PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-066492
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)	08/23/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1046
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1900 STATE HWY 70
		Road Name	
		Dir	-
		11 Speed Limit	50
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	-
		☐ At Intersection With	
		☐ Feet ☐ Miles	-
		☐ N ☐ E ☐ S ☐ W	
		of:	HOME DEPOT PARKING LOT
		17 Cross Road Name	
		19 Ramp ☐ To ☐ From:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.054712
		22 Longitude	-74.163715
118a	29		
118b	-		
119a	25		
119b	-		
120a	01		
120b	01		
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	04		
130	17		
131	07		
132	07		
133	01		
134	02		

Vehicle 1

100b	04	23 Veh #	1
		24 Policy No.	AOV-281-940525-40 1 5
		25 NJ Ins. Code	183
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	AAMIL
		Initial	W
		Last Name	ALAJI
		29 Sex	M
102	01	27 Number & Street	239 CUSHMON AVENUE
103	01	28 City	WEST BERLIN
		State	NJ
		Zip	08091
104	2	30 Eyes	2
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	06	32 Driver's License Number	A50460008606842
		33 DOB (mm dd yyyy)	06/30/1984
		34 Expires (mm yy)	06 24
106	-	35 Owner's	☐ Same As Driver
		First Name	EAN
		Initial	-
		Last Name	HOLDINGS LLC -
107	-	36 Number & Street	14002 EAST 21ST STE 1500
108	03	37 City	TULSA
		State	OK
		Zip	74134
109	03	38 Make	FORD
		39 Model	RAM PROM
		40 Color	WHI
		41 Year	2020
		42 Plate No.	ZSE0367
		43 State	PA
110	02	44 VIN	1FTBR1C88LKB61095
		45 Expires	11 22
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
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	

Vehicle 2

		53 Veh #	2
		54 Policy No.	ABY 2201482
		55 NJ Ins. Code	648
		☒ 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	SBE
		Initial	-
		Last Name	CORPORATION -
		66 Number & Street	90 W SYLVANNIA AVE
		67 City	NEPTUNE CITY
		State	NJ
		Zip	07753
		68 Make	RAM
		69 Model	PRO
		70 Color	WHI
		71 Year	2016
		72 Plate No.	XDXL57
		73 State	NJ
		74 VIN	3C6TRVBG2GE103133
		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	38	M	-	-	-	11	04	-	-	AAMIL W ALAJI - 239 CUSHMON AVENUE WEST BERLIN NJ 08091
B	02	01	01	05	45	M	-	-	-	11	04	-	-	MIGUEL A TORRESVALDEZ - 1228 AUDUBON DR TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

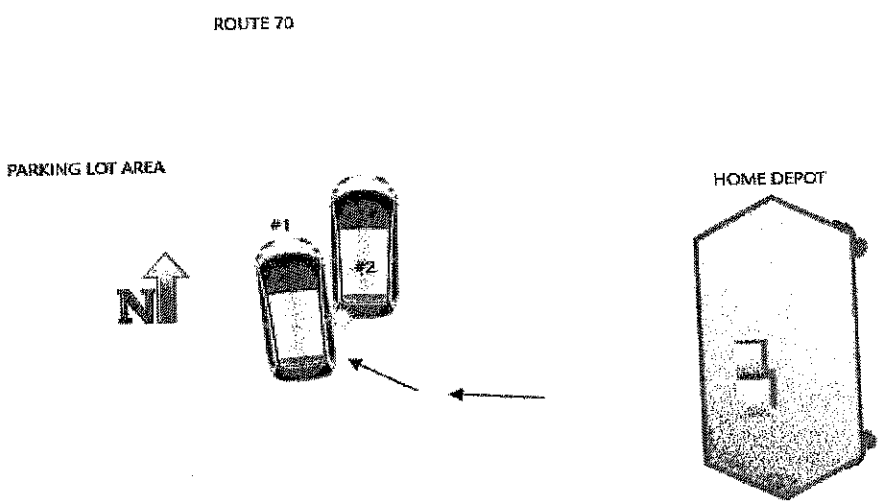
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066492

(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 he was pulling in to park and struck Veh #2 breaking its taillight. The driver of Veh #2 was in the vehicle. Driver #2 stated he was parked when he was struck. I observed Veh #2 legally parked. This officers investigation finds Driver #1 at fault for striking Veh #2 while attempting to park.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	PAGE	1
		OF	2
		1 Case Number	22-066498
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)	08/23/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1055
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1505 RIVER AVE
		Road Name	
		Dir	-
		11 Speed Limit	-
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		18 Speed Limit	-
		☐ At Intersection With	
		☐ Feet ☐ N ☐ E of:	-
		14 - ☐ Miles ☐ S ☐ W 15	
		16 Ramp ☐ To ☐ From:	-
		17 Cross Road Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.047544
		22 Longitude	-74.221748
118a	25		
118b	-		
119a	02		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	08		
123	01		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	06		
130	06		
131	12		
132	12		
133	02		
134	02		

100b	04	23 Veh #	1
		24 Policy No.	PAA80002121265
		25 NJ Ins. Code	963
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	JOSEPH
		Initial	M
		Last Name	BERARDO -
		29 Sex	M
102	01	27 Number & Street	2319 LOGAN CT
103	01	28 City	TOMS RIVER
		State	NJ
		Zip	08755
104	2	30 Eyes	05
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	01	32 Driver's License Number	B26464107404435
		33 DOB (mm dd yyyy)	04/18/1943
		34 Expires (mm yy)	04 26
106	-	35 Owner's ☐ Same As Driver	JOSEPH
		Initial	M
		Last Name	BERARDO -
107	-	36 Number & Street	2319 LOGAN CT
108	01	37 City	TOMS RIVER
		State	NJ
		Zip	08755
109	01	38 Make	SUBA
		39 Model	OUT
		40 Color	GLD
		41 Year	2020
		42 Plate No.	SU629H
		43 State	NJ
110	01	44 VIN	4S4BTANC6L3202901
		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	
116	01	49 Hazardous Material ☒ None ☐ On Board ☐ Spill	
		Hazard Class	
		Placard No.	
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	

53 Veh #	2		
54 Policy No.	939993293		
55 NJ Ins. Code	054		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	ROBERT		
Initial	R		
Last Name	LEONE -		
59 Sex	M		
57 Number & Street	152 CAMINO MEDIO STREET		
58 City	TOMS RIVER		
State	NJ		
Zip	08755		
60 Eyes	02		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	L26086587905522		
63 DOB (mm dd yyyy)	05/31/1952		
64 Expires (mm yy)	05 25		
65 Owner's ☐ Same As Driver	ROBERT		
Initial	R		
Last Name	LEONE -		
66 Number & Street	152 CAMINO MEDIO STREET		
67 City	TOMS RIVER		
State	NJ		
Zip	08755		
68 Make	HOND		
69 Model	CIV		
70 Color	RD		
71 Year	2020		
72 Plate No.	V22MRX		
73 State	NJ		
74 VIN	2HGFC4B63LH304600		
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.
1			1		
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
2			2		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	79	M	-	-	-	11	04	-	-	JOSEPH M BERARDO - 2319 LOGAN CT TOMS RIVER NJ 08755
B	02	01	01	-	70	M	-	-	-	11	04	-	-	ROBERT R LEONE - 152 CAMINO MEDIO STR TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

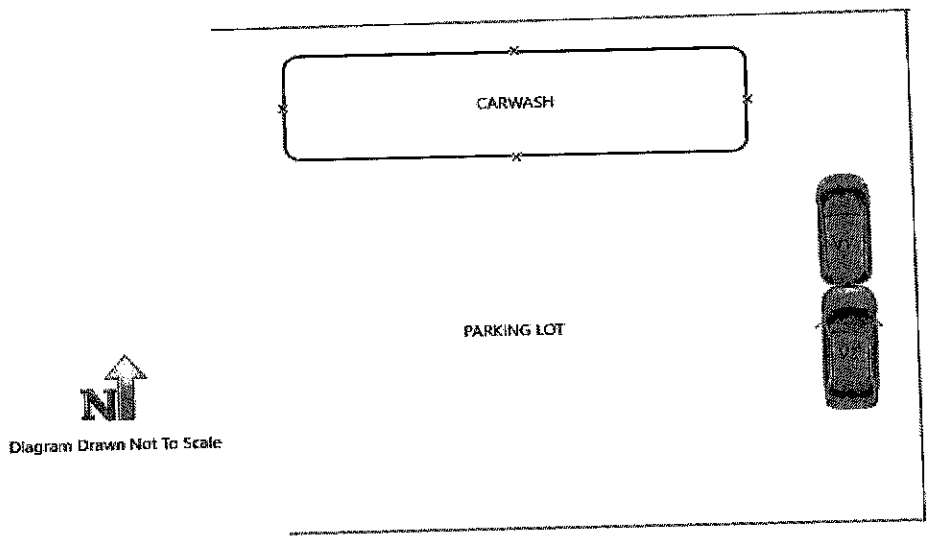
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066498

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated that he was at a complete stop facing north in the parking lot of 1505 River Ave. when he was struck in the rear by V2. Driver of V2 stated that he was at a complete stop directly behind V1. Driver of V2 further stated that as he went to bend down to pick up his credit card, his vehicle rolled forward and ultimately ended up striking V1 in the rear.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BROOKS D	351	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2	
97	01	1 Case Number: 22-066820	
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01
99	07	3 Station/Precinct	
100a	02	4 Date of Crash (mm dd yy): 08/24/22	5 Day Of Week: WEDNESDAY
100b	04	6 Time (use 2400 hrs): 1523	7 Municipality Code: 1514
101	02	8 Total Killed: --	9 Total Injured: --
102	01	10 Crash Occurred On: N. LAKE DRIVE	Road Name
103	01	☐ At Intersection With	Dir
104	2	☒ Feet 150	☐ N ☐ E ☐ S ☒ W
105	08	☐ Miles	of: MADISON AVENUE
106	-	11 Speed Limit: 25	12 Route No. -
107	-	Suffix -	13 Milepost -
108	01	14	15
109	01	16	17 Cross Road Name
110	01	18 Speed Limit: 45	19 Ramp ☐ To ☐ From:
111	01	☐ NB ☐ EB ☐ SB ☐ WB	20 Route/Name
112	-	21 Latitude: 40.090076	22 Longitude: -74.216867
113	-	118a 25	118b -
114	-	119a 10	119b -
115	-	120a -	120b -
116	04	121a 01	121b 01
117	04	122 10	123 13
		124 99	125 99
		126a 26	126b -
		126c -	126d -
		126e 26	127a 28
		127b -	127c -
		127d -	127e 28
		128 28	129 05
		130 05	131 05
		132 06	133 03
		134 02	

Vehicle 1

23 Veh #: 1
24 Policy No.: 4452-69-81-21
25 NJ Ins. Code: 148
☒ 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: WILLIAM Initial: M Last Name: WORTHINGTON -
☐ Same As Driver
36 Number & Street: 119 BUCKINGHAM DR. C
37 City: LAKEWOOD State: NJ Zip: 08701
38 Make: TOYT 39 Model: COR 40 Color: RD 41 Year: 2011 42 Plate No.: D38BJV 43 State: NJ
44 VIN: 2T1BU4EE8BC678836 45 Expires: 09 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.: TCA00002027288
55 NJ Ins. Code: 632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: MIRIAM Initial: - Last Name: DEBBAH - 59 Sex: F
57 Number & Street: 27 E 7TH ST
58 City: LAKEWOOD State: NJ Zip: 08701
60 Eyes: 2 DL Class: D Restrictions: - Endorsements: - 61 State: NJ
62 Driver's License Number: D20695580053042 63 DOB (mm dd yyyy): 03/08/2004 64 Expires (mm yy): 03 26
65 Owner's First Name: EZRA Initial: S Last Name: DEBBAH -
☐ Same As Driver
66 Number & Street: 27 E 7TH ST
67 City: LAKEWOOD State: NJ Zip: 08701
68 Make: NISS 69 Model: NV3 70 Color: MAR 71 Year: 2013 72 Plate No.: U55GWM 73 State: NJ
74 VIN: 5BZAF0AA4DN200480 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	02	01	01	05	18	F	-	-	-	11	04	-	-	MIRIAM - DEBBAH - 27 E 7TH ST LAKEWOOD NJ 08701
B														
C														
D														

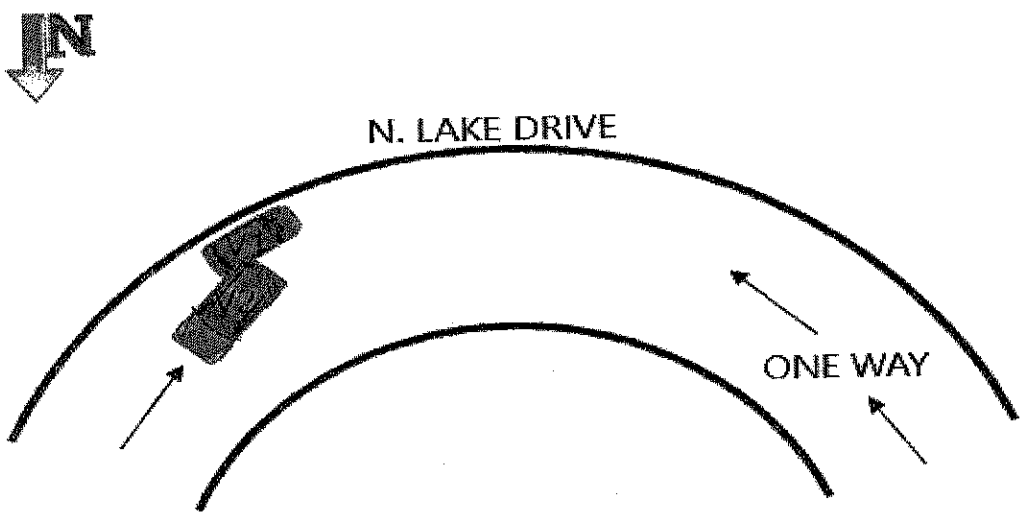
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-066820

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 2 STATED SHE WAS TRAVELING EAST ON NORTH LAKE DRIVE WHEN SHE REALIZED SHE WAS TRAVELING THE WRONG WAY DOWN A ONE WAY ROAD. AS SHE WAS BACKING IN ORDER TO TURN AROUND, SHE STRUCK VEHICLE 1.

THIS INVESTIGATION DETERMINED VEHICLE 1 WAS PARKED LEGALLY ALONG THE CURB ON N. LAKE DRIVE, FACING WEST. THE DRIVER OF VEHICLE 2 WAS TRAVLING THE WRONG WAY ON A ONE WAY STREET. WHEN DRIVER 2 REALIZED SHE WAS GOING THE WRONG WAY SHE STOPPED AND PROCEEDED TO BACKUP. WHEN BACKING VEHICLE 2 STRUCK VEHICLE 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	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	07
100a	03
100b	04
101	02
102	01
103	01
104	2
105	04
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 22-066847

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

3 Station/Precinct: -

10 Crash Occurred On: SOUTH LAKE DRIVE — Road Name — Dir: - — 11 Speed Limit: 35 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☒ At Intersection With — ☐ Feet — ☐ Miles — 14: - — 15 — 16 — ☐ N ☐ E ☐ S ☐ W

of: GERANIUM DRIVE — 18 Speed Limit: 25

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): 08/24/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1717 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	59
118b	08
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	08
124	11
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	17
131	12
132	17
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939543785 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: RACHEL — Initial: - — Last Name: GREISMAN — 29 Sex: F

27 Number & Street: 62 HEDGE DR

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

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

32 Driver's License Number: G73306370055462 — 33 DOB (mm dd yyyy): 05/30/1946 — 34 Expires (mm yy): 05 24

35 Owner's: ☒ Same As Driver — First Name: RACHEL — Initial: - — Last Name: GREISMAN

36 Number & Street: 62 HEDGE DR

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

38 Make: TOYT — 39 Model: RAV — 40 Color: BGE — 41 Year: 2013 — 42 Plate No.: M82CPF — 43 State: NJ

44 VIN: JTMBFREV1DD002788 — 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.: 939690441 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: TEHILA — Initial: R — Last Name: WELDLER — 59 Sex: F

57 Number & Street: 12 JESSICA CT

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

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

62 Driver's License Number: W23647327955852 — 63 DOB (mm dd yyyy): 05/17/1985 — 64 Expires (mm yy): 05 23

65 Owner's: ☐ Same As Driver — First Name: MARK — Initial: I — Last Name: WELDLER

66 Number & Street: 12 JESSICA COURT

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

68 Make: TOYT — 69 Model: SIE — 70 Color: SIL — 71 Year: 2011 — 72 Plate No.: P11EWC — 73 State: NJ

74 VIN: 5TDKK3DCXBS163439 — 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	V1	01	01	05	76	F	-	-	-	11	04	-	-	RACHEL - GREISMAN - 62 HEDGE DR LAKEWOOD NJ 08701
B	V2	01	01	05	37	F	-	-	-	11	04	-	-	TEHILA R WELDLER - 12 JESSICA CT JACKSON NJ 08527
C	V2	03	01	05	13	M	-	-	-	11	04	-	-	AHARON WELDER 12 JESSICA CT JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

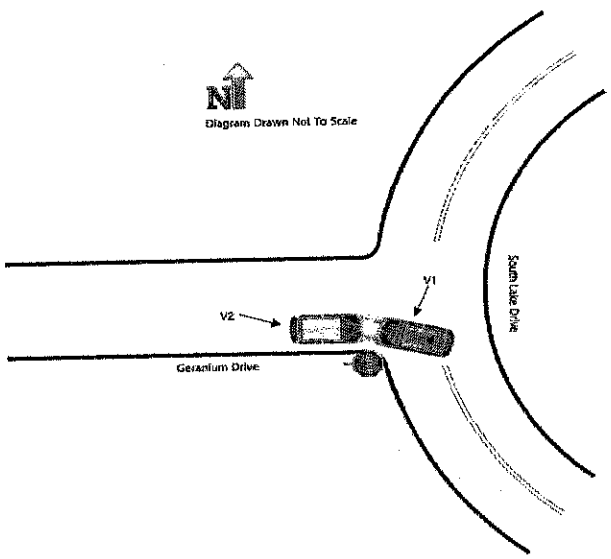
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066847

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS ATTEMPTING TO TURN ONTO GERANIUM DRIVE FROM SOUTH LAKE WHEN SHE WAS BLINDED BY THE SUNLIGHT, ULTIMATELY CAUSING HER TO MAKE CONTACT WITH VEHICLE 2.

THE DRIVR OF VEHICLE 2 STATED SHE WAS STOPPED AT THE STOP SIGN WHEN VEHICLE 1 TURNED INTO HER VEHICLE.

UPON MY INVESTIGATION, I CAN CONCLUDE THAT THE DRIVER OF VEHICLE 1 IS AT FAULT DUE TO THE FACT SHE IMPROPERLY TURNED SHORT, STRAIGHT INTO VEHICLE 2.

NO INJURIES WERE REPORTED ON SCENE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-066877

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/24/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 2134

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: CEDARBRIDGE AVE (Road Name) - (Dir)

☐ At Intersection With

☒ Feet 200 ☐ Miles (14 15) ☐ N ☐ E ☐ S ☒ W (16) of: NEW HAMPSHIRE AVE

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

20 Route/Name

21 Latitude -

22 Longitude -

11 Speed Limit: 45

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: 45

Vehicle 1

23 Veh #: 1

24 Policy No.: 6024367172061

25 NJ Ins. Code: 884

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

26 Driver's First Name: SALLY — Initial: A — Last Name: FULLAM — 29 Sex: F

27 Number & Street: 69 JIB LANE

28 City: BRICK — State: NJ — Zip: 08723

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: F92166846155896

33 DOB (mm dd yyyy): 05/09/1989

34 Expires (mm yy): 05 26

35 Owner's First Name: WILLIAM — Initial: H — Last Name: FULLAM JR

☐ Same As Driver

36 Number & Street: 69 JIB LANE

37 City: BRICK — State: NJ — Zip: 08723

38 Make: CHEV — 39 Model: CAV - CA — 40 Color: BLU — 41 Year: 2004 — 42 Plate No.: PRN22H — 43 State: NJ

44 VIN: 1G1JC52F347115532

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.: 4378-34-90-80

55 NJ Ins. Code: 148

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

56 Driver's First Name: YONAH — Initial: Y — Last Name: GREENBERGER — 59 Sex: M

57 Number & Street: 16 KEW GARDENS DR

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

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

61 State: NJ

62 Driver's License Number: G73067908810812

63 DOB (mm dd yyyy): 10/04/1981

64 Expires (mm yy): 10 24

65 Owner's First Name: YONAH — Initial: Y — Last Name: GREENBERGER

☐ Same As Driver

66 Number & Street: 16 KEW GARDENS DR

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

68 Make: PONT — 69 Model: VIB — 70 Color: SIL — 71 Year: 2010 — 72 Plate No.: M50HDG — 73 State: NJ

74 VIN: 5Y2SP6E85AZ400171

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	01	01	01	05	33	F	-	-	01	11	04	-	-	SALLY A FULLAM - 69 JIB LANE BRICK NJ 08723
B	02	01	01	05	40	M	-	-	01	11	04	-	-	YONAH Y GREENBERGER - 16 KEW GARDENS DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

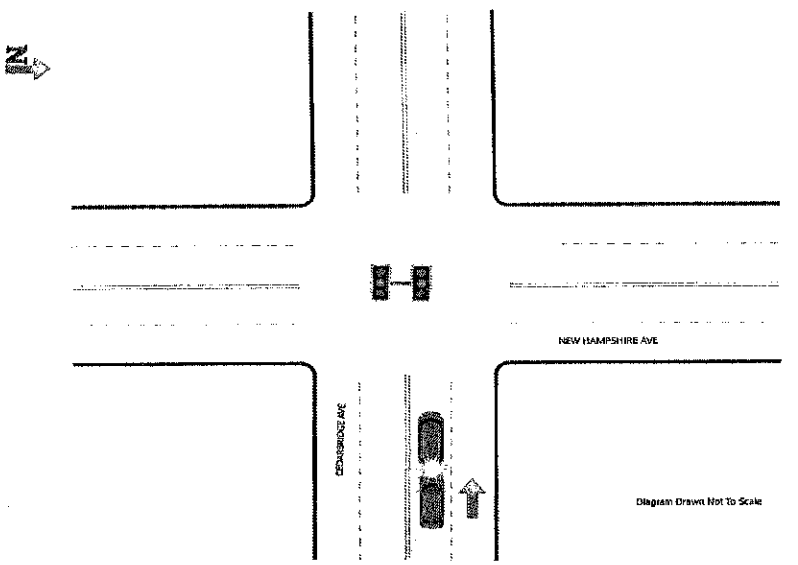
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066877

(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 1 was travelling West bound on Cedarbridge Ave.
Vehicle 2 was travelling West bound on Cedarbridge Ave.

Driver 1 stated she attempted to stop prior to observing Vehicle 2 in front of her but was unable to do so and therefor a collision occurred.

Driver 2 stated he was stopped in traffic at the traffic signal while it was red when he felt the impact from the rear Vehicle 1.

Vehicle 1 had minor scratches on its front fender.
Vehicle 2 had minor scratches on its rear fender.

Both Driver 1 & 2 stated they were unsure if those scratches on their vehicles were there prior to the collision.

After reviewing the scene I am able to determine that Vehicle 1 was at fault for following to closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN B	405	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-066499
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)	08/23/22
100a	01	5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1056
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	900 LAKEWOOD AVE; GCU PA
		☐ At Intersection With	-
		Road Name	-
		Dir	-
		☐ Feet ☐ Miles	-
		☐ N ☐ E ☐ S ☐ W	-
		of:	-
		11 Speed Limit	10
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	-
		15	-
		16	-
		17 Cross Road Name	-
		18 Speed Limit	-
		19 Ramp ☐ To ☐ From:	-
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.096410
		22 Longitude	-74.225515
118a	02		
118b	-		
119a	02		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	13		
123	13		
124	11		
125	11		
126a	26		
126b	-		
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		

100b	04	23 Veh #	1
		24 Policy No.	PAA80002011383
		25 NJ Ins. Code	963
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	FLOR
		Initial	D
		Last Name	PEREZ-CORNEJO
		29 Sex	F
103	01	27 Number & Street	305 HARVEST WAY
104	2	28 City	TOMS RIVER
		State	NJ
		Zip	08755
		30 Eyes	02
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	08	32 Driver's License Number	P26792656456042
		33 DOB (mm dd yyyy)	06/28/2004
		34 Expires (mm yy)	06 25
106	-	35 Owner's ☐ Same As Driver	GERONIMA
		Initial	-
		Last Name	CORNEJO-PITA
			-
107	-	36 Number & Street	305 HARVEST WAY
108	01	37 City	TOMS RIVER
		State	NJ
		Zip	08755
109	05	38 Make	HOND
		39 Model	CIV
		40 Color	WHI
		41 Year	2019
		42 Plate No.	D67NKH
		43 State	NJ
110	01	44 VIN	2HGFC2F87KH555599
		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 ☐ 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.	4066-95-61-96		
55 NJ Ins. Code	148		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
56 Driver's First Name	EMILY		
Initial	G		
Last Name	SNYDER		
59 Sex	F		
57 Number & Street	504 JERSEY AVE.		
58 City	SPRING LAKE		
State	NJ		
Zip	07762		
60 Eyes	5		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	S59962246753815		
63 DOB (mm dd yyyy)	03/23/1981		
64 Expires (mm yy)	03 26		
65 Owner's ☐ Same As Driver	JOHN		
Initial	B		
Last Name	SNYDER		
	-		
66 Number & Street	504 JERSEY AVE.		
67 City	SPRING LAKE		
State	NJ		
Zip	07762		
68 Make	GMC		
69 Model	SIE		
70 Color	GRY		
71 Year	2018		
72 Plate No.	419A767		
73 State	VT		
74 VIN	3GTU2PEJ3JG212863		
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	18	F	-	-	-	11	04	-	-	FLOR D PEREZ-CORNEJO - 305 HARVEST WAY TOMS RIVER NJ 08755
B	02	01	01	05	41	F	-	-	-	11	04	-	-	EMILY G SNYDER - 504 JERSEY AVE. SPRING LAKE NJ 07762
C														
D														

New Jersey Police Crash Investigation Report

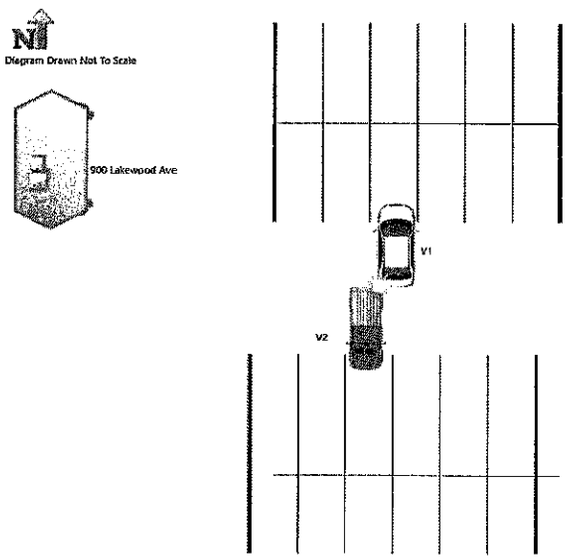
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066499

(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 and 2 were backing out of parking spaces at 900 Lakewood Ave and crashed into each other.

Driver 1 stated she was backing out of a parking space in the parking lot of 900 Lakewood Ave. She did not see anyone and as she was backing crashed into vehicle 2 which was also backing out of a parking space.

Driver 2 stated she has just pulled into a parking space at 900 Lakewood Ave and had to back up to park properly. As she was backing up she crashed into vehicle 1 which was also backing out of a parking space. Driver 2 stated she did not see vehicle 1.

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

Based on my observations and speaking with both drivers, I determined that both drivers were at fault for failing to see each other.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	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	☐
97	01	1 Case Number	22-066777
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	08/24/22
		5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1130
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	OAK ST
		☒ At Intersection With	
		☐ Feet ☐ N ☐ E	
		☐ Miles ☐ S ☐ W	
		Road Name	TOWBIN AVE
		of:	
		11 Speed Limit	35
		12 Route No.	-
		Dir	-
		Suffix	-
		13 Milepost	-
		14	
		15	
		16	
		17 Cross Road Name	-
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.059915
		22 Longitude	-74.190430
		☐ NB ☐ EB ☐ SB ☐ WB	
118a	16		
118b	25		
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	06		
127c	56		
127d	-		
127e	26		
128	26		
129	12		
130	12		
131	05		
132	14		
133	02		
134	03		

100b	04	23 Veh #	1
		24 Policy No.	SELF INSURED 05-87
		25 NJ Ins. Code	-
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
101	02	26 Driver's First Name	QUADEER
		Initial	J
		Last Name	JOHNSON
		29 Sex	M
102	01	27 Number & Street	1100 EIGHTH AVENUE
103	01	28 City	MANCHESTER
		State	NJ
		Zip	08757
104	2	30 Eyes	5
		DL Class	B
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	03	32 Driver's License Number	J61736357107935
		33 DOB mm dd yyyy	07/21/1993
		34 Expires mm yy	07 26
106	-	35 Owner's First Name	☐ Same As Driver -
		Initial	-
		Last Name	LAKEWOOD TOWNS-
107	-	36 Number & Street	231 3RD ST
108	29	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	MACK
		39 Model	LR6
		40 Color	WHI
		41 Year	2020
		42 Plate No.	34162MG
		43 State	NJ
110	03	44 VIN	1M2LR2GC5LM003340
		45 Expires	12 22
111	02	46 Vehicle Removed To	
112	01	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	09	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
116	01	49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No.
117	02	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	LAKEWOOD TOWNSHIP
		Number & Street	231 3RD STERRT
		City	LAKEWOOD
		State	NJ
		Zip	08701

101	02	53 Veh #	2
		54 Policy No.	S1472905
		55 NJ Ins. Code	205
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	56 Driver's First Name	GRANT
		Initial	F
		Last Name	HUFF
		59 Sex	M
103	01	57 Number & Street	109 W HIGHLAND AVE
104	2	58 City	ATLANTIC HIGHL
		State	NJ
		Zip	07716
105	03	60 Eyes	4
		DL Class	D
		Restrictions	-
		Endorsements	-
		61 State	NJ
106	-	62 Driver's License Number	H91223026612794
		63 DOB mm dd yyyy	12/06/1979
		64 Expires mm yy	12 25
107	-	65 Owner's First Name	☐ Same As Driver -
		Initial	-
		Last Name	FERGUSON CONTAI-
108	29	66 Number & Street	PO BOX 42
109	01	67 City	PHILLIPSBURG
		State	NJ
		Zip	08865
110	03	68 Make	KIA
		69 Model	SOR
		70 Color	SIL
		71 Year	2016
		72 Plate No.	C99LXR
		73 State	NJ
111	02	74 VIN	5XYPGDA30GG110061
		75 Expires	10 22
112	01	76 Vehicle Removed To	
		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
		☐ Left At Scene ☐ Towed Impounded	
113	-	77 Authority	☐ Owner ☒ Driver ☐ Police
114	09	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
			Results: 0. - % ☐ Pending
116	01	79 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class - Placard No.
117	02	80 Carrier No.	☐ USDOT - ☒ None
			☐ MC/MX -
		81 GVWR/GCWR	☐ Weight <= 10,000 lbs
			☐ Weight 10,001-26,000 lbs
			☐ Weight >= 26,001 lbs
		82 Motor Carrier or Government Entity	-
		Number & Street	-
		City	-
		State	-
		Zip	-

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

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

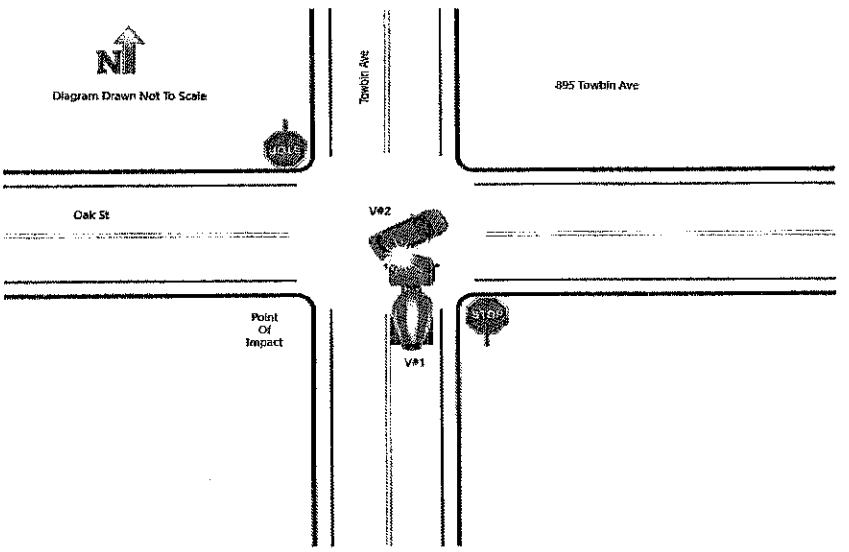
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	M	-	-	-	11	04	-	-	QUADEER J JOHNSON - 1100 EIGHTH AVENUE MANCHESTER NJ 08757
B	02	01	01	05	42	M	-	-	-	11	04	-	-	GRANT F HUFF - 109 W HIGHLAND AVE ATLANTIC HIGHL NJ 07716
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-066777

(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 was traveling North on Towbin Avenue, and was stopped at the stop sign for Towbin and Oak Street. Driver #2 was traveling East on Oak Street and was approaching the intersection of Oak and Towbin, when vehicle #1 pulled out into the intersection causing driver #2 to swerve to the left.

Driver #1 said that he looked both ways and didn't see vehicle #2 approaching. He said that as he proceeded to go he noticed vehicle #2 and then collided.

Driver #2 said that when drive #1 pulled out he swerved to the left to avoid the crash, and ended up going over the cub and on the the grass of 895 Towbin Ave, there was no property damage to 895 Towbin Ave. 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	01
103	01
104	1
105	15
106	-
107	-
108	03
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	04
117	-

1 Case Number: 22-065526

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/19/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1124

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 25

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: 40.057740

22 Longitude: -74.229961

118a	02
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	99
125	-
126a	39
126b	-
126c	-
126d	-
126e	39
127a	-
127b	-
127c	-
127d	-
127e	-
128	39
129	12
130	17
131	-
132	-
133	01
134	-

Vehicle 1

23 Veh #: 1

24 Policy No.: 939350709

25 NJ Ins. Code: 054

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

26 Driver's First Name: ELCHONON — Initial: - — Last Name: ALLISON -

29 Sex: M

27 Number & Street: 1133 CENTRAL AVE

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: A54622020006836

33 DOB (mm dd yyyy): 06/21/1983

34 Expires (mm yy): 06 23

35 Owner's First Name: ELCHONON — Initial: - — Last Name: ALLISON -

☐ Same As Driver

36 Number & Street: 1133 CENTRAL AVE

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

38 Make: NISS — 39 Model: NV — 40 Color: WHI — 41 Year: 2018 — 42 Plate No.: F16PVX — 43 State: NJ

44 VIN: 5BZBF0AA1JN852277

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 #: -

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

MOTORIZED GATE ARM

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	39	M	-	-	-	11	09	-	-	ELCHONON - ALLISON - 1133 CENTRAL AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

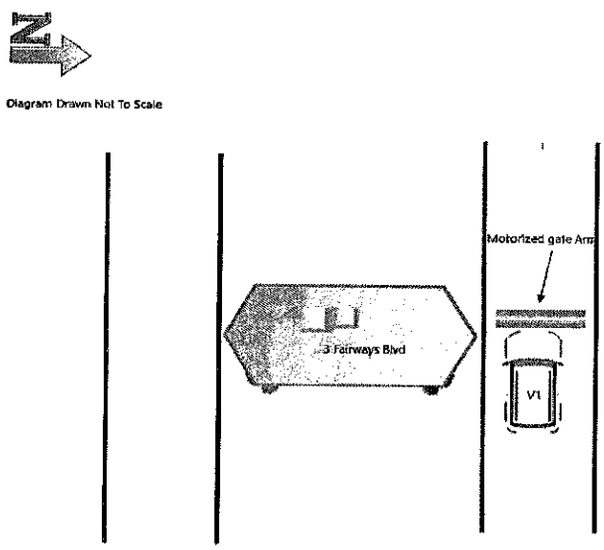
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065526

(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 motorized gate arm at the guard house of 3 Fairways Blvd was struck and knocked down by vehicle 1.

The driver of vehicle 1 stated that he was stopped at the guard hose at 3 Fairways Blvd answering the security guard's questions to gain access to the development. After answering the questions the security guard gave driver 1 a thumbs up gesture. Driver 1 assumed the gesture meant he was clear to enter the development, did not see the gate arm, and crashed into the gate arm. Driver 1 stated that his van sits "too high to see the gate".

I find driver 1 at fault of the crash for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MOONEY JR M	330	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	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-066540

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

3 Station/Precinct: -

10 Crash Occurred On: 1091 RIVER AVE — Road Name — Dir: - — 11 Speed Limit: 10 — 12 Route No. — Suffix — 13 Milepost

☐ At Intersection With — ☐ Feet — ☐ Miles (14, 15) — ☐ N ☐ E ☐ S ☐ W of: - — 18 Speed Limit: -

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

20 Route/Name

4 Date of Crash (mm dd yy): 08/23/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1502 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.058062 — 22 Longitude: -74.219184

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 5129J008637 — 25 NJ Ins. Code: 917

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

26 Driver's First Name: SHAUL — Initial: Y — Last Name: LUBAN — 29 Sex: M

27 Number & Street: 139 WALNUT AVE

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

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

32 Driver's License Number: L90157048812792 — 33 DOB (mm dd yyyy): 12/15/1979 — 34 Expires (mm yy): 12 25

35 Owner's ☐ Same As Driver — First Name: SARAH — Initial: M — Last Name: LUBAN

36 Number & Street: 139 WALNUT AVENUE

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

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2020 — 42 Plate No.: Y68MWU — 43 State: NJ

44 VIN: 5FNRL6H76LB073494 — 45 Expires: 09 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.: 4614411934 — 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: ALONDRA — Initial: - — Last Name: GONZALEZ-CHACOI-

66 Number & Street: 265 LAUREL AVE

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

68 Make: HOND — 69 Model: ACC — 70 Color: WHI — 71 Year: 2018 — 72 Plate No.: H71NUK — 73 State: NJ

74 VIN: 1HGCV1F33JA050376 — 75 Expires: 08 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	42	M	-	-	-	11	04	-	-	SHAUL Y LUBAN - 139 WALNUT AVE LAKEWOOD NJ 08701
B	01	03	01	05	37	F	-	-	-	11	04	-	-	SARAH M LUBAN - 139 WALNUT AVENUE LAKEWOOD NJ 08701
C	01	04	01	05	1	M	-	-	-	05	05	-	-	CHEIM LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701
D	01	05	01	05	14	F	-	-	-	11	04	-	-	PESSY LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

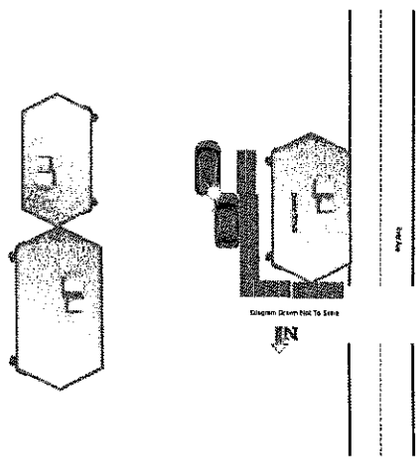
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066540

(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	3	F	-	-	-	05	05	-	-	BATSHEVE LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701
F	01	07	01	05	12	F	-	-	-	11	04	-	-	ROCHEL LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701
G	01	08	01	05	10	F	-	-	-	11	04	-	-	PENINA LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701
H	01	09	01	05	7	M	-	-	-	11	04	-	-	ELI LUBAN 139 WALNUT AVE LAKEWOOD NJ 08701
I	02	01	01	05	20	M	-	-	-	11	04	-	-	BRAULIO J GONZALEZ-CHACON - 265 LAUREL AVE LAKEWOOD NJ 08701
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

I spoke with the driver of vehicle two (V2) Braulio Gonzalez-Chacon, and he stated he pulled up to the side walk in front of the Dunkin Donuts in the parking lot and parked. As he waited inside V2 for his girlfriend to exit Dunkin Donuts, V1 was in front of him and began backing up. The driver of V2 utilized his horn to alert the driver of V1 however V1 backed up and struck V2. There was no signage prohibiting V2 from parking along the curb.

I spoke with the driver of V1 and he stated he was backing up and he did not see V2 parked next to the curb in front of Dunkin Donuts. The driver of V1 stated he did hear a horn but did not know it was from V2. As V1 continued backing up he struck V2.

