit	25
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	10
		15	☒ Feet ☐ Miles
		16	☒ N ☐ E ☐ S ☐ W
		of:	E. KENNEDY BLVD
		16 Speed Limit	35
		17 Cross Road Name	
		19 Ramp	☐ To ☐ From: -
			☐ NB ☐ EB ☐ SB ☐ WB
		20 Route/Name	
		21 Latitude	40.106292
		22 Longitude	-74.210494
118a	02		
118b	04		
119a	85		
119b	-		
120a	01		
120b	01		
121a	00		
121b	00		
122	03		
123	43		
124	03		
125	03		
126a	22		
126b	-		
126c	-		
126d	-		
126e	22		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	-		
131	06		
132	-		
133	01		
134	-		

Vehicle 1

100b	04	23 Veh #	1
		24 Policy No.	HPA00002771499
		25 NJ Ins. Code	017
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	MELISSA
		Initial	Y
		Last Name	DOMINGUEZ -
		29 Sex	F
103	01	27 Number & Street	39 SHADY LAKE CIRCLE
104	1	28 City	JACKSON
		State	NJ
		Zip	08527
		30 Eyes	2
		DL Class	A
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	13	32 Driver's License Number	D63445378856982
		33 DOB (mm dd yyyy)	06/04/1998
		34 Expires (mm yy)	06 23
106	-	35 Owner's ☐ Same As Driver	ADOLFO A HILARIOBONILLA -
107	-	36 Number & Street	562 OCEAN AVE
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	-	38 Make	HOND
		39 Model	ACC
		40 Color	BLK
		41 Year	2018
		42 Plate No.	J53NDT
		43 State	NJ
110	01	44 VIN	1HGCV1F3XJA138504
		45 Expires	12 21
111	-	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test Given:	☒ No ☐ Yes ☐ Refused
115	-	Type:	☐ Breath ☐ Blood ☐ Urine
		Results: 0. - %	☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
		Hazard Class	
		Placard No.	
116	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	-	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	

Vehicle P

53 Veh #	P	
54 Policy No.	-	
55 NJ Ins. Code	-	
☐ Parked ☒ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name	ROSA	
Initial	M	
Last Name	CORDOVA -	
59 Sex	F	
57 Number & Street	177 SOUTH ST G5	
58 City	FREEHOLD	
State	NJ	
Zip	07728	
60 Eyes	-	
DL Class	-	
Restrictions	-	
Endorsements	-	
61 State	-	
62 Driver's License Number	-	
63 DOB (mm dd yyyy)	01/05/1974	
64 Expires (mm yy)	- -	
65 Owner's ☐ 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	39:3-74	A294703			
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	24	F	-	-	-	04	00	-	-	MELISSA Y DOMINGUEZ - 39 SHADY LAKE CIRCLE JACKSON NJ 08527
B														
C														
D														

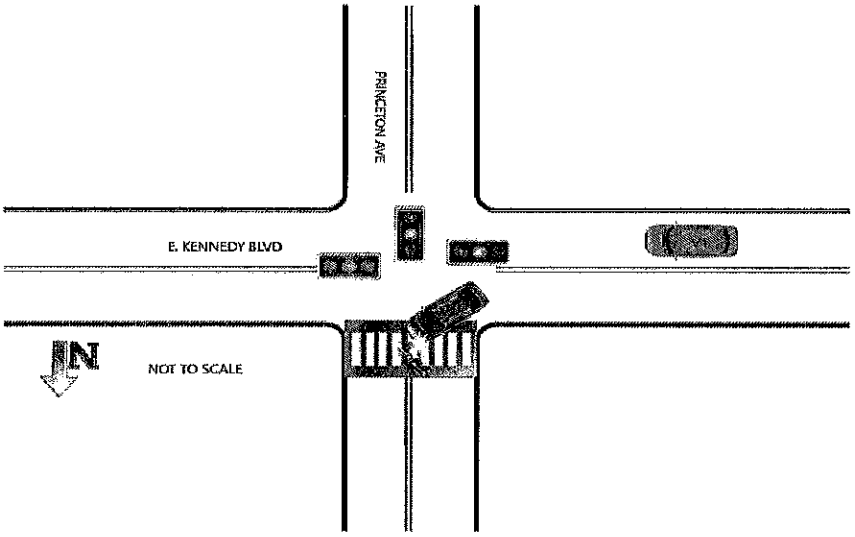
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061179

(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

Ptl. Vega#348 and I responded to the intersection of E. Kennedy Blvd and Princeton Ave for a pedestrian motor vehicle accident. Ptl. Seunath and Hatzolah Ems were on location when we arrived and the pedestrian who was struck was said to have a head injury. The pedestrian, identified as Rosa Cordova, was in the ambulance and was transported to Jersey Shore Medical Center.
I spoke with the driver of vehicle one (V1) and she stated she was traveling east on E. Kennedy Blvd and began turning left onto Princeton Ave when she struck the pedestrian. The driver of V1 stated that the pedestrian was traveling east in the crosswalk and that she did not see the pedestrian. It should be noted that V1 had dark window tint on every window, including the front windshield. The driver of V1 was uninjured and there was no damage observed to her vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	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	22-061306
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	05	4 Date of Crash (mm dd yy)	08/03/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1741
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
		10 Crash Occurred On:	CEDARBRIDGE AVE
		Road Name	
		Dir	-
		11 Speed Limit	50
		12 Route No.	0528
		Suffix	-
		13 Milepost	-
		14	☒ At Intersection With ☐ Feet ☐ Miles
		15	☐ N ☐ E ☐ S ☐ W
		16	of: AIRPORT RD
		18 Speed Limit	50
		19 Ramp	☐ To ☐ From: -
		17 Cross Road Name	-
		20 Route/Name	-
		21 Latitude	-
		22 Longitude	-
		118a	04
		118b	-
		119a	25
		119b	-
		120a	01
		120b	-
		121a	01
		121b	-
		122	03
		123	01
		124	03
		125	03
		126a	26
		126b	-
		126c	-
		126d	-
		126e	26
		127a	26
		127b	-
		127c	-
		127d	-
		127e	26
		128	26
		129	12
		130	12
		131	12
		132	12
		133	04
		134	04

☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	1
101	02	24 Policy No.	HPA125AA694693
		25 NJ Ins. Code	411
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	STEFANOS
		Initial	T
		Last Name	KOUKOUNAS
		29 Sex	M
103	01	27 Number & Street	1778 CALICO LN
104	2	28 City	TOMS RIVER
		State	NJ
		Zip	08753
		30 Eyes	02
		DL Class	A
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	04	32 Driver's License Number	K68037218303962
		33 DOB (mm dd yyyy)	03/14/1996
		34 Expires (mm yy)	03 25
106	-	35 Owner's First Name	☐ Same As Driver TRYFON
		Initial	-
		Last Name	KOUKOUNAS
107	-	36 Number & Street	1012 WILLOW AVE.APT 1
108	01	37 City	HOBOKEN
		State	NJ
		Zip	07030
109	05	38 Make	HOND
		39 Model	ACC
		40 Color	4
		41 Year	2001
		42 Plate No.	U72KUP
		43 State	NJ
110	01	44 VIN	JHMCG66001C023943
		45 Expires	12 22
111	01	46 Vehicle Removed To	BARINA'S AUTOMOTIVE
112	-		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			- Hazard Class - Placard No.
116	04	50 Carrier No.	☐ USDOT - ☒ None
117	02		☐ 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	-

		53 Veh #	2
		54 Policy No.	6073182852061
		55 NJ Ins. Code	884
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
		56 Driver's First Name	DONNIE
		Initial	-
		Last Name	FRAZER
		59 Sex	M
		57 Number & Street	436 N LAKE SHORE DR
		58 City	BRICK
		State	NJ
		Zip	08723
		60 Eyes	2
		DL Class	B
		Restrictions	-
		Endorsements	-
		61 State	NJ
		62 Driver's License Number	F72521740007662
		63 DOB (mm dd yyyy)	07/13/1966
		64 Expires (mm yy)	07 26
		65 Owner's First Name	☐ Same As Driver DONNIE
		Initial	-
		Last Name	FRAZER
		66 Number & Street	436 N LAKE SHORE DR
		67 City	BRICK
		State	NJ
		Zip	08723
		68 Make	DODG
		69 Model	RAM
		70 Color	4
		71 Year	2005
		72 Plate No.	S63PDV
		73 State	NJ
		74 VIN	1D7HU18N15S124034
		75 Expires	09 22
		76 Vehicle Removed To	BARINA'S AUTOMOTIVE
			☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
		77 Authority	☒ Owner ☐ Driver ☐ Police
		78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
			Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		79 Hazardous Material	☒ None ☐ On Board ☐ Spill
			- Hazard Class - Placard No.
		80 Carrier No.	☐ USDOT - ☒ None
			☐ MC/MX -
		81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
		82 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	A294385	-		-
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	26	M	-	-	-	11	04	-	-	STEFANOS T KOUKOUNAS - 1778 CALICO LN TOMS RIVER NJ 08753
B	V2	01	01	04	56	M	06	08	02	11	04	-	6502	DONNIE - FRAZER - 436 N LAKE SHORE DR BRICK NJ 08723
C														
D														

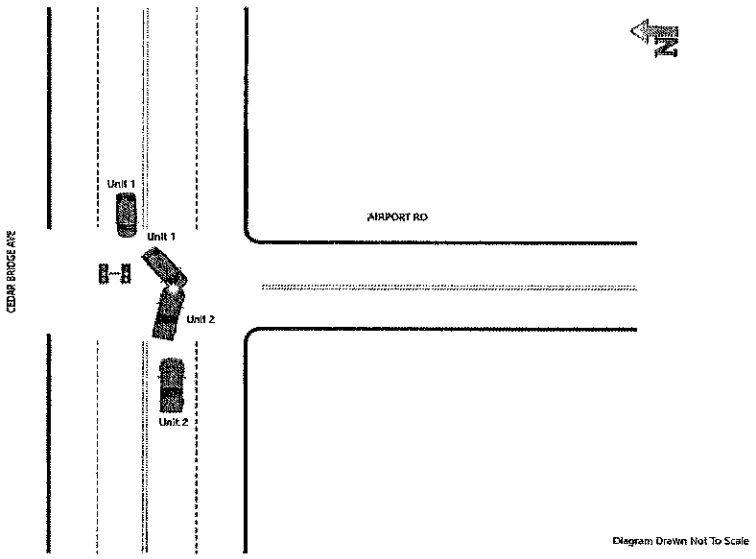
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061306

(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 WHILE ON CEDAR BRIDGE AVE AT THE INTERSECTION WITH AIRPORT RD HE WAS MAKING LEFT HAND TURN BUT FAILED DUE TO V2 COMING FROM THE OPPOSITE DIRECTION RESULTING IN A CRASH AT THE INTERSECTION. D2 OF V2 STATED TO ME THAT HE WAS TRAVELING EAST ON CEDAR BRIDGE AVE NEAR AIRPORT RD INTERSECTION WHEN V1 TURNED IN FRONT OF HIM CAUSING THE COLLISION. D2 COMPLAINED OF PAIN TO HIS BACK AND WAS TRASPORTED TO THE HOSPITAL. BASED ON MY OBSERVATIONS I DETERMINED THAT D1 OF V1 WAS AT FAULT FOR FAILURE TO YIELD RIGHT OF WAY TO V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ZAVALNYUK T	359	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-061305

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

3 Station/Precinct:

10 Crash Occurred On: FINCHLEY BLVD — ☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 600 (14) — ☐ N ☐ E ☐ S ☒ W (15) — of: RIVER AVE

11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 50

19 Ramp ☐ To ☐ From: — 17 Cross Road Name — ☐ NB ☐ EB ☐ SB ☐ WB (16)

20 Route/Name — 21 Latitude — 22 Longitude

4 Date of Crash (mm dd yy): 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1738 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.060975 — 22 Longitude: -74.222097

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F843286-6 — 25 NJ Ins. Code: 426

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

26 Driver's First Name: MOSHE — Initial: - — Last Name: ROTHENBERG — 29 Sex: M

27 Number & Street: 4 GRANT AVE

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

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

32 Driver's License Number: R67655670005032 — 33 DOB (mm dd yyyy): 05/23/2003 — 34 Expires (mm yy): 05 25

35 Owner's First Name: YOSEF — Initial: A — Last Name: ROTHENBERG

☐ Same As Driver

36 Number & Street: 4 GRANT AVE

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

38 Make: CHEV — 39 Model: BOL — 40 Color: GRY — 41 Year: 2020 — 42 Plate No.: P61NCX — 43 State: NJ

44 VIN: 1G1FY6S02L4147283 — 45 Expires: 12 23

46 Vehicle Removed To:

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity — Number & Street — City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: PAA80002109091 — 55 NJ Ins. Code: 963

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

56 Driver's First Name: MOSHE — Initial: - — Last Name: GREEN — 59 Sex: M

57 Number & Street: 53 FINCHLEY BLVD

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

60 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: G73055670004805 — 63 DOB (mm dd yyyy): 04/30/1980 — 64 Expires (mm yy): 04 25

65 Owner's First Name: MOSHE — Initial: - — Last Name: GREEN

☐ Same As Driver

66 Number & Street: 53 FINCHLEY BLVD

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

68 Make: TOYT — 69 Model: AVA — 70 Color: 3 — 71 Year: 2012 — 72 Plate No.: S33FSR — 73 State: NJ

74 VIN: 4T1BK3DB5CU463289 — 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 ☐ MC/MX ☒ None

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

82 Motor Carrier or Government Entity — Number & Street — City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	M	-	-	-	11	04	-	-	MOSHE - ROTHENBERG - 4 GRANT AVE LAKEWOOD NJ 08701
B	02	01	01	05	42	M	-	-	-	11	04	-	-	MOSHE - GREEN - 53 FINCHLEY BLVD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

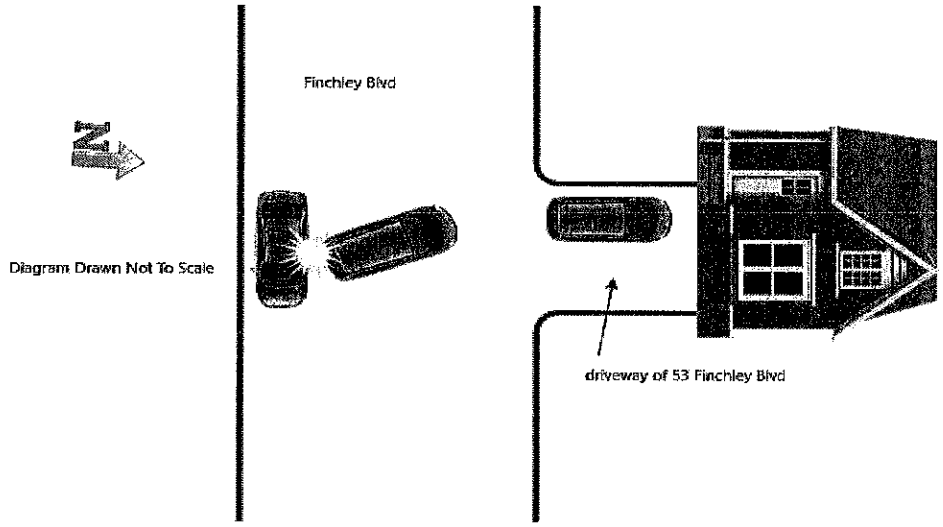
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-061305

(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

Driver of vehicle 1 stated he was Eastbound on Finchley Blvd. He stated as he was going forward, vehicle 2 backed out of the driveway of 53 Finchley Blvd and crashed into the side of his vehicle.

Driver of vehicle 2 stated he was backing out of the driveway of 53 Finchley Blvd but crashed into the side of vehicle 1. He stated he did not see vehicle 1 when he was backing out.

In my investigation I find vehicle 2 at fault for driver inattention and backing unsafely as vehicle 2 needs to make sure it is safe before backing up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	02
104	1
105	15
106	02
107	-
108	05
109	-
110	02
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 22-061304

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

3 Station/Precinct:

10 Crash Occurred On: 3 FAIRWAYS BLVD — Road Name — Dir — 11 Speed Limit — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

☐ At Intersection With

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
08/03/22	WEDNESDAY	1722	1514	--	--	40.057740	-74.229961

118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
21	-	-	-	01	-	-	-	01	-	11	-	39	-	-	-	39	-	-	-	-	-	-	12	12	-	-	01	-

Vehicle 1

23 Veh #: 1

24 Policy No.: 648795502

25 NJ Ins. Code: 012

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

26 Driver's First Name: MORDECHAI — Initial: J — Last Name: MINTZ — 29 Sex: M

27 Number & Street: 65 WHITE RD

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

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

32 Driver's License Number: M45295637104614 — 33 DOB (mm dd yyyy): 04/26/1961 — 34 Expires (mm yy): 04 24

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: PS & R HVAC LLC -

36 Number & Street: 91 GUDZ RD

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

38 Make: TOYT — 39 Model: TUN — 40 Color: BRZ — 41 Year: 2016 — 42 Plate No.: R32GBZ — 43 State: NJ

44 VIN: 5TFAY5F12GX498455 — 45 Expires: 11 22

46 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: -

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 ☐ Same As Driver — First Name: - — Initial: - — Last Name: -

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: - ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT - ☐ 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	61	M	-	-	-	11	04	-	-	MORDECHAI J MINTZ - 65 WHITE RD JACKSON NJ 08527
B														
C														
D														

New Jersey Police
Crash Investigation Report

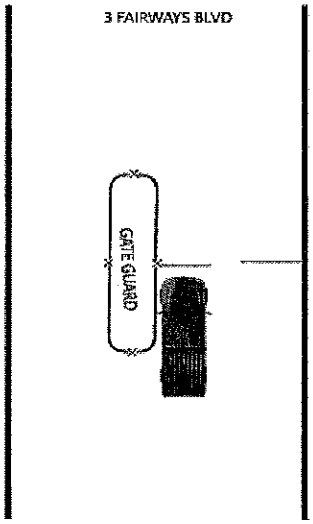
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-061304

(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

The driver of vehicle #1 reported that he thought the gate guard waived him through when he saw the gate to his right open and thought he could enter. The bar did not open in front of his lane when he proceeded forward and knocked the bar from its mount.

There were no injuries reported at the scene. There was no damage to vehicle #1. The bar for the gate was partially crushed and knocked from its mounting point.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	4
105	01
106	-
107	-
108	PCA
109	PCA
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-061284

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

3 Station/Precinct: -

10 Crash Occurred On: PINE ST — Road Name — Dir: -

☐ At Intersection With ☒ Feet ☐ Miles — 14 — 15

☐ N ☒ E ☐ S ☐ W of: WASHINGTON AVE — 16

11 Speed Limit: 40 — 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: 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1515 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.075369 — 22 Longitude: -74.206250

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 0704842080 — 25 NJ Ins. Code: 945

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

26 Driver's First Name: ARYEH — Initial: E — Last Name: BLECH — 29 Sex: M

27 Number & Street: 11 SEQUOIA ST

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

30 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: B52190626507026 — 33 DOB mm dd yyyy: 07/31/2002 — 34 Expires mm yy: 07 23

35 Owner's ☐ Same As Driver — First Name: ISRAEL — Initial: A — Last Name: BLECH

36 Number & Street: 11 SEQUOIA ST

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

38 Make: TOYT — 39 Model: SIE — 40 Color: BLU — 41 Year: 2012 — 42 Plate No.: S27MHG — 43 State: NJ

44 VIN: 5TDKK3DC4CS210014 — 45 Expires: 03 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 - ☐ 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.: 4607-14-35-69 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: CHAYA — Initial: R — Last Name: MILLER — 59 Sex: F

57 Number & Street: 2 SEA POINT DR

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

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M43581227951862 — 63 DOB mm dd yyyy: 01/02/1986 — 64 Expires mm yy: 01 24

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

66 Number & Street: 15 SHEMEN STREET

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

68 Make: HOND — 69 Model: ODY — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: Z35MBE — 73 State: NJ

74 VIN: 5FNRL6H78LB008131 — 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 - ☐ 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	20	M	-	-	-	11	11	04	-	ARYEH E BLECH - 11 SEQUOIA ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	36	F	-	-	-	11	04	-	-	CHAYA R MILLER - 2 SEA POINT DR LAKEWOOD NJ 08701 - -
C	02	04	01	05	2	M	-	-	-	05	05	-	-	JOSEPH - MILLER - 2 SEAPOINT DR LAKEWOOD NJ 08701 - -
D	02	05	01	05	6	M	-	-	-	04	04	-	-	DAVID - MILLER - 2 SEAPOINT DR LAKEWOOD NJ 08701 - -

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	4
105	01
106	-
107	-
108	PCAI
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-061284

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

3 Station/Precinct: -

10 Crash Occurred On: PINE ST — 11 Speed Limit: 40

☐ At Intersection With — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

☒ Feet ☐ Miles — 14: 50 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: WASHINGTON AVE — 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): 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1515 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.075369 — 22 Longitude: -74.206250

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

Vehicle 3

23 Veh #: 3 — 24 Policy No.: 606318777 206 1 — 25 NJ Ins. Code: 884

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

26 Driver's First Name: SARA — Initial: - — Last Name: TOLCHIN — 29 Sex: F

27 Number & Street: 110 SOUTHFIELD DR

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: T62216910060962 — 33 DOB (mm dd yyyy): 10/15/1996 — 34 Expires (mm yy): 10 25

35 Owner's ☐ Same As Driver — First Name: YOCHANAN — Initial: - — Last Name: TOLCHIN

36 Number & Street: 110 SOUTHFIELD DRIVE

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

38 Make: HYUN — 39 Model: ION — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: M66MKX — 43 State: NJ

44 VIN: KMHC75LD4KU158398 — 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 4

53 Veh #: 4 — 54 Policy No.: 4592-57-22-51 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: SAMANTHA — Initial: L — Last Name: TEREFENKO — 59 Sex: F

57 Number & Street: 3449 EAST THISTLE AVE

58 City: TOMS RIVER — State: NJ — Zip: 08755

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: T26726877353926 — 63 DOB (mm dd yyyy): 03/04/1992 — 64 Expires (mm yy): 03 25

65 Owner's ☐ Same As Driver — First Name: SAMANTHA — Initial: L — Last Name: TEREFENKO

66 Number & Street: 3449 EAST THISTLE AVE

67 City: TOMS RIVER — State: NJ — Zip: 08755

68 Make: JEEP — 69 Model: GRA — 70 Color: WHI — 71 Year: 2021 — 72 Plate No.: U11NXM — 73 State: NJ

74 VIN: 1C4RJKEGXM8128596 — 75 Expires: 08 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	02	06	01	05	3	F	-	-	-	05	05	-	-	RIVKA - MILLER - 2 SEAPOINT DR LAKEWOOD NJ 08701 - -
B	03	01	01	05	25	F	-	-	-	11	-	-	-	SARA - TOLCHIN - 110 SOUTHFIELD DR LAKEWOOD NJ 08701 - -
C	03	04	01	05	17M	F	-	-	-	06	06	-	-	GITTI - TOLCHIN - 110 SOUTHFEILD DE LAKEWOOD NJ 08701 - -
D	04	01	01	05	30	F	-	-	-	11	04	-	-	SAMANTHA L TEREFENKO - 3449 EAST THISTLE AVE TOMS RIVER NJ 08755 - -

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-061284

(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	04	06	01	05	2	M	-	-	-	05	05	-	-	PARKER - JANUSZ - 3449 EAST THISTLE AVE TOMS RIVER NJ 08755 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)

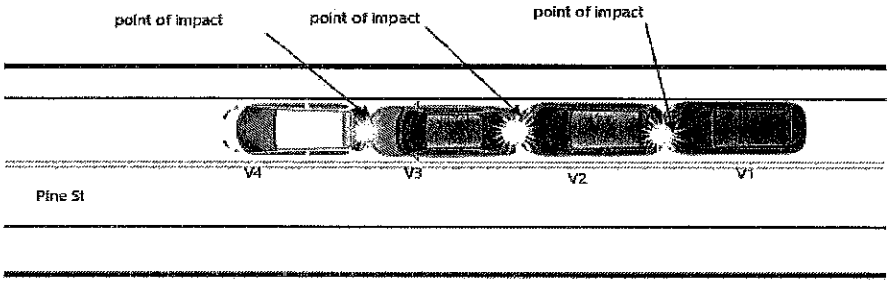


Diagram Drawn Not To Scale

145 Crash Description/Narrative

V1 was traveling east bound on Pine St when it rear ended V2.

Drive 1 related he was traveling east bound on Pine St when he rear ended V2. He stated that he was distracted and did not notice that V2 was slowing down in traffic and he was unable to stop his vehicle resulting in him colliding with V2.

Driver 2 related she was traveling east bound on Pine St slowing down in traffic when she was struck by V1 in the rear of her vehicle causing her to rear end V3.

Driver 3 related she was traveling east bound on Pine St slowing down in traffic when her vehicle was rear ended by V2 causing her to rear end V4.

Driver 4 related she was traveling east bound on Pine St slowing down in traffic when her vehicle was rear ended by V3.

Based on statements from involved parties and my observation at the scene and damages to the vehicles, I determine that driver of V1 is at fault due to following to closely and driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-061276
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	08/03/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1451
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100b	05	23 Veh #	1
		24 Policy No.	4025306772
		25 NJ Ins. Code	101
101	02	26 Driver's First Name	THOMAS
		Initial	J
		Last Name	DIMARSICO
		29 Sex	M
102	01	27 Number & Street	115 OLD SHORT HILLS RD 413
103	01	28 City	WEST ORANGE
		State	NJ
		Zip	07052
104	2	30 Eyes	5
		DL Class	B
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	D44157407110645
		33 DOB (mm dd yyyy)	10/26/1964
		34 Expires (mm yy)	10 23
106	-	35 Owner's First Name	THOMAS
		Initial	J
		Last Name	DIMARSICO
		☐ Same As Driver	
107	-	36 Number & Street	115 OLD SHORT HILLS RD 413
108	01	37 City	WEST ORANGE
		State	NJ
		Zip	07052
109	01	38 Make	MAZD
		39 Model	CX
		40 Color	GRY
		41 Year	2014
		42 Plate No.	T47NEC
		43 State	NJ
110	01	44 VIN	JM3KE4CY7E0392282
		45 Expires	01 23
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
112	-		
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No. -
116	04	50 Carrier No.	☐ USDOT - ☒ None
117	04		☐ 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	-

118a	09	10 Crash Occurred On:	OAK ST
		11 Speed Limit	40
		Road Name	-
		Dir	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
118b	-		☐ At Intersection With ☒ Feet ☐ Miles (14 5 15) ☐ N ☐ E ☐ S ☐ W of: NEW HAMPSHIRE AVE
		18 Speed Limit	50
119a	25	19 Ramp	☐ To ☐ From: -
		17 Cross Road Name	-
			☐ NB ☐ EB ☐ SB ☐ WB
119b	-	20 Route/Name	
		21 Latitude	40.060397
		22 Longitude	-74.195006
120a	01	53 Veh #	2
		54 Policy No.	NJSS218993136
		55 NJ Ins. Code	217
120b	-		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
121a	01	56 Driver's First Name	ROCHEL
		Initial	-
		Last Name	STAUBER
		59 Sex	F
121b	-	57 Number & Street	35 PENNSYLVANIA AVE
		58 City	JACKSON
		State	NJ
		Zip	08527
122	06	60 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
123	06	62 Driver's License Number	S81596600051952
		63 DOB (mm dd yyyy)	01/01/1995
		64 Expires (mm yy)	01 25
124	04	65 Owner's First Name	DOVID
		Initial	Y
		Last Name	STAUBER
		☐ Same As Driver	
125	03	66 Number & Street	418 7TH ST APT 25G
126a	26	67 City	LAKEWOOD
		State	NJ
		Zip	08701
126b	-	68 Make	KIA
		69 Model	FOR
		70 Color	1
		71 Year	2018
		72 Plate No.	S33LYV
		73 State	NJ
126c	-	74 VIN	3KPFL4A72JE224030
		75 Expires	10 22
126d	-	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
126e	26	77 Authority	☐ Owner ☒ Driver ☐ Police
127a	26	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
127b	-		Type: ☐ Breath ☐ Blood ☐ Urine
127c	-		Results: 0. - % ☐ Pending
		79 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No. -
127d	-	80 Carrier No.	☐ USDOT - ☒ None
			☐ MC/MX -
127e	26	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
128	26	82 Motor Carrier or Government Entity	-
129	12	Number & Street	-
130	12	City	-
		State	-
		Zip	-
131	06	135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
132	06	Oper. / 136 Charge / 137 Summons. No.	/ /
		Oper. / 138 Charge / 139 Summons. No.	/ /
133	02	Oper. / 140 Charge / 141 Summons. No.	/ /
		Oper. / 142 Charge / 143 Summons. No.	/ /
134	02	Names & Addresses of Occupants - If Deceased, Date & Time of Death	

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	57	M	-	-	-	11	04	-	-	THOMAS J DIMARSICO - 115 OLD SHORT HILLS R WEST ORANGE NJ 07052
B	02	01	01	05	27	F	-	-	-	11	04	-	-	ROCHEL - STAUBER - 35 PENNSYLVANIA AVE JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

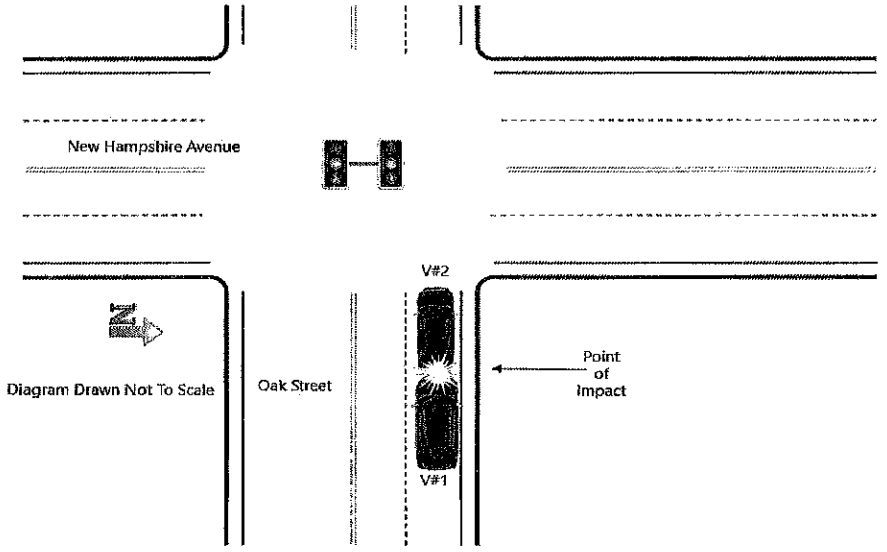
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-061276

(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 Deptt	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

Both drivers were traveling West on Oak Street, and were stopped at the traffic light for New Hampshire Avenue. Both drivers were waiting to make a right turn onto New Hampshire Avenue Northbound. Driver #1 said he looked for oncoming traffic and thought that driver #2 was going and when he began to inch up he struck vehicle #2 in the rear. No reported injuries. I found driver #1 at fault for the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERRILL D	323	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061271

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

3 Station/Precinct:

10 Crash Occurred On: RIVER AVE — N — 11 Speed Limit: 35 — 12 Route No. - — Suffix - — 13 Milepost -

☒ At Intersection With — Road Name: PINE ST — Dir: ☒ N ☐ E ☐ S ☐ W — 18 Speed Limit: 35

☐ Feet ☐ Miles — 14 - — 15 — 16

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

4 Date of Crash (mm dd yy): 08/03/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1432 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 2

20 Route/Name: — 21 Latitude: 40.079275 — 22 Longitude: -74.216493

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4327287324 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: REBEKAH — Initial: L — Last Name: SPRINGFIELD — 29 Sex: F

27 Number & Street: 347 BARTLEY RD

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

30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S71086457362035 — 33 DOB (mm dd yyyy): 12/10/2003 — 34 Expires (mm yy): 12 24

35 Owner's ☐ Same As Driver — First Name: AARON — Initial: P — Last Name: SPRINGFIELD -

36 Number & Street: 347 BARTLEY RD

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

38 Make: NISS — 39 Model: VER - VE — 40 Color: GRY — 41 Year: 2013 — 42 Plate No.: C59NBT — 43 State: NJ

44 VIN: 3N1CN7AP3DL827473 — 45 Expires: 12 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.: 939427333 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: NISON — Initial: - — Last Name: MOZES - — 59 Sex: M

57 Number & Street: 335 CAREY ST

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: M69285940004812 — 63 DOB (mm dd yyyy): 04/05/1981 — 64 Expires (mm yy): 04 23

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

66 Number & Street: 335 CAREY ST

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

68 Make: KIA — 69 Model: SPO — 70 Color: BLK — 71 Year: 2023 — 72 Plate No.: Y95PYE — 73 State: NJ

74 VIN: KNDPUCAF9P7051196 — 75 Expires: 05 25

76 Vehicle Removed To:

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT ☐ 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	39:4-97	A294704			

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	18	F	02	08	02	04	00	01	6502	REBEKAH L SPRINGFIELD - 347 BARTLEY RD JACKSON NJ 08527
B	02	01	01	04	41	M	06	08	01	04	00	-	-	NISON - MOZES - 335 CAREY ST LAKEWOOD NJ 08701
C														
D														

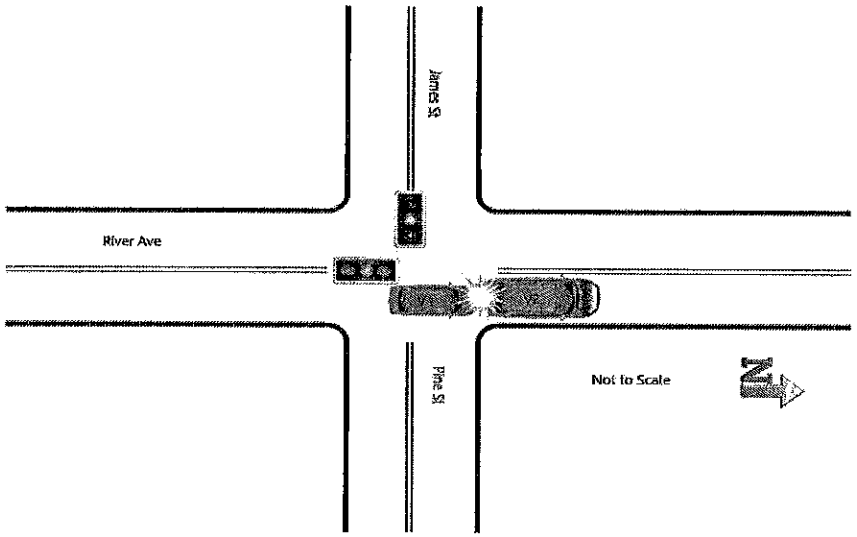
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061271

(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

Ptl. Vega #348 and I responded to River Ave and Pine St for a two car motor vehicle accident. Upon arrival I observed two vehicles pulled over on the side of the north bound side of the roadway.
I made contact with the driver of vehicle one (V1) and she stated she was traveling north on River Ave and she looked down for a second and when she looked back up in the roadway V2 was stopped in traffic and she struck V2. Front air bag deployment occurred in V1 and Lakewood Ems responded and transported the driver of V1 to Kimball for complaint of pain to her face. V1 was towed by Barina's Towing.
I spoke with the driver of V2 and he stated he was stopped in traffic in the north lane of River Ave when V1 struck the rear of his vehicle. The driver of V2 had complaint of pain in his back, however did not want to go to the hospital at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	01	1 Case Number	22-061257
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	08/03/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1319
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CLIFTON AVENUE
		Road Name	
		☐ At Intersection With	
		☒ Feet ☐ Miles	50
		☐ N ☐ E ☒ S ☐ W	
		of:	5TH STREET
		Dir	-
		11 Speed Limit	35
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14 Speed Limit	25
		15	
		16	
		17 Cross Road Name	-
		18 Ramp ☐ To ☐ From:	
		19	
		20 Route/Name	
		21 Latitude	-
		22 Longitude	-
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	05		
123	01		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	11		
130	11		
131	01		
132	01		
133	04		
134	03		

100b	04	23 Veh #	1	24 Policy No.	6100017661	25 NJ Ins. Code	100	53 Veh #	2	54 Policy No.	1315809E0130D	55 NJ Ins. Code	962						
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run											
102	01	26 Driver's First Name	GOLDY	Initial	-	Last Name	GESTETNER	29 Sex	F	56 Driver's First Name	FIDEL	Initial	M	Last Name	CASTILLO	59 Sex	M		
103	01	27 Number & Street	419 RIDGE AVE							57 Number & Street	213 SUSAN DR								
104	2	28 City	LAKEWOOD	State	NJ	Zip	08701			58 City	LAKEWOOD	State	NJ	Zip	08701				
		30 Eyes	-	DL Class	-	Restrictions	-	Endorsements	-	31 State	PQ	60 Eyes	BR	DL Class	-	Restrictions	-	Endorsements	-	61 State	NJ
105	02	32 Driver's License Number	G233414020202	33 DOB (mm dd yyyy)	02/14/2002	34 Expires mm	02	yy	26	62 Driver's License Number	C07762637409812	63 DOB (mm dd yyyy)	09/02/1981	64 Expires mm	09	yy	25		
106	-	35 Owner's First Name	☐ Same As Driver	MORDECHAI	Initial	-	Last Name	BRAUN	-	65 Owner's First Name	☒ Same As Driver	FIDEL	Initial	M	Last Name	CASTILLO	-		
107	-	36 Number & Street	419 RIDGE AVE							66 Number & Street	213 SUSAN DR								
108	01	37 City	LAKEWOOD	State	NJ	Zip	08701			67 City	LAKEWOOD	State	NJ	Zip	08701				
109	01	38 Make	HYUN	39 Model	SON	40 Color	BLK	41 Year	2012	42 Plate No.	S16PWC	43 State	NJ	68 Make	HOND	69 Model	HRV	70 Color	SIL
		71 Year	2017	72 Plate No.	H84PGV	73 State	NJ												
110	01	44 VIN	5NPEC4AB6CH388752	45 Expires	03	23		74 VIN	3CZRU6H33HM702149	75 Expires	11	22							
111	01	46 Vehicle Removed To	G.A.M AUTO SERVICE					76 Vehicle Removed To	-										
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded						☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded											
		☐ Left At Scene ☐ Towed Impounded						☐ Left At Scene ☐ Towed Impounded											
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police					77 Authority	☐ Owner ☒ Driver ☐ Police										
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused					78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused										
115	-	Type: ☐ Breath ☐ Blood ☐ Urine						Type: ☐ Breath ☐ Blood ☐ Urine											
116	01	Results: 0.- % ☐ Pending						Results: 0.- % ☐ Pending											
117	01	49 Hazardous Material	☒ None ☐ On Board ☐ Spill					79 Hazardous Material	☒ None ☐ On Board ☐ Spill										
		Hazard Class	-	Placard No.	-			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	V1	01	01	05	20	F	-	-	-	11	04	-	-	GOLDY - GESTETNER - 419 RIDGE AVE LAKEWOOD NJ 08701
B	V1	03	01	05	24	M	-	-	-	11	04	-	-	MORDECHAI - BRAUN - 419 RIDGE AVE LAKEWOOD NJ 08701
C	V2	01	01	05	40	M	-	-	-	11	04	-	-	FIDEL M CASTILLO - 213 SUSAN DR LAKEWOOD NJ 08701
D														

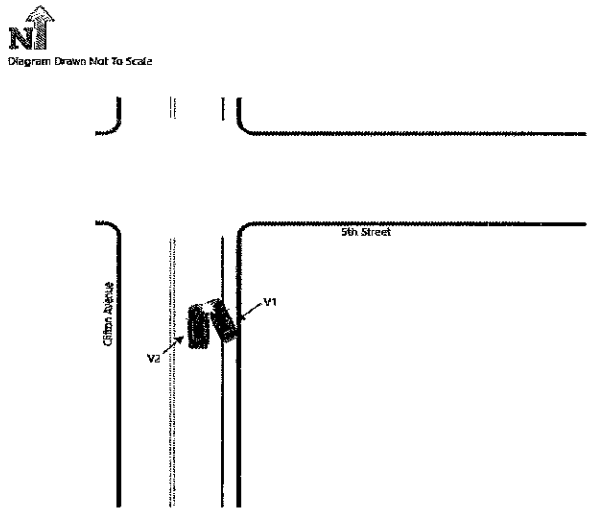
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061257

(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 ATTEMPTING TO ENTER THE ROADWAY FROM THE PARKING SPOTS ON THE SIDE OF THE ROAD WHEN SHE MADE CONTACT WITH VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING NORTH ON CLIFTON AVENUE WHEN VEHICLE 1 MADE CONTACT WITH HIS VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE FAILED TO YIELD TO ONCOMING VEHICLES THAT HAD THE RIGHT OF WAY.

NO INJURIES WERE REPORTED ON SCENE, AND VEHICLE 1 WAS TOWED BY A PERSONAL TOW COMPANY.

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

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

1 Case Number: 22-061328

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

3 Station/Precinct:

10 Crash Occurred On: 1ST ST

☐ At Intersection With | Road Name | Dir

☒ Feet ☐ Miles: 150 (14) (15)

☐ N ☐ E ☐ S ☒ W of: CLIFTON AVE (16)

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:

21 Latitude: 40.091152 | 22 Longitude: -74.214425

4 Date of Crash (mm dd yy): 08/03/22 | 5 Day Of Week: WEDNESDAY | 6 Time (use 2400 hrs): 2110 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 2

118a	08
118b	04
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	01
124	08
125	04
126a	05
126b	26
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	07
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 959628495 | 25 NJ Ins. Code: 135

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

26 Driver's First Name: SOLEDAD | Initial: - | Last Name: HERNANDEZPOMPA - | 29 Sex: F

27 Number & Street: 117 FINCHLEY BLVD

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

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

31 State: NJ

32 Driver's License Number: H27187170058602 | 33 DOB (mm dd yyyy): 08/27/1960 | 34 Expires (mm yy): 08 25

35 Owner's ☐ Same As Driver | First Name: MIGUEL | Initial: - | Last Name: SUAREZACA -

36 Number & Street: 117 FINCHLEY BLVD

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

38 Make: HOND | 39 Model: CIV | 40 Color: RD | 41 Year: 2006 | 42 Plate No.: C83RBP | 43 State: NJ

44 VIN: 1HGFA16886L101662 | 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.: 31317707 | 55 NJ Ins. Code: 135

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

56 Driver's First Name: JESUS | Initial: - | Last Name: HERNANDEZ-ZOZAY/- | 59 Sex: M

57 Number & Street: 104 DEE CT

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

60 Eyes: 2 | DL Class: D | Restrictions: - | Endorsements: -

61 State: NJ

62 Driver's License Number: H27184010001752 | 63 DOB (mm dd yyyy): 01/05/1975 | 64 Expires (mm yy): 01 24

65 Owner's ☐ Same As Driver | First Name: JESUS | Initial: - | Last Name: HERNANDEZ-ZOZA'-

66 Number & Street: 104 DEE CT

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

68 Make: TOYT | 69 Model: SEQ | 70 Color: RD | 71 Year: 2007 | 72 Plate No.: M76HUP | 73 State: NJ

74 VIN: 5TDBT44A17S291805 | 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 ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	294731	1	39:4-97	294732
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	61	F	-	-	-	11	04	-	-	SOLEDAD - HERNANDEZPOMPA - 117 FINCHLEY BLVD LAKEWOOD NJ 08701
B	2	01	01	04	47	M	06	08	02	11	04	-	6502	JESUS - HERNANDEZ-ZOZAYA - 104 DEE CT LAKEWOOD NJ 08701
C	3	03	01	04	16	M	06	08	02	11	04	-	6502	JESUS - HERNANDEZ - 104 DEE CT LAKEWOOD NJ 08701
D														

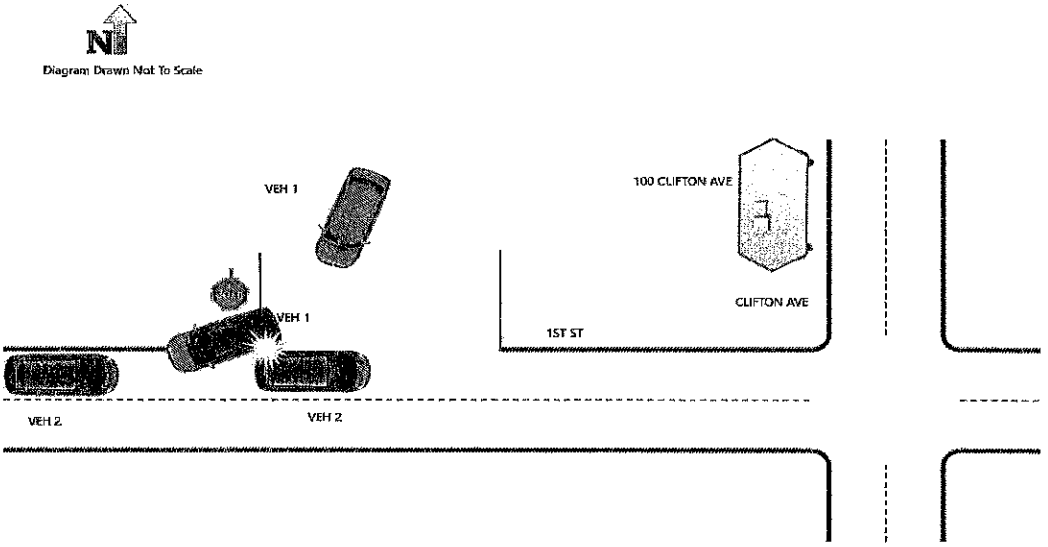
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061328

(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

VEHICLE ONE WAS TRAVELING SOUTH IN THE MUNICIPAL PARKING LOT BEHIND 100 CLIFTON AVENUE. VEHICLE TWO WAS TRAVELING EAST ON 1ST STREET. VEHICLE ONE EXITED THE PARKING LOT AND TRAVELED OVER THE CURB TO MAKE A RIGHT TURN ONTO 1ST STREET. WHILE DOING SO VEHICLE ONE STRUCK VEHICLE TWO. DRIVER ONE STATED SHE DID NOT SEE VEHICLE TWO WHEN SHE WAS MAKING A RIGHT TURN TO TRAVEL WEST ON 1ST STREET. DRIVER TWO STATED VEHICLE ONE BEGAN DRIVING ERATICALLY THROUGH THE PARKING LOT PRIOR TO DRIVING OVER THE CURB AND STRIKING HIS VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FAILING TO YEILD TO VEHICLE TO AND MAKING AN IMPROPER RIGHT TURN. DRIVER TWO AND PASSENGER TWO SUFFERED A COMPLAINT OF BACK PAIN. DRIVER ONE WAS ISSUED A SUMMONS FOR BEING AND UNLICENSED DRIVER AND CARELESS DRIVING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061317

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/03/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1938

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: HAVENS AVE

☐ At Intersection With Road Name

☒ Feet ☐ Miles: 300

☐ N ☐ E ☐ S ☒ W of: VINE AVE

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: 40.062286

22 Longitude: -74.209387

118a 10 | 118b 02 | 119a 25 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 13 | 123 01 | 124 04 | 125 04 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 26 | 129 06 | 130 06 | 131 02 | 132 04 | 133 03 | 134 03

Vehicle 1

23 Veh #: 1

24 Policy No.: 4595-49-42-30

25 NJ Ins. Code: 148

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

26 Driver's First Name: DAVID | Initial: - | Last Name: HALPERN | 29 Sex: M

27 Number & Street: 57 BRADHURST AVE

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

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: H03161560012932

33 DOB (mm dd yyyy): 12/01/1993

34 Expires (mm yy): 12 26

35 Owner's First Name: DAVID | Initial: - | Last Name: HALPERN

☐ Same As Driver

36 Number & Street: 57 BRADHURST AVE

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

38 Make: TOYT | 39 Model: HIG | 40 Color: WHI | 41 Year: 2022 | 42 Plate No.: L85PTK | 43 State: NJ

44 VIN: 5TDABRCH1NS545732

45 Expires: 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 - ☒ 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.: 5129J006825

55 NJ Ins. Code: 917

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

56 Driver's First Name: CHAIM | Initial: Y | Last Name: KARMEL | 59 Sex: M

57 Number & Street: 13 GOLDERS GREEN RD

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

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

62 Driver's License Number: K06301208812982

63 DOB (mm dd yyyy): 12/18/1998

64 Expires (mm yy): 12 23

65 Owner's First Name: CHAIM | Initial: Y | Last Name: KARMEL

☐ Same As Driver

66 Number & Street: 13 GOLDERS GREEN RD

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

68 Make: FORD | 69 Model: EXP | 70 Color: BLK | 71 Year: 2022 | 72 Plate No.: M93PWM | 73 State: NJ

74 VIN: 1FMSK8FH1NGA43383

75 Expires: 05 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	01	01	01	05	28	M	-	-	-	11	04	-	-	DAVID - HALPERN - 57 BRADHURST AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	23	M	-	-	-	11	04	-	-	CHAIM Y KARMEL - 13 GOLDERS GREEN RD LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-061317

(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)

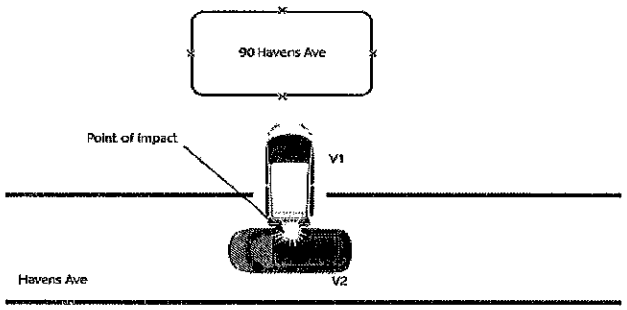


Diagram Drawn Not To Scale

145 Crash Description/Narrative

V1 was backing onto Havens Ave when it struck V2's passenger side of vehicle.

Driver 1 related he was backing out of his driveway (90 Havens Ave) onto Havens Ave when he collided with the passenger side of V2.

Driver 2 related he was traveling east bound on Havens Ave. He stated that V1 suddenly backed into his lane of travel and struck his vehicle on the passenger side causing moderate damage.

Based on statements from the involved parties and my observations at the scene and damages to the vehicles, I determine that driver of V1 is at fault due to backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-061075

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE — 11 Speed Limit: 40

☐ At Intersection With — Road Name: OCEAN AVENUE — Dir: - — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ Feet ☒ N ☐ E of: — 18 Speed Limit: 40

20 ☐ Miles ☐ S ☐ W

14 15 16

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): 08/02/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 2255 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1270759-C06-30 — 25 NJ Ins. Code: 962

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

26 Driver's First Name: SERVANDO — Initial: - — Last Name: HERNANDEZ-MENDE - — 29 Sex: M

27 Number & Street: 1800 5TH ST

28 City: TOMS RIVER — State: NJ — Zip: 08757

30 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 10/23/1990 — 34 Expires (mm yy): - -

35 Owner's First Name: MARIA — Initial: S — Last Name: BLANCOCRUZ - ☐ Same As Driver

36 Number & Street: 1338 PARIS CT

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

38 Make: CHEV — 39 Model: EXP - EX — 40 Color: WHI — 41 Year: 2009 — 42 Plate No.: XKMM71 — 43 State: NJ

44 VIN: 1GBHG31C991182916 — 45 Expires: 03 23

46 Vehicle Removed To: TOTAL CAR CARE

☐ 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: 0.17 % ☐ 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.: 17043688 — 55 NJ Ins. Code: 134

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

56 Driver's First Name: DAWN — Initial: M — Last Name: KULBERKIS - — 59 Sex: F

57 Number & Street: 8 AFTON ROAD

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

60 Eyes: 06 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: K92001577454786 — 63 DOB (mm dd yyyy): 04/27/1978 — 64 Expires (mm yy): 04 23

65 Owner's First Name: LUKE — Initial: J — Last Name: FERRANTE - ☐ Same As Driver

66 Number & Street: 305 4TH AVENUE

67 City: SPRING LAKE — State: NJ — Zip: 07762

68 Make: HOND — 69 Model: ACC — 70 Color: GRY — 71 Year: 2009 — 72 Plate No.: F11GSH — 73 State: NJ

74 VIN: 1HGCP26849A125934 — 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 ☐ 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	39:4-50	292149	01	39:3-29	294601
01	39:4-96	292150	01	39:3-10	294603

	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	M	-	-	-	11	04	-	-	SERVANDO - HERNANDEZ-MENDEZ - 1800 5TH ST TOMS RIVER NJ 08757 - -
B	02	01	01	05	44	F	-	-	-	11	04	-	-	DAWN M KULBERKIS - 8 AFTON ROAD JACKSON NJ 08527 - -
C	01	02	01	05	29	M	-	-	-	11	04	-	-	CEASAR - NIEVES - NO ADDRESS - - - - - -
D														

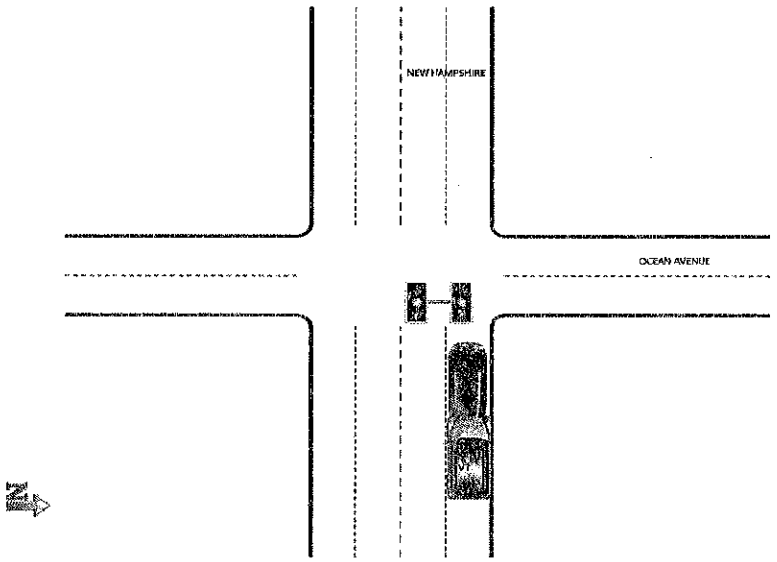
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061075

(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 s have stated that he was travelling South Bound on New Hampshire Avenue and saw a red light at the intersection of Ocean Avenue. Driver 1 stated that he went to stop but stated the brakes may have temporarily failed causing him to crash into vehicle 2.

Driver 2 stated that she was travelling South bound on New Hampshire Avenue when she stopped at a red light at the intersection of Ocean Avenue. Driver 2 stated that while stopped, vehicle 1 crashed into the rear of her vehicle.

No injuries reported by either drivers.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GANLEY J	362	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05
97: 01
98: 07
99: 05
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: -

1 Case Number: 22-061334

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/03/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 2141

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: E KENNEDY BLVD — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 25 (14, 15)

☐ N ☐ E ☐ S ☒ W (16)

of: CLIFTON AVENUE

11 Speed Limit: 35

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 35

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.106776

22 Longitude: -74.217171

118a: 20
118b: -
119a: -
119b: -
120a: 01
120b: -
121a: -
121b: -
122: 01
123: -
124: 04
125: -
126a: 50
126b: -
126c: -
126d: -
126e: 50
127a: -
127b: -
127c: -
127d: -
127e: -
128: -
129: 12
130: 12
131: -
132: -
133: 04
134: -

23 Veh #: 1

24 Policy No.: AOD T31 958639 45 2 3

25 NJ Ins. Code: 664

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

26 Driver's First Name: SAMUEL — Initial: - — Last Name: NUSSBACHER — 29 Sex: M

27 Number & Street: 2 WHISPERING PINES LN

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

30 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: N94556880006994

33 DOB (mm dd yyyy): 06/04/1999

34 Expires (mm yy): 06 23

35 Owner's First Name: AARON — Initial: - — Last Name: NUSSBACHER

☐ Same As Driver

36 Number & Street: 2 WHISPERING PINES LN

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

38 Make: NISS — 39 Model: SEN - SE — 40 Color: WHI — 41 Year: 2019 — 42 Plate No.: Y28LNZ — 43 State: NJ

44 VIN: 3N1AB7AP8KY335540

45 Expires: 08 23

46 Vehicle Removed To: HELSEY 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

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

STREET SIGN THAT INDICATES LEFT , STRAIGHT , AND RIGHT TURN.

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	23	M	-	-	-	11	11	-	-	SAMUEL - NUSSBACHER - 2 WHISPERING PINES L LAKEWOOD NJ 08701
B														
C														
D														

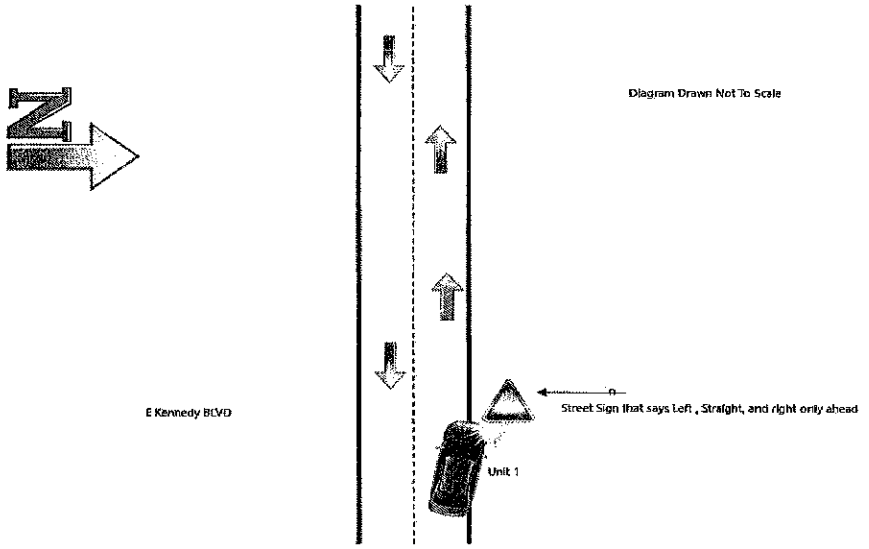
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061334

(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

The Driver of V1 stated that he was traveling Westbound on E Kennedy Blvd when he noticed a bug on the interior of the windshield. Driver stated that he went to swat the bug with his hand and in doing so veered slightly off the road and struck a street sign causing damage to both his vehicle and the street sign. Vehicle 1 was disabled and towed per the owner's request. No injuries were reported. The county was contacted by our radio room dispatcher to address the damage to the street sign.

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

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

1 Case Number: 22-060660

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

3 Station/Precinct: -

10 Crash Occurred On: MASSACHUSETTS AVENUE | Dir: - | 11 Speed Limit: 35 | 12 Route No.: - | Suffix: - | 13 Milepost: -

☒ At Intersection With | Road Name: CROSS STREET | 18 Speed Limit: 40

☐ 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): 08/01/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1018 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 2

21 Latitude: 40.060286 | 22 Longitude: -74.229379

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 4601955208 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: ESTHER | Initial: R | Last Name: KATZ | 29 Sex: F

27 Number & Street: 104 PRESSBURG LN

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

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: K08612397962942 | 33 DOB (mm dd yyyy): 12/30/1994 | 34 Expires (mm yy): 12 26

35 Owner's ☐ Same As Driver | First Name: BINYOMIN | Initial: - | Last Name: KATZ

36 Number & Street: 17 13TH ST

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

38 Make: TOYT | 39 Model: SIE | 40 Color: 3 | 41 Year: 2017 | 42 Plate No.: J44NTX | 43 State: NJ

44 VIN: 5TDKZ3DC9HS808425 | 45 Expires: 08 22

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.: 960267969 | 55 NJ Ins. Code: 882

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

56 Driver's First Name: SKYLYNN | Initial: R | Last Name: TAYLOR | 59 Sex: F

57 Number & Street: 504 MASSACHUSETTS AVE

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

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

62 Driver's License Number: T09647177953982 | 63 DOB (mm dd yyyy): 03/17/1998 | 64 Expires (mm yy): 03 23

65 Owner's ☐ Same As Driver | First Name: SKYLYNN | Initial: R | Last Name: TAYLOR

66 Number & Street: 1020 VON LUNEN RD

67 City: JOHNSTOWN | State: PA | Zip: 15902

68 Make: HYUN | 69 Model: ELN | 70 Color: TN | 71 Year: 2005 | 72 Plate No.: LXA0089 | 73 State: PA

74 VIN: KMHDN46D45U194953 | 75 Expires: 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 - ☒ None | ☐ MC/MX -

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	27	F	-	-	-	11	04	-	-	ESTHER R KATZ - 104 PRESSBURG LN LAKEWOOD NJ 08701 - -
B	V1	06	01	05	2	F	-	-	-	05	05	-	-	SHAINA - KATZ - 104 PRESSBURG LN LAKEWOOD NJ 08701 - -
C	V2	01	01	04	24	F	04	08	02	11	04	01	6502	SKYLYNN R TAYLOR - 504 MASSACHUSETTS AV LAKEWOOD NJ 08701 - -
D	V2	04	01	04	1	F	04	05	02	06	06	01	6502	SARIYAH - JOHNSON - 504 MASSACHUSETTS AV LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060660

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

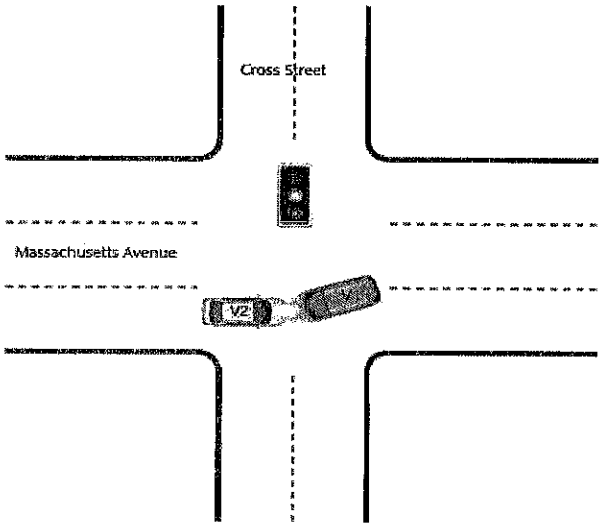


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Vehicle 1 was traveling Southbound on Massachusetts Avenue. Driver 1 explained she was coming from Prospect Street and Williams Street. She continued explaining she started traveling Southbound in Massachusetts and was heading to Route 9. She said she approached the intersection of Massachusetts and Cross and was trying to make a left turn to get on Cross Street when V2 collided with her car at the intersection.

Vehicle 2 was traveling Northbound on Massachusetts Avenue. Driver 2 said she was coming from the Toms River area traveling Northbound in Massachusetts. Driver 2 said the left lane was backed up with traffic at the intersection, so she moved to the right lane. Driver 2 said the traffic light was green before approaching the intersection. She continued going forward when it seemed like V1 was making a left turn and collided with V2.

Witness 1, Sima Weinman, stated that she was at the traffic signal, and the light was red in the Cross Street area. She said that there was another witness that left because he needed to go to work.

Later, Witness 2, Yehoshua Nadoff, showed up and returned to the scene to give his statement. Witness 1 stated that he was first at the intersection of Cross and Massachusetts. He explained that he witnessed V1 traveling Northbound in Massachusetts, and V2 was traveling Westbound on Cross Street; it seemed like V2 was trying to cross the intersection and collided with V1.

Investigation revealed Vehicle 1 was traveling Southbound, and Vehicle 2 was traveling Northbound on Massachusetts Avenue. After speaking with both Drivers, I determined that Driver 1 failed to yield the right of way to V2, causing a collision at the intersection. Driver 2 and the passenger were transported to Kimball for further treatment.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	05
104	2
105	02
106	-
107	-
108	31
109	01
110	02
111	01
112	07
113	-
114	02
115	-
116	04
117	04

1 Case Number: 22-060658

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

3 Station/Precinct:

10 Crash Occurred On: CAREY STREET — 11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost

☒ At Intersection With — Road Name — Dir — 18 Speed Limit: 25

☐ Feet ☐ N ☐ E of: MONMOUTH AVENUE

☐ 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): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1001 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 20 Route/Name — 21 Latitude: 40.102417 — 22 Longitude: -74.212051

	118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
	02	99	99	-	01	-	01	-	10	01	11	99	26	-	-	-	26	26	-	-	-	26	26	01	17	11	12	02	04

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: JOHN — Initial: P — Last Name: KEATING — 29 Sex: M

27 Number & Street: 415 A HIGHLAND DRIVE

28 City: WHITING — State: NJ — Zip: 08759

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

32 Driver's License Number: K20544077709522 — 33 DOB (mm dd yyyy): 09/09/1952 — 34 Expires (mm yy): 09 02

35 Owner's ☐ Same As Driver — First Name: JAYS — Initial: - — Last Name: JAYS BUS SERVICE -

36 Number & Street: 672 CROSS ST

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

38 Make: THO — 39 Model: 310 — 40 Color: YEL — 41 Year: 2017 — 42 Plate No.: J303S1 — 43 State: NJ

44 VIN: 4UZABRDU7HCHS9587 — 45 Expires: 08 22

46 Vehicle Removed To:

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 916456300 — 55 NJ Ins. Code: 135

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

56 Driver's First Name: MEIR — Initial: - — Last Name: ROWNER — 59 Sex: M

57 Number & Street: 39 DREXEL DR

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: R68925370006912 — 63 DOB (mm dd yyyy): 06/03/1991 — 64 Expires (mm yy): 06 23

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

66 Number & Street: 39 DREXEL DR

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

68 Make: TOYT — 69 Model: SIE — 70 Color: GRY — 71 Year: 2006 — 72 Plate No.: V69LZU — 73 State: NJ

74 VIN: 5TDZA23C96S511895 — 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	01	01	01	05	69	M	-	-	-	04	04	-	-	JOHN P KEATING - 415 A HIGHLAND DRIVE WHITING NJ 08759
B	02	01	01	05	31	M	-	-	-	11	04	-	-	MEIR - ROWNER - 39 DREXEL DR JACKSON NJ 08527
C	02	04	01	05	01	F	-	-	-	05	05	-	-	ESTHER ROWNER 39 DREXEL DRIVE JACKSON NJ 08527
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station _____ Case No. 22-060658

1.	ELIYAHOU	SWEET
2.	AHARON	MICHEL
3.	AVRAMI	SMULOWITZ
4.	ELAZAR	WELDLER
5.	DOVI	WOJSBORD
6.	YITZOCH	TURIN
7.	NAFTULI	GETNER
8.	CHAIM	HOLTZ
9.	MENACHEM	GREENFELL
10.	CHAIM	COHEN
11.	ARYEH LEIB	SPEIGEL
12.	YEHUDAH	GROSSMAN
13.	YEHOSHUA	SITORSKY
14.	DOV	JURKANSKY
15.	ELIYAHOU	JURKANSKY
16.	SHLOMIE	GOLDSTEIN
17.	ARYEH	WASTREICH
18.	SRULY	OBERLANDER
19.	YONAH	WEGENER
20.	SHMUL	GOLDSTEIN
21.	AVROHOM	STEIN
22.	AHARON	GOLDSTEIN
23.	YONAH	RABINOWITZ
24.	DOV	MULLER
25.	YEHUDAH	HOROWITZ
26.	AVRAMI	NEUMAN
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
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42.		
43.		
44.		
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

New Jersey Police Crash Investigation Report

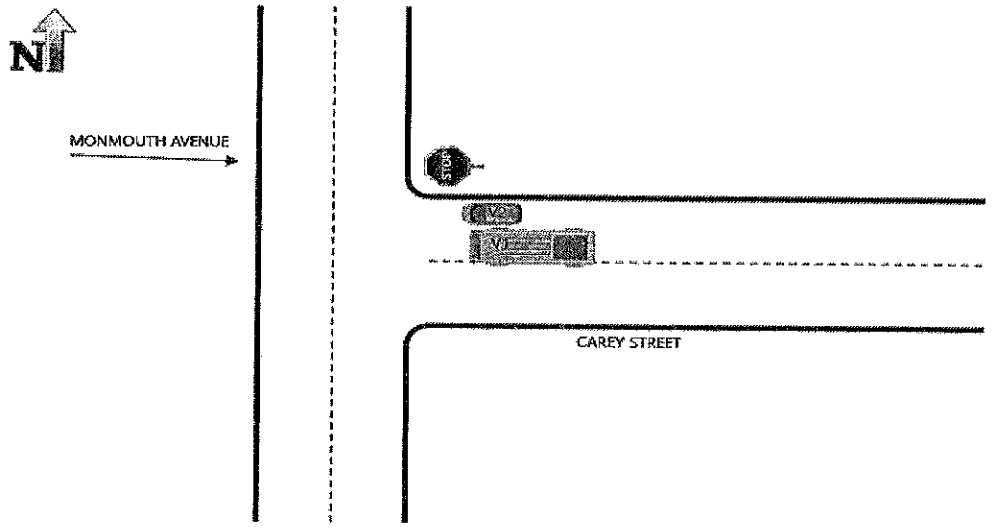
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-060658

(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

INSURANCE INFORMATION V1- POLICY # BA 2997BD NAIC CODE 23787. DRIVER OF V1 STATED THAT HE WAS DRIVING ON CAREY STREET WHEN A GARBAGE TRUCK HAD TURNED ON TO CAREY STREET AND WHEN HE (V1) INCHED FORWARD, HE CAUGHT THE BUMPER OF THE MINIVAN(V2). DRIVER OF V2 WAS PULLED OFF TO THE SIDE OF THE ROAD, A YELLOW CURB MARKS THE AREA, AND THE SCHOOL BUS STRUCK HIS VAN.

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

96	05	1 Case Number	22-059912
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	--
99	07	4 Date of Crash (mm dd yy)	07/29/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1426
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	W KENNEDY BLVD
		Road Name	
		Dir	-
		11 Speed Limit	30
		12 Route No.	
		Suffix	
		13 Milepost	
		14 Speed Limit	25
		☐ At Intersection With	
		☒ Feet	50
		☐ Miles	
		☐ N ☒ E ☐ S ☐ W of:	CEDARVIEW AVE
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.107684
		22 Longitude	-74.225608
		☐ NB ☐ EB ☐ SB ☐ WB	

118a	25	118b	-
119a	10	119b	-
120a	01	120b	-
121a	01	121b	-
122	08	123	13
124	04	125	11
126a	26	126b	-
126c	-	126d	-
126e	26	127a	26
127b	-	127c	-
127d	-	127e	26
128	26	129	06
130	17	131	06
132	07	133	01
134	02		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	88A5CA0000128-06
		25 NJ Ins. Code	440
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	MATTHEW
		Initial	D
		Last Name	MIZENIS -
		29 Sex	M
103	01	27 Number & Street	304 RAPHAEL CT
104	2	28 City	WILLIAMSTOWN
		State	NJ
		Zip	08094
		30 Eyes	04
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	08	32 Driver's License Number	M47695296402944
		33 DOB (mm dd yyyy)	02/16/1994
		34 Expires (mm yy)	02 25
106	-	35 Owner's ☐ Same As Driver	WORK - WORK ZONE CONTI-
107	-	36 Number & Street	664 OAK AVE
108	99	37 City	DEPTFORD
		State	NJ
		Zip	08096
109	01	38 Make	WEST
		39 Model	950
		40 Color	RD
		41 Year	2006
		42 Plate No.	543GU
		43 State	NJ
110	02	44 VIN	2FZACHCS16AW27605
		45 Expires	03 23
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
112	01		
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	99	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
115	-	49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
116	04	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	03	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.	6067366782061
		55 NJ Ins. Code	884
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MEYER	Initial	-
Last Name	SCHREIBER -	59 Sex	M
57 Number & Street	111 SOMERSET AVE		
58 City	LAKEWOOD	State	NJ
Zip	08701		
60 Eyes	04	DL Class	D
Restrictions	-	Endorsements	-
61 State	NJ		
62 Driver's License Number	S15205420007974	63 DOB (mm dd yyyy)	07/15/1997
64 Expires (mm yy)	07 25		
65 Owner's ☐ Same As Driver	MEYER - SCHREIBER -		
66 Number & Street	111 SOMERSET AVE		
67 City	LAKEWOOD	State	NJ
Zip	08701		
68 Make	TOYT	69 Model	CAM
70 Color	1	71 Year	2018
72 Plate No.	B93NBX	73 State	NJ
74 VIN	4T1B11HK6JU523871	75 Expires	01 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City		State	
Zip			

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

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

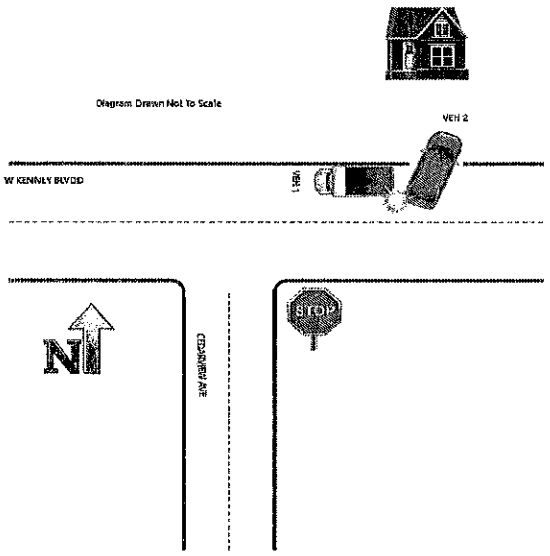
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	M	-	-	-	11	04	-	-	MATTHEW D MIZENIS - 304 RAPHAEL CT WILLIAMSTOWN NJ 08094
B	02	01	01	05	25	M	-	-	-	11	04	-	-	MEYER - SCHREIBER - 111 SOMERSET AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: -- Case No: 22-059912

(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

DRIVER OF VEH 1 STATED HE WAS WORKING AND DRIVING HIS CRASH TRUCK IN A MOVING OPERATION, WHEN VEH 2 CAME BACKING OUT OF A DRIVEWAY AND HIT THE REAR OF HIS CRASH TRUCK. DRIVER 1 SAID THE CRASH TRUCK HAD NO DAMAGE, BUT HE STILL HAD TO REPORT THE INCIDENT BECAUSE ITS A WORK VEHICLE.

DRIVER OF VEH 2 STATED HE WAS BACKING OUT OF THE DRIVEWAY AT 623 W KENNEDY BLVD AND HIT THE CRASH TRUCK THAT WAS TO CLOSE TO HIS DRIVEWAY. VEH 2 HAS HAS MINOR DAMAGE.

UPON MY INVESTIGATION I DETERMINED DRIVER 2 AT FAULT FOR THE CRASH.

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

96	05	118a	25
97	01	118b	-
98	01	119a	09
99	02	119b	-
100a	01	120a	01
100b	04	120b	-
101	02	121a	01
102	01	121b	-
103	01	122	07
104	2	123	07
105	01	124	14
106	-	125	14
107	-	126a	26
108	PCAF	126b	-
109	01	126c	-
110	01	126d	-
111	01	126e	26
112	-	127a	26
113	-	127b	-
114	-	127c	-
115	-	127d	-
116	03	127e	26
117	03	128	26
		129	06
		130	06
		131	12
		132	12
		133	02
		134	02

1 Case Number: 22-059862

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

3 Station/Precinct:

10 Crash Occurred On: RIVER AVE — 11 Speed Limit: 40 — 12 Route No.: 0009 — Suffix — 13 Milepost

☒ At Intersection With — Road Name: OAK ST — Dir — 18 Speed Limit: 35

☐ 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)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
07/29/22	FRIDAY	0901	1514	--	--	40.066950	-74.218552

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1574436558 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: JOSEPH — Initial: J — Last Name: HIDARY — 29 Sex: M

27 Number & Street: 7 SHARON CT

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H41234107111912 — 33 DOB (mm dd yyyy): 11/26/1991 — 34 Expires (mm yy): 11 23

35 Owner's ☐ Same As Driver — First Name: JOSEPH — Initial: J — Last Name: HIDARY

36 Number & Street: 7 SHARON CT

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

38 Make: TOYT — 39 Model: CAM — 40 Color: BLU — 41 Year: 2016 — 42 Plate No.: K86MBE — 43 State: NJ

44 VIN: 4T4BF1FK7GR567767 — 45 Expires: 12 22

46 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity — Number & Street — City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 1135177A21300 — 55 NJ Ins. Code: 962

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

56 Driver's First Name: ANGELA — Initial: T — Last Name: WEST — 59 Sex: F

57 Number & Street: 408 WAKFIELD RD

58 City: NEPTUNE — State: NJ — Zip: 07753

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: W28250438359842 — 63 DOB (mm dd yyyy): 09/02/1984 — 64 Expires (mm yy): 09 22

65 Owner's ☐ Same As Driver — First Name: ANGELA — Initial: T — Last Name: WEST

66 Number & Street: 408 WAKFIELD RD

67 City: NEPTUNE — State: NJ — Zip: 07753

68 Make: VOLK — 69 Model: EOS — 70 Color: WHI — 71 Year: 2008 — 72 Plate No.: WE796B — 73 State: NJ

74 VIN: WVWDB71FX8V013327 — 75 Expires: 04 23

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity — Number & Street — City — State — Zip

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

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

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

Names & Addresses of Occupants - If Deceased, Date & Time of Death

	83	84	85	86	87	88	89	90	91	92	93	94	95	
A	1	01	01	-	30	M	-	-	-	11	04	-	-	JOSEPH J HIDARY - 7 SHARON CT LAKEWOOD NJ 08701
B	2	01	01	-	37	F	-	-	-	11	04	-	-	ANGELA T WEST - 408 WAKFIELD RD NEPTUNE NJ 07753
C	1	03	-	-	27	F	-	-	-	11	04	-	-	RUTH N TOBAL - 7 SHARON CT LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

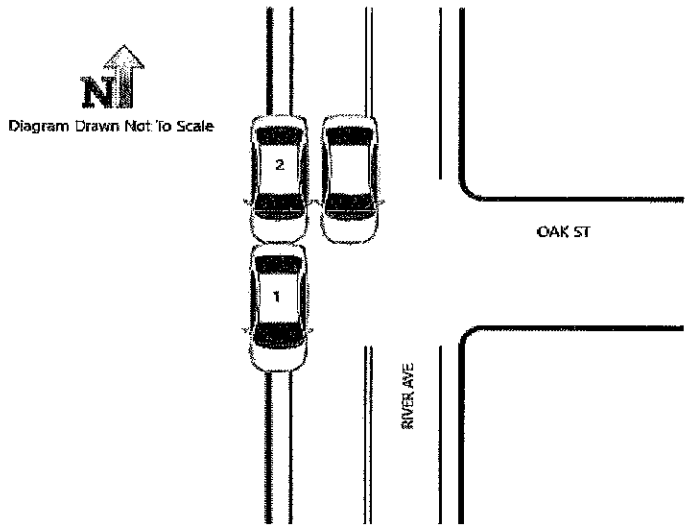
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059862

(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 River Ave at the intersection with Oak St. Vehicle #2 was traveling South on River Ave behind vehicle #1. An uninvolved vehicle was stopped in the roadway waiting to make a left turn to travel East on Oak St.

Vehicle #1 passed the uninvolved vehicle on the right hand shoulder. Vehicle #2 also passed the uninvolved vehicle on the right hand shoulder. Vehicle #1 began to slow and vehicle #2 struck vehicle #1 in the rear.

Driver #1 stated that he passed the uninvolved vehicle then slowed down to "make sure everything was safe".

Driver #2 stated that vehicle #1 slowed suddenly for no reason and she did not have time to stop.

Driver #2 was following too closely causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	PAGE 1 OF 2		
05	1 Case Number: 22-059574	10 Crash Occurred On: MADISON AVE	11 Speed Limit: 40
97	2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01	Road Name: 0009
01	3 Station/Precinct	☐ At Intersection With	Dir / 12 Route No. / Suffix / 13 Milepost
98		☒ Feet ☐ Miles	☒ N ☐ E ☐ S ☐ W of: E KENNEDY BLVD
01		40 (14 / 15)	16 Speed Limit: 25
99			19 Ramp ☐ To ☐ From:
02			17 Cross Road Name
100a	4 Date of Crash (mm dd yy): 07/28/22	5 Day Of Week: THURSDAY	6 Time (use 2400 hrs): 0655
01			7 Municipality Code: 1514
			8 Total Killed: --
			9 Total Injured: --
			20 Route/Name
			21 Latitude: 40.106934
			22 Longitude: -74.219482
			☐ NB ☐ EB ☐ SB ☐ WB

100b	23 Veh #	24 Policy No.	25 NJ Ins. Code	53 Veh #	54 Policy No.	55 NJ Ins. Code	
04	1	956157365	134	2	F044958-7	426	
101	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
02	26 Driver's First Name	Initial	Last Name / 29 Sex	56 Driver's First Name	Initial	Last Name / 59 Sex	
102	AVROHOM	S	KAPLAN - M	HENRY	J	FINK JR - M	
01	27 Number & Street			57 Number & Street			
103	120 14TH ST			414 SCHLEY AVENUE			
01	28 City	State	Zip	58 City	State	Zip	
104	LAKEWOOD	NJ	08701	TOMS RIVER	NJ	08755	
2	30 Eyes / DL Class / Restrictions / Endorsements	31 State		60 Eyes / DL Class / Restrictions / Endorsements	61 State		
	2 / D / - / -	NJ		5 / D / - / -	NJ		
105	32 Driver's License Number	33 DOB (mm dd yyyy)	34 Expires (mm yy)	62 Driver's License Number	63 DOB (mm dd yyyy)	64 Expires (mm yy)	
07	K05170718207032	07/04/2003	07 25	F45003247110625	10/21/1962	10 24	
106	35 Owner's First Name	Initial	Last Name	65 Owner's First Name	Initial	Last Name	
-	☐ Same As Driver HAIM	S	KAPLAN -	☐ Same As Driver HENRY	J	FINK JR -	
107	36 Number & Street			66 Number & Street			
-	120 14TH ST			414 SCHLEY AVENUE			
108	37 City	State	Zip	67 City	State	Zip	
01	LAKEWOOD	NJ	08701	TOMS RIVER	NJ	08755	
109	38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State			68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State			
01	TOYT / SIE / 3 / 2009 / WFW31S / NJ			ACUR / TLX / SIL / 2019 / Y73NRH / NJ			
110	44 VIN	45 Expires		74 VIN	75 Expires		
01	5TDZK23C79S256326	09 23		19UUB1F31KA004043	05 23		
111	46 Vehicle Removed To			76 Vehicle Removed To			
01	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded			☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded			
112	☐ Left At Scene ☐ Towed Impounded			☐ Left At Scene ☐ Towed Impounded			
-	47 Authority			77 Authority			
113	☐ Owner ☒ Driver ☐ Police			☒ Owner ☐ Driver ☐ Police			
-	48 Alcohol/Drug Test	49 Hazardous Material		78 Alcohol/Drug Test	79 Hazardous Material		
114	Given: ☒ No ☐ Yes ☐ Refused	☒ None ☐ On Board ☐ Spill		Given: ☒ No ☐ Yes ☐ Refused	☒ None ☐ On Board ☐ Spill		
-	Type: ☐ Breath ☐ Blood ☐ Urine			Type: ☐ Breath ☐ Blood ☐ Urine			
115	Results: 0. - % ☐ Pending	Hazard Class / Placard No.		Results: 0. - % ☐ Pending	Hazard Class / Placard No.		
-	50 Carrier No.	51 GVWR/GCWR		80 Carrier No.	81 GVWR/GCWR		
116	☐ USDOT ☒ None	☒ Weight <= 10,000 lbs		☐ USDOT ☒ None	☒ Weight <= 10,000 lbs		
02	☐ MC/MX	☐ Weight 10,001-26,000 lbs		☐ MC/MX	☐ Weight 10,001-26,000 lbs		
117		☐ Weight >= 26,001 lbs			☐ Weight >= 26,001 lbs		
01	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.			

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

	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	-	19	M	-	-	-	11	04	-	-	AVROHOM S KAPLAN - 120 14TH ST LAKEWOOD NJ 08701
B	2	01	01	-	59	M	-	-	-	11	04	-	-	HENRY J FINK JR - 414 SCHLEY AVENUE TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

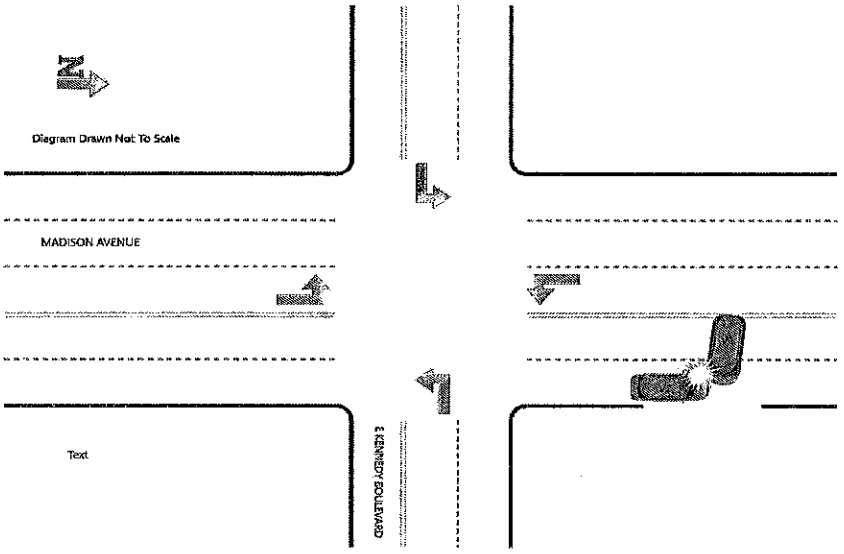
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059574

(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

DRIVER OF V1 STATED HE WAS IN THE LEFT LANE SOUTH BOUND ON MADISON AVENUE AND WAS MAKING A LEFT TURN INTO THE GAS STATION, WHEN V1 COLLIDED WITH V2.