No injuries were reported. V1 had minor damage to the rear passenger side bumper and V2 had minor damage to the front driver side bumper.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	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	02
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	03
117	03

1 Case Number: 22-066562

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1617

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE — Road Name

☐ At Intersection With

☒ Feet ☐ Miles: 300 (14, 15)

☒ N ☐ E ☐ S ☐ W of: W.KENNEDY BLVD — Dir

11 Speed Limit: 40

12 Route No.: 0009 — Suffix

13 Milepost

18 Speed Limit: 30

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

21 Latitude: 40.108606

22 Longitude: -74.221266

☐ NB ☐ EB ☐ SB ☐ WB

118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	07
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	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 956725514

25 NJ Ins. Code: 134

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

26 Driver's First Name: JOSIAH — Initial: D — Last Name: WILLIAMS — 29 Sex: M

27 Number & Street: 168 SAWMILL ROAD

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

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: W43654126410002

33 DOB (mm dd yyyy): 10/13/2000

34 Expires (mm yy): 10 26

35 Owner's ☐ Same As Driver — First Name: JOSIAH — Initial: D — Last Name: WILLIAMS

36 Number & Street: 168 SAWMILL ROAD

37 City: BRICK — State: NJ — Zip: 08724

38 Make: INFI — 39 Model: QX6 — 40 Color: GRY — 41 Year: 2014 — 42 Plate No.: M30NPD — 43 State: NJ

44 VIN: 5N1AL0MM7EC522795

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.: 4539-62-09-99

55 NJ Ins. Code: 148

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

56 Driver's First Name: BENITO — Initial: - — Last Name: CHINEA — 59 Sex: M

57 Number & Street: 30D PLAZA DE LAS FLORES

58 City: FREEHOLD — State: NJ — Zip: 07728

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

61 State: NJ

62 Driver's License Number: C34750820009662

63 DOB (mm dd yyyy): 09/07/1966

64 Expires (mm yy): 09 23

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

66 Number & Street: 30D PLAZA DE LAS FLORES

67 City: FREEHOLD — State: NJ — Zip: 07728

68 Make: VOLK — 69 Model: JET - JE — 70 Color: BLK — 71 Year: 2014 — 72 Plate No.: E87JAF — 73 State: NJ

74 VIN: 3VWD17AJ8EM385677

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	05	21	M	-	-	-	11	04	-	-	JOSIAH D WILLIAMS - 168 SAWMILL ROAD BRICK NJ 08724
B	2	01	01	05	55	M	-	-	-	11	04	-	-	BENITO - CHINEA - 30D PLAZA DE LAS FLORI FREEHOLD NJ 07728
C														
D														

New Jersey Police Crash Investigation Report

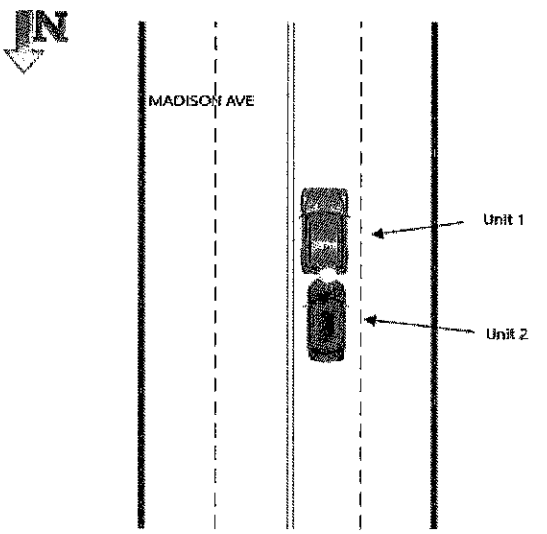
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-066562

(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 HE WAS TRAVELING SOUTH ON MADISON AVENUE AND STOPPED DUE TO TRAFFIC, WHEN VEHICLE #2 ALSO TRAVELING SOUTH ON MADISON AVENUE STRUCK VEHICLE #1 FROM BEHIND. DRIVER #2 STATED THAT VEHICLE #1 STOPPED DUE TO TRAFFIC CAUSING VEHICLE #2 TO STRIKE VEHICLE #1 FROM BEHIND. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	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	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: 22-066574

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1656

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE (Road Name) — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14: 100 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: 10TH ST

11 Speed Limit: 40

12 Route No.: 0009 — Suffix

13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.100059

22 Longitude: -74.217796

118a	25
118b	-
119a	05
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	11
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	04
130	04
131	01
132	01
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: F10198912-7

25 NJ Ins. Code: 426

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

26 Driver's First Name: MATTHEW — Initial: R — Last Name: WUCHTER — 29 Sex: M

27 Number & Street: 12 BELL COURT

28 City: HOWELL — State: NJ — Zip: 07731

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

31 State: NJ

32 Driver's License Number: W90575297908944

33 DOB (mm dd yyyy): 08/06/1994

34 Expires (mm yy): 08 23

35 Owner's First Name: MATTHEW — Initial: R — Last Name: WUCHTER

☐ Same As Driver

36 Number & Street: 12 BELL COURT

37 City: HOWELL — State: NJ — Zip: 07731

38 Make: HYUN — 39 Model: ELA — 40 Color: RD — 41 Year: 2011 — 42 Plate No.: H82PNM — 43 State: NJ

44 VIN: KMHDH4AE3BU156309

45 Expires: 01 23

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

51 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: 939 335 541

55 NJ Ins. Code: 054

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

56 Driver's First Name: MIER — Initial: S — Last Name: KALMANOWITZ — 59 Sex: M

57 Number & Street: 922 E 12TH ST

58 City: BROOKLYN — State: NY — Zip: 11230

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

61 State: NY

62 Driver's License Number: 283706236

63 DOB (mm dd yyyy): 05/18/1982

64 Expires (mm yy): 05 28

65 Owner's First Name: YITZHOK — Initial: - — Last Name: KALMANOWITZ

☐ Same As Driver

66 Number & Street: 404 3RD ST

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

68 Make: TOYT — 69 Model: CAM — 70 Color: RD — 71 Year: 2011 — 72 Plate No.: W907527 — 73 State: NJ

74 VIN: 4T1BF3EKXBU178766

75 Expires: 12 21

76 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☒ Towed Impounded

77 Authority

☐ Owner ☐ Driver ☒ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			2	39:3-4	A-294007
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

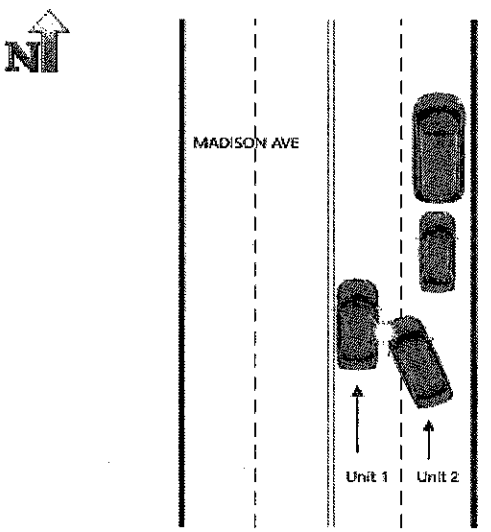
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	28	M	-	-	-	11	04	-	-	MATTHEW R WUCHTER - 12 BELL COURT HOWELL NJ 07731
B	2	01	01	05	40	M	-	-	-	11	04	-	-	MIER S KALMANOWITZ - 922 E 12TH ST BROOKLYN NY 11230
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: -- Case No: 22-066574

(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 HE WAS TRAVELING NORTH ON MADISON AVENUE IN THE LEFT LANE, WHEN VEHICLE #2 ON MADISON AVENUE IN THE RIGHT LANE ATTEMPTED TO MERGE INTO THE LEFT LANE CAUSING BOTH VEHICLES TO COLLIDE. DRIVER #2 STATED THAT HE ATTEMPTED TO MERGE INTO THE LEFT LANE AND COLLIDED WITH VEHICLE #1 WHICH WAS TRAVELING NORTH IN THE LEFT LANE. DRIVER #2 ALSO STATED THAT VEHICLE #1 WAS TRAVELING IN A HIGH RATE OF SPEED. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	05
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-066577

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

3 Station/Precinct: -

10 Crash Occurred On: MASSACHUSETTS AVE — Road Name — Dir: -

☐ At Intersection With

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

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: - — 21 Latitude: 40.057625 — 22 Longitude: -74.229909

4 Date of Crash (mm dd yy): 08/23/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1712 — 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	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

23 Veh #: 1 — 24 Policy No.: 4535-87-16-46 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: NECHAMA — Initial: - — Last Name: BARNETSKY — 29 Sex: F

27 Number & Street: 41 LOUISIANA PKWY

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

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

32 Driver's License Number: B06395840054942 — 33 DOB (mm dd yyyy): 04/21/1994 — 34 Expires (mm yy): 04 24

35 Owner's ☐ Same As Driver — First Name: MOSHE — Initial: B — Last Name: BARNETSKY

36 Number & Street: 41 LOUISIANA PKWY

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

38 Make: KIA — 39 Model: SED — 40 Color: GRY — 41 Year: 2018 — 42 Plate No.: W65PDV — 43 State: NJ

44 VIN: KNDMA5C19J6401531 — 45 Expires: 09 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.: F1017588-6 — 55 NJ Ins. Code: 426

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

56 Driver's First Name: MICHAEL — Initial: J — Last Name: KEANE — 59 Sex: M

57 Number & Street: 801 HANOVER BOULEVARD

58 City: BROWNS MILLS — State: NJ — Zip: 08015

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

62 Driver's License Number: K20315447104924 — 63 DOB (mm dd yyyy): 04/30/1992 — 64 Expires (mm yy): 04 25

65 Owner's ☐ Same As Driver — First Name: MICHAEL — Initial: J — Last Name: KEANE

66 Number & Street: 801 HANOVER BOULEVARD

67 City: BROWNS MILLS — State: NJ — Zip: 08015

68 Make: FORD — 69 Model: F15 — 70 Color: SIL — 71 Year: 2009 — 72 Plate No.: G12MYR — 73 State: NJ

74 VIN: 1FTRW14839FB21899 — 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	28	F	-	-	-	11	04	-	-	NECHAMA - BARNETSKY - 41 LOUISIANA PKWY JACKSON NJ 08527 - -
B	01	04	01	05	5	F	-	-	-	07	07	-	-	YEHUDIS - BARNETSKY - 41 LOUISIANA PKWY JACKSON NJ 08527 - -
C	01	06	01	05	3	F	-	-	-	07	07	-	-	ITA - BARNETSKY - 41 LOUISIANA PKWY JACKSON NJ 08527 - -
D	02	01	01	05	30	M	-	-	-	11	04	-	-	MICHAEL J KEANE - 801 HANOVER BOULEVA BROWNS MILLS NJ 08015 - -

New Jersey Police Crash Investigation Report

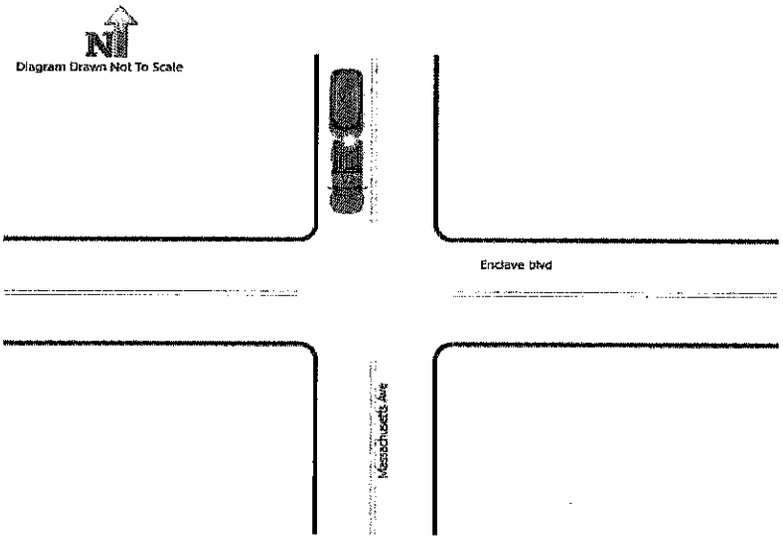
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066577

(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 vehicles were stopped in traffic facing south bound on Massachusetts Avenue. Vehicle 1 then inched forward and crashed into the rear of vehicle 2.

Driver 1 stated he foot slipped off of the brake resulting in her crashing into vehicle 2.

Driver 2 stated he was stopped in traffic when vehicle 1 crashed into the rear of his vehicle.

My investigation determined that driver 1 is at fault due to following to closely to vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	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	03
117	03

1 Case Number: 22-066578

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1720

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE — Road Name

☐ At Intersection With — Dir

☒ Feet ☐ Miles — 14 — 15

☒ N ☐ E ☐ S ☐ W of: PINE ST — 16

11 Speed Limit: 50

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: 40.068539

22 Longitude: -74.189434

118a	02
118b	09
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.: 909303799

25 NJ Ins. Code: 134

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

26 Driver's First Name: TAYLOR — Initial: E — Last Name: KATZ — 29 Sex: F

27 Number & Street: 164 CORBIN COURT

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: K08617326554936

33 DOB (mm dd yyyy): 04/24/1993

34 Expires (mm yy): 04 26

35 Owner's: ☐ Same As Driver — First Name: DOROTHY — Initial: E — Last Name: CORTES

36 Number & Street: 607 BUTLER AVE

37 City: POINT PLEASANT — State: NJ — Zip: 08742

38 Make: TOYT — 39 Model: COR — 40 Color: BLK — 41 Year: 2010 — 42 Plate No.: P12DPN — 43 State: NJ

44 VIN: 1NXBU4EE7AZ354726

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.: F5180906

55 NJ Ins. Code: 426

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

56 Driver's First Name: JOHN — Initial: D — Last Name: TRAINOR — 59 Sex: M

57 Number & Street: 812 JENNY CT

58 City: BRICK — State: NJ — Zip: 08724

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: T71594076408894

63 DOB (mm dd yyyy): 08/23/1989

64 Expires (mm yy): 08 26

65 Owner's: ☒ Same As Driver — First Name: JOHN — Initial: D — Last Name: TRAINOR

66 Number & Street: 812 JENNY CT

67 City: BRICK — State: NJ — Zip: 08724

68 Make: HYUN — 69 Model: ELA — 70 Color: BLK — 71 Year: 2022 — 72 Plate No.: K13PRN — 73 State: NJ

74 VIN: 5NPLM4AGXNH073665

75 Expires: 02 25

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

-

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

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

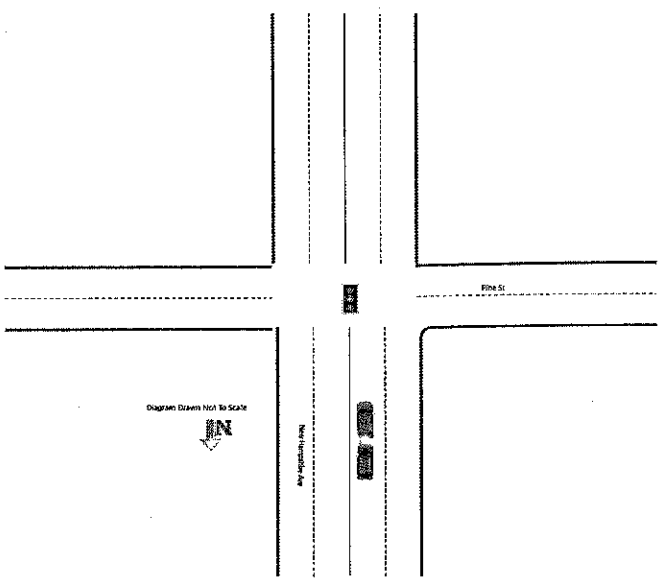
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	F	-	-	-	11	04	-	-	TAYLOR E KATZ - 164 CORBIN COURT LAKEWOOD NJ 08701
B	02	01	01	05	33	M	-	-	-	11	04	-	-	JOHN D TRAINOR - 812 JENNY CT BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-066578

(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

I spoke with the driver of vehicle two (V2) and he stated he was in the left lane southbound on New Hampshire Ave when V1 rear ended him. The driver of V2 could not remember if he was slowing or stopping in traffic and could not recall the color of the traffic light at the intersection of New Hampshire Ave and Pine St.
I spoke with the driver of V1 and she stated she was in the right hand lane southbound on New Hampshire Ave and merged into the left lane. After she merged into the left lane she rear ended V2. She could not recall the color of of the traffic light and could not remember if V2 was slowing or not.
No injuries were reported. V1 had damage to the front bumper and V2 had damage to the rear bumper. Damage was minor.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	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	07
99	05
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	03
117	03

1 Case Number: 22-066600

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

3 Station/Precinct: --

10 Crash Occurred On: CHAMBERSBRIDGE RD — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: OCEAN AVE

11 Speed Limit: 40

12 Route No.: 0549 — Suffix — 13 Milepost

18 Speed Limit: 30

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.079524 — 22 Longitude: -74.158014

4 Date of Crash (mm dd yy): 08/23/22 — 5 Day Of Week: TUESDAY — 6 Time (use 2400 hrs): 1951 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	02
119b	-
120a	01
120b	01
121a	01
121b	01
122	07
123	07
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	11
132	11
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 903681683 — 25 NJ Ins. Code: 134

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

26 Driver's First Name: AUDREY — Initial: F — Last Name: STERNBERG — 29 Sex: F

27 Number & Street: 519 PROSPECT AVE

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

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

32 Driver's License Number: S82270666652902 — 33 DOB (mm dd yyyy): 02/03/1990 — 34 Expires (mm yy): 02 23

35 Owner's ☐ Same As Driver — First Name: AUDREY — Initial: F — Last Name: STERNBERG

36 Number & Street: 519 PROSPECT AVE

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

38 Make: SUBA — 39 Model: OUT — 40 Color: GRN — 41 Year: 2015 — 42 Plate No.: A62ERW — 43 State: NJ

44 VIN: 4S4BSAFC8F3363000 — 45 Expires: 09 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.: F907362-8 — 55 NJ Ins. Code: 426

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

56 Driver's First Name: TZINA — Initial: - — Last Name: UNGAR — 59 Sex: F

57 Number & Street: 1738 NEW CENTRAL AVE

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

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

62 Driver's License Number: U59117530060735 — 63 DOB (mm dd yyyy): 10/07/1973 — 64 Expires (mm yy): 10 24

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

66 Number & Street: 1738 NEW CENTRAL AVE

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

68 Make: TOYT — 69 Model: AVA — 70 Color: GRN — 71 Year: 2013 — 72 Plate No.: A55JZK — 73 State: NJ

74 VIN: 4T1BK1EB3DU074025 — 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.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	32	F	-	-	-	11	04	-	-	AUDREY F STERNBERG - 519 PROSPECT AVE NEPTUNE NJ 07753
B	2	01	01	05	48	F	-	-	-	11	04	-	-	TZINA - UNGAR - 1738 NEW CENTRAL AVE LAKEWOOD NJ 08701
C														
D														

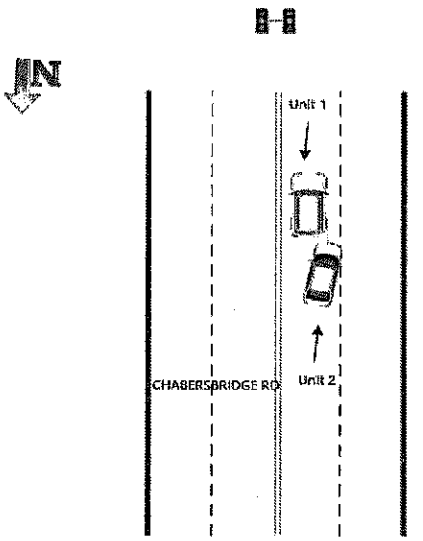
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: -- Case No: 22-066600

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT SHE WAS TRAVELING SOUTH ON CHAMBERSBRIDGE ROAD IN THE LEFT LANE AND STOPPED AT THE TRAFFIC LIGHT, WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE #2. DRIVER #2 STATED THAT SHE WAS TRAVELING IN THE LEFT LANE BEHIND VEHICLE #1. DRIVER #2 THEN STATED THAT SHE ATTEMPTED TO MERGE INTO THE RIGHT LANE AND STRUCK VEHICLE #1 ON THE REAR RIGHT CORNER. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	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	07
99	02
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	03
117	01

1 Case Number: 22-066611

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

3 Station/Precinct:

10 Crash Occurred On: MADISON AVE — ☒ At Intersection With — Road Name: MAIN ST — Dir: — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix: — 13 Milepost: — 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
08/23/22	TUESDAY	2041	1514	--	3	40.089909	-74.216272

118a	08
118b	04
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	01
130	12
131	12
132	12
133	04
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 141 2885-C24-30 — 25 NJ Ins. Code: 962

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

26 Driver's First Name: WELERSON — Initial: - — Last Name: MAGNOFERREIRA - — 29 Sex: M

27 Number & Street: 59 RIVA BLVD

28 City: BRICK — State: NJ — Zip: 08723

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

32 Driver's License Number: M01517800009852 — 33 DOB mm dd yyyy: 09/17/1985 — 34 Expires mm yy: 09 26

35 Owner's First Name: ☐ Same As Driver WELERSON — Initial: - — Last Name: MAGNOFERREIRA -

36 Number & Street: 59 RIVA BLVD

37 City: BRICK — State: NJ — Zip: 08723

38 Make: FORD — 39 Model: FUS — 40 Color: SIL — 41 Year: 2016 — 42 Plate No.: P87RCE — 43 State: NJ

44 VIN: 1FA6P0H7XG5116235 — 45 Expires: 05 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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.: 606844397 206 1 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: BAILA — Initial: - — Last Name: GOLDSTEIN - — 59 Sex: F

57 Number & Street: 407 3RD STREET

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

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

62 Driver's License Number: G62320710052002 — 63 DOB mm dd yyyy: 02/24/2000 — 64 Expires mm yy: 02 25

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

66 Number & Street: 407 3RD ST

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

68 Make: TOYT — 69 Model: CAM — 70 Color: BLK — 71 Year: 2017 — 72 Plate No.: R41MYP — 73 State: NJ

74 VIN: 4T1BF1FKXHU377795 — 75 Expires: 10 22

76 Vehicle Removed To: MOISHES TOWING

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

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

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	294722			

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

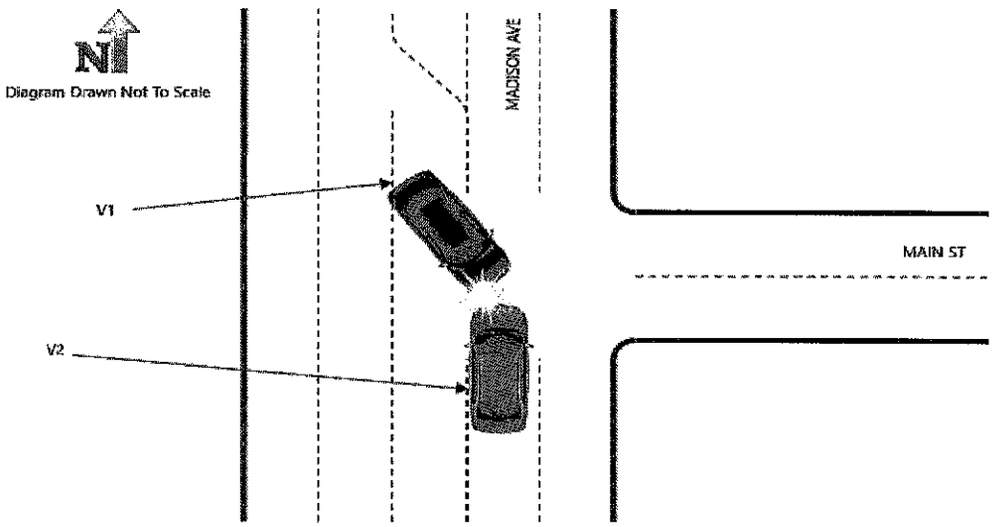
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	36	M	08	05	01	11	11	04	-	WELERSON - MAGNOFERREIRA - 59 RIVA BLVD BRICK NJ 08723
B	01	03	01	03	40	F	08	08	01	11	11	04	-	NATALIA - ROUNTREE - 57 E 5TH ST HOWELL NJ 07731
C	01	04	01	05	5	F	-	-	-	11	04	04	-	KALYA - ROUNTREE - 57 E 5TH ST HOWELL NJ 07731
D	02	01	01	02	22	F	08	00	01	11	11	04	-	BAILA - GOLDSTEIN - 407 3RD STREET LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-066611

(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 one stated he was traveling South on Madison Ave, approaching Main St. While approaching the intersection, he began to make a left turn onto Main St. While doing so, he was struck by vehicle two.

Driver of vehicle two stated she was traveling North on Madison Ave. While crossing the intersection of Main St, vehicle one turned left in front of her, striking the front of her vehicle.

After speaking to both parties, video was reviewed from a dash cam inside vehicle two. The video shows vehicle one making a left turn onto Main St from the left lane of Madison Ave southbound, not using the left turning lane. The video also shows that Northbound traffic had a green light.

As a result of my investigation, I determined driver of vehicle one to be at fault due to improper turning as well as failure to yield right of way to vehicle two.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	05
99	05
100a	01
100b	04
101	01
102	01
103	01
104	2
105	02
106	-
107	-
108	04
109	PCAI
110	00
111	01
112	00
113	01
114	00
115	-
116	02
117	02

1 Case Number: 22-065390

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/18/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 2320

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: OCEAN AVE — Road Name

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

☐ N ☐ E ☐ S ☐ W of: SEAPOINT DR — Dir

11 Speed Limit: 45

12 Route No.: 0088 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - — 16

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.087063

22 Longitude: -74.179833

118a	06
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	15
123	08
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	09
132	09
133	00
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: - — Initial: - — Last Name: - — 29 Sex: -

27 Number & Street: -

28 City: - — State: - — Zip: -

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

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

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

☐ Same As Driver

36 Number & Street: -

37 City: - — State: - — Zip: -

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

44 VIN: - — 45 Expires: -

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 939 453 330 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: AVRAHAM — Initial: - — Last Name: FRUCHTHANDLER — 59 Sex: M

57 Number & Street: 26 SEA POINT DR

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

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

62 Driver's License Number: F76420710004884 — 63 DOB (mm dd yyyy): 04/19/1988 — 64 Expires (mm yy): 04 26

65 Owner's First Name: ESTHER — Initial: - — Last Name: FRUCHTHANDLER

☐ Same As Driver

66 Number & Street: 26 SEA POINT DR

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

68 Make: TOYT — 69 Model: COR — 70 Color: BLU — 71 Year: 2016 — 72 Plate No.: P39HLN — 73 State: NJ

74 VIN: 2T1BURHE4GC583772 — 75 Expires: 01 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

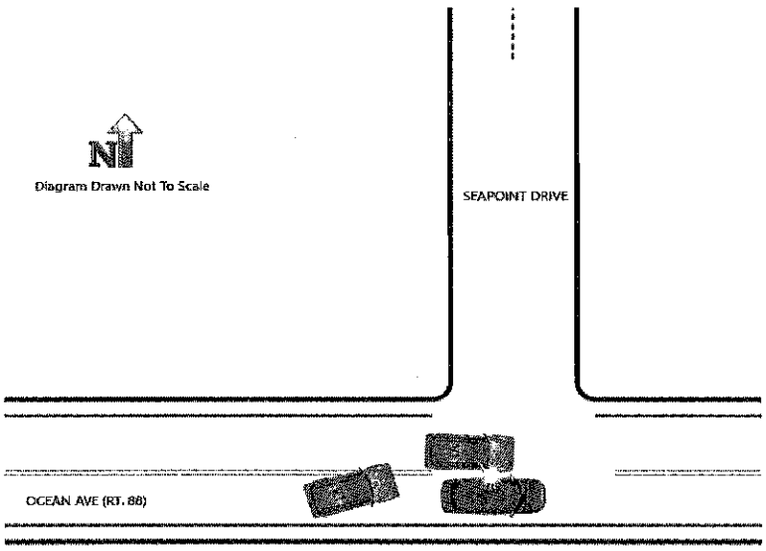
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V2	01	01	05	34	M	-	-	-	11	04	-	-	AVRAHAM - FRUCHTHANDLER - 26 SEA POINT DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-065390

(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 Two stated to the effect: I was traveling East on Ocean Avenue stopped at the intersection at Seapoint Drive. While stopped at the intersection preparing to turn left on to Seapoint Drive, Vehicle One traveled in to the Westbound traffic lane passing my vehicle on the left hand side. While doing so, vehicle One struck my vehicle and continued East on Ocean Avenue. No injuries observed or reported and no airbag deployment. Vehicle Two was driven from the scene by the driver.

End of narrative.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	ML	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	01
103	01
104	2
105	05
106	-
107	00
108	01
109	31
110	01
111	02
112	-
113	10
114	-
115	02
116	04
117	02

1 Case Number: 22-065524

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/19/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1108

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 6TH STREET — Dir: W

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

☒ At Intersection With — Road Name: MADISON AVENUE

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

14 15 16

18 Speed Limit: 45

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

20 Route/Name:

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.095791

22 Longitude: -74.217408

118a	25
118b	01
119a	04
119b	-
120a	01
120b	01
121a	00
121b	00
122	08
123	03
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	29
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	11
130	11
131	00
132	00
133	02
134	00

Vehicle 1

23 Veh #: 1

24 Policy No.: A0585809930

25 NJ Ins. Code: 945

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

26 Driver's First Name: LEAH — Initial: - — Last Name: RABINOWITZ — 29 Sex: F

27 Number & Street: 415 1ST STREET APT C

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

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: R00144500060032

33 DOB (mm dd yyyy): 10/20/2003

34 Expires (mm yy): 10 25

35 Owner's First Name: HINDY — Initial: - — Last Name: RABINOWITZ —

☐ Same As Driver

36 Number & Street: 415 1ST STREET UNIT C

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

38 Make: TOYT — 39 Model: COR — 40 Color: SIL — 41 Year: 2003 — 42 Plate No.: F44RDK — 43 State: NJ

44 VIN: 2T1BR32E43C131564

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.: 00

55 NJ Ins. Code: -

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

56 Driver's First Name: 00 — Initial: 00 — Last Name: 00 — 59 Sex: M

57 Number & Street: 00

58 City: 00 — State: UN — Zip: 00

60 Eyes: 00 — DL Class: 00 — Restrictions: 00 — Endorsements: 00

61 State: UN

62 Driver's License Number: 00

63 DOB (mm dd yyyy): 00

64 Expires (mm yy): 00 00

65 Owner's First Name: NJ — Initial: - — Last Name: TRANSIT —

☐ Same As Driver

66 Number & Street: 1 PENN PLAZA EAST

67 City: NEWARK — State: NJ — Zip: 07105

68 Make: 00 — 69 Model: 00 — 70 Color: - — 71 Year: 00 — 72 Plate No.: 00 — 73 State: NJ

74 VIN: 00

75 Expires: 00 00

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.

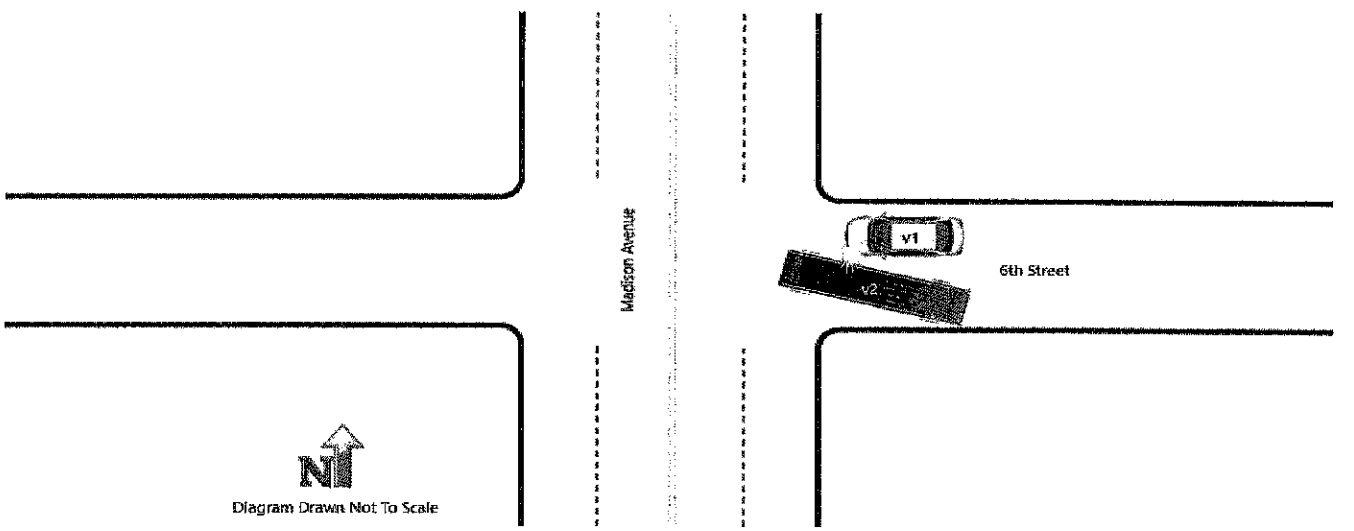
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	-	11	04	-	-	LEAH - RABINOWITZ - 415 1ST STREET APT C LAKEWOOD NJ 08701
B	2	01	01		00	M	00	00	-	00	00	-	-	00 00 00 00 UN 00
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: _____ Case No: 22-065524

(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 she was stopped at the traffic light westbound on 6th Street and Madison Avenue when a New Jersey Transit bus travelling south on Madison Avenue made a left turn onto 6th Street in front of her vehicle striking the drivers side front quarter panel. Driver of vehicle 1 further stated she got out of her vehicle and so did the driver to New Jersey Transit however he stated to her that he never struck her vehicle. He asked if she backed up then he could continue and move the bus. Driver of vehicle 1 stated at that time she entered her vehicle, backed up and the bus in-fact left the scene.

Driver of vehicle 1 stated she has no information on the bus or driver of the bus except that it was a male driver. Driver of vehicle 1 explained that she contacted New Jersey Transit but they could not provide her with any information of a bus that was involved in a crash at the time she gave.

No injuries were reported by driver of vehicle 1 and no summonses have been issued.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	PA	325	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05
97	01
98	00
99	09
100a	01
100b	04
101	02
102	01
103	00
104	2
105	00
106	-
107	-
108	03
109	00
110	02
111	00
112	-
113	00
114	-
115	00
116	02
117	00

1 Case Number: 22-066183

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

3 Station/Precinct: -

10 Crash Occurred On: 900 TOWBIN AVE — Road Name — Dir: - — 11 Speed Limit: 15 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — ☐ Feet ☐ N ☐ E of: PRIVATE PROPERTY — ☐ Miles ☐ S ☐ W — 14 15 16

18 Speed Limit: -

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

4 Date of Crash (mm dd yy): 08/22/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 0651 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.059030 — 22 Longitude: -74.191480

118a	-
118b	-
119a	00
119b	00
120a	-
120b	-
121a	00
121b	00
122	10
123	00
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	28
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	00
132	00
133	03
134	00

Vehicle 1

23 Veh #: 1 — 24 Policy No.: ISA H25551369 — 25 NJ Ins. Code: 004

☒ 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 ☐ Same As Driver — First Name: VE — Initial: I — Last Name: KEYSTONE AUTOM(-

36 Number & Street: 501 MASON RD STE 280

37 City: LA VERGNE — State: TN — Zip: 37086

38 Make: CHEV — 39 Model: EXP - EX — 40 Color: WHI — 41 Year: 2016 — 42 Plate No.: XLJU91 — 43 State: NJ

44 VIN: 1GB3GSCG3G1133518 — 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 778752 ☐ 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: KEYSTONE AUTOMOTIVE

Number & Street: 501 MASON RD STE 280

City: LA VERGNE — State: TN — Zip: 37086

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 ☐ 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

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			00	00	00	00	00	-	-	
B														
C														
D														

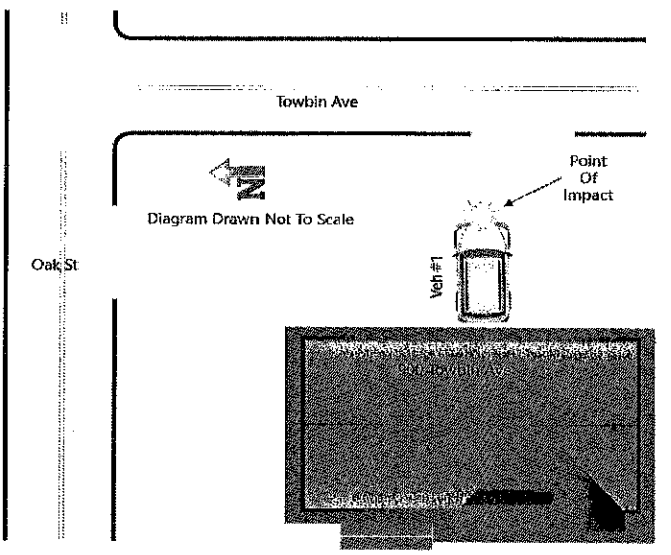
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-066183

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked Friday 08-19-22 at approximately 15:00 hours in the front parking lot of 900 Towbin Avenue. Some time Between then and Monday 08-22-22 at approximately 06:00 the vehicle was struck and there is damage to the front bumper. The business does not have surveillance cameras in the front and have no suspect vehicle information.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-066302
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)	08/22/22
		5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1837
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	213 MADISON AVE
		Road Name	
		Dir	
		11 Speed Limit	35
		12 Route No.	
		Suffix	
		13 Milepost	
		14 Feet / Miles	
		15 N E S W	
		16 of:	
		17 Cross Road Name	
		18 Speed Limit	
		19 Ramp To / From	
		20 Route/Name	
		21 Latitude	40.092091
		22 Longitude	-74.216663
		NB EB SB WB	
118a	25		
118b	-		
119a	00		
119b	-		
120a	-		
120b	-		
121a	00		
121b	00		
122	10		
123	00		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	28		
127a	28		
127b	-		
127c	-		
127d	-		
127e	28		
128	26		
129	11		
130	11		
131	00		
132	00		
133	02		
134	00		

100b	04	23 Veh #	1
101	02	24 Policy No.	4466974997
		25 NJ Ins. Code	100
		☒ 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 STEVE E BRAND -
107	-	36 Number & Street	PO BOX1924
108	05	37 City / State / Zip	BRICK NJ 08723
109	00	38 Make	FORD
		39 Model	RAN
		40 Color	BLK
		41 Year	2003
		42 Plate No.	LPP31S
		43 State	NJ
110	01	44 VIN	1FTYR44UX3TA45317
		45 Expires	05 23
111	00	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	04		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	00	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.			
55 NJ Ins. Code			
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run			
56 Driver's First Name / Initial / Last Name			
59 Sex			
57 Number & Street			
58 City / State / Zip			
60 Eyes			
DL Class			
Restrictions			
Endorsements			
61 State			
62 Driver's License Number			
63 DOB (mm dd yyyy)			
64 Expires (mm yy)			
65 Owner's First Name / Initial / Last Name	☐ Same As Driver		
66 Number & Street			
67 City / State / Zip			
68 Make			
69 Model			
70 Color			
71 Year			
72 Plate No.			
73 State			
74 VIN			
75 Expires			
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		
77 Authority	☐ Owner ☒ Driver ☐ Police		
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused		
	Type: ☐ Breath ☐ Blood ☐ Urine		
	Results: 0. - % ☐ Pending		
79 Hazardous Material	☒ None ☐ On Board ☐ Spill		
	- -		
	Hazard Class / Placard No.		
80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None		
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity	-		
Number & Street	-		
City / State / Zip	- - -		

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

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

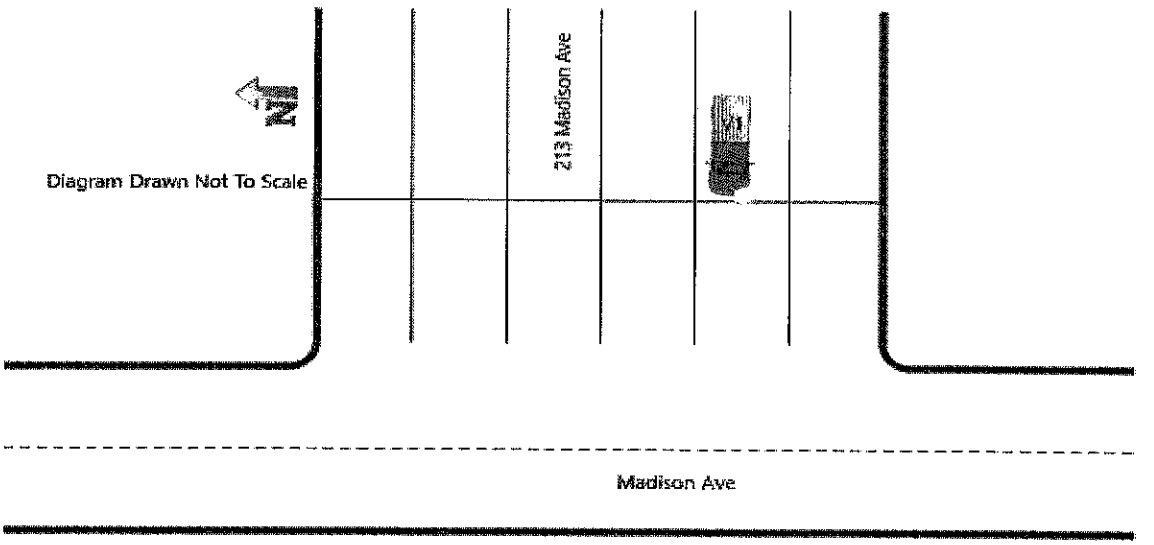
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: _____ Case No: 22-066302

(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 213 Madison Avenue in the parking lot for a reported motor vehicle accident hit and run. I spoke with the owner of the parked vehicle and he stated he was inside the church all day and he came out and observed damage to his parked vehicle. I observed damage to the front driver side bumper and head lamp area of the truck as well as debris under the vehicle, indicating the incident occurred in the parking lot of 213 Madison Ave.
A camera was located in the parking lot and the driver contacted the owner of the church and was advised that the camera does not work.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	C. MESSER	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	04
117	04

1 Case Number: 22-066311

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

3 Station/Precinct:

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet 15 ☐ Miles (14, 15) — ☒ N ☐ E ☐ S ☐ W (16) of: ARLINGTON AVE

11 Speed Limit: 40

12 Route No.: CR 528 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

17 Cross Road Name:

19 Ramp ☐ To ☐ From:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1933

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.085291

22 Longitude: -74.207919

118a	00
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	01
123	03
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: -

25 NJ Ins. Code: -

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

26 Driver's First Name: - Initial: - Last Name: - 29 Sex: -

27 Number & Street: -

28 City: - State: - Zip: -

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

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

35 Owner's ☐ Same As Driver — First Name: SILVESTRE Initial: - Last Name: HERNANDEZ RUGEI -

36 Number & Street: 561 KINGWOOD RD KNG OF

37 City: PRUSSA State: PA Zip: 19406

38 Make: HOND 39 Model: ODESSEY 40 Color: BLU 41 Year: 2006 42 Plate No.: KMD0071 43 State: PA

44 VIN: 5FNRL38466B096623 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.: 5129J007844

55 NJ Ins. Code: 917

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

56 Driver's First Name: ALIZA Initial: M Last Name: ZAKS - 59 Sex: F

57 Number & Street: 413 ASHLEY AVE

58 City: LAKEWOOD State: NJ Zip: 08701

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

62 Driver's License Number: Z02260267458994 63 DOB (mm dd yyyy): 08/28/1999 64 Expires (mm yy): 08 26

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

66 Number & Street: 126 POWDERHORN DR

67 City: LAKEWOOD State: NJ Zip: 08701

68 Make: KIA 69 Model: FOR 70 Color: WHI 71 Year: 2020 72 Plate No.: P50MPV 73 State: NJ

74 VIN: 3KPF24AD6LE225290 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

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

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

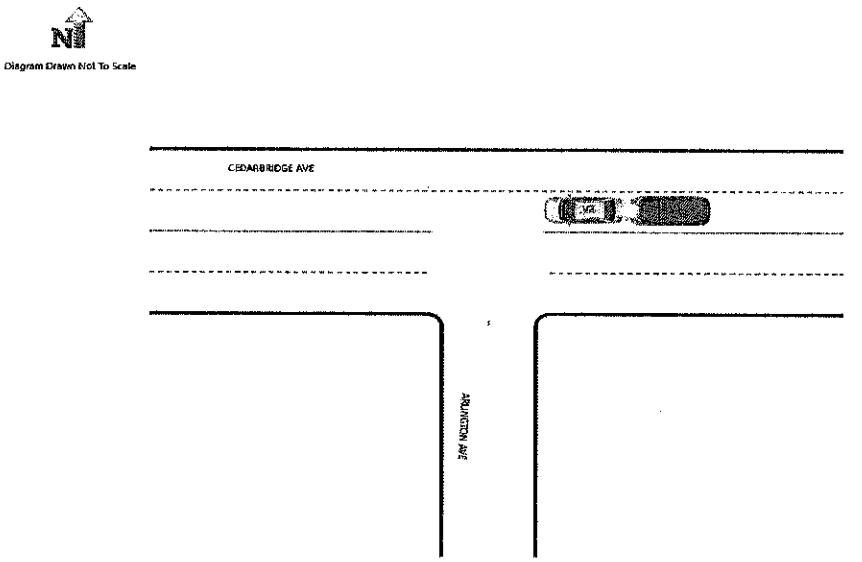
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V2	01	01	05	22	F	-	-	-	11	04	-	-	ALIZA M ZAKS - 413 ASHLEY AVE LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-066311

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	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 V2 stated she was attempting to make a left hand turn onto Arlington Ave from Cedarbridge Ave when she was struck at the 6 o'clock by V1. Driver of V1 reported no injuries at this time.

Driver of V1 was unable to provide a statement due to fleeing the scene of the accident.