DRIVER OF V2 STATED HE WAS TRAVELLING NORTH ON MADISON AVENUE IN THE RIGHT LANE,WHEN V1 COLLIDED WITH V2.

BASED ON THE 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	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	118a	10
97	01	118b	-
98	01	119a	-
99	05	119b	-
100a	01	120a	01
100b	04	120b	-
101	02	121a	-
102	01	121b	-
103	01	122	13
104	1	123	-
105	08	124	01
106	01	125	-
107	-	126a	61
108	UVE	126b	-
109	-	126c	-
110	02	126d	-
111	-	126e	61
112	01	127a	-
113	-	127b	-
114	99	127c	-
115	-	127d	-
116	02	127e	-
117	-	128	61
		129	05
		130	05
		131	-
		132	-
		133	02
		134	-

1 Case Number: 22-059062

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

3 Station/Precinct: -

10 Crash Occurred On: E COUNTY LINE RD | - | 11 Speed Limit: 35 | - | - | -

☐ At Intersection With Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☒ Feet ☐ Miles | 14: 500 | 15 | ☐ N ☐ E ☒ S ☐ W of: PRIME LANE | 16 | 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - | 17 Cross Road 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): 1356 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

20 Route/Name | 21 Latitude: 40.105416 | 22 Longitude: -74.189373

23 Veh #: 1 | 24 Policy No.: SEE NARATIVE | 25 NJ Ins. Code: -

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

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

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

26 Driver's First Name: JOHN | Initial: W | Last Name: POWERS JR | 29 Sex: M

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

27 Number & Street: 3670 S DELSEA DR

57 Number & Street: -

28 City: VINELAND | State: NJ | Zip: 08360

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

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

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

32 Driver's License Number: P68824070002682 | 33 DOB (mm dd yyyy): 02/09/1968 | 34 Expires (mm yy): 02 26

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

35 Owner's First Name: UNITED | Initial: - | Last Name: RENTALS N AMERI(-

☐ Same As Driver

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

☐ Same As Driver

36 Number & Street: 4001 LEADENHALL RD

66 Number & Street: -

37 City: MT LAUREL | State: NJ | Zip: 08054

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

38 Make: FREI | 39 Model: - | 40 Color: WHI | 41 Year: 2019 | 42 Plate No.: XGTA87 | 43 State: NJ

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

44 VIN: 1FVACWFC3KHKJ5218 | 45 Expires: 07 23

74 VIN: - | 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

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

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.: -

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

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

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

81 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: -

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

MAILBOX ON 961 E COUNTY LINE RD WAS WAS STRUCK

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

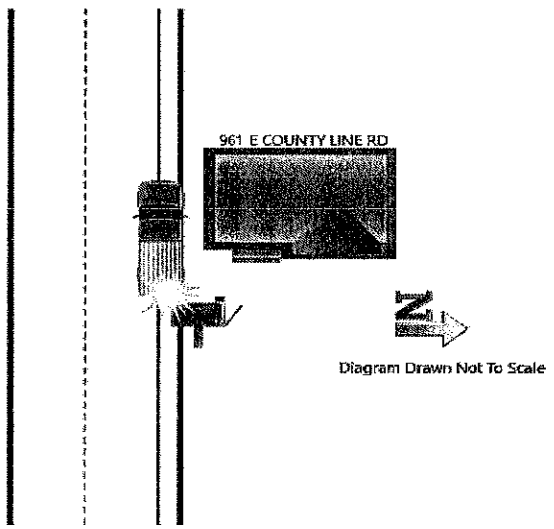
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	54	M	-	-	-	11	04	-	-	JOHN W POWERS JR - 3670 S DELSEA DR VINELAND NJ 08360
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-059062

(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

On July 26th, 2022 I was on an extra duty assignment in marked Unit 4397.

The driver of V1 was driving an impact attenuator truck and was backing into a right shoulder lane by 961 E County Line Rd. I Ptl. B Rodriguez stopped traffic to allow Driver of V1 park safely in the right shoulder. As Driver of V1 was backing, he struck a mailbox located in front of 961 E County Line Rd causing damage. When questioning the driver, he stated he did not see the mailbox as he was backing.

The owner of the mailbox located at the mentioned address was notified and wished to report this incident for his insurance.

No injuries were reported at the time of crash.

Upon this writing, Driver of V1 did not have the insurance information to the vehicle.

End report

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RODRIGUEZ BRYAN	424	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-061033	10 Crash Occurred On: 1444 OCEAN AVE; EXXON; ☐ At Intersection With; Road Name; Dir; 11 Speed Limit; 12 Route No.; Suffix; 13 Milepost; 18 Speed Limit
98	02	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ Feet ☐ Miles; ☐ N ☐ E ☐ S ☐ W of:
99	09	3 Station/Precinct	14 15 16; 19 Ramp ☐ To ☐ From: 17 Cross Road Name; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash mm dd yy: 07262022; 5 Day Of Week	6 Time (use 2400 hrs): 1841; 7 Municipality Code: 1514; 8 Total Killed: --; 9 Total Injured: --
			20 Route/Name; 21 Latitude: 40.081286; 22 Longitude: -74.158241
100b	04	23 Veh #: 1; 24 Policy No.: 939895429; 25 NJ Ins. Code: 054	53 Veh #: 2; 54 Policy No.: F10125270-8; 55 NJ Ins. Code: 426
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
102	01	26 Driver's First Name: TZVI; Initial: A; Last Name: GARBER; 29 Sex: M	56 Driver's First Name: -; Initial: -; Last Name: -; 59 Sex: -
103	01	27 Number & Street: 1508 MALIBU DR	57 Number & Street: -
104	2	28 City: LAKEWOOD; State: NJ; Zip: 08701	58 City: -; State: -; Zip: -
		30 Eyes: 2; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	60 Eyes: -; DL Class: -; Restrictions: -; Endorsements: -; 61 State: -
105	08	32 Driver's License Number: G05437536105052; 33 DOB mm dd yyyy: 05/03/2005; 34 Expires mm yy: 05 26	62 Driver's License Number: -; 63 DOB mm dd yyyy: -; 64 Expires mm yy: - -
106	-	35 Owner's First Name: YOEL; Initial: -; Last Name: GARBER; ☐ Same As Driver	65 Owner's First Name: KASHMIRA; Initial: -; Last Name: SINGH; ☐ Same As Driver
107	-	36 Number & Street: 1508 MALIBU DR	66 Number & Street: 780 RIVER AVE; 48
108	04	37 City: LAKEWOOD; State: NJ; Zip: 08701	67 City: LAKEWOOD; State: NJ; Zip: 08701
109	01	38 Make: TOYT; 39 Model: HIG; 40 Color: 1; 41 Year: 2018; 42 Plate No.: D87PBB; 43 State: NJ	68 Make: HYUN; 69 Model: ELA; 70 Color: BLK; 71 Year: 2006; 72 Plate No.: T69MBE; 73 State: NJ
110	01	44 VIN: 5TDBZRFH3JS885163; 45 Expires: 08 23	74 VIN: KMHDN46D56U298837; 75 Expires: 12 22
111	01	46 Vehicle Removed To	76 Vehicle Removed To
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority: ☐ Owner ☒ Driver ☐ Police	77 Authority: ☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	Type: ☐ Breath ☐ Blood ☐ Urine
116	02	Results: 0. - % ☐ Pending	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.
117	02	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. 01; 136 Charge: 39:4-129; 137 Summons. No.: A294615	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	17	M	-	-	-	11	04	-	-	TZVI A GARBER - 1508 MALIBU DR LAKEWOOD NJ 08701
B														
C														
D														

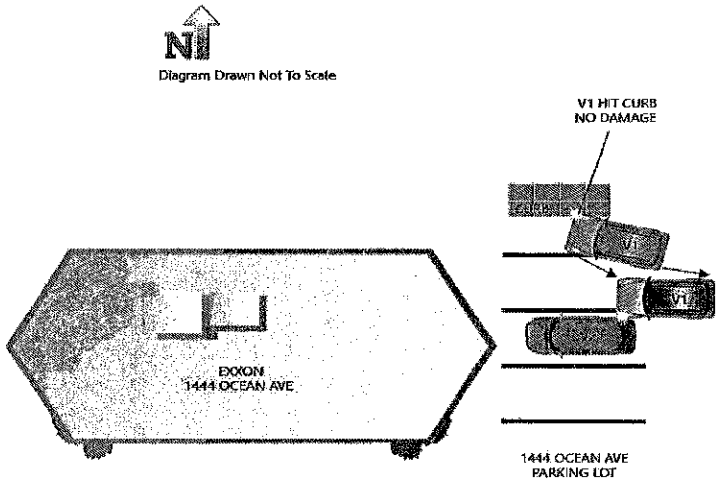
118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	10
124	04
125	04
126a	56
126b	28
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	10
130	10
131	04
132	04
133	02
134	02

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: _____ Case No: 22-061033

(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 left the scene at the time of the crash. I was able to get the registration number from surveillance footage and located D1 at 1508 Malibu Dr on 8/2/2022. D1 stated he did not believe there was damage to either vehicle and left the scene. D1 did not exit his vehicle to view damage. The owner of V1 (O1) stated D1 told him there was no damage to V2. O1 reported he had the damage repaired on 8/1/2022 and that the entire bumper was replaced.

Owner of V2 was legally parked and within the lines of the space. He did not notice the damage until today, 8/2/2022 where it was seen on surveillance cameras at his place of work, Exxon (1444 Ocean Ave).

I observed the footage and V1 attempted to park next to V2. D1 bumped the curb but did not appear to damage his vehicle. D1 then attempted to reverse, but, due to the close area he was reversing in, came in contact with V2. D1 attempted to continue reversing and caused dragging damage to his vehicle and V2. V1's bumper was partially removed from the crash. Although the bumper was replaced there was still damage on the matte black bumper area under where repairs were made. I observed damage consistent with the crash footage.

I determined V1 was at fault. D1 did not reverse safely, and, after colliding with V2, continued to reverse after pausing. I made this determination based on statements from D1, surveillance footage of the crash and the location of damage to V2.

Video footage of the crash has been attached to this incident.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	02
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 22-061011

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

3 Station/Precinct:

10 Crash Occurred On: 1705 CLIFTON AVE — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

11 Speed Limit: -

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

14 - 15 — 16

18 Speed Limit: -

17 Cross Road Name: -

19 Ramp ☐ To ☐ From: — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 08/02/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1726 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.106896 — 22 Longitude: -74.217120

118a	10
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	13
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	05
132	06
133	02
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4384-33-53-54 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: SHAINA — Initial: M — Last Name: BIRNHACK — 29 Sex: F

27 Number & Street: 8 SANZ TOWN RD

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

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

32 Driver's License Number: B46137037460042 — 33 DOB (mm dd yyyy): 10/12/2004 — 34 Expires (mm yy): 10 26

35 Owner's ☐ Same As Driver — First Name: RACHEL — Initial: C — Last Name: BIRNHACK

36 Number & Street: 8 SANZTOWN RD; W GATE COMMUNITY

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

38 Make: FORD — 39 Model: EC3 — 40 Color: 4 — 41 Year: 2011 — 42 Plate No.: NWE69N — 43 State: NJ

44 VIN: 1FBNE3BL7BDB23309 — 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.: 6072686451 — 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 ☐ Same As Driver — First Name: CELENIA — Initial: - — Last Name: HERNANDEZ

66 Number & Street: 2003 FIRST AVENUE

67 City: TOMS RIVER — State: NJ — Zip: 08757

68 Make: TOYT — 69 Model: COR — 70 Color: WHI — 71 Year: 2015 — 72 Plate No.: T88NZR — 73 State: NJ

74 VIN: 2T1BURHE8FC300093 — 75 Expires: 07 22

76 Vehicle Removed To: ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	F	-	-	-	11	04	-	-	SHAINA M BIRNHACK - 8 SANZ TOWN RD LAKEWOOD NJ 08701
B														
C														
D														

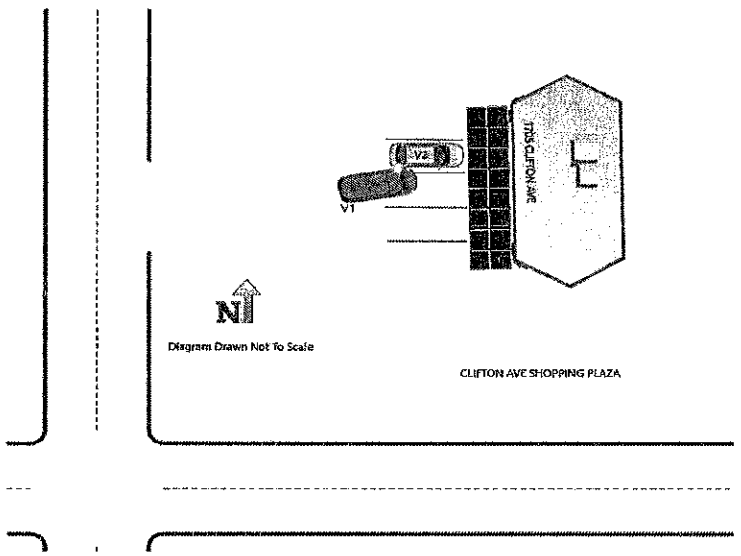
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-061011

(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 while backing out of her parking space she felt that she lightly hit Vehicle 2. She stopped , an unknown party assisted and told her to go forward but Driver 1 stayed in reverse and ripped the rear bumper off of Vehicle 2.

The owner of Vehicle 2 was on scene but did not witness the crash.

Vehicle 1 sustained damage to the front driver side bumper consisting of dents and scratches.

Vehicle 2 sustained damage to the rear passenger side corner panel consisting of it being dented, scratched and having paint transfer. The rear bumper was also ripped completely off of the vehicle.

Due to Driver 1's statement and my observations I determined that Driver 1 improperly backed her vehicle 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

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	14
106	-
107	-
108	04
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	02

1 Case Number: 22-061003

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/02/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1657

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: 2ND STREET — Dir: - — 11 Speed Limit: 25 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ At Intersection With — Road Name: MONMOUTH AVE — 18 Speed Limit: 25

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

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

20 Route/Name:

21 Latitude: - — 22 Longitude: -

118a	16
118b	04
119a	78
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	08
125	11
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	12
130	12
131	03
132	03
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 944949079 — 25 NJ Ins. Code: 135

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

26 Driver's First Name: MOSHE — Initial: Y — Last Name: GRUSKIN — 29 Sex: M

27 Number & Street: 107 7TH ST

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

30 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: G76865678807512 — 33 DOB (mm dd yyyy): 07/01/1951 — 34 Expires (mm yy): 07 24

35 Owner's ☐ Same As Driver — First Name: MOSHE — Initial: Y — Last Name: GRUSKIN

36 Number & Street: 107 7TH ST

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

38 Make: KIA — 39 Model: SPO — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: L83NEB — 43 State: NJ

44 VIN: KNDPMCAC3M7887295 — 45 Expires: 12 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: P1 — 54 Policy No.: - — 55 NJ Ins. Code: -

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

56 Driver's First Name: CAESAR — Initial: - — Last Name: JUAREZ — 59 Sex: M

57 Number & Street: 411 RIDGE AVE

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): 07/16/1992 — 64 Expires (mm yy): - -

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

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT ☐ 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	71	M	-	-	-	11	04	-	-	MOSHE Y GRUSKIN - 107 7TH ST LAKEWOOD NJ 08701 - -
B	02	01	02	03	30	M	06	08	02	01	01	-	6502	CAESAR - JUAREZ - 411 RIDGE AVE LAKEWOOD NJ 08701 - -
C														
D														

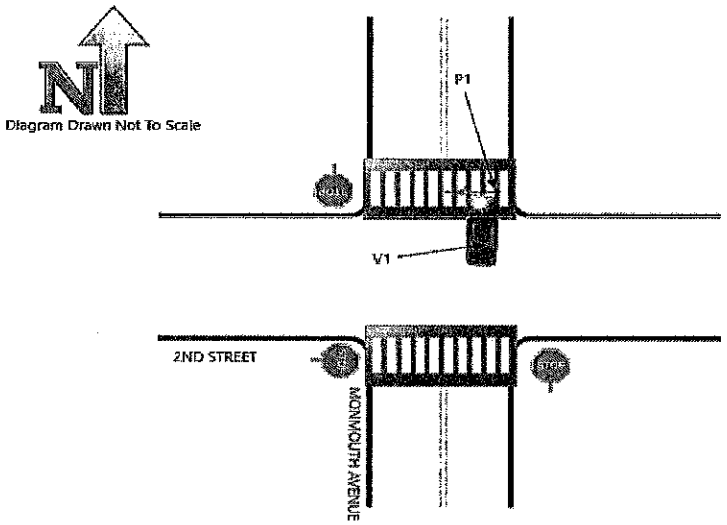
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-061003

(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 north on Monmouth Avenue, stopped at intersection of 2nd Street. The driver stated he looked both ways, observed it was clear and proceeded through the intersection. The driver lastly stated once almost through the intersection, he observed P1, who was traveling east at a high rate of speed, came in front of him and made impact. Damage was minor to the front end. No injuries were reported.

P1 stated he was traveling east on 2nd Street and utilized the crosswalk when crossing the intersection of Monmouth Avenue. P1 continued, stating once almost through the intersection, he was struck by V1. The seat of the bicycle was broken. P1 reported a complaint of pain to his back and was subsequently transported to MMCSC by LEMS.

My investigation reveals: V1 disobeyed the stop sign specifically by not yielding to P1 when proceeding through the intersection. P1 shares fault for traveling quickly through the intersection on his bicycle, not giving drivers adequate time to yield. The crash was avoidable.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-061000
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	08/02/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1634
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	PINE ST
		☐ At Intersection With	-
		☒ Feet / ☐ Miles	360
		Road Name	AVENUE OF THE STATES
		Dir	☐ N ☐ E ☐ S ☒ W
		11 Speed Limit	35
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	15
		16	
		17 Cross Road Name	-
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	-
		20 Route/Name	
		21 Latitude	40.073349
		22 Longitude	-74.201335
		118a	08
		118b	-
		119a	06
		☐ NB ☐ EB ☐ SB ☐ WB	
		119b	-
		120a	01
		120b	-

Vehicle 1

100b	04	23 Veh #	1
		24 Policy No.	939446836
		25 NJ Ins. Code	054
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	ROIZA
		Initial	-
		Last Name	BLUTH
		29 Sex	F
103	01	27 Number & Street	2 GARDEN OF EDEN DR
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	04
		DL Class	D
		Restrictions	1
		Endorsements	-
		31 State	NJ
105	02	32 Driver's License Number	B56706650059914
		33 DOB (mm dd yyyy)	09/16/1991
		34 Expires (mm yy)	09 25
106	-	35 Owner's First Name	☐ Same As Driver CHAIM
		Initial	-
		Last Name	BLUTH
107	-	36 Number & Street	2 GARDEN OF EDEN DR
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	SIE
		40 Color	GY
		41 Year	2017
		42 Plate No.	N89NBS
		43 State	NJ
110	01	44 VIN	5TDYZ3DC9HS807835
		45 Expires	12 22
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No. -
116	02	50 Carrier No.	☐ USDOT - ☒ None
117	02		☐ 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.	4066-92-73-04		
55 NJ Ins. Code	148		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	YAAKOV		
Initial	-		
Last Name	WEISBERG		
59 Sex	M		
57 Number & Street	208 JAMESCREST CT		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	02		
DL Class	D		
Restrictions	1		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	W23017890010032		
63 DOB (mm dd yyyy)	10/08/2003		
64 Expires (mm yy)	10 25		
65 Owner's First Name	☐ Same As Driver YEHOSHUA		
Initial	-		
Last Name	WEISBERG		
66 Number & Street	208 JAMESCREST CT		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	TOYT		
69 Model	SIE		
70 Color	GY		
71 Year	2017		
72 Plate No.	J22KWX		
73 State	NJ		
74 VIN	5TDKZ3DC9HS824902		
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	-		

118a	08	
118b	-	
119a	06	
119b	-	
120a	01	
120b	-	
121a	01	
121b	-	
122	04	
123	15	
124	04	
125	04	
126a	26	
126b	-	
126c	-	
126d	-	
126e	26	
127a	26	
127b	-	
127c	-	
127d	-	
127e	26	
128	26	
129	11	
130	11	
131	01	
132	01	
133	03	
134	03	

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ 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	30	F	-	-	-	11	04	-	-	ROIZA - BLUTH - 2 GARDEN OF EDEN DR LAKEWOOD NJ 08701
B	01	04	01	05	2	M	-	-	-	05	05	-	-	ELIMELECH - BLUTH 2 GARDEN OF EDEN DR LAKEWOOD NJ 08701
C	01	06	01	05	4	F	-	-	-	05	05	-	-	MIRIAM - BLUTH 2 GARDEN OF EDEN DR LAKEWOOD NJ 08701
D	01	07	01	05	7	F	-	-	-	11	04	-	-	RIVKA - BLUTH 2 GARDEN OF EDEN DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

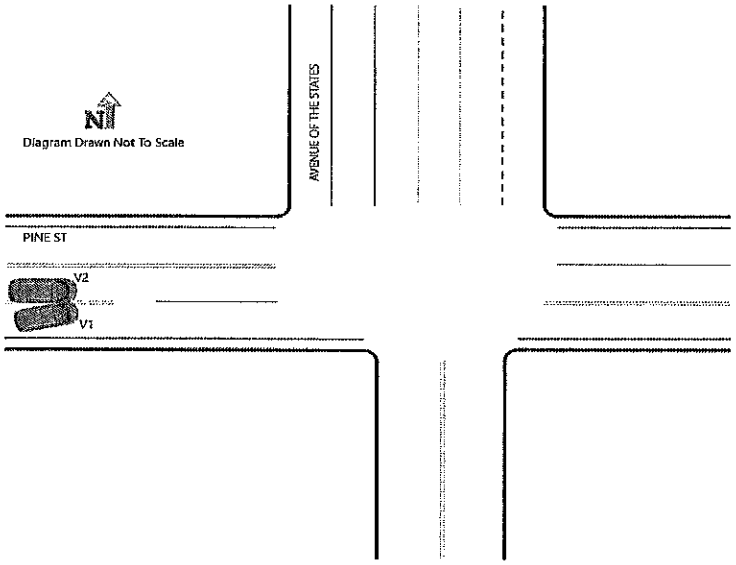
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-061000

(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	01	09	01	05	6	F	-	-	-	07	07	-	-	ETTY - BLUTH 2 GARDEN OF EDEN DR LAKEWOOD NJ 08701
F	02	01	01	05	18	M	-	-	-	11	04	-	-	YAAKOV - WEISBERG - 208 JAMESCREST CT LAKEWOOD NJ 08701
G	02	03	01	05	14	M	-	-	-	11	04	-	-	MORDECHAI - WEISBERG - 208 JAMESCREST CT LAKEWOOD NJ 08701
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was traveling east on Pine St. She started to make a K-turn and collided with V2 when she turned left.

The driver of V2 stated he was traveling east on Pine St. He stated he was passing V1 in order to enter the left turn lane. While passing V1, V1 turned left into the side of V2.

Based on my investigation, both vehicles caused the crash. V1 made an improper turn and V2 passed over a double yellow line.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060964

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles: 75 (14) (15)

☐ N ☐ E ☒ S ☐ W (16) of: LOCUST STREET

11 Speed Limit: 45

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.045676 — 22 Longitude: -74.197483

4 Date of Crash (mm dd yy): 08/02/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1400 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: SNJ00064087012 — 25 NJ Ins. Code: 038

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

26 Driver's First Name: PATRICIA — Initial: A — Last Name: ROKOSE — 29 Sex: F

27 Number & Street: 163 GRAMERCY CT

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

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

32 Driver's License Number: R62056176155754 — 33 DOB (mm dd yyyy): 05/19/1975 — 34 Expires (mm yy): 05 24

35 Owner's ☐ Same As Driver — First Name: PATRICIA — Initial: A — Last Name: ROKOSE

36 Number & Street: 163 GRAMERCY CT

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

38 Make: NISS — 39 Model: ALT - AL — 40 Color: WHI — 41 Year: 2004 — 42 Plate No.: U40LXP — 43 State: NJ

44 VIN: 1N4AL11E64C161300 — 45 Expires: 10 22

46 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: PAA80002154045 — 55 NJ Ins. Code: 963

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

56 Driver's First Name: MAHESHKUM — Initial: M — Last Name: BRAHMBHATT — 59 Sex: M

57 Number & Street: 5 ISABELLA DR

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

60 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: B71555097405541 — 63 DOB (mm dd yyyy): 05/11/1954 — 64 Expires (mm yy): 05 24

65 Owner's ☐ Same As Driver — First Name: MAHESHKUM — Initial: M — Last Name: BRAHMBHATT

66 Number & Street: 5 ISABELLA DR

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

68 Make: NISS — 69 Model: ALT - AL — 70 Color: WHI — 71 Year: 2010 — 72 Plate No.: ZVT92E — 73 State: NJ

74 VIN: 1N4AL2AP3AN493184 — 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	-	-	PATRICIA A ROKOSE - 163 GRAMERCY CT LAKEWOOD NJ 08701
B	02	01	01	05	68	M	-	-	-	11	04	-	-	MAHESHKUM M BRAHMBHATT - 5 ISABELLA DR LAKEWOOD NJ 08701
C														
D														

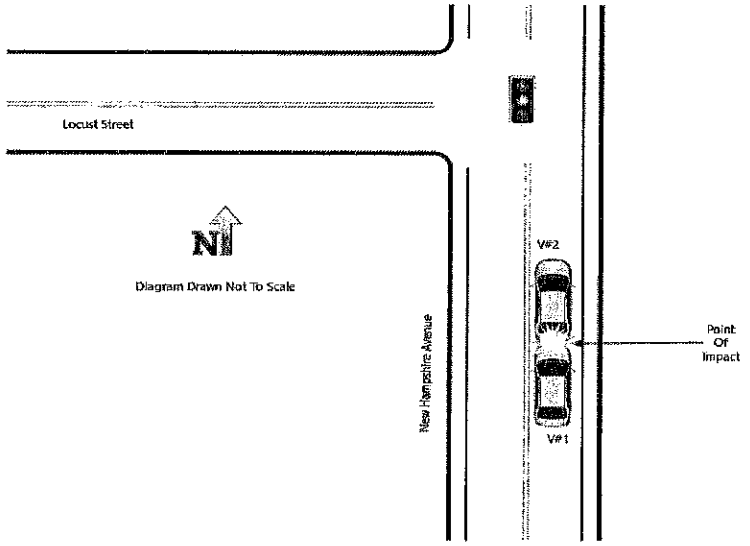
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060964

(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

Both drivers were traveling North on New Hampshire Avenue approaching the intersection of Locust Street. Driver #1 said that driver #2 stopped short and she was unable to stop in time and she struck vehicle #2 from behind. Driver #2 said that he didn't stop short they were actually moving when driver #1 struck his vehicle. Driver #1 was found to be at fault for the crash. No reported injuries at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERRILL D	323	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	1
105	14
106	-
107	-
108	01
109	13
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-060939

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/02/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1110

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles (14, 15) ☒ N ☐ E ☐ S ☐ W (16) of: MARTIN LUTHER KING DRIVE

11 Speed Limit: 45

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

18 Speed Limit: 30

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.086258

22 Longitude: -74.210359

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	43
124	03
125	04
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	02
130	02
131	08
132	08
133	01
134	01

Vehicle 1

23 Veh #: 1

24 Policy No.: 943533189

25 NJ Ins. Code: 134

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

26 Driver's First Name: CHAYA — Initial: M — Last Name: ROTHSCHILD — 29 Sex: F

27 Number & Street: 124 ALAN CT

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: R67681227456742

33 DOB (mm dd yyyy): 06/14/1974

34 Expires (mm yy): 06 25

35 Owner's ☐ Same As Driver — First Name: CHAYA — Initial: M — Last Name: ROTHSCHILD -

36 Number & Street: 124 ALAN CT

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

38 Make: TOYT — 39 Model: CE — 40 Color: BLK — 41 Year: 2012 — 42 Plate No.: L59GAN — 43 State: NJ

44 VIN: 5TDZK3DC5CS259642

45 Expires: 11 22

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle P

53 Veh #: P

54 Policy No.: -

55 NJ Ins. Code: -

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

56 Driver's First Name: SOFIA — Initial: - — Last Name: CRUZ - — 59 Sex: F

57 Number & Street: 217 LINCOLN ST

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

60 Eyes: BR — DL Class: - — Restrictions: - — Endorsements: -

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): 01/04/2000

64 Expires (mm yy): - -

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

66 Number & Street

67 City — State — Zip

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

74 VIN — 75 Expires

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT - ☐ 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	39:4-97	294633	-		-

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	48	F	-	-	-	11	04	-	-	CHAYA M ROTHSCHILD - 124 ALAN CT LAKEWOOD NJ 08701 - -
B	P	-	01	04	22	F	11	05	02	01	01	-	6502	SOFIA - CRUZ - 217 LINCOLN ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

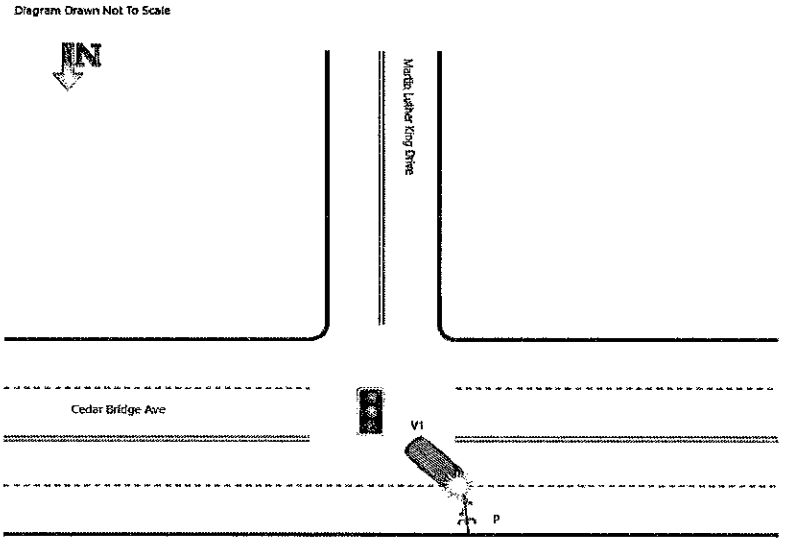
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060939

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling north on Martin Luther King Drive and attempted to turn left onto Cedar Bridge Ave. She did not see the pedal cyclist and struck the bike near the rear of it.

P stated that she was crossing Cedar Bridge Ave heading west when she was struck by V1. She stated she had the walk signal activated when she began to cross the street.

P suffered a possible injury to her leg and was transported to Monmouth Medical Southern Campus by ambulance. V1 sustained no damage and D1 had no report of injury. D1 was issued one summons by mail for careless driving.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	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	22-060931
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	05	4 Date of Crash (mm dd yy)	08/02/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1021
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	NEW HAMPSHIRE AVE
		☒ At Intersection With	BELLINGER ST
		☐ Feet ☐ N ☐ E of:	
		☐ Miles ☐ S ☐ W	
		11 Speed Limit	50
		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	40.062847
		22 Longitude	-74.193462
118a	25		
118b	-		
119a	05		
119b	08		
120a	01		
120b	-		

100b	04	23 Veh #	1
101	02	24 Policy No.	4572697870
		25 NJ Ins. Code	100
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	ISABELLA F WILLIAMS -
		29 Sex	F
103	01	27 Number & Street	160 JAMES STREET 11-15
104	2	28 City / State / Zip	TOMS RIVER NJ 08753
		30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	02	32 Driver's License Number	W43653716651002
		33 DOB (mm dd yyyy)	01/31/2000
		34 Expires (mm yy)	01 25
106	-	35 Owner's First Name / Initial / Last Name	☐ Same As Driver ISABELLA F WILLIAMS -
107	-	36 Number & Street	160 JAMES STREET 11-15
108	01	37 City / State / Zip	TOMS RIVER NJ 08753
109	01	38 Make	HOND
		39 Model	ODY
		40 Color	BGE
		41 Year	2008
		42 Plate No.	P28PDV
		43 State	NJ
110	01	44 VIN	5FNRL38608B075464
		45 Expires	09 22
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	03	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	03	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	
118a	25		
118b	-		
119a	05		
119b	08		
120a	01		
120b	-		
121a	01		
121b	-		
122	01		
123	02		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	11		
130	11		
131	02		
132	02		
133	04		
134	03		

53 Veh #	2	54 Policy No.	989010762
		55 NJ Ins. Code	054
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NAOMI - BENSOUSSAN -		
59 Sex	F		
57 Number & Street	904 TWIN OAKS DR		
58 City / State / Zip	LAKEWOOD NJ 08701		
60 Eyes	06		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	B25825790052766		
63 DOB (mm dd yyyy)	02/13/1976		
64 Expires (mm yy)	02 24		
65 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - BENSOUSSAN -		
66 Number & Street	904 TWIN OAKS DR		
67 City / State / Zip	LAKEWOOD NJ 08701		
68 Make	TES		
69 Model	MOD		
70 Color	BLK		
71 Year	2022		
72 Plate No.	S74PNW		
73 State	NJ		
74 VIN	7SAYGDEEXNF331805		
75 Expires	12 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.
			2	39:4-97	1514A292889
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	-	22	F	-	-	-	11	04	-	-	ISABELLA F WILLIAMS - 160 JAMES STREET 11-1! TOMS RIVER NJ 08753
B	2	01	01	-	46	F	-	-	-	11	04	-	-	NAOMI - BENSOUSSAN - 904 TWIN OAKS DR LAKEWOOD NJ 08701
C	2	03	01	-	18	M	-	-	-	11	04	-	-	YITZCHAK - BENSOUSSAN - 2219 E 7TH ST BROOKLYN NY 11223
D	1	05	01	-	12	F	-	-	-	11	04	-	-	LIZA MCMILLAN 160 JAMES STREET 11- TOMS RIVER NJ NJ 08753

New Jersey Police Crash Investigation Report

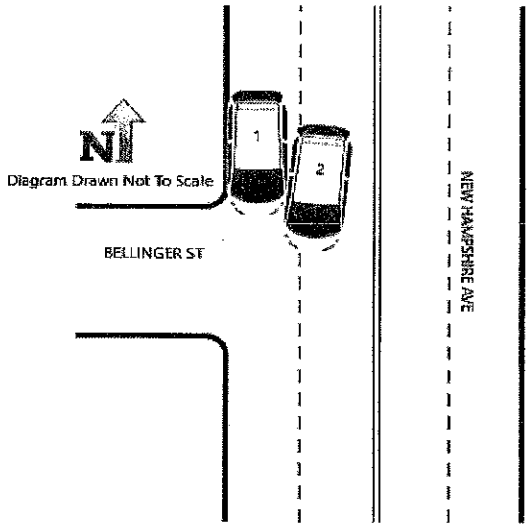
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-060931

(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 Deept	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 in the right hand lane at the intersection with Bellinger St. Vehicle #2 was traveling South on New Hampshire Ave in the left hand lane at the intersection with Bellinger St. Driver #2 attempted to make a right turn from the left lane and struck vehicle #1. Driver #1 stated that she was going straight and vehicle #2 came into her lane and struck her vehicle. Driver #2 stated that vehicle #1 was in her blind spot as she was changing lanes to make a right turn onto Bellinger St. Driver #2 made an improper right turn from the left hand lane causing the crash.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-060737
98	07	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	05	3 Station/Precinct	
100a	01	4 Date of Crash (mm dd yy)	08/01/22
		5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1951
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	E COUNTY LINE RD
		☐ At Intersection With	
		Road Name	
		Dir	
		11 Speed Limit	40
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	45
		☒ Feet ☐ Miles	100
		☐ N ☒ E ☐ S ☐ W	
		of:	MADISON AVE
		14	15
		16	
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.106197
		22 Longitude	-74.219377
118a	04		
118b	-		
119a	25		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	03		
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	02		
132	02		
133	03		
134	04		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	G01 1755708 00
102	01	25 NJ Ins. Code	392
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	ADRIAN
105	07	Initial	-
106	-	Last Name	OLVERACASTILLO -
107	-	29 Sex	M
108	01	27 Number & Street	14 YORKSHIRE DR
109	03	28 City	JACKSON
110	01	State	NJ
111	01	Zip	08527
112	-	30 Eyes	1
113	-	DL Class	D
114	-	Restrictions	-
115	-	Endorsements	-
116	03	31 State	NJ
117	04	32 Driver's License Number	O56760110008801
		33 DOB (mm dd yyyy)	08/26/1980
		34 Expires (mm yy)	08 25
		35 Owner's ☐ Same As Driver	ADRIAN - OLVERACASTILLO -
		36 Number & Street	14 YORKSHIRE DR
		37 City	JACKSON
		State	NJ
		Zip	08527
		38 Make	TOYT
		39 Model	CAM
		40 Color	3
		41 Year	2007
		42 Plate No.	M27PCX
		43 State	NJ
		44 VIN	4T1BE46K77U701921
		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.	4386-58-41-57		
55 NJ Ins. Code	100		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	LORENZO		
Initial	-		
Last Name	MORALES -		
59 Sex	M		
57 Number & Street	15 LUXURY CIR		
58 City	JACKSON		
State	NJ		
Zip	08527		
60 Eyes	2		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	M65544840010922		
63 DOB (mm dd yyyy)	10/06/1992		
64 Expires (mm yy)	10 25		
65 Owner's ☐ Same As Driver	LORENZO - MORALES -		
66 Number & Street	15 LUXURY CIR		
67 City	JACKSON		
State	NJ		
Zip	08527		
68 Make	FORD		
69 Model	TRA		
70 Color	BLK		
71 Year	2017		
72 Plate No.	U91NWF		
73 State	NJ		
74 VIN	1FTYR2CG8HKA06853		
75 Expires	09 22		
76 Vehicle Removed To	MOISHYS TOWING; ☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City	-		
State	-		
Zip	-		

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	1514-A-293000	-		-
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	41	M	-	-	-	11	04	-	-	ADRIAN - OLVERACASTILLO - 14 YORKSHIRE DR JACKSON NJ 08527
B	2	01	01	05	29	M	-	-	-	11	11	02	-	LORENZO - MORALES - 15 LUXURY CIR JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

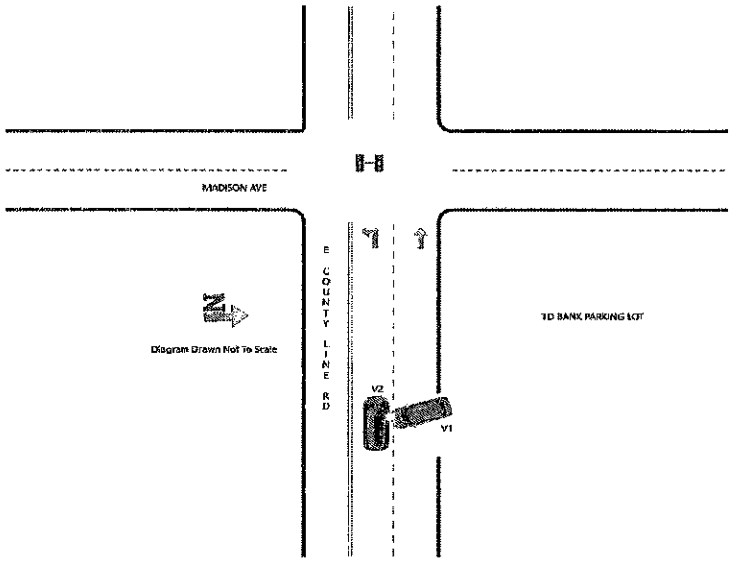
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-060737

(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

Driver 1 stated that while making a left turn out of the TD Bank parking lot he did not see Vehicle 2 and struck Vehicle 2.

Vehicle 2 stated that while traveling West on E County Line Rd in the left only lane of travel his vehicle was suddenly struck in the passenger side by Vehicle 1.

Vehicle 1 sustained damage to the front passenger side bumper consisting of dents, paint transfer, and it coming loose near the passenger side corner panel.

Vehicle 2 sustained damage to the passenger side front and rear doors consisting of dents, scratches, and paint transfer. Both side air bags deployed and Vehicle 2 had to be towed.

Due to driver statements and my observations on scene I determined that Driver 1 made a left turn when it was not clear to do so 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	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	02
103	02
104	2
105	02
106	-
107	-
108	01
109	20
110	01
111	02
112	-
113	-
114	-
115	03
116	03
117	03

1 Case Number: 22-060709

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVE — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles — 14: - — 15: ☐ N ☐ E ☐ S ☐ W — 16: of: SALEM ST

11 Speed Limit: 50

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

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): 08/01/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1558

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.055420

22 Longitude: -74.195863

118a	04
118b	08
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	06
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	09
130	09
131	01
132	01
133	03
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 80J2317928784017

25 NJ Ins. Code: 889

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

26 Driver's First Name: ESTHER — Initial: - — Last Name: OPPENHEIMER — 29 Sex: F

27 Number & Street: 68 TOVA DR

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: O70892390061762

33 DOB (mm dd yyyy): 11/20/1976

34 Expires (mm yy): 11 24

35 Owner's ☐ Same As Driver — First Name: JACOB — Initial: - — Last Name: OPPENHEIMER

36 Number & Street: 68 TOVA DR

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

38 Make: NISS — 39 Model: SEN - SE — 40 Color: BK — 41 Year: 2019 — 42 Plate No.: Y28PUF — 43 State: NJ

44 VIN: 3N1AB7AP9KY272027

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.: SELF INSURED

55 NJ Ins. Code: -

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

56 Driver's First Name: HILLEL — Initial: - — Last Name: BASSER — 59 Sex: M

57 Number & Street: 533 CHESTNUT ST

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: B07673330006024

63 DOB (mm dd yyyy): 06/10/2002

64 Expires (mm yy): 06 26

65 Owner's ☐ Same As Driver — First Name: CO OF ARIZONA — Initial: - — Last Name: UHAUL

66 Number & Street: 2727 N CENTRAL AVE

67 City: PHOENIX — State: AZ — Zip: 85004

68 Make: FORD — 69 Model: F65 — 70 Color: WT — 71 Year: 2022 — 72 Plate No.: AL59014 — 73 State: AZ

74 VIN: 1FDNF6CN7NDF62858

75 Expires: 12 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	F	-	-	-	11	04	-	-	ESTHER - OPPENHEIMER - 68 TOVA DR LAKEWOOD NJ 08701
B	01	03	01	05	7	M	-	-	-	11	04	-	-	DOVI - OPPENHEIMER 68 TOVA DR LAKEWOOD NJ 08701
C	01	04	01	05	7	M	-	-	-	11	04	-	-	YERUCHEM - SHACAR 102 ELMHURST BLVD LAKEWOOD NJ 08701
D	01	05	01	05	7	M	-	-	-	11	04	-	-	TZVI - ATLAS 46 TOVA DR LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

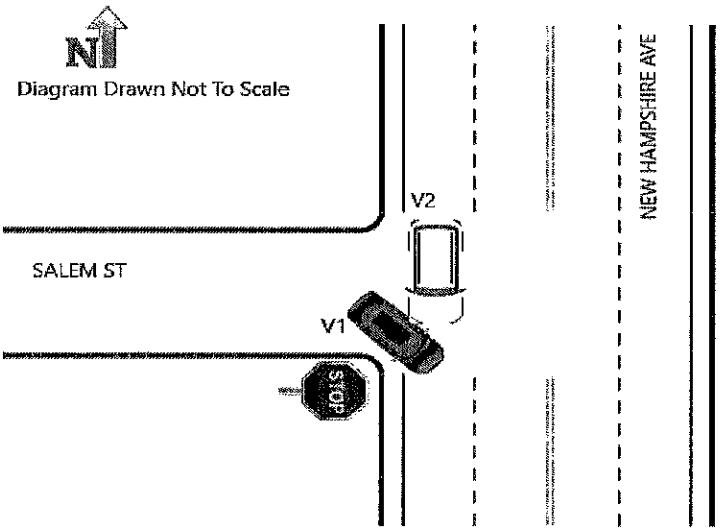
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060709

(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	01	06	01	05	7	M	-	-	-	11	04	-	-	AVRUMI - POSEN 112 ELMHURST BLVD LAKEWOOD NJ 08701
F	02	01	01	05	20	M	-	-	-	11	04	-	-	HILLEL - BASSER - 533 CHESTNUT ST LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of V1 stated she was turning right onto New Hampshire Ave from Salem St. The traffic on New Hampshire was bumper to bumper. V1 was partially on Salem St and partially on New Hampshire Ave. Traffic started moving again and there was a collision between V1 and V2.

The driver of V2 stated he was traveling south on New Hampshire Ave in the right lane. He was stopped in traffic. Traffic started moving and V2 moved forward. V2 collided with V1. V2 did not see V1 turn right due to V1 being in V2's blind spot.

Based on my investigation, V1 caused the crash by not yielding to the right of way of V2 prior to partially turning right onto New Hampshire Ave.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060700

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/01/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1521

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: NEW HAMPSHIRE AVE — Road Name — Dir: -

11 Speed Limit: 50

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☒ At Intersection With — ☐ Feet ☐ Miles (14) — (15) — ☐ N ☐ E ☐ S ☐ W (16) of: CHESTNUT ST

16 Speed Limit: 45

17 Cross Road Name: -

19 Ramp ☐ To ☐ From

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.051704

22 Longitude: -74.196472

118a	04
118b	16
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	12
132	12
133	04
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: NJSS209861606

25 NJ Ins. Code: 217

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

26 Driver's First Name: MENDEL — Initial: C — Last Name: BRUCKENSTEIN — 29 Sex: M

27 Number & Street: 3 GUDZ RD

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: B764453963029 62 — 33 DOB (mm dd yyyy): 02/04/1996 — 34 Expires (mm yy): 02 25

35 Owner's ☐ Same As Driver — First Name: JOSEPH — Initial: A — Last Name: HAMMER -

36 Number & Street: 40 CLEAR STREAM RD

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

38 Make: TOYT — 39 Model: CAM — 40 Color: BK — 41 Year: 2014 — 42 Plate No.: J16HGX — 43 State: NJ

44 VIN: 4T4BF1FK9ER352470 — 45 Expires: 12 22

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 ☐ 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.: 939 424 493

55 NJ Ins. Code: 054

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

56 Driver's First Name: BLANCA — Initial: E — Last Name: CHACONVASQUEZ - — 59 Sex: F

57 Number & Street: 1436 PARK AVE

58 City: BRICK — State: NJ — Zip: 08724

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: C31330936551772 — 63 DOB (mm dd yyyy): 01/03/1977 — 64 Expires (mm yy): 01 25

65 Owner's ☐ Same As Driver — First Name: BLANCA — Initial: E — Last Name: CHACONVASQUEZ -

66 Number & Street: 1436 PARK AVE

67 City: BRICK — State: NJ — Zip: 08724

68 Make: TOYT — 69 Model: HIG — 70 Color: BL — 71 Year: 2005 — 72 Plate No.: ZYZ25V — 73 State: NJ

74 VIN: JTEEP21A150125953 — 75 Expires: 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 ☐ 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	04	26	M	02	05	02	11	04	-	6502	MENDEL C BRUCKENSTEIN - 3 GUDZ RD LAKEWOOD NJ 08701
B	02	01	01	05	45	F	-	-	-	11	04	-	-	BLANCA E CHACONVASQUEZ - 1436 PARK AVE BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

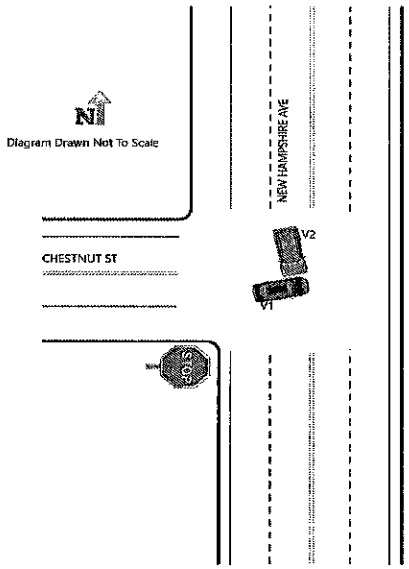
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060700

(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

The driver of V1 stated he was turning left onto New Hampshire Ave from Chestnut St. He observed the right lane of travel on New Hampshire Ave was stopped. He proceeded into the intersection but did not observe V2 traveling south in the left lane on New Hampshire Ave. V1 and V2 collided.

The driver of V2 stated she was traveling south on New Hampshire Ave in the left lane when V1 entered the intersection. V2 was unable to avoid a collision. 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	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060696

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

3 Station/Precinct: -

10 Crash Occurred On: JAMES ST — Road Name — Dir: -

☐ At Intersection With — Road Name: WILLIAMS ST

☒ Feet ☐ Miles — 14: 500 — 15 — 16

☐ N ☒ E ☐ S ☐ W of:

11 Speed Limit: 35 — 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): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1441 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.079689 — 22 Longitude: -74.220761

118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	04
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: SNJ00065801892 — 25 NJ Ins. Code: 038

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

26 Driver's First Name: DANTE — Initial: J — Last Name: HOLLY — 29 Sex: M

27 Number & Street: 116 MARTIN LUTHER KING DR; A

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

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

32 Driver's License Number: H62831547105902 — 33 DOB (mm dd yyyy): 05/13/1990 — 34 Expires: 05 26

35 Owner's ☐ Same As Driver — First Name: DANTE — Initial: J — Last Name: HOLLY

36 Number & Street: 116 MARTIN LUTHER KING DR; A

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

38 Make: DODG — 39 Model: DUR — 40 Color: RD — 41 Year: 1999 — 42 Plate No.: U99RBP — 43 State: NJ

44 VIN: 1B4HS28Z1XF611302 — 45 Expires: 06 23

46 Vehicle Removed To: TOTAL CAR CARE

☒ 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.: 996767010 206 1 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: DOBI — Initial: L — Last Name: BAUM — 59 Sex: F

57 Number & Street: 23 SEQUOIA ST

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

60 Eyes: 06 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: B08851717353736 — 63 DOB (mm dd yyyy): 03/11/1973 — 64 Expires: 03 26

65 Owner's ☐ Same As Driver — First Name: SIMON — Initial: G — Last Name: BAUM

66 Number & Street: 23 SEQUOIA ST

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

68 Make: CHRY — 69 Model: PAC — 70 Color: 4 — 71 Year: 2020 — 72 Plate No.: K14MDM — 73 State: NJ

74 VIN: 2C4RC1BG4LR102815 — 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	01	01	01	05	32	M	-	-	-	11	11	01	-	DANTE J HOLLY - 116 MARTIN LUTHER KI LAKEWOOD NJ 08701 - -
B	01	06	01	05	3	F	-	-	-	05	05	01	-	AZARA - HOLLY - 116 MARTIN LUTHER KI LAKEWOOD NJ 08701 - -
C	01	07	01	05	5	M	-	-	-	05	05	01	-	NASIR - ALEXANDER - 116 MARTIN LUTHER KI LAKEWOOD NJ 08701 - -
D	01	08	01	05	1	F	-	-	-	06	06	01	-	ALAYAH - HOLLY - 116 MARTIN LUTHER KI LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

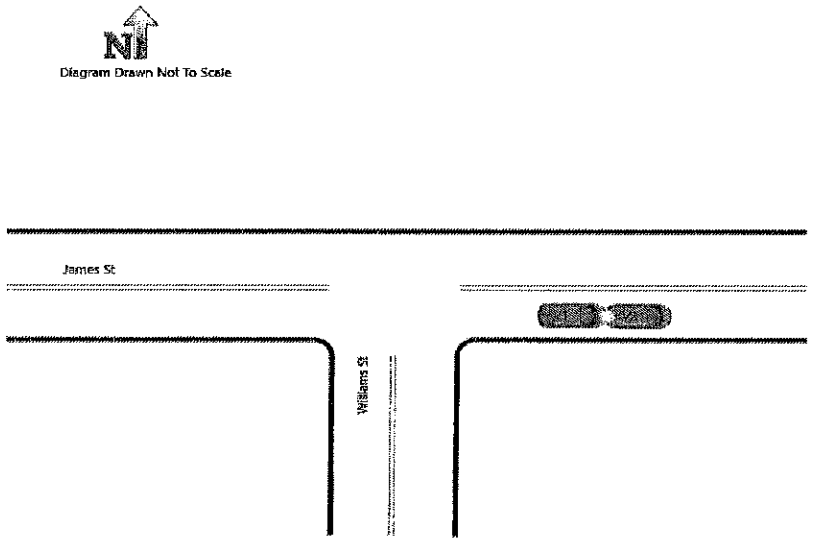
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060696

(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	01	01	05	49	F	-	-	-	11	04	-	-	DOBI L BAUM - 23 SEQUOIA ST LAKEWOOD NJ 08701 - -
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Both vehicles 1 and 2 were traveling east bound on James St. Vehicle 2 ended up stopping in traffic that was building up. Vehicle 1 did not stop and ended up crashing into the rear of vehicle 2.

Driver 1 stated vehicle 2 stopped short resulting in him crashing into them.

Driver 2 stated she was stopped in traffic when vehicle 1 crashed into the rear of her vehicle.

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

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

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	02
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: 22-060695

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

3 Station/Precinct:

10 Crash Occurred On: RIDGE AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: BROOK RD

11 Speed Limit: 40 — 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): 08/01/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1431

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

21 Latitude: 40.098327

22 Longitude: -74.189499

118a	09
118b	02
119a	25
119b	-
120a	02
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	04
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: 191694956

25 NJ Ins. Code: 170

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

26 Driver's First Name: HUMBERTO — Initial: - — Last Name: ALVAREZ BARRERA - — 29 Sex: M

27 Number & Street: 106 W CYPRESS AVE

28 City: TOMS RIVER — State: NJ — Zip: 08755

30 Eyes: 02 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 05/25/1974 — 34 Expires (mm yy): - -

35 Owner's First Name: FILOMENO — Initial: - — Last Name: CHOLULA-GARCIA -

☐ Same As Driver

36 Number & Street: 8 IRIS DRIVE

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

38 Make: HOND — 39 Model: ACC — 40 Color: GRN — 41 Year: 2000 — 42 Plate No.: N47PRD — 43 State: NJ

44 VIN: 1HGCG6699YA114474 — 45 Expires: 01 23

46 Vehicle Removed To: TOTAL CAR CARE (UNIT20)

☐ 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. 26 % ☐ 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.: 01704408

55 NJ Ins. Code: 135

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

56 Driver's First Name: HECTOR — Initial: O — Last Name: RODRIGUEZ - — 59 Sex: M

57 Number & Street: 1526 REDONDO LN

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

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: R60943200009732 — 63 DOB (mm dd yyyy): 09/05/1973 — 64 Expires (mm yy): 09 23

65 Owner's First Name: HECTOR — Initial: O — Last Name: RODRIGUEZ -

☐ Same As Driver

66 Number & Street: 1526 REDONDO LN

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

68 Make: CHEV — 69 Model: SAV — 70 Color: WHI — 71 Year: 2014 — 72 Plate No.: XJPM83 — 73 State: NJ

74 VIN: 1GTZ7UCG9E1130685 — 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.
01	39:4-50	A290930	01	39:4-96	A294611
01	39:3-10	A294613	01	142 Charge: 39:4-51B	143 Summons. No.: A294614

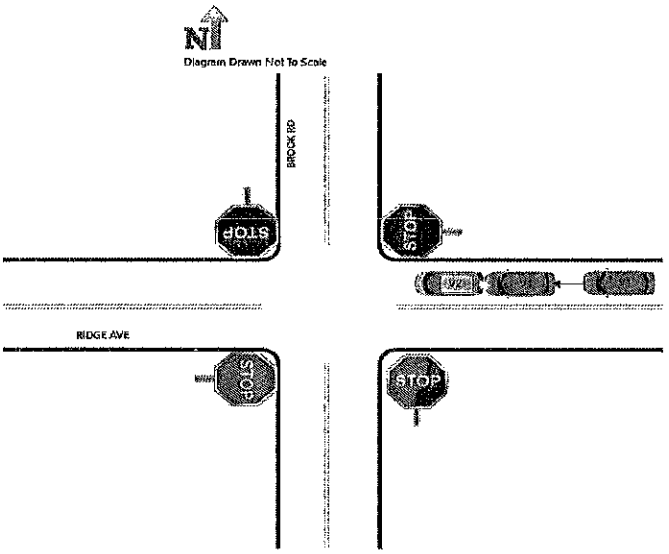
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	48	M	08	04	01	11	11	01	-	HUMBERTO - ALVAREZ BARRERA - 106 W CYPRESS AVE TOMS RIVER NJ 08755
B	01	03	01	-	47	M	-	-	-	11	11	01	-	FILOMENO - CHOLULA-GARCIA - 8 IRIS DRIVE JACKSON NJ 08527
C	01	07	01	-	47	M	-	-	-	11	11	01	-	CESAR - TEGGES - 60 JODA DR LAKEWOOD NJ 08701
D	02	01	01	-	48	M	-	-	-	11	04	-	-	HECTOR O RODRIGUEZ - 1526 REDONDO LN LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-060695

(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

Driver of V1 stated he was traveling West on Ridge Ave. D1 stated his brakes did not work and he collided with the rear of V2. D1 had a minor laceration to his right hand, near his last knuckle opposite the thumb. He was treated at the scene and refused transport to the hospital.

Driver of V2 stated he was stopped on Ridge Ave, at the four way stop for Brook Rd. D2 stated V1 collided with the rear of his vehicle.

I determined D1 was at fault for the crash. D1 had substantial damage to the front of V1. D1 was also intoxicated and arrested for DWI. D1 was charged with:

39:4-50 on summons A290930
39:4-96 on summons A294611
39:4-97 on summons A294612
39:3-10 on summons A294613
39:4-51b on summons A294614

D1 was found at fault because of the extent of damage to his vehicle indicating he was traveling at a rate of speed greater than the speed limit. There were no skid marks or indications of D1 attempting to stop or avoid V2 either, indicating he did not observe V2 due to his level of intoxication. I made this determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene.

Please refer to the investigation narrative for further details pertaining to the DWI arrest.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	05
101	02
102	02
103	02
104	4
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-060684

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

3 Station/Precinct: -

10 Crash Occurred On: NEW HAMPSHIRE AVE | Road Name | - Dir

☐ At Intersection With

☒ Feet ☐ Miles (14 / 15) | 150 (16) | ☐ N ☐ E ☒ S ☐ W of: SWARTHMORE AVE

11 Speed Limit: 45 | 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

21 Latitude: 40.081270 | 22 Longitude: -74.180698

4 Date of Crash (mm dd yy): 08/01/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1307 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 2

118a	25
118b	-
119a	09
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
123	01
124	04
125	04
126a	26
126b	26
126c	26
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	04
134	04

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6014083962061 | 25 NJ Ins. Code: 884

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

26 Driver's First Name: REGINA | Initial: M | Last Name: PARETZKY | 29 Sex: F

27 Number & Street: 449 PARK AVENUE

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

30 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: P05766467454544 | 33 DOB (mm dd yyyy): 04/23/1954 | 34 Expires (mm yy): 04 25

35 Owner's First Name: ☐ Same As Driver KENNETH | Initial: - | Last Name: PARETZKY

36 Number & Street: 449 PARK AVENUE

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

38 Make: TOYT | 39 Model: COR | 40 Color: WHI | 41 Year: 2015 | 42 Plate No.: G43KKG | 43 State: NJ

44 VIN: 2T1BURHE7FC454939 | 45 Expires: 09 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 ☐ 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.: 4345897260 | 55 NJ Ins. Code: 148

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

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

57 Number & Street: 3 FLANNERY AVE

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

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: W25325630006054 | 63 DOB (mm dd yyyy): 06/19/2005 | 64 Expires (mm yy): 06 26

65 Owner's First Name: ☐ Same As Driver YAAKOV | Initial: - | Last Name: WENGER

66 Number & Street: 3 FLANNERY AVENUE

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

68 Make: TOYT | 69 Model: SIE | 70 Color: GRY | 71 Year: 2016 | 72 Plate No.: V16PVM | 73 State: NJ

74 VIN: 5TDYK3DC8GS701170 | 75 Expires: 04 23

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 ☐ 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			1		
2	39:4-97	A-293006	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	03	68	F	06	08	02	11	11	04	6502	REGINA M PARETZKY - 449 PARK AVENUE LAKEWOOD NJ 08701
B	02	01	01	-	17	M	-	-	-	11	11	04	-	MORDECHAI - WENGER - 3 FLANNERY AVE LAKEWOOD NJ 08701
C	03	01	01	-	34	M	-	-	-	11	04	-	-	IRVING J ESTRADA - 150 WEST 4TH ST HOWELL NJ 07731
D	04	01	01	03	30	F	04	08	01	11	04	-	-	ELIZABETH M KINARD - 65 LYNBROOK DR PALM COAST FL 32137

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-060684
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	05	3 Station/Precinct	-
100a	01	4 Date of Crash (mm dd yy)	08/01/22
		5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1307
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	2
		10 Crash Occurred On:	NEW HAMPSHIRE AVE
		Road Name	
		Dir	-
		11 Speed Limit	45
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	35
		☐ At Intersection With	
		☒ Feet / ☐ Miles	150
		☐ N ☐ E ☒ S ☐ W	
		of:	SWARTHMORE AVE
		14	
		15	
		16	
		17 Cross Road Name	-
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.081270
		22 Longitude	-74.180698
		☐ NB ☐ EB ☐ SB ☐ WB	

118a	25		
118b	-		
119a	25		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	08		
123	08		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	09		
130	09		
131	06		
132	06		
133	03		
134	03		

Vehicle 3

100b	05	23 Veh #	3
101	02	24 Policy No.	BRAU277911
		25 NJ Ins. Code	187
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	02	26 Driver's First Name	IRVING
		Initial	J
		Last Name	ESTRADA
		29 Sex	M
103	02	27 Number & Street	150 WEST 4TH ST
104	4	28 City	HOWELL
		State	NJ
		Zip	07731
105	01	30 Eyes	02
		DL Class	A
		Restrictions	-
		Endorsements	-
		31 State	NJ
		32 Driver's License Number	E80723687112872
		33 DOB (mm dd yyyy)	12/19/1987
		34 Expires (mm yy)	12 25
106	-	35 Owner's First Name	-
		Initial	-
		Last Name	B&R HEATING & C(
		☐ Same As Driver	-
107	-	36 Number & Street	1642 BARRYMOR DRIVE
108	03	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	05	38 Make	CHEV
		39 Model	EXP - EX
		40 Color	WHI
		41 Year	2019
		42 Plate No.	XLEA55
		43 State	NJ
110	02	44 VIN	1GCWGAFG8K1268338
		45 Expires	07 23
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
			Type: ☐ Breath ☐ Blood ☐ Urine
115	-		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	01	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	01	51 GVWR/GCWR	☐ Weight <= 10,000 lbs
			☐ Weight 10,001-26,000 lbs
			☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	
		Number & Street	
		City / State / Zip	

Vehicle 4

53 Veh #	4		
54 Policy No.	4559603495		
55 NJ Ins. Code	-		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	ELIZABETH		
Initial	M		
Last Name	KINARD		
59 Sex	F		
57 Number & Street	65 LYNBROOK DR		
58 City	PALM COAST		
State	FL		
Zip	32137		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	FL		
62 Driver's License Number	K563233917820		
63 DOB (mm dd yyyy)	08/02/1991		
64 Expires (mm yy)	08 29		
65 Owner's First Name	CARLOS		
Initial	J		
Last Name	MORENO		
☐ Same As Driver	-		
66 Number & Street	65 LYNBROOK DR		
67 City	PALM COAST		
State	FL		
Zip	32137		
68 Make	CHEV		
69 Model	AVA		
70 Color	RD		
71 Year	2007		
72 Plate No.	PFM5S		
73 State	FL		
74 VIN	3GNFK12307G309269		
75 Expires	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 ☐ 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			3		
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
4			4		

	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														

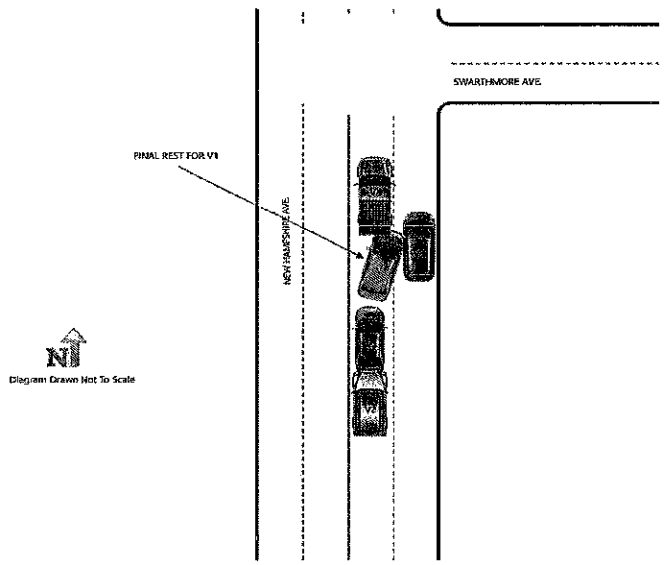
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060684

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that she was stopped in traffic, facing north on New Hampshire Ave. in the left lane of travel when she was struck in the rear by V2. Driver of V1 further stated that once she was struck in the rear by V2, the force of the crash sent her vehicle forward, causing her vehicle to strike V3 and finally resting by striking V4. Driver of V2 stated that he was traveling north on New Hampshire Ave. in the left lane of travel. Driver of V2 further stated that as he was driving, he started to come to a stop when V1 proceeded to change lanes in front of him causing the crash. Driver of V3 stated that he was stopped in traffic, facing north on New Hampshire Ave. in the right lane of travel. Driver of V3 further stated that while he was at a complete stop, he was struck on the driver side of his vehicle by V1. Driver of V4 stated that she was stopped in traffic, facing north on New Hampshire Ave. in the left lane of travel, when she was struck in the rear by V1. Driver of V4 stated that V1 was directly behind her, stopped in traffic when the crash occurred and that V1 was not changing lanes as to how V2 stated.

In conclusion to my investigation and the statements provided on scene, I determined that the driver of V2 to be at fault for following too closely.

***** Box #55 for V4. Insurance Code #01026, GEICO CASUALTY COMPANY, NO CONTACT NUMBER OR ADDRESS BASED OUT OF FLORIDA.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060662

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

3 Station/Precinct:

10 Crash Occurred On: MAIN ST | W | 11 Speed Limit: 35 | 0088 | 118a: 02

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 118b: 08

☒ Feet ☐ Miles | 14: 150 | 15 | ☐ N ☒ E ☐ S ☐ W | 16 of: CLIFTON AVE | 18 Speed Limit

19 Ramp ☐ To ☐ From: | 17 Cross Road Name | ☐ NB ☐ EB ☐ SB ☐ WB | 119a: 25

4 Date of Crash mm dd yy: 08/01/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1021 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 20 Route/Name | 21 Latitude: 40.090058 | 22 Longitude: -74.214224 | 119b: -

Veh #	Policy No.	NJ Ins. Code	Parked	Ped	Pedalcyclist	Resp To Emergency	Hit & Run
23 Veh # 1	24 Policy No. PAC00001155343	25 NJ Ins. Code 017	☐	☐	☐	☐	☐
53 Veh # 2	54 Policy No. CFIAU1000027202	55 NJ Ins. Code 223	☐	☐	☐	☐	☐

Driver's First Name	Initial	Last Name		Sex	DL Class	Restrictions	Endorsements	State	License Number	DOB mm dd yyyy	Expires mm	Expires yy
26 CARLOS	E	PENAALARCON	-	M	D	-	-	NJ	P24931106502852	02/04/1985	02	26
56 MENACHEM	M	OPPENHEIM	-	M	A	-	-	NJ	O70895397408762	08/02/1976	07	20

	27 Number & Street	28 City	State	Zip	30 Eyes	31 State	32 Driver's License Number	33 DOB mm dd yyyy	34 Expires mm	34 Expires yy
121a 01	318 DALLAS DR	TOMS RIVER	NJ	08753	2	NJ	P24931106502852	02/04/1985	02	26
121b 01	57 Number & Street: 122 FLINTLOCK DR	58 City: LAKEWOOD	NJ	08701	60 Eyes: 2	61 State: NJ	62 Driver's License Number: O70895397408762	63 DOB: 08/02/1976	64 Expires mm: 07	64 Expires yy: 20

	35 Owner's First Name	Initial	Last Name	36 Number & Street	37 City	State	Zip
124 11	☐ Same As Driver -	-	KOSHER FISHNET I -	2327 CRYSTAL MILE CT	TOMS RIVER	NJ	08755
125 11	65 Owner's: ☐ Same As Driver	YESHIVA -	CHEMDAS HATRH B -	66 Number & Street: 950 MASSACHUSETTS AVE	67 City: LAKEWOOD	NJ	08701

	38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State	44 VIN	45 Expires	
126a 08	NISS	NV2	WHI	2016	XJTU15	NJ	3N6CM0KN0GK690536	10	22
126b 26	68 Make: FORD	69 Model: ECO	70 Color: WHI	71 Year: 2014	72 Plate No.: T54GBN	73 State: NJ	74 VIN: 1FBSS3BL9EDA81600	75 Expires: 11	19

126c -

46 Vehicle Removed To: MOISHE TOWING

☐ 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

126d -

126e 26

47 Authority: ☒ Owner ☐ Driver ☐ Police

77 Authority: ☒ Owner ☐ Driver ☐ Police

127a 26

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.

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.

127b -

127c -

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

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

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

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

127d -

127e 26

52 Motor Carrier or Government Entity | Number & Street | City | State | Zip

82 Motor Carrier or Government Entity | Number & Street | City | State | Zip

128 26

129 01

130 01

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

131 11

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	A294702			

132 11

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

133 04

134 03

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	37	M	-	-	-	04	00	-		CARLOS E PENAALARCON - 318 DALLAS DR TOMS RIVER NJ 08753
B	02	01	01	05	45	M	-	-	-	04	00	-		MENACHEM M OPPENHEIM - 122 FLINTLOCK DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

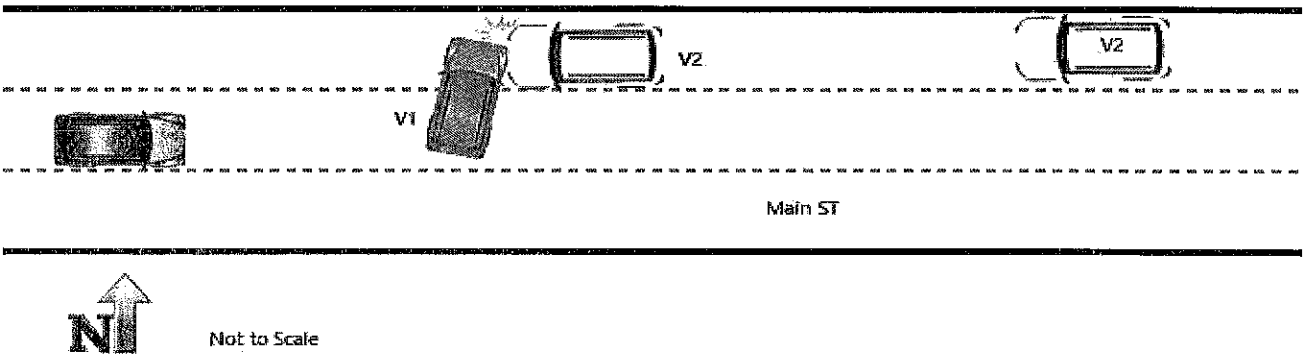
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-060662

(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)



Not to Scale

145 Crash Description/Narrative

I responded to Main Street and Clifton Avenue for a two car motor vehicle accident. Upon arrival both parties were outside of their vehicles. The driver of vehicle one (V1) spoke Spanish so Ptl. Vega#348 spoke with him. The driver of V1 stated he had his left turn signal on trying to make a left into a parking lot. He stated that there was a truck that stopped to let him go and he began to make his turn when V2, who was traveling west on Main Street came from around the truck and they collided.

The driver of V2 stated he was traveling west bound on Main Street and in the right lane when V1 began to make a left turn and they collided. No injuries were reported. Moishe Towing towed V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	02
104	2
105	03
106	-
107	-
108	01
109	31
110	01
111	02
112	-
113	09
114	-
115	02
116	02
117	03

1 Case Number: 22-060661

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

3 Station/Precinct: -

10 Crash Occurred On: CLIFTON AVENUE — Road Name — Dir: -

☒ At Intersection With — ☐ Feet — ☐ Miles — 14 — 15 — ☐ N ☐ E ☐ S ☐ W — of: 8TH STREET

11 Speed Limit: 35 — 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): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1020 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 16 — 21 Latitude: 40.097995 — 22 Longitude: -74.215733

118a	16
118b	04
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	01
132	01
133	03
134	02

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: GABRIEL — Initial: C — Last Name: ELBOGEN — 29 Sex: M

27 Number & Street: 1267 E 28TH ST

28 City: BROOKLYN — State: NY — Zip: 11210

30 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NY

32 Driver's License Number: 746232497 — 33 DOB (mm dd yyyy): 10/10/1995 — 34 Expires (mm yy): 10 26

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: LENOX RENTALS LL -

36 Number & Street: 265 LENOX AVE

37 City: LONG BRANCH — State: NJ — Zip: 07740

38 Make: KIA — 39 Model: K5 — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: P37PHK — 43 State: NJ

44 VIN: 5XXG14J24MG047894 — 45 Expires: 12 22

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

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

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

56 Driver's First Name: TAYNA — Initial: - — Last Name: FLORES — 59 Sex: F

57 Number & Street: 562 MICHELLE PL

58 City: BRICK — State: NJ — Zip: 08723

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: F55437320057832 — 63 DOB (mm dd yyyy): 07/28/1983 — 64 Expires (mm yy): 07 24

65 Owner's ☐ Same As Driver — First Name: JAYS BUS — Initial: - — Last Name: JAYS BUS SERVICE -

66 Number & Street: 672 CROSS STREET

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

68 Make: INTR — 69 Model: BUS — 70 Color: YEL — 71 Year: 2016 — 72 Plate No.: G510S1 — 73 State: NJ

74 VIN: 4DRBUC8P6GB232158 — 75 Expires: 08 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	26	M	-	-	-	11	04	-	-	GABRIEL C ELBOGEN - 1267 E 28TH ST BROOKLYN NY 11210
B	V2	01	01	05	39	F	-	-	-	11	04	-	-	TAYNA - FLORES - 562 MICHELLE PL BRICK NJ 08723
C														
D														

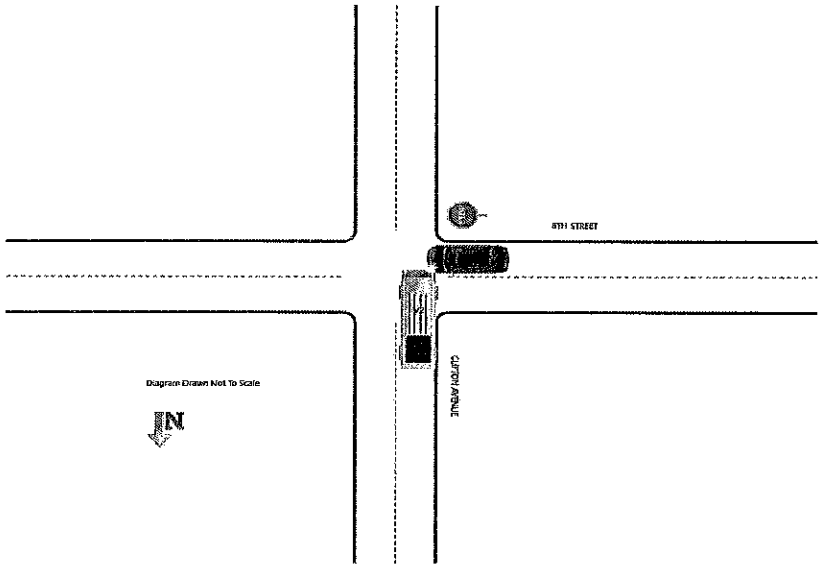
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060661

(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 8TH STREET APPOARCHING THE INTERSECTION OF CLIFTON AVENUE. D1 STATED THAT HE WAS UNDER THE IMPRESSION THAT THE INTERSECTION WAS A FOUR WAY STOP. D1 STATED THAT UPON CROSSING THE INTERSECTION TO CONTINUE ON 8TH STREET, HE STRUCK THE FRONT PASSENGER SIDE OF V2.

D2 STATED THAT SHE WAS TRAVELING SOUTH BOUND ON CLIFTON AVENUE APPOARCHING THE INTERSECTION OF 8TH STREET. D2 STATED THAT V1 COME OUT OF NO WHERE STRIKING THE FRONT PASSENGER SIDE OF HER VEHICLE.

UPON DOING MY INVESTIGATION, I PUT V1 AT FAULT FOR FAILING TO THE RIGHT OF WAY OF ON COMING TRAFFIC, DUE TO HIM HAVING A STOP SIGN, WHICH CAUSED THE CRASH TO OCCUR.

POLICY INFO FOR V1 COMPANY # 16286, POLICY # RKT0718-323-01 AND THE ADDRESS W.S TIERNEY & COMPANY 301 OAK HILL NEWTON SQUARE PA 19073

POLICY INFO FOR V2 COMPANY # 23787, POLICY # BA 2997BD AND THE ADDRESS JAY'S BUS SERVICE,INC. 1965 RUTGERS UNIVERSITY BLVD LAKEWOOD, NJ 08701

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

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-060650
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	02	3 Station/Precinct	
100a	03	4 Date of Crash (mm dd yy)	08/01/22
		5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1033
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	NEW HAMPSHIRE AVE
		Dir	-
		11 Speed Limit	45
		12 Route No.	0623
		Suffix	-
		13 Milepost	-
		☒ At Intersection With	
		Road Name	OCEAN AVE
		18 Speed Limit	35
		☐ Feet / ☐ Miles	-
		☐ N ☐ E / ☐ S ☐ W	
		14 / 15 / 16	
		19 Ramp ☐ To ☐ From:	88
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	-
		22 Longitude	-
100b	04	23 Veh #	1
		24 Policy No.	4278465523
		25 NJ Ins. Code	148
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	02	26 Driver's First Name	BENJAMIN
		Initial	-
		Last Name	TEREBELO
		29 Sex	M
103	02	27 Number & Street	143 JOHN ST
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	6
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	T26710820010866
		33 DOB (mm dd yyyy)	10/29/1986
		34 Expires (mm yy)	10 22
106	-	35 Owner's ☒ Same As Driver	BENJAMIN - TEREBELO -
107	-	36 Number & Street	143 JOHN ST
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	COR
		40 Color	3
		41 Year	2015
		42 Plate No.	H41HRA
		43 State	NJ
110	01	44 VIN	2T1BURHE4FC329820
		45 Expires	03 23
111	01	46 Vehicle Removed To	TILTON'S AUTO BODY
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	02	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	02	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	-
		135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
		Oper.	-
		136 Charge	
		137 Summons. No.	-
		Oper.	-
		140 Charge	
		141 Summons. No.	-

118a	09	53 Veh #	2
118b	02	54 Policy No.	4279450573
119a	25	55 NJ Ins. Code	148
119b	-	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
120a	01	56 Driver's First Name	SIMSON
120b	-	Initial	-
		Last Name	DEVOR
		59 Sex	M
121a	01	57 Number & Street	1725 SYMPHONY LANE
121b	-	58 City	TOMS RIVER
		State	NJ
		Zip	08755
122	07	60 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
123	08	62 Driver's License Number	D29407170011652
		63 DOB (mm dd yyyy)	11/29/1965
		64 Expires (mm yy)	11 23
124	04	65 Owner's ☒ Same As Driver	SIMSON - DEVOR -
125	09	66 Number & Street	1725 SYMPHONY LANE
126a	26	67 City	TOMS RIVER
		State	NJ
		Zip	08755
126b	-	68 Make	HYUN
		69 Model	SON - SO
		70 Color	GRY
		71 Year	2022
		72 Plate No.	B71PME
		73 State	NJ
126c	-	74 VIN	5NPEH4J22NH146626
		75 Expires	12 24
126d	-	76 Vehicle Removed To	
126e	26	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
127a	26	77 Authority	☒ Owner ☐ Driver ☐ Police
127b	-	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
127c	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		79 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
127d	-	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
127e	26	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
128	26	82 Motor Carrier or Government Entity	-
129	02	Number & Street	-
130	02	City	-
		State	-
		Zip	-
131	07		
132	07	Oper.	-
		138 Charge	
		139 Summons. No.	-
133	04	Oper.	-
		142 Charge	
		143 Summons. No.	-
134	04		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	M	-	-	-	11	04	-	-	BENJAMIN - TEREBELO - 143 JOHN ST LAKEWOOD NJ 08701
B	02	01	01	05	56	M	-	-	-	11	04	-	-	SIMSON - DEVOR - 1725 SYMPHONY LANE TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

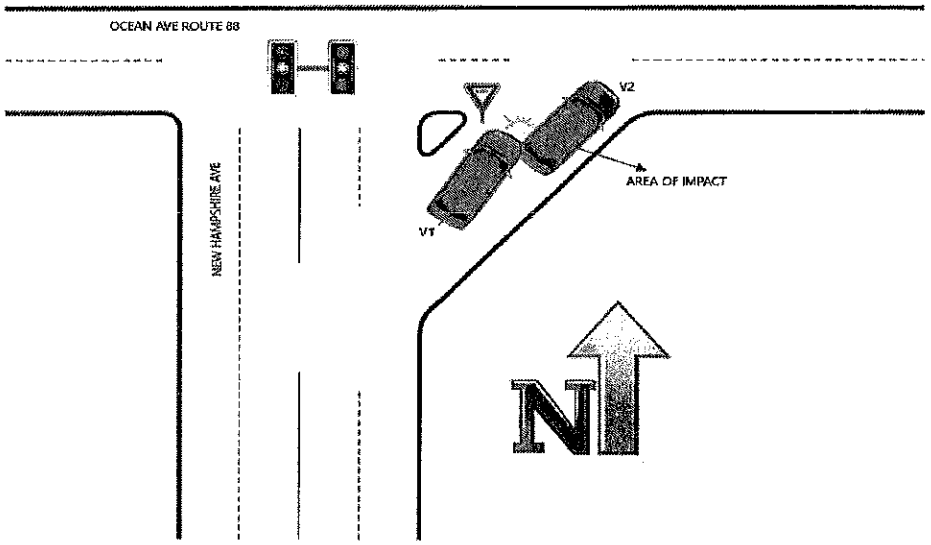
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-060650

(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

WHEN I ARRIVED BOTH VEHICLES WERE IN THE MIDDLE OF THE ROADWAY FACING EAST ON THE EXIT RAMP. VEHICLE 1 HAD DISABLING DAMAGE TO THE FRONT PASSENGER SIDE BUMPER. THERE WERE NO INJURIES.

DRIVER OF VEHICLE 1 STATED HE WAS HEADING EAST ON THE EXIT RAMP GOING ON TO OCEAN AVE ROUTE 88. HE THEN STATED HE WAS LOOKING FOR VEHICLES ON THE LEFT SO HE CAN PROCEED FORWARD. HE THEN DIDN'T REALIZE THAT VEHICLE 2 WAS STILL IN FRONT OF HIM, BEFORE MAKING CONTACT WITH THE DRIVERS SIDE OF VEHICLE 2.

DRIVER OF VEHICLE 2 STATES HE WAS YIELDING TO TRAFFIC WHEN VEHICLE 1 STRUCK THE REAR DRIVERS SIDE OF HIS BUMPER.

VEHICLE 1 WAS TOWED BY TOTAL AUTO CARE FOR DISABLING DAMAGE.