The result of the investigation revealed Driver of V1 was at fault due to striking V2 at the 6 o'clock. It should be noted a witness was able to provide a photo of the suspect vehicle which showed a short "live photo" of a blue 2006 Honda Odyssey bearing PA registration KMD 0071. Officers canvassed the area to attempt to locate the vehicle but yielded negative results. The photos were later uploaded to this report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	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	22-039792
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)	05/18/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	0755
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100b	05	10 Crash Occurred On:	JAMES ST
		☒ At Intersection With	Road Name
		☐ Feet ☐ Miles	-
		☐ N ☐ E ☐ S ☐ W	Dir
		of:	WILLIAMS ST
		11 Speed Limit	35
		12 Route No.	-
		Suffix	-
		13 Milepost	-
		14	
		15	
		16	
		16 Speed Limit	25
		17 Cross Road Name	-
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		21 Latitude	40.079689
		22 Longitude	-74.220761
		☐ NB ☐ EB ☐ SB ☐ WB	
101	02	23 Veh #	1
		24 Policy No.	S2315565
		25 NJ Ins. Code	816
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	STEPHEN
		Initial	A
		Last Name	ROGER
		29 Sex	M
103	01	27 Number & Street	2906 MONTEREY ST
104	2	28 City	GREENSBORO
		State	NC
		Zip	27406
		30 Eyes	-
		DL Class	-
		Restrictions	-
		Endorsements	-
		31 State	NC
105	02	32 Driver's License Number	000047045837
		33 DOB (mm dd yyyy)	10/07/1965
		34 Expires (mm yy)	10 26
106	-	35 Owner's ☐ Same As Driver	-
		First Name	-
		Initial	-
		Last Name	GIALUC HOMES LL(
107	-	36 Number & Street	39 MILL POND RD
108	21	37 City	JACKSON
		State	NJ
		Zip	08527
109	01	38 Make	MACK
		39 Model	GU7
		40 Color	ONG
		41 Year	2017
		42 Plate No.	XHNY99
		43 State	NJ
110	02	44 VIN	1M2AX07C2HM035557
		45 Expires	11 22
111	01	46 Vehicle Removed To	-
112	19	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
113	-	47 Authority	☐ Owner ☒ Driver ☐ Police
114	06	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
115	-		Type: ☐ Breath ☐ Blood ☐ Urine
116	02		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class -
			Placard No. -
117	01	50 Carrier No.	☒ USDOT 2070214 ☐ 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	-

118a	25	53 Veh #	2
118b	-	54 Policy No.	4041-05-94-47
119a	09	55 NJ Ins. Code	148
119b	-	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
120a	01	56 Driver's First Name	TZIPPORAH
		Initial	-
		Last Name	FROME
		59 Sex	F
120b	01	57 Number & Street	186 VINE ST.
121a	01	58 City	LAKEWOOD
		State	NJ
		Zip	08701
121b	01	60 Eyes	5
		DL Class	-
		Restrictions	-
		Endorsements	-
		61 State	NJ
122	02	62 Driver's License Number	F75387530060805
		63 DOB (mm dd yyyy)	10/08/1980
		64 Expires (mm yy)	10 22
123	01	65 Owner's ☐ Same As Driver	TZIPPORAH
		First Name	-
		Initial	-
		Last Name	FROME
124	08	66 Number & Street	186 VINE ST.
125	08	67 City	LAKEWOOD
		State	NJ
		Zip	08701
126a	26	68 Make	TOYT
		69 Model	SIE
		70 Color	SIL
		71 Year	2008
		72 Plate No.	D51GDY
		73 State	NJ
126b	-	74 VIN	5TDZK23C88S220854
		75 Expires	12 22
126c	-	76 Vehicle Removed To	-
126d	-	☒ 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	05	Number & Street	-
130	05	City	-
		State	-
		Zip	-

131	11	135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
132	11	Oper. 1	136 Charge
			137 Summons. No. -
		Oper. 2	138 Charge
			139 Summons. No. -
133	01	Oper. 1	140 Charge
			141 Summons. No. -
		Oper. 2	142 Charge
			143 Summons. No. -
134	02		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	56	M	-	-	-	04	04	-	-	STEPHEN A ROGER - 2906 MONTEREY ST GREENSBORO NC 27406
B	V2	01	01	-	41	F	-	-	-	11	04	-	-	TZIPPORAH - FROME - 186 VINE ST. LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

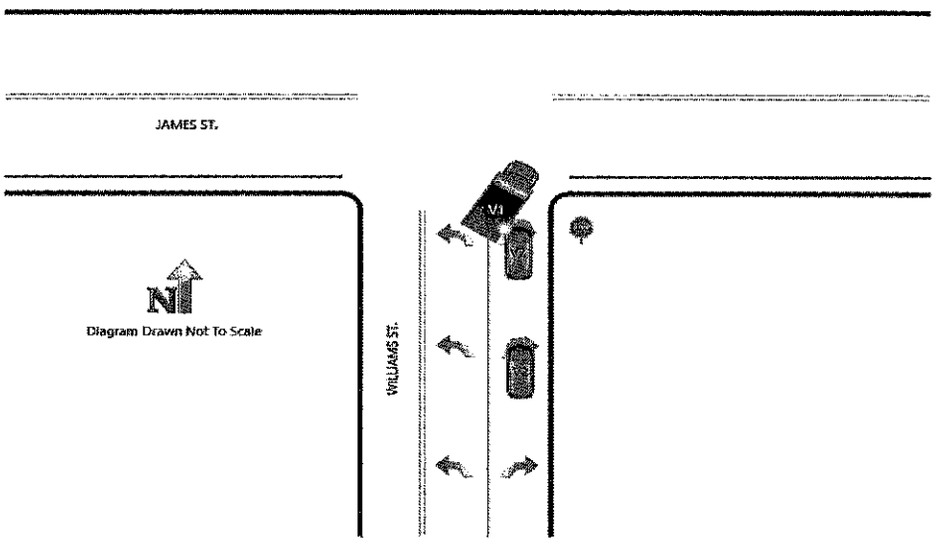
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-039792

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #1 stated he was traveling northbound on Williams St. approaching the intersection with James St. Driver #1 did state that due to the size of his dump truck he was traveling in both northbound lanes to be able to make a right turn onto James St. As driver #1 was making the right turn, his vehicle collided with vehicle #2. The driver of vehicle #2 stated she was traveling behind vehicle #1, and believed he was making a left turn onto James St. as she did not recall seeing vehicle #1 using a turn signal. Vehicle #2 attempted to make a right turn onto James St., but was struck by vehicle #1 during the course of his turn. No injuries were reported while on scene. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-039792
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	05/18/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0755
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

10 Crash Occurred On: ☐ At Intersection With ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: Road Name Dir 11 Speed Limit 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 22 Longitude

Veh #	Policy No.	NJ Ins. Code	Driver's First Name	Initial	Last Name	Sex
V1			STEPHEN	A	ROGER	-
V2			TZIPPORAH	-	FROME	-

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

26 Driver's First Name / Initial / Last Name / 29 Sex

27 Number & Street

28 City / State / Zip

30 Eyes / DL Class / Restrictions / Endorsements / 31 State

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

35 Owner's First Name / Initial / Last Name ☐ Same As Driver

36 Number & Street

37 City / State / Zip

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

44 VIN / 45 Expires

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

47 Authority ☐ Owner ☐ Driver ☐ Police

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

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

50 Carrier No. ☐ USDOT ☐ 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

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

57 Number & Street

58 City / State / Zip

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

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

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

66 Number & Street

67 City / State / Zip

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

74 VIN / 75 Expires

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

77 Authority ☐ Owner ☐ Driver ☐ Police

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

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

80 Carrier No. ☐ USDOT ☐ MC/MX ☐ None

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

82 Motor Carrier or Government Entity

Number & Street

City / State / Zip

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

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

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

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-039792

(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

Upon speaking further with the driver of vehicle #2, Ms. Tzipporah stated she was in the right turn lane alongside vehicle #1. Vehicle #1 was in the left turning lane not utilizing a turn signal, and attempted to make a right turn onto James St. when his vehicle struck vehicle #2. Driver #2 was attempting to alert vehicle #1 that she was currently in the right turn lane as to not strike her vehicle, but was unsuccessful which resulted in the collision. Driver #1 is at fault for the collision for utilizing the incorrect lane for turning. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WILLIAM ALLEN	287	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 05	1 Case Number 22-066779	10 Crash Occurred On: RIVER AVENUE	11 Speed Limit 45	12 Route No. 0009	118a 09
97 01	2 Police Dept of LAKEWOOD TOWNSHIP P	Code 01	☐ At Intersection With	Road Name PALM COURT	Dir -	Suffix -	13 Milepost -	18 Speed Limit 25	118b -
98 01	3 Station/Precinct -	☒ Feet ☐ Miles 50	☐ N ☐ E ☒ S ☐ W	19 Ramp ☐ To ☐ From:	17 Cross Road Name -	☐ NB ☐ EB ☐ SB ☐ WB	119a 25
99 02	4 Date of Crash mm dd yy 08/24/22	5 Day Of Week WEDNESDAY	6 Time (use 2400 hrs) 1211	7 Municipality Code 1514	8 Total Killed --	9 Total Injured 2	20 Route/Name	21 Latitude -	22 Longitude -	119b -
100a 01										120a 01
100b 04	23 Veh # 1	24 Policy No. 4614452094	25 NJ Ins. Code 148	53 Veh # 2	54 Policy No. 4509242196	55 NJ Ins. Code 148	120b -
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 DAWN	Initial A	Last Name GALLEGAN-ALI -	29 Sex F	56 Driver's First Name AVRAHAM	Initial Y	Last Name APPLEBAUM -	59 Sex M	121a 01
103 01	27 Number & Street 52 SEQUOIA DR				57 Number & Street 445 SOUTH PASCACK				121b -
104 3	28 City OLD BRIDGE	State NJ	Zip 08857		58 City CHESTNUT RIDGE	State NY	Zip 10977		
	30 Eyes 4	DL Class D	Restrictions -	Endorsements -	31 State NJ	60 Eyes 2	DL Class -	Restrictions -	Endorsements -	61 State NY	122 01
105 01	32 Driver's License Number G02931576154754	33 DOB mm dd yyyy 04/27/1975	34 Expires mm 04 yy 24		62 Driver's License Number 131677171	63 DOB mm dd yyyy 09/22/2002	64 Expires mm 09 yy 25	123 07
106 -	35 Owner's ☐ Same As Driver	First Name MOATAZ	Initial M	Last Name ALI -	65 Owner's ☐ Same As Driver	First Name YEHUDA	Initial -	Last Name APPLEBAUM -	124 03
107 -	36 Number & Street 52 SEQUOIA DR BLDG 25				66 Number & Street 52 COLES WAY				125 03
108 01	37 City OLD BRIDGE	State NJ	Zip 08857		67 City LAKEWOOD	State NJ	Zip 08701		
109 01	38 Make TOYT	39 Model CAM	40 Color BLK	41 Year 2002	42 Plate No. S94MVV	43 State NJ	68 Make TOYT	69 Model CAM - CA	70 Color GRY	71 Year 2017	72 Plate No. D57LDY	73 State NJ	126a 26
110 01	44 VIN 4T1BE32KX2U566717	45 Expires 09 22			74 VIN 4T1BF1FKXHU402825	75 Expires 04 23	126b -
111 01	46 Vehicle Removed To AAA				76 Vehicle Removed To -				126c -
112 -	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded				☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded				126d -
113 -	47 Authority ☐ Owner ☒ Driver ☐ Police				77 Authority ☐ Owner ☒ Driver ☐ Police				126e 26
114 -	48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused		49 Hazardous Material ☒ None ☐ On Board ☐ Spill		78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused		79 Hazardous Material ☒ None ☐ On Board ☐ Spill		127a 26
115 -	Type: ☐ Breath ☐ Blood ☐ Urine		-	-	Type: ☐ Breath ☐ Blood ☐ Urine		-	-	127b -
116 03	Results: 0. - % ☐ Pending		Hazard Class	Placard No.	Results: 0. - % ☐ Pending		Hazard Class	Placard No.	127c -
117 03	50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -		51 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -		81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs		127d -
	52 Motor Carrier or Government Entity -				82 Motor Carrier or Government Entity -				127e 26
	Number & Street -				Number & Street -				128 26
	City -	State -	Zip -		City -	State -	Zip -		129 12
	135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No -								130 12
	Oper. -	136 Charge	137 Summons. No. -		Oper. -	138 Charge	139 Summons. No. -		131 06
	Oper. -	140 Charge	141 Summons. No. -		Oper. -	142 Charge	143 Summons. No. -		132 06
									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	V1	01	01	05	47	F	-	-	-	11	04	-	-	DAWN A GALLEGAN-ALI - 52 SEQUOIA DR OLD BRIDGE NJ 08857
B	V1	03	01	03	14	M	04	05	01	11	04	-	-	HAMZA ALI 52 SEQUOIA DR OLD BRIDGE NJ 08857
C	V1	04	01	05	14	M	-	-	-	11	04	-	-	ADAM ALI 52 SEQUOIA DR OLD BRIDGE NJ 08857
D	V1	06	01	03	10	M	08	05	01	11	04	-	-	OMAR ALI 52 SEQUOIA DR OLD BRIDGE NJ 08857

New Jersey Police Crash Investigation Report

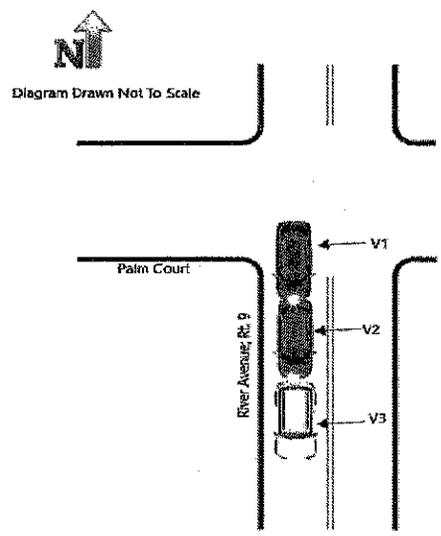
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066779

(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	19	M	-	-	-	11	04	-	-	AVRAHAM Y APPLEBAUM - 445 SOUTH PASCACK CHESTNUT RIDGE NY 10977
F	V2	03	01	05	17	M	-	-	-	11	04	-	-	MOSHE APPLEBAUM 445 SOUTH PASCACK CHESTNUT RIDG NY 10977
G	V3	01	01	05	60	M	-	-	-	11	04	-	-	YEHUDA - APPLEBAUM - 52 COLES WAY LAKEWOOD NJ 08701
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING SOUTH ON RIVER AVENUE WHEN THE VEHICLE IN FRONT OF HER STOPPED. SHE STATED SHE WAS UNABLE TO STOP IN TIME, CAUSING HER TO CRASH INTO VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING SOUTH ON RIVER AVENUE WHEN VEHICLE 3 STOPPED IN TRAFFIC. AS THE DRIVER OF VEHICLE 2 STOPPED BEHIND VEHICLE 3, HE STATED HE WAS REAR ENDED BY VEHICLE 1 CAUSING HIM TO REAR END VEHICLE 3.

THE DRIVER OF VEHICLE 3 STATED THE TRAFFIC LIGHT WAS GREEN BUT THE TRAFFIC WAS HEAVY, WHEN SHE SLOWED DOWN SHE WAS RERAR ENDED BY VEHICLE 2 BECAUSE OF VEHICLE 1.

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

MINOR INJURIES WERE REPORTED ON SCENE. THE INDIVIDUALS ULTIMATELY REFUSED MEDICAL ATTENTION.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VEGA B	428	EM	288	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ 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	3
105	01
106	-
107	-
108	04
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 22-066779

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/24/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1211

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 2

10 Crash Occurred On: RIVER AVENUE (Road Name) - (Dir) — 11 Speed Limit: 45 — 12 Route No.: 0009 — Suffix: - — 13 Milepost: -

☐ At Intersection With ☒ Feet ☐ Miles (14) — ☐ N ☐ E ☒ S ☐ W (15, 16) — of: PALM COURT — 18 Speed Limit: 25

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

21 Latitude: - — 22 Longitude: -

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

Vehicle 3

23 Veh #: 3 — 24 Policy No.: 4598038109 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: SUZY — Initial: - — Last Name: LEINER — 29 Sex: F

27 Number & Street: 13 WALLENBERG CIR

28 City: MONSEY — State: NY — Zip: 10952

30 Eyes: 6 — DL Class: - — Restrictions: - — Endorsements: - — 31 State: NY

32 Driver's License Number: 350598119 — 33 DOB (mm dd yyyy): 03/31/1962 — 34 Expires (mm yy): 03 27

35 Owner's First Name: HERSCHEL — Initial: - — Last Name: LEINER

☐ Same As Driver

36 Number & Street: 19 HAWK WAY

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

38 Make: TOYT — 39 Model: HIG — 40 Color: BGE — 41 Year: 2020 — 42 Plate No.: J96NAS — 43 State: NJ

44 VIN: 5TDGZRBH1LS046773 — 45 Expires: 09 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle

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

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

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

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

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: - — 75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

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	22-066807
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)	08/24/22
		5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	1342
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100b	04	10 Crash Occurred On:	E COUNTY LINE RD
		☒ At Intersection With	Road Name: MONMOUTH AVE
		☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
		11 Speed Limit	40
		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	40.105728
		22 Longitude	-74.212660
101	02	23 Veh #	1
		24 Policy No.	BA0000004055BS
		25 NJ Ins. Code	153
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	GABOR
		Initial	-
		Last Name	SZEMAN -
		29 Sex	M
103	01	27 Number & Street	30 MELODY LN
104	2	28 City	JACKSON
		State	NJ
		Zip	08527
		30 Eyes	6
		DL Class	I
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	03	32 Driver's License Number	S97322700010926
		33 DOB (mm dd yyyy)	10/25/1992
		34 Expires (mm yy)	10 26
106	-	35 Owner's ☐ Same As Driver	-
		First Name	-
		Initial	-
		Last Name	AQUA FLOW GUTTE -
107	-	36 Number & Street	40 CHESTNUT ST UNIT 5 B2
108	03	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	CHEV
		39 Model	EXP - EX
		40 Color	WHI
		41 Year	2016
		42 Plate No.	XJDX18
		43 State	NJ
110	02	44 VIN	1GCWGBFF8G1121442
		45 Expires	11 22
111	01	46 Vehicle Removed To	MOISHEY'S
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	04	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	04	23 Veh #	2
118b	02	24 Policy No.	F10336418-8
119a	25	25 NJ Ins. Code	426
119b	-	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
120a	01	26 Driver's First Name	JOSEPH
120b	01	Initial	-
		Last Name	GRASSO -
		29 Sex	M
121a	01	27 Number & Street	102 BENNETTS MILLS ROAD
121b	01	28 City	JACKSON
		State	NJ
		Zip	08527
		30 Eyes	3
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
122	01	32 Driver's License Number	G72154100011553
		33 DOB (mm dd yyyy)	11/17/1955
		34 Expires (mm yy)	11 25
123	01	35 Owner's ☐ Same As Driver	JOSEPH
		First Name	-
		Initial	-
		Last Name	GRASSO -
124	08	36 Number & Street	102 BENNETTS MILLS ROAD
125	04	37 City	JACKSON
		State	NJ
		Zip	08527
126a	26	38 Make	HYUN
		39 Model	TIB - TI
		40 Color	BLK
		41 Year	2008
		42 Plate No.	ZYY91U
		43 State	NJ
126b	-	44 VIN	KMHHM66D88U291643
		45 Expires	06 23
126c	-	46 Vehicle Removed To	MOISHEY'S
126d	-	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
126e	26	47 Authority	☒ Owner ☐ Driver ☐ Police
127a	26	48 Alcohol/Drug Test Given:	☒ No ☐ Yes ☐ Refused
127b	-	Type:	☐ Breath ☐ Blood ☐ Urine
		Results:	0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
		Hazard Class	
		Placard No.	
127c	-	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
127d	-	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
127e	26	52 Motor Carrier or Government Entity	
128	26	Number & Street	
129	11	City	
		State	
		Zip	
130	11	135 Damage To Other Property	☐ Yes (If Yes, describe) ☐ No
131	12		
132	12	Oper.	136 Charge
			137 Summons. No.
		Oper.	138 Charge
			139 Summons. No.
133	04	Oper.	140 Charge
			141 Summons. No.
		Oper.	142 Charge
			143 Summons. No.
134	04		

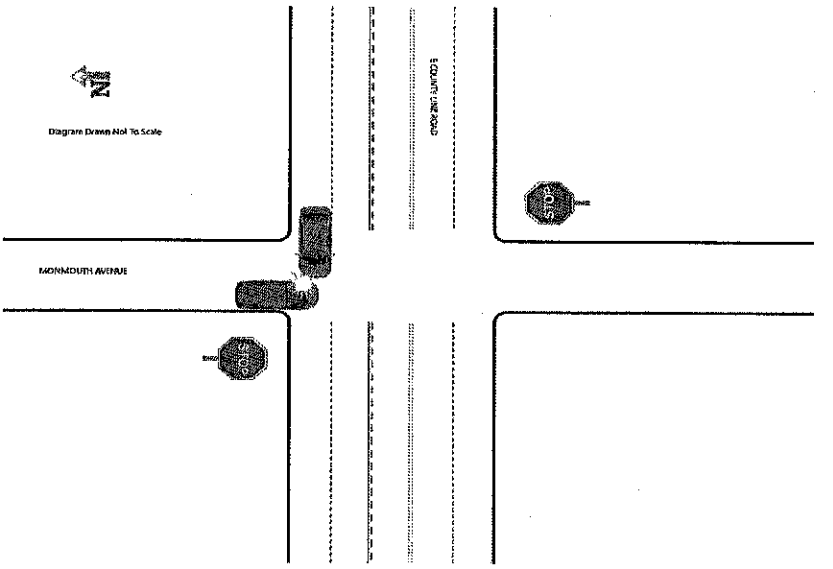
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	29	M	-	-	-	11	04	-	-	GABOR - SZEMAN - 30 MELODY LN JACKSON NJ 08527
B	2	01	-	-	66	M	-	-	-	11	04	-	-	JOSEPH - GRASSO - 102 BENNETTS MILLS RC JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-066807

(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 STOPPED AT THE STOP SIGN AT THE INTERSECTION OF MONMOUTH AVENUE AND E COUNTY LINE ROAD SOUTH BOUND. HE STATED HE BEGAN TO ENTER THE INTERSECTION AND DID NOT SEE ANY OTHER VEHICLES WHEN V2 COLLIDED WITH V1. DRIVER 1 STATED HE DID NOT SEE V2 AND FELT THAT HE MUST HAVE BEEN SPEEDING.

DRIVER OF V2 STATED HE WAS TRAVELLING WEST ON E COUNTY LINE ROAD, WHEN V1 PULLED INTO THE INTERSECTION CAUSING THE VEHICLES TO COLLIDE.

BASED ON THE DAMAGE TO THE VEHICLES AND DRIVER STATEMENTS, 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	02	1 Case Number	22-066729
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)	08/24/22
100a	03	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	0742
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	AIRPORT RD
		Road Name	STATE HIGHWAY 70
		11 Speed Limit	40
		12 Route No.	
		Suffix	
		13 Milepost	
		14	110
		15	☒ Feet ☐ Miles
		16	☒ N ☐ E ☐ S ☐ W
		17 Cross Road Name	
		18 Speed Limit	50
		19 Ramp	☐ To ☐ From:
		20 Route/Name	
		21 Latitude	40.053102
		22 Longitude	-74.178880
118a	25		
118b	-		
119a	29		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	12		
123	01		
124	09		
125	09		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	07		
130	07		
131	01		
132	01		
133	03		
134	03		

☐ At Intersection With ☐ NB ☐ EB ☐ SB ☐ WB

Vehicle 1

23 Veh # 1 — 24 Policy No. F482254-0 — 25 NJ Ins. Code 426

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

26 Driver's First Name: SABRINA — Initial: L — Last Name: GOMEZ — 29 Sex: F

27 Number & Street: 25 MICHAEL WAY

28 City: PENNINGTON — State: NJ — Zip: 08534

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

32 Driver's License Number: G63426837351982 — 33 DOB (mm dd yyyy): 01/31/1998 — 34 Expires (mm yy): 01 23

35 Owner's First Name: SABRINA — Initial: L — Last Name: GOMEZ — ☐ Same As Driver

36 Number & Street: 25 MICHAEL WAY

37 City: PENNINGTON — State: NJ — Zip: 08534

38 Make: MAZD — 39 Model: CX5 — 40 Color: BLK — 41 Year: 2020 — 42 Plate No.: J88MWH — 43 State: NJ

44 VIN: JM3KFBBM2L0769288 — 45 Expires: 09 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. F822287-9 — 55 NJ Ins. Code 426

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

56 Driver's First Name: MARGARET — Initial: - — Last Name: DANTONA — 59 Sex: F

57 Number & Street: 1412 MOSSBANK ROAD

58 City: POINT PLEASANT — State: NJ — Zip: 08742

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: D04895180055774 — 63 DOB (mm dd yyyy): 05/13/1977 — 64 Expires (mm yy): 05 24

65 Owner's First Name: GABRIELE — Initial: - — Last Name: DANTONA JR — ☐ Same As Driver

66 Number & Street: 502 IRISADO DR

67 City: BRICK — State: NJ — Zip: 08723

68 Make: NISS — 69 Model: PFI — 70 Color: BLK — 71 Year: 2014 — 72 Plate No.: K66RFX — 73 State: NJ

74 VIN: 5N1AR2MM0EC646823 — 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 ☐ 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	24	F	-	-	-	11	04	-	-	SABRINA L GOMEZ - 25 MICHAEL WAY PENNINGTON NJ 08534
B	02	01	01	05	45	F	-	-	-	11	04	-	-	MARGARET - DANTONA - 1412 MOSSBANK ROAD POINT PLEASANT NJ 08742
C														
D														

New Jersey Police Crash Investigation Report

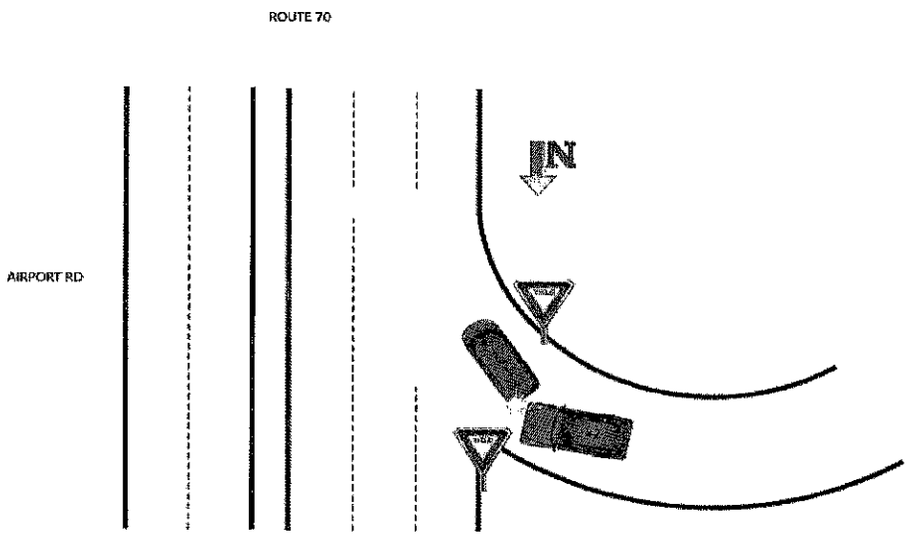
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066729

(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 states she was stopped at the yield sign waiting to merge on to Airport Rd when Veh #2 struck her from behind. Driver #2 stated she was behind Veh #1 and looked left to check for vehicles and did not see Veh #1 had stopped in front of her. This officers investigation finds Driver #2 at fault for the crash for failing to pay attention to the actions of Veh #1 that was in front of her.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PREBISH J	275	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	22-066753
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)	08/24/22
100a	01	5 Day Of Week	WEDNESDAY
		6 Time (use 2400 hrs)	0951
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	LAKEWOOD NEW EGYPT
		Dir	E
		11 Speed Limit	45
		12 Route No.	
		Suffix	
		13 Milepost	
		14	
		15	
		16	
		☒ At Intersection With	
		☐ Feet ☐ N ☐ E	
		☐ Miles ☐ S ☐ W	
		Road Name	
		of:	WHITESVILLE ROAD
		17 Cross Road Name	
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.084798
		22 Longitude	-74.253543
118a	25		
118b	-		
119a	04		
119b	-		
120a	01		
120b	01		
121a	01		
121b	01		
122	01		
123	03		
124	11		
125	08		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	01		
130	12		
131	12		
132	12		
133	04		
134	04		

100b	04	23 Veh #	1	24 Policy No.	4961555750	25 NJ Ins. Code	945		
101	02	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run							
102	01	26 Driver's First Name	DONNA	Initial	M	Last Name	COSGROVE -	29 Sex	F
103	01	27 Number & Street	159 MILLCREEK RD						
104	2	28 City	BAYVILLE	State	NJ	Zip	08721		
		30 Eyes	4	DL Class	D	Restrictions	-	Endorsements	-
		31 State	NJ						
105	03	32 Driver's License Number	C67031747456764	33 DOB (mm dd yyyy)	06/30/1976	34 Expires (mm yy)	06 25		
106	-	35 Owner's ☐ Same As Driver	DONNA	Initial	M	Last Name	COSGROVE -		
107	-	36 Number & Street	159 MILLCREEK RD						
108	01	37 City	BAYVILLE	State	NJ	Zip	08721		
109	01	38 Make	ACUR	39 Model	ATL	40 Color	GRY	41 Year	2010
		42 Plate No.	X79PCZ	43 State	NJ				
110	01	44 VIN	19UUA8F59AA019790	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						
116	02		Results: 0. - % ☐ Pending						
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill						
			Hazard Class	Placard No.					
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					

53 Veh #	2	54 Policy No.	4586202907	55 NJ Ins. Code	148				
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run									
56 Driver's First Name	MIRIAM	Initial	L	Last Name	MARCUS -	59 Sex	F		
57 Number & Street	1455 E 17TH ST								
58 City	BROOKLYN	State	NY	Zip	11230				
60 Eyes	2	DL Class	D	Restrictions	-	Endorsements	-		
61 State	NY								
62 Driver's License Number	511504647	63 DOB (mm dd yyyy)	05/24/1970	64 Expires (mm yy)	05 25				
65 Owner's ☐ Same As Driver	CHAIM	Initial	A	Last Name	MARCUS -				
66 Number & Street	17 SHENANDOAH DR								
67 City	LAKEWOOD	State	NJ	Zip	08701				
68 Make	LEXU	69 Model	ES3	70 Color	SIL	71 Year	2016		
72 Plate No.	Z49MVV	73 State	NJ						
74 VIN	JTHBK1GG9G2242827	75 Expires	09 22						
76 Vehicle Removed To									
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded									
77 Authority	☐ Owner ☒ Driver ☐ Police								
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused								
	Type: ☐ Breath ☐ Blood ☐ Urine								
	Results: 0. - % ☐ Pending								
79 Hazardous Material	☒ None ☐ On Board ☐ Spill								
	Hazard Class	Placard No.							
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None								
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs								
82 Motor Carrier or Government Entity									
Number & Street									
City	State	Zip							

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
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	46	F	-	-	-	11	11	01	-	DONNA M COSGROVE - 159 MILLCREEK RD BAYVILLE NJ 08721
B		01	01	05	52	F	-	-	-	11	11	04	-	MIRIAM L MARCUS - 1455 E 17TH ST BROOKLYN NY 11230
C														
D														

New Jersey Police Crash Investigation Report

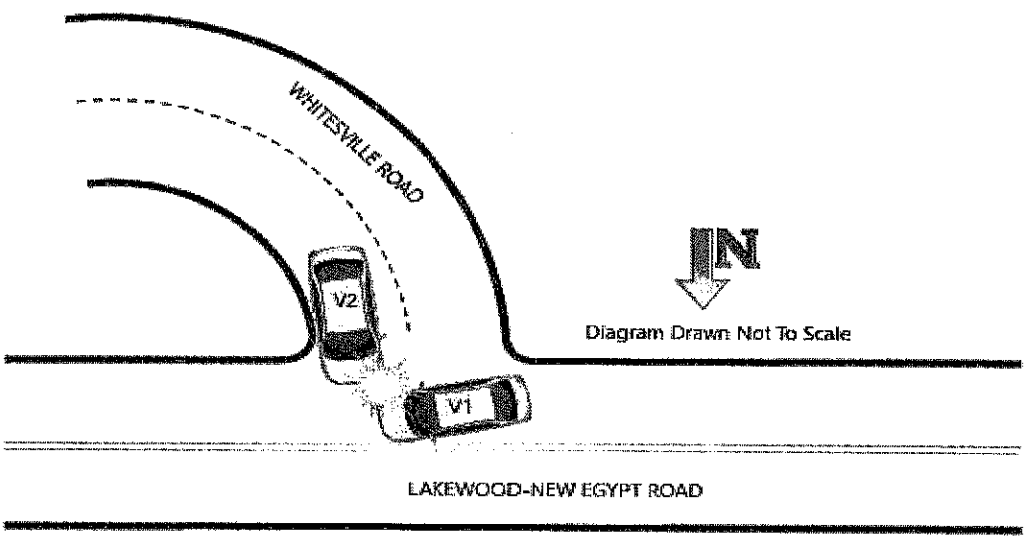
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-066753

(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 she was travelling east on Lakewood-New Egypt road approaching Whitesville Road when vehicle 2 which was attempting to make a left from Whitesville onto Lakewood-New Egypt struck her vehicle on the passenger side front quarter panel.

Driver of vehicle 2 stated she was on Whitesville Road attempting to enter Lakewood-New Egypt Road to make a left when her vehicle and vehicle 1 which was travelling east on Lakewood-New Egypt Road collided. Driver of vehicle 2 stated she must have been blinded by another vehicle prior to entering the roadway as she thought it was clear for her to make the turn.

Based on statements from involved parties and my observations at the scene and damage to the vehicles, I have determined that vehicle 2 is at fault due to failure to yield right of way to vehicle. Neither driver was issued a summons and no injuries were reported at the scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	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	05
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	03
117	03

1 Case Number: 22-066531

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1327

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☒ N ☐ E ☐ S ☐ W — 16

of: CEDARBRIDGE AVE

11 Speed Limit: 25

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 40

17 Cross Road Name

19 Ramp ☐ To ☐ From:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.077115

22 Longitude: -74.187708

118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	11
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	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 6083-16-83-09

25 NJ Ins. Code: 100

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

26 Driver's First Name: ANDRES — Initial: I — Last Name: ROJASCRUZ — 29 Sex: M

27 Number & Street: 49 JODA DR

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

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

32 Driver's License Number: R61880426901622

33 DOB (mm dd yyyy): 01/28/1962

34 Expires (mm yy): 01 25

35 Owner's First Name: ANDRES — Initial: I — Last Name: ROJASCRUZ

☐ Same As Driver

36 Number & Street: 49 JODA DR

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

38 Make: TOYT — 39 Model: RAV — 40 Color: BLK — 41 Year: 2004 — 42 Plate No.: J97PFL — 43 State: NJ

44 VIN: JTEHD20V646022081

45 Expires: 10 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.: NJSS218981480

55 NJ Ins. Code: 217

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

56 Driver's First Name: YEHUDA — Initial: L — Last Name: SCHWAB — 59 Sex: M

57 Number & Street: 1004 MADISON AVE APT 107

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

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

62 Driver's License Number: S15657897305972

63 DOB (mm dd yyyy): 05/28/1997

64 Expires (mm yy): 05 24

65 Owner's First Name: YEHUDA — Initial: L — Last Name: SCHWAB

☐ Same As Driver

66 Number & Street: 1004 MADISON AVE APT 107

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

68 Make: TOYT — 69 Model: CAM — 70 Color: SIL — 71 Year: 2014 — 72 Plate No.: L10LWR — 73 State: NJ

74 VIN: 4T4BF1FK3ER360550

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.

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	-	60	M	-	-	-	11	04	-	-	ANDRES I ROJASCRUZ - 49 JODA DR LAKEWOOD NJ 08701
B	2	01	01	-	25	M	-	-	-	11	03	-	-	YEHUDA L SCHWAB - 1004 MADISON AVE APT LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

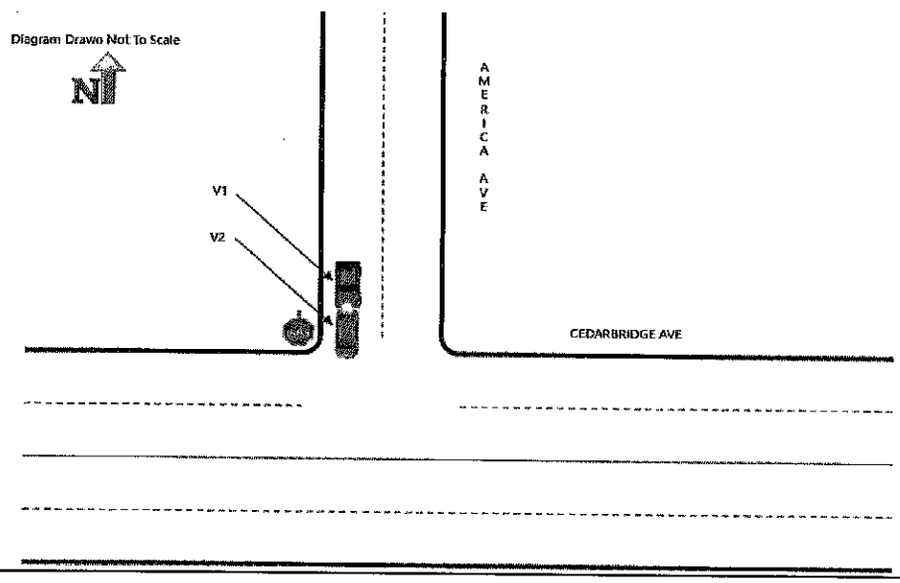
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066531

(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 America Ave (Behind V2) approaching Cedar Bridge Ave. V2 stopped short, so he hit his brakes to stop. He could not in time and struck the rear of V2.

Driver of V2 Said he stopped at the stop sign on America Ave (at the intersection of Cedarbridge Ave). He was going to make a right onto Cedarbridge Ave when his vehicle was struck from behind by V1.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	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	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	03
117	-

1 Case Number: 22-066532

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1340

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 1700 MADISON AVE — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost: -

☐ At Intersection With

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

14 — 15 — 16

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

11 Speed Limit: 10

18 Speed Limit: -

21 Latitude: 40.108606

22 Longitude: -74.221266

118a	13
118b	06
119a	25
119b	05
120a	01
120b	-
121a	01
121b	-
122	09
123	10
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	28
129	04
130	04
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 2007474373

25 NJ Ins. Code: 233

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

26 Driver's First Name: LEAH — Initial: - — Last Name: KOVALENKO — 29 Sex: F

27 Number & Street: 1159 BUCKWALD CT

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

30 Eyes: 2 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: K68444500058032

33 DOB (mm dd yyyy): 08/19/2003

34 Expires (mm yy): 08 25

35 Owner's First Name: SHIFRA — Initial: - — Last Name: KOVALENKO

☐ Same As Driver

36 Number & Street: 1159 BUCKWALD CT

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

38 Make: TOYT — 39 Model: HIG — 40 Color: SIL — 41 Year: 2019 — 42 Plate No.: U58LPX — 43 State: NJ

44 VIN: 5TDJZRFH7KS713022

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.: 939 969 342

55 NJ Ins. Code: 054

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

65 Owner's First Name: JANE — Initial: S — Last Name: UZHANSKY

☐ Same As Driver

66 Number & Street: 107 NORTHCREST PL

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

68 Make: TES — 69 Model: 3 — 70 Color: WHI — 71 Year: 2021 — 72 Plate No.: L69PHZ — 73 State: NJ

74 VIN: 5YJ3E1EB1MF075151

75 Expires: 11 25

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☒ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	19	F	-	-	-	11	04	-	-	LEAH - KOVALENKO - 1159 BUCKWALD CT LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

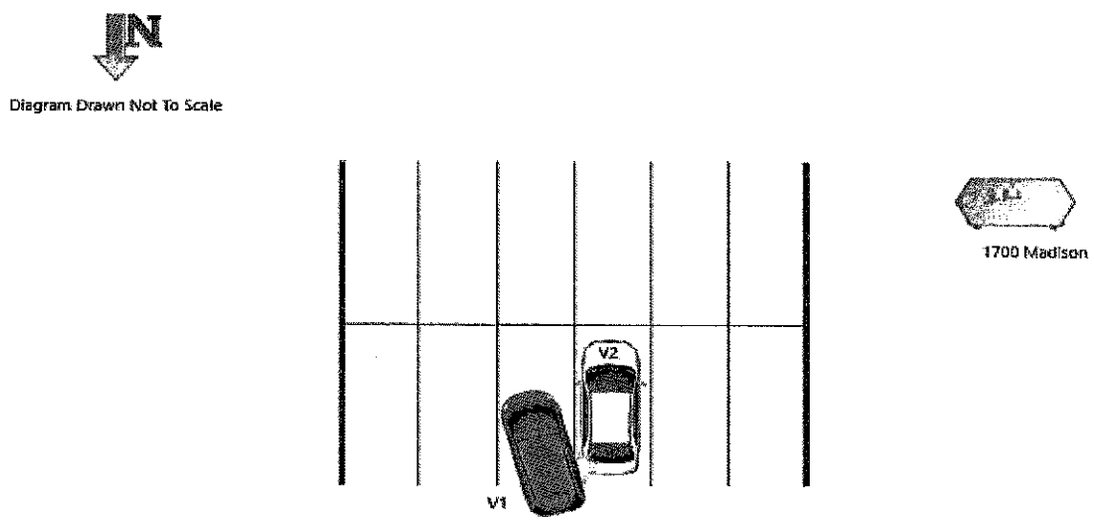
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066532

(Refer to vehicle by number)

ALL INVOLVED	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	
	83	84	85	86	87	88	89	90	91	92	93	94	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 1 was attempting to park in a parking space in the parking lot of 1700 Madison Ave and crashed into vehicle 2 which was parked.

Driver 1 stated she was attempting to park in a parking space and crashed into the back left of vehicle 2.

Vehicle 2 was legally parked in the parking lot of 1700 Madison Ave.

Both vehicles sustained minor damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	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 01 | 103 01 | 104 2 | 105 03 | 106 - | 107 - | 108 01 | 109 01 | 110 01 | 111 01 | 112 - | 113 - | 114 - | 115 - | 116 03 | 117 02

1 Case Number: 22-066539

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1500

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 5TH STREET | - | 11 Speed Limit: 25 | - | - | -

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

☐ Feet ☐ N ☐ E of: PRIVATE WAY | 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

21 Latitude: 40.094447

22 Longitude: -74.220739

118a 25 | 118b - | 119a 16 | 119b - | 120a 01 | 120b 01 | 121a 01 | 121b 01 | 122 01 | 123 01 | 124 04 | 125 08 | 126a 26 | 126b - | 126c - | 126d - | 126e 26 | 127a 26 | 127b - | 127c - | 127d - | 127e 26 | 128 26 | 129 03 | 130 04 | 131 12 | 132 12 | 133 04 | 134 04

Vehicle 1

23 Veh #: 1

24 Policy No.: 4615-87-70-34

25 NJ Ins. Code: 100

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

26 Driver's First Name: ESTHER | Initial: - | Last Name: WAHL | - | 29 Sex: F

27 Number & Street: 62 BUCKINGHAM DRIVE

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

30 Eyes: 2 | DL Class: A | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: W01652390059892

33 DOB (mm dd yyyy): 09/09/1989

34 Expires (mm yy): 09 24

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

36 Number & Street: 124 VINTAGE CIR; A

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

38 Make: TOYT | 39 Model: CAM | 40 Color: 6 | 41 Year: 2008 | 42 Plate No.: M52LZU | 43 State: NJ

44 VIN: 4T1BE46K68U788387

45 Expires: 11 22

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.: 000000943215974

55 NJ Ins. Code:

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

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

57 Number & Street: 652 EAST 5 ST

58 City: BROOKLYN | State: NY | Zip: 11218

60 Eyes: 2 | DL Class: - | Restrictions: - | Endorsements: - | 61 State: NY

62 Driver's License Number: 383726199

63 DOB (mm dd yyyy): 07/22/1944

64 Expires (mm yy): 07 28

65 Owner's ☐ Same As Driver | First Name: AARON | Initial: - | Last Name: PAM | -

66 Number & Street: 652 EAST 5 ST

67 City: BROOKLYN | State: NY | Zip: 11218

68 Make: CHEV | 69 Model: CLA | 70 Color: SIL | 71 Year: 2005 | 72 Plate No.: BEU2486 | 73 State: NY

74 VIN: 1G1ND52FX5M195090

75 Expires: 07 24

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.
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	32	F	-	-	-	11	04	-	-	ESTHER - WAHL - 62 BUCKINGHAM DRIVE JACKSON NJ 08527
B	02	01	01	05	78	M	-	-	-	11	04	-	-	AARON - PAM - 652 E 5TH ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

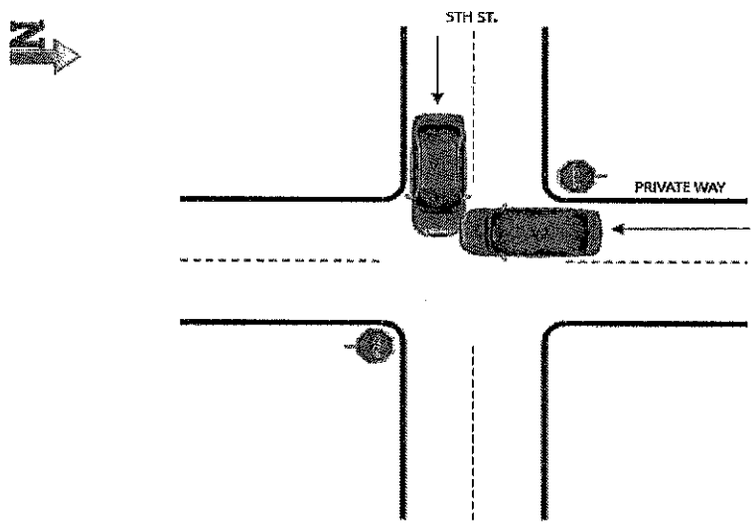
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-066539

(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 OF VEHICLE 1 STATED SHE WAS TRAVELING EAST ON 5TH STREET AT THE INTERSECTION WITH PRIVATE WAY WHEN VEHICLE 2 WENT THROUGH A STOP SIGN AND CRASHED VEHICLE 1.