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060648

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

3 Station/Precinct: -

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

☐ At Intersection With — Road Name: ERICA ROAD — 18 Speed Limit: 25

☒ Feet ☒ N ☐ E of: ☐ S ☐ W

14: 15 — ☐ Miles — 15: 16

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

20 Route/Name

4 Date of Crash (mm dd yy): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 0920 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.043889 — 22 Longitude: -74.197777

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 958360007 — 25 NJ Ins. Code: 135

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

26 Driver's First Name: LOGAN — Initial: S — Last Name: LUCAS — 29 Sex: M

27 Number & Street: 92 FRIENDSHIP LANE

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

30 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: L90404818204025 — 33 DOB (mm dd yyyy): 04/25/2002 — 34 Expires (mm yy): 04 23

35 Owner's ☐ Same As Driver — First Name: LOGAN — Initial: S — Last Name: LUCAS

36 Number & Street: 92 FRIENDSHIP LANE

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

38 Make: FORD — 39 Model: F45 — 40 Color: WHI — 41 Year: 2002 — 42 Plate No.: XKAN59 — 43 State: NJ

44 VIN: 1FDXF47F22EB73325 — 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.: 1463537F2430 — 55 NJ Ins. Code: 962

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

56 Driver's First Name: MARILYN — Initial: - — Last Name: HUERTERO — 59 Sex: F

57 Number & Street: 36 ERICA RD

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

60 Eyes: 1 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: H91195190062881 — 63 DOB (mm dd yyyy): 12/03/1988 — 64 Expires (mm yy): 12 25

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

66 Number & Street: 36 ERICA RD

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

68 Make: CHEV — 69 Model: TRA — 70 Color: RD — 71 Year: 2014 — 72 Plate No.: Z23RBY — 73 State: NJ

74 VIN: 1GNKVJKD7EJ112920 — 75 Expires: 06 23

76 Vehicle Removed To: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

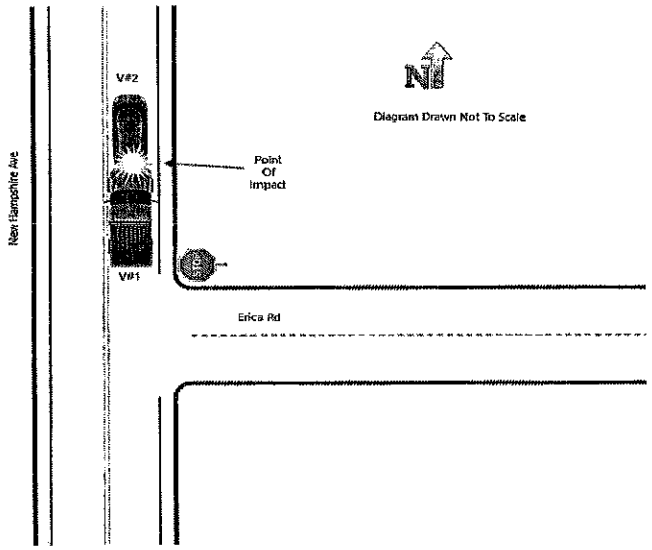
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	20	M	-	-	-	11	04	-	-	LOGAN S LUCAS - 92 FRIENDSHIP LANE TOMS RIVER NJ 08753
B	02	01	01	05	33	F	-	-	-	11	04	-	-	MARILYN - HUERTERO - 36 ERICA RD LAKEWOOD NJ 08701
C	02	03	01	05	50	F	-	-	-	11	04	-	-	AMANDA - HERNANDEZ - 36 ERICA RD LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-060648

(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

Both drivers were traveling North on New Hampshire Avenue just North of Erica Road in stop and go traffic. Driver #1 struck vehicle #2 in the rear, minor damage to both vehicles and no reported injuries at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERRILL D	323	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060641

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/01/22

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0820

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: PINE ST | 11 Speed Limit: - / 40

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☒ Feet ☐ Miles (14, 15) | ☐ N ☐ E ☐ S ☒ W (16) | of: NEW HAMPSHIRE AVE | 18 Speed Limit: 50

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

21 Latitude: 40.068539 | 22 Longitude: -74.189434

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

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

26 Driver's First Name: JOSE | Initial: - | Last Name: ESPINOZA | 29 Sex: M

27 Number & Street: 104 MOLINA CT

28 City: MANCHESTER | State: NJ | Zip: 08759

30 Eyes: BR | DL Class: - | Restrictions: - | Endorsements: - | 31 State: -

32 Driver's License Number: - | 33 DOB (mm dd yyyy): 01/05/2003 | 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver: PEDRO | Initial: - | Last Name: AHUEHUETL CARRE-

36 Number & Street: 7210 S WOOD DR

37 City: CHICAGO | State: IL | Zip: 60636

38 Make: HYUN | 39 Model: SON | 40 Color: 3 | 41 Year: 9 | 42 Plate No.: DG15196 | 43 State: IL

44 VIN: 5NPET46F49H516636 | 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

53 Veh #: 2 | 54 Policy No.: 939 740 646 | 55 NJ Ins. Code: 054

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

56 Driver's First Name: KATHLEEN | Initial: A | Last Name: KELLY | 59 Sex: F

57 Number & Street: 215 POWDERHORN DR

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

60 Eyes: 4 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: K24074276157554 | 63 DOB (mm dd yyyy): 07/11/1955 | 64 Expires (mm yy): 07 23

65 Owner's ☐ Same As Driver: KATHLEEN | Initial: A | Last Name: KELLY

66 Number & Street: 215 POWDERHORN DR

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

68 Make: KIA | 69 Model: SOR | 70 Color: RD | 71 Year: 2016 | 72 Plate No.: IM21JG | 73 State: NJ

74 VIN: 5XYPHDA55GG171811 | 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

118a 99 | 118b - | 119a 25 | 119b - | 120a 01 | 120b - | 121a 01 | 121b - | 122 08 | 123 08 | 124 11 | 125 11 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a - | 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) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	1514A 294457			

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	19	M	-	-	-	04	04	-	-	JOSE - ESPINOZA - 104 MOLINA CT MANCHESTER NJ 08759
B	2	01	01	04	67	F	06	08	-	04	04	-	-	KATHLEEN A KELLY - 215 POWDERHORN DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

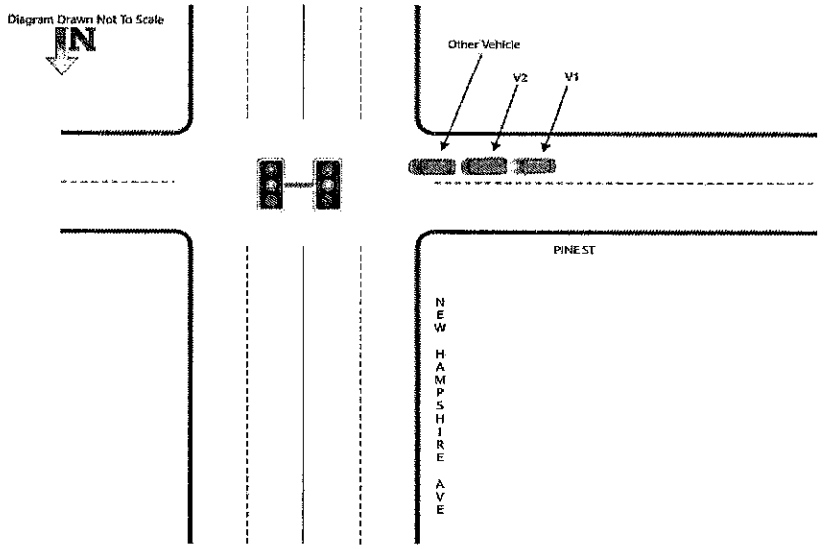
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060641

(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

Driver of V1 said he was on Pine St. (stopped behind V2) at the intersection on New Hampshire Ave. He started to doze off and his foot let pressure off of the brake pedal, causing him the collide with the rear of V2.

Driver of V2 she was stopped behind another vehicle on Pine St. at the intersection of New Hampshire Ave. While waiting for the light to turn green , V1 struck the rear of her vehicle.

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

Insurance Info for V1: American Alliance
NAIC # 13752
Policy # ILAA-0688475-00

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-060640	10 Crash Occurred On: CEDAR STREET - 11 Speed Limit: 25 - - - 12 Route No. Suffix 13 Milepost
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With Road Name Dir ☒ Feet ☐ Miles 500 ☐ N ☐ E ☒ S ☐ W of: PINE ST 18 Speed Limit: 25
99	07	3 Station/Precinct: -	14 15 16 19 Ramp ☐ To ☐ From: - 17 Cross Road Name - 20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash mm dd yy: 08/01/22	5 Day Of Week: MONDAY 6 Time (use 2400 hrs): 0817 7 Municipality Code: 1514 8 Total Killed: -- 9 Total Injured: -- 21 Latitude: 40.078788 22 Longitude: -74.214662
100b	04	23 Veh #: 1	24 Policy No.: 4039313665 25 NJ Ins. Code: 148 ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
101	02	26 Driver's First Name: ISAAC Initial: - Last Name: SEMAH - 29 Sex: M	
102	02	27 Number & Street: 417 MARTIN LUTHER KING DR	
103	02	28 City: LAKEWOOD State: NJ Zip: 08701	
104	2	30 Eyes: 02 DL Class: A Restrictions: - Endorsements: - 31 State: NJ	
105	03	32 Driver's License Number: S24443700003692 33 DOB mm dd yyyy: 03/23/1969 34 Expires mm yy: 03 23	
106	-	35 Owner's First Name: ☐ Same As Driver ILENE Initial: - Last Name: SEMAH -	
107	-	36 Number & Street: 417 MARTIN LUTHER KING DR	
108	01	37 City: LAKEWOOD State: NJ Zip: 08701	
109	01	38 Make: HOND 39 Model: CIV 40 Color: WHI 41 Year: 2008 42 Plate No.: U28FDW 43 State: NJ	
110	01	44 VIN: 2HGFA16818H354967 45 Expires: 03 23	
111	01	46 Vehicle Removed To: -	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority: ☐ Owner ☒ Driver ☐ Police	
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	- Hazard Class - Placard No.
116	02	Results: 0. - % ☐ Pending	
117	01	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: -	
		135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No -	
		Oper.: - 136 Charge: 0.0.0.0 137 Summons. No.: -	
		Oper.: - 140 Charge: 0.0.0.0 141 Summons. No.: -	

118a	04		
118b	-		
119a	01		
119b	25		
120a	-		
120b	01		
121a	-		
121b	01		
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	09		
132	09		
133	02		
134	02		

53 Veh #	2													
54 Policy No.	G01039798905													
55 NJ Ins. Code	392													
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run													
56 Driver's First Name	EMANUEL	Initial	-	Last Name	BETANCOURT-MARR	-	59 Sex	M						
57 Number & Street	10 CEDAR ST													
58 City	LAKEWOOD	State	NJ	Zip	08701									
60 Eyes	02	DL Class	D	Restrictions	-	Endorsements	-	61 State	NJ					
62 Driver's License Number	B28402220006982	63 DOB mm dd yyyy	06/18/1998	64 Expires mm yy	06 24									
65 Owner's First Name	☐ Same As Driver JORGE	Initial	-	Last Name	BETANCOURTMARR	-								
66 Number & Street	10 CEDAR ST													
67 City	LAKEWOOD	State	NJ	Zip	08701									
68 Make	NISS	69 Model	ALT - AL	70 Color	BLK	71 Year	2008	72 Plate No.	F37KAF	73 State	NJ			
74 VIN	1N4AL21E98C148455	75 Expires	05 23											
76 Vehicle Removed To	-													
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded													
77 Authority	☐ Owner ☒ Driver ☐ Police													
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused													
	Type: ☐ Breath ☐ Blood ☐ Urine													
	Results: 0. - % ☐ Pending													
79 Hazardous Material	☒ None ☐ On Board ☐ Spill													
	- Hazard Class - Placard No.													
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None													
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs													
82 Motor Carrier or Government Entity	-													
Number & Street	-													
City	- State: - Zip: -													
Oper.: - 138 Charge: 0.0.0.0 139 Summons. No.: -														
Oper.: - 142 Charge: 0.0.0.0 143 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	53	M	-	-	-	11	04	-	-	ISAAC - SEMAH - 417 MARTIN LUTHER KI LAKEWOOD NJ 08701 - -
B	V2	01	01	05	24	M	-	-	-	11	04	-	-	EMANUEL - BETANCOURT-MARROQ - 10 CEDAR ST LAKEWOOD NJ 08701 - -
C	V2	03	01	05	46	F	-	-	-	11	04	-	-	MINERVA - MARROQUIEN - 10 CEDAR ST LAKEWOOD NJ 08701 - -
D														

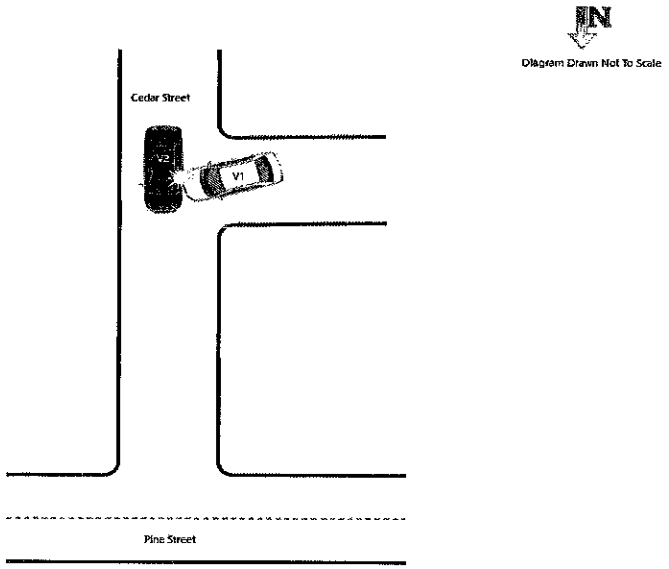
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060640

(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 Eastbound in the parking lot of 21 Cedar Street. Driver 1 said he did not see V2 traveling northbound and collided with V2.

Vehicle 2 was traveling Northbound on Cedar Street. Driver 2 explained that he was traveling Northbound on Cedar Street when V1 came out of a parking lot and collided with his car.

Investigation revealed Vehicle 1 was traveling Eastbound in the parking lot of 21 Cedar Street, and Vehicle 2 was traveling Northbound on Cedar Street. Driver 1 failed to yield the right of way to V2, causing V1 to collide with V2. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	02
103	02
104	4
105	04
106	-
107	-
108	PTK
109	PCAI
110	02
111	01
112	-
113	-
114	-
115	-
116	03
117	01

1 Case Number: 22-060635

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

3 Station/Precinct:

10 Crash Occurred On: HOPE CHAPEL RD — Dir: S — 11 Speed Limit: 40

☐ At Intersection With — Road Name: W. COUNTY LINE RD — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 45

☒ Feet ☐ Miles — 14: 25 — 15 — 16

☐ N ☐ E ☒ S ☐ W of:

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

4 Date of Crash (mm dd yy): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 0745 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1 — 21 Latitude: 40.110800 — 22 Longitude: -74.239210

118a	02
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	03
123	08
124	03
125	03
126a	02
126b	15
126c	26
126d	-
126e	26
127a	26
127b	26
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	11
132	11
133	02
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: BUA7014879999 — 25 NJ Ins. Code:

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

26 Driver's First Name: BRANDON — Initial: J — Last Name: PHELPS — 29 Sex: M

27 Number & Street: 275 ELMWOOD AVE

28 City: EAST ORANGE — State: NJ — Zip: 07018

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

32 Driver's License Number: P33380967112972 — 33 DOB (mm dd yyyy): 12/16/1997 — 34 Expires (mm yy): 12 22

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: AWP INC -

36 Number & Street: 4244 MT.PLEASANT ST NW

37 City: NORTH CANTON — State: OH — Zip: 44720

38 Make: CHEV — 39 Model: SLV — 40 Color: WHI — 41 Year: 2021 — 42 Plate No.: 4405 — 43 State: OH

44 VIN: 3GCNWAEH1MG369105 — 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.: 986106557 — 55 NJ Ins. Code: 129

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

56 Driver's First Name: RENATO — Initial: - — Last Name: DOGONSKI - — 59 Sex: M

57 Number & Street: 53 MANSFIELD AVE

58 City: MANCHESTER — State: NJ — Zip: 08759

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: D61546470003572 — 63 DOB (mm dd yyyy): 03/05/1957 — 64 Expires (mm yy): 03 23

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

66 Number & Street: 53 MANSFIELD AVE

67 City: MANCHESTER — State: NJ — Zip: 08759

68 Make: TOYT — 69 Model: TER — 70 Color: SIL — 71 Year: 1997 — 72 Plate No.: PL392P — 73 State: NJ

74 VIN: JT2AC52L1V0227973 — 75 Expires: 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 ☒ 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	A294170	01	39:4-129	A294701
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	24	M	-	-	-	04	00	-		BRANDON J PHELPS - 275 ELMWOOD AVE EAST ORANGE NJ 07018
B	02	01	01	03	65	M	01	08	01	04	00	-		RENATO - DOGONSKI - 53 MANSFIELD AVE MANCHESTER NJ 08759
C	03	01	01	05	38	M	-	-	-	04	00	-		MOSHE E GARTNER - 7 POPLAR ST LAKEWOOD NJ 08701
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	02
103	02
104	4
105	04
106	02
107	-
108	PCA
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	-

1 Case Number: 22-060635

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

3 Station/Precinct:

10 Crash Occurred On: HOPE CHAPEL RD — Dir: S — 11 Speed Limit: 40

☐ At Intersection With — Road Name — 12 Route No. — Suffix — 13 Milepost

☒ Feet ☐ Miles — 14: 25 — 15 — 16

☐ N ☐ E ☒ S ☐ W of: W. COUNTY LINE RD — 18 Speed Limit: 45

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

20 Route/Name

21 Latitude: 40.110800 — 22 Longitude: -74.239210

4 Date of Crash (mm dd yy): 08/01/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 0745 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

118a	25
118b	-
119a	-
119b	-
120a	01
120b	01
121a	-
121b	-
122	08
123	-
124	03
125	-
126a	26
126b	-
126c	-
126d	-
126e	-
127a	07
127b	26
127c	-
127d	-
127e	-
128	26
129	12
130	12
131	-
132	-
133	02
134	-

Vehicle 3

23 Veh #: 3 — 24 Policy No.: 50102081 — 25 NJ Ins. Code: 135

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

26 Driver's First Name: MOSHE — Initial: E — Last Name: GARTNER — 29 Sex: M

27 Number & Street: 7 POPLAR ST

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

30 Eyes: 5 — DL Class: A — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: G06955676511835 — 33 DOB (mm dd yyyy): 11/13/1983 — 34 Expires (mm yy): 07 20

35 Owner's: ☐ Same As Driver — First Name: MOSHE — Initial: E — Last Name: GARTNER

36 Number & Street: 7 POPLAR ST

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

38 Make: FORD — 39 Model: MUS — 40 Color: GRY — 41 Year: 2022 — 42 Plate No.: S82PXZ — 43 State: NJ

44 VIN: 3FMTK1RM3NMA21850 — 45 Expires: 05 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 4

53 Veh #: 4 — 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: ☐ Same As Driver — First Name — Initial — Last Name

66 Number & Street

67 City — State — Zip

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

74 VIN — 75 Expires

76 Vehicle Removed To

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT ☐ 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														

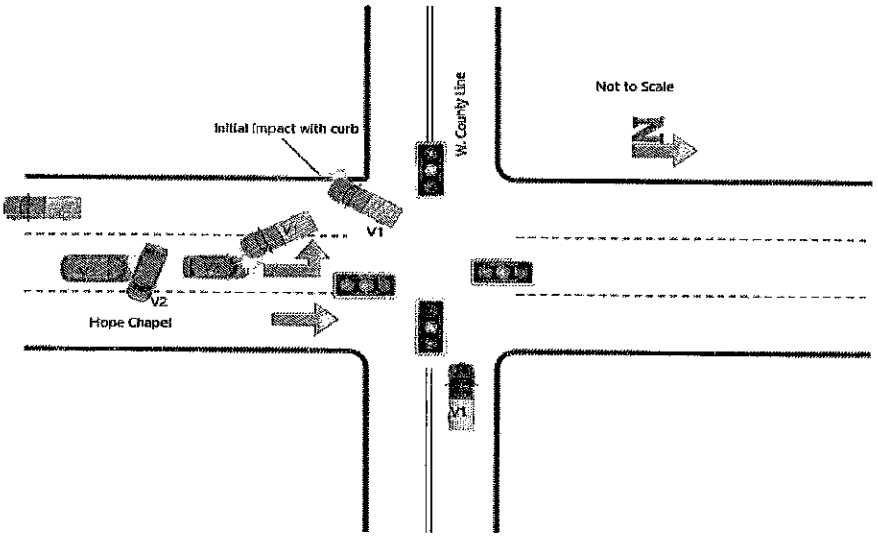
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-060635

(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

I responded to Hope Chapel Road and W. County Line Rd for a motor vehicle accident hit and run. Upon arrival I observed two vehicle on Hope Chapel Road about 25 feet south of the intersection of W. County Line Road. The driver of vehicle 2 stated that he was sitting at the red light waiting to make a left when a white pickup truck with red lettering made a left onto Hope Chapel Road from W. County Line Road. The truck was reported to have struck a curb before turning and striking vehicle 2 (V2) pushing it into V3. V1 then left the scene of the accident and continued south bound on Hope Chapel Road. The driver of V1 stated that his head hurt but declined medical attention. The driver of V1 stated he was going to get picked up by his wife and taken to a hospital later on. The driver of V3 said he was stopped in traffic at the light waiting to make a left onto W. County Line Road when V1 made a left onto Hope Chapel Road, struck the curb and struck V2 which then collided with V3. The driver of V3 denied any injuries. A white piece of bumper that fell off of V1 was secured at the scene. Tilton Towing towed V2.

V1. A description of the vehicle was given to dispatch and Ptl. Sandstrom advised Ptl. Vega #348 that he was out with the Ptl. Vega and I arrived at New Central Avenue and Gudz Avenue and met with Ptl. Sandstrom and V1. I observed the vehicle and the damage to the vehicle was consistent with the damage from the accident. Damage to the front passenger tire from striking a curb was present as well as damage to the driver side bumper. Ptl. Vega matched the piece of bumper we had to V1's damaged bumper and it matched up.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-057835

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

3 Station/Precinct: -

10 Crash Occurred On: W COUNTY LINE RD | - | 11 Speed Limit: 45 | 0526 - -

☒ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☐ Feet ☐ N ☐ E of: KENT RD | 18 Speed Limit: 25

- ☐ 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): 0727 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1

21 Latitude: 40.109560 | 22 Longitude: -74.236592

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6104-36-92-90 | 25 NJ Ins. Code: 100

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

26 Driver's First Name: CHRISTIAN | Initial: A | Last Name: HERNANDEZ | 29 Sex: M

27 Number & Street: 17 HELEN AVE

28 City: HOWELL | State: NJ | Zip: 07731

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

32 Driver's License Number: H27181246103982 | 33 DOB mm dd yyyy: 03/05/1998 | 34 Expires mm yy: 03 25

35 Owner's ☒ Same As Driver | First Name: CHRISTIAN | Initial: A | Last Name: HERNANDEZ -

36 Number & Street: 17 HELEN AVE

37 City: HOWELL | State: NJ | Zip: 07731

38 Make: CHEV | 39 Model: - | 40 Color: - | 41 Year: 2012 | 42 Plate No.: H32RBC | 43 State: NJ

44 VIN: 2GNALPEKXC1266088 | 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 ☐ 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.: 958379396 | 55 NJ Ins. Code: 135

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

56 Driver's First Name: ANTONIO | Initial: A | Last Name: GONZALEZ-CHINO - | 59 Sex: M

57 Number & Street: 45 PAWNEE 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: 07/05/1992 | 64 Expires mm yy: - -

65 Owner's ☐ Same As Driver | First Name: - | Initial: - | Last Name: KD CONSTRUCTION -

66 Number & Street: 700 NORTHAMPTON BLVD

67 City: TOMS RIVER | State: NJ | Zip: 08757

68 Make: CHEV | 69 Model: EXP - EX | 70 Color: WHI | 71 Year: 2007 | 72 Plate No.: XHBN40 | 73 State: NJ

74 VIN: 1GCFG15X271190440 | 75 Expires: 01 23

76 Vehicle Removed To:

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			2	39:4-97	A292918

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
			2	39:3-10	A292919

	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	24	M	08	07	02	11	11	01	6502	CHRISTIAN A HERNANDEZ - 17 HELEN AVE HOWELL NJ 07731
B	2	01	01	-	30	M	-	-	-	11	04	-	-	ANTONIO A GONZALEZ-CHINO - 45 PAWNEE RD LAKEWOOD NJ 08701
C														
D														

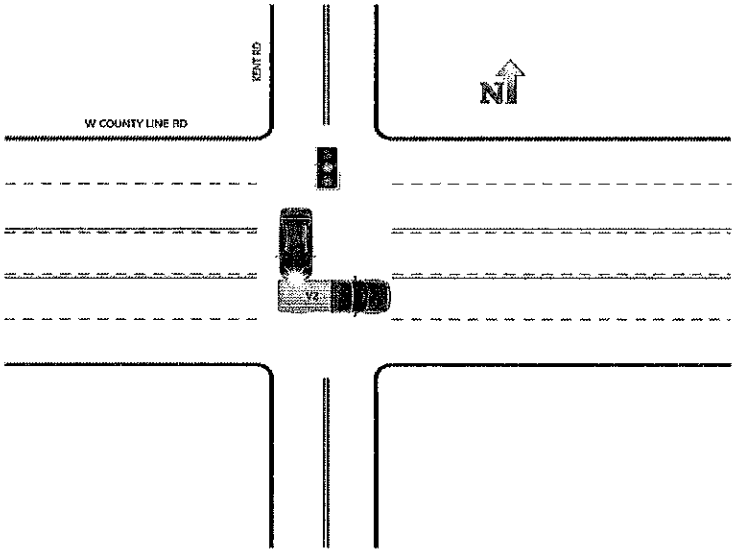
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-057835

(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 KENT RD APPROACHING W COUNTY LINE RD. VEHICLE 2 WAS TRAVELING EAST ON W COUNTY LINE RD APPROACHING KENT RD.

DRIVER 1 STATED THAT VEHICLE 2 RAN THE RED LIGHT. HE STATED THAT HE HAD A GREEN LIGHT.

DRIVER 2 STATED THAT HE DOES NOT KNOW WHAT HAPPENED.

IT APPEARS THAT DRIVER 2 FAILED TO OBEY THE TRAFFIC SIGNAL AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

DRIVER 2 WAS ISSUED SUMMONSES FOR CARELESS DRIVING AND UNLICENSED DRIVER.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-057593
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	09	4 Date of Crash (mm dd yy)	07/21/22
100a	01	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:	383 MONMOUTH AVE
		Road Name	
		Dir	-
		11 Speed Limit	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14 Feet	-
		15 Miles	-
		16 N E S W	
		17 Cross Road Name	-
		18 Speed Limit	-
		19 Ramp To From	-
		20 Route/Name	
		21 Latitude	40.094562
		22 Longitude	-74.210564
		118a	25
		118b	-
		119a	10
		119b	-
		120a	01
		120b	-
		121a	01
		121b	-
		122	01
		123	13
		124	11
		125	11
		126a	26
		126b	-
		126c	-
		126d	-
		126e	26
		127a	26
		127b	-
		127c	-
		127d	-
		127e	26
		128	26
		129	01
		130	01
		131	06
		132	06
		133	02
		134	02

☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: - ☐ To ☐ From: - ☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	1	24 Policy No.	5129J014207	25 NJ Ins. Code	917	53 Veh #	2
101	02			☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
102	01	26 Driver's First Name	YISROEL	Initial	M	Last Name	KUGLER -	29 Sex	M
103	01	27 Number & Street	1390 LAURA CT						
104	2	28 City	LAKEWOOD	State	NJ	Zip	08701		
		30 Eyes	4	DL Class	D	Restrictions	-	Endorsements	-
		31 State	NJ						
105	08	32 Driver's License Number	K91397907406784	33 DOB (mm dd yyyy)	06/30/1978	34 Expires (mm yy)	06 25		
106	-	35 Owner's First Name	☒ Same As Driver YISROEL	Initial	M	Last Name	KUGLER -		
107	-	36 Number & Street	1390 LAURA CT						
108	05	37 City	LAKEWOOD	State	NJ	Zip	08701		
109	01	38 Make	RAM	39 Model	150	40 Color	BLK	41 Year	2021
		42 Plate No.	J65NDG	43 State	NJ				
110	01	44 VIN	1C6RRFBG2MN529038	45 Expires	12 23				
111	01	46 Vehicle Removed To							
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded							
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police						
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused						
115	-		Type: ☐ Breath ☐ Blood ☐ Urine						
			Results: 0. - % ☐ Pending						
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill						
			Hazard Class	Placard No.					
116	03	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None						
117	02	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			

53 Veh #	2	54 Policy No.	AOJ-231-682624-4018	55 NJ Ins. Code	370				
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run							
56 Driver's First Name	MENDY	Initial	-	Last Name	DEUTSCH -	59 Sex	M		
57 Number & Street	27A BLOSSOM DR								
58 City	LAKEWOOD	State	NJ	Zip	08701				
60 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-		
61 State	NJ								
62 Driver's License Number	D29075390003962	63 DOB (mm dd yyyy)	03/09/1996	64 Expires (mm yy)	03 26				
65 Owner's First Name	☐ Same As Driver SAMUEL	Initial	-	Last Name	SEMAH -				
66 Number & Street	209 CARANETTA DR								
67 City	LAKEWOOD	State	NJ	Zip	08701				
68 Make	TOYT	69 Model	AVA	70 Color	SIL	71 Year	2011		
72 Plate No.	E35MYT	73 State	NJ						
74 VIN	4T1BK3DB8BU385976	75 Expires	11 22						
76 Vehicle Removed To									
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded									
77 Authority	☐ Owner ☒ Driver ☐ Police								
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused								
	Type: ☐ Breath ☐ Blood ☐ Urine								
	Results: 0. - % ☐ Pending								
79 Hazardous Material	☒ None ☐ On Board ☐ Spill								
	Hazard Class	Placard No.							
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None								
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs								
82 Motor Carrier or Government Entity									
Number & Street									
City		State		Zip					

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
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	-	44	M	-	-	-	11	04	-	-	YISROEL M KUGLER - 1390 LAURA CT LAKEWOOD NJ 08701
B	2	01	01	-	26	M	-	-	-	11	04	-	-	MENDY - DEUTSCH - 27A BLOSSOM DR LAKEWOOD NJ 08701
C														
D														

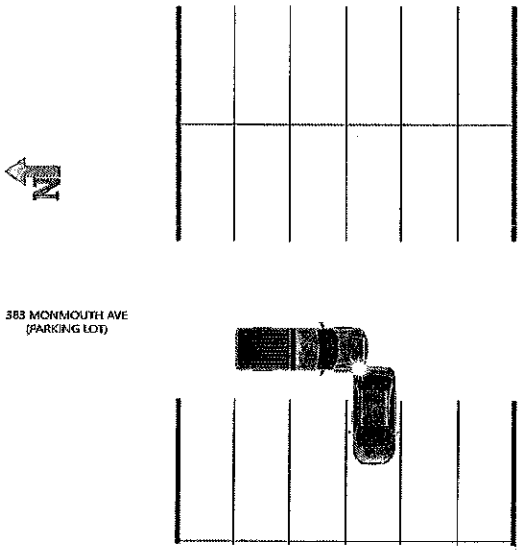
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-057593

(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 IN THE PARKING LOT OF 383 MONMOUTH AVE. VEHICLE 2 WAS PARKED IN A PARKING SPOT IN THE SAME PARKING LOT.

DRIVER 1 STATED THAT HE WAS GOING STRAIGHT WHEN VEHICLE 2 BACKED INTO HIS VEHICLE.

DRIVER 2 STATED THAT HE DID NOT SEE VEHICLE 1 WHEN HE BACKED OUT.

IT APPEARS THAT DRIVER 2 WAS BACKING UNSAFELY AND CAUSED THE CRASH. DRIVER 2 IS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA M	327	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-060538

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 07/31/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 2120

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: E 11TH STREET | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☒ E ☐ S ☐ W — 16

of: SQAUNKUM RD

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: -

22 Longitude: -

11 Speed Limit: 25

18 Speed Limit: 25

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	01
124	11
125	11
125a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 193028232

25 NJ Ins. Code: 003

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

26 Driver's First Name: SHLOMO | Initial: - | Last Name: WEINTRAUB | 29 Sex: M

27 Number & Street: 328 LAWRENCE AVE

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

30 Eyes: 02 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: W22937090011942

33 DOB (mm dd yyyy): 11/19/1994

34 Expires (mm yy): 11 23

35 Owner's ☐ Same As Driver | First Name: SIMON | Initial: J | Last Name: PANTIERER

36 Number & Street: 1535 N LAKE DR

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

38 Make: ACUR | 39 Model: TLX | 40 Color: 1 | 41 Year: 2021 | 42 Plate No.: K64NYS | 43 State: NJ

44 VIN: 19UUB5F41MA002246

45 Expires: 07 24

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 605497898 206 1

55 NJ Ins. Code: 884

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

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

57 Number & Street: 1535 N LAKE DR

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

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

62 Driver's License Number: P04851530006042

63 DOB (mm dd yyyy): 06/27/2004

64 Expires (mm yy): 06 25

65 Owner's ☐ Same As Driver | First Name: KAYLA | Initial: - | Last Name: WEINTRAUB

66 Number & Street: 328 LAWRENCE AVE

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

68 Make: HYUN | 69 Model: ACC | 70 Color: GRY | 71 Year: 2015 | 72 Plate No.: U34LGK | 73 State: NJ

74 VIN: KMHCT4AE4FU850152

75 Expires: 05 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

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

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	M	-	-	-	11	04	-	-	DANIEL - PANTIERER - 1535 N LAKE DR LAKEWOOD NJ 08701 - -
B	02	01	01	05	27	M	-	-	-	11	04	-	-	SHLOMO - WEINTRAUB - 328 LAWRENCE AVE LAKEWOOD NJ 08701 - -
C														
D														

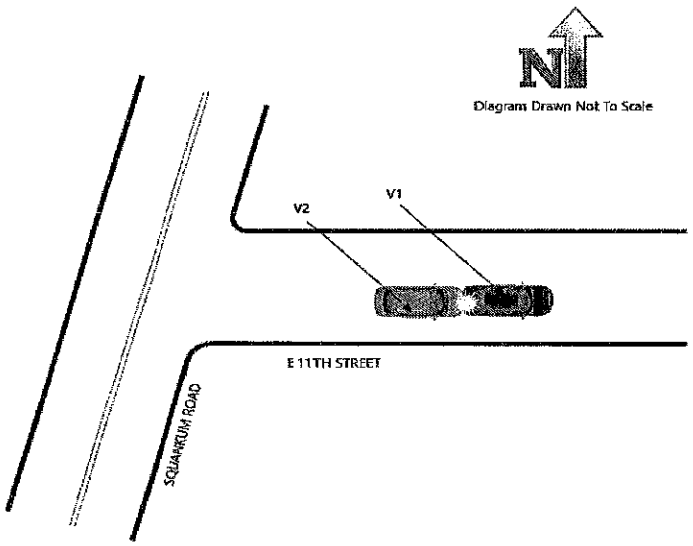
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060538

(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

The driver of V1 stated he was traveling east on E 11th Street, when a vehicle ahead of him began to reverse to parallel park. The driver stated he proceeded to reverse to give the uninvolved driver room to avoid a collision. The driver lastly stated, he felt a bump but did not believe he struck a vehicle. Damage was minor to the rear bumper. No injuries were reported.

The driver of V2 stated he was traveling east on E 11th Street when V1, who was in front of him, began to reverse. The driver stated he could not avoid impact and was struck by V1. Damage was minor to the front License Plate. No injuries were reported.

My investigation reveals that the driver of V1 found to be at fault for unsafe backing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060544

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

3 Station/Precinct: -

10 Crash Occurred On: COUNTY LINE RD E — Road Name — Dir: -

☒ At Intersection With — ☐ Feet — ☒ N ☐ E ☐ S ☐ W — ☐ Miles — 14 — 15 — 16

of: RIDGE AVE

11 Speed Limit: 45

12 Route No.: 0526 — Suffix: - — 13 Milepost: -

18 Speed Limit: 45

19 Ramp: ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 07/31/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 2135

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.102526

22 Longitude: -74.170810

118a	02
118b	04
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
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	02
132	02
133	04
134	04

Vehicle 1

23 Veh #: 1

24 Policy No.: G01166238400

25 NJ Ins. Code: 392

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

26 Driver's First Name: JOSE — Initial: Y — Last Name: ROMERORODRIGUEZ - — 29 Sex: M

27 Number & Street: 1126 E COUNTY LINE RD

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

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

32 Driver's License Number: R63404108804752 — 33 DOB (mm dd yyyy): 04/10/1975 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: JOSE — Initial: Y — Last Name: ROMERORODRIGUI -

36 Number & Street: 1126 E COUNTY LINE RD

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

38 Make: NISS — 39 Model: ROG — 40 Color: WHI — 41 Year: 2009 — 42 Plate No.: K58PBF — 43 State: NJ

44 VIN: JN8AS58V79W177915 — 45 Expires: 08 23

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.: SELF INSURED

55 NJ Ins. Code: -

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

56 Driver's First Name: SHLOMO — Initial: D — Last Name: SZMIDT - — 59 Sex: M

57 Number & Street: 9 DEVASH CT

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

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: S97577096401022 — 63 DOB (mm dd yyyy): 01/31/2002 — 64 Expires (mm yy): 01 25

65 Owner's ☐ Same As Driver — First Name: HERTZ VEHICLE - — Initial: LLC -

66 Number & Street: 5400 BUTLER NATIONAL DR

67 City: ORLANDO — State: FL — Zip: 32812

68 Make: NISS — 69 Model: ALT — 70 Color: BLK — 71 Year: 2021 — 72 Plate No.: 80BLCQ — 73 State: FL

74 VIN: 1N4BL4CV4MN300573 — 75 Expires: 07 22

76 Vehicle Removed To: MOSHE'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.
V1	39:3-10	294375	V1	39:4-97	294376
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	47	M	-	-	-	11	04	-	-	JOSE Y ROMERORODRIGUEZ - 1126 E COUNTY LINE RD LAKEWOOD NJ 08701
B	V1	03	01	05	20	F	-	-	-	11	04	-	-	KAREN - ROMERO - 1126 E COUNTY LINE RD LAKEWOOD NJ 08701
C	V1	04	01	05	45	F	-	-	-	11	04	-	-	MARTA - LEON - 1126 E COUNTY LINE RD LAKEWOOD NJ 08701
D	V1	06	01	05	49	F	-	-	-	11	04	-	-	ANA - LEON - 1126 E COUNTY LINE RD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

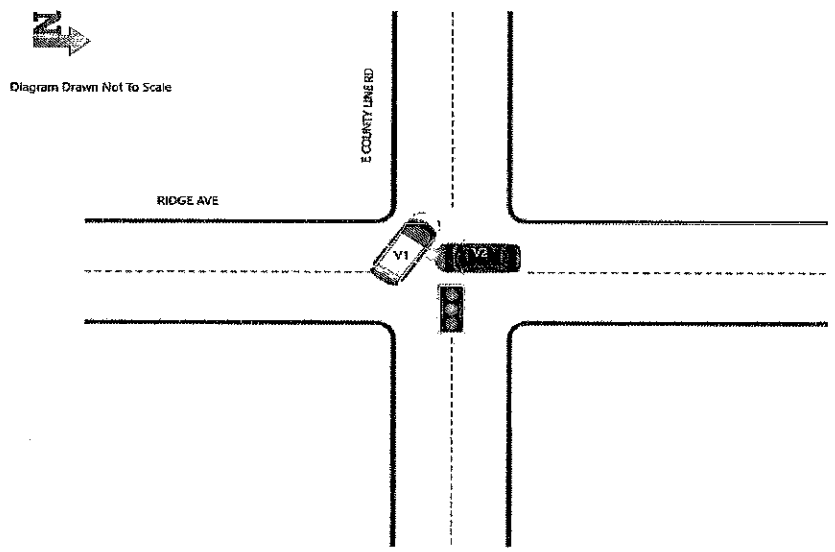
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060544

(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	V2	01	01	05	20	M	-	-	-	11	04	-	-	SHLOMO D SZMIDT - 9 DEVASH CT LAKEWOOD NJ 08701
F	V2	03	01	05	22	M	-	-	-	11	04	-	-	DAVID M ROSENGARTEN - 296 7TH ST LAKEWOOD NJ 08701
G	V2	05	01	05	17	F	-	-	-	11	04	-	-	BASSHEVA - MENDELSON - 120 MELVILLE AVE LAKEWOOD NJ 08701
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF V1 STATED HE WAS TRAVELING NORTHEAST ON RIDGE AVE. WHILE TRAVELING NORTHEAST, HE ATTEMPTED TO MAKE A LEFT TURN ONTO E COUNTY LINE RD AND STRUCK V2 WHO WAS TRAVELING SOUTHWEST ON RIDGE AVE.

THE DRIVER OF V2 STATED HE WAS TRAVELING SOUTHWEST ON RIDGE AVE. WHILE TRAVELING SOUTHWEST, HE OBSERVED V1 ATTEMPT TO MAKE A LEFT TURN ON E COUNTY LINE RD AND STRUCK V1.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND SPEAKING WITH BOTH PARTIES, I FIND V1 AT FAULT FOR FAILURE TO YIELD THE RIGHT OF WAY TO V2.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-060477

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

3 Station/Precinct: -

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

☐ At Intersection With — ☒ Feet — 150 (14) — ☐ Miles (15) — ☒ N ☐ E ☐ S ☐ W of: JOHN ST

11 Speed Limit: 45 — 12 Route No.: 0009 — 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): 07/31/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1550 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.083260 — 22 Longitude: -74.215870

118a	25
118b	-
119a	09
119b	-
120a	01
120b	01
121a	01
121b	01
122	08
123	07
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6028608831 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: ELIYAHU — Initial: E — Last Name: CHOUEKA — 29 Sex: M

27 Number & Street: 5 ENGLEBERG TER

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

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

32 Driver's License Number: C36272126503952 — 33 DOB (mm dd yyyy): 03/15/1995 — 34 Expires (mm yy): 03 26

35 Owner's: ☐ Same As Driver — First Name: ELIYAHU — Initial: E — Last Name: CHOUEKA

36 Number & Street: 5 ENGLEBERG TER

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

38 Make: DODG — 39 Model: CAR — 40 Color: BLU — 41 Year: 2006 — 42 Plate No.: P33MBE — 43 State: NJ

44 VIN: 1D4GP24R96B634440 — 45 Expires: 12 22

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: AOS228385967400 — 55 NJ Ins. Code: -

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

56 Driver's First Name: DANIEL — Initial: S — Last Name: WILSON — 59 Sex: M

57 Number & Street: 140 SPRINGTIME LN W

58 City: LEVITTOWN — State: NY — Zip: 11756

60 Eyes: 4 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 674523873 — 63 DOB (mm dd yyyy): 07/26/2001 — 64 Expires (mm yy): 07 30

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

66 Number & Street: 140 SPRINGTIME LN

67 City: LEVITTOWN — State: NY — Zip: 11756

68 Make: JEEP — 69 Model: CHEROKEE — 70 Color: RD — 71 Year: 2019 — 72 Plate No.: JRU4460 — 73 State: NY

74 VIN: 1C4PJLLX2KD353650 — 75 Expires: 05 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.
-		-	2	39:4-97	A294017

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	27	M	-	-	-	11	04	-	-	ELIYAHU E CHOUEKA - 5 ENGLEBERG TER LAKEWOOD NJ 08701
B	1	03	01	03	82	M	01	08	02	11	04	-	6502	ARON BLOCH 2 PANSY DR LAKEWOOD NJ 08701
C	2	01	01	05	21	M	-	-	-	11	04	-	-	DANIEL S WILSON - 140 SPRINGTIME LN W LEVITTOWN NY 11756
D														

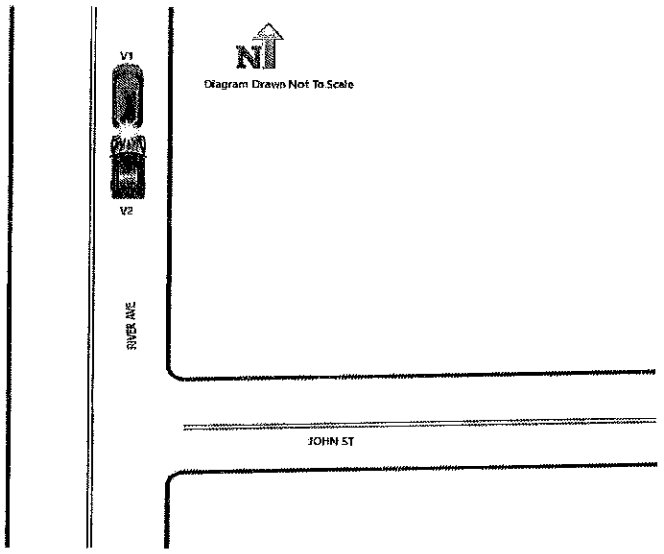
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060477

(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 stopped in traffic facing Northbound on River Ave near the intersection of John St. He stated while stopped in traffic Vehicle 2 collided into the rear of his Vehicle.

Driver 2 stated he was traveling Northbound on River Ave in stop and go traffic. He stated he attempted to apply his brakes for traffic in front of him but was unable to brake in time. Driver 2 stated he collided into the rear of Vehicle 1.

Passenger from Vehicle 1 had complaint of head pain and was transported to Monmouth Medical Center Southern campus for further evaluation.

I determined Crash was caused by Vehicle 2 for Following too Closely.

Driver 2 was issued a Summons for Careless Driving (A294017).

Vehicle 2 Insurance Information
618-General Insurance Company
Liberty Mutual Office
1-631-2333734

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	03
109	01
110	02
111	01
112	-
113	-
114	03
115	-
116	01
117	-

1 Case Number: 22-060462

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

3 Station/Precinct: -

10 Crash Occurred On: MARTIN LUTHER KING DR — Road Name — Dir: - — 11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost

☐ At Intersection With — Road Name: EMMANUELS DR — 18 Speed Limit: 25

☒ Feet ☐ Miles — 14: 50 — 15 — 16

☐ N ☐ E ☒ S ☐ W of:

19 Ramp ☐ To ☐ From: - — 17 Cross Road Name: - — 20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 07/31/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1510 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.079587 — 22 Longitude: -74.211447

118a	13
118b	-
119a	-
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	28
129	12
130	12
131	06
132	06
133	03
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: CAA4510175 — 25 NJ Ins. Code: 177

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

26 Driver's First Name: VIDAL — Initial: D — Last Name: FAKONDO — 29 Sex: M

27 Number & Street: 180 HANSON AVE

28 City: PISCATAWAY — State: NJ — Zip: 08854

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

32 Driver's License Number: F02237686406971 — 33 DOB (mm dd yyyy): 06/26/1997 — 34 Expires (mm yy): 06 23

35 Owner's ☐ Same As Driver — First Name: - — Initial: - — Last Name: AMAZON LOGISTIC-

36 Number & Street: 410 TERRY AVENUE NORTH

37 City: SEATTLE — State: WA — Zip: 98109

38 Make: FREI — 39 Model: MT4 — 40 Color: GRY — 41 Year: 2021 — 42 Plate No.: XJKX14 — 43 State: NJ

44 VIN: 4UZAC2EA0MCML1009 — 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 2881058 ☐ 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.: 939 802 267 — 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 ☐ Same As Driver — First Name: SHMUEL — Initial: M — Last Name: BRODY -

66 Number & Street: 419 MARTIN LUTHER KING DR

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

68 Make: HOND — 69 Model: ACC — 70 Color: WHI — 71 Year: 2008 — 72 Plate No.: K30MCK — 73 State: NJ

74 VIN: 1HGCP263X8A155359 — 75 Expires: 12 22

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	25	M	-	-	-	11	04	-	-	VIDAL D FAKONDO - 180 HANSON AVE PISCATAWAY NJ 08854 - -
B														
C														
D														

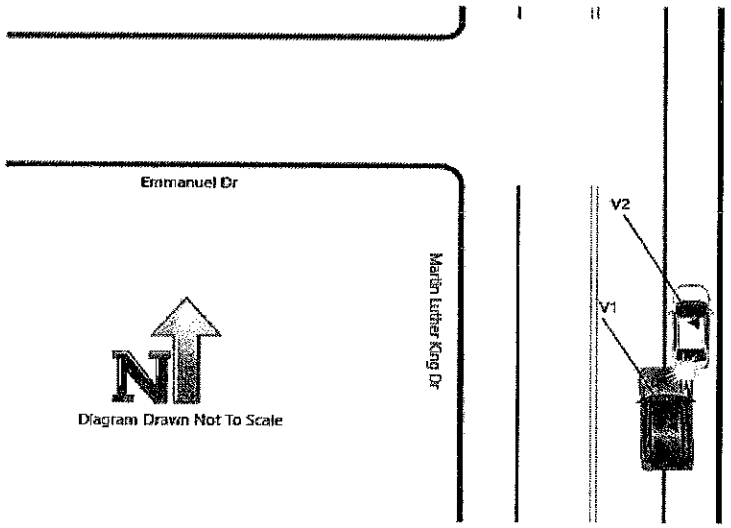
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060462

(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 north on Martin Luther King Drive. The driver stated he then applied his brakes and put V1 into 'Park' in order to make a delivery. The driver stated when he put V1 in park, he accidentally put his foot on the gas pedal and V1 went forward and struck V2. The driver stated stated there were no previous or current problems with the vehicle that he is aware of. The driver stated he may have ran over oil in the roadway which caused V1 to go forward. Minor damage to the front bumper of V1. No injuries were reported by the driver;

I personally observed V2 which was legally parked in front of 419 Martin Luther King Drive. I observed V2 to have damage to the rear bumper and driver taillight.

My investigation concludes that the driver of V1 is found to be at fault for his inattention when improperly parking on Martin Luther King Drive. There was no indication that an oil spill in the roadway was a factor. Further, the driver stated there was no mechanical damage to V1 prior or after the crash, including the brakes to be in working order.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 [ ] Fatal

New Jersey Police Crash Investigation Report

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

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-060447

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

3 Station/Precinct:

10 Crash Occurred On: SUSAN DR — Road Name — Dir: -

[ ] At Intersection With [X] Feet [ ] Miles — 14: 50 — 15

[ ] N [X] E [ ] S [ ] W of: DR SZOLD WAY — 16

11 Speed Limit: 15 — 18 Speed Limit: 25

12 Route No. - Suffix - 13 Milepost -

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

4 Date of Crash (mm dd yy): 07/31/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1310 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.086179 — 22 Longitude: -74.181101

118a	25
118b	-
119a	10
119b	-
120a	01
120b	-
121a	01
121b	-
122	09
123	13
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	03
130	03
131	05
132	05
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: G01046264801 — 25 NJ Ins. Code: 392

[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run

26 Driver's First Name: JAVIER — Initial: - — Last Name: RAMOSVENTURA - — 29 Sex: M

27 Number & Street: 97 FERRIS AVE # 1

28 City: WHITE PLAINS — State: NY — Zip: 10603

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NY

32 Driver's License Number: 294883015 — 33 DOB (mm dd yyyy): 12/19/1992 — 34 Expires (mm yy): 12 26

35 Owner's First Name: [ ] Same As Driver MAYRA — Initial: - — Last Name: CHINO-RAMIREZ -

36 Number & Street: 36 COLGATE DR

37 City: TOMS RIVER — State: NJ — Zip: 08757

38 Make: CHEV — 39 Model: CAM - CA — 40 Color: RD — 41 Year: 2010 — 42 Plate No.: J39MWE — 43 State: NJ

44 VIN: 2G1FC1EV3A9196110 — 45 Expires: 10 22

46 Vehicle Removed To: [ ] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [X] Left At Scene [ ] Towed Impounded

47 Authority: [ ] Owner [X] Driver [ ] Police

48 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.:

50 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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 1231006F2830 — 55 NJ Ins. Code: 962

[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [ ] Hit & Run

56 Driver's First Name: VICTORIA — Initial: P — Last Name: DAY - — 59 Sex: F

57 Number & Street: 111 SUSAN DR

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

60 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: D09527677758525 — 63 DOB (mm dd yyyy): 08/02/1952 — 64 Expires (mm yy): 08 25

65 Owner's First Name: [ ] Same As Driver VICTORIA — Initial: P — Last Name: DAY -

66 Number & Street: 111 SUSAN DR

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

68 Make: HOND — 69 Model: ACC — 70 Color: GRY — 71 Year: 2010 — 72 Plate No.: J47ADT — 73 State: NJ

74 VIN: 1HGCP2F33AA197765 — 75 Expires: 09 22

76 Vehicle Removed To: [ ] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [X] Left At Scene [ ] Towed Impounded

77 Authority: [X] Owner [ ] Driver [ ] Police

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

79 Hazardous Material: [X] None [ ] On Board [ ] Spill — Hazard Class: — Placard No.:

80 Carrier No.: [ ] USDOT [ ] MC/MX [X] None

81 GVWR/GCWR: [X] 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) [X] No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	A 293991			
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	29	M	-	-	-	11	04	-	-	JAVIER - RAMOSVENTURA - 97 FERRIS AVE # 1 WHITE PLAINS NY 10603
B	2	01	01	05	69	F	-	-	-	11	04	-	-	VICTORIA P DAY - 111 SUSAN DR LAKEWOOD NJ 08701
C														
D														

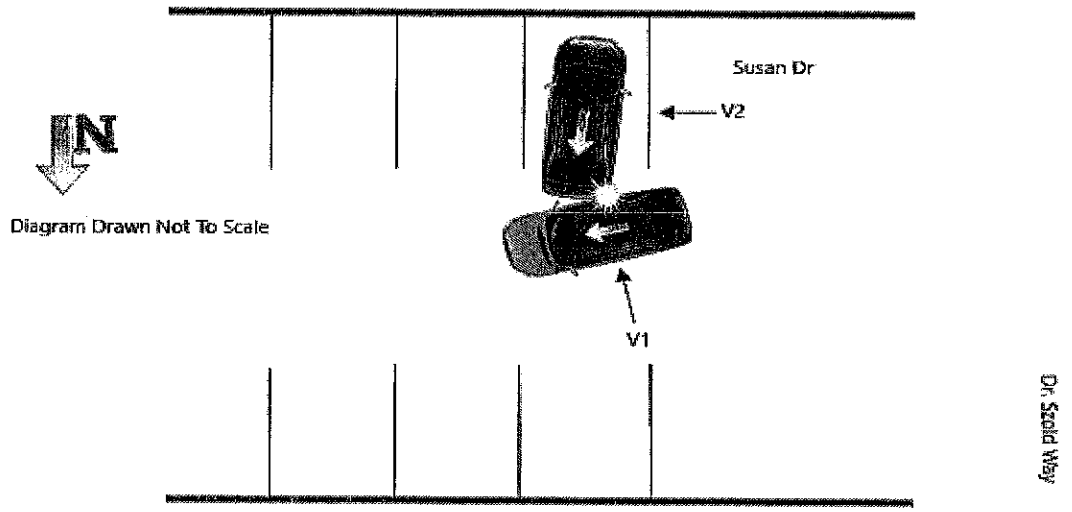
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-060447

(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 made a left turn onto Susan Dr, from Dr. Szold Way. When he made the left turn, the driver of vehicle 1 stated there were no vehicles backing from a parking space. Driver of vehicle 1 stated as he went to pull into a parking space, vehicle 2 crashed into his vehicle.

Driver of vehicle 2 stated she was backing out of a parking space on Susan Dr. Driver of vehicle 2 stated there was a car passing from her left, so she waited for it to pass. Once it passed, she stated she looked to her left and saw there were no vehicles approaching, so she began to back up. During the process of her backing up, she stated she crashed into vehicle 1. Driver of vehicle 2 stated she did not see vehicle 1.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. The driver of vehicle 2 failed to make sure it was safe and clear before she backed out of her parking space.

Driver of vehicle 1 was operating vehicle 1 with NY Leaner's Permit. There was no one else inside of the vehicle with the driver of vehicle 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-060436	10 Crash Occurred On: 2ND STREET (Road Name) - (Dir) 11 Speed Limit: 25 - (12 Route No.) - (Suffix) - (13 Milepost)
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With ☒ Feet ☐ Miles; 14: 200; 15: ☐ N ☐ E ☐ S ☐ W; 16: of: CLIFTON AVENUE; 18 Speed Limit: 25
99	07	3 Station/Precinct: -	19 Ramp ☐ To ☐ From: -; 17 Cross Road Name: - ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash (mm dd yy): 07/31/22; 5 Day Of Week: SUNDAY; 6 Time (use 2400 hrs): 1134; 7 Municipality Code: 1514; 8 Total Killed: --; 9 Total Injured: --	20 Route/Name; 21 Latitude: 40.092129; 22 Longitude: -74.214609
100b	04	23 Veh #: 1; 24 Policy No.: 939848130; 25 NJ Ins. Code: 054	53 Veh #: 2; 54 Policy No.: 6102-66-56-32; 55 NJ Ins. Code: 148
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
102	01	26 Driver's First Name: YITZCHOK; Initial: -; Last Name: WERNER; 29 Sex: M	56 Driver's First Name: MALKAH; Initial: -; Last Name: NEUBERGER; 59 Sex: F
103	01	27 Number & Street: 150 PINE ST	57 Number & Street: 1 SUNVIEW CT
104	2	28 City: LAKEWOOD; State: NJ; Zip: 08701	58 City: LAKEWOOD; State: NJ; Zip: 08701
105	02	30 Eyes: 02; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	60 Eyes: 04; DL Class: D; Restrictions: -; Endorsements: -; 61 State: NJ
		32 Driver's License Number: W27227900007012; 33 DOB (mm dd yyyy): 07/06/2001; 34 Expires (mm yy): 07 23	62 Driver's License Number: N28945130054994; 63 DOB (mm dd yyyy): 04/21/1999; 64 Expires (mm yy): 04 24
106	-	35 Owner's First Name: MORDECHAI; Initial: S; Last Name: WERNER; ☐ Same As Driver	65 Owner's First Name: HILLEL; Initial: -; Last Name: EISENBERG; ☐ Same As Driver
107	-	36 Number & Street: 150 PINE ST	66 Number & Street: 63 MAJESTIC WAY
108	01	37 City: LAKEWOOD; State: NJ; Zip: 08701	67 City: LAKEWOOD; State: NJ; Zip: 08701
109	01	38 Make: TOYT; 39 Model: CAM; 40 Color: GY; 41 Year: 2010; 42 Plate No.: F59CKJ; 43 State: NJ	68 Make: TOYT; 69 Model: CAM; 70 Color: GY; 71 Year: 2006; 72 Plate No.: U55PWZ; 73 State: NJ
110	01	44 VIN: 4T1BF3EK1AU024283; 45 Expires: 09 22	74 VIN: 4T1BE32KX6U727296; 75 Expires: 05 23
111	01	46 Vehicle Removed To: -	76 Vehicle Removed To: -
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority: ☐ Owner ☒ Driver ☐ Police	77 Authority: ☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	49 Hazardous Material: ☒ None ☐ On Board ☐ Spill
115	-	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Hazard Class: -; Placard No.: -
116	02	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	79 Hazardous Material: ☒ None ☐ On Board ☐ Spill
117	02	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	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
		80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None	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: NO STATUTE; 137 Summons. No.: -	Oper.: -; 138 Charge: NO STATUTE; 139 Summons. No.: -
		Oper.: -; 140 Charge: NO STATUTE; 141 Summons. No.: -	Oper.: -; 142 Charge: NO STATUTE; 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	21	M	-	-	-	11	04	-	-	YITZCHOK - WERNER - 150 PINE ST LAKEWOOD NJ 08701 - -
B	01	03	01	05	19	M	-	-	-	11	04	-	-	AHRON - WERNER - 150 PINE ST LAKEWOOD NJ 08701 - -
C	02	01	01	05	23	F	-	-	-	11	04	-	-	MALKAH - NEUBERGER - 1 SUNVIEW CT LAKEWOOD NJ 08701 - -
D														

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	12
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	02
134	02

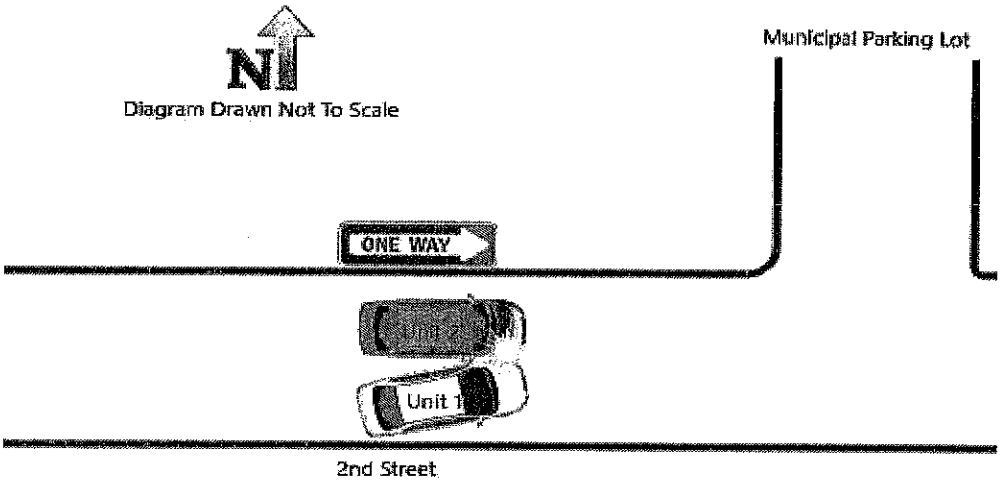
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060436

(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 was parked on the right side of the road on 2nd Street. As vehicle two approached vehicle one, the driver of vehicle one reentered the lane of travel. The front driver side fender of vehicle one struck the front passenger side fender of vehicle two.

Both drivers agreed to this story. Both vehicles had minor damage, and were driven from the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
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

1 Case Number: 22-060434

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

3 Station/Precinct:

10 Crash Occurred On: 30 5TH ST — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

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

11 Speed Limit: 25 — 18 Speed Limit

17 Cross Road Name

19 Ramp ☐ To ☐ From: ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.095386 — 22 Longitude: -74.209927

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
07/31/22	SUNDAY	1125	1514	--	--

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	05
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6037-34-11-35 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: SOFIA — Initial: C — Last Name: HAMUI — 29 Sex: F

27 Number & Street: 627 5TH ST

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

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: -

31 State: MX

32 Driver's License Number: C14544719 — 33 DOB (mm dd yyyy): 09/19/1996 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: MARCOS — Initial: - — Last Name: RAYEKHASBANI

36 Number & Street: 627 5TH ST

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

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
TOYT	CAM	WHI	2014	S42PDW	NJ

44 VIN: 4T1BK1FK2EU027794 — 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 #: 2 — 54 Policy No.: 8709925 — 55 NJ Ins. Code: 096

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

56 Driver's First Name: FUELANE — Initial: T — Last Name: CROMARTIE — 59 Sex: M

57 Number & Street: 254 SAWMILL RD; B

58 City: BRICK — State: NJ — Zip: 08724

60 Eyes: 2 — DL Class: I — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: C75382708308802 — 63 DOB (mm dd yyyy): 08/10/1980 — 64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver — First Name: FUELANE — Initial: T — Last Name: CROMARTIE

66 Number & Street: 254 SAWMILL RD; B

67 City: BRICK — State: NJ — Zip: 08724

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
TOYT	COR	SIL	1999	K59PTK	NJ

74 VIN: 2T1BR12E5XC150540 — 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	01	01	01	05	25	F	-	-	01	11	04	-	-	SOFIA C HAMUI - 627 5TH ST LAKEWOOD NJ 08701
B	01	04	01	05	07M	M	-	-	01	06	06	-	-	YOSEF - RAYEK - 627 5TH ST LAKEWOOD NJ 08701
C	01	05	01	05	6	M	-	-	01	04	04	-	-	JACOBO - RAYEK - 627 5TH ST LAKEWOOD NJ 08701
D	01	06	01	05	3	F	-	-	01	07	07	-	-	ETTI - RAYEK - 627 5TH ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

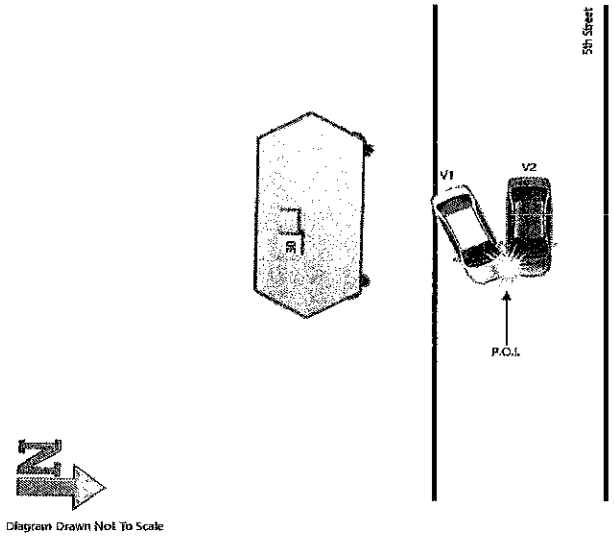
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-060434

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	02	01	01	05	41	M	-	-	01	11	04	-	-	FUELANE T CROMARTIE - 254 SAWMILL RD; B BRICK NJ 08724
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 was parked on the shoulder facing Eastbound directly in front of 30 Fifth Street. Driver 1 stated as she began to enter the roadway from the shoulder she collided with Vehicle 2. She stated prior to entering the roadway she checked to make sure it was clear and it was. She advised me that she did not see Vehicle 2 prior to the collision.

Driver of Vehicle 2 was traveling Eastbound on Fifth Street when the driver of Vehicle 1 collided with his vehicle as she began to enter the roadway from the shoulder.

Vehicle 1 sustained damages to the driver side front bumper and quarter panel. Vehicle 2 sustained damages to the passenger side front bumper and quarter panel. There were no complaints of pain and/or injuries from either party involved.

Based on my observations and the statements given Driver 1 is at fault.

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

96	05	1 Case Number	22-060430
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	07	4 Date of Crash (mm dd yy)	07/31/22
100a	01	5 Day Of Week	SUNDAY
		6 Time (use 2400 hrs)	1105
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
118a	09	10 Crash Occurred On:	CLIFTON AVENUE
118b	-	11 Speed Limit	25
119a	25	12 Route No.	-
119b	-	Suffix	-
120a	01	13 Milepost	-
120b	-	18 Speed Limit	35
121a	01	Road Name	MAIN STREET
121b	-	Dir	-
122	01	☐ At Intersection With	
123	01	☒ Feet / ☐ Miles	250
124	04	☐ N ☐ E / ☐ S ☐ W	
125	04	14	
126a	26	15	
126b	-	16	
126c	-	19 Ramp ☐ To / ☐ From:	-
126d	-	17 Cross Road Name	-
126e	26	☐ NB ☐ EB / ☐ SB ☐ WB	
127a	26	20 Route/Name	
127b	-	21 Latitude	40.090058
127c	-	22 Longitude	-74.214224
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	06		
132	06		
133	02		
134	02		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	909715650
		25 NJ Ins. Code	054
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	FAYGE
		Initial	-
		Last Name	ROTSTEIN -
		29 Sex	F
103	01	27 Number & Street	1009 CLIFTON AVE
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	02
		DL Class	A
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	R67772590056852
		33 DOB (mm dd yyyy)	06/11/1985
		34 Expires (mm yy)	06 23
106	-	35 Owner's ☐ Same As Driver	EVA P BERGER -
107	-	36 Number & Street	660 6TH ST
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	SIE
		40 Color	BLU
		41 Year	2007
		42 Plate No.	VRX22S
		43 State	NJ
110	01	44 VIN	5TDZK23C37S024948
		45 Expires	03 23
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - / Placard No. -
116	01	50 Carrier No.	☐ USDOT - ☒ None
117	01		☐ 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.	005950411R71048		
55 NJ Ins. Code	201		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	KAREN		
Initial	E		
Last Name	KURKOWSKI -		
59 Sex	F		
57 Number & Street	516 BEACON AVE		
58 City	BEACHWOOD		
State	NJ		
Zip	08722		
60 Eyes	06		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	K93784246562656		
63 DOB (mm dd yyyy)	12/27/1965		
64 Expires (mm yy)	12 25		
65 Owner's ☐ Same As Driver	KAREN E KURKOWSKI -		
66 Number & Street	516 BEACON AVE		
67 City	BEACHWOOD		
State	NJ		
Zip	08722		
68 Make	HYUN		
69 Model	ELA		
70 Color	BLK		
71 Year	2022		
72 Plate No.	W45PBP		
73 State	NJ		
74 VIN	5NPLS4AG4NH056320		
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.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	**140 Charge**	**141 Summons. No.**	**Oper.**	**142 Charge**	**143 Summons. No.**
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	37	F	-	-	-	11	05	-	-	FAYGE - ROTSTEIN - 1009 CLIFTON AVE LAKEWOOD NJ 08701 - -
B	V1	03	01	05	14	F	-	-	-	11	05	-	-	PESSY - ROTSTEIN - 1009 CLIFTON AVE LAKEWOOD NJ 08701 - -
C	V1	06	01	05	9	M	-	-	-	11	04	-	-	SHLOMO - ROTSTEIN - 1009 CLIFTON AVE LAKEWOOD NJ 08701 - -
D	V1	05	01	05	1	F	-	-	-	06	06	-	-	SIMA - ROTSTEIN - 1009 CLIFTON AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

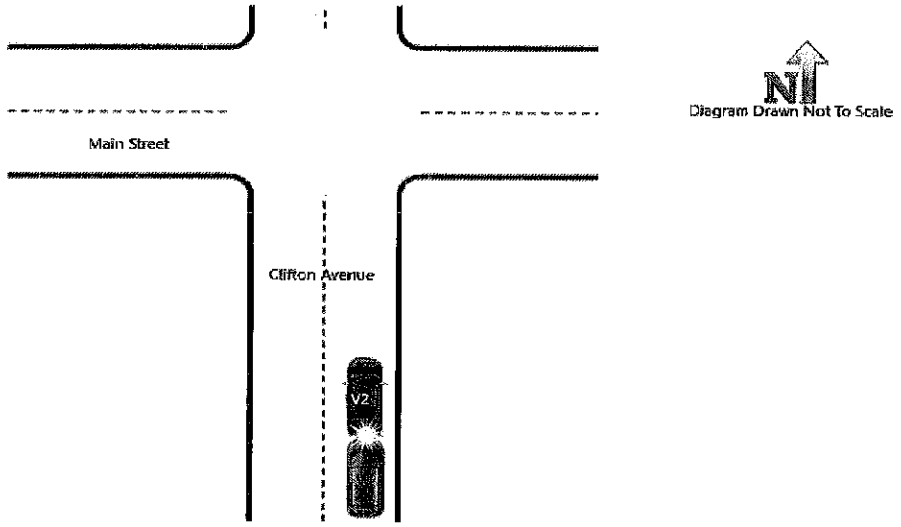
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060430

(Refer to vehicle by number)

		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
ALL INVOLVED	E	V1	01	01	05	56	F	-	-	-	11	05	-	-	KAREN E KURKOWSKI - 516 BEACON AVE BEACHWOOD NJ 08722 - -
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Northbound on Clifton Avenue. Driver 1 explained she saw that the intersection's traffic light had changed to green. Driver 1 started to accelerate, thinking V2 was going to move forward, and collided with V2.

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

Investigation revealed Vehicle 1 and Vehicle 2 were traveling Northbound on Clifton Avenue. V1 was following too close, causing V1 to collide with V2. No injuries were reported at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
1 Case Number	22-060199
97	01
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
98	01
3 Station/Precinct	-
99	02
100a	01
4 Date of Crash (mm dd yy)	07/30/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1923
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70 E
☐ At Intersection With	
Road Name	
Dir	-
☒ Feet / ☐ Miles	500
☐ N ☐ E / ☐ S ☒ W	
of:	VERMONT AVE
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
14	
15	
16	
17 Cross Road Name	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.048574
22 Longitude	-74.209404
118a	52
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	39
126b	-
126c	-
126d	-
126e	39
127a	-
127b	-
127c	-
127d	-
127e	-
128	39
129	07
130	07
131	-
132	-
133	04
134	-

Vehicle 1

100b	04
23 Veh #	1
24 Policy No.	HPA00002767634
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02
26 Driver's First Name	JUSTIN
Initial	L
Last Name	HOPLER
29 Sex	M
102	01
27 Number & Street	28 DYLAN BLVD
103	01
28 City	BARNEGAT TOWNS
State	NJ
Zip	08005
104	1
30 Eyes	04
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
105	15
32 Driver's License Number	H65364237303954
33 DOB (mm dd yyyy)	03/30/1995
34 Expires (mm yy)	03 24
106	-
35 Owner's First Name	JUSTIN
Initial	L
Last Name	HOPLER
☐ Same As Driver	
107	-
36 Number & Street	28 DYLAN BLVD
108	04
37 City	BARNEGAT TOWNS
State	NJ
Zip	08005
109	-
38 Make	TES
39 Model	MOD
40 Color	BLU
41 Year	2021
42 Plate No.	B80NPR
43 State	NJ
110	01
44 VIN	5YJYGDEE1MF179506
45 Expires	05 25
111	-
46 Vehicle Removed To	-
112	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☒ Left At Scene ☐ Towed Impounded	
113	-
47 Authority	☒ Owner ☐ Driver ☐ Police
114	-
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
116	02
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
117	-
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	V1	01	01	05	27	M	-	-	-	11	04	-	-	JUSTIN L HOPLER - 28 DYLAN BLVD BARNEGAT TOWN NJ 08005
B														
C														
D														

New Jersey Police Crash Investigation Report

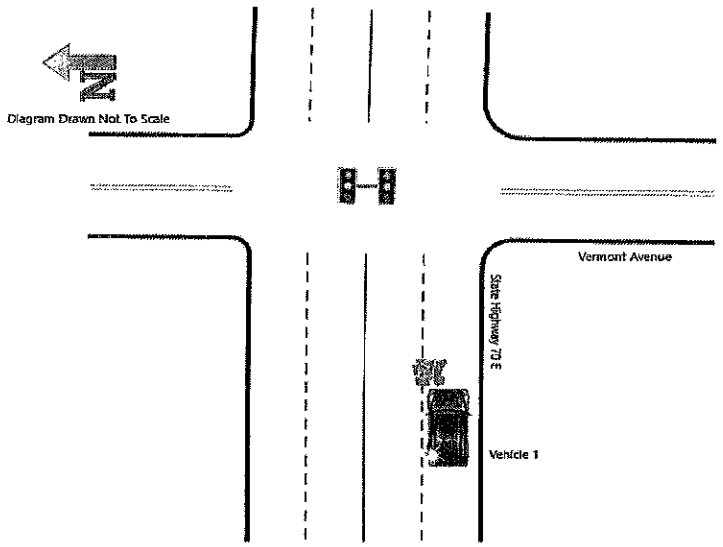
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-060199

(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

The driver of Vehicle 1 stated he was driving eastbound on State Highway 70 E and struck debris that was in the roadway. Vehicle 1 sustained a flat tire to the drivers side rear tire. It is unknown if there was additional damage underneath the vehicle.

No injuries were reported.

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

96	05	1 Case Number	22-060137
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	-
99	02	4 Date of Crash (mm dd yy)	07/30/22
100a	01	5 Day Of Week	SATURDAY
		6 Time (use 2400 hrs)	1242
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	RIVER AVENUE
		☐ At Intersection With Road Name	
		☒ Feet ☐ Miles	5
		☐ N ☐ E ☐ S ☐ W of:	YALE DRIVE
		11 Speed Limit	45
		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	
		21 Latitude	-
		22 Longitude	-
118a	06		
118b	-		
119a	25		
119b	-		
120a	00		
120b	-		
121a	01		
121b	-		
122	15		
123	01		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	00		
130	00		
131	08		
132	08		
133	00		
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	-
		25 NJ Ins. Code	-
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	
		29 Sex	
103	01	27 Number & Street	
104	2	28 City / State / Zip	
105	02	30 Eyes / DL Class / Restrictions / Endorsements / 31 State	
		32 Driver's License Number	
		33 DOB (mm dd yyyy)	
		34 Expires (mm yy)	
106	-	35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - DRIVO LLC -
107	-	36 Number & Street	408 416 CARNEGIE AVE
108	01	37 City / State / Zip	NEWARK NJ 07114
109	01	38 Make	CHEV
		39 Model	MAL - MA
		40 Color	WHI
		41 Year	2018
		42 Plate No.	N52LRU
		43 State	NJ
110	00	44 VIN	1G1ZD5ST7JF229296
		45 Expires	08 23
111	01	46 Vehicle Removed To	-
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			- Hazard Class - Placard No.
116	01	50 Carrier No.	☐ USDOT - ☒ None
117	01		☐ 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.	605888534 206 1		
55 NJ Ins. Code	884		
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name / Initial / Last Name	ROSE - MUDRICK -		
59 Sex	F		
57 Number & Street	14 WEYBRIDGE PLACE		
58 City / State / Zip	MANCHESTER NJ 08759		
60 Eyes	06		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	M90966710051566		
63 DOB (mm dd yyyy)	01/15/1956		
64 Expires (mm yy)	01 25		
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ROSE - MUDRICK -		
66 Number & Street	14 WEYBRIDGE PLACE		
67 City / State / Zip	MANCHESTER NJ 08759		
68 Make	HOND		
69 Model	ACC		
70 Color	GRY		
71 Year	2010		
72 Plate No.	GVX56T		
73 State	NJ		
74 VIN	1HGCP2F45AA028095		
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.	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	66	F	-	-	-	11	04	-	-	ROSE - MUDRICK - 14 WEYBRIDGE PLACE MANCHESTER NJ 08759 - -
B	02	02	01	05	46	F	-	-	-	11	04	-	-	NICOLE - LYNCH - 21770 DRYDEN CT ASHBURN VA 20147 - -
C														
D														

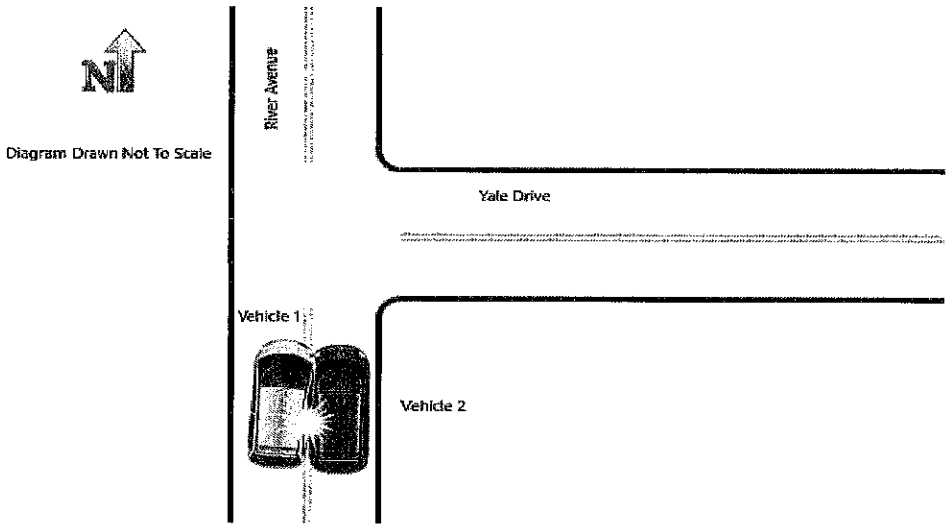
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-060137

(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 and the vehicle fled the scene prior to the arrival. Passenger of vehicle 2 was able to obtain vehicle 1's license plate which was New Jersey N52LRU; registered owner came back to Drivo LLC. Description of the driver however was unable to be obtained.

Driver of vehicle 2 stated she was traveling northbound on River Avenue when driver 1 passed her on the left, striking the left rear passenger door and front passenger door of vehicle 2. Driver 2 believed that after driver 1 passed her he proceeded in making a right turn on to Yale Driver to head east.

Vehicle 2 had damage to the driver side door as well as the rear left passenger door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-060121	10 Crash Occurred On: 1255 RIVER AVENUE; Road Name: - ; Dir: - ; 11 Speed Limit: 5 ; 12 Route No.: - ; Suffix: - ; 13 Milepost: -
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: - ; 14: - ; 15 ; 16 ; 18 Speed Limit: -
99	09	3 Station/Precinct: -	19 Ramp ☐ To ☐ From: - ; 17 Cross Road Name: - ; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash (mm dd yy): 07/30/22 ; 5 Day Of Week: SATURDAY ; 6 Time (use 2400 hrs): 1035 ; 7 Municipality Code: 1514 ; 8 Total Killed: -- ; 9 Total Injured: --	20 Route/Name: - ; 21 Latitude: - ; 22 Longitude: -
100b	04	23 Veh #: 1 ; 24 Policy No.: 957656919 ; 25 NJ Ins. Code: - ; ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	53 Veh #: - ; 54 Policy No.: - ; 55 NJ Ins. Code: - ; ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
101	02	26 Driver's First Name: TANYALEE ; Initial: L ; Last Name: LAWRENCE - ; 29 Sex: F	56 Driver's First Name: - ; Initial: - ; Last Name: - ; 59 Sex: -
102	01	27 Number & Street: 87 FAIRWAY CT APT J	57 Number & Street: -
103	01	28 City: LAKEWOOD ; State: NJ ; Zip: 08701	58 City: - ; State: - ; Zip: -
104	1	30 Eyes: 02 ; DL Class: D ; Restrictions: - ; Endorsements: - ; 31 State: NJ	60 Eyes: - ; DL Class: - ; Restrictions: - ; Endorsements: - ; 61 State: -
105	11	32 Driver's License Number: L09387327356942 ; 33 DOB (mm dd yyyy): 06/02/1994 ; 34 Expires (mm yy): 06 26	62 Driver's License Number: - ; 63 DOB (mm dd yyyy): - ; 64 Expires (mm yy): - -
106	-	35 Owner's First Name: TANYALEE ; Initial: L ; Last Name: LAWRENCE - ; ☐ Same As Driver	65 Owner's First Name: - ; Initial: - ; Last Name: - ; ☐ Same As Driver
107	-	36 Number & Street: 87 FAIRWAY CT APT J	66 Number & Street: -
108	01	37 City: LAKEWOOD ; State: NJ ; Zip: 08701	67 City: - ; State: - ; Zip: -
109	-	38 Make: JEEP ; 39 Model: CHE ; 40 Color: BLK ; 41 Year: 2019 ; 42 Plate No.: W28PZL ; 43 State: NJ	68 Make: - ; 69 Model: - ; 70 Color: - ; 71 Year: - ; 72 Plate No.: - ; 73 State: -
110	01	44 VIN: 1C4PJMLB8KD287079 ; 45 Expires: 04 23	74 VIN: - ; 75 Expires: - -
111	-	46 Vehicle Removed To: TOTAL CAR CARE	76 Vehicle Removed To: -
112	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
113	-	47 Authority: ☐ Owner ☐ Driver ☒ Police	77 Authority: ☐ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	Type: ☐ Breath ☐ Blood ☐ Urine
116	02	Results: 0. - % ☐ Pending	Results: 0. - % ☐ Pending
117	-	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: -

118a	99
118b	-
119a	-
119b	-
120a	99
120b	-
121a	-
121b	-
122	05
123	-
124	11
125	-
126a	56
126b	69
126c	-
126d	-
126e	69
127a	-
127b	-
127c	-
127d	-
127e	-
128	69
129	12
130	12
131	-
132	-
133	04
134	-

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

OUTER WALL WAS DAMAGED OF 1255 RIVER AVENUE AND SOME OF THE METAL BEAMS INSIDE.

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

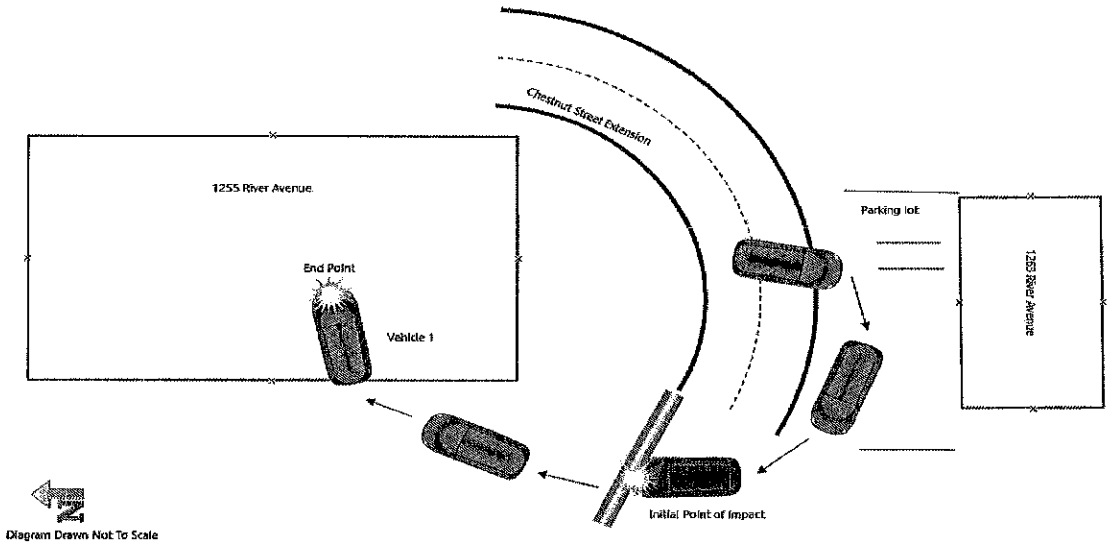
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	28	F	-	-	-	11	04	-	-	TANYALEE L LAWRENCE - 87 FAIRWAY CT APT J LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-060121

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was in the parking lot of 1263 River Avenue and she was face north attempting to reverse into a parking spot. Instead of pressing the brake as she was reversing, driver 1 stated she pressed on the accelerator, resulting in her colliding with the building at 1255 River Avenue.

Surveillance footage was obtained from 1263 River Avenue revealing that driver 1 was heading west on the Chestnut Street Extension and she had made left into the parking lot of 1263 River Avenue. She proceeded driving in the parking lot and then made right turn exiting the parking, hitting the cur first located in front of 1255 River Avenue then she had continued in the parking lot and crashed into the building.

Driver 1 did mention she was a diabetic and had not taken her insulin, which is supposed to take 3 times a day. She had the medication on her person that she had picked up from the pharmacy. Driver 1 may have experienced an episode due to not have taken her insulin.

Driver 1 was checked on scene by Lakewood EMS but she declined to be taken to the hospital at the time of the incident.

Owner of 1255 River Avenue was notified of the crash. Inspections responded on scene.