DRIVER OF VEHICLE 2 STATED HE WAS TRAVELING SOUTH ON PRIVATE WAY WHEN HE "PROBABLY WENT TOO FAST THROUGH A STOP SIGN."

THIS INVESTIGATION DETERMINED THAT THE DRIVER OF VEHICLE 2 FAILED TO STOP AT A STOP SIGN.

Box 55: 743, ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
PO BOX 660598
DALLAS, TX 75266-0598
(800) 255-7828

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05		
97	01	1 Case Number	22-066545
98	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
99	07	3 Station/Precinct	
100a	02	4 Date of Crash (mm dd yy)	08/23/22
		5 Day Of Week	TUESDAY
		6 Time (use 2400 hrs)	1515
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	WILLIAMSBURG LN
		☐ At Intersection With	
		Road Name	
		Dir	
		☒ Feet / ☐ Miles	25
		☐ N ☐ E ☐ S ☒ W	
		of:	PRINCETON AVE
		11 Speed Limit	25
		12 Route No.	
		Suffix	
		13 Milepost	
		18 Speed Limit	25
		14	15
		16	
		17 Cross Road Name	
		19 Ramp ☐ To ☐ From:	
		☐ NB ☐ EB ☐ SB ☐ WB	
		20 Route/Name	
		21 Latitude	40.108201
		22 Longitude	-74.210443
118a	02		
118b	04		
119a	25		
119b	-		
120a	01		
120b	-		
121a	01		
121b	-		
122	09		
123	01		
124	11		
125	11		
126a	26		
126b	-		
126c	-		
126d	-		
126e	26		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	26		
129	02		
130	02		
131	10		
132	10		
133	02		
134	02		

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 - - -
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	02		Results: 0. - % ☐ Pending
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill
			Hazard Class / Placard No.
117	02	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.	5129J015923	
55 NJ Ins. Code	917	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name / Initial / Last Name	NINA - FISHOFF -	
59 Sex	F	
57 Number & Street	118 WILLIAMSBURG LN	
58 City / State / Zip	LAKEWOOD NJ 08701	
60 Eyes	06	
DL Class	D	
Restrictions	-	
Endorsements	-	
61 State	NY	
62 Driver's License Number	58952700	
63 DOB (mm dd yyyy)	11/14/1994	
64 Expires (mm yy)	11 23	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NINA - FISHOFF -	
66 Number & Street	118 WILLIAMSBURG LN	
67 City / State / Zip	LAKEWOOD NJ 08701	
68 Make	HOND	
69 Model	PIL	
70 Color	4	
71 Year	2022	
72 Plate No.	P38PNE	
73 State	NJ	
74 VIN	5FNYF6H54NB020524	
75 Expires	12 24	
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused	
	Type: ☐ Breath ☐ Blood ☐ Urine	
	Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill	
	Hazard Class / Placard No.	
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity		
Number & Street		
City / State / Zip		

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		-			
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
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	1	01	01	05	-	M	-	-	-	11	00	-	-	UNKNOWN
B	1	03	01	05	-	F	-	-	-	11	00	-	-	UNKNOWN
C	1	04	01	05	-	U	-	-	-	11	00	-	-	UNKNOWN
D	2	01	01	05	27	F	-	-	-	11	04	-	-	NINA - FISHOFF - 118 WILLIAMSBURG LN LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

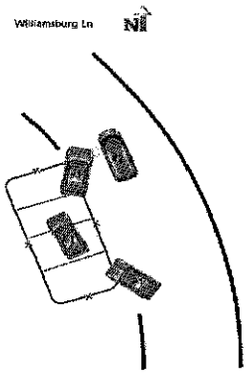
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-066545

(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 2 stated that Vehicle 1 was in front of her and pulled off into the marked parking spaces. The driver of Vehicle 2 then attempted to pass Vehicle 1 since it pulled off the roadway. As vehicle 2 passed Vehicle 1, Vehicle 1 re-entered the roadway and crashed into Vehicle 2.

The driver of Vehicle 2 stated that all parties involved initially exchanged information, but the occupants of Vehicle 1 eventually left the scene. Several locations were checked for Vehicle 1, including other jurisdictions, and phone numbers, but all had negative results.

Progressive policy number given to the driver of Vehicle 2: Code - 134, Policy #946706568. Progressive was contacted and confirmed this policy is not active. Persons of interest attached to the incident report, but it cannot be confirmed that they were in the vehicle at this time or if this was the vehicle involved. The driver described the driver as a Black male, front seat passenger Black female, and rear seat was a child around 7 years old (unknown gender).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICKERSON, K	378	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	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	02

1 Case Number: 22-066620

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

3 Station/Precinct:

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

☐ At Intersection With

☒ Feet ☐ Miles — 300 (14, 15)

☐ N ☐ E ☐ S ☒ W of: KIMBALL RD

11 Speed Limit: 45

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): 08/23/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 2113

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.087628

22 Longitude: -74.222145

118a	25
118b	-
119a	02
119b	09
120a	01
120b	01
121a	01
121b	01
122	07
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	12
132	12
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 6104786042061

25 NJ Ins. Code: 884

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

26 Driver's First Name: CHAYA — Initial: D — Last Name: GORELICK — 29 Sex: F

27 Number & Street: 20 7TH STREET

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: G65811226452996

33 DOB (mm dd yyyy): 02/08/1999

34 Expires (mm yy): 02 25

35 Owner's First Name: RIVKA — Initial: - — Last Name: BIRNBAUM

☐ Same As Driver

36 Number & Street: 63 DRAKE RD

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

38 Make: TOYT — 39 Model: SIE — 40 Color: 4 — 41 Year: 2013 — 42 Plate No.: K26GXB — 43 State: NJ

44 VIN: 5TDKK3DCXDS364969

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.: 01245966

55 NJ Ins. Code: 882

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

56 Driver's First Name: JOSEPH — Initial: P — Last Name: CLAPPSY — 59 Sex: M

57 Number & Street: 5 W POINT PLEASANT AVE

58 City: OCEAN GATE — State: NJ — Zip: 08740

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

61 State: NJ

62 Driver's License Number: C50824107701794

63 DOB (mm dd yyyy): 01/21/1979

64 Expires (mm yy): 01 24

65 Owner's First Name: JOSEPH — Initial: P — Last Name: CLAPPSY

☐ Same As Driver

66 Number & Street: 5 W POINT PLEASANT AVE

67 City: OCEAN GATE — State: NJ — Zip: 08740

68 Make: SUZI — 69 Model: SX4 — 70 Color: CPR — 71 Year: 2008 — 72 Plate No.: H61LEC — 73 State: NJ

74 VIN: JS2YB413785109914

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.

	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	F	-	-	-	11	04	-	-	CHAYA D GORELICK - 20 7TH STREET LAKEWOOD NJ 08701
B	02	01	01	05	43	M	-	-	-	11	04	-	-	JOSEPH P CLAPPSY - 5 W POINT PLEASANT A\ OCEAN GATE NJ 08740
C														
D														

New Jersey Police Crash Investigation Report

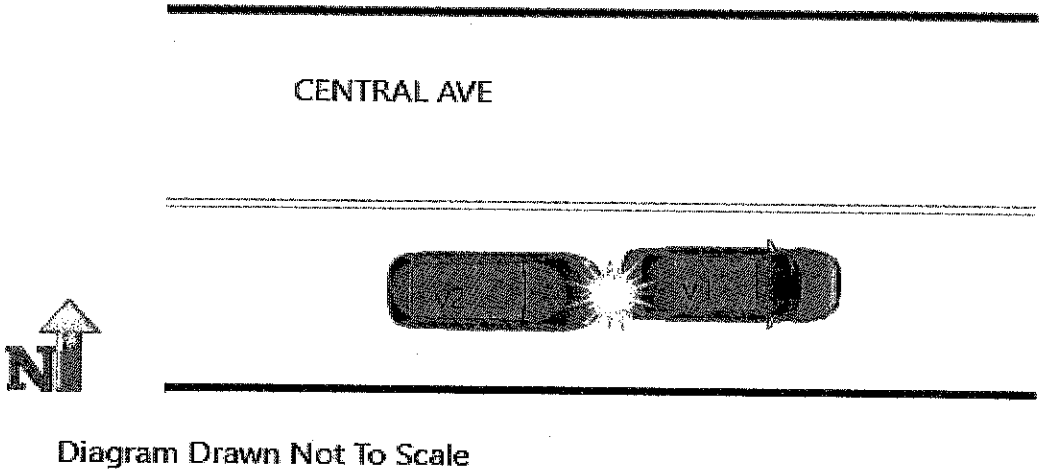
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066620

(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 she was Eastbound on Central Ave and was in stop and go traffic. She stated while she was slowing down, vehicle 2 crashed into the rear of her vehicle.

Driver of vehicle 2 stated he was Eastbound on Central Ave and was behind vehicle 1. He stated vehicle 1 stopped short causing him to stop short and attempt to brake but he ended up crashing into the rear of vehicle 1.

In my investigation I find vehicle 2 at fault for this crash for driver inattention and following too closely as vehicle 2 needs to give himself enough distance between vehicles to stop safely.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

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	01
117	04

1 Case Number: 22-066831

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

3 Station/Precinct: --

10 Crash Occurred On: TRUDY LN — Road Name — Dir: -

☐ At Intersection With ☐ Feet ☒ Miles (.25) ☐ N ☐ E ☒ S ☐ W of: PROSPECT ST

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

18 Speed Limit: 40

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

4 Date of Crash (mm dd yy): 08/24/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1612 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.071686 — 22 Longitude: -74.232683

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	12
130	01
131	06
132	06
133	02
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 4514979949 — 25 NJ Ins. Code: 148

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

26 Driver's First Name: NIKKI — Initial: - — Last Name: SCHECHTER — 29 Sex: F

27 Number & Street: 25 TRUDY LN

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

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

32 Driver's License Number: S13405920057942 — 33 DOB (mm dd yyyy): 07/23/1994 — 34 Expires (mm yy): 07 24

35 Owner's ☐ Same As Driver — First Name: NIKKI — Initial: - — Last Name: SCHECHTER

36 Number & Street: 25 TRUDY LN

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

38 Make: HOND — 39 Model: ODY — 40 Color: BLK — 41 Year: 2020 — 42 Plate No.: D98MUP — 43 State: NJ

44 VIN: 5FNRL6H54LB074495 — 45 Expires: 08 24

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

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

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 939724476 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: MEYER — Initial: - — Last Name: LEVINE — 59 Sex: M

57 Number & Street: 103 ARBUTUS DR

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

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

62 Driver's License Number: L29315420004982 — 63 DOB (mm dd yyyy): 04/19/1998 — 64 Expires (mm yy): 04 23

65 Owner's ☐ Same As Driver — First Name: YITZCHOK — Initial: G — Last Name: LEVINE

66 Number & Street: 103 ARBUTUS DR

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

68 Make: TOYT — 69 Model: CAM — 70 Color: TN — 71 Year: 2016 — 72 Plate No.: Z23PTK — 73 State: NJ

74 VIN: 4T1BF1FK5GU129470 — 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	28	F	-	-	-	11	04	-	-	NIKKI - SCHECHTER - 25 TRUDY LN LAKEWOOD NJ 08701
B	02	01	01	05	24	M	-	-	-	11	04	-	-	MEYER - LEVINE - 103 ARBUTUS DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

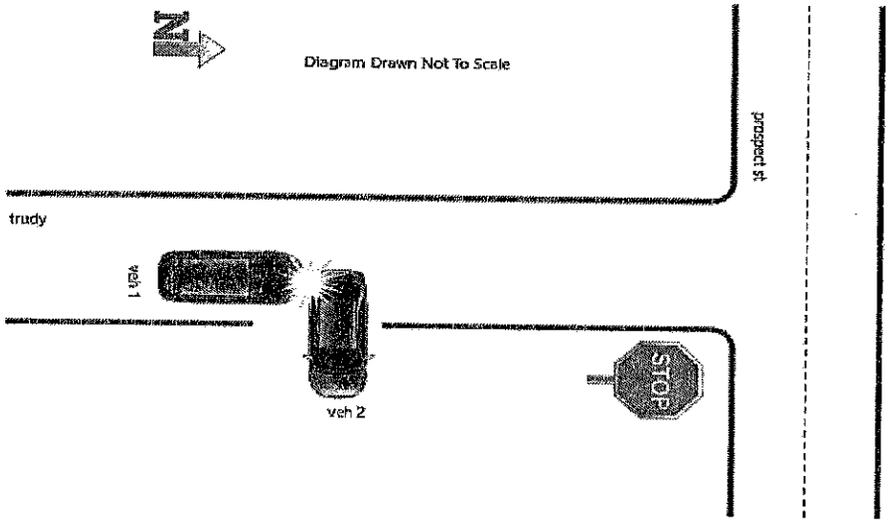
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-066831

(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 SHE WAS TRAVELING NORTH ON TRUDY LANE WHEN VEH 2 WAS BACKING UP OUT OF DRIVEWAY, CAUSING HER TO CRASH INTO VEH 2.

DRIVER OF VEH 2 STATED HE WAS BACKING OUT OF A DRIVEWAY WHEN HE WAS STRUCK BY VEH 1.

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

1 Case Number: 22-066850

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 ☐ Miles: 100 (14, 15, 16)

☐ N ☐ E ☒ S ☐ W of: GILA PL

19 Ramp ☐ To ☐ From:

17 Cross Road Name:

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

11 Speed Limit: 45

12 Route No.: 0009 — Suffix — 13 Milepost

18 Speed Limit: 15

4 Date of Crash (mm dd yy): 08/24/22

5 Day Of Week: WEDNESDAY

6 Time (use 2400 hrs): 1738

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

21 Latitude: 40.069268

22 Longitude: -74.218144

118a	25
118b	-
119a	02
119b	09
120a	01
120b	01
121a	01
121b	01
122	08
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	12
132	12
133	02
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 02698786-6

25 NJ Ins. Code: 135

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

26 Driver's First Name: STEPHEN — Initial: - — Last Name: RIOS — 29 Sex: M

27 Number & Street: 8 AMY COURT

28 City: HOWELL — State: NJ — Zip: 07731

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: R45447220003816

33 DOB (mm dd yyyy): 03/01/1981

34 Expires (mm yy): 03 25

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: AIRTECH SYSTEMS -

36 Number & Street: PO BOX 136

37 City: OAKHURST — State: NJ — Zip: 07755

38 Make: FORD — 39 Model: TRA — 40 Color: WHI — 41 Year: 2019 — 42 Plate No.: XJXE95 — 43 State: NJ

44 VIN: 1FTYR2ZM9KKB75879

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.: 6051359435

55 NJ Ins. Code: 100

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

56 Driver's First Name: YESHAYA — Initial: - — Last Name: LANSKY — 59 Sex: M

57 Number & Street: 13 AROSA HILL

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

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

62 Driver's License Number: L04767890006982

63 DOB (mm dd yyyy): 06/25/1998

64 Expires (mm yy): 06 23

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

66 Number & Street: 13 AROSA HILL

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

68 Make: HOND — 69 Model: ACC — 70 Color: 3 — 71 Year: 2012 — 72 Plate No.: W25NCP — 73 State: NJ

74 VIN: 1HGCP2F34CA039647

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 ☐ MC/MX ☒ None

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	41	M	-	-	-	11	04	-	-	STEPHEN - RIOS - 8 AMY COURT HOWELL NJ 07731
B	02	01	01	03	24	M	01	05	01	11	04	-	-	YESHAYA - LANSKY - 13 AROSA HILL LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

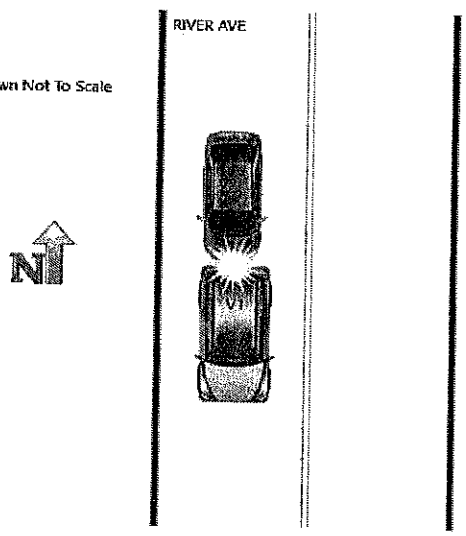
Station: _____ Case No: 22-066850

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Southbound on River Ave and was in stop and go traffic. He stated the vehicle ahead of him stopped short causing him to stop short. He stated when he came to a stop, vehicle 2 crashed into the rear of his vehicle.

Driver of vehicle 2 stated he was Southbound on River Ave and was behind vehicle 1. He stated vehicle 1 stopped short causing him to stop short. He stated he attempted to apply his brakes but still crashed into the rear of vehicle 1.

In my investigation I found vehicle 2 at fault for this crash for driver inattention and following too closely as vehicle 2 needs to make sure there is enough room between vehicles to stop safely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	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	01
103	01
104	2
105	06
106	-
107	-
108	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-066856

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

3 Station/Precinct:

10 Crash Occurred On: WOODLAND DR — Road Name — Dir

☐ At Intersection With

☒ Feet ☐ Miles: 300 (14) (15)

☐ N ☐ E ☐ S ☐ W of: VALLEY DR

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: 40.090626 — 22 Longitude: -74.228819

4 Date of Crash (mm dd yy): 08/24/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1819 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	25
118b	-
119a	02
119b	20
120a	-
120b	-
121a	
121b	01
122	10
123	01
124	11
125	11
126a	28
126b	-
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	10
131	10
132	10
133	03
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: F126197-3 — 25 NJ Ins. Code: 426

☒ 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 ☐ Same As Driver — First Name: BASYA — Initial: - — Last Name: ACOCA -

36 Number & Street: 827 WOODLAND DR

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

38 Make: KIA — 39 Model: SPO — 40 Color: BLK — 41 Year: 2021 — 42 Plate No.: J60NHL — 43 State: NJ

44 VIN: KNDPMCAC3M7883814 — 45 Expires: 01 24

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 9941753442061 — 55 NJ Ins. Code: 884

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

56 Driver's First Name: MORDECHAI — Initial: - — Last Name: GOLOVENZITZ - — 59 Sex: M

57 Number & Street: 845 WOODLAND DR

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

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

62 Driver's License Number: G62945630007762 — 63 DOB (mm dd yyyy): 07/10/1976 — 64 Expires (mm yy): 07 24

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

66 Number & Street: 845 WOODLAND DR

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

68 Make: KIA — 69 Model: 424 — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: T65MDZ — 73 State: NJ

74 VIN: KNDPMCAC6L7763679 — 75 Expires: 02 24

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	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	46	M	-	-	-	11	04	-	-	MORDECHAI - GOLOVENZITZ - 845 WOODLAND DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

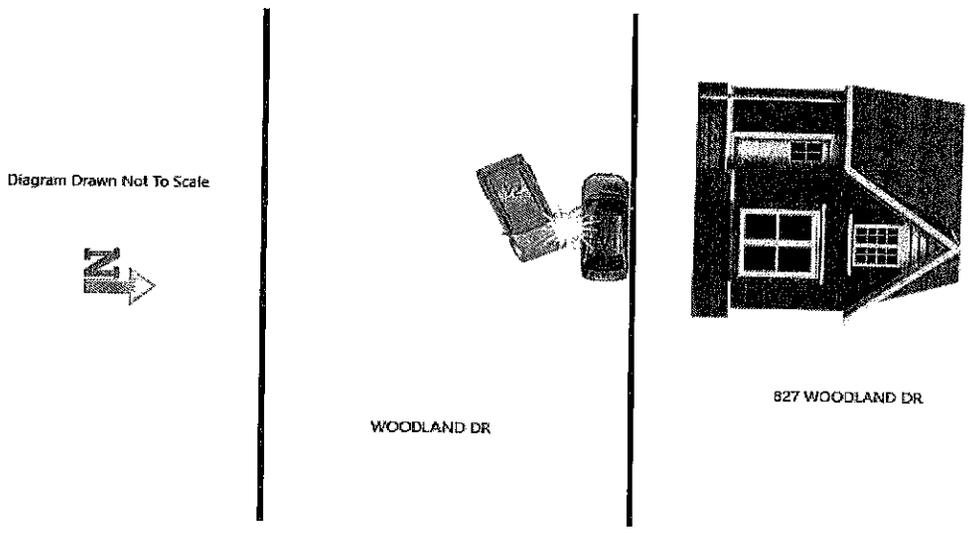
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066856

(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 owner of vehicle 1 stated while his vehicle was parked in front of 827 Woodland DR, vehicle 2 crashed into it.

The driver of vehicle 2 stated while he was going Eastbound on Woodland DR, he dropped hot food inside of his vehicle which caused him to panic and crash into vehicle 1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SORIANO J	352	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	01
103	01
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: 22-067017

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

3 Station/Precinct:

10 Crash Occurred On: NEW EGYPT RD | Dir: E | 11 Speed Limit: 45

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

☐ Feet ☐ N ☐ E of: PINE CIRCLE | 18 Speed Limit: 25

☐ 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): 08/25/22 | 5 Day Of Week: THURSDAY | 6 Time (use 2400 hrs): 1009 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 20 Route/Name | 21 Latitude: 40.089848 | 22 Longitude: -74.240957

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 281215135 | 25 NJ Ins. Code: 139

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

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

27 Number & Street: 11 GLEN AVE

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

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

32 Driver's License Number: S82261806108732 | 33 DOB (mm dd yyyy): 08/04/1973 | 34 Expires (mm yy): 08 26

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

36 Number & Street: 11 GLEN AVE

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

38 Make: TOYT | 39 Model: HIG | 40 Color: BLK | 41 Year: 2019 | 42 Plate No.: H57LPU | 43 State: NJ

44 VIN: 5TDJZRFH1KS605902 | 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.: 000000943474774 | 55 NJ Ins. Code: 012

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

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

57 Number & Street: 173 COLUMBUS AVE S

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

60 Eyes: 4 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ

62 Driver's License Number: K71667900006994 | 63 DOB (mm dd yyyy): 06/22/1999 | 64 Expires (mm yy): 06 24

65 Owner's First Name: ISRAEL | Initial: - | Last Name: KRAMER - ☐ Same As Driver

66 Number & Street: 1211 E 21ST

67 City: BROOKLYN | State: NY | Zip: 11210

68 Make: TOYT | 69 Model: AVA | 70 Color: - | 71 Year: 2015 | 72 Plate No.: EMC8393 | 73 State: NY

74 VIN: 4T1BK1EB1FU145466 | 75 Expires: 11 22

76 Vehicle Removed To: TILTON'S AUTO BODY ☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

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

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

Oper.	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	49	M	-	-	-	11	04	-	-	DOVID A STERN - 11 GLEN AVE LAKEWOOD NJ 08701
B	2	01	01	05	23	M	-	-	-	11	11	01	-	YOSEF - KRAMER - 173 COLUMBUS AVE S LAKEWOOD NJ 08701
C	2	06	01	05	16	M	-	-	-	11	04	-	-	NOSSON - ARNOLD - 148 ST NICHOLAS AVE LAKEWOOD NJ 08701
D	2	03	01	05		M	-	-	-	11	11	01	-	MENACHEM - KRAMER - 73 COLUMBUS AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Description

Police Dept: LAKEWOOD TOWNS **Code:** 01

Station: _____ **Case No.:** 22-067017

(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
2	04	01	05	20	M	-	-	-	11	04	-	-	AVROHOM - GOLDBERG 135 GLEN AVE S LAKEWOOD NJ 08701

NJTR-1 MultiOcc (8/11)

DELVALLE M
Officer's Signature

293
Badge Number

New Jersey Police Crash Investigation Report

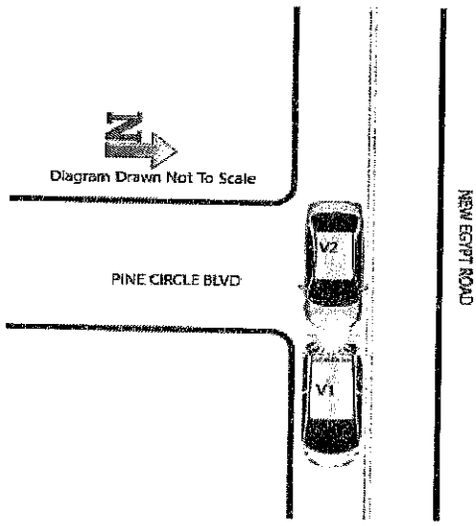
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-067017

(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 stopped in traffic on New Egypt Road (eastbound) at the intersection of Pine Circle when vehicle 2 travelling behind him in the same direction struck his vehicle.

Driver of vehicle 2 stated he was travelling eastbound on New Egypt Road behind vehicle 1 which was stopped in traffic on the same road. Driver of vehicle 2 explained when he attempted to stop his vehicle he struck vehicle 1 in the rear bumper.

Based on statements from involved parties and my observations at the scene and damage to the vehicles, I have determined that vehicle 2 is at fault due to driver inattention and failure to yield right of way to vehicle. No injuries were reported at the scene and no summonses were issued.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	PA	325	☐ 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	09
100a	01
100b	04
101	02
102	01
103	01
104	3
105	06
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	03

1 Case Number: 22-067047

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

3 Station/Precinct:

10 Crash Occurred On: 40 CHESTNUT ST — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost

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

11 Speed Limit: 15 — 18 Speed Limit

14 — 15 — 16 — 19 Ramp ☐ To ☐ From: — 17 Cross Road Name — 20 Route/Name — ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy): 08/25/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1324 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

21 Latitude: 40.052542 — 22 Longitude: -74.219197

118a	10
118b	02
119a	25
119b	-
120a	01
120b	-
121a	-
121b	-
122	13
123	10
124	11
125	11
126a	28
126b	28
126c	-
126d	-
126e	28
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	06
130	06
131	05
132	05
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1055706C0732A — 25 NJ Ins. Code: -

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

26 Driver's First Name: TOBY — Initial: - — Last Name: FISHMAN — 29 Sex: F

27 Number & Street: 1760 E12TH ST

28 City: BROOKLYN — State: NY — Zip: 11229

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

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 03/15/1951 — 34 Expires (mm yy): - -

35 Owner's First Name: ☐ Same As Driver TOBY — Initial: - — Last Name: FISHMAN

36 Number & Street: 1760 E12TH ST

37 City: BROOKLYN — State: NY — Zip: 11229

38 Make: HOND — 39 Model: ACC — 40 Color: TN — 41 Year: 2003 — 42 Plate No.: DUB6983 — 43 State: NY

44 VIN: 1HGCM56363A146192 — 45 Expires: 10 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.: 909957426 — 55 NJ Ins. Code: 054

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

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

65 Owner's First Name: ☐ Same As Driver DANIEL — Initial: H — Last Name: CZERMAK

66 Number & Street: 808 S LAKE DR

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

68 Make: VOLV — 69 Model: S60 - S6 — 70 Color: GRY — 71 Year: 2020 — 72 Plate No.: F30MHP — 73 State: NJ

74 VIN: 7JR102FK9LG060557 — 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	1	01	01	-	71	F	-	-	-	11	04	-	-	TOBY - FISHMAN - 1760 E12TH ST BROOKLYN NY 11229
B	1	01	01	-	74	M	-	-	-	11	04	-	-	JERUCHEM - FISHMAN - 1760 E 12TH ST BROOKLYN NY 11229
C														
D														

PAGE 2 OF 3 ☐ 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	3
105	06
106	-
107	-
108	04
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 22-067047

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/25/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1324

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 40 CHESTNUT ST — Road Name — Dir

☐ At Intersection With

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

11 Speed Limit: 15

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

14 — 15 — 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.052542

22 Longitude: -74.219197

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

Vehicle 1

23 Veh #: 3

24 Policy No.: 5129J016331

25 NJ Ins. Code: 917

☒ 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: YITZCHOK Initial: D Last Name: ZIMBERG

☐ Same As Driver

36 Number & Street: 6 STONEWALL CT

37 City: LAKEWOOD State: NJ Zip: 08701

38 Make: KIA 39 Model: SPO 40 Color: BLU 41 Year: 2021 42 Plate No.: T83NTG 43 State: NJ

44 VIN: KNDP6CAC5M7900123 45 Expires: 06 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 #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - State: - Zip: -

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

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

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

☐ Same As Driver

66 Number & Street: -

67 City: - State: - Zip: -

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

74 VIN: - 75 Expires: - -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

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

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

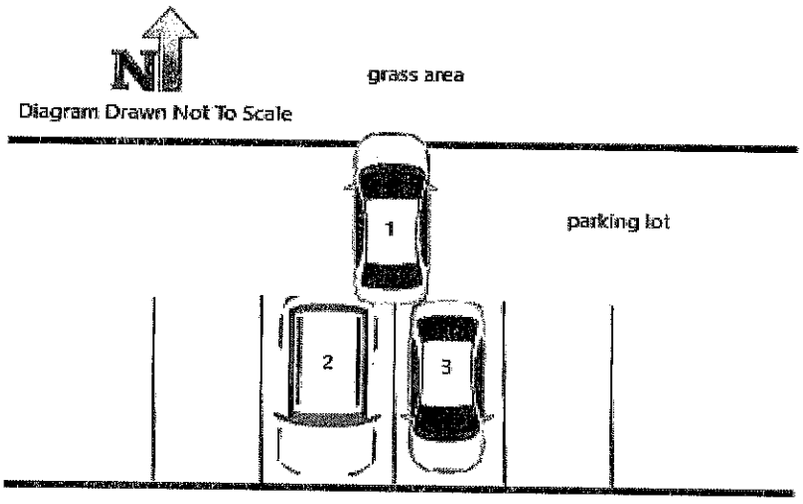
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-067047

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was parked on the grass North of the parking lot of 40 Chestnut facing North. Vehicle #2 was parked in a parking space in the parking lot of 40 Chestnut facing South. Vehicle #3 was also parked in a parking space in the parking lot of 40 Chestnut St. Vehicle #1 began backing out of the grass area into the parking lot, accelerated and struck vehicles 2 and 3. Driver #1 stated that as she was backing up, her vehicle was not going over a bump in the grass, she pressed the accelerator too hard and struck the vehicles. Driver #1 was backing unsafely causing the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRZEWOZNIK J	308	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	08
106	-
107	-
108	PCAI
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-067058

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/25/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1428

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 5TH ST — Road Name — Dir: -

☐ At Intersection With ☒ Feet ☐ Miles: 100 (14 15)

☐ N ☐ E ☐ S ☒ W of: LEXINGTON AVE (16)

11 Speed Limit: 35

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

18 Speed Limit: 35

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.095334

22 Longitude: -74.212756

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

Vehicle 1

23 Veh #: 1

24 Policy No.: 4540-57-35-91

25 NJ Ins. Code: 148

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

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

27 Number & Street: 7 RODEO COURT

28 City: HOWELL — State: NJ — Zip: 07731

30 Eyes: 01 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: S42975670005751

33 DOB (mm dd yyyy): 05/05/1975

34 Expires (mm yy): 05 23

35 Owner's First Name: HADASSAH — Initial: E — Last Name: SILBERSTEIN

☐ Same As Driver

36 Number & Street: 7 RODEO CT

37 City: HOWELL — State: NJ — Zip: 07731

38 Make: JEEP — 39 Model: GC — 40 Color: BLK — 41 Year: 2005 — 42 Plate No.: J23PGV — 43 State: NJ

44 VIN: 1J4HR48N25C579041

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.: 4494-22-21-12

55 NJ Ins. Code: 148

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

56 Driver's First Name: NECHAMA — Initial: L — Last Name: HARBATER — 59 Sex: F

57 Number & Street: 298 E COUNTY LINE RD

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: H05425847362894

63 DOB (mm dd yyyy): 12/07/1989

64 Expires (mm yy): 12 24

65 Owner's First Name: NISSON — Initial: - — Last Name: HARBATER

☐ Same As Driver

66 Number & Street: 298 E COUNTY LINE RD

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

68 Make: TOYT — 69 Model: SIE — 70 Color: GRY — 71 Year: 2018 — 72 Plate No.: W67PAL — 73 State: NJ

74 VIN: 5TDKZ3DC5JS922119

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	05	47	M	-	-	-	11	04	-	-	MOSHE - SILBERSTEIN - 7 RODEO COURT HOWELL NJ 07731 - -
B	1	03	01	05	21	M	-	-	-	11	04	-	-	AHRON - BRANDWEIN - 7 RODEO CT HOWELL NJ 07731 - -
C	1	06	01	05	14	M	-	-	-	11	04	-	-	SHMUEL - BRANDWEIN - 7 RODEO CT HOWELL NJ 07731 - -
D	2	01	01	05	32	F	-	-	-	11	04	-	-	NECHAMA L HARBATER - 298 E COUNTY LINE RD LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

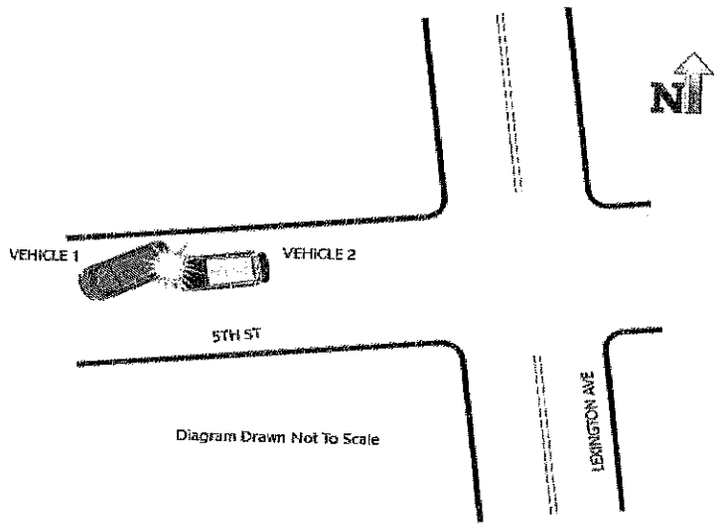
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-067058

(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	04	01	05	2	F	-	-	-	05	05	-	-	RUCHAMA - HARBATER - 298 E COUNTY LINE RD LAKEWOOD NJ 08701 - -
F	2	06	01	05	5	F	-	-	-	05	05	-	-	YOCHEVED - HARBATER - 298 E COUNTY LINE RD LAKEWOOD NJ 08701 - -
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated he was travelling east in reverse to park alongside the curb on 5th St when he struck Vehicle 2. Driver of Vehicle 1 stated he did not see Vehicle 2. Driver of Vehicle 2 stated she was travelling west on 5th St when she observed Vehicle 1 attempting to reverse east. Driver of Vehicle 2 began stopping her vehicle to allow Vehicle 1 to park along the curb when Vehicle 1 struck Vehicle 2.

Vehicle 1 sustained damages consisting of scratching and denting to the rear driver side bumper area. Vehicle 2 sustained damages consisting of scratching and denting to the front passenger bumper area.

From my investigation, I concluded that driver of Vehicle 1 was at fault for unsafe backing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	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	09
100a	01
100b	05
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	03
117	03

1 Case Number: 22-067061

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

3 Station/Precinct:

10 Crash Occurred On: 901 CEDARBRIDGE AVE; QUIC

☐ At Intersection With — Road Name — Dir

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

11 Speed Limit: -

12 Route No. - Suffix - 13 Milepost -

18 Speed Limit: -

14 15 16

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 08/25/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1444

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.075985

22 Longitude: -74.183268

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
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	07
132	07
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 4522-32-66-38

25 NJ Ins. Code: 148

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

26 Driver's First Name: DEVORA — Initial: A — Last Name: APPLEGRAD — 29 Sex: F

27 Number & Street: 37 NEWBERRY CT

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: A70921650055856

33 DOB (mm dd yyyy): 05/20/1985

34 Expires (mm yy): 05 23

35 Owner's First Name: AZRIEL — Initial: - — Last Name: APPLEGRAD

☐ Same As Driver

36 Number & Street: 37 NEWBERRY CT

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

38 Make: TOYT — 39 Model: CAM — 40 Color: GRY — 41 Year: 2017 — 42 Plate No.: V56MYR — 43 State: NJ

44 VIN: 4T1BF1FK8HU349767

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.: 4028-50-47-87

55 NJ Ins. Code: 148

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

56 Driver's First Name: AVROHOM — Initial: Y — Last Name: HIRSCH — 59 Sex: M

57 Number & Street: 290 MILLER RD

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

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

61 State: NJ

62 Driver's License Number: H46160718803982

63 DOB (mm dd yyyy): 03/27/1998

64 Expires (mm yy): 03 24

65 Owner's First Name: AVROHOM — Initial: Y — Last Name: HIRSCH

☐ Same As Driver

66 Number & Street: 290 MILLER RD

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

68 Make: TOYT — 69 Model: CAM — 70 Color: SIL — 71 Year: 2016 — 72 Plate No.: Z80NVC — 73 State: NJ

74 VIN: 4T4BF1FK2GR535633

75 Expires: 06 23

76 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☒ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☒ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ MC/MX ☒ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

Oper.	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	37	F	-	-	-	11	04	-	-	DEVORA A APPLEGRAD - 37 NEWBERRY CT LAKEWOOD NJ 08701
B	1	03	01	05	15	F	-	-	-	11	04	-	-	SARAH - APPLEGRAD - 37 NEWBERRY CT LAKEWOOD NJ 08701
C	1	06	01	05	4	M	-	-	-	11	04	-	-	AVIKA - APPLEGRAD - 37 NEWBERRY CT LAKEWOOD NJ 08701
D	2	01	01	05	24	M	-	-	-	11	04	-	-	AVROHOM Y HIRSCH - 290 MILLER RD LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

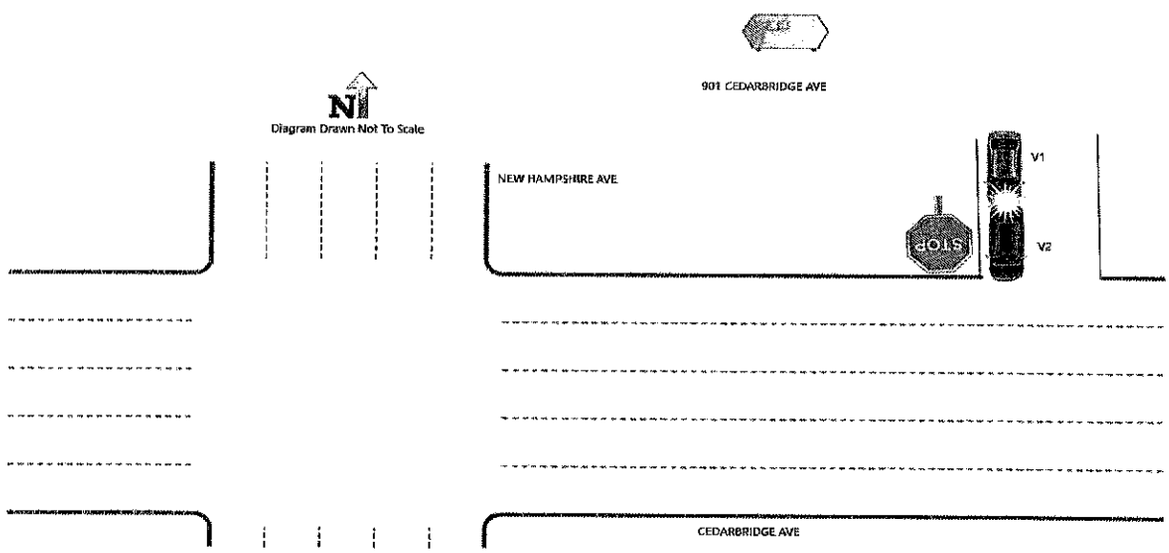
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-067061

(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

VEHICLES ONE AND TWO WERE TRAVELING SOUTH OUT OF THE PARKING LOT OF 901 CEDARBRIDGE AVENUE. VEHICLE TWO STOPPED AT THE STOP SIGN. DRIVER ONE STATED SHE WAS LOOKING EAST ON CEDARBRIDGE FOR TRAFFIC COMING. SHE STATED SHE BELIEVED VEHICLE TWO WAS ALREADY TRAVELING THROUGH THE STOP SIGN WHEN SHE LOOKED AWAY FROM THE ROADWAY AND STRUCK THE REAR OF VEHICLE TWO. DRIVER TWO STATED HE WAS STOPPED AT THE STOP SIGN WHEN VEHICLE ONE STRUCK THE REAR OF HIS VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR DRIVER INATTENTION. NO INJURIES WERE REPORTED. NO SUMMONS WERE ISSUED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	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	01
103	
104	4
105	11
106	01
107	-
108	25
109	03
110	02
111	02
112	-
113	05
114	03
115	-
116	03
117	04

1 Case Number: 22-067084

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

3 Station/Precinct:

10 Crash Occurred On: CEDARBRIDGE AVE (Road Name) — Dir:

☒ At Intersection With: AIRPORT RD

☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of:

11 Speed Limit: 40

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

18 Speed Limit: 35

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): 08/25/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1616

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.068772

22 Longitude: -74.167082

118a	99
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	01
124	04
125	04
126a	99
126b	-
126c	-
126d	-
126e	99
127a	52
127b	-
127c	-
127d	-
127e	52
128	99
129	13
130	17
131	12
132	12
133	01
134	02

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: KENNETH — Initial: E — Last Name: EGAN — 29 Sex: M

27 Number & Street: 488 GABLE CIR

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

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

31 State: NJ

32 Driver's License Number: E30624316512604

33 DOB (mm dd yyyy): 12/26/1960

34 Expires (mm yy): 12 26

35 Owner's First Name: ☐ Same As Driver ABF FREIGHT — Initial: - — Last Name: SYSTEM INC -

36 Number & Street: 3801 OLD GREENWOOD RD

37 City: FORT SMITH — State: AR — Zip: 72903

38 Make: MACK — 39 Model: TT — 40 Color: GRN — 41 Year: 2018 — 42 Plate No.: 3BB157 — 43 State: OK

44 VIN: 1M1AW01X8JM010574 — 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 082866 ☐ 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: ABF FREIGHT SYSTEM INC

Number & Street: 1117 E GRAND BLVD

City: OKLAHOMA CITY — State: OK — Zip: 73129

Vehicle 2

53 Veh #: 2

54 Policy No.: AS2-661-067016-022

55 NJ Ins. Code: 182

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

56 Driver's First Name: PAUL — Initial: E — Last Name: BRADLEY — 59 Sex: M

57 Number & Street: 5 EISELE AVE

58 City: OCEANTOWNSHIP — State: NJ — Zip: 07712

60 Eyes: 5 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: B71396196504655

63 DOB (mm dd yyyy): 04/09/1965

64 Expires (mm yy): 04 26

65 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: GEM AMBULANCE L -

66 Number & Street: PO BOX 5

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

68 Make: FORD — 69 Model: ECO — 70 Color: WHI — 71 Year: 2014 — 72 Plate No.: OA6058 — 73 State: NJ

74 VIN: 1FDSS3EL5EDA67812 — 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

JCPL POLE #JC3444LD, COUNTY TRAFFIC LIGHT FOR WESTBOUND TRAFFIC ON CEDARBRIDGE

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	61	M	-	-	-	11	04	-	-	KENNETH E EGAN - 488 GABLE CIR MANCHESTER NJ 08759
B	2	01	01	05	57	M	-	-	-	11	04	-	-	PAUL E BRADLEY - 5 EISELE AVE OCEANTOWNSHI NJ 07712
C	2	03	01	05	60	M	-	-	-	11	04	-	-	ALEX - BOGOPOLSKY - 29 WESTPORT DRIVE WHITING NJ 08759
D	3	01	01	05	30	M	-	-	-	11	04	-	-	JUSTIN P ROMAIRE - 219 COLONIAL DR BRICK NJ 08724

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-067084
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)	08/25/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1616
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	CEDARBRIDGE AVE
		Road Name	
		Dir	
		11 Speed Limit	40
		12 Route No.	0528
		Suffix	-
		13 Milepost	-
		14 ☒ At Intersection With	
		15 ☐ Feet ☐ Miles	
		16 ☐ N ☐ E ☐ S ☐ W of:	AIRPORT RD
		17 Cross Road Name	-
		18 Speed Limit	35
		19 Ramp ☐ To ☐ From:	
		20 Route/Name	
		☐ NB ☐ EB ☐ SB ☐ WB	
		21 Latitude	40.068772
		22 Longitude	-74.167082
118a	25		
118b	-		
119a	25		
119b	-		

100b	04	23 Veh #	3
101	02	24 Policy No.	929814520
		25 NJ Ins. Code	134
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	JUSTIN
		Initial	P
		Last Name	ROMAIRE
		29 Sex	M
103		27 Number & Street	219 COLONIAL DR
104	4	28 City	BRICK
		State	NJ
		Zip	08724
		30 Eyes	5
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	11	32 Driver's License Number	R63234237708915
		33 DOB (mm dd yyyy)	08/27/1991
		34 Expires (mm yy)	08 23
106	-	35 Owner's ☐ Same As Driver First Name	REBECCA
		Initial	A
		Last Name	ROMAIRE
107	-	36 Number & Street	219 COLONIAL DR
108	01	37 City	BRICK
		State	NJ
		Zip	08724
109	01	38 Make	VOLK
		39 Model	JET - JE
		40 Color	GRY
		41 Year	2015
		42 Plate No.	S23MJK
		43 State	NJ
110	01	44 VIN	3VWLA7AJXFM251086
		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	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	-

53 Veh #	4	54 Policy No.	4303-47-60-73
		55 NJ Ins. Code	148
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	DAVID	Initial	J
		Last Name	KAY
		59 Sex	M
57 Number & Street	746 CENTER ST		
58 City	FORKED RIVER		
State	NJ		
Zip	08731		
60 Eyes	2		
DL Class	D		
Restrictions	-		
Endorsements	-		
61 State	NJ		
62 Driver's License Number	K09521567105812		
63 DOB (mm dd yyyy)	05/27/1981		
64 Expires (mm yy)	05 24		
65 Owner's ☐ Same As Driver First Name	JESSICA	Initial	L
		Last Name	KAY
66 Number & Street	746 CENTER STREET		
67 City	FORKED RIVER		
State	NJ		
Zip	08731		
68 Make	GMC		
69 Model	YUK		
70 Color	BLK		
71 Year	2022		
72 Plate No.	R85FDK		
73 State	NJ		
74 VIN	1GKS2HKL8NR278547		
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	-		

118a	25	
118b	-	
119a	25	
119b	-	
120a	01	
120b	-	
121a	01	
121b	-	
122	01	
123	01	
124	04	
125	04	
126a	99	
126b	-	
126c	-	
126d	-	
126e	99	
127a	99	
127b	-	
127c	-	
127d	-	
127e	99	
128	99	
129	99	
130	99	
131	13	
132	13	
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.
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	-	-	DAVID J KAY - 746 CENTER ST FORKED RIVER NJ 08731
B														
C														
D														

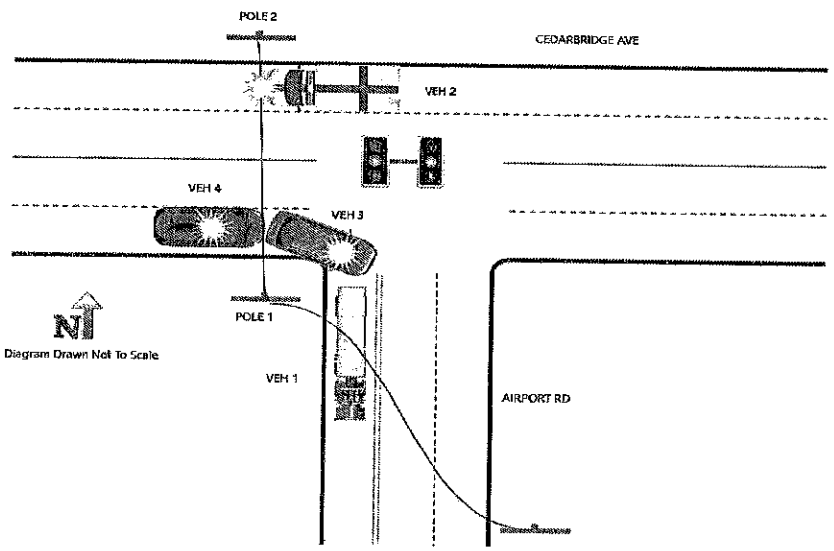
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-067084

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLE ONE IS SELF INSURED THROUGH ABF FREIGHT SYSTEM INC. 3801 OLD GREENWOOD ROAD, FORT SMITH, ARIZONA, 72903. EXPIRATION 12/31/2022.