Vehicle 1 Insurance Code: 14800

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	01
109	05
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-059942

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

3 Station/Precinct: --

10 Crash Occurred On: 199 E KENNEDY BLVD — 11 Speed Limit — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

☐ At Intersection With — Road Name — Dir — of: ----------

☐ Feet ☐ N ☐ E

☐ 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): 07/29/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1742 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.107051 — 22 Longitude: -74.214731

118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	13
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	03
130	04
131	06
132	06
133	02
134	01

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 909 973 456 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: JUDITH — Initial: - — Last Name: TENENBAUM — 29 Sex: F

27 Number & Street: 11 WASHINGTON AVE

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: T25264170061464 — 33 DOB (mm dd yyyy): 11/19/1946 — 34 Expires (mm yy): 11 23

35 Owner's ☐ Same As Driver — First Name: JOSEPH — Initial: - — Last Name: TENENBAUM

36 Number & Street: 11 WASHINGTON AVE

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

38 Make: TOYT — 39 Model: UTS — 40 Color: SIL — 41 Year: 2008 — 42 Plate No.: C66APS — 43 State: NJ

44 VIN: 4T1BK36B38U315758 — 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.: 6066-48-82-45 — 55 NJ Ins. Code: 100

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

56 Driver's First Name: JOSE — Initial: L — Last Name: TECUAPETLARODRIG - — 59 Sex: M

57 Number & Street: 301 COLONIAL DR

58 City: TOMS RIVER — State: NJ — Zip: 08753

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: T21214107309912 — 63 DOB (mm dd yyyy): 09/02/1991 — 64 Expires (mm yy): 09 25

65 Owner's ☐ Same As Driver — First Name: TODD — Initial: D — Last Name: ZWICK

66 Number & Street: 194 WILLIAMSBURG LN

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

68 Make: CHEV — 69 Model: SIL — 70 Color: WHI — 71 Year: 2021 — 72 Plate No.: P46NRS — 73 State: NJ

74 VIN: 1GC5YLE75MF210859 — 75 Expires: 04 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	1	01	01	05	75	F	-	-	-	11	04	-	-	JUDITH - TENENBAUM - 11 WASHINGTON AVE LAKEWOOD NJ 08701
B	2	01	01	05	30	M	-	-	-	11	04	-	-	JOSE L TECUAPETLARODRIGU - 301 COLONIAL DR TOMS RIVER NJ 08753
C	2	03	01	05	22	M	-	-	-	11	04	-	-	ARI - ZWICK - 194 WILLIAMSBURG LN LAKEWOOD NJ 08701
D														

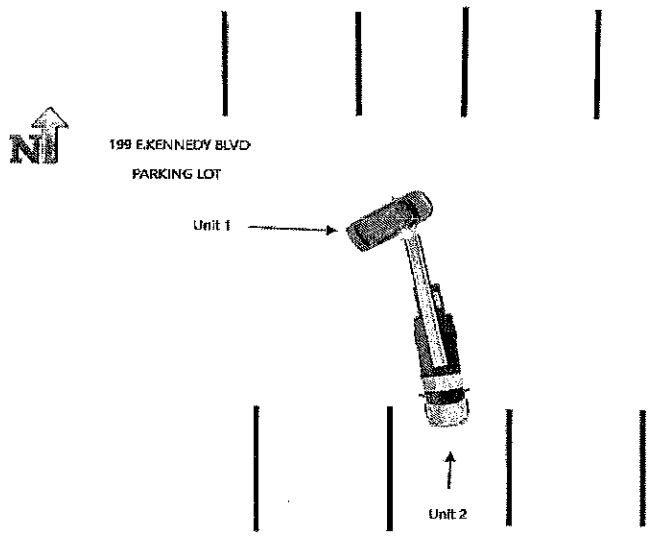
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: -- Case No: 22-059942

(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

DRIVER #1 STATED THAT VEHICLE #2 PULLED INTO THE PARKING LOT OF 199 E. KENNEDY BOULEVARD. DRIVER #1 STATED THAT SHE WAS BEHIND VEHICLE #2 ALSO PULLING INTO THE PARKING LOT. DRIVER #1 STATED THAT VEHICLE #2 WAS PULLING INTO A PARKING SPACE AND WENT IN REVERSE WHICH AT THAT POINT DRIVER #1 ATTEMPTED TO GO STRAIGHT TRAVELING EAST IN THE PARKING LOT CAUSING VEHICLE #2 TO BACK UP INTO VEHICLE #1. DRIVER #1 STATED THAT SHE WAS STRUCK WITH A LONG METAL SQUARE BAR WHICH WAS IN THE BACK OF VEHICLE #2. DRIVER #2 STATED THAT HE PULLED INTO THE PARKING LOT AND WAS ATTEMPTING TO MAKE A "K" TURN. DRIVER #2 STATED THAT HE WENT IN REVERSE WHEN VEHICLE #1 ATTEMPTED TO DRIVE AROUND BEHIND VEHICLE #2 CAUSING VEHICLE #1 TO STRIKE A LONG METAL SQUARE BAR THAT WAS IN THE BACK OF THE PICKUP (VEHICLE #2). NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-059930

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

3 Station/Precinct: -

10 Crash Occurred On: STATE HWY 70 — Road Name — Dir: W

☐ At Intersection With

☐ Feet ☐ N ☐ E of: SHORROCK ST

0.4 ☒ Miles ☐ S ☒ W

11 Speed Limit: 50

12 Route No.: 0070 — Suffix: - — 13 Milepost: -

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.053993 — 22 Longitude: -74.171739

14 — 15 — 16

4 Date of Crash (mm dd yy): 07/29/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1635 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 2

118a	02
118b	-
119a	49
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	04
132	04
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 030522155G71028 — 25 NJ Ins. Code: -

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

26 Driver's First Name: ANTHONY — Initial: - — Last Name: MATTEO — 29 Sex: M

27 Number & Street: 119 MELLEN RD

28 City: NEW BERN — State: NC — Zip: 28562

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NC

32 Driver's License Number: 000044038629 — 33 DOB (mm dd yyyy): 11/02/1946 — 34 Expires (mm yy): 11 26

35 Owner's First Name: ANTHONY — Initial: - — Last Name: MATTEO

☐ Same As Driver

36 Number & Street: 119 MELLEN RD

37 City: NEW BERN — State: NC — Zip: 28562

38 Make: HOND — 39 Model: RTL — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: PD622J — 43 State: NC

44 VIN: 5FPYK3F57KB022431 — 45 Expires: 09 23

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.: 8655428 — 55 NJ Ins. Code: 096

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

56 Driver's First Name: MARIE — Initial: F — Last Name: PARAISON — 59 Sex: F

57 Number & Street: 2028 NEW BEDFORD RD APT 102

58 City: SPRING LAKE — State: NJ — Zip: 07762

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: P05335196657772 — 63 DOB (mm dd yyyy): 07/23/1977 — 64 Expires (mm yy): 07 25

65 Owner's First Name: RASHEEM — Initial: J — Last Name: PAIGE

☐ Same As Driver

66 Number & Street: 2028 NEW BEDFORD RD APT 102

67 City: SPRING LAKE — State: NJ — Zip: 07762

68 Make: SATU — 69 Model: AUR — 70 Color: WHI — 71 Year: 2009 — 72 Plate No.: M52NBX — 73 State: NJ

74 VIN: 1G8ZV57B59F158349 — 75 Expires: 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 - ☒ 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	39:3-40	1514-A-291355	-		-
-			-		

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	75	M	08	05	02	11	11	04	6505	ANTHONY - MATTEO - 119 MELLEN RD NEW BERN NC 28562 - -
B	2	01	01	03	45	F	12	08	02	11	04	-	6505	MARIE F PARAISON - 2028 NEW BEDFORD RD SPRING LAKE NJ 07762 - -
C														
D														

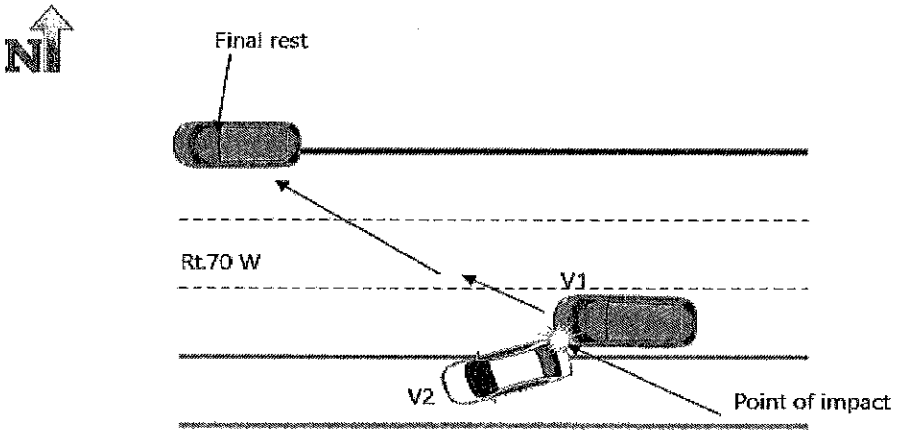
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-059930

(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

V1 was raveling west bound on Rt. 70 W when it struck V2 on the passenger side rear bumper causing major damage to both vehicles.

Driver 1 related that he was traveling west bound in the left lane on Rt. 70. He stated that V2 was stopped in the left shoulder and suddenly swerved back into his lane of travel causing him to collide with V2.

Driver 2 related that she was traveling west bound in the left lane on Rt. 70. Her vehicle ran out of gas and she attempted to pull off into the left shoulder of the road. She stated her vehicle was partially stopped in the shoulder and in the left lane of travel. While being idle her vehicle was struck by V1 on the passenger side rear bumper.

Based on statements from involved parties and my observations at the scene and damages to the vehicle, I cannot completely determine which drivers were at fault. Both Parties were transported to Ocean Medical Center to be evaluated on their injuries.

***V1 insurance: USAA GENERAL INDEMNITY CO , NC**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-059926
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	07/29/22
100a	01	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:		1328 RIVER AVE	
		Road Name	
		Dir	
		11 Speed Limit	-
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	-
		☐ At Intersection With	
		☐ Feet ☐ N ☐ E of:	-
		☐ Miles ☐ S ☐ W	
		14 15 16	
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.051153
		22 Longitude	-74.223101
118a	10		
118b	-		
119a	25		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	13		
123	07		
124	08		
125	11		
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	03		
134	03		

100b	04	23 Veh #	1	24 Policy No.	G01060285401	25 NJ Ins. Code	392	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	MARISOL	Initial	S	Last Name	MENDEZ -	29 Sex	F
102	01	27 Number & Street	1463 SOUTH ST						
103	01	28 City	LAKEWOOD	State	NJ	Zip	08701		
104	2	30 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-
		31 State	NJ						
105	08	32 Driver's License Number	M25135190052662	33 DOB (mm dd yyyy)	02/27/1966	34 Expires (mm yy)	02 25		
106	-	35 Owner's First Name	☐ Same As Driver MARISOL	Initial	S	Last Name	MENDEZ -		
107	-	36 Number & Street	1463 SOUTH ST						
108	01	37 City	LAKEWOOD	State	NJ	Zip	08701		
109	01	38 Make	CHEV	39 Model	IMP - IM	40 Color	SIL	41 Year	2010
		42 Plate No.	B42FFK	43 State	NJ				
110	01	44 VIN	2G1WA5EK6A1146111	45 Expires	04 23				
111	01	46 Vehicle Removed To							
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded							
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police						
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused						
115	-		Type: ☐ Breath ☐ Blood ☐ Urine						
116	01		Results: 0. - % ☐ Pending						
117	04	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					

53 Veh #	2	54 Policy No.	PAA80002137543	55 NJ Ins. Code	963	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	JEREMY	Initial	E	Last Name	SHIDLER -	59 Sex	M		
57 Number & Street	36 BUNKER HILL DR								
58 City	TOMS RIVER	State	NJ	Zip	08755				
60 Eyes	-	DL Class	DZ	Restrictions	-	Endorsements	-	61 State	FL
62 Driver's License Number	S346425881420	63 DOB (mm dd yyyy)	04/22/1988	64 Expires (mm yy)	04 23				
65 Owner's First Name	☐ Same As Driver SARAH	Initial	A	Last Name	SHIDLER -				
66 Number & Street	36 BUNKER HILL DR								
67 City	TOMS RIVER	State	NJ	Zip	08755				
68 Make	TOYT	69 Model	SNA	70 Color	BLK	71 Year	2019	72 Plate No.	R13PGV
73 State	NJ								
74 VIN	5TDYZ3DC5KS968349	75 Expires	11 22						
76 Vehicle Removed To									
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded									
77 Authority	☐ Owner ☒ Driver ☐ Police								
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused								
	Type: ☐ Breath ☐ Blood ☐ Urine								
	Results: 0. - % ☐ Pending								
79 Hazardous Material	☒ None ☐ On Board ☐ Spill								
	Hazard Class	Placard No.							
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None								
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs								
82 Motor Carrier or Government Entity									
Number & Street									
City	State	Zip							

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

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

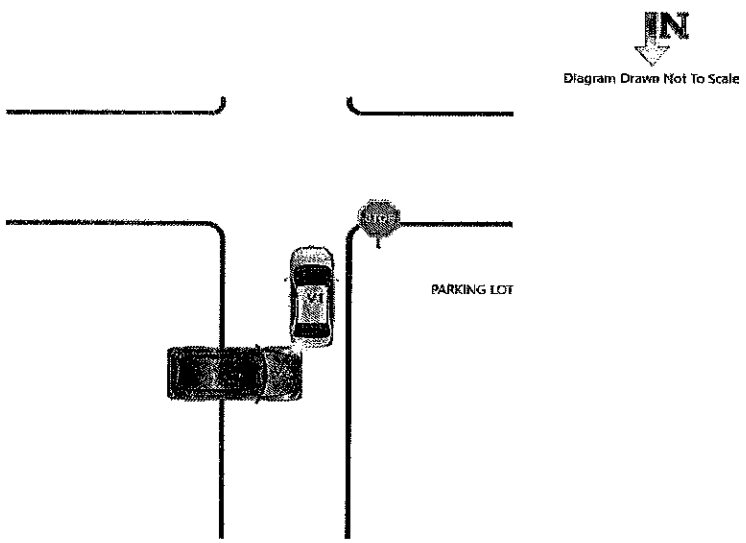
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	56	F	-	-	-	11	04	-	-	MARISOL S MENDEZ - 1463 SOUTH ST LAKEWOOD NJ 08701
B	2	01	01	05	34	M	-	-	-	11	04	-	-	JEREMY E SHIDLER - 36 BUNKER HILL DR TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-059926

(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

Driver 1 stated she was stopped at a stop sign in the parking lot of 1328 River. Driver 1 stated she was coming into work located in this plaza and was looking for a parking spot. Driver 1 stated there was a lot of vehicles passing so she backed up to find another parking spot and crashed into V2. Driver 1 stated she looked behind her and thought she was clear to back up.

Driver 2 stated he was in the parking lot of 1328 River Ave and was in a parking spot getting ready to leave. Driver 2 stated when he pulled out to get behind V1, V1 began backing up and he beeped to get her attention but she backed into his vehicle.

Upon my arrival, I spoke with both parties involved in this accident. Driver 1 is at fault for backing unsafely. No injuries.

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

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-059907
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)	07/29/22
		5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1350
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	AIRPORT RD
		Road Name	-
		Dir	-
		11 Speed Limit	35
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	15
		15 Feet / Miles	☒ Feet ☐ Miles
		16 N E S W	☐ N ☐ E ☐ S ☐ W
		of:	STATE HIGHWAY 70
		17 Cross Road Name	-
		18 Speed Limit	45
		19 Ramp	☐ To ☐ From:
		20 Route/Name	
		21 Latitude	40.053102
		22 Longitude	-74.178880
		☐ At Intersection With	
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	25		
118b	-		
119a	05		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	06		
123	06		
124	04		
125	03		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	11		
130	11		
131	03		
132	03		
133	03		
134	03		

Vehicle 1

100b	04	23 Veh #	1
101	02	24 Policy No.	4445-91-12-43
102	01	25 NJ Ins. Code	148
103	01	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
104	2	26 Driver's First Name	KATHLEEN
105	02	Initial	-
106	-	Last Name	HINDS
107	-	29 Sex	F
108	01	27 Number & Street	437 B PORTMOUTH DR.
109	01	28 City	LAKEWOOD
110	01	State	NJ
111	01	Zip	08701
112	-	30 Eyes	02
113	-	DL Class	D
114	-	Restrictions	-
115	-	Endorsements	-
116	03	31 State	NJ
117	03	32 Driver's License Number	H44754270062502
		33 DOB (mm dd yyyy)	12/19/1950
		34 Expires (mm yy)	12 23
		35 Owner's First Name	KATHLEEN
		Initial	-
		Last Name	HINDS
		☐ Same As Driver	
		36 Number & Street	437 B PORTMOUTH DR.
		37 City	LAKEWOOD
		State	NJ
		Zip	08701
		38 Make	FORD
		39 Model	EDG
		40 Color	BLK
		41 Year	2008
		42 Plate No.	X11LUK
		43 State	NJ
		44 VIN	2FMDK36C18BA68070
		45 Expires	09 22
		46 Vehicle Removed To	-
		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
		47 Authority	☐ Owner ☒ Driver ☐ Police
		48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
			Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
		50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
		51 GVWR/GCWR	☒ Weight <= 10,000 lbs
			☐ Weight 10,001-26,000 lbs
			☐ Weight >= 26,001 lbs
		52 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

Vehicle 2

53 Veh #	2		
54 Policy No.	657719260		
55 NJ Ins. Code	012		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	JOHANNA		
Initial	-		
Last Name	LACHER		
59 Sex	F		
57 Number & Street	1548 BLUE SPRUCE CT		
58 City	TOMS RIVER		
State	NJ		
Zip	08753		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	L00444060056762		
63 DOB (mm dd yyyy)	06/09/1976		
64 Expires (mm yy)	06 25		
65 Owner's First Name	CORP		
Initial	-		
Last Name	NUOP CORP		
☐ Same As Driver			
66 Number & Street	303 SQUANKUM ROAD		
67 City	FARMINGDALE		
State	NJ		
Zip	07727		
68 Make	FORD		
69 Model	FUS		
70 Color	GRY		
71 Year	2017		
72 Plate No.	P24HWS		
73 State	NJ		
74 VIN	3FA6P0HD0HR401515		
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	NUOP CORP		
Number & Street	303 SQUANKUM ROAD		
City	FARMINGDALE		
State	NJ		
Zip	07727		

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	71	F	-	-	-	11	04	-	-	KATHLEEN - HINDS - 437 B PORTMOUTH DR. LAKEWOOD NJ 08701 - -
B	V2	01	01	05	46	F	-	-	-	11	04	-	-	JOHANNA - LACHER - 1548 BLUE SPRUCE CT TOMS RIVER NJ 08753 - -
C														
D														

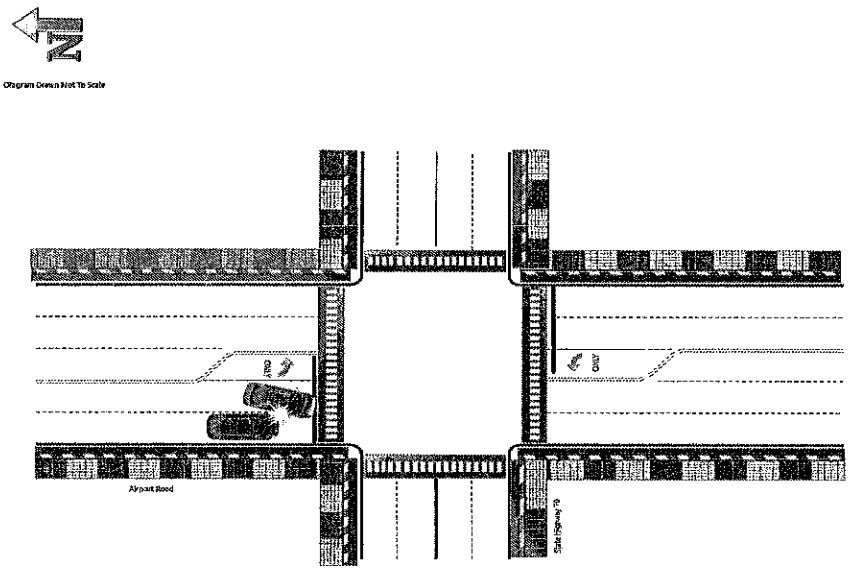
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-059907

(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 she had taken the jug handle onto Airport Road in order to go across State Highway 70 to Leisure Village where she lives. The Driver of Vehicle #1 stated that she "doesn't know who was supposed to stop but she was going straight to go home." The Driver of Vehicle #1 stated that both vehicles "touched each other" but they weren't going fast. 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 she was traveling south bound on Airport Road approaching State Highway 70. The Driver of Vehicle #2 stated that she had he right turn signal on and was preparing to right onto the west bound lane of State Highway 70. The Driver of Vehicle #2 stated that when the traffic signal turned green she attempted to make a right. The Driver of Vehicle #2 stated that Vehicle #1 did not stop and just hit her. The Driver of Vehicle #1 did not report any injury as a result of the crash.

After taking statements from both parties and examining the traffic pattern of Airport Road, I believe that Vehicle #2 was 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	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-059905

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

3 Station/Precinct:

10 Crash Occurred On: 10TH ST | Road Name | Dir: - | 11 Speed Limit: 25 | 12 Route No. - | Suffix - | 13 Milepost -

☐ At Intersection With | Road Name: CLFITON AVE | 16 Speed Limit: 35

☒ Feet ☐ Miles | 14: 200 | 15 | ☐ N ☐ E ☐ S ☒ W | 16

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

20 Route/Name:

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
07/29/22	FRIDAY	1344	1514	--	--	40.099945	-74.216091

118a	25
118b	-
119a	99
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	99
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	01
130	01
131	09
132	09
133	03
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6084202263 | 25 NJ Ins. Code: 148

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

26 Driver's First Name: SHMUEL | Initial: C | Last Name: KLAHR | 29 Sex: M

27 Number & Street: 1460 CANTERBURY RD; A

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

30 Eyes: 06 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: K50387096307946 | 33 DOB mm dd yyyy: 07/08/1994 | 34 Expires mm yy: 07 26

35 Owner's ☐ Same As Driver: SHMUEL | Initial: C | Last Name: KLAHR

36 Number & Street: 1460 CANTERBURY RD; A

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

38 Make: HOND | 39 Model: ACC | 40 Color: BLK | 41 Year: 2018 | 42 Plate No.: M30KXV | 43 State: NJ

44 VIN: 1HGCV1F58JA173964 | 45 Expires: 02 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.: HPA00002637606 | 55 NJ Ins. Code: 017

☒ 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 ☐ Same As Driver: SHLOMO | Initial: - | Last Name: PERR

66 Number & Street: 1540 SALEM ST

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

68 Make: HYUN | 69 Model: ION | 70 Color: WHI | 71 Year: 2020 | 72 Plate No.: Y59NRN | 73 State: NJ

74 VIN: KMHC85LJ9LU071441 | 75 Expires: 05 24

76 Vehicle Removed To: ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-4	A 293990			

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	28	M	-	-	-	11	04	-	-	SHMUEL C KLAHR - 1460 CANTERBURY RD; / LAKEWOOD NJ 08701
B	1	03	01	05	25	F	-	-	-	11	04	-	-	TZIPORAH KLAHR 1460A CANTERBURY RD LAKEWOOD NJ 08701
C	1	04	01	05	2	M	-	-	-	05	05	-	-	GAVRIEL KLAHR 1460A CANTERBURY RD LAKEWOOD NJ 08701
D	1	06	01	05	1	M	-	-	-	06	06	-	-	AVROHOM KLAHR 1460A CANTERBURY RD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

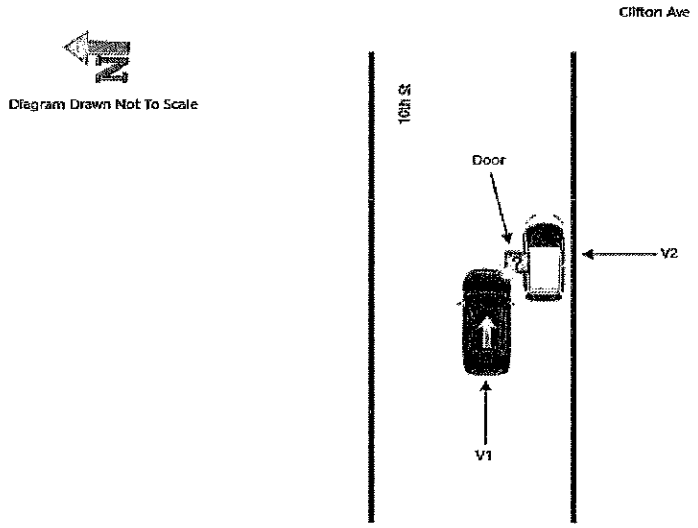
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-059905

(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	01	01	05	53	M	-	-	-	11	04	-	-	SHLOMO - PERR - 1540 SALEM ST LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling east on 10th St, behind another vehicle. While driving, the driver of vehicle 1 stated the driver's door of vehicle 2 was opened and he crashed into the door.

Passenger of vehicle 2 stated he parked his vehicle on the eastbound side of 10th St. Passenger of vehicle 2 stated he opened the driver's door and vehicle 1 crashed into his door. Passenger of vehicle 2 stated he did not see vehicle 1 approaching, but believes he was traveling at a high rate of speed when the crash occurred.

As a result of my investigation, I, Ptl. Livingston #373 determined the passenger of vehicle 2 is at fault for this crash. The passenger of vehicle 2 did not make sure it was safe and clear to open the driver's door, which resulted in this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	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	22-059902
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	07	4 Date of Crash (mm dd yy)	07/29/22
100a	01	5 Day Of Week	FRIDAY
		6 Time (use 2400 hrs)	1255
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	1
10 Crash Occurred On:		MONMOUTH AVE	
		☐ At Intersection With	
		☒ Feet ☐ Miles	00
		☒ N ☐ E ☐ S ☐ W	
		of:	4TH ST
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.094562
		22 Longitude	-74.210564
118a	00		
118b	00		
119a	00		
119b	00		
120a	01		
120b	01		
121a	01		
121b	01		
122	01		
123	01		
124	04		
125	04		
126a	21		
126b	-		
126c	-		
126d	-		
126e	21		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	09		
132	09		
133	02		
134	03		

100b	04	23 Veh #	1
101	02	24 Policy No.	4303598819
		25 NJ Ins. Code	148
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	JACOB
		Initial	-
		Last Name	OHAYON -
		29 Sex	M
103	01	27 Number & Street	106 NORTHFIELD DR
104	1	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	14	32 Driver's License Number	O32673810008862
		33 DOB (mm dd yyyy)	08/01/1986
		34 Expires (mm yy)	08 25
106	-	35 Owner's First Name	☐ Same As Driver VIVIAN
		Initial	-
		Last Name	OHAYON -
107	-	36 Number & Street	106 NORTHFIELD DR
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	13	38 Make	TOYT
		39 Model	CAM
		40 Color	3
		41 Year	2012
		42 Plate No.	B55FEH
		43 State	NJ
110	01	44 VIN	4T1BK1FK0CU002955
		45 Expires	03 23
111	01	46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
112	-		
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	01		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	04	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	

53 Veh #	P		
54 Policy No.			
55 NJ Ins. Code			
☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	AURELIO		
Initial	-		
Last Name	LARGO -		
59 Sex	M		
57 Number & Street	417 FOREST AVE APT. 2		
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)	09/09/1973		
64 Expires (mm yy)	- -		
65 Owner's First Name	☐ Same As Driver		
Initial			
Last Name			
66 Number & Street			
67 City			
State			
Zip			
68 Make			
69 Model			
70 Color			
71 Year			
72 Plate No.			
73 State			
74 VIN			
75 Expires			
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ 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	-	35	M	-	-	-	11	04	-	-	JACOB - OHAYON - 106 NORTHFIELD DR LAKEWOOD NJ 08701
B	2	01	01	04	48	M	11	08	02	00	00	-	6502	AURELIO - LARGO - 417 FOREST AVE APT. 2 LAKEWOOD NJ 08701
C														
D														

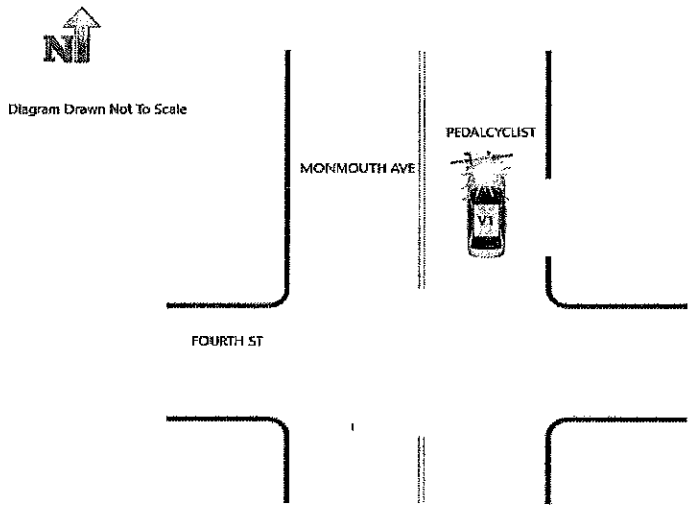
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-059902

(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 IS BASED ON GENERAL AREA OF WHERE THE CRASH WAS ALLEGED TO HAVE OCCURRED



145 Crash Description/Narrative

PEDACYCLIST CAME INTO HEADQUARTERS AND STATED THAT V1 HAD STRUCK HIS BIKE 45 MINUTES EARLIER WHILE HE WAS LEAVING FOODEX. HE STATED HE WAS CROSSING MONMOUTH NEAR FOURTH STREET WESTBOUND, BUT COULD NOT GIVE ME AN EXACT LOCATION. HE STATED V1 MADE A RIGHT TURN AND COLLIDED WITH HIM. HE HAD COMPLAINTS OF KNEE PAIN AND WAS TRANSPORTED TO MMCSC. HE WAS ABLE TO PROVIDE ME WITH THE PLATE AND THE PHONE NUMBER OF THE DRIVER. HE STATED THAT THE DRIVER GAVE HIM HIS INFORMATION AND TOLD HIM HE HAD TO GO.

I RESPONDED TO 106 NORTHFIELD DRIVE TO SPEAK WITH THE DRIVER. THE VEHICLE WAS IN THE DRIVEWAY AND HAD FRONT END DAMAGE CONSISTENT WITH AN ACCIDENT. I SPOKE WITH JACOB OHAYON, WHO STATED HE WAS TRAVELLING NORTH ON MONMOUTH AVENUE, WHEN THE PEDALCYCLIST RODE OUT IN FRONT OF HIM. HE STATED HE DID TAP THE BIKE, BUT THE PEDALCYCLIST DID NOT FALL. HE STATED HE GOT OUT TO CHECK ON HIM AND TO GIVE HIM HIS INFORMATION IF HE NEEDED ANYTHING. HE STATED THAT HE WAS BETWEEN FOURTH AND FIFTH, BUT DID NOT KNOW AN EXACT LOCATION.

BASED ON THE INFORMATION PROVIDED, AN UNKNOWN EXACT LOCATION OF THE CRASH, AND NO INDEPENDANT WITNESS STATEMENTS, I WAS UNABLE TO DETERMINE WHO WAS AT FAULT.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	05
104	2
105	08
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	03

1 Case Number: 22-059883

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

3 Station/Precinct: -

10 Crash Occurred On: 152 JAMES STREET — Road Name — Dir — 11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost

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

14 — 15 — 16 — 18 Speed Limit: -

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)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
07/29/22	FRIDAY	1050	1514	--	--

	118a	118b	119a	119b	120a	120b	121a	121b	122	123	124	125	126a	126b	126c	126d	126e	127a	127b	127c	127d	127e	128	129	130	131	132	133	134
	10	-	25	-	01	-	01	-	05	01	11	11	26	-	-	-	26	26	-	-	-	26	26	06	06	03	03	03	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939692882 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: MOSHE — Initial: - — Last Name: GOLDSTEIN — 29 Sex: M

27 Number & Street: 24 8TH STREET APT 10

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

30 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: G62325670004942 — 33 DOB (mm dd yyyy): 04/15/1994 — 34 Expires (mm yy): 04 24

35 Owner's First Name: ☒ Same As Driver MOSHE — Initial: - — Last Name: GOLDSTEIN

36 Number & Street: 24 8TH STREET APT 10

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

38 Make: TOYT — 39 Model: CAM — 40 Color: 6 — 41 Year: 2011 — 42 Plate No.: X45LRF — 43 State: NJ

44 VIN: 4T1BF3EK9BU629413 — 45 Expires: 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 - ☐ 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.: 939990036 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: MIRIAM — Initial: - — Last Name: TEITELBAUM — 59 Sex: F

57 Number & Street: 822 HEARTHSTONE DR

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: T23195580051852 — 63 DOB (mm dd yyyy): 01/27/1985 — 64 Expires (mm yy): 01 24

65 Owner's First Name: ☒ Same As Driver MIRIAM — Initial: - — Last Name: TEITELBAUM

66 Number & Street: 822 HEARTHSTONE DR

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

68 Make: TOYT — 69 Model: CAM — 70 Color: 1 — 71 Year: 2017 — 72 Plate No.: D82MTY — 73 State: NJ

74 VIN: 4T1BF1FKXHU322537 — 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 - ☐ MC/MX - ☒ None

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	28	M	-	-	-	11	04	-	-	MOSHE - GOLDSTEIN - 24 8TH STREET APT 10 LAKEWOOD NJ 08701
B	V2	01	01	05	37	F	-	-	-	11	04	-	-	MIRIAM - TEITELBAUM - 822 HEARTHSTONE DR LAKEWOOD NJ 08701
C														
D														

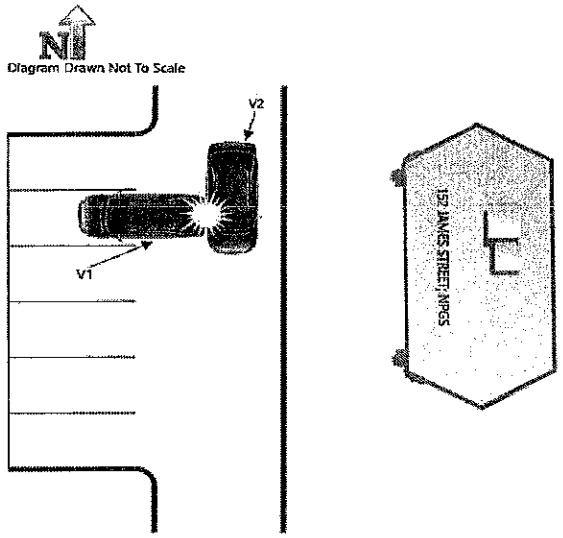
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-059883

(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 ATTEMPTED TO BACK OUT OF THE PARKING SPOT, BUT OBSERVED A VEHICLE IN TRANSIT BEHIND HIM. HE PULLED BACK IN AND WAITED FOR THE VEHICLE IN TRANSIT TO PASS. WHEN HE ATTEMPTED TO BACK OUT ONCE MORE HE THEN MADE CONTACT WITH VEHICLE 2 WHICH WAS ALREADY IN TRANSIT.

THE DRIVER OF VEHICLE 2 STATED SHE WAS DRIVING THROUGH THE LOT WHEN VEHICLE 1 BACKED OUT AND MADE CONTACT WITH HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT HE DID NOT YIELD TO ONCOMING VEHICLES WITH 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	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	07
99	02
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	01
117	01

1 Case Number: 22-059758

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

3 Station/Precinct: -

10 Crash Occurred On: RIVER AVE — Dir: - — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix: - — 13 Milepost: -

☒ At Intersection With — Road Name: HONEY LOCUST DR — 18 Speed Limit: 40

☐ 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): 07/28/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 2243 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

21 Latitude: 40.047997 — 22 Longitude: -74.221711

118a	06
118b	05
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	15
123	03
124	03
125	03
126a	26
126b	56
126c	62
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	01
130	01
131	11
132	11
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 012697158R71019 — 25 NJ Ins. Code: 201

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

26 Driver's First Name: ROBERT — Initial: N — Last Name: HEWLETT 3RD — 29 Sex: M

27 Number & Street: 4 DAVIDS LANE

28 City: LITTLE EGG HAR — State: NJ — Zip: 08087

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: H29646587511794 — 33 DOB (mm dd yyyy): 11/24/1979 — 34 Expires (mm yy): 11 26

35 Owner's ☒ Same As Driver — First Name: ROBERT — Initial: N — Last Name: HEWLETT 3RD

36 Number & Street: 4 DAVIDS LANE

37 City: LITTLE EGG HAR — State: NJ — Zip: 08087

38 Make: NISS — 39 Model: ROG — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: J48PUN — 43 State: NJ

44 VIN: 5N1AT2MV1KC796543 — 45 Expires: 04 23

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 ☐ 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.: 4153-02-70-83 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: YEHOSHUA — Initial: L — Last Name: KANAREK — 59 Sex: M

57 Number & Street: 16 ZINFANDEL RD

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

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

62 Driver's License Number: K03807897309782 — 63 DOB (mm dd yyyy): 09/24/1978 — 64 Expires (mm yy): 09 22

65 Owner's ☒ Same As Driver — First Name: YEHOSHUA — Initial: L — Last Name: KANAREK

66 Number & Street: 16 ZINFANDEL RD

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

68 Make: TOYT — 69 Model: COR — 70 Color: SIL — 71 Year: 2017 — 72 Plate No.: L15KFJ — 73 State: NJ

74 VIN: 2T1BURHE0HC746709 — 75 Expires: 07 23

76 Vehicle Removed To: HESHY'S TOWING

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT ☐ 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

FIRE HYDRANT AT THE CORNER OF RIVER AVE AND HONEY LOCUST, WATER COMPANY NOTIFIED

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	1514-A-294771	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	42	M	-	-	-	11	11	04	-	ROBERT N HEWLETT 3RD - 4 DAVIDS LANE LITTLE EGG HAR NJ 08087 - -
B	02	01	01	03	43	M	01	08	01	11	04	-	-	YEHOSHUA L KANAREK - 16 ZINFANDEL RD LAKEWOOD NJ 08701 - -
C														
D														

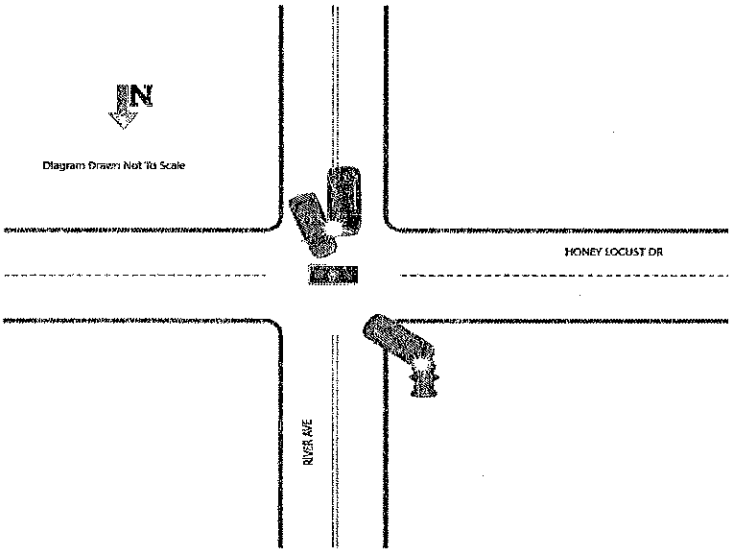
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-059758

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT HE WAS DRIVING NORTH ON RIVER AVE IN THE AREA OF HONEY LOCUST DR. HE STATED THAT WHILE GOING THROUGH THE INTERSECTION, ANOTHER VEHICLE MADE IMPACT WITH HIS VEHICLE BUT HE DID NOT REMEMBER WHAT OR HOW IT HAPPENED.

DRIVER OF VEHICLE 2 STATED THAT HE WAS DRIVING NORTH ON RIVER AVE IN THE AREA OF HONEY LOCUST DR. HE STATED HE JUST BEGAN TO MAKE A LEFT HAND TURN ONTO HONEY LOCUST DR FROM RIVER AVE WHEN VEHICLE 1 STRUCK HIM. HE WAS UNABLE TO PROVIDE ANY FURTHER DETAILS DUE TO HOW QUICK THE CRASH HAPPENED.

A WITNESS APPROACHED ME AND STATED HE WAS DRIVING BEHIND VEHICLE 2 AT THE TIME OF THE CRASH. HE STATED THAT VEHICLE 1 PASSED ON THE LEFT AND WAS DRIVING IN THE OPPOSITE LANE OF TRAFFIC WHEN VEHICLE 2 WAS ATTEMPTING TO MAKE A LEFT HAND TURN.

I DETERMINED THAT VEHICLE 1 WAS AT FAULT FOR THE CRASH FOR IMPROPER PASSING AND FOR FAILING TO MAINTAIN HIS LANE OF TRAVEL.

BOTH VEHICLES SUSTAINED DISABLING DAMAGE TO THE FRONT PORTION OF THE RESPECTED VEHICLES. DRIVER OF VEHICLE 2 HAD COMPLAINT OF PAIN TO HIS HEAD BUT DENIED FURTHER MEDICAL TREATMENT ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
97	01	1 Case Number	22-059732
98	07	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	02	3 Station/Precinct	--
100a	01	4 Date of Crash mm dd yy	07/28/22
		5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	2044
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	MADISON AVE
		☐ At Intersection With	
		☒ Feet	40
		☐ Miles	
		Road Name	COUNTYLINE RD
		☐ N ☐ E ☒ S ☐ W of:	
		11 Speed Limit	40
		Dir	-
		12 Route No.	0009
		Suffix	
		13 Milepost	
		18 Speed Limit	40
		19 Ramp ☐ To ☐ From:	
		17 Cross Road Name	
		20 Route/Name	
		21 Latitude	40.106934
		22 Longitude	-74.219482
118a	99		
118b	-		
119a	99		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	11		
123	11		
124	04		
125	04		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	09		
130	09		
131	03		
132	03		
133	02		
134	02		

☐ NB ☐ EB ☐ SB ☐ WB

100b	04	23 Veh #	1
		24 Policy No.	4568245130
		25 NJ Ins. Code	100
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	MOISES
		Initial	-
		Last Name	BLAS-SANCHEZ -
		29 Sex	M
103	01	27 Number & Street	244 DOWN HILL RUN
104	2	28 City	TOMS RIVER
		State	NJ
		Zip	08755
		30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	02	32 Driver's License Number	B50905610010862
		33 DOB mm dd yyyy	10/29/1986
		34 Expires mm	01
		yy	22
106	-	35 Owner's ☐ Same As Driver	MOISES
		First Name	
		Initial	-
		Last Name	BLAS-SANCHEZ -
107	-	36 Number & Street	244 DOWN HILL RUN
108	01	37 City	TOMS RIVER
		State	NJ
		Zip	08755
109	01	38 Make	HOND
		39 Model	PIL
		40 Color	1
		41 Year	2011
		42 Plate No.	S12PVX
		43 State	NJ
110	01	44 VIN	5FNYF4H63BB086698
		45 Expires	04
			23
111	01	46 Vehicle Removed To	
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☒ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	01	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	01	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

53 Veh #	2		
54 Policy No.	NJSS107034817		
55 NJ Ins. Code	217		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	AVROHOM		
Initial	-		
Last Name	BERENBAUM -		
59 Sex	M		
57 Number & Street	102 FOREST AVE		
58 City	LAKEWOOD		
State	NJ		
Zip	08701		
60 Eyes	04		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	B26740710005674		
63 DOB mm dd yyyy	05/19/1967		
64 Expires mm	05		
yy	24		
65 Owner's ☐ Same As Driver	FEIGA		
First Name			
Initial	D		
Last Name	BERENBAUM -		
66 Number & Street	102 FOREST AVE		
67 City	LAKEWOOD		
State	NJ		
Zip	08701		
68 Make	TOYT		
69 Model	SIE		
70 Color	1		
71 Year	2015		
72 Plate No.	X93AGT		
73 State	NJ		
74 VIN	5TDKK3DC1FS558406		
75 Expires	11		
	22		
76 Vehicle Removed To			
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded			
77 Authority	☐ Owner ☒ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity			
Number & Street			
City	State Zip		

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	35	M	-	-	-	11	04	-	-	MOISES - BLAS-SANCHEZ - 244 DOWN HILL RUN TOMS RIVER NJ 08755
B	02	01	01	05	55	M	-	-	-	11	04	-	-	AVROHOM - BERENBAUM - 102 FOREST AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

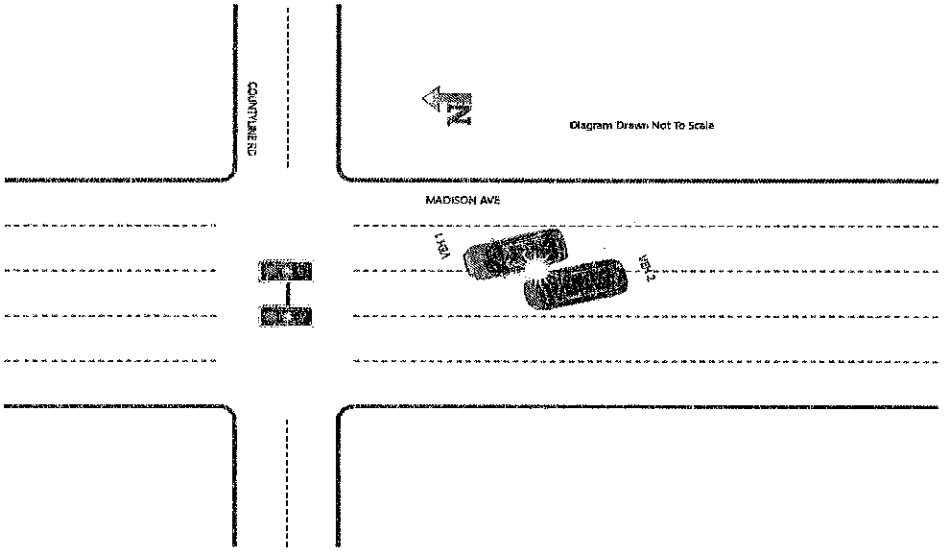
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-059732

(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 ON MADISON AVENUE TOWARDS COUNTYLINE RD AND WAS MERGING INTO THE LEFT LANE WHEN HE WAS STRUCK BY VEHICLE 2. DRIVER 1 SAID VEH 2 WAS TRAVELING BEHIND HIM IN TRAFFIC.