TRAILER ONE INFORMATION: REGISTRATION 3598KB. VIN 1GRAA0621FK245998. 2015 GDAN VAN. EXPIRATION 12/31/2022.

VEHICLE ONE WAS TRAVELING EAST ON CEDARBRIDGE AVENUE. VEHICLE ONE TURNED RIGHT TO TRAVEL SOUTH ON AIRPORT ROAD. WHILE TURNING VEHICLE ONE STRUCK A LOW HANGING WIRE, WHICH EITHER CAUGHT THE CAB OR THE TRAILER OF VEHICLE ONE. THE WIRE PULLED POLE ONE WHICH IN TURN PULLED POLE TWO. POLE TWO STRUCK VEHICLE TWO CAUSING DAMAGE TO THE FRONT BUMPER. POLE TWO STRUCK A TRAFFIC SIGNAL AT THE INTERSECTION WHICH DROPPED ON TOP OF VEHICLE 4. OTHER WIRES FROM THE COLLISION FELL ON VEHICLE THREE RESULTING IN A CRACKED WINDSHEILD.

DRIVER ONE STATED HIS VEHICLE CAUGHT A LOW HANGING WIRE WHICH RESULTED IN THE ACCIDENT. DRIVER TWO STATED HE WAS TRAVELING WEST ON CEDARBRIDGE WHEN A POLE WAS PULLED ACCROSS THE INTERSECTION AND STRUCK HIS VEHICLE. DRIVER THREE STATED HE WAS TRAVELING EAST ON CEDARBRIDGE AVENUE WHEN HE SAW VEHICLE ONE STRIKE A WIRE WHICH RESULTED IN WIRES FALLING ON HIS VEHICLE AND CRACKING HIS WINDSHEILD. DRIVER FOUR STATED HE WAS TRAVELING EAST ON CEDARBRIDGE WHEN VEHICLE THREE STOPPED DUE TO VEHICLE ONE STRIKING LOW HANGING WIRES. HE STATED THE COLLISION CAUSED A TRAFFIC SIGNAL TO FALL ON HIS VEHICLE CAUSING DAMAGE.

DUE TO MY INVESTIGATION, THE COLLISION WAS CAUSED DUE TO LOW HANGING WIRES ACCROSS AIRPORT ROAD. NO INJURIES WERE REPORTED. NO SUMMONS WERE ISSUED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SOLOMON A	380	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	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	03
109	01
110	02
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 22-067107

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/25/22

5 Day Of Week: THURSDAY

6 Time (use 2400 hrs): 1813

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: STATE HWY 70 W — Dir: W

☐ At Intersection With — Road Name

☒ Feet ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☐ S ☒ W of: SHORROCK ST

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.055668

22 Longitude: -74.161018

11 Speed Limit: 50

12 Route No.: 0070 — Suffix: -

13 Milepost

18 Speed Limit: 40

118a	09
118b	-
119a	25
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	01
130	01
131	05
132	05
133	01
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 2901C2419

25 NJ Ins. Code: 088

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

26 Driver's First Name: ALEXIS — Initial: - — Last Name: IBARRA GONZALEZ -

29 Sex: M

27 Number & Street: 219 JACKSON PINES RD

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

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

31 State: -

32 Driver's License Number: -

33 DOB (mm dd yyyy): 04/22/1999

34 Expires (mm yy): - -

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: GAGA PAINTING LL -

36 Number & Street: 187 E 4TH ST

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

38 Make: FORD — 39 Model: ECO — 40 Color: WHI — 41 Year: 2006 — 42 Plate No.: XANA72 — 43 State: NJ

44 VIN: 1FTRE14W36DA06857

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: GAGA PAINTING LLC

Number & Street: 159 MAINE ST

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

Vehicle 2

53 Veh #: 2

54 Policy No.: F2263135

55 NJ Ins. Code: 426

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

56 Driver's First Name: DAVID — Initial: C — Last Name: MANFRA -

59 Sex: M

57 Number & Street: 64 RED MAPLE DR

58 City: BRICK — State: NJ — Zip: 08724

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

61 State: NJ

62 Driver's License Number: M04181566312782

63 DOB (mm dd yyyy): 12/13/1978

64 Expires (mm yy): 12 24

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

66 Number & Street: 64 RED MAPLE DR

67 City: BRICK — State: NJ — Zip: 08724

68 Make: NISS — 69 Model: ALT - AL — 70 Color: BLK — 71 Year: 2018 — 72 Plate No.: X33MBM — 73 State: NJ

74 VIN: 1N4AL3AP9JC150767

75 Expires: 12 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	1514-A-292399	-		-

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	04	-	-	ALEXIS - IBARRA GONZALEZ - 219 JACKSON PINES RD JACKSON NJ 08527
B	02	01	01	05	43	M	-	-	-	11	04	-	-	DAVID C MANFRA - 64 RED MAPLE DR BRICK NJ 08724
C														
D														

New Jersey Police Crash Investigation Report

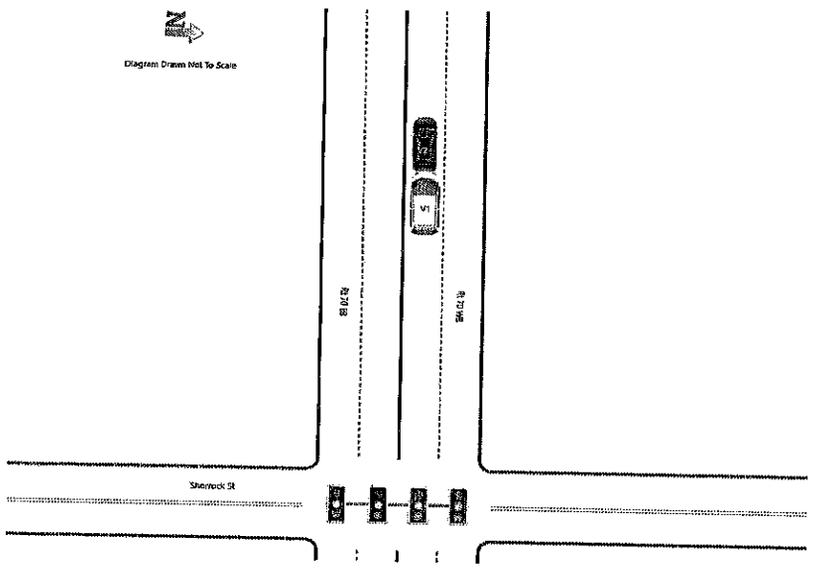
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-067107

(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 in stop and go traffic on State Hwy 70 Westbound. He stated that he did not see the vehicle in front of him, vehicle 2, come to a complete stop. He was slowing down but struck the rear of vehicle 2.

Driver of vehicle 2 was stopped in stop and go traffic on State Hwy 70 Westbound. He stated that he was in the left lane and was at a complete stop where he was ultimately struck from the rear from vehicle 1.

After my investigation, I determined that driver of vehicle 1 is at fault for following too closely. Vehicle 1 sustained no damage to the vehicle. Vehicle 2 sustained moderate damage to the rear corner passenger side bumper and trunk, causing Driver of vehicle 1 to use tape to keep the trunk closed. Driver of vehicle 1 was issued a summons for Unlicensed Driver 39:3-10 and awaited for a licensed driver to take the vehicle. Both vehicle 1 and vehicle 2 were able to drive from the scene. No injuries reported at the time of the accident.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	-	1 Case Number	22-067109
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)	08/25/22
100a	01	5 Day Of Week	THURSDAY
		6 Time (use 2400 hrs)	1823
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
100b	04	10 Crash Occurred On:	6TH ST
		☒ At Intersection With	Road Name: MONMOUTH AVE
		☐ Feet ☐ N ☐ E of:	Dir
		☐ Miles ☐ S ☐ W	14 15 16
		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	40.096556
		22 Longitude	-74.210937
101	02	23 Veh #	1
		24 Policy No.	4508-44-66-08
		25 NJ Ins. Code	100
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
102	01	26 Driver's First Name	MINDEL
		Initial	-
		Last Name	ARON -
		29 Sex	F
103	01	27 Number & Street	118 COLES WAY
104	2	28 City	LAKEWOOD
		State	NJ
		Zip	08701
		30 Eyes	4
		DL Class	D
		Restrictions	-
		Endorsements	-
		31 State	NJ
105	03	32 Driver's License Number	A75435550058954
		33 DOB (mm dd yyyy)	08/09/1995
		34 Expires (mm yy)	08 25
106	-	35 Owner's ☐ Same As Driver	MINDEL
		Initial	-
		Last Name	ARON -
107	-	36 Number & Street	118 COLES WAY
108	01	37 City	LAKEWOOD
		State	NJ
		Zip	08701
109	01	38 Make	TOYT
		39 Model	CAM
		40 Color	1
		41 Year	2012
		42 Plate No.	S64JHE
		43 State	NJ
110	01	44 VIN	4T4BF1FK9CR269201
		45 Expires	09 23
111	01	46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
112	-	47 Authority	☐ Owner ☐ Driver ☐ Police
113	-	48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
114	-	49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
115	-	50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
116	03	51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
117	04	52 Motor Carrier or Government Entity	
		Number & Street	
		City	
		State	
		Zip	
118a	25	53 Veh #	2
		54 Policy No.	900929921
		55 NJ Ins. Code	
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
118b	-	56 Driver's First Name	ELI
		Initial	-
		Last Name	GOLDBERGER -
		59 Sex	M
119a	04	57 Number & Street	2160 83RD ST
119b	-	58 City	BROOKLYN
		State	NY
		Zip	11214
120a	01	60 Eyes	2
		DL Class	-
		Restrictions	-
		Endorsements	-
		61 State	NY
120b	-	62 Driver's License Number	314013294
		63 DOB (mm dd yyyy)	01/07/2003
		64 Expires (mm yy)	01 27
121a	01	65 Owner's ☐ Same As Driver	YECHESKEL
		Initial	-
		Last Name	HERSKOWITZ -
121b	-	66 Number & Street	665 PRINCETON AVE
122	01	67 City	LAKEWOOD
		State	NJ
		Zip	08701
123	01	68 Make	TOYT
		69 Model	CAM
		70 Color	SIL
		71 Year	2003
		72 Plate No.	X98AGT
		73 State	NJ
124	04	74 VIN	4T1BE32K13U745410
		75 Expires	11 22
125	08	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
126a	26	77 Authority	☐ Owner ☐ Driver ☐ Police
126b	-	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
126c	-	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
126d	-	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
126e	26	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
127a	26	82 Motor Carrier or Government Entity	
127b	-	Number & Street	
127c	-	City	
		State	
		Zip	
127d	-	135 Damage To Other Property	☐ Yes (If Yes, describe) ☒ No
127e	26	Oper. 1	
		136 Charge	
		137 Summons. No.	N/A
		Oper. 2	
		138 Charge	
		139 Summons. No.	N/A
128	26	Oper.	
		140 Charge	
		141 Summons. No.	
		Oper.	
		142 Charge	
		143 Summons. No.	
129	09		
130	09		
131	12		
132	12		
133	03		
134	02		

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	27	F	-	-	-	11	04	-	-	MINDEL - ARON - 118 COLES WAY LAKEWOOD NJ 08701
B	2	01	01	05	19	M	-	-	-	11	04	-	-	ELI - GOLDBERGER - 2160 83RD ST BROOKLYN NY 11214
C														
D														

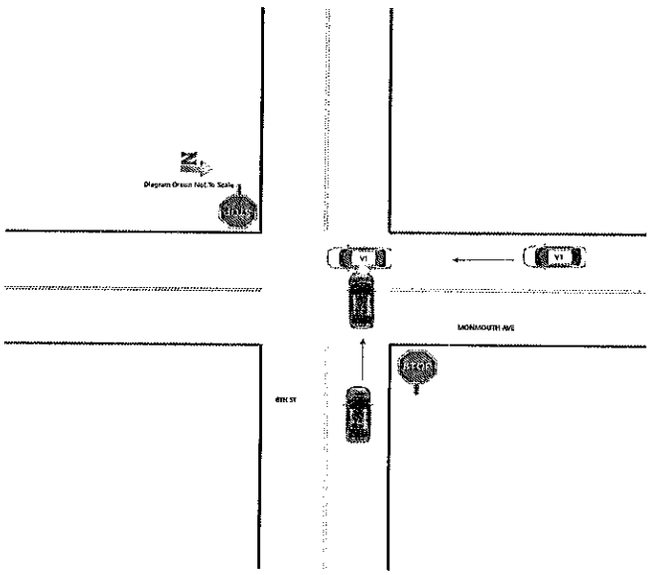
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-067109

(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 #1 was travelling South on Monmouth Avenue going straight ahead. Vehicle #2 was travelling West on 6th Street approaching a stop sign. As Vehicle #1 was crossing the intersection, Vehicle #2 was crossing through the stop sign and crashed into Vehicle #1. Vehicle #1 sustained dents and scratches to the middle driver side of the vehicle. Vehicle #2 sustained scratches to the front fender. There were no reports of injuries.

Driver 1 stated she was travelling South on Monmouth Avenue going straight ahead. Vehicle #2 was travelling West on 6th Street and went though the stop sign crashing into her.

Driver 2 stated he was at the stop sign facing West on 6th Street. Vehicle #1 then stopped in the middle of the intersection. He believed she was allowing him to proceed through. As Driver 2 proceeded forward, Vehicle #1 also proceeded forward and the two vehicles collided.

My investigation finds Vehicle #2 to be at fault for not yielding right of way to traffic.

Vehicle #2 insurance info:
Amica Insurance Company
2 Walnut Grove Dr #230
Horsham, PA 19044
Phone: 800-242-6422

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	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	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	03

1 Case Number: 22-067110

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

3 Station/Precinct: -

10 Crash Occurred On: 485 OBERLIN AVE S; GLASSEA - Dir

☐ At Intersection With Road Name

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

14 15 16

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

18 Speed Limit: -

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: -

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.069238 — 22 Longitude: -74.185269

4 Date of Crash (mm dd yy): 08/25/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1828 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	01
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	01
132	01
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939 065 020 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: MALKA — Initial: - — Last Name: STORCH - — 29 Sex: F

27 Number & Street: 202 HUDSON ST

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

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

32 Driver's License Number: S83075130051664 — 33 DOB (mm dd yyyy): 01/25/1966 — 34 Expires (mm yy): 01 25

35 Owner's ☐ Same As Driver — First Name: BENJAMIN — Initial: I — Last Name: STORCH -

36 Number & Street: 202 HUDSON ST

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

38 Make: TOYT — 39 Model: CAM - CA — 40 Color: BLK — 41 Year: 2011 — 42 Plate No.: M30KYT — 43 State: NJ

44 VIN: 4T4BF3EK9BR171037 — 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.: 939 934 629 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: SHOSHANA — Initial: R — Last Name: FARHI - — 59 Sex: F

57 Number & Street: 122 DANIEL DR

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

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

62 Driver's License Number: F05897097953872 — 63 DOB (mm dd yyyy): 03/17/1987 — 64 Expires (mm yy): 03 25

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

66 Number & Street: 122 DANIEL DR

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

68 Make: HOND — 69 Model: ODY — 70 Color: GRY — 71 Year: 2019 — 72 Plate No.: W78LUJ — 73 State: NJ

74 VIN: 5FNRL6H77KB130574 — 75 Expires: 09 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	56	F	-	-	-	11	04	-	-	MALKA - STORCH - 202 HUDSON ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	35	F	-	-	-	11	04	-	-	SHOSHANA R FARHI - 122 DANIEL DR LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-067110

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

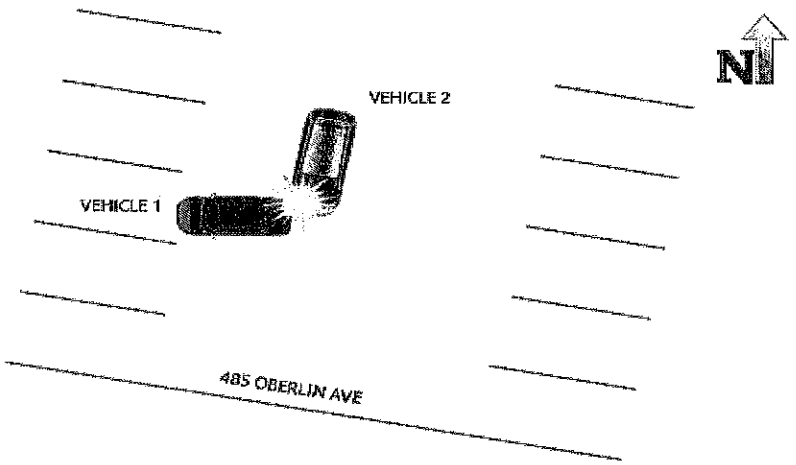


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of Vehicle 1 stated she was backing out of a parking space (reversing east) when she struck Vehicle 2. Driver of Vehicle 1 did not observe Vehicle 2 prior to the accident. Driver of Vehicle 2 stated she was travelling south when Vehicle 1 backed out of a parking space and struck her vehicle.

Vehicle 1 sustained damages consisting of scratching and denting to the rear passenger side bumper and partial removal of panel. Vehicle 2 sustained damages consisting of scratching and denting to the front passenger side bumper and partial removal of panel.

From my investigation, I concluded that driver of Vehicle 1 was at fault for unsafe backing.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	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	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	03

1 Case Number: 22-065297

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: 30 | 12 Route No.: 0006 | Suffix | 13 Milepost

☒ At Intersection With ☐ Feet ☐ Miles (14) ☐ N ☐ E ☐ S ☐ W (15) of: PRINCETON AVE (16) | 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): 08/18/22 | 5 Day Of Week: THURSDAY | 6 Time (use 2400 hrs): 1620 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1 | 21 Latitude: 40.106292 | 22 Longitude: -74.210494

118a	25
118b	-
119a	04
119b	-
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	05
130	05
131	12
132	12
133	04
134	03

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 939 540 844 | 25 NJ Ins. Code: 054

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

26 Driver's First Name: SARA | Initial: - | Last Name: BERGER - | 29 Sex: F

27 Number & Street: 419 2ND ST

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

30 Eyes: 2 | DL Class: I | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: B26846910057032 | 33 DOB (mm dd yyyy): 07/07/2003 | 34 Expires (mm yy): 12 22

35 Owner's: ☐ Same As Driver | First Name: ZIPORAH | Initial: T | Last Name: BERGER -

36 Number & Street: 419 2ND ST

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

38 Make: TOYT | 39 Model: SIE | 40 Color: GRY | 41 Year: 2020 | 42 Plate No.: C95MYC | 43 State: NJ

44 VIN: 5TDDZ3DC0LS233617 | 45 Expires: 10 24

46 Vehicle Removed To: HEISHY 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.: G00 99770396 0 | 55 NJ Ins. Code: 392

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

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

57 Number & Street: 206 COVENTRY DR

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

60 Eyes: 2 | DL Class: - | Restrictions: - | Endorsements: - | 61 State: -

62 Driver's License Number: - | 63 DOB (mm dd yyyy): 03/05/1987 | 64 Expires (mm yy): - -

65 Owner's: ☐ Same As Driver | First Name: EBERTO | Initial: C | Last Name: TORRES-AGUILAR -

66 Number & Street: 465 PIEL AVE.

67 City: BRICK | State: NJ | Zip: 08723

68 Make: CHRY | 69 Model: TC | 70 Color: GRY | 71 Year: 2013 | 72 Plate No.: N40PHK | 73 State: NJ

74 VIN: 2C4RC1BG5DR705628 | 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.

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
A	1	01	01	05	19	F	-	-	-	11	04	-	-	SARA - BERGER - 419 2ND ST LAKEWOOD NJ 08701
B	2	01	01	03	35	M	06	08	02	11	04	-	6502	JOEL - BUENO - 206 COVENTRY DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-065297

(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
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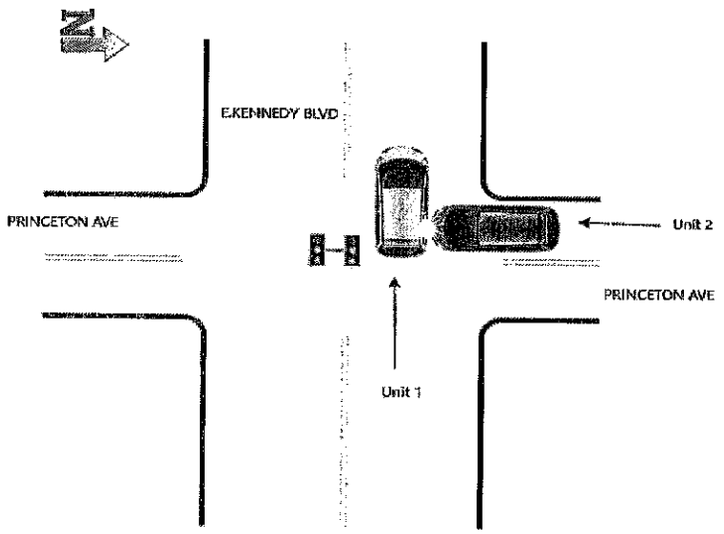
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER #1 STATED THAT SHE WAS TRAVELING WEST ON E. KENNEDY BOULEVARD, WHEN VEHICLE #2 PULLED OUT FROM PRINCETON AVENUE CAUSING BOTH VEHICLES TO COLLIDE. DRIVER #1 STATED THAT SHE WAS UNSURE IF THE TRAFFIC LIGHT WAS GREEN OR RED. DRIVER #2 STATED THAT HE WAS TRAVELING SOUTH ON PRINCETON AVENUE AND COLLIDED WITH VEHICLE #1 WHICH WAS TRAVELING WEST ON E. KENNEDY BOULEVARD.

DRIVER #2 STATED THAT THE TRAFFIC LIGHT WAS GREEN. DRIVER #2 WAS TRANSPORTED TO THE HOSPITAL FOR FURTHER TREATMENT. WITNESS STATED THAT HE WAS TRAVELING EAST ON E. KENNEDY BOULEVARD AND SAW VEHICLE #2 PULLED OUT FROM PRINCETON AVENUE CAUSING A COLLISION. THE WITNESS HAD THE GREEN LIGHT WHEN HE WAS TRAVELING EAST ON E. KENNEDY BOULEVARD.

DUE TO THE WITNESS STATEMENT, I MADE A DETERMINATION THAT DRIVER #1 HAD THE RIGHT OF WAY THEREFORE, DRIVER #2 WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	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: 09 | 100a: 01 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 2 | 105: 08 | 106: - | 107: - | 108: 01 | 109: 20 | 110: 01 | 111: 02 | 112: - | 113: 01 | 114: - | 115: 03 | 116: 04 | 117: 01

1 Case Number: 22-065523

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

3 Station/Precinct:

10 Crash Occurred On: 575 PROSPECT ST;230D

☐ At Intersection With | Road Name | Dir

☐ Feet ☐ N ☐ E of:

☐ Miles ☐ S ☐ W

11 Speed Limit: 15

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

14 | 15 | 16

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.075013

22 Longitude: -74.228836

4 Date of Crash (mm dd yy): 08/19/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1054

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a: 02 | 118b: - | 119a: 02 | 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: 07 | 130: 07 | 131: 02 | 132: 02 | 133: 02 | 134: 02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4311340154

25 NJ Ins. Code: 100

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

26 Driver's First Name: SHOSHANA | Initial: - | Last Name: KITAY -

29 Sex: F

27 Number & Street: 21 7TH ST

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

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

31 State: NJ

32 Driver's License Number: K46897090056934

33 DOB (mm dd yyyy): 06/15/1993

34 Expires (mm yy): 06 23

35 Owner's First Name: LS | Initial: C | Last Name: AHOLD ECOMMERC-

☐ Same As Driver

36 Number & Street: 255 ROUTES 1&9

37 City: JERSEY CITY | State: NJ | Zip: 07306

38 Make: HINO | 39 Model: 195 | 40 Color: WHI | 41 Year: 2019 | 42 Plate No.: XLWS17 | 43 State: NJ

44 VIN: JHHGDM2H1KK001594

45 Expires: 02 23

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City | State | Zip

Vehicle 2

53 Veh #: 2

54 Policy No.: ISAH25549843

55 NJ Ins. Code: 487

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

56 Driver's First Name: SCOTT | Initial: M | Last Name: GLIEDEN -

59 Sex: M

57 Number & Street: 1 SILVER CT

58 City: BAYVILLE | State: NJ | Zip: 08721

60 Eyes: 4 | DL Class: A | Restrictions: - | Endorsements: -

61 State: NJ

62 Driver's License Number: G53476947410904

63 DOB (mm dd yyyy): 10/09/1990

64 Expires (mm yy): 10 24

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

☐ Same As Driver

66 Number & Street: 21 7TH ST

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

68 Make: NISS | 69 Model: MUR - MU | 70 Color: 4 | 71 Year: 2019 | 72 Plate No.: A62LTA | 73 State: NJ

74 VIN: 5N1AZ2MS5KN149765

75 Expires: 09 22

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City | State | Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	29	F	-	-	-	11	04	-	-	SHOSHANA - KITAY - 21 7TH ST LAKEWOOD NJ 08701
B	02	01	01	05	31	M	-	-	-	11	04	-	-	SCOTT M GLIEDEN - 1 SILVER CT BAYVILLE NJ 08721
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

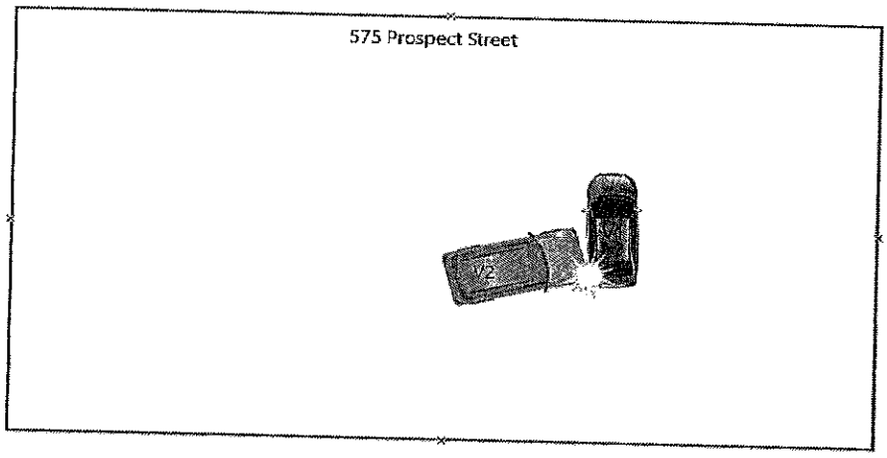
Station: _____ Case No: 22-065523

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver of vehicle 1 stated she was driving west in the parking lot of 575 Prospect Street. Driver of vehicle 1 stated there was a box truck driving slow in the parking lot. Driver of vehicle 1 stated she went around the box truck in the proper driving lane. Driver of vehicle 1 stated vehicle 2 struck the rear driver side causing minor damage to vehicle 1. Driver of vehicle 1 had no complain of pain.

Driver of vehicle 2 stated he was in the process of backing his box truck up to the business located at 575 Prospect Street 230D when vehicle 1 attempted to go around him. Driver of vehicle 2 stated as he was backing in vehicle 1 struck the front passenger side of vehicle 2 causing minor damage. Driver of vehicle 2 had no complaint of pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ORTIZ, K	377	DTWORKOSKI	249	☐ 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	04
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	02

1 Case Number: 22-064974

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

3 Station/Precinct:

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

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

☐ Feet ☐ N ☐ E of: AIRPORT RD — 18 Speed Limit: 40

☐ 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): 08/17/22 — 5 Day Of Week: WEDNESDAY — 6 Time (use 2400 hrs): 1218 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 20 Route/Name: — 21 Latitude: 40.068066 — 22 Longitude: -74.167587

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

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939446738 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: HERBERT — Initial: E — Last Name: SILBER — 29 Sex: M

27 Number & Street: 414 CHATHAM CT

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

30 Eyes: 05 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S42973266508335 — 33 DOB (mm dd yyyy): 08/04/1933 — 34 Expires (mm yy): 08 26

35 Owner's ☐ Same As Driver — First Name: HERBERT — Initial: E — Last Name: SILBER

36 Number & Street: 414 CHATHAM CT

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

38 Make: KIA — 39 Model: K5 — 40 Color: BGE — 41 Year: 2022 — 42 Plate No.: 2221HH — 43 State: NJ

44 VIN: 5XXG34J23NG098833 — 45 Expires: 08 24

46 Vehicle Removed To:

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 1284072C2630A — 55 NJ Ins. Code: 639

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

56 Driver's First Name: RASHON — Initial: G — Last Name: TAYLOR — 59 Sex: M

57 Number & Street: 2104 ALPINE TRAIL

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

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

62 Driver's License Number: T09646426701842 — 63 DOB (mm dd yyyy): 01/18/1984 — 64 Expires (mm yy): 01 26

65 Owner's ☐ Same As Driver — First Name: RASHON — Initial: G — Last Name: TAYLOR

66 Number & Street: 2104 ALPINE TRAIL

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

68 Make: NISS — 69 Model: ALT - AL — 70 Color: MAR — 71 Year: 2018 — 72 Plate No.: X62LNK — 73 State: NJ

74 VIN: 1N4AL3AP1JC176019 — 75 Expires: 07 23

76 Vehicle Removed To: MOSHES TOWING

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-97	A295092			

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	89	M	-	-	-	04	00	-	-	HERBERT E SILBER - 414 CHATHAM CT LAKEWOOD NJ 08701
B	02	01	01	05	38	M	-	-	-	04	00	02	-	RASHON G TAYLOR - 2104 ALPINE TRAIL NEPTUNE NJ 07753
C	02	04	01	05	9	M	-	-	-	04	00	02	-	JORDAN - TAYLOR - 2104 ALPINE TR NEPTUNE NJ 07753
D														

New Jersey Police Crash Investigation Report

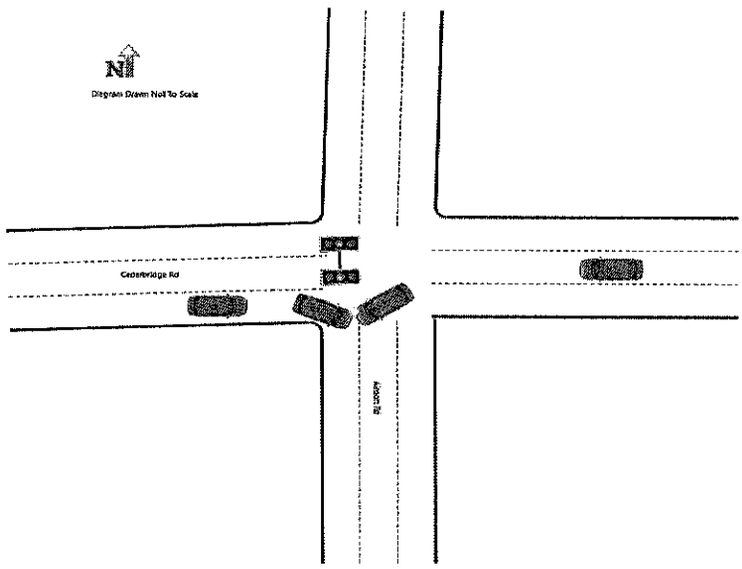
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-064974

(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

I responded to a two car motor vehicle accident at the intersection of Cedarbridge Ave and Airport Rd. I made contact with the driver of vehicle two (V2) and he stated that he was traveling East bound on Cedarbridge Ave and approaching Airport Rd. He stated as he was making a right onto Airport Rd V1 was traveling West bound on Cedarbridge Ave and attempted to make a left onto Airport Rd and V1 struck V2. Air bag deployment was observed on the driver side of V2.
I spoke with the driver of V1 and he said he had a green light to turn left onto Airport Rd and while he was in the intersection the light turned amber. The driver of V1 advised me that V2 sped up to beat the red light.
I spoke with a witness on scene and he stated that he was two cars behind V1 and that the traffic light was already red when V1 made a left turn and struck V2.
No injuries were reported. V1 had moderate damage to the front right side of his vehicle and V2 had disabling damage to the drivers front side of his vehicle. Moshes Towing responded and towed V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	04
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	04
109	01
110	03
111	01
112	02
113	-
114	-
115	-
116	01
117	03

1 Case Number: 22-063694

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code:

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/12/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0945

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☒ S ☐ W — 16

of: ROUTE 70

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name

21 Latitude: -

22 Longitude: -

11 Speed Limit: 40

12 Route No.: -

Suffix: -

13 Milepost: -

18 Speed Limit: 50

☐ NB ☐ EB ☐ SB ☐ WB

23 Veh #: 1

24 Policy No.: *

25 NJ Ins. Code:

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

26 Driver's First Name: JOSEPH — Initial: E — Last Name: PREBISH — 29 Sex: PTL M

27 Number & Street: 231 3RD ST; HQ

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

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

32 Driver's License Number: P72894106503754

33 DOB (mm dd yyyy): 03/14/1975

34 Expires (mm yy): 03 24

35 Owner's First Name: - — Initial: - — Last Name: LAKEWOOD TOWN!-

☐ Same As Driver

36 Number & Street: 231 3RD ST

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

38 Make: FORD — 39 Model: EXP — 40 Color: WHI — 41 Year: 2019 — 42 Plate No.: 32663MG — 43 State: NJ

44 VIN: 1FM5K8AR8KGB14636

45 Expires: 04 24

46 Vehicle Removed To

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

47 Authority

☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

49 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

50 Carrier No.

☐ USDOT ☐ None

☐ MC/MX

51 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

53 Veh #: 2

54 Policy No.: 4456315235

55 NJ Ins. Code: 148

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

56 Driver's First Name: CHAIM — Initial: S — Last Name: ORELOWITZ — 59 Sex: - M

57 Number & Street: 34 HANOVER WAY; A

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

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

62 Driver's License Number: O73321208208875

63 DOB (mm dd yyyy): 08/17/1987

64 Expires (mm yy): 08 25

65 Owner's First Name: CHAIM — Initial: S — Last Name: ORELOWITZ -

☐ Same As Driver

66 Number & Street: 34 HANOVER WAY; A

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

68 Make: KIA — 69 Model: OPT — 70 Color: WHI — 71 Year: 16 — 72 Plate No.: F58LWN — 73 State: NJ

74 VIN: 5XXGT4L3XGG085960

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 ☐ 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	10
118b	-
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	13
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	10
132	10
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.

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	-	-	47	M	-	-	01	11	04	-	-	JOSEPH E PREBISH PTL 231 3RD ST; HQ LAKEWOOD NJ 08701
B	2	01	-	-	34	M	-	-	01	11	04	-	-	CHAIM S ORELOWITZ - 34 HANOVER WAY; A LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

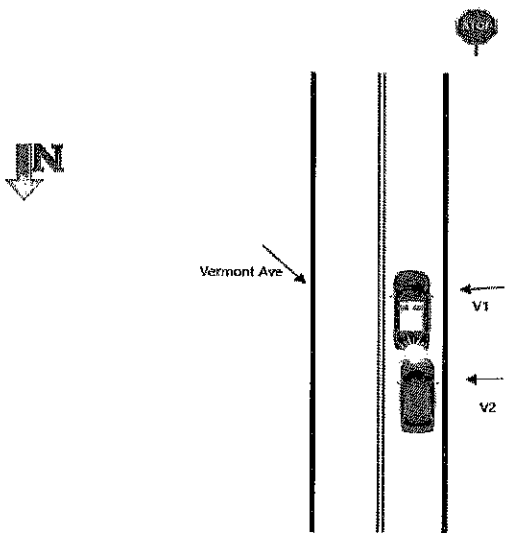
Police Dept: LAKEWOOD TOWNSHIP Code: _____

Station: _____ Case No: 22-063694

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was on Vermont Ave and backing North and struck V2 who was traveling south on Vermont Ave.

The Driver of V1 stated he started to back up and did not see V2 behind him and struck V2. *V1 is a marked Lakewood Police Department Patrol Vehicle (#3356).

The driver of V2 stated he was behind the police vehicle (V1) and saw V1 began to back up. He hit his horn but V1 backed up into his vehicle.

V1 is at fault for the crash. There was damage to both vehicles and photographs were taken and attached to this report.

Insurance information for V1:

Self-Insured 05-87

Ocean County Municipal Joint Insurance Fund
Perma, Inc.
9 Campus Drive, Suite 216
Parsippany, NJ 07054

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AAKJER P	325	SA	263	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-066280
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	08/22/22
100a	01	5 Day Of Week	MONDAY
		6 Time (use 2400 hrs)	1622
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	1700 MADISON 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	40.108606
		22 Longitude	-74.221266
118a	25		
118b	-		
119a	13		
119b	-		

100b	04	23 Veh #	1	24 Policy No.	931313898
101	02			25 NJ Ins. Code	882
				☒ 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	☐ Same As Driver AARON	Initial	H
		Last Name	WEINBERG		-
107	-	36 Number & Street	1329 14TH ST		
108	01	37 City	LAKEWOOD	State	NJ
		Zip	08701		
109	01	38 Make	HOND	39 Model	PIL
		40 Color	WHI	41 Year	2022
		42 Plate No.	H72PHP	43 State	NJ
110	01	44 VIN	5FNYF6H51NB015166	45 Expires	10 24
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	03		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.	2015598891	55 NJ Ins. Code	233
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
56 Driver's First Name	SARA	Initial	F	Last Name	BERNSTEIN
59 Sex	F				
57 Number & Street	4702 15TH AVE APT B8				
58 City	BROOKLYN	State	NY	Zip	11219
60 Eyes	2	DL Class	-	Restrictions	-
Endorsements	-	61 State	NY		
62 Driver's License Number	624198477	63 DOB mm dd yyyy	10/20/1997	64 Expires mm yy	10 28
65 Owner's First Name	☐ Same As Driver ISAAC	Initial	M	Last Name	BERNSTEIN
66 Number & Street	104 IVORY CT				
67 City	LAKEWOOD	State	NJ	Zip	08701
68 Make	TOYT	69 Model	SIE	70 Color	SIL
71 Year	2013	72 Plate No.	U85FKW	73 State	NJ
74 VIN	5TDKK3DC8DS346423	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	-

122	10		
123	09		
124	04		
125	04		
126a	28		
126b	-		
126c	-		
126d	-		
126e	28		
127a	26		
127b	-		
127c	-		
127d	-		
127e	26		
128	28		
129	09		
130	09		

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	57	F	-	-	-	11	04	-	-	ROBIN - WEINBERG - 1329 14TH ST LAKEWOOD NJ 08701
B	02	01	01	05	24	F	-	-	-	11	04	-	-	SARA F BERNSTEIN - 4702 15TH AVE APT B8 BROOKLYN NY 11219
C														
D														

131	01
132	01
133	02
134	02

New Jersey Police Crash Investigation Report

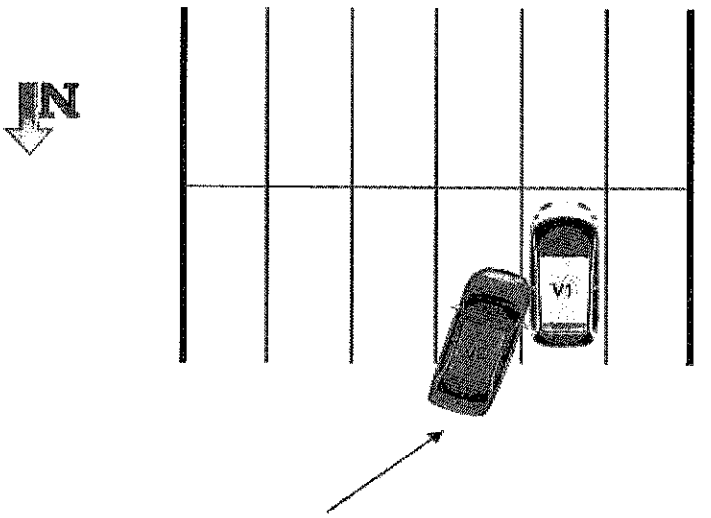
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066280

(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

PASSENGER OF VEHICLE 1 STATED SHE WAS SITTING IN THE DRIVERS SEAT WHEN SHE OBSERVED THE DRIVER OF VEHICLE 2 CRASH INTO VEHICLE 1 WHILE PARKING. DRIVER 2 THEN EXITED AND SAID "DID I HIT YOU."

DRIVER OF VEHICLE 2 STATED SHE WAS ATTEMPTING TO MAKE A LEFT TURN INTO A 'TIGHT" PARKING SPACE AND DOESN'T BELIEVE SHE STRUCK ANOTHER CAR WHILE PARKING.

THIS INVESTIGATION DETERMINED VEHICLE 1 WAS PARKED LEGALLY FACING WEST WHEN VEHICLE 2 STRUCK VEHICLE 1 WHILE ATTEMPTING TO MAKE A LEFT TURN INTO A PARKING SPACE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEUNATH K	284	DTWORKOSKI	249	☐ 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	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	02

1 Case Number: 22-065753

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

3 Station/Precinct:

10 Crash Occurred On: 133 E KENNEDY BLVD — Dir: - — 11 Speed Limit: 10 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name — Dir — 18 Speed Limit: -

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W — 14 — 15 — 16

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

4 Date of Crash (mm dd yy): 08/20/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1206

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

21 Latitude: 40.108426

22 Longitude: -74.214761

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	08
130	08
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 4589657941

25 NJ Ins. Code: 100

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

26 Driver's First Name: ANGEL — Initial: L — Last Name: NEGRONCANDELARI - — 29 Sex: M

27 Number & Street: 149 E KENNEDY BLVD; 18

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

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

32 Driver's License Number: N22340437301722 — 33 DOB (mm dd yyyy): 01/11/1972 — 34 Expires (mm yy): 01 25

35 Owner's First Name: BIANCA — Initial: - — Last Name: ROSARIO - ☐ Same As Driver

36 Number & Street: 149 E KENNEDY BLVD; 18

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

38 Make: HYUN — 39 Model: SFE — 40 Color: BLK — 41 Year: 2019 — 42 Plate No.: Z22PWA — 43 State: NJ

44 VIN: KM8J2CA42KU894639 — 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.: A0J2317338624013

55 NJ Ins. Code: 370

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

56 Driver's First Name: JEFFREY — Initial: - — Last Name: PAYAN-LOZANO - — 59 Sex: M

57 Number & Street: 604 SEQUOIA CT

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

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

62 Driver's License Number: P09533930006952 — 63 DOB (mm dd yyyy): 06/21/1995 — 64 Expires (mm yy): 06 25

65 Owner's First Name: JEFFREY — Initial: - — Last Name: PAYAN-LOZANO - ☐ Same As Driver

66 Number & Street: 604 SEQUOIA CT

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

68 Make: VOLK — 69 Model: JET - JE — 70 Color: GRY — 71 Year: 2014 — 72 Plate No.: W41LZL — 73 State: NJ

74 VIN: 3VW5T7AJ6EM201416 — 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	50	M	-	-	-	11	04	-	-	ANGEL L NEGRONCANDELARIA - 149 E KENNEDY BLVD; 1 LAKEWOOD NJ 08701
B	2	01	01	05	27	M	-	-	-	11	04	-	-	JEFFREY - PAYAN-LOZANO - 604 SEQUOIA CT JACKSON NJ 08527
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065753

(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)

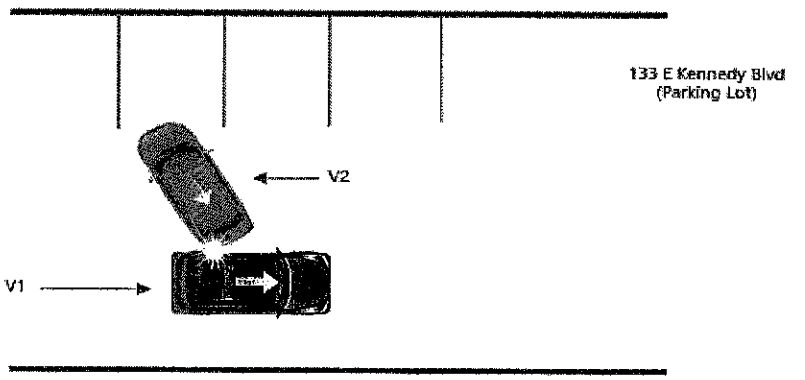


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling north in the parking lot of 133 E Kennedy Blvd. Driver of vehicle 1 stated he went slow over a speed bump, and soon after he was crashed into by vehicle 2.

Driver of vehicle 2 stated he was backing out of a parking space in the parking lot of 133 E Kennedy Blvd. Driver of vehicle 2 stated he looked both ways and no cars were coming, so he continued backing up. Driver of vehicle 2 stated he then crashed into vehicle 1 as he was backing up.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. Driver of vehicle 2 failed to make sure it was safe and clear before he backed out of the parking space.

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	1 Case Number	22-065780		
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)	08/20/22		
100a	01	5 Day Of Week	SATURDAY		
		6 Time (use 2400 hrs)	1604		
		7 Municipality Code	1514		
		8 Total Killed	--		
		9 Total Injured	--		
		10 Crash Occurred On:	NEW HAMPSHIRE AVE (Road Name) - (Dir)		
		11 Speed Limit	45		
		12 Route No.	0623		
		Suffix	-		
		13 Milepost	-		
		☐ At Intersection With			
		☒ Feet / ☐ Miles	50 (14) (15)		
		☒ N ☐ E / ☐ S ☐ W			
		of:	STATE HWY 70 W		
		16			
		17 Cross Road Name	-		
		18 Speed Limit	50		
		19 Ramp ☐ To ☐ From:			
		☐ NB ☐ EB ☐ SB ☐ WB			
		20 Route/Name			
		21 Latitude	40.050515		
		22 Longitude	-74.196674		
118a	09				
118b	-				
119a	25				
119b	-				
120a	01				
120b	-				
121a	01				
121b	-				
122	01				
123	07				
124	99				
125	99				
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.	995312550 206 1	25 NJ Ins. Code	884
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run			
101	02	26 Driver's First Name	NICHOLAS	Initial R	Last Name CARLSON
		29 Sex	M		
102	01	27 Number & Street	2017 WEST BANGS AVENUE		
103	01	28 City	NEPTUNE	State NJ	Zip 07753
104	2	30 Eyes	02	DL Class	D
		Restrictions	-	Endorsements	-
		31 State	NJ		
105	01	32 Driver's License Number	C06275907908832	33 DOB (mm dd yyyy)	08/20/1983
		34 Expires (mm yy)	08 23		
106	-	35 Owner's ☐ Same As Driver	First Name WILLIAM	Initial A	Last Name MEYER
107	-	36 Number & Street	527 DUQUESNE BLVD		
108	01	37 City	BRICK	State NJ	Zip 08723
109	01	38 Make	MAZD	39 Model	CX9
		40 Color	SIL	41 Year	2010
		42 Plate No.	Z19LPT	43 State	NJ
110	01	44 VIN	JM3TB3MV7A0223210	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			
116	03	Results: 0. - % ☐ Pending			
		49 Hazardous Material	☒ None ☐ On Board ☐ Spill		
		Hazard Class	-	Placard No.	-
117	03	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.	939 249 644	55 NJ Ins. Code	054		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
56 Driver's First Name	CHRISTINA	Initial M	Last Name LONGO		
59 Sex	F				
57 Number & Street	1016 ANCHOR AVE				
58 City	BEACHWOOD	State NJ	Zip 08722		
60 Eyes	02	DL Class	D		
Restrictions	-	Endorsements	-		
61 State	NJ				
62 Driver's License Number	L64051247460932	63 DOB (mm dd yyyy)	10/16/1993		
64 Expires (mm yy)	10 22				
65 Owner's ☐ Same As Driver	First Name CHRISTINA	Initial M	Last Name LONGO		
66 Number & Street	1016 ANCHOR AVE				
67 City	BEACHWOOD	State NJ	Zip 08722		
68 Make	VOLK	69 Model	JET - JE		
70 Color	WHI	71 Year	2020		
72 Plate No.	P96MNK	73 State	NJ		
74 VIN	3VWGB7BU1LM007989	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.
-		-	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	39	M	-	-	-	11	04	-	-	NICHOLAS R CARLSON - 2017 WEST BANGS AVEN NEPTUNE NJ 07753 - -
B	1	06	01	05	5	M	-	-	-	05	05	-	-	EVAN - CALRSON - 2017 WEST BANGS AVEN NEPTUNE NJ 07753 - -
C	1	05	01	05	9	M	-	-	-	11	04	-	-	JONAH - CARLSON - 2017 WEST BANGS AVEN NEPTUNE NJ 07753 - -
D	2	01	01	05	28	F	-	-	-	11	04	-	-	CHRISTINA M LONGO - 1016 ANCHOR AVE BEACHWOOD NJ 08722 - -

New Jersey Police Crash Investigation Report

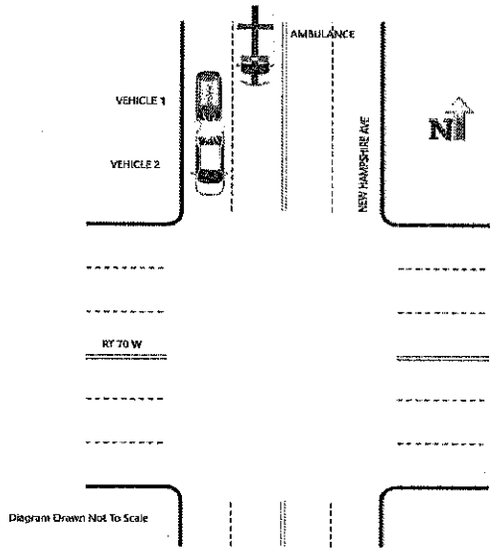
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065780

(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 travelling south on New Hampshire Ave behind Vehicle 2 in the travelling lane when Vehicle 2 began stopping, resulting in him striking the rear of Vehicle 2. Driver of Vehicle 2 stated she was travelling south on New Hampshire Ave in the travelling lane when she observed an ambulance with its emergency lights and sirens activated travelling south in the passing lane. Vehicle 2 began stopping to yield to the ambulance, when Vehicle 1 struck her from behind.

Vehicle 1 sustained gray scuff marks onto the rear bumper as well as a lost tailgate cover. No other damages were reported, and the gray scuff marks were able to be wiped off by hand. Vehicle 2 sustained a damage front license plate placard.

From my investigation, I concluded that driver of Vehicle 1 was at fault for following too closely behind.

NJTR-1 was documented as non-reportable due to both vehicles sustaining less than $500.00 in damages. Both parties were advised to follow up incase further damages were discovered.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95: 05

1 Case Number: 22-065399

97: 01

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

98: 06

3 Station/Precinct:

99: 07

4 Date of Crash (mm dd yy): 08/19/22

100a: 01

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 0013

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: JAMES STREET

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W — 16

of: RIVER AVENUE

11 Speed Limit: 40

12 Route No. — Suffix — 13 Milepost

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: 09

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude — 22 Longitude

118a: 09
118b: -
119a: 25
119b: -
120a: 01
120b: -
121a: 01
121b: -
122: 01
123: 19
124: 04
125: 04
126a: 26
126b: -
126c: -
126d: -
126e: 26
127a: 26
127b: -
127c: -
127d: -
127e: 26
128: 26
129: 12
130: 12
131: 06
132: 06
133: 03
134: 02

Vehicle 1

100b: 04

23 Veh #: 1

24 Policy No.: PAA80002155932

25 NJ Ins. Code: 963

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

101: 02

26 Driver's First Name: CHAYA — Initial: - — Last Name: FRIED — 29 Sex: F

102: 01

27 Number & Street: 742 MARLIN AVE

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: F73971220058032

33 DOB (mm dd yyyy): 08/30/2003

34 Expires (mm yy): 08 25

106: -

35 Owner's First Name: ☐ Same As Driver ESTHER — Initial: - — Last Name: FRIED -

107: -

36 Number & Street: 11 FORD AVE

108: 01

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

109: 01

38 Make: HYUN — 39 Model: SON — 40 Color: WHI — 41 Year: 2022 — 42 Plate No.: U55PEF — 43 State: NJ

110: 01

44 VIN: KMHL14JA8NA174890

45 Expires: 09 24

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

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - %

115: -

☐ Pending

116: 02

49 Hazardous Material

☒ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

117: 02

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.: 939520789

55 NJ Ins. Code: 054

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

56 Driver's First Name: ELKAZAR — Initial: E — Last Name: MORDECHAI - — 59 Sex: M

57 Number & Street: 21 PONDEROSA DR

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

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

62 Driver's License Number: M65732136501782

63 DOB (mm dd yyyy): 01/23/1978

64 Expires (mm yy): 01 25

65 Owner's First Name: ☐ Same As Driver VERONICA — Initial: Y — Last Name: MORDECHAI -

66 Number & Street: 21 PONDEROSA DR

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

68 Make: NISS — 69 Model: PAT — 70 Color: 3 — 71 Year: 2018 — 72 Plate No.: G30PXK — 73 State: NJ

74 VIN: 5N1DR2MMXJC652023

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	V1	01	01	05	18	F	-	-	-	11	04	-	-	CHAYA - FRIED - 742 MARLIN AVE LAKEWOOD NJ 08701
B	V1	03	01	05	18	F	-	-	-	11	04	-	-	YAEL - PERETZ - 28 KINGSFIELD DR LAKEWOOD NJ 08701
C	V1	05	01	05	21	M	-	-	-	11	04	-	-	JEREMY - SHURKIN - 242 JOE PARKER ROAD LAKEWOOD NJ 08701
D	V2	01	01	05	44	M	-	-	-	11	04	-	-	ELKAZAR E MORDECHAI - 21 PONDEROSA DR LAKEWOOD NJ 08701

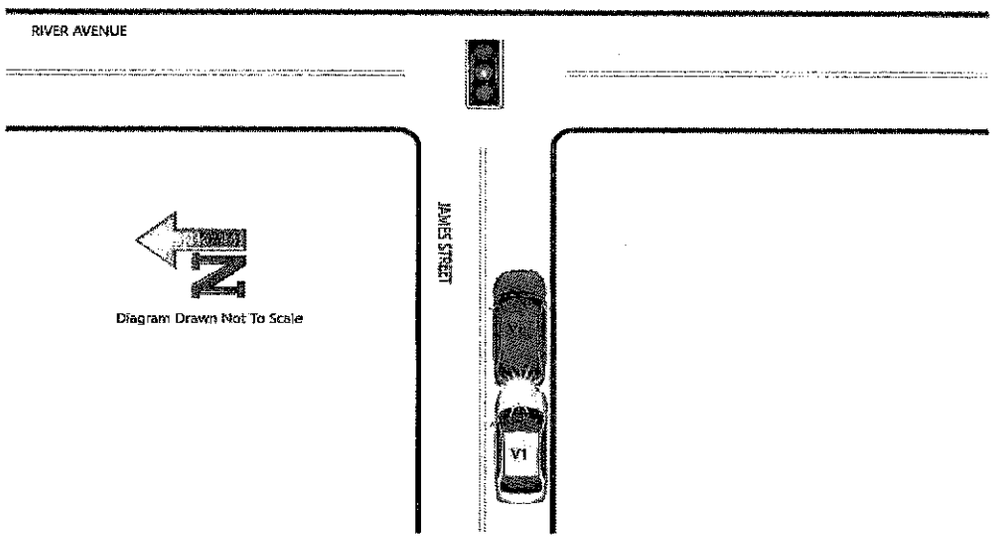
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-065399

(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 turned East on James Street from Williams Street. Prior to traveling on James Street at the intersection of Williams, she did not come to a complete stop at the stop sign. Vehicle 2 was traveling East on James Street passing this intersection and utilized his horn to gain the attention of vehicle 1.
Driver 1 then turned on James Street now traveling behind vehicle 2. While traveling behind vehicle 2, vehicle 2 came to a sudden stop which resulted in a crash.

Driver of vehicle 2 stated he was traveling East on James Street passing the intersection of James and Williams Street. While passing, he observed vehicle 1 on Williams not come to a complete stop at the stop sign. Driver of vehicle 2 then utilized his horn to gain the attention of vehicle 1 to prevent a crash. While continuing East on James Street, he saw vehicle 1 traveling behind him at a high rate of speed. The driver of vehicle 1 stated he was scared as to why vehicle 1 was tailgating him, so he stopped his vehicle in the roadway to speak with the driver of vehicle 1. After vehicle 2 stopped his vehicle, vehicle 1 struck the rear end of vehicle 2.

Upon my investigation I determined vehicle 1 at fault for following too closely to vehicle 2.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	LNJ	322	☐ 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	03
117	02

1 Case Number: 22-065512

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

3 Station/Precinct: -

10 Crash Occurred On: MADISON AVE (Road Name) - (Dir) | 11 Speed Limit: 40 | 12 Route No.: 0009 | Suffix: - | 13 Milepost: -

☒ At Intersection With ☐ Feet ☐ Miles (14) - (15) ☐ N ☐ E ☐ S ☐ W of: 1ST ST (16) | 18 Speed Limit: 25

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

21 Latitude: 40.090921 | 22 Longitude: -74.216473

4 Date of Crash (mm dd yy): 08/19/22 | 5 Day Of Week: FRIDAY | 6 Time (use 2400 hrs): 1014 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

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

Vehicle 1

23 Veh #: 1 | 24 Policy No.: TCA00002033543 | 25 NJ Ins. Code: 632

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

26 Driver's First Name: SHOLOM | Initial: - | Last Name: LASKER - | 29 Sex: M

27 Number & Street: 17 ROCKEFELLER DR

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

30 Eyes: 2 | DL Class: A | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: L07467090007922 | 33 DOB (mm dd yyyy): 07/21/1992 | 34 Expires (mm yy): 07 25

35 Owner's ☒ Same As Driver | First Name: SHOLOM | Initial: - | Last Name: LASKER -

36 Number & Street: 17 ROCKEFELLER DR

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

38 Make: TOYT | 39 Model: SEI | 40 Color: 1 | 41 Year: 2016 | 42 Plate No.: Y74NEF | 43 State: NJ

44 VIN: 5TDKK3DC9GS691366 | 45 Expires: 02 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 1217896C2130A | 55 NJ Ins. Code: 962

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

56 Driver's First Name: SANDY | Initial: N | Last Name: CASTILLO-ALMAZO - | 59 Sex: F

57 Number & Street: 5 KIMBALL RD

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

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

62 Driver's License Number: C07766897554882 | 63 DOB (mm dd yyyy): 04/26/1988 | 64 Expires (mm yy): 04 25

65 Owner's ☒ Same As Driver | First Name: SANDY | Initial: N | Last Name: CASTILLO-ALMAZO -

66 Number & Street: 5 KIMBALL RD

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

68 Make: HYUN | 69 Model: TIB | 70 Color: BLK | 71 Year: 2008 | 72 Plate No.: F61LVX | 73 State: NJ

74 VIN: KMHHN66F28U274545 | 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	30	M	-	-	-	11	04	-	-	SHOLOM - LASKER - 17 ROCKEFELLER DR LAKEWOOD NJ 08701
B	02	01	01	05	34	F	-	-	-	11	04	-	-	SANDY N CASTILLO-ALMAZO - 5 KIMBALL RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

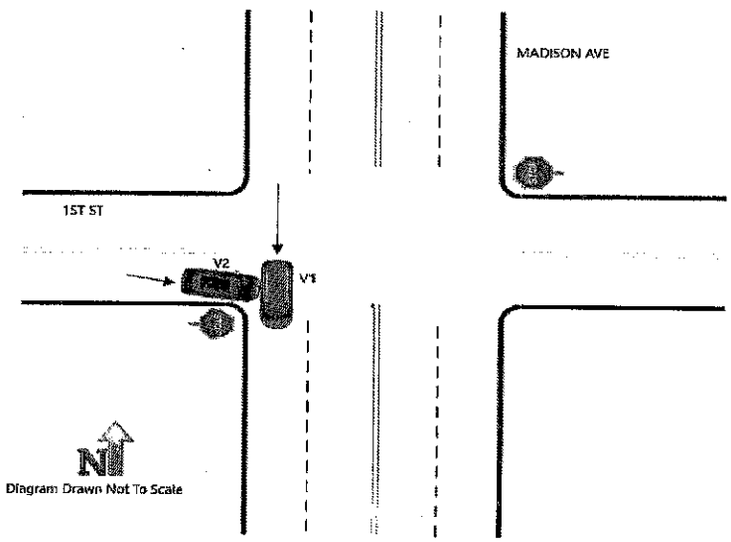
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065512

(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, Sholom Lasker was operating a 2016 Toyota Sienna, NJ Y74-NEF. Mr. Lasker stated he was traveling south on Madison Avenue in the right lane approaching First Street. As he was passing First Street vehicle 2 made a right turn from First Street onto Madison Avenue and struck the passenger side of his vehicle.

Driver 2, Sandy Castillo-Almazo was operating a 2008 Hyundai Tiburon, NJ F61-LVX. Ms. Castillo-Almazo stated she was stopped at the stop sign on First Street waiting to make a right turn onto Madison Avenue. She observed the traffic signal at Madison Avenue and Main Street turn to amber which was one block south of her intersection. She observed vehicle 1 traveling south on Madison Avenue north of her and thought it would be slowing down to stop at the signal on Madison Avenue when it changed to red. She the began to make her right turn onto Madison Avenue but vehicle 1 appeared to be driving too fast and the front of her vehicle struck the passenger side of vehicle 1.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PEDERSON JON	305	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	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	04
117	03

1 Case Number: 22-065549

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/19/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1407

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE (Road Name) - (Dir)

☒ At Intersection With: 3RD ST

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 25

12 Route No.: 0009 Suffix: - 13 Milepost: -

18 Speed Limit: 45

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.092885

22 Longitude: -74.216853

118a	02
118b	-
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	11
130	11
131	11
132	11
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 6111678822061

25 NJ Ins. Code: 884

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

26 Driver's First Name: HEDWIG — Initial: - — Last Name: HEILBRUN — 29 Sex: F

27 Number & Street: 7B BARBERRY DR

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

30 Eyes: 06 — DL Class: I — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: H22723210058386

33 DOB (mm dd yyyy): 08/31/1938

34 Expires (mm yy): 08 28

35 Owner's ☐ Same As Driver — First Name: HEDWIG — Initial: - — Last Name: HEILBRUN

36 Number & Street: 7B BARBERRY DR

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

38 Make: TOYT — 39 Model: CAM — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: L27PNA — 43 State: NJ

44 VIN: 4T1B11HK5KU777802

45 Expires: 02 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: 93012922GS

55 NJ Ins. Code: 019

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

56 Driver's First Name: ECCELSA — Initial: - — Last Name: DEROBERTIS — 59 Sex: F

57 Number & Street: 1000 CORNERSTONE DR APT6205

58 City: HOWELL — State: NJ — Zip: 07731

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

61 State: NJ

62 Driver's License Number: D27291870062682

63 DOB (mm dd yyyy): 12/28/1968

64 Expires (mm yy): 12 26

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

66 Number & Street: 249A DOREMUS DRIVE

67 City: MONROE — State: NJ — Zip: 08831

68 Make: TOYT — 69 Model: COR — 70 Color: SIL — 71 Year: 2017 — 72 Plate No.: Z44JXE — 73 State: NJ

74 VIN: 2T1BURHE8HC790456

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	V1	01	01	05	83	F	-	-	-	11	04	-	-	HEDWIG - HEILBRUN - 7B BARBERRY DR LAKEWOOD NJ 08701 - -
B	V2	01	01	05	53	F	-	-	-	11	04	-	-	ECCELSA - DEROBERTIS - 1000 CORNERSTONE DR HOWELL NJ 07731 - -
C														
D														

New Jersey Police Crash Investigation Report

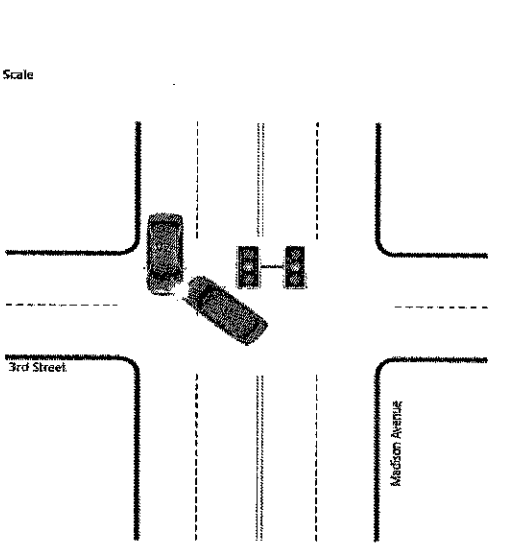
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065549

(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 was traveling north bound on Madison Avenue. The Driver of Vehicle #1 stated that as she approached 3rd Street she signaled to make a left turn onto 3rd Street. The Driver of Vehicle #1 stated that as she turned at the last minute she saw Vehicle #2. The Driver of Vehicle #1 stated that she could not avoid Vehicle #2 and made contact with it. The Driver of Vehicle #1 did not report any injury as a result of the crash.

The Driver of Vehicle #2 stated that prior to the crash, she was traveling south bound in the right lane of Madison Avenue. The Driver of Vehicle #2 stated that as she approached 3rd Street, The Driver of Vehicle #1 quickly came out in front of her. The Driver of Vehicle #2 stated that she attempted to swerve to avoid contact with Vehicle #1 but could not. The Driver of Vehicle #2 did not report any injuries as a result of the crash.

The Driver of Vehicle #1 admitted fault for the crash.

END OF REPORT

Submitted By: Ptl. R. Ingram #408

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	PAGE 1 OF 2 ☐ Fatal	New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report
97	01	1 Case Number: 22-065551	10 Crash Occurred On: 40 CHESTNUT ST; 11 Speed Limit: 10; 12 Route No.: -; Suffix: -; 13 Milepost: -
98	01	2 Police Dept of: LAKEWOOD TOWNSHIP P; Code: 01	☐ At Intersection With; Road Name: -; Dir: -; 18 Speed Limit: -
99	09	3 Station/Precinct: -	☐ Feet ☐ N ☐ E of: -; ☐ Miles ☐ S ☐ W; 14 15 16; 19 Ramp ☐ To ☐ From: -; 17 Cross Road Name: -; ☐ NB ☐ EB ☐ SB ☐ WB
100a	01	4 Date of Crash (mm dd yy): 08/19/22; 5 Day Of Week: FRIDAY; 6 Time (use 2400 hrs): 1411; 7 Municipality Code: 1514; 8 Total Killed: --; 9 Total Injured: --	20 Route/Name: -; 21 Latitude: 40.053269; 22 Longitude: -74.219454
100b	04	23 Veh #: 1; 24 Policy No.: 601036066 206 1; 25 NJ Ins. Code: 884	53 Veh #: 2; 54 Policy No.: 6113-03-34-16; 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: MOSHE; Initial: -; Last Name: SPILMAN; 29 Sex: M	56 Driver's First Name: -; Initial: -; Last Name: -; 59 Sex: -
103	01	27 Number & Street: 35 PROVIDENCE AVE	57 Number & Street: -
104	2	28 City: LAKEWOOD; State: NJ; Zip: 08701	58 City: -; State: -; Zip: -
		30 Eyes: 02; DL Class: D; Restrictions: -; Endorsements: -; 31 State: NJ	60 Eyes: -; DL Class: -; Restrictions: -; Endorsements: -; 61 State: -
105	06	32 Driver's License Number: S70675670006882; 33 DOB (mm dd yyyy): 06/07/1988; 34 Expires (mm yy): 06 25	62 Driver's License Number: -; 63 DOB (mm dd yyyy): -; 64 Expires (mm yy): - -
106	-	35 Owner's First Name: MOSHE; Initial: -; Last Name: SPILMAN; ☐ Same As Driver	65 Owner's First Name: JUNIOR; Initial: -; Last Name: SORIANO-MARTINI-; ☐ Same As Driver
107	-	36 Number & Street: 35 PROVIDENCE AVE	66 Number & Street: 1175 IDALIA AVE
108	01	37 City: LAKEWOOD; State: NJ; Zip: 08701	67 City: LAKEWOOD; State: NJ; Zip: 08701
109	01	38 Make: FORD; 39 Model: TRN; 40 Color: BLK; 41 Year: 2020; 42 Plate No.: P30NDY; 43 State: NJ	68 Make: HOND; 69 Model: CIV; 70 Color: WHI; 71 Year: 2018; 72 Plate No.: E82RDD; 73 State: NJ
110	01	44 VIN: 1FDAX9CG3LKB63498; 45 Expires: 02 25	74 VIN: SHHFK7H44JU418566; 75 Expires: 08 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	78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused
115	-	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
		49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
116	04	50 Carrier No.: ☐ USDOT - ☐ MC/MX - ☒ None	80 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	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	34	M	-	-	-	11	04	-	-	MOSHE - SPILMAN - 35 PROVIDENCE AVE LAKEWOOD NJ 08701
B														
C														
D														

118a	13
118b	-
119a	25
119b	-
120a	01
120b	-
121a	-
121b	-
122	09
123	10
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	01
132	01
133	02
134	02

New Jersey Police Crash Investigation Report

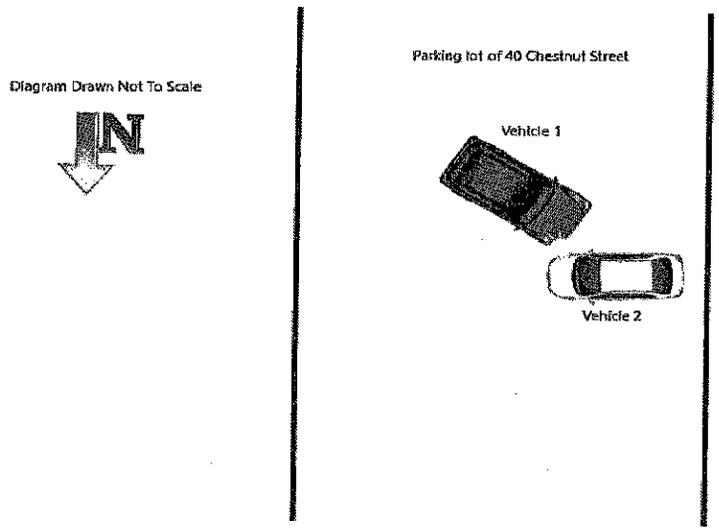
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065551

(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 attempting to park in the parking lot of 40 Chestnut Street when he struck Vehicle 2 which was parked in the same parking lot. Vehicle 1 struck the passengers side front bumper of Vehicle 2. Vehicle 1 sustained minor damage to the front passengers side corner bumper.

The owner of Vehicle 2 stated his vehicle was parked in the parking lot of 40 Chestnut Street when Vehicle 1 struck his vehicle causing minor damage to the front passengers side bumper.

No injuries were reported.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	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	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: 22-065557

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

3 Station/Precinct: -

10 Crash Occurred On: PINE ST — 11 Speed Limit: 45 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name — Dir

☒ Feet ☐ Miles — 14: 75 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: ALBERT AVE — 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): 08/19/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1445 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.070512 — 22 Longitude: -74.194327

118a	06
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	15
123	07
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	10
130	09
131	02
132	02
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6037719806 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: CHRISTIAN — Initial: A — Last Name: GUZMAN — 29 Sex: M

27 Number & Street: 516 MYRTLE AVE

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

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

32 Driver's License Number: G95211246106962 — 33 DOB (mm dd yyyy): 06/19/1996 — 34 Expires (mm yy): 06 25

35 Owner's ☐ Same As Driver — First Name: CHRISTIAN — Initial: A — Last Name: GUZMAN

36 Number & Street: 516 MYRTLE AVE

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

38 Make: TOYT — 39 Model: CAM — 40 Color: BLK — 41 Year: 2015 — 42 Plate No.: F48NEP — 43 State: NJ

44 VIN: 4T1BK1FKXFU028743 — 45 Expires: 01 23

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 4374-67-03-72 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: HILLEL — Initial: Z — Last Name: COHEN — 59 Sex: M

57 Number & Street: 4 BRANCHWOOD DR

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

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

62 Driver's License Number: C61613338903762 — 63 DOB (mm dd yyyy): 03/21/1976 — 64 Expires (mm yy): 03 25

65 Owner's ☐ Same As Driver — First Name: ROCHEL — Initial: H — Last Name: COHEN

66 Number & Street: 4 BRANCHWOOD DR

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

68 Make: PONT — 69 Model: VIB — 70 Color: BLU — 71 Year: 2005 — 72 Plate No.: K83KJA — 73 State: NJ

74 VIN: 5Y2SL63835Z434338 — 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	1	01	01	05	26	M	-	-	-	11	04	-	-	CHRISTIAN A GUZMAN - 516 MYRTLE AVE NEPTUNE NJ 07753 - -
B	2	01	01	05	46	M	-	-	-	11	04	-	-	HILLEL Z COHEN - 4 BRANCHWOOD DR LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

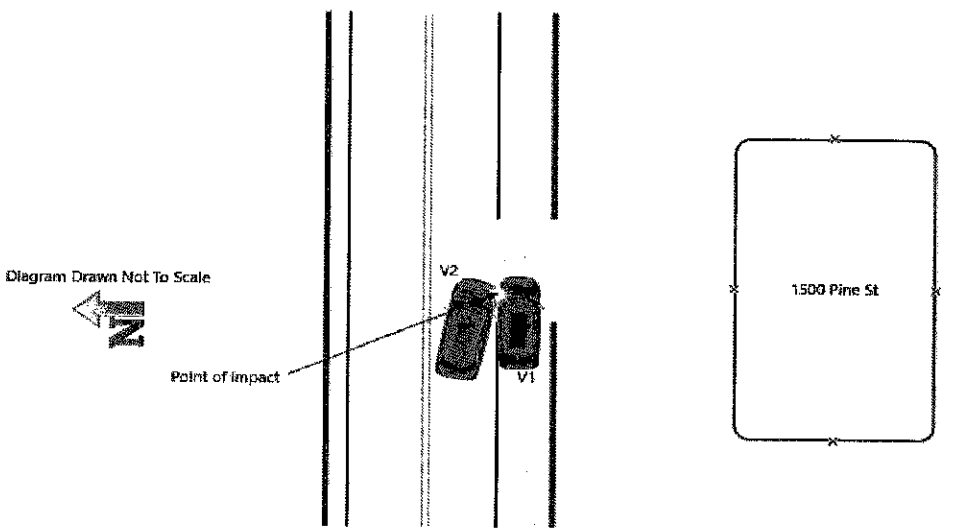
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065557

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 was traveling east bound on Pine St when it side swiped V2 trying to pass V2 on the right shoulder.

Driver 1 related he was traveling east bound on Pine St. He stated V2 was slowing down in front of him but had no turn signals on, so he proceed to pass V2 on the right side off on the shoulder. He stated as he was passing, V2 attempted to make a right turn into 1500 Pine St causing V2 to collide with the driver side of his vehicle.

Driver 2 related he was traveling east bound on Pine St. He stated he was slowing down attempting to make a right turn into 1500 Pine St. He stated V1 passed his vehicle on the right side causing collision to the front passenger bumper.

Based on statements made by involved parties, my observations, and damages to the vehicle I determine driver of V1 is at fault due to improper passing.

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
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	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	04

1 Case Number: 22-065559

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

3 Station/Precinct: -

10 Crash Occurred On: VILNA LANE (Road Name) - (Dir) — 11 Speed Limit: 15 — 12 Route No.: - — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: LOCUST STREET — Dir: - — 18 Speed Limit: 45

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

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

4 Date of Crash (mm dd yy): 08/19/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1447 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1 — 21 Latitude: 40.046031 — 22 Longitude: -74.201118

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	01
124	08
125	99
126a	21
126b	-
126c	-
126d	-
126e	21
127a	26
127b	-
127c	-
127d	-
127e	26
128	21
129	12
130	12
131	09
132	09
133	01
134	02

Vehicle A

23 Veh #: 1 — 24 Policy No.: SELF-INSURED — 25 NJ Ins. Code: - — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: TZIPORA — Initial: - — Last Name: RABINOWITZ — 29 Sex: F

27 Number & Street: 33 LODZ DR

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

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

32 Driver's License Number: R00147530058952 — 33 DOB (mm dd yyyy): 08/06/1995 — 34 Expires (mm yy): 08 25

35 Owner's ☐ Same As Driver — First Name: TZIPORA — Initial: - — Last Name: RABINOWITZ

36 Number & Street: 33 LODZ DR

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

38 Make: TOYT — 39 Model: SIE — 40 Color: BLU — 41 Year: 2015 — 42 Plate No.: P81NMJ — 43 State: NJ

44 VIN: 5TDZK3DC2FS639431 — 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 B

53 Veh #: B1 — 54 Policy No.: - — 55 NJ Ins. Code: - — ☐ Parked ☐ Ped ☒ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: CHRISTOPHER — Initial: J — Last Name: FOBERG — 59 Sex: M

57 Number & Street: 1320 MARSHALL ST

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

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

62 Driver's License Number: F60171247112944 — 63 DOB (mm dd yyyy): 12/28/1994 — 64 Expires (mm yy): 12 22

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.
-		-	-		-

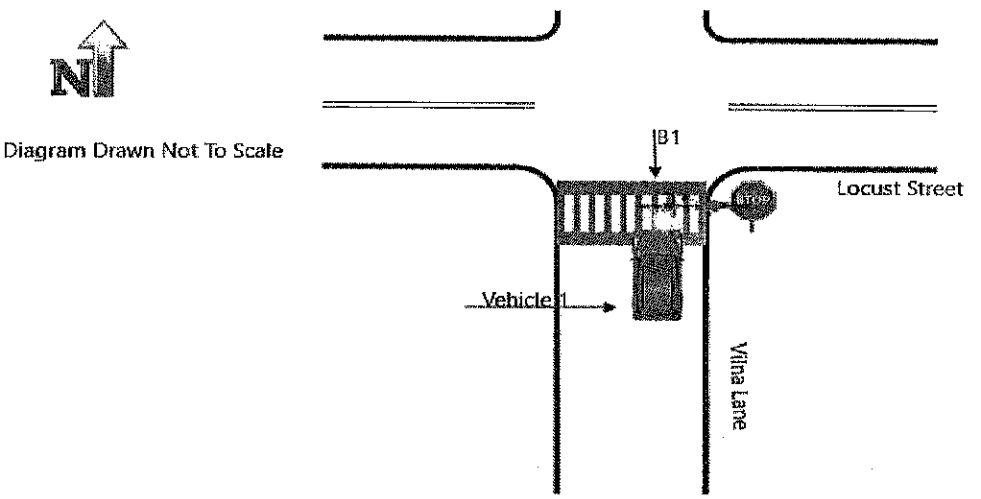
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	27	F	-	-	-	11	04	-	-	TZIPORA - RABINOWITZ - 33 LODZ DR LAKEWOOD NJ 08701
B	P1	01	01	04	27	M	11	05	01	01	01	-	-	CHRISTOPHER J FOBERG - 1320 MARSHALL ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-065559

(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 was not available on scene to provide a statement after she and Pedal-cyclist 1 exchanged information.

Pedal-cyclist 1 stated he was entering the crosswalk on his bicycle in a western direction at the cross walk on Vilna Lane just south of Locust street when Vehicle 1 collided into him. P1 stated he was unsure if Vehicle 1 stopped and then began driving again or did not stop at all. P1 had an abrasion to his left lower leg and refused medical attention.