DRIVER OF VEH 2 STATED HE WAS TRAVELING NORTH ON MADISON AVENUE TOWARDS COUNTYLINE RD AND WAS MERGING INTO THE LEFT TURN LANE WHEN VEH 1 CAME INTO HIS LANE AND HIT HIS CAR.

UPON MY INVESTIGATION DUE TO CONFLICTING STORIES I WAS UNABLE TO DETERMINE WHO IS AT FAULT FOR THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CLARKE N	334	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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	05
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-

1 Case Number: 22-059700

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

3 Station/Precinct: -

10 Crash Occurred On: LOCUST ST — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 250 15

☐ N ☒ E ☐ S ☐ W of: STATE HIGHWAY 70 — 12 Route No. — Suffix — 13 Milepost

11 Speed Limit: 35 — 0083 - -

18 Speed Limit: 50

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.047490 — 22 Longitude: -74.216907

4 Date of Crash (mm dd yy): 07/28/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1715 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1

118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	05
126b	52
126c	-
126d	-
126e	52
127a	-
127b	-
127c	-
127d	-
127e	-
128	05
129	12
130	12
131	-
132	-
133	04
134	-

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: JOSE — Initial: - — Last Name: TEJADA — 29 Sex: M

27 Number & Street: 2 ISABELLA DR

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

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 09/08/1984 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: CARLOS — Initial: - — Last Name: RUIZ SALINAS

36 Number & Street: 111 S. MAIN ST

37 City: BULLS GAP — State: TN — Zip: 37711

38 Make: FORD — 39 Model: F15 — 40 Color: RD — 41 Year: 1999 — 42 Plate No.: 8Z68V9 — 43 State: TN

44 VIN: 1FTYR14V0XTA99514 — 45 Expires: 08 22

46 Vehicle Removed To: TILTON'S AUTO BODY

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

50 Carrier No.: ☐ USDOT ☐ 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 ☐ Same As Driver — First Name: - — Initial: - — Last Name: -

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT - ☐ 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

UTILITY POLE NUMBER BT117

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	A293389	-		-
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	37	M	02	04	01	11	11	01	-	JOSE - TEJADA - 2 ISABELLA DR LAKEWOOD NJ 08701
B														
C														
D														

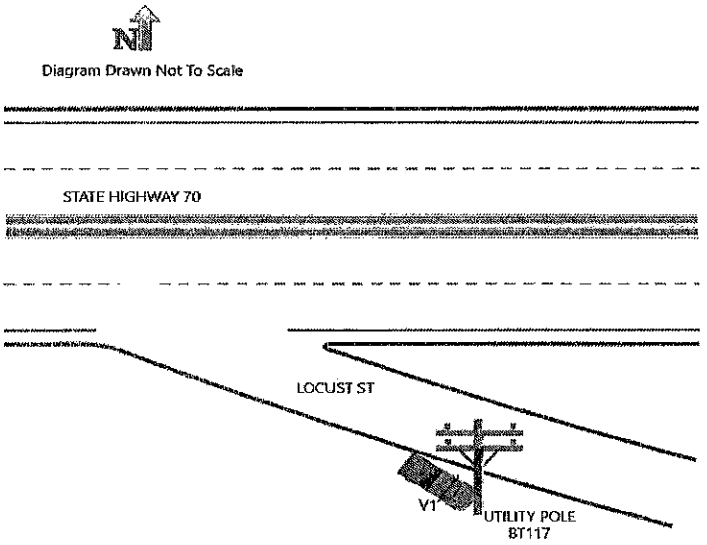
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-059700

(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

The driver of V1 stated he was traveling east on State Highway 70. A vehicle cut him off causing him to swerve right onto Locust St. He lost control and struck a utility pole.

Based on my investigation, V1 caused the crash by swerving and losing control, striking a utility pole.

V1 Insurance
Policy Number 14-41 015073105
NAIC 11004
Trexis One Insurance Company

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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

1 Case Number: 22-059662

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

3 Station/Precinct:

10 Crash Occurred On: W COUNTY LINE RD — Road Name — Dir

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

11 Speed Limit: 45 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 25

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): 07/28/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1353 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.106732 — 22 Longitude: -74.228131

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4478099114 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: JEFFREY — Initial: - — Last Name: LEISER — 29 Sex: M

27 Number & Street: 1170 MACKENZIE CT

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

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

32 Driver's License Number: L23043930005774 — 33 DOB (mm dd yyyy): 05/08/1977 — 34 Expires (mm yy): 05 24

35 Owner's First Name: ☐ Same As Driver JEFFREY — Initial: - — Last Name: LEISER

36 Number & Street: 1170 MACKENZIE CT

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

38 Make: DODG — 39 Model: CAR — 40 Color: 4 — 41 Year: 2006 — 42 Plate No.: WVK26T — 43 State: NJ

44 VIN: 1D4GP24R16B613629 — 45 Expires: 04 21

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 ☐ 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: 071

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

56 Driver's First Name: AKIVA — Initial: - — Last Name: BRANDEIS — 59 Sex: M

57 Number & Street: 23 TEABERRY CT

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

60 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: B71780150006032 — 63 DOB (mm dd yyyy): 06/09/2003 — 64 Expires (mm yy): 06 26

65 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: WCR GROUP LLC

66 Number & Street: 209 2ND ST STE 46

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

68 Make: FORD — 69 Model: MUS — 70 Color: BLK — 71 Year: 2020 — 72 Plate No.: L59NLV — 73 State: NJ

74 VIN: 1FATP8UHXL5106248 — 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.
01	39:3-4	294676			
02	39:3-29	294677			

	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	-	-	JEFFREY - LEISER - 1170 MACKENZIE CT LAKEWOOD NJ 08701
B	01	03	01	05	16	M	-	-	-	11	04	-	-	NATHAN LEISER 1170 MACKENZIE CT LAKEWOOD NJ 08701
C	02	01	01	05	19	M	-	-	-	11	04	-	-	AKIVA - BRANDEIS - 23 TEABERRY CT LAKEWOOD NJ 08701
D														

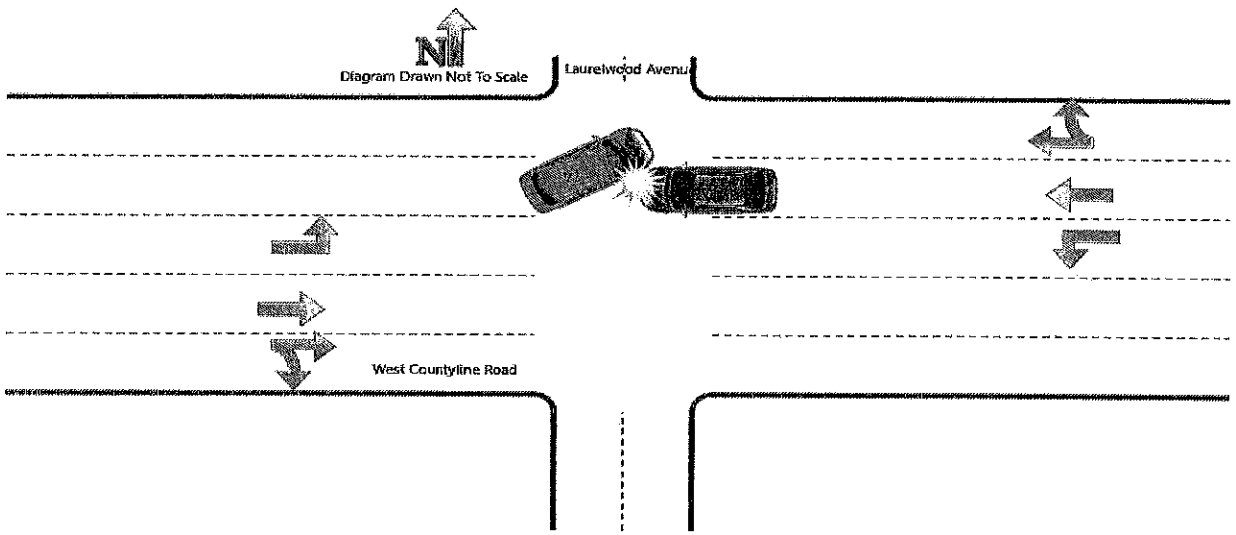
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-059662

(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 traveling West on West Countyline Road. Driver of vehicle 1 stated he was going straight when vehicle 2 attempted to make a left turn in front of him onto Laurelwood. Driver of vehicle 1 stated the traffic signal was green. Driver of vehicle 1 struck the front passenger side of vehicle 2 causing moderate damage to vehicle 1. The Driver of vehicle 1 had no complaint of pain. Vehicle 1 was impounded for being unregistered and towed to Tiltons Auto body.

Driver of vehicle 2 stated he was traveling East on West Countyline Road. Driver of vehicle 2 stated he had a green arrow to make a left turn onto Laurelwood Ave and vehicle 1 went through the red traffic signal. Driver of vehicle 2 stated vehicle 1 was at a complete stop facing West on West Countyline Road and when he was making the left turn vehicle 1 accelerated and struck the passenger side of vehicle 2 causing moderate damage. Driver of vehicle 2 had no complaint of pain.

Witness 1 stated he was traveling West on West Countyline behind vehicle 1. Witness 1 stated there was an unknown vehicle waiting in the middle of the intersection located at West Countyline Rd and Laurelwood Ave to make a left turn onto Laurelwood Ave. Witness 1 stated vehicle 2 turned behind the unknown vehicle causing the accident.

Driver of vehicle 2 was unable to provide me with a valid insurance card.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	07
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

1 Case Number: 22-059459

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

3 Station/Precinct:

10 Crash Occurred On: PINE ST — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☐ S ☒ W of: VINE ST

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

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: 07/27/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1825

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.075369

22 Longitude: -74.206250

118a	08
118b	-
119a	06
119b	-
120a	01
120b	-
121a	00
121b	00
122	03
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	02
132	02
133	04
134	00

Vehicle 1

23 Veh #: 1

24 Policy No.: 939537857

25 NJ Ins. Code: 012

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

26 Driver's First Name: YITZCHOK — Initial: - — Last Name: ALSTER -

29 Sex: M

27 Number & Street: 9 GEFEN DR

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: A56097900001046

33 DOB mm dd yyyy: 01/16/2004

34 Expires mm yy: 01 25

35 Owner's First Name: SAMUEL — Initial: - — Last Name: ALSTER -

☐ Same As Driver

36 Number & Street: 9 GEFEN DR

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

38 Make: DODG — 39 Model: CVN — 40 Color: WHI — 41 Year: 2005 — 42 Plate No.: G53RCX — 43 State: NJ

44 VIN: 1D4GP23R45B256270

45 Expires: 06 23

46 Vehicle Removed To: TILTON'S AUTO BODY (UNIT20)

☐ 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.

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

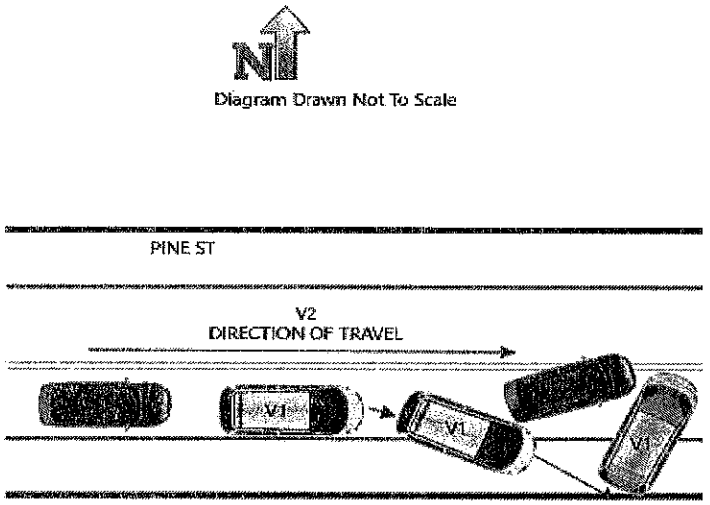
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	M	-	-	-	11	04	-	-	YITZCHOK - ALSTER - 9 GEFEN DR LAKEWOOD NJ 08701
B	01	03	01	05	18	M	-	-	-	11	04	-	-	MOSHE - KAPLOVITZ - 237 PINE ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-059459

(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

Suspect Vehicle Information:
2006 Ford Mustang Black with a white stripe
VIN# 1ZVFT82H8651280
Registration Expired 6/2022
Registered owner: Marlon Sandoval-Rojano
NJ DL S04055220010942

Driver of V1 stated he was traveling East on Pine St. D1 stated he had his left turn signal on and began making a K-turn. D1 stated V2 crashed into his vehicle.

I did not speak to D2. D2 fled the scene East on Pine St.

I observed V1 parked almost perpendicular with the curb on the Southern side of Pine St. The position of V1 indicated D1 had began making a K-turn by moving into the shoulder and turning left to bring his vehicle completely across the Eastbound lane of Pine St. V2 would may have maneuvered left, into oncoming traffic, in an attempt to avoid V1. V1 came to rest where the collision occurred because the front, driver side wheel was knocked off the suspension.

I determined V1 was at fault, but with contributing factors. V1 attempted to make a K-turn with a double solid dividing line on Pine St, but had his left blinker on. V2 may have been following to closely to stop in time, or, began passing V1 as he appeared to be pulling off to the right at the beginning of his K-turn. I made this determination based on statements from D1, the location of damage to V1 and my observations of the crash scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	JPEDERSON	290	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	00
108	01
109	00
110	01
111	00
112	-
113	00
114	-
115	00
116	03
117	03

1 Case Number: 22-059313

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

3 Station/Precinct:

10 Crash Occurred On: NEW HAMPSHIRE AVENUE — Dir: - — 11 Speed Limit: 50

☐ At Intersection With — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

☐ Feet ☒ Miles — 14: .25 — 15 — 16

☒ N ☐ E ☐ S ☐ W of: OCEAN AVENUE — 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): 07/27/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 0923 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.085584 — 22 Longitude: -74.176917

118a	25
118b	-
119a	04
119b	-
120a	01
120b	01
121a	00
121b	00
122	01
123	15
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	07
130	
131	00
132	00
133	03
134	00

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939948885 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: EILEEN — Initial: H — Last Name: DECICCO — 29 Sex: F

27 Number & Street: 80 CAMINO VERDE

28 City: TOMS RIVER — State: NJ — Zip: 08755

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

32 Driver's License Number: D21051976861494 — 33 DOB (mm dd yyyy): 11/29/1949 — 34 Expires (mm yy): 11 23

35 Owner's First Name: EILEEN — Initial: H — Last Name: DECICCO

☐ Same As Driver

36 Number & Street: 80 CAMINO VERDE

37 City: TOMS RIVER — State: NJ — Zip: 08755

38 Make: CHEV — 39 Model: IMP - IM — 40 Color: SIL — 41 Year: 2011 — 42 Plate No.: D72GPG — 43 State: NJ

44 VIN: 2G1WG5EKXB1116545 — 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.: - — 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

50 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.
1		-	2		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	72	F	-	-	-	11	04	-	-	EILEEN H DECICCO - 80 CAMINO VERDE TOMS RIVER NJ 08755
B	2	00	01		00	U	00	00	-	00	00	-	-	00 00 00 00
C														
D														

New Jersey Police Crash Investigation Report

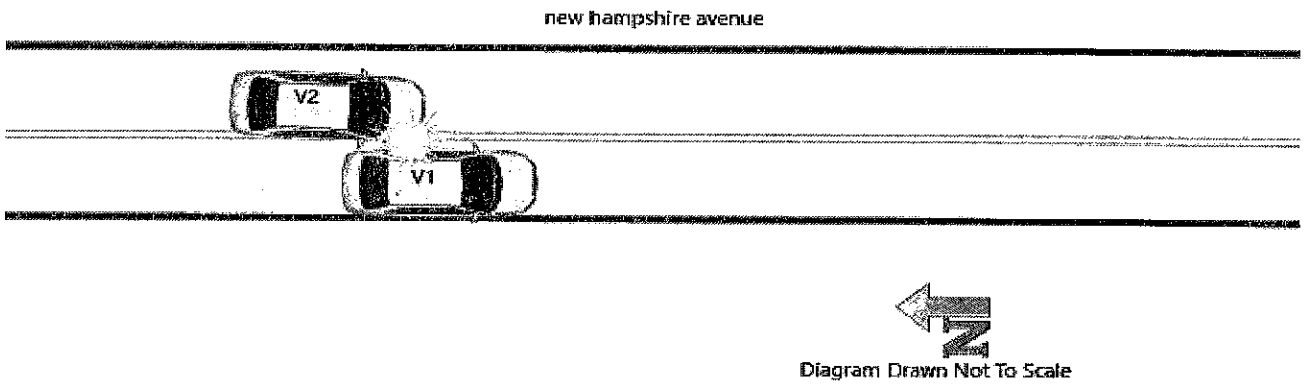
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-059313

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was travelling south on New Hampshire Avenue when a white vehicle, unknown driver and unknown make, model or registration passed her on the opposite side of the roadway side swiping her vehicle on the drivers side beginning with the drivers side rear quarter panel. Driver of vehicle 1 stated the unknown vehicle continued southbound on New Hampshire.

Based on the statement made to me from driver of vehicle 1 the suspect vehicle should have heavy passenger side front end or quarter panel damage. 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

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

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	04
117	02

1 Case Number: 22-058797

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): 1926

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 485 OBERLIN AVE S — Road Name — Dir: -

[ ] At Intersection With

[ ] Feet [ ] N [ ] E of: -

[ ] Miles [ ] S [ ] W

14 - 15 16

11 Speed Limit: 15

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: -

19 Ramp [ ] To [ ] From: -

17 Cross Road Name: -

20 Route/Name: -

[ ] NB [ ] EB [ ] SB [ ] WB

21 Latitude: 40.069238

22 Longitude: -74.185269

118a	10
118b	-
119a	25
119b	-
120a	00
120b	-
121a	-
121b	-
122	13
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	07
130	07
131	11
132	11
133	00
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: -

25 NJ Ins. Code: -

[ ] Parked [ ] Ped [ ] Pedalcyclist [ ] Resp To Emergency [X] 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 — PABLO - HUERTAURBANO -

36 Number & Street: 939 WOODLANE RD

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

38 Make: DODG — 39 Model: CVN — 40 Color: SIL — 41 Year: 2006 — 42 Plate No.: DLB7604 — 43 State: MI

44 VIN: 2D4GP44L66R780142 — 45 Expires: 12 22

46 Vehicle Removed To: -

[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded

47 Authority: [ ] Owner [X] Driver [ ] Police

48 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.: -

50 Carrier No.: [ ] USDOT - [X] 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.: 956906760

55 NJ Ins. Code: 135

[X] 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 — SAMUEL - SANCHEZROJAS -

66 Number & Street: 2775 HOOPER AVE APT 411

67 City: BRICK — State: NJ — Zip: 08723

68 Make: NISS — 69 Model: SEN - SE — 70 Color: 1 — 71 Year: 2010 — 72 Plate No.: P43PVM — 73 State: NJ

74 VIN: 3N1AB6AP8AL600351 — 75 Expires: 04 23

76 Vehicle Removed To: -

[X] Driven [ ] Towed Disabled [ ] Towed Disabled & Impounded [ ] Left At Scene [ ] Towed Impounded

77 Authority: [ ] Owner [X] Driver [ ] Police

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

79 Hazardous Material: [X] None [ ] On Board [ ] Spill — Hazard Class: - — Placard No.: -

80 Carrier No.: [ ] USDOT - [X] 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) [X] No

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-129	294059	01	39:4-130	29460
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:4-127	294711	-		-

	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	-			00	00	-	00	00	-		
B														
C														
D														

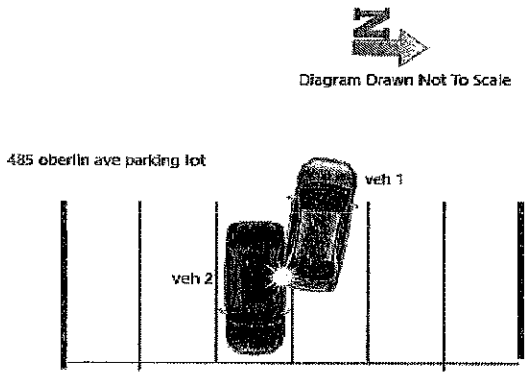
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-058797

(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 vehicle 2 stated he parked his vehicle in the parking lot of 485 Oberlin Ave prior to work. He stated when he came out to his vehicle, there was damage to the drivers side door.

I was provided with video surveillance and witnessed a silver Dodge Caravan bearing Michigan Registration DLB7604, back into vehicle 2 and then drive off.

Vehicle 1 should have damage to the rear driver side panel. The driver of vehicle 1 was unable to be identified.

Attempts to reach the owner of vehicle 1 have been unsuccessful.

Owner of vehicle 1 has been issued summons for leaving the scene of an accident, failing to report an accident and improper backing.

Vehicle 1's Insurance information was unable to be attained. A video of the incident was uploaded to the case file.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05 | 97: 01 | 98: 01 | 99: 09 | 100a: 01 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 1 | 105: 15 | 106: 01 | 107: - | 108: 22 | 109: - | 110: 02 | 111: - | 112: 01 | 113: - | 114: 11 | 115: - | 116: 03 | 117: -

1 Case Number: 22-058735

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

3 Station/Precinct:

10 Crash Occurred On: 775 VASSAR AVE (P.L) | Dir: - | 11 Speed Limit: 15 | 12 Route No.: - | Suffix: - | 13 Milepost: - | 18 Speed Limit: -

☐ At Intersection With Road Name: - Dir: -

☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: -

14: - 15: 16:

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ 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): 1338

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.068255

22 Longitude: -74.182772

118a: 02 | 118b: - | 119a: - | 119b: - | 120a: 01 | 120b: - | 121a: - | 121b: - | 122: 03 | 123: - | 124: 11 | 125: - | 126a: 39 | 126b: 39 | 126c: - | 126d: - | 126e: 26 | 127a: - | 127b: - | 127c: - | 127d: - | 127e: - | 128: 39 | 129: 05 | 130: 05 | 131: - | 132: - | 133: 02 | 134: -

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: STEPHEN | Initial: R | Last Name: DOOLITTLE | 29 Sex: M

27 Number & Street: 203 SERRANO TRL

28 City: BROWNS MILLS | State: NJ | Zip: 08015

30 Eyes: 5 | DL Class: - | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: D64927227905605 | 33 DOB (mm dd yyyy): 05/12/1960 | 34 Expires (mm yy): 05 26

35 Owner's ☐ Same As Driver | First Name: XPO LOGISTICS FR - | Initial: | Last Name: XPO LOGISTICS FR -

36 Number & Street: 3200 INDUSTRIES ROAD

37 City: RICHMOND | State: IN | Zip: 47374

38 Make: INTR | 39 Model: TRUCK | 40 Color: WHI | 41 Year: 2020 | 42 Plate No.: P669920 | 43 State: IN

44 VIN: 3HCDYAPN4LL823476 | 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 241829 ☐ 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: XPO LOGISTICS FREIGHT

Number & Street: 3200 INDUSTRIES ROAD

City: RICHMOND | State: IN | Zip: 47374

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 ☐ Same As Driver | First Name: - | Initial: - | Last Name: -

66 Number & Street: -

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

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

74 VIN: - | 75 Expires: - -

76 Vehicle Removed To: - ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

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

YELLOW BARRIER IN THE PARKING LOT OF 775 VASSAR AVENUE

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	62	M	-	-	-	11	04	-	-	STEPHEN R DOOLITTLE - 203 SERRANO TRL BROWNS MILLS NJ 08015
B														
C														
D														

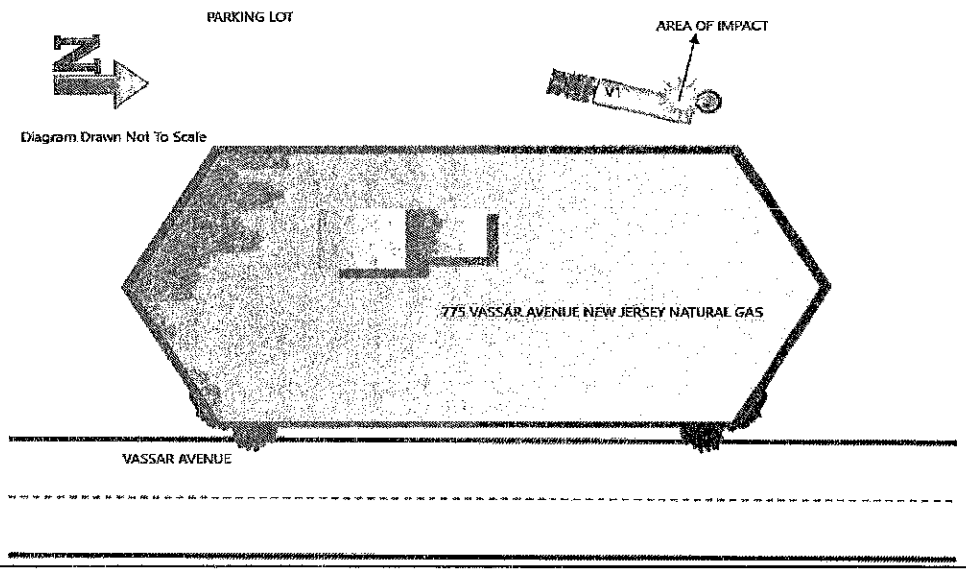
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-058735

(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 STATED HE DROPPED PRODUCTS OFF AT 775 VASSAR AVE NEW JERSEY NATURAL GAS. HE THEN STATED HE WAS LEAVING THE DROPOFF AREA. HE THEN TURNED HIS VEHICLE STRIKING THE YELLOW POLE BARRIER, KNOCKING IT DOWN. DRIVER OF VEHICLE 1 STATED HE DIDNT SEE THE BARRIER.

THERE WERE NO INJURIES TO THE DRIVER AND MINOR DAMAGE TO THE VEHICLE.

MANAGER OF NEW JERSEY NATURAL GAS NEEDED A REPORT DUE TO THE DAMAGE TO THE YELLOW POLE BARRIER.

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

INSURANCE INFORMATION VEHICLE 1
XPO LOGISTICS FREIGHT INC.
SAFECO INSURANCE COMPANY 24740
POLICY NUMBER: 6524239

TRAILER INDIANA REGISTRATION
P669920

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	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	22-058717
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	07/25/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1201
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1820 SWARTHMORE AVE; POS
		☐ At Intersection With	Road Name / Dir
		☐ Feet ☐ N ☐ E of:	
		☐ Miles ☐ S ☐ W	
		11 Speed Limit	15
		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	40.078896
		22 Longitude	-74.176913
118a	10		
118b	02		
119a	25		
119b	-		
120a	00		
120b	-		
121a	00		
121b	-		
122	00		
123	10		
124	04		
125	04		
126a	28		
126b	-		
126c	-		
126d	-		
126e	28		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	00		
130	00		
131	02		
132	02		
133	00		
134	03		

100b	04	23 Veh #	1
101	02	24 Policy No.	
		25 NJ Ins. Code	
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	
		29 Sex	
103	01	27 Number & Street	
104	2	28 City / State / Zip	
		30 Eyes / DL Class / Restrictions / Endorsements	
		31 State	
105	06	32 Driver's License Number	
		33 DOB (mm dd yyyy)	
		34 Expires (mm yy)	
106	-	35 Owner's First Name / Initial / Last Name	
		☐ Same As Driver	
107	-	36 Number & Street	
108	01	37 City / State / Zip	
109	01	38 Make	
		39 Model	
		40 Color	
		41 Year	
		42 Plate No.	
		43 State	
110	01	44 VIN	
		45 Expires	
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☐ Driver ☐ Police
114	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
116	00	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
117	03	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	- / - / -

53 Veh #	2		
54 Policy No.	955174056		
55 NJ Ins. Code	134		
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name / Initial / Last Name	-		
59 Sex	-		
57 Number & Street	-		
58 City / State / Zip	- / - / -		
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -		
61 State	-		
62 Driver's License Number	-		
63 DOB (mm dd yyyy)	-		
64 Expires (mm yy)	-		
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHEON - ARNOLD -		
66 Number & Street	1820 SWARTHMORE AVE #1393		
67 City / State / Zip	LAKEWOOD / NJ / 08701		
68 Make	VOLK		
69 Model	TIG		
70 Color	4		
71 Year	2021		
72 Plate No.	SU971Y		
73 State	NJ		
74 VIN	3VV2B7AX1MM114858		
75 Expires	01 23		
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded		
77 Authority	☒ Owner ☐ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None		
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City / State / Zip	- / - / -		

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

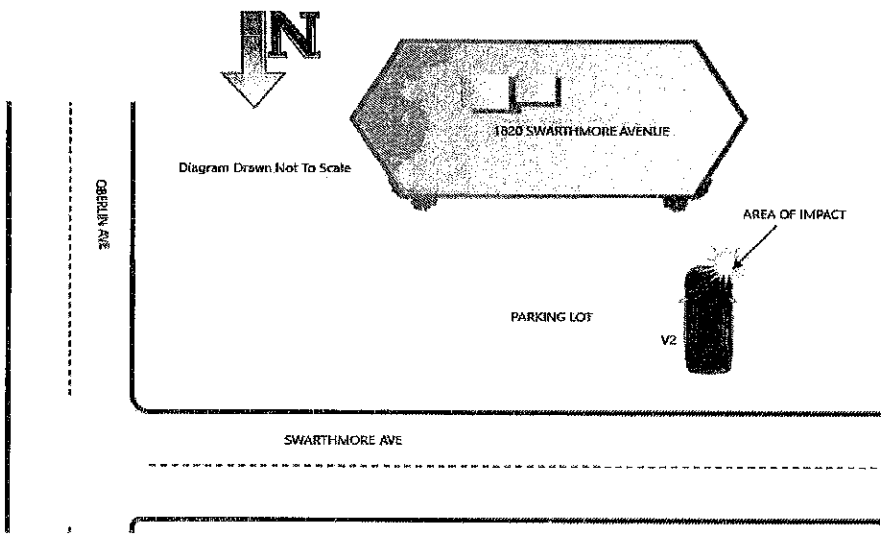
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-058717

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED DRIVER OF VEHICLE 2 STATED THAT AN UNKNOWN PERSON WITNESSED HIS VEHICLE BEING STRUCK BY ANOTHER VEHICLE. THE WITNESS LEFT PRIOR TO MY ARRIVAL.

WITNESS STATED THE VEHICLE WAS A GREEN/BLUE FORD EXPLORER WITH THE LICENSE PLATE E71KWX. WITNESS STATED IT WAS AN OLDER MALE DRIVER, WHO THEN LEFT THE SCENE. WITNESS STATED THE DRIVER BACKED INTO PARKED VEHICLE 2. THERE WERE NO CAMERAS IN THE IMMEDIATE AREA.

I WAS UNABLE TO MAKE CONTACT WITH THE DRIVER OF VEHICLE 1.

VEHICLE 2 WAS PARKED IN THE PARKING LOT OF 1820 SWARTHMORE AVE FACING SOUTH. THERE WAS A LARGE DENT IN THE FRONT PASSENGER SIDE OF HIS VEHICLE.

THERE WERE NO REPORTED INJURIES.

BASED ON MY INVESTIGATION DRIVER OF VEHICLE 1 IS AT FAULT FOR FAILING TO REPORT AN ACCIDENT, DRIVER INATTENION, AND BACKING UNSAFELY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	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	22-058717
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	01	3 Station/Precinct	
99	09	4 Date of Crash (mm dd yy)	07/25/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1201
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1820 SWARTHMORE AVE; POS
		☐ At Intersection With	Road Name
		☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
		14	15
		16	
		11 Speed Limit	15
		Dir	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	
		19 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.078896
		22 Longitude	-74.176913
118a	10		
118b	02		
119a	25		
119b	-		
120a	00		
120b	-		
121a	00		
121b	-		
122	00		
123	10		
124	04		
125	04		
126a	28		
126b	-		
126c	-		
126d	-		
126e	28		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	00		
130	00		
131	02		
132	02		
133	00		
134	03		

100b	04	23 Veh #	1
101	02	24 Policy No.	
		25 NJ Ins. Code	
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
102	01	26 Driver's First Name / Initial / Last Name	
		29 Sex	
103	01	27 Number & Street	
104	2	28 City / State / Zip	
		30 Eyes / DL Class / Restrictions / Endorsements	
		31 State	
105	06	32 Driver's License Number	
		33 DOB (mm dd yyyy)	
		34 Expires (mm yy)	
106	-	35 Owner's First Name / Initial / Last Name	
		☐ Same As Driver	
107	-	36 Number & Street	
108	01	37 City / State / Zip	
109	01	38 Make	
		39 Model	
		40 Color	
		41 Year	
		42 Plate No.	
		43 State	
110	01	44 VIN	
		45 Expires	
111	01	46 Vehicle Removed To	
112	-	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority ☐ Owner ☐ Driver ☐ Police	
114	-	48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused	
115	-	Type: ☐ Breath ☐ Blood ☐ Urine	
116	00	Results: 0. - % ☐ Pending	
117	03	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	- / - / -

53 Veh #	2		
54 Policy No.	955174056		
55 NJ Ins. Code	134		
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name / Initial / Last Name	-		
59 Sex	-		
57 Number & Street	-		
58 City / State / Zip	- / - / -		
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -		
61 State	-		
62 Driver's License Number	-		
63 DOB (mm dd yyyy)	-		
64 Expires (mm yy)	- / -		
65 Owner's First Name / Initial / Last Name	SHEON - ARNOLD -		
☐ Same As Driver			
66 Number & Street	1820 SWARTHMORE AVE #1393		
67 City / State / Zip	LAKEWOOD / NJ / 08701		
68 Make	VOLK		
69 Model	TIG		
70 Color	4		
71 Year	2021		
72 Plate No.	SU971Y		
73 State	NJ		
74 VIN	3VV2B7AX1MM114858		
75 Expires	01 / 23		
76 Vehicle Removed To			
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded			
77 Authority ☒ Owner ☐ Driver ☐ Police			
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused			
Type: ☐ Breath ☐ Blood ☐ Urine			
Results: 0. - % ☐ Pending			
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill			
Hazard Class / Placard No.			
80 Carrier No. ☐ USDOT ☐ MC/MX ☒ None			
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs			
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City / State / Zip	- / - / -		

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

Oper.	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														

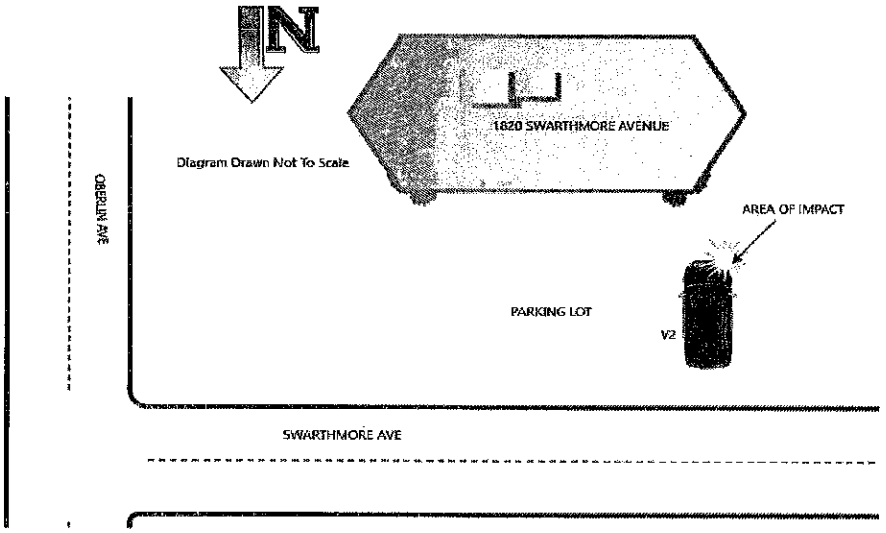
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-058717

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

WHEN I ARRIVED DRIVER OF VEHICLE 2 STATED THAT AN UNKNOWN PERSON WITNESSED HIS VEHICLE BEING STRUCK BY ANOTHER VEHICLE. THE WITNESS LEFT PRIOR TO MY ARRIVAL.

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I WAS UNABLE TO MAKE CONTACT WITH THE DRIVER OF VEHICLE 1.

VEHICLE 2 WAS PARKED IN THE PARKING LOT OF 1820 SWARTHMORE AVE FACING SOUTH. THERE WAS A LARGE DENT IN THE FRONT PASSENGER SIDE OF HIS VEHICLE.

THERE WERE NO REPORTED INJURIES.

BASED ON MY INVESTIGATION DRIVER OF VEHICLE 1 IS AT FAULT FOR FAILING TO REPORT AN ACCIDENT, DRIVER INATTENION, AND BACKING UNSAFELY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	MY	329	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05
97	01
98	03
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	02

1 Case Number: 22-057909

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

3 Station/Precinct: -

10 Crash Occurred On: TIMES SQUARE BLVD — Road Name — Dir: - — 11 Speed Limit: 25 — 12 Route No. — Suffix — 13 Milepost

☐ At Intersection With — Road Name: ELMHURST BLVD — 18 Speed Limit: 25

☒ Feet ☐ Miles — 14: 5 — 15 — 16

☐ 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): 1235 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.058236 — 22 Longitude: -74.223841

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	10
124	04
125	04
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	05
130	05
131	07
132	07
133	03
134	03

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: LUIS — Initial: D — Last Name: RAMOS-VARGAS — 29 Sex: M

27 Number & Street: 340 JOE PARKER RD # F

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

30 Eyes: - — DL Class: - — Restrictions: - — Endorsements: - — 31 State: -

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 04/07/2000 — 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver — First Name: FRANK — Initial: - — Last Name: MORO -

36 Number & Street: 142 COOLIDGE DR

37 City: BRICK — State: NJ — Zip: 08724

38 Make: FORD — 39 Model: 350 — 40 Color: BUR — 41 Year: 2005 — 42 Plate No.: H65KEL — 43 State: NJ

44 VIN: 1FTWW31565ED26030 — 45 Expires: 07 22

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

50 Carrier No.: ☐ USDOT ☐ 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.: 6631J098974 — 55 NJ Ins. Code: 149

☒ 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 ☐ Same As Driver — First Name: STERNA — Initial: G — Last Name: GRUNWALD -

66 Number & Street: 1070 TIMES SQUARE BLVD

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

68 Make: TOYT — 69 Model: CAM — 70 Color: BLU — 71 Year: 2020 — 72 Plate No.: KUJ5211 — 73 State: NY

74 VIN: 4T1C11AK2LU346270 — 75 Expires: 01 24

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
V1	39:3-10	1514-A-292020	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	22	M	-	-	-	11	04	-	-	LUIS D RAMOS-VARGAS - 340 JOE PARKER RD # F LAKEWOOD NJ 08701 - -
B														
C														
D														

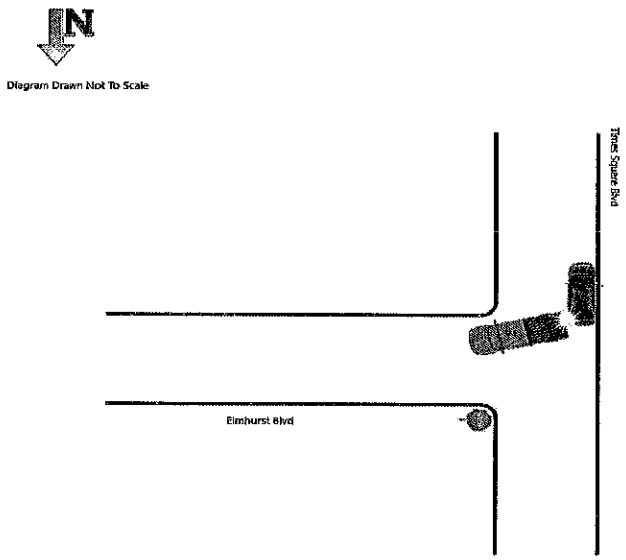
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-057909

(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

***** Box #24 & 25 *****
Unable to make contact with the registered owner

The Driver of Vehicle #1 stated that the accident occurred Thursday 7/21/22 at approximately 2000 hours. The Driver of Vehicle #1 stated that prior to the crash he was parked across the street from Vehicle #2. The Driver of Vehicle #1 stated that he began backing up to travel on Elmhurst Blvd. The Driver of Vehicle #1 stated that while backing he struck Vehicle #2 which was parked and unattended. The Driver of Vehicle #1 stated that he attempted to make contact with the R.O. of Vehicle #2 but was unsuccessful. The Driver of Vehicle #1 left his information as well as Vehicle #1 registration with a neighbor who responded after hearing the crash. The Driver of Vehicle #1 did not report any injuries as a result of the crash and did not report the accident with Police at the time of the accident.

Upon learning of the accident of Friday 7/22/2022 at approximately 1235 hours, the Owner of Vehicle contacted Police.

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