Based on the information and statements provided, Vehicle 1 is at fault for the collision.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RUSK J	388	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	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	08
106	-
107	-
108	04
109	04
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	04

1 Case Number: 22-065582

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

3 Station/Precinct: -

10 Crash Occurred On: 70 HANOVER WAY — Road Name — Dir: -

☐ At Intersection With — Road Name — Dir

☐ Feet ☐ N ☐ E of: -

☐ Miles ☐ S ☐ W

14: - 15 16

11 Speed Limit: 25

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: 40.044790 22 Longitude: -74.214039

4 Date of Crash (mm dd yy): 08/19/22 5 Day Of Week: FRIDAY 6 Time (use 2400 hrs): 1622 7 Municipality Code: 1514 8 Total Killed: -- 9 Total Injured: --

118a	10
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	13
123	05
124	11
125	11
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	05
130	05
131	09
132	09
133	02
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: AS2-631-510771-010 — 25 NJ Ins. Code: 183

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

26 Driver's First Name: CHAIM — Initial: Y — Last Name: FASTEN — 29 Sex: M

27 Number & Street: 24 HANOVER WAY

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

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

32 Driver's License Number: F07751208809896 — 33 DOB (mm dd yyyy): 09/03/1989 — 34 Expires (mm yy): 09 25

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: GO TITLING LLC -

36 Number & Street: 40 E MONTGOMERY AVENUE

37 City: ARDMORE — State: PA — Zip: 19003

38 Make: CHEV — 39 Model: SUB - SU — 40 Color: BLK — 41 Year: 2022 — 42 Plate No.: M61PYJ — 43 State: NJ

44 VIN: 1GNSKCKD0NR253401 — 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.: 03733772 — 55 NJ Ins. Code: 882

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

56 Driver's First Name: PATRICIA — Initial: G — Last Name: CARCANO — 59 Sex: F

57 Number & Street: 101 LOCUST AVE

58 City: HOWELL — State: NJ — Zip: 07731

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

62 Driver's License Number: C05466176759682 — 63 DOB (mm dd yyyy): 09/05/1968 — 64 Expires (mm yy): 09 24

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

66 Number & Street: 101 LOCUST AVE

67 City: HOWELL — State: NJ — Zip: 07731

68 Make: JEEP — 69 Model: CHE — 70 Color: TN — 71 Year: 2014 — 72 Plate No.: R49RAD — 73 State: NJ

74 VIN: 1C4PJLDB2EW205395 — 75 Expires: 06 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - State: - Zip: -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	32	M	-	-	-	11	04	-	-	CHAIM Y FASTEN - 24 HANOVER WAY LAKEWOOD NJ 08701
B	V2	01	01	05	53	F	-	-	-	11	04	-	-	PATRICIA G CARCANO - 101 LOCUST AVE HOWELL NJ 07731
C														
D														

New Jersey Police Crash Investigation Report

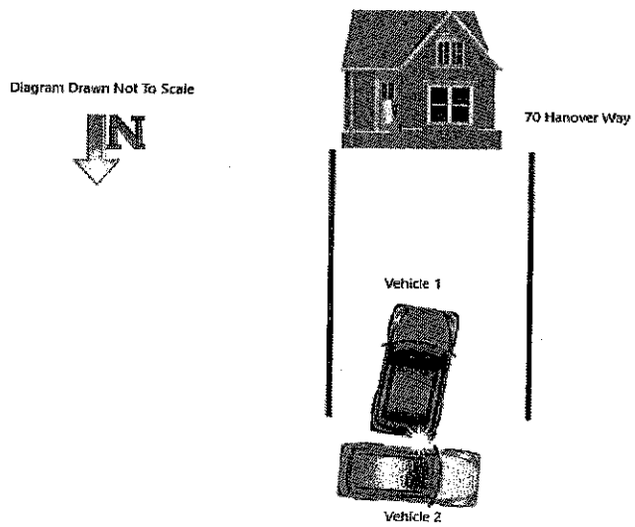
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065582

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of Vehicle 1 stated he was backing out of the driveway of 70 Hanover Way and as he was backing he did not see Vehicle 2 which had just previously backed out of the same driveway and began to drive off. Vehicle 1 sustained minor damage to the passengers side rear bumper.

The driver of Vehicle 2 stated she backed out of the driveway of 70 Hanover Way, began to drive away when Vehicle 1 backed in to her. Vehicle 2 sustained moderate damage to the drivers side door.

No injuries were reported.

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

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	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	03
117	-

1 Case Number: 22-065588

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

3 Station/Precinct: -

10 Crash Occurred On: LANES MILL RD | - | 11 Speed Limit: 40 | 0549 | 118a: 25

☒ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 118b: -

☐ Feet ☐ N ☐ E of: LANES MILL RD | 18 Speed Limit: 40

☐ Miles ☐ S ☐ W | 14 | 15 | 16 | 19 Ramp ☐ To ☐ From: | 17 Cross Road Name | ☐ NB ☐ EB ☐ SB ☐ WB | 119a: -

20 Route/Name | 119b: -

4 Date of Crash (mm dd yy): 08/19/22 | 5 Day Of Week: FRIDAY | 6 Time (use 2400 hrs): 1658 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: 40.091723 | 22 Longitude: -74.153528

23 Veh #: 1 | 24 Policy No.: 107 7889-F10-301 | 25 NJ Ins. Code: 962 | 120a: 01

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run | 120b: -

26 Driver's First Name: CRAIG | Initial: A | Last Name: SHIENLE | 29 Sex: M | 121a: -

27 Number & Street: 107 PRIMROSE LN | 121b: -

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

30 Eyes: 04 | DL Class: - | Restrictions: - | Endorsements: - | 31 State: NJ | 122: 01

32 Driver's License Number: S34451416111674 | 33 DOB (mm dd yyyy): 11/06/1967 | 34 Expires (mm yy): 11 24 | 123: -

35 Owner's First Name: CRAIG | Initial: A | Last Name: SHIENLE

☐ Same As Driver | 124: 03

36 Number & Street: 107 PRIMROSE LN | 125: -

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

38 Make: TOYT | 39 Model: CEL | 40 Color: PLE | 41 Year: 1991 | 42 Plate No.: R17NKU | 43 State: NJ | 126a: 05

44 VIN: JT5ST87K6M0088446 | 45 Expires: 02 23 | 126b: 56

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY | 126c: 51

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126d: -

47 Authority: ☒ Owner ☐ Driver ☐ Police | 126e: 51

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending | 127a: -

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class | Placard No. | 127b: -

50 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None | 127c: -

51 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs | 127d: -

52 Motor Carrier or Government Entity | Number & Street | City | State | Zip | 127e: -

97	01
98	01
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	03
117	-

53 Veh #: - | 54 Policy No.: - | 55 NJ Ins. Code: - | 118a: 25

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run | 118b: -

56 Driver's First Name: - | Initial: - | Last Name: - | 59 Sex: - | 119a: -

57 Number & Street: - | 119b: -

58 City: - | State: - | Zip: - | 120a: 01

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: - | 120b: -

62 Driver's License Number: - | 63 DOB (mm dd yyyy): - | 64 Expires (mm yy): - | 121a: -

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

☐ Same As Driver | 121b: -

66 Number & Street: - | 122: 01

67 City: - | State: - | Zip: - | 123: -

68 Make: - | 69 Model: - | 70 Color: - | 71 Year: - | 72 Plate No.: - | 73 State: - | 124: 03

74 VIN: - | 75 Expires: - - | 125: -

76 Vehicle Removed To: - | 126a: 05

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126b: 56

77 Authority: ☐ Owner ☐ Driver ☐ Police | 126c: 51

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending | 126d: -

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: - | 126e: 51

80 Carrier No.: ☐ USDOT - ☐ MC/MX - ☐ None | 127a: -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs | 127b: -

82 Motor Carrier or Government Entity: - | 127c: -

Number & Street: - | 127d: -

City: - | State: - | Zip: - | 127e: -

128	56
129	01
130	01
131	-
132	-
133	04
134	-

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

TRAFFIC LIGHT WAS TAKEN DOWN DUE TO IMPACT

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1		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	M	-	-	-	11	04	-	-	CRAIG A SHIENLE - 107 PRIMROSE LN BRICK NJ 08724
B														
C														
D														

New Jersey Police Crash Investigation Report

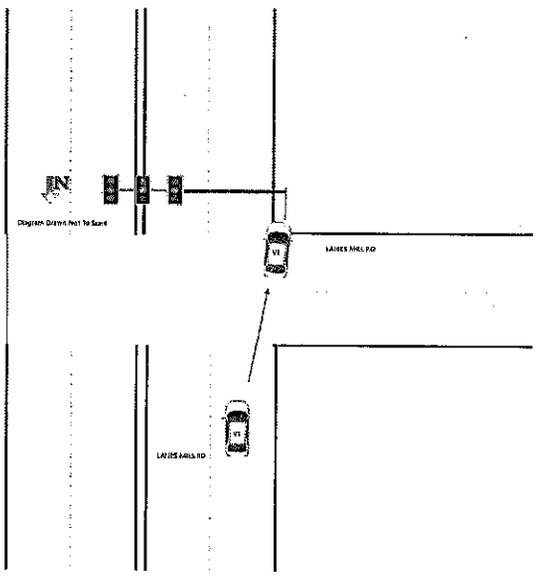
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065588

(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 #1 was travelling South on Lanes Mill Road going straight ahead. As he was approaching the intersection, he lost control of his vehicle due to being cut off. This action caused him to veer to the right striking the traffic light. Vehicle #1 sustained dents and scratches to the front passenger side quarter panel and damage to the front passenger side tire.

Driver 1 stated he was in the right lane travelling straight ahead. While approaching the intersection, a vehicle cut him off and he maneuvered his vehicle to the right to avoid the crash. While doing so, he crashed into the traffic light.

Responding officers on scene spoke to a witness who observed Vehicle #1 driving aggressively and going in and out of lanes passing people. He was attempting to move into the right lane when he lost control of his vehicle and crashed into the traffic light.

There were no cameras observed in the area and I was unable to verify witness statement.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY M	354	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	01
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-
118a	02
118b	14
119a	-
119b	-
120a	09
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	05
126b	60
126c	-
126d	-
126e	60
127a	-
127b	-
127c	-
127d	-
127e	-
128	60
129	12
130	12
131	-
132	-
133	04
134	-

1 Case Number: 22-065706

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

3 Station/Precinct: -

10 Crash Occurred On: CEDARBRIDGE AVE — Road Name — Dir: -

11 Speed Limit: 45

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

☐ At Intersection With ☒ Feet ☐ Miles — 14: 1000 — 15 — 16

☐ N ☒ E ☐ S ☐ W of: S CLOVER ST

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)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
08/20/22	SATURDAY	0416	1514	--	--

21 Latitude: 40.082695 — 22 Longitude: -74.201449

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 948812872 — 25 NJ Ins. Code: 134

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

26 Driver's First Name: JASMINE — Initial: - — Last Name: MAGANA-BARAJAS - — 29 Sex: F

27 Number & Street: 420 PROSPECT STREET; APT. 8

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): 04/20/2005 — 34 Expires (mm yy): - -

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

36 Number & Street: 420 PROSPECT ST APT 8

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

38 Make: CHEV — 39 Model: CRU — 40 Color: BLK — 41 Year: 2012 — 42 Plate No.: Y17PXE — 43 State: NJ

44 VIN: 1G1PF5SC5C7151714 — 45 Expires: 05 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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.
RO	39:3-37.1B	294377	V1	39:4-97	294378

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
V1	39:3-10	294379	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	17	F	07	-	-	11	04	01	-	JASMINE - MAGANA-BARAJAS - 420 PROSPECT STREET; , LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

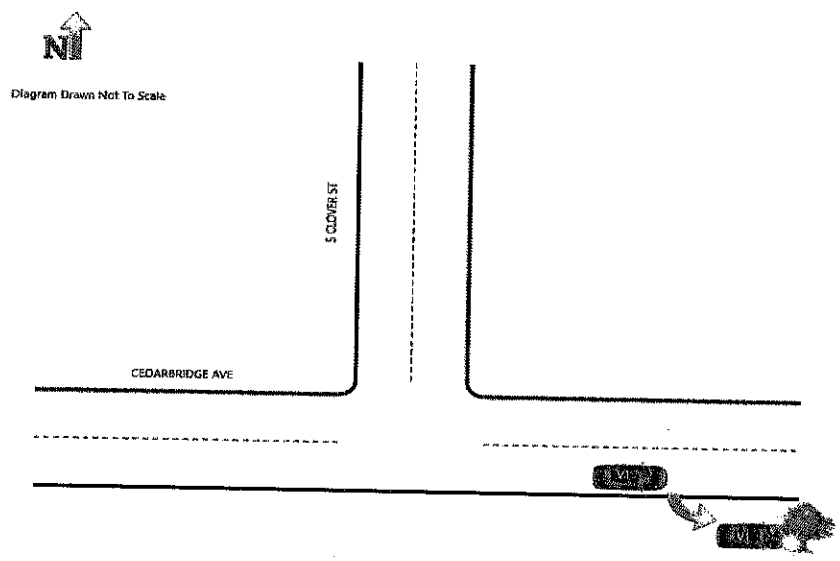
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065706

(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 SHE WAS DRIVING SOUTHBOUND ON S CLOVER ST. SHE TURNED LEFT AND BEGAN TRAVELING EASTBOUND ON CEDARBRIDGE AVE. AS SHE WAS TRAVELING EASTBOUND CEDARBRIDGE AVE, SHE STATED SHE FELL ASLEEP AND THE VEHICLE RAN OFF THE ROAD TO THE RIGHT AND STRUCK A TREE.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND SPEAKING WITH THE DRIVER, I FIND THE DRIVER OF V1 AT FAULT FOR BEING AN UNLICENSED DRIVER AND CARELESS DRIVING.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ 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	3
105	04
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	01

1 Case Number: 22-065876

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

3 Station/Precinct:

10 Crash Occurred On: MADISON AVE (Road Name) Dir

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

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

21 Latitude: 40.106934 22 Longitude: -74.219482

4 Date of Crash (mm dd yy): 08/20/22 5 Day Of Week: SATURDAY 6 Time (use 2400 hrs): 2319 7 Municipality Code: 1514 8 Total Killed: -- 9 Total Injured: 2

118a	03
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	03
125	03
126a	26
126b	26
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.: 6047 04 68 07 25 NJ Ins. Code: 100

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

26 Driver's First Name: JOSE Initial: - Last Name: MANUEL COLIN - 29 Sex: M

27 Number & Street: 1980 NEW CENTRAL AVE

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): 12/22/1997 34 Expires (mm yy): - -

35 Owner's ☐ Same As Driver First Name: DELMA Initial: L Last Name: GARCIA-CANALES -

36 Number & Street: 362 BRICK BLVD APT A

37 City: BRICK State: NJ Zip: 08723

38 Make: HYUN 39 Model: ELA 40 Color: SIL 41 Year: 2007 42 Plate No.: E76PRD 43 State: NJ

44 VIN: KMHDU46D37U183898 45 Expires: 01 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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.: 923946635 55 NJ Ins. Code: 134

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

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

57 Number & Street: 721 ZLOTKIN CIR APT 4

58 City: FREEHOLD State: NJ Zip: 07728

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

62 Driver's License Number: R63402590009742 63 DOB (mm dd yyyy): 09/06/1974 64 Expires (mm yy): 09 25

65 Owner's ☐ Same As Driver First Name: REYNA Initial: - Last Name: MORALESLUNA -

66 Number & Street: 721 ZLOTKIN CIR APT 4

67 City: FREEHOLD State: NJ Zip: 07728

68 Make: CHEV 69 Model: TRV 70 Color: 1 71 Year: 2015 72 Plate No.: L11KNU 73 State: NJ

74 VIN: 1GNKRFKD5FJ194004 75 Expires: 09 23

76 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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	A289446			

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:3-10	A289445			

	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	09	08	02	11	04	01	6303	JOSE - MANUEL COLIN - 1980 NEW CENTRAL AVE LAKEWOOD NJ 08701
B	02	01	01	05	47	M	-	-	-	11	04	01	-	FAUSTO - ROMEROSANCHEZ - 721 ZLOTKIN CIR APT 4 FREEHOLD NJ 07728
C	02	02	-	04	49	F	05	08	02	11	04	01	6304	LUCRESIA - MORALES - 441 39TH STREET APT 2I BROOKLYN NY 11232
D	02	03	01	04	43	F	11	08	02	11	04	01	6304	REYNA - MORALESLUNA - 721 ZLOTKIN CIR APT 4 FREEHOLD NJ 07728

New Jersey Police Crash Investigation Report

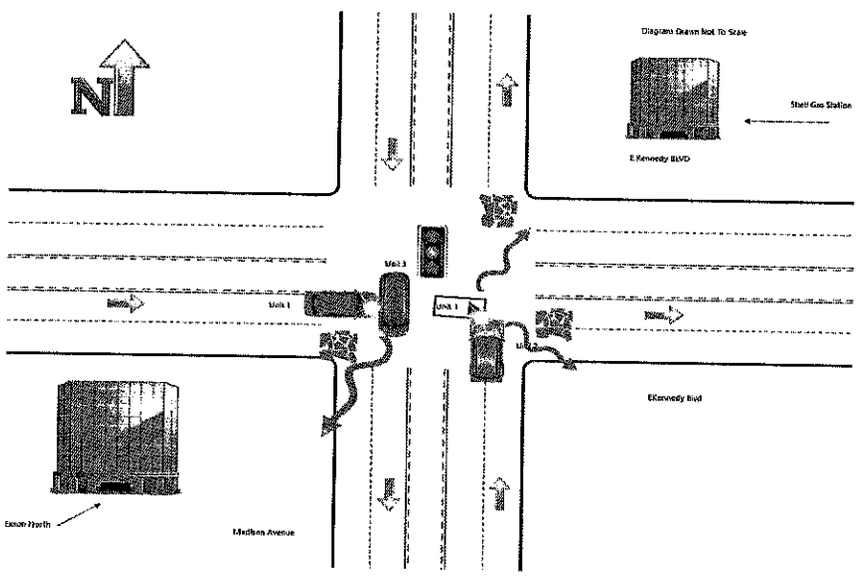
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065876

(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	04	01	05	56	M	-	-	-	11	04	01	-	INOCENSIO - TOFINO - 441 39TH STREET APT 2F BROOKLYN NY 11232
F	03	01	01	05	41	F	-	-	-	11	04	02	-	NECHAMA - FOXMAN - 70 GUDZ ROAD LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 stated that he was traveling Northbound of Madison Avenue approaching E Kennedy BLVD. Driver stated that he proceeded to go straight due to having the green light when V1 struck his vehicle causing heavy damage. Driver of V2 also stated that V1 may have also struck another vehicle. The Driver of V3 stated she was traveling Southbound on Madison Avenue when she was struck on the right side of her vehicle by Vehicle 1 causing her vehicle to veer off to the side of the road. The driver of V1 stated that he was driving on E Kennedy Blvd crossing Madison Avenue and did not know whether the light was green for him or not. Driver of V1 did not have a valid driver's licensed and was issued a summons. The driver of vehicle 1 was found to be at fault in this motor vehicle crash for going through a red traffic signal. All three vehicles were towed due to heavy damage and air bags deployments.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
REYES S	342	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 3 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

95	05
97	01
98	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	3
105	04
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	03
117	-

1 Case Number: 22-065876

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/20/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 2319

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 2

10 Crash Occurred On: MADISON AVE (Road Name) — Dir

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

14 15 16

11 Speed Limit: 45

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: 40.106934

22 Longitude: -74.219482

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

Vehicle 3

23 Veh #: 3

24 Policy No.: 14618129

25 NJ Ins. Code: 134

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

26 Driver's First Name: NECHAMA — Initial: - — Last Name: FOXMAN — 29 Sex: F

27 Number & Street: 70 GUDZ ROAD

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: F69045840053816

33 DOB (mm dd yyyy): 03/28/1981

34 Expires (mm yy): 03 24

35 Owner's First Name: NECHAMA — Initial: - — Last Name: FOXMAN

☐ Same As Driver

36 Number & Street: 70 GUDZ ROAD

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

38 Make: HOND — 39 Model: ODY — 40 Color: GRY — 41 Year: 2022 — 42 Plate No.: L23NYU — 43 State: NJ

44 VIN: 5FNRL6H77NB021729

45 Expires: 06 25

46 Vehicle Removed To: HESHY'S TOWING

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity

Number & Street

City — State — Zip

Vehicle 4

53 Veh #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

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

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	05	1 Case Number	22-065882
97	01	2 Police Dept of	LAKEWOOD TOWNSHIP P
		Code	01
98	06	3 Station/Precinct	
99	02	4 Date of Crash (mm dd yy)	08/20/22
100a	01	5 Day Of Week	SATURDAY
		6 Time (use 2400 hrs)	2331
		7 Municipality Code	1514
		8 Total Killed	--
		9 Total Injured	--
		10 Crash Occurred On:	MADISON AVENUE
		Road Name	
		Dir	
		11 Speed Limit	40
		12 Route No.	0009
		Suffix	
		13 Milepost	
118a	00		
118b	-	18 Speed Limit	35
119a	00		
119b	-		
		☒ At Intersection With	
		☐ Feet ☐ N ☐ E of:	MAIN STREET
		☐ Miles ☐ 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.		25 NJ Ins. Code		53 Veh #	2	54 Policy No.	WPP155660205	55 NJ Ins. Code	166
		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run						☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run					
120a	01												
120b	-												
101	02	26 Driver's First Name	MARTIN	Initial	D	Last Name	YURMAN -	29 Sex	M	56 Driver's First Name	TAMMY	Initial S	Last Name TILTON -
59 Sex	F												
121a	01												
102	01	27 Number & Street	235 EMPIRE BLVD PO BOX 35							57 Number & Street	839 BEAVER DAM RD		
121b	-												
103	01	28 City	MIFFLIN	State	PA	Zip	17058			58 City	POINT PL BORO	State NJ	Zip 08742
104	2	30 Eyes	2	DL Class	C	Restrictions	-	Endorsements	-	31 State	PA	60 Eyes	2
DL Class	D	Restrictions	-	Endorsements	-	61 State	NJ						
122	01												
105	02	32 Driver's License Number	27363675	33 DOB (mm dd yyyy)	03/19/1951	34 Expires mm	03	yy	25	62 Driver's License Number	T44007328254832	63 DOB (mm dd yyyy)	04/16/1983
64 Expires mm	04	yy	24										
123	01												
106	-	35 Owner's First Name	HELEN	Initial	S	Last Name	YURMAN -			65 Owner's First Name	TWIN OAKS MOVIN	Initial -	Last Name -
107	-	36 Number & Street	1221 AVENUE S							66 Number & Street	PO BOX 873		
108	PCAI	37 City	BROOKLYN	State	NY	Zip	11229			67 City	WRIGHTSTOWN	State NJ	Zip 08562
124	03												
125	03												
109	01	38 Make	ACUR	39 Model	RDX	40 Color	1	41 Year	2017	42 Plate No.	JMF3203	43 State	NY
68 Make	CHEV	69 Model	AVA - AV	70 Color	GRY	71 Year	2013	72 Plate No.	XAXG31	73 State	NJ		
126a	26												
126b	-												
110	01	44 VIN	5J8TB4H58HL029501	45 Expires	04	24				74 VIN	3GNTKGE7XDG307948	75 Expires	06 23
126c	-												
111	01	46 Vehicle Removed To								76 Vehicle Removed To			
126d	-												
112	-	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded								☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded			
☐ Left At Scene ☐ Towed Impounded										☐ Left At Scene ☐ Towed Impounded			
126e	26												
113	-	47 Authority								77 Authority			
☐ Owner ☒ Driver ☐ Police										☐ Owner ☒ Driver ☐ Police			
127a	26												
114	-	48 Alcohol/Drug Test						49 Hazardous Material		78 Alcohol/Drug Test			
79 Hazardous Material													
127b	-	Given: ☒ No ☐ Yes ☐ Refused						☒ None ☐ On Board ☐ Spill		Given: ☒ No ☐ Yes ☐ Refused			
☒ None ☐ On Board ☐ Spill													
115	-	Type: ☐ Breath ☐ Blood ☐ Urine								Type: ☐ Breath ☐ Blood ☐ Urine			
127c	-	Results: 0. - % ☐ Pending						Hazard Class	Placard No.	Results: 0. - % ☐ Pending		Hazard Class	Placard No.
116	01	50 Carrier No.						51 GVWR/GCWR		80 Carrier No.			
81 GVWR/GCWR													
127d	-	☐ USDOT		☒ None				☒ Weight <= 10,000 lbs		☐ USDOT		☒ None	
☒ Weight <= 10,000 lbs													
117	01	☐ MC/MX						☐ Weight 10,001-26,000 lbs		☐ MC/MX			
☐ Weight 10,001-26,000 lbs													
127e	26							☐ Weight >= 26,001 lbs					
☐ Weight >= 26,001 lbs													
128	26	52 Motor Carrier or Government Entity								82 Motor Carrier or Government Entity			
129	01	Number & Street								Number & Street			
130	01	City		State		Zip				City		State	Zip
131	11	135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No											
132	11	Oper.	V1	136 Charge	39:4-129	137 Summons. No.	1514-A-294363	Oper.		138 Charge		139 Summons. No.	
133	02	Oper.		140 Charge		141 Summons. No.		Oper.		142 Charge		143 Summons. No.	
134	02												

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	71	M	-	-	-	11	04	-	-	MARTIN D YURMAN - 235 EMPIRE BLVD PO BC MIFFLIN PA 17058
B	V2	01	01	05	39	F	-	-	-	11	04	-	-	TAMMY S TILTON - 839 BEAVER DAM RD POINT PL BORO NJ 08742
C														
D														

New Jersey Police Crash Investigation Report

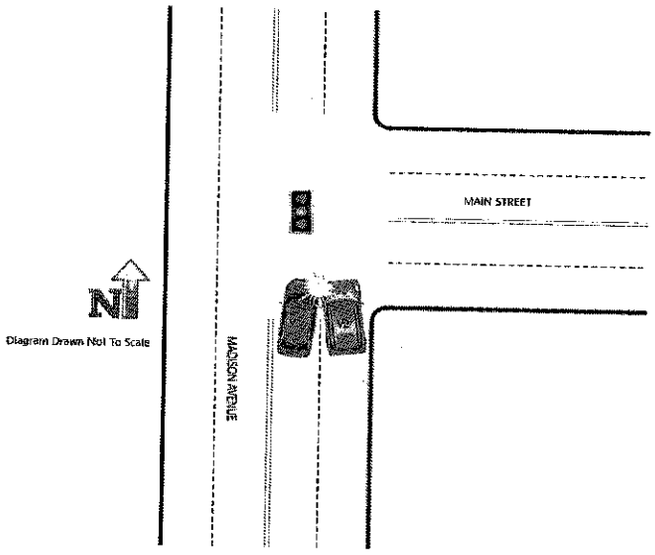
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065882

(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 2 STATED SHE WAS TRAVELING NORTH ON MADISON AVENUE CROSSING THE INTERSECTION OF MAIN STREET IN THE RIGHT LANE. WHILE TRAVELING, VEHICLE 1 WHO WAS IN THE LEFT LANE, STRUCK THE FRONT END OF HER VEHICLE. THE DRIVER OF VEHICLE 1 THEN REVERSED HIS VEHICLE AND DROVE AWAY FROM THE ACCIDENT LEAVING THE SCENE.

DRIVER OF VEHICLE 1 WAS LOCATED WHO STATED THE FOLLOWING:
DRIVER OF VEHICLE 1 STATED HE WAS IN THE LEFT LANE ON MADISON AVENUE AT THE INTERSECTION OF MAIN STREET. WHEN THE TRAFFIC SIGNAL TURNED GREEN, VEHICLE 2 STRUCK HIS VEHICLE FROM THE RIGHT LANE. THE DRIVER OF VEHICLE 1 STATED AFTER THE COLLISION, HE DID NOT BELIEVE IT WAS CONSIDERED AN ACCIDENT SO HE KEPT DRIVING LEAVING THE SCENE.

DRIVER OF OF VEHICLE 1 PROVIDED OUT OF STATE NY INSURANCE
COMPANY: GEICO
POLICY NUMBER:4624908895

DUE TO THE CONFLICTING STATEMENTS FROM BOTH DRIVERS AND NO VIDEO CAMERAS TO CAPTURE THIS INCIDENT, I AM UNABLE TO DETERMINE WHO IS AT FAULT FOR THIS CRASH.

END OF REPORT
PTL. A. PRISCO #427

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PRISCO, A	427	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 01

1 Case Number: 22-065953

97: 01

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

98: 07

3 Station/Precinct: -

99: 02

10 Crash Occurred On: STATE HWY 70 E | W | 11 Speed Limit: 50 | 0070 - - (12 Route No. / Suffix / 13 Milepost) | 118a: 02

☐ At Intersection With | Road Name | Dir | 18 Speed Limit: 35 | 118b: -

☒ Feet ☐ Miles | 300 (14 / 15) | ☐ N ☐ E ☐ S ☒ W | of: VERMONT AVE | 16 | 119a: 25

19 Ramp ☐ To ☐ From: - | 17 Cross Road Name: - | ☐ NB ☐ EB ☐ SB ☐ WB | 119b: -

4 Date of Crash (mm dd yy): 08/21/22 | 5 Day Of Week: SUNDAY | 6 Time (use 2400 hrs): 0459 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: 1 | 20 Route/Name | 21 Latitude: 40.048574 | 22 Longitude: -74.209404

100a: 01

100b: 04

23 Veh #: 1 | 24 Policy No.: G01 184450400 | 25 NJ Ins. Code: 392 | 120a: 01

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run | 120b: -

53 Veh #: 2 | 54 Policy No.: 939950689 | 55 NJ Ins. Code: 054

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

101: 02

26 Driver's First Name: TASHAWN | Initial: J | Last Name: WRIGHT | 29 Sex: M

56 Driver's First Name: CHRISTINE | Initial: I | Last Name: FINLEY-WHITE | 59 Sex: F | 121a: 01

102: 01

27 Number & Street: 10809 DIXON DR | 57 Number & Street: 601 WOODBINE LN | 121b: -

103: 01

28 City: RIVERVIEW | State: FL | Zip: 33579

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

104: 2

30 Eyes: BR | DL Class: B | Restrictions: - | Endorsements: - | 31 State: FL

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: - | 61 State: NJ | 122: 01

105: 01

32 Driver's License Number: W623810813040 | 33 DOB (mm dd yyyy): 08/24/1981 | 34 Expires (mm yy): 08 29

62 Driver's License Number: F45061246957604 | 63 DOB (mm dd yyyy): 07/17/1960 | 64 Expires (mm yy): 07 24 | 123: 01

106: -

35 Owner's ☒ Same As Driver | First Name: TASHAWN | Initial: J | Last Name: WRIGHT

65 Owner's ☒ Same As Driver | First Name: CHRISTINE | Initial: I | Last Name: FINLEY-WHITE | 124: 04

107: -

36 Number & Street: 10809 DIXON DR

66 Number & Street: 601 WOODBINE LN | 125: 04

108: 01

37 City: RIVERVIEW | State: FL | Zip: 33579

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

109: 01

38 Make: MERZ | 39 Model: S55 - S5 | 40 Color: GRY | 41 Year: 2007 | 42 Plate No.: T91MXS | 43 State: NJ

68 Make: NISS | 69 Model: MAX - MA | 70 Color: BLK | 71 Year: 2016 | 72 Plate No.: J98LAL | 73 State: NJ | 126a: 26

110: 01

44 VIN: WDDNG86X47A149977 | 45 Expires: 11 22

74 VIN: 1N4AA6AP3GC390204 | 75 Expires: 04 23 | 126b: -

111: 01

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126c: -

76 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126d: -

112: -

113: -

47 Authority: ☒ Owner ☐ Driver ☐ Police

77 Authority: ☒ Owner ☐ Driver ☐ Police | 126e: 26

114: -

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.) | 127a: 26

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: -

115: -

116: 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 | 127c: -

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: -

117: 04

52 Motor Carrier or Government Entity: -

82 Motor Carrier or Government Entity: - | 127e: 26

Number & Street: -

Number & Street: - | 128: 26

City: - | State: - | Zip: -

City: - | State: - | Zip: - | 129: 01

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

- | 130: 01

131: 07

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-89	293646	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

132: 07

133: 04

134: 04

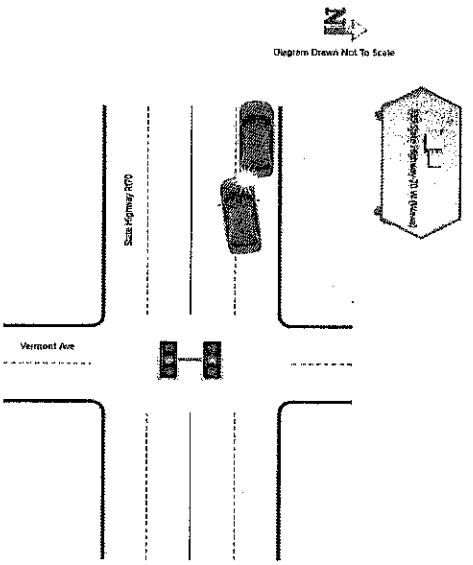
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	40	M	-	-	-	11	11	01	-	TASHAWN J WRIGHT - 10809 DIXON DR RIVERVIEW FL 33579
B	02	01	01	03	62	F	12	05	02	11	04	-	6502	CHRISTINE I FINLEY-WHITE - 601 WOODBINE LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01
	Station: - Case No: 22-065953

(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 01 stated he was traveling West on Rt 70 after exiting the Garden State Parkway with Vehicle 02 in front of him and noticed Vehicle 02 driving too slowly in the right lane. Driver 01 then passed Vehicle 02 legally on the left and then merged back to the right lane once he had plenty of distance from Vehicle 02. Driver 01 stated that he then witnessed Vehicle 02 driving erratic and tried to keep his distance from Vehicle 02. Driver 01 stated this continued for a few miles until they reached the area before the traffic signal at RT 70 and Vermont Ave when Vehicle 02 pulled in front of Driver 01 and slammed on her breaks. Driver 01 stated he tried to avoid Vehicle 02 but was unable to avoid striking Vehicle 02 in the rear. Driver 01 did not have any complaint of pain or visible injuries.

Driver 02 stated she was making a left turn from Vermont Ave on to RT 70 West and that the traffic signal was yellow as she continued through the intersection. Driver 02 stated that she entered the left lane of travel on RT 70 after making the left turn and then merged to the right lane. Driver 02 stated after she merged into the right lane, Vehicle 01 struck her in the rear causing her too lose control. Driver 02 had complaint of pain, visible injuries and was transported to the hospital.

During my investigation, I witnessed the debris field and skid marks from the crash started Westbound from the intersection of RT 70 and Vermont Ave in front of Wawa. I was given access to view the video surveillance at Wawa but it was unable to capture the incident. After my investigation, I concluded Driver 01 to be at fault for this crash due to both of the statements I received from each driver and the point of impact on both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ROMEO N	395	SGT. J. SPAGNUOLO	331	☐ 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	04
109	-
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01

1 Case Number: 22-065975

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

3 Station/Precinct: -

4 Date of Crash (mm dd yy): 08/21/22

5 Day Of Week: SUNDAY

6 Time (use 2400 hrs): 0834

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: E COUNTY LINE RD (Road Name) - (Dir)

☒ At Intersection With ☐ Feet ☐ Miles (14 / 15) ☐ N ☐ E ☐ S ☐ W of: PRINCETON AVE

11 Speed Limit: 40

12 Route No.: 0526 — Suffix: - — 13 Milepost: -

16 Ramp ☐ To ☐ From: - — 17 Cross Road Name: -

18 Speed Limit: 25

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.105589

22 Longitude: -74.210547

118a	02
118b	32
119a	25
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	11
130	11
131	01
132	01
133	03
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 118 3521-E06-30F

25 NJ Ins. Code: 962

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

26 Driver's First Name: NAHU — Initial: - — Last Name: FERRER-JUAREZ — 29 Sex: M

27 Number & Street: 187 4TH ST

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): 01/18/1984 — 34 Expires (mm yy): - -

35 Owner's First Name: ☐ Same As Driver HECTOR — Initial: E — Last Name: MARTINEZ -

36 Number & Street: 748 SPAR AVE

37 City: BEACHWOOD — State: NJ — Zip: 08722

38 Make: GMC — 39 Model: DEN — 40 Color: WHI — 41 Year: 2002 — 42 Plate No.: S32NWF — 43 State: NJ

44 VIN: 1GKFK66U42J146663 — 45 Expires: 08 22

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: -

55 NJ Ins. Code: -

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

56 Driver's First Name: ELIYAHU — Initial: A — Last Name: FRIEDMAN - — 59 Sex: M

57 Number & Street: 16900 CEDARCROFT PL

58 City: SOUTHFIELD — State: MI — Zip: 48076

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

62 Driver's License Number: F635209066547 — 63 DOB (mm dd yyyy): 07/10/1995 — 64 Expires (mm yy): 07 23

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

66 Number & Street: 16900 CEDARCROFT PL

67 City: SOUTHFIELD — State: MI — Zip: 48076

68 Make: CHEV — 69 Model: SONIC — 70 Color: 4 — 71 Year: 2015 — 72 Plate No.: 5NKW79 — 73 State: MI

74 VIN: 1G1JC5SHXF4158089 — 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.
1	39:3-10	1514 A 293325	-		-
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	38	M	-	-	-	11	04	-	-	NAHU - FERRER-JUAREZ - 187 4TH ST LAKEWOOD NJ 08701
B	01	04	01	05	6	M	-	-	-	11	04	-	-	DIEGO - FERRER - 360 JOE PARKER RD # C LAKEWOOD NJ 08701
C	01	05	01		35	F	-	-	-	11	04	-	-	ROSIBEL - VAZQUEZ-GONZALEZ - 360 JOE PARKER RD # C LAKEWOOD NJ 08701
D	01	06	01	05	25	M	-	-	-	11	04	-	-	ISRAEL - JUAREZ-LOPEZ - 360 JOE PARKER RD # C LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

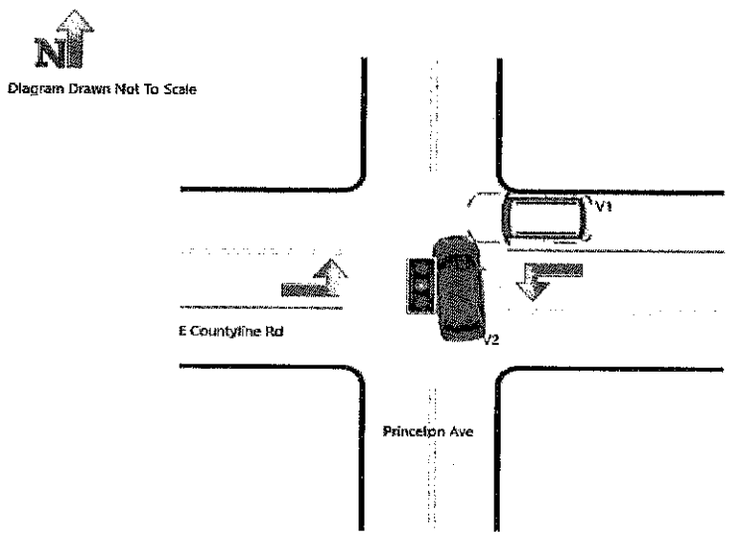
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065975

(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	07	01	05	38	M	-	-	-	11	04	-	-	JOSE - SALMORAN - 360 JOE PARKER RD # C LAKEWOOD NJ 08701
F	01	08	01	05	25	M	-	-	-	11	04	-	-	LUIS - VASQUEZ-GONZALES - 360 JOE PARKER RD # C LAKEWOOD NJ 08701
G	02	01	01	05	27	M	-	-	-	11	04	-	-	ELIYAHU A FRIEDMAN - 16900 CEDARCROFT PL SOUTHFIELD MI 48076
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Westbound on E Countyline Rd and did not stop at the red light at the intersection of Princeton Ave. He then crashed into Vehicle 2 in the intersection which was traveling Northbound on Princeton Ave.

Driver 1 stated he tried to stop at the red light at the intersection of E Countyline Rd and Princeton Ave. He stated his brakes did not work which caused him to crash into vehicle 2.

Driver 2 stated he was traveling Northbound on Princeton Ave when driver 1 crashed into him in the intersection of Princeton Ave and E Countyline Rd. He stated he had a green light.

It should be noted that I observed driver 1 move the car out of the intersection and the brakes appeared to be functional. He did not request that the vehicle be towed.

Both vehicles sustained moderate damage and there were no reported injuries on scene.

Based on my observations and speaking with both driver, I determined that driver 1 was at fault for failing to stop at the red light.

Vehicle 2 has Michigan insurance and the information is as follows; Meemic Insurance Company P.O. Box 217019 Auburn Hills, MI 48321 Policy Number PAP0921094 1-888-463-3642

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	DTWORKOSKI	249	☐ 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	07
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	02
117	04

1 Case Number: 22-066040

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

3 Station/Precinct:

10 Crash Occurred On: MAIN ST — Road Name — Dir: - — 11 Speed Limit: 40 — 12 Route No.: 0088 — Suffix: - — 13 Milepost: -

☐ At Intersection With — ☒ Feet — ☐ Miles — 14: 500 — 15 — ☐ N ☒ E ☐ S ☐ W — of: CLIFTON AVE — 16 — 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): 08/21/22 — 5 Day Of Week: SUNDAY — 6 Time (use 2400 hrs): 1702 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.090058 — 22 Longitude: -74.214224

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	01
130	01
131	11
132	11
133	03
134	03

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: HUGO — Initial: E — Last Name: LOPEZ — 29 Sex: M

27 Number & Street: 403 OCEAN AVE

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

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

32 Driver's License Number: - — 33 DOB (mm dd yyyy): 07/21/1976 — 34 Expires (mm yy): - -

35 Owner's First Name: ☐ Same As Driver WILLIANS — Initial: - — Last Name: RAMOS -

36 Number & Street: 11 S GRIFFIN ST

37 City: DANVILLE — State: IL — Zip: 61832

38 Make: CADI — 39 Model: SRX — 40 Color: WHI — 41 Year: 2006 — 42 Plate No.: 2188433B — 43 State: IL

44 VIN: 1GYEE637360179141 — 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.: TCA00002022143 — 55 NJ Ins. Code: 632 — ☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: SHMUEL — Initial: - — Last Name: POLLAK - — 59 Sex: M

57 Number & Street: 5654 RUE HUTCHISON

58 City: OUTREMONT — State: PQ — Zip: H2V 4

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

62 Driver's License Number: P4208-260989-02 — 63 DOB (mm dd yyyy): 09/26/1989 — 64 Expires (mm yy): 09 29

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

66 Number & Street: 337 OCEAN AVE

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

68 Make: TOYT — 69 Model: SIE — 70 Color: SIL — 71 Year: 2014 — 72 Plate No.: P85HCX — 73 State: NJ

74 VIN: 5TDKK3DC5ES497446 — 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.
V1	39:3-10	1514-A294562			

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	46	M	-	-	-	11	04	-	-	HUGO E LOPEZ - 403 OCEAN AVE LAKEWOOD NJ 08701
B	V1	04	01	05	54	F	-	-	-	11	04	-	-	ANJELA - ACOSTA - 523 5TH ST LAKEWOOD NJ 08701
C	V1	06	01	05	2	M	-	-	-	06	06	-	-	PEDRO - GOMES - 525 5TH ST LAKEWOOD NJ 08701
D	V2	01	01	05	32	M	-	-	-	11	04	-	-	SHMUEL - POLLAK - 5654 RUE HUTCHISON OUTREMONT PQ H2V4B

New Jersey Police Crash Investigation Report

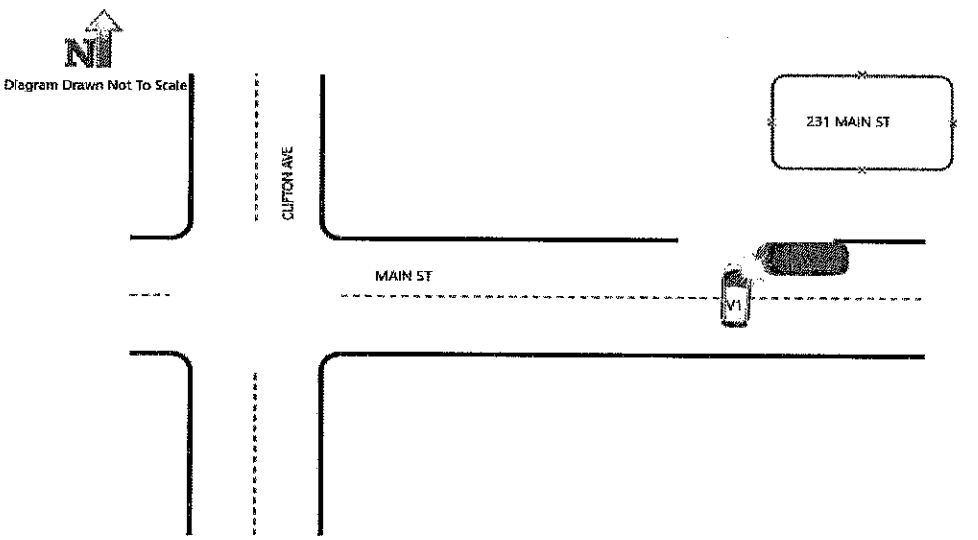
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: Case No: 22-066040

(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	V2	03	01	05	36	F	08	08	-	11	04	-	-	ESTER - POLLAK - 337 MAIN ST LAKEWOOD NJ 08701
F	V2	04	01	05	11	M	-	-	-	11	04	-	-	DAVID - POLLAK - 337 MAIN ST LAKEWOOD NJ 08701
G	V2	06	01	05	06M	F	-	-	-	06	06	-	-	CHANY - POLLAK - 337 OCEAN AVE LAKEWOOD NJ 08701
H	V2	07	01	05	4	F	-	-	-	11	04	-	-	SHRAGY - POLLAK - 337 MAIN ST LAKEWOOD NJ 08701
I	V2	08	01	05	6	F	-	-	-	02	02	-	-	MALKEY - POLLAK - 337 MAIN ST LAKEWOOD NJ 08701
J	V2	09	01	05	9	F	-	-	-	11	04	-	-	ROCHEL - POLLAK - 337 OCEAN AVE LAKEWOOD NJ 08701

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V2 stated he was traveling west on Main St when V1 had attempted to make a left turn which resulted in V2 striking V1.

Driver of V1 stated he attempted to make a left turn into the 231 Main St when V2 then struck him.

The result of the investigation revealed that Driver of V1 was at fault due to V2 having the right of way. One passenger of V2 reported complaint of pain to her left arm but denied EMS to respond.

V1 insurance information.

Policy # ILP3332783
Expiration 02/09/2023

Unique Insurance Company
7400 N. Caldwell Ave, Niles IL 60714
Phone number: 866-426-8842

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	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	07
99	05
100a	01
100b	04
101	02
102	01
103	01
104	2
105	02
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	04

1 Case Number: 22-066130

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0057

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE

11 Speed Limit: 45

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: TOWERS ST. — Dir: ☐ N ☒ E ☐ S ☐ W

☒ Feet ☐ Miles — 14: 30 — 15: — 16: of:

17 Cross Road Name: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: -

22 Longitude: -

118a	02
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	05
127c	-
127d	-
127e	05
128	26
129	03
130	03
131	11
132	11
133	02
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: RACHAMIM — Initial: - — Last Name: MIZRAHI — 29 Sex: M

27 Number & Street: 8 N CHERYL ST

28 City: SPRING VALLEY — State: NY — Zip: 10977

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

32 Driver's License Number: 487524622

33 DOB (mm dd yyyy): 01/14/2003

34 Expires (mm yy): 01 25

35 Owner's First Name: EAN — Initial: - — Last Name: HOLDINGS

☐ Same As Driver

36 Number & Street: 1402 EAST 21ST ST

37 City: TULSA — State: OK — Zip: 74134

38 Make: NISS — 39 Model: KICKS — 40 Color: 3 — 41 Year: 2021 — 42 Plate No.: 2CTN15 — 43 State: MD

44 VIN: 3N1CP5CV0ML524077

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.: 000-6268-904-1

55 NJ Ins. Code: 038

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

56 Driver's First Name: AVRAHAM — Initial: E — Last Name: SIFF — 59 Sex: M

57 Number & Street: 1727 E 15TH ST

58 City: BROOKLYN — State: NY — Zip: 11229

60 Eyes: 3 — DL Class: - — Restrictions: - — Endorsements: - — 61 State: NY

62 Driver's License Number: 479790789

63 DOB (mm dd yyyy): 02/13/2002

64 Expires (mm yy): 02 27

65 Owner's First Name: TZVI — Initial: Z — Last Name: SCHWARTZ

☐ Same As Driver

66 Number & Street: 224 6TH ST

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

68 Make: TOYT — 69 Model: AVA — 70 Color: SIL — 71 Year: 2001 — 72 Plate No.: R30PDV — 73 State: NJ

74 VIN: 4T1BF28B61U124496

75 Expires: 09 22

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	19	M	-	-	-	11	04	-	-	RACHAMIM - MIZRAHI - 8 N CHERYL ST SPRING VALLEY NY 10977 - -
B	2	01	01	05	22	M	-	-	-	11	04	-	-	TZVI Z SCHWARTZ - 224 6TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

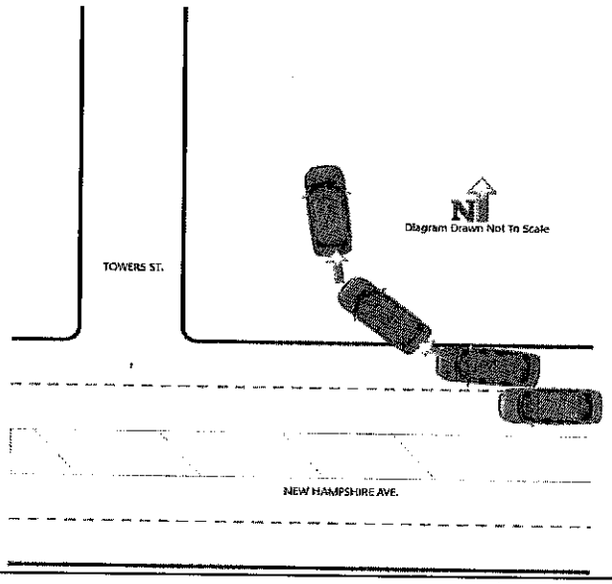
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066130

(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 2 was traveling west on New Hampshire Ave. towards Towers St. in the right lane. Vehicle 1 was traveling in the same direction in the left lane. Vehicle 1 side swiped vehicle 2 causing it to exit the road way off to the right hand side.

Driver of Vehicle 2 stated that Vehicle 1 side swiped him, he reacted and turned the steering wheel to the right and exited the roadway.

Driver of Vehicle 1 stated he was unaware that he had collided with Vehicle 2 and continued driving. After contacting the driver using a phone number provided by driver of vehicle 2, he returned to the scene.

The damage to both vehicles corroborates the statements of Vehicle 2.

****Vehicle 1 Insurance****
Safeco Insurance Company of America

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS D	406	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	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	01
117	04

1 Case Number: 22-066187

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0712

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: HOPE CHAPEL RD & — Dir: -

☒ At Intersection With — Road Name

☐ Feet ☐ N ☐ E of: 14TH ST

☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 40

12 Route No.: 0639 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.106462

22 Longitude: -74.242711

118a	51
118b	01
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	02
123	08
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
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.: 989 022 683

25 NJ Ins. Code: 054

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

26 Driver's First Name: ALEXANDER — Initial: - — Last Name: NETZER — 29 Sex: M

27 Number & Street: 20 JENNY LANE

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

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

31 State: NJ

32 Driver's License Number: N28910190004864

33 DOB (mm dd yyyy): 04/03/1986

34 Expires (mm yy): 04 23

35 Owner's First Name: PERRIE — Initial: - — Last Name: NETZER

☐ Same As Driver

36 Number & Street: 20 JENNY LANE

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

38 Make: HYUN — 39 Model: SON — 40 Color: GLD — 41 Year: 2010 — 42 Plate No.: E24FZK — 43 State: NJ

44 VIN: 5NPET4AC8AH600010

45 Expires: 11 22

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2

54 Policy No.: A0J-231-227994-70 2 4

55 NJ Ins. Code: 370

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

56 Driver's First Name: JACOB — Initial: - — Last Name: NEUMAN — 59 Sex: M

57 Number & Street: 35 WATERVEIW DR

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

60 Eyes: 6 — DL Class: A — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: N29023810011906

63 DOB (mm dd yyyy): 11/01/1990

64 Expires (mm yy): 11 26

65 Owner's First Name: JACOB — Initial: - — Last Name: NEUMAN

☐ Same As Driver

66 Number & Street: 35 WATERVEIW DR

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

68 Make: TOYT — 69 Model: SIE — 70 Color: 1 — 71 Year: 2015 — 72 Plate No.: D82KRC — 73 State: NJ

74 VIN: 5TDKK3DC6FS574049

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	36	M	-	-	-	11	04	-	-	ALEXANDER - NETZER - 20 JENNY LANE JACKSON NJ 08527
B	02	01	01	05	31	M	-	-	-	11	04	-	-	JACOB - NEUMAN - 35 WATERVEIW DR LAKEWOOD NJ 08701
C														
D														

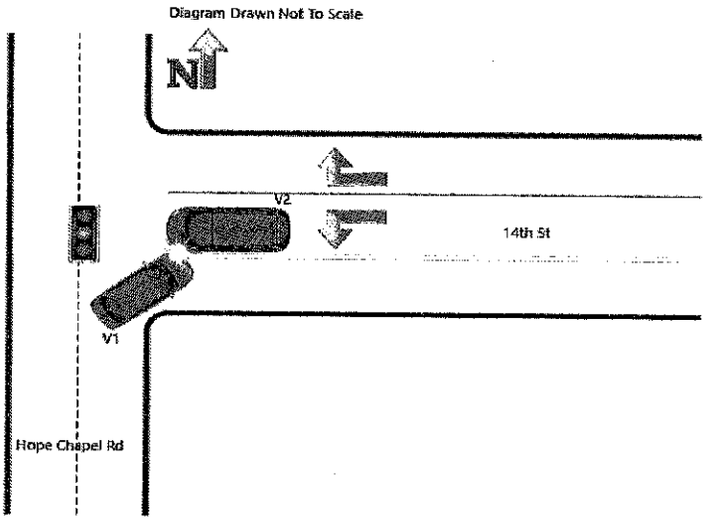
New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-066187

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Vehicle 1 was traveling Northbound on Hope Chapel Rd, attempted to make a right turn onto 14th St, and crashed into vehicle 2 which was stopped at the light in the left turn lane on 14th St.

Driver 1 stated he was traveling Northbound on Hope Chapel Rd and attempted to make a right turn onto 14th St. As he attempted to make the turn he stated his brakes did not work and he crashed into vehicle 2 which was stopped at the light in the left turn lane on 14th St.

Driver 2 stated he was stopped in the left turn lane on 14th St when vehicle 1 crashed into him.

There were no reported injuries on scene. Vehicle 1 sustained minor damage. Vehicle 2 was disabled due to the driver door not being able to open and possible damage to the front driver side tire.

It should be noted that the roads are wet and it was raining during the time of the crash. Vehicle 1 was able to drive away and its brakes appeared to be functional.

Based on my observations and speaking with both drivers, I determined that driver 1 was at fault for failing to make the right turn properly given the road and environmental conditions.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	PA	325	☐ 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	-
100a	02
100b	01
101	04
102	02
103	02
104	3
105	03
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	01

1 Case Number: 22-066194

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

3 Station/Precinct: -

10 Crash Occurred On: RIVER AVE — Road Name — Dir — 11 Speed Limit: - 40 — 12 Route No.: RT 9 — Suffix — 13 Milepost

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

14: 10 — 15 — 16

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

4 Date of Crash (mm dd yy): 08/22/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 0751 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.072354 — 22 Longitude: -74.217661

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	04
125	04
126a	26
126b	27
126c	56
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	04
130	04
131	12
132	12
133	03
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939 834 033 — 25 NJ Ins. Code: 054

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

26 Driver's First Name: YEHUDAH — Initial: - — Last Name: SARWAY — 29 Sex: M

27 Number & Street: 16 BUTTELL AVE

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

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

32 Driver's License Number: S07177890008912 — 33 DOB (mm dd yyyy): 08/09/1991 — 34 Expires (mm yy): 08 24

35 Owner's ☐ Same As Driver — First Name: YEHUDAH — Initial: - — Last Name: SARWAY

36 Number & Street: 16 BUTTELL AVE

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

38 Make: HOND — 39 Model: ODY — 40 Color: WHI — 41 Year: 2020 — 42 Plate No.: M84MKX — 43 State: NJ

44 VIN: 5FNRL6H78LB039606 — 45 Expires: 06 23

46 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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.: 093- 9393-A03-30C — 55 NJ Ins. Code: 962

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

56 Driver's First Name: JOHN — Initial: W — Last Name: VANDERBECK — 59 Sex: M

57 Number & Street: 470 GODFREY LAKE DR

58 City: BRICK — State: NJ — Zip: 08724

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

62 Driver's License Number: V03964078610715 — 63 DOB (mm dd yyyy): 10/13/1971 — 64 Expires (mm yy): 10 24

65 Owner's ☐ Same As Driver — First Name: JOHN — Initial: W — Last Name: VANDERBECK

66 Number & Street: 470 GODFREY LAKE DR

67 City: BRICK — State: NJ — Zip: 08724

68 Make: TOYT — 69 Model: COR — 70 Color: BLK — 71 Year: 2003 — 72 Plate No.: H17FMX — 73 State: NJ

74 VIN: 2T1BR32E03C032868 — 75 Expires: 06 23

76 Vehicle Removed To: FREEDOM TOWING & RECOVERY

☐ 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	31	M	-	-	-	11	00	04	-	YEHUDAH - SARWAY - 16 BUTTELL AVE LAKEWOOD NJ 08701
B	2	01	01	05	50	M	06	08	01	11	04	01	-	JOHN W VANDERBECK - 470 GODFREY LAKE DR BRICK NJ 08724
C	3	01	01	05	27	M	-	-	-	11	00	-	-	JAKE E KOVAR - 103 PORPOISE COURT TOMS RIVER NJ 08753
D	3	03	01	05	37	M	-	-	-	11	00	-	-	BRIAN A WORKMAN - 35 BITTERN LANE BAYVILLE NJ 08721

PAGE 2 OF 3 ☐ 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	02
103	02
104	3
105	03
106	-
107	-
108	CTK
109	-
110	02
111	-
112	-
113	-
114	03
115	-
116	04
117	-

1 Case Number: 22-066194

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0751

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: RIVER AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W of: SPRUCE ST

16

11 Speed Limit: 40

12 Route No.: RT 9 — Suffix — 13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name

20 Route/Name

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.072354

22 Longitude: -74.217661

118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	99
123	-
124	08
125	-
126a	26
126b	-
126c	-
126d	-
126e	26
127a	-
127b	-
127c	-
127d	-
127e	-
128	26
129	11
130	11
131	-
132	-
133	03
134	-

Vehicle 1

23 Veh #: 3

24 Policy No.:

25 NJ Ins. Code:

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

26 Driver's First Name: JAKE — Initial: E — Last Name: KOVAR — 29 Sex: M

27 Number & Street: 103 PORPOISE COURT

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

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

31 State: NJ

32 Driver's License Number: K68453836504952

33 DOB (mm dd yyyy): 04/28/1995

34 Expires (mm yy): 04 24

35 Owner's First Name: AMERICA — Initial: I — Last Name: NESTLE WATERS N

☐ Same As Driver

36 Number & Street: 375 PARAMOUNT D

37 City: RAYNHAM — State: MA — Zip: 02767

38 Make: FORD — 39 Model: F6D — 40 Color: WHI — 41 Year: 2016 — 42 Plate No.: XDGD23 — 43 State: NJ

44 VIN: 1FDNF6DC7GDA05691

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 #: -

54 Policy No.: -

55 NJ Ins. Code: -

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

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

57 Number & Street: -

58 City: - — State: - — Zip: -

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

61 State: -

62 Driver's License Number: -

63 DOB (mm dd yyyy): -

64 Expires (mm yy): - -

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

☐ Same As Driver

66 Number & Street: -

67 City: - — State: - — Zip: -

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

74 VIN: -

75 Expires: - -

76 Vehicle Removed To: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded

☐ Left At Scene ☐ Towed Impounded

77 Authority

☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. - % ☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class: - — Placard No.: -

80 Carrier No.

☐ USDOT - ☐ MC/MX - ☐ None

81 GVWR/GCWR

☐ Weight <= 10,000 lbs

☐ Weight 10,001-26,000 lbs

☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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

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

New Jersey Police Crash Investigation Report

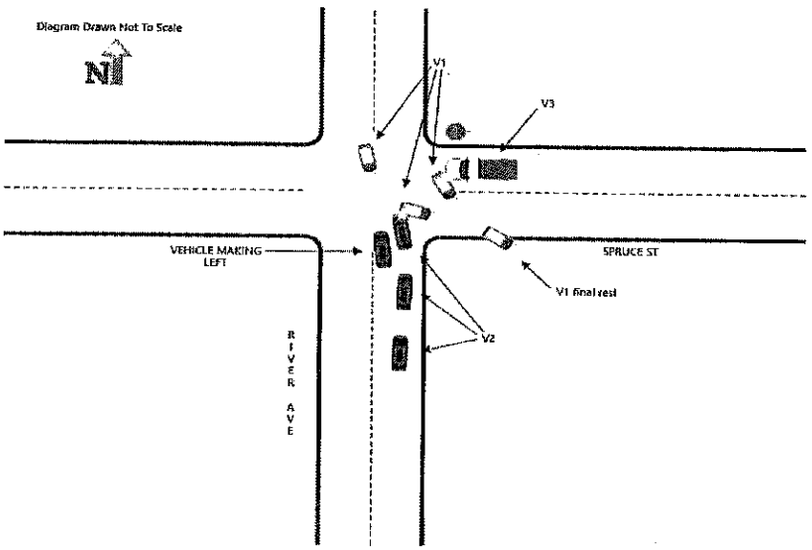
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066194

(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

Driver of V1 said he was on River Ave, going South. He went to make a left turn onto Spruce St when his vehicle was struck by V2 (which was traveling North on River). Driver of V1 said the as he approached Spruce St. he observed a vehicle making a left from River (North Bound) on to West Spruce St. So he made the also because the other vehicle was stopped. V1 said that V2 also pasted the vehicle making as left to go around it.

Driver of V2 said he was traveling North on River Ave when V1 made a left turn in front of him, causing the crash. He tried to stop, but could not in time. He also said that there was another vehicle that turned before V1 and he missed that vehicle. I asked the driver of V2 if there was a vehicle in front of him making a left (that he went around)? and he said, no.

Driver of V3 was stopped at the stop sign on Spruce St. He said that he heard V2 skid to try to stop from hitting V1, which turned left onto Spruce St in front of V2. V2 struck V1 and when it did it pushed V1 into the front of V3, it then went up onto a curb.

There was dash cam video from V3 which this officer was able to view. After viewing the video it was determined that V1 was at fault for the crash. In the video I observed V2 go around a single car that was making a left onto West Spruce St. V1 did not yield to the on coming traffic.

Dash cam video was attached to report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	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: 02 | 103: 05 | 104: 2 | 105: 03 | 106: - | 107: - | 108: 01 | 109: 01 | 110: 01 | 111: 01 | 112: - | 113: - | 114: - | 115: - | 116: 01 | 117: 04

1 Case Number: 22-066201

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0830

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: 945 RIVER AVENUE | 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: 40.063288

22 Longitude: -74.219122

23 Veh #: 1

24 Policy No.: TCA00002015324

25 NJ Ins. Code: 632

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

26 Driver's First Name: APRIL | Initial: O | Last Name: SCALES | 29 Sex: F

27 Number & Street: 504 KNOLLWOOD CT

28 City: LANOKA HARBOR | State: NJ | Zip: 08734

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

31 State: NJ

32 Driver's License Number: S10850557653942

33 DOB (mm dd yyyy): 03/31/1994

34 Expires (mm yy): 03 23

35 Owner's ☐ Same As Driver: APRIL | Initial: O | Last Name: SCALES

36 Number & Street: 504 KNOLLWOOD CT

37 City: LANOKA HARBOR | State: NJ | Zip: 08734

38 Make: TOYT | 39 Model: SOL | 40 Color: RD | 41 Year: 2008 | 42 Plate No.: Y31KXR | 43 State: NJ

44 VIN: 4T1FA38P48U157685

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: -

53 Veh #: 2

54 Policy No.: 5129J 007240

55 NJ Ins. Code: 917

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

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

57 Number & Street: 29 LEWIN AVE

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

60 Eyes: 04 | DL Class: D | Restrictions: - | Endorsements: -

61 State: NJ

62 Driver's License Number: K03801800009854

63 DOB (mm dd yyyy): 09/22/1985

64 Expires (mm yy): 09 22

65 Owner's ☐ Same As Driver: DOVID | Initial: - | Last Name: KANAREK

66 Number & Street: 29 LEWIN AVE

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

68 Make: ACUR | 69 Model: MDX | 70 Color: BLK | 71 Year: 2022 | 72 Plate No.: W16NTJ | 73 State: NJ

74 VIN: 5J8YE1H84NL008842

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: -

118a: 16 | 118b: 04 | 119a: 25 | 119b: - | 120a: 01 | 120b: - | 121a: 01 | 121b: - | 122: 01 | 123: 01 | 124: 08 | 125: 11 | 126a: 26 | 126b: - | 126c: - | 126d: - | 126e: 26 | 127a: 26 | 127b: - | 127c: - | 127d: - | 127e: 26 | 128: 26 | 129: 03 | 130: 03 | 131: 12 | 132: 12 | 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.

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

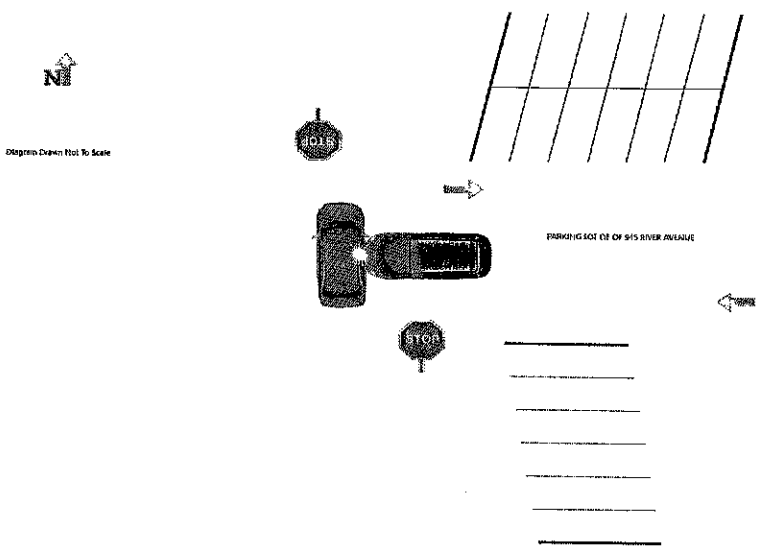
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	28	F	-	-	-	11	04	-	-	APRIL O SCALES - 504 KNOLLWOOD CT LANOKA HARBOR NJ 08734
B	V2	01	01	05	36	M	-	-	-	11	04	-	-	DOVID - KANAREK - 29 LEWIN AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: - Case No: 22-066201

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT SHE WAS DRIVING THROUGH THE PARKING LOT OF 945 RIVER AVENUE. D1 STATED THAT SHE STOPPED AT THE STOP SIGN, WHICH SPLIT THE PARKING LOT IN HALF. D1 STATED UPON DRIVING THROUGH STOP SIGN, SHE WAS STRUCK ON THE PASSENGER SIDE REAR DOOR BY V2. D1 DID ADVISE ME THAT SHE DID OBSERVE V2 DRIVING THROUGH THE PARKING LOT AT A HIGH RATE OF SPEED.

D2 STATED THAT HE WAS DRIVING THROUGHT THE PARKING LOT OF 945 RIVER AVENUE, ATTEMPTING TO TURN ONTO ROUTE 9. D2 STATED WHILE APPROACHING THE EXIT, HE WAS STRUCK V1 WITH THE FRONT END OF HIS VEHICLE.

UPON DOING MY INVESTIGATION, I PUT V1 AT FAULT, DUE TO HER NOT MAKING SURE IT WAS SAFE TO DRIVE, WHEN HAVING A STOP SIGN.

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
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	01
110	01
111	02
112	-
113	-
114	-
115	-
116	03
117	04

1 Case Number: 22-066211

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 0934

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: 1

10 Crash Occurred On: NEW EGYPT ROAD — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 50 — 15

☐ N ☐ E ☐ S ☐ W of: HILLSIDE BLVD — 16

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.083928

22 Longitude: -74.254750

11 Speed Limit: 35

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

18 Speed Limit: 25

118a	08
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	04
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	08
130	08
131	12
132	12
133	04
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: DOV — Initial: M — Last Name: LEVY — 29 Sex: M

27 Number & Street: 171 IRWIN ST

28 City: BROOKLYN — State: NY — Zip: 11235

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

32 Driver's License Number: 676638880 — 33 DOB (mm dd yyyy): 10/16/1982 — 34 Expires (mm yy): 10 29

35 Owner's First Name: ☐ Same As Driver - — Initial: - — Last Name: AMAZING SYSTEMS-

36 Number & Street: 209 2ND ST

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

38 Make: TOYT — 39 Model: SNA — 40 Color: SIL — 41 Year: 2022 — 42 Plate No.: X31PKU — 43 State: NJ

44 VIN: 5TDYRKEC4NS088112 — 45 Expires: 01 23

46 Vehicle Removed To: ACME TOWING

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

47 Authority: ☐ Owner ☐ Driver ☒ Police

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

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

50 Carrier No.: ☐ USDOT - ☐ 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.: 13 UEC GC1480 — 55 NJ Ins. Code: 161

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

56 Driver's First Name: RANDU — Initial: - — Last Name: CASTILLO-MUNOZ — 59 Sex: M

57 Number & Street: 488 MASSACHUSETTS AVE # A

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

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

62 Driver's License Number: C07766400010812 — 63 DOB (mm dd yyyy): 10/23/1981 — 64 Expires (mm yy): 10 25

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

66 Number & Street: 3 REAGAN DRIVE

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

68 Make: RAM — 69 Model: PRO — 70 Color: WHI — 71 Year: 2019 — 72 Plate No.: XLZX48 — 73 State: NJ

74 VIN: ZFBHRFAB8K6N65725 — 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.
V1	39:6B-2	1514-A-295078			

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	03	39	M	02	04	02	11	11	04	-	DOV M LEVY - 171 IRWIN ST BROOKLYN NY 11235
B	V2	01	01	05	40	M	-	-	-	11	04	-	-	RANDU - CASTILLO-MUNOZ - 488 MASSACHUSETTS AV LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

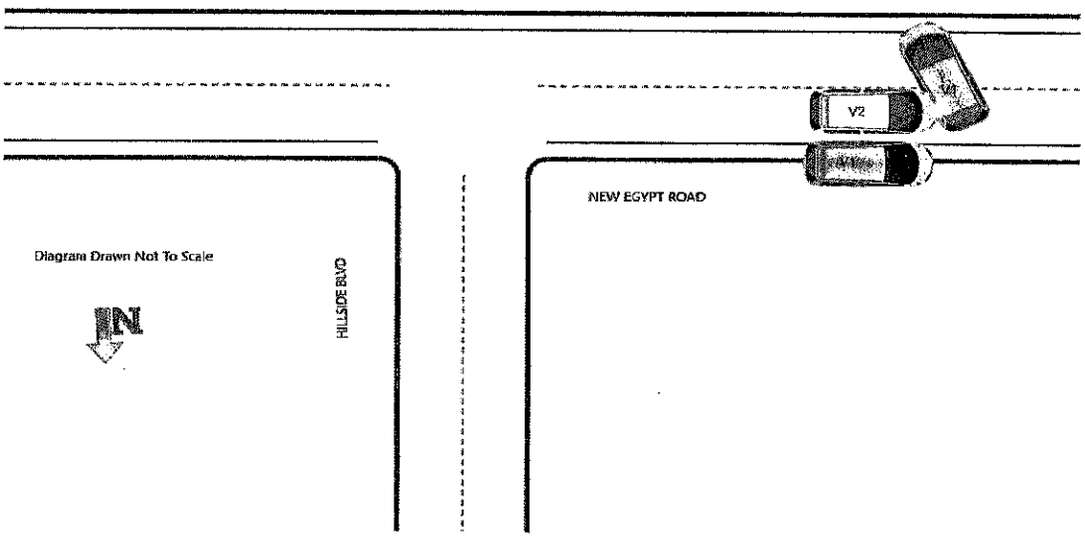
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066211

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT HE WAS PARKED ON THE SHOULDER ON NEW EGYPT ROAD. D1 ADVISED THAT HE DID NOT NOTICE ANY VEHICLES COMING EITHER WAY. D1 STATED AT THIS TIME HE MADE A U-TURN TO HEAD EAST BOUND ON NEW EGYPT ROAD. UPON MAKING THE U-TURN HE WAS STRUCK BY V2 ON THE DRIVER SIDE REAR QUARTER PANEL.

D2 STATED THAT HE WAS TRAVELING WEST BOUND ON NEW EGYPT ROAD. D2 STATED THAT HE NOTICED V1 ATTEMPTING TO MAKE A U-TURN. D2 ADVISED ME THAT HE ATTEMPTED TO STOP HIS VEHICLE, BUT WAS UNABLE TO, WHICH CAUSED HIM TO STRIKE V1 WITH THE FRONT END OF HIS VEHICLE.

UPON DOING MY INVESTIGATION, I PUT V1 A FAULT, DUE TO HIM MAKING A U-TURN WHEN IT WAS UNSAFE TO DO SO.

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
97	01
98	01
99	05
100a	01
100b	04
101	02
102	01
103	02
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: 22-066214

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

3 Station/Precinct: -

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

☐ At Intersection With

☒ Feet ☐ Miles — 14 — 15

☐ N ☐ E ☐ S ☒ W of: S. CLOVER ST

16 — 19 Ramp ☐ To ☐ From: — 17 Cross Road Name — 20 Route/Name

11 Speed Limit: 40 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 40

☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.082695 — 22 Longitude: -74.201449

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
08/22/22	MONDAY	0951	1514	--	--

118a	05
118b	-
119a	25
119b	-
120a	00
120b	-
121a	01
121b	-
122	01
123	01
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	-
128	26
129	07
130	07
131	11
132	11
133	03
134	04

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 6038-07-86-37 — 25 NJ Ins. Code: 100

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

26 Driver's First Name: JOSEPH — Initial: L — Last Name: SCIARRONE - — 29 Sex: M

27 Number & Street: 183 EVEREST DR. S

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

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

32 Driver's License Number: S15854107305402 — 33 DOB (mm dd yyyy): 05/23/1940 — 34 Expires (mm yy): 05 23

35 Owner's ☐ Same As Driver — First Name: JOSEPH — Initial: L — Last Name: SCIARRONE -

36 Number & Street: 183 EVEREST DR. S

37 City: BRICK — State: NJ — Zip: 08724

38 Make: NISS — 39 Model: SEN - SE — 40 Color: SIL — 41 Year: 2022 — 42 Plate No.: M17ACV — 43 State: NJ

44 VIN: 3N1AB8CV8NY230812 — 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.: 939 727 297 — 55 NJ Ins. Code: 054

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

56 Driver's First Name: SHIFRA — Initial: - — Last Name: WEISSBROD - — 59 Sex: F

57 Number & Street: 38 COLUMBUS AVENUE

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

60 Eyes: 4 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: W23127080053004 — 63 DOB (mm dd yyyy): 03/28/2000 — 64 Expires (mm yy): 03 26

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

66 Number & Street: 38 COLUMBUS AVENUE

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

68 Make: CHEV — 69 Model: BOL — 70 Color: BLK — 71 Year: 2020 — 72 Plate No.: W80MXJ — 73 State: NJ

74 VIN: 1G1FY6S05L4121874 — 75 Expires: 10 23

76 Vehicle Removed To: MOISHEYS 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.

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	82	M	08	04	-	11	04	-	-	JOSEPH L SCIARRONE - 183 EVEREST DR. S BRICK NJ 08724
B	1	06	01	05	48	F	-		-	04	01	-	-	NAOMI - STRULOVICS - 409 7TH STREET LAKEWOOD NJ 08701
C	1	04	01	05	10	F	-	-	-	04	01	-	-	FRAIDY STRULOVICS 409 7TH STRRET LAKEWOOD NJ 08701
D	2	00	01	05	22	F	07	08	-	11	04	-	-	SHIFRA - WEISSBROD - 38 COLUMBUS AVENUE LAKEWOOD NJ 08701

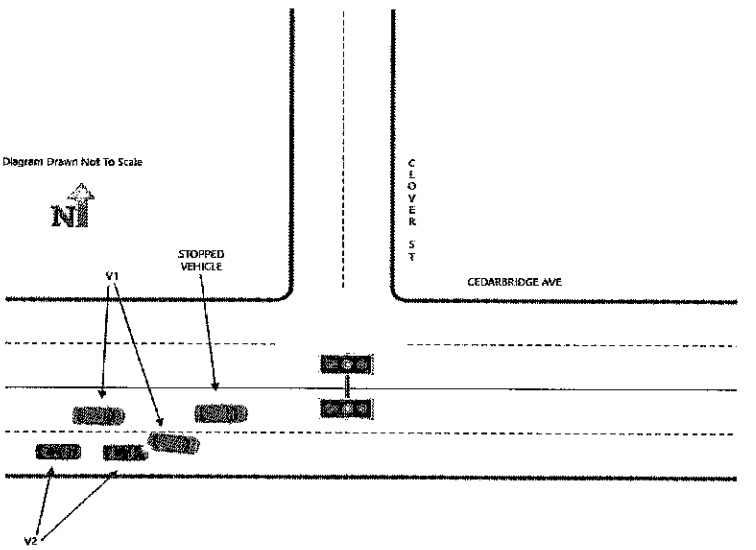
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: - Case No: 22-066214

(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 traveling East on Cedarbridge Ave. A vehicle was stopped ahead of him so he changed lanes. He was then struck from behind by V2.

Driver of V2 said that she was traveling East on Cedarbridge Ave in the slow lane. She said V2 (which was in the Left lane) switched lanes and struck her vehicle.

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

Driver of V2 had a complaint of left shoulder pain.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	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	01
106	-
107	-
108	05
109	01
110	01
111	02
112	-
113	01
114	-
115	-
116	02
117	02

1 Case Number: 22-066230

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

3 Station/Precinct: -

10 Crash Occurred On: CEDARBRIDGE AVE (Road Name) - (Dir) | 11 Speed Limit: 45 | 12 Route No.: 0528 | Suffix: - | 13 Milepost: -

☒ At Intersection With ☐ Feet ☐ Miles (14: -, 15) ☐ N ☒ E ☐ S ☐ W of: HURLEY AVE | 16 Speed Limit: 35

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

20 Route/Name | 21 Latitude: 40.087709 | 22 Longitude: -74.213569

4 Date of Crash (mm dd yy): 08/22/22 | 5 Day Of Week: MONDAY | 6 Time (use 2400 hrs): 1114 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: --

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
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	02
134	02

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 4618233136 | 25 NJ Ins. Code: 100

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

26 Driver's First Name: MIGUEL | Initial: A | Last Name: RAMIREZHERNANDE- | 29 Sex: M

27 Number & Street: 558 IRON KETTLE ROAD

28 City: TOMS RIVER | State: NJ | Zip: 08755

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

32 Driver's License Number: R03555476111871 | 33 DOB (mm dd yyyy): 11/23/1987 | 34 Expires (mm yy): 11 26

35 Owner's ☐ Same As Driver: ALEJANDRA | Initial: - | Last Name: RAMIREZ-HERNANI-

36 Number & Street: 402 LAUREL AVE

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

38 Make: TOYT | 39 Model: TAC | 40 Color: GRY | 41 Year: 2013 | 42 Plate No.: E98LJX | 43 State: NJ

44 VIN: 3TMMU4FN4DM053397 | 45 Expires: 05 23

46 Vehicle Removed To: -

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - | State: - | Zip: -

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 648901751 | 55 NJ Ins. Code: -

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

56 Driver's First Name: GABRIEL | Initial: W | Last Name: QUINONES - | 59 Sex: M

57 Number & Street: 1808 E THAYER ST

58 City: PHILADELPHIA | State: PA | Zip: 19134

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

62 Driver's License Number: 32528605 | 63 DOB (mm dd yyyy): 05/09/1992 | 64 Expires (mm yy): - -

65 Owner's ☐ Same As Driver: FLEXDRIVE | Initial: - | Last Name: SERVICES LLC -

66 Number & Street: 2280 BETHLEHEM PIKE

67 City: HATFIELD | State: PA | Zip: 19440

68 Make: KIA | 69 Model: - | 70 Color: - | 71 Year: 2020 | 72 Plate No.: LJK6062 | 73 State: PA

74 VIN: KNDCB3LC9L5361832 | 75 Expires: 09 23

76 Vehicle Removed To: -

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT - ☒ 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	-	-	34	M	-	-	-	11	04	-	-	MIGUEL A RAMIREZHERNANDEZ - 558 IRON KETTLE ROAD TOMS RIVER NJ 08755 - -
B	02	01	-	-	30	M	-	-	-	11	04	-	-	GABRIEL W QUINONES - 1808 E THAYER ST PHILADELPHIA PA 19134 - -
C	02	06	-	-	58	M	-	-	-	11	04	-	-	YITZCHOK I JACOBS - 405 WARREN AVE LAKEWOOD NJ 08701 - -
D	02	05	-	-	13	M	-	-	-	11	04	-	-	AARON - JACOBS - 405 WARREN AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

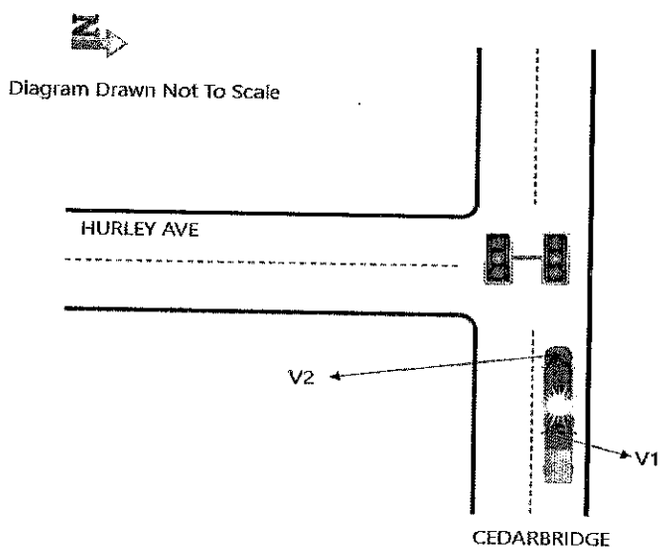
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066230

(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	04	-	-	11	M	-	-	-	11	04	-	-	YAKOV - JACOBS - 405 WARREN AVE LAKEWOOD NJ 08701 - -
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Pennsylvania Financial Responsibility
Company: Allstate Insurance
NAIC #: 19232
Policy #: 648901751

The driver of V1 stated that he was traveling east on Cedarbridge. While traveling East, the driver of V1 explained that he lost focused. Which cause him to collided into V2. The driver of V1 was not injured and left the scene safely.

The driver of vehicle 2 stated that he was stopped in traffic. While he was stopped due to traffic, vehicle 1 collided with him. The driver and passengers of vehicle 2 were not injured and refused medical attention. Vehicle 2 left the scene safely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TOWNSEND T	403	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	04
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	02
117	02

1 Case Number: 22-066262

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

3 Station/Precinct: -

10 Crash Occurred On: W COUNTY LINE ROAD (Road Name) - (Dir) — 11 Speed Limit: 45 — 12 Route No.: 0526 — Suffix: - — 13 Milepost: -

☐ At Intersection With — Road Name: HOPE CHAPEL ROAD — 18 Speed Limit: 45

☒ Feet ☐ Miles — 14: 500 — 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): 08/22/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1422 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: -- — 21 Latitude: 40.110800 — 22 Longitude: -74.239210

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	06
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

23 Veh #: 1 — 24 Policy No.: 6079612782061 — 25 NJ Ins. Code: 884

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

26 Driver's First Name: LEAH — Initial: - — Last Name: VANN - — 29 Sex: F

27 Number & Street: 1421 14TH ST

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

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

32 Driver's License Number: V04464500060024 — 33 DOB (mm dd yyyy): 10/07/2002 — 34 Expires (mm yy): 10 24

35 Owner's: ☒ Same As Driver — First Name: LEAH — Initial: - — Last Name: VANN -

36 Number & Street: 1421 14TH ST

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

38 Make: TOYT — 39 Model: CAM — 40 Color: TN — 41 Year: 2002 — 42 Plate No.: B48NBT — 43 State: NJ

44 VIN: 4T1BE30K62U046937 — 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.: 929144834 — 55 NJ Ins. Code: 135

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

56 Driver's First Name: ITZEL — Initial: - — Last Name: CASTILLO-ALMAZO - — 59 Sex: F

57 Number & Street: 5 KIMBALL RD

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

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

62 Driver's License Number: C07763770055932 — 63 DOB (mm dd yyyy): 05/18/1993 — 64 Expires (mm yy): 09 21

65 Owner's: ☒ Same As Driver — First Name: ITZEL — Initial: - — Last Name: CASTILLO-ALMAZO -

66 Number & Street: 5 KIMBALL RD

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

68 Make: HOND — 69 Model: ACC — 70 Color: WHI — 71 Year: 2020 — 72 Plate No.: K61MUK — 73 State: NJ

74 VIN: 1HGCV1F30LA094810 — 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	19	F	-	-	-	11	04	-	-	LEAH - VANN - 1421 14TH ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	29	F	-	-	-	11	04	-	-	ITZEL - CASTILLO-ALMAZO - 5 KIMBALL RD LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

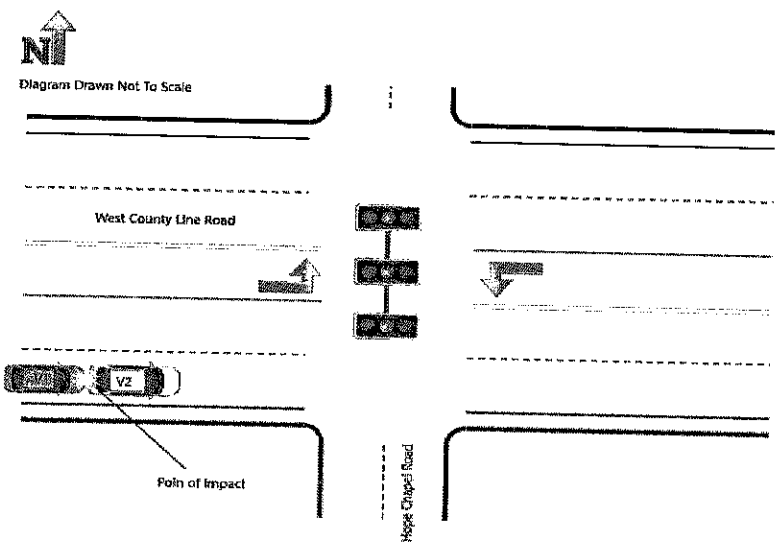
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066262

(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 waiting in traffic and did not see the V2 in front of her stopped. She crashed into the rear of V2 while V2 was stopped in traffic.

Driver of V2 stated she was stopped waiting for traffic on West County Line Road to go, in the right lane of travel. She stated the driver of V1 was not paying attention and crashed into the rear of her vehicle.

Driver of V1 is at fault for crashing into the rear of V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CONRAD M	389	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	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	-
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-066265

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

3 Station/Precinct:

10 Crash Occurred On: RIVER AVE — Road Name — Dir: N — 11 Speed Limit: 35 — 12 Route No.: 0009 — Suffix — 13 Milepost

☐ At Intersection With — ☒ Feet ☐ Miles — 14: 200 — 15 — ☒ N ☐ E ☐ S ☐ W — of: PINE ST — 16 Speed Limit: 35

17 Cross Road Name: — 18 Speed Limit

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

4 Date of Crash (mm dd yy): 08/22/22 — 5 Day Of Week: MONDAY — 6 Time (use 2400 hrs): 1443 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: 1 — 21 Latitude: 40.079275 — 22 Longitude: -74.216493

118a	02
118b	09
119a	25
119b	-
120a	01
120b	01
121a	01
121b	01
122	01
123	07
124	-
125	-
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.: 2015707594 — 25 NJ Ins. Code: 106

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

26 Driver's First Name: ANGELA — Initial: - — Last Name: RINCON-RODRIGUE - — 29 Sex: F

27 Number & Street: 704 RIO GRANDE

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): 11/22/1986 — 34 Expires (mm yy): - -

35 Owner's First Name: ANGELA — Initial: - — Last Name: RINCON-RODRIGU - ☐ Same As Driver

36 Number & Street: 704 RIO GRANDE

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

38 Make: CHEV — 39 Model: EQX — 40 Color: RD — 41 Year: 2019 — 42 Plate No.: O071789 — 43 State: OH

44 VIN: 3GNCJPSB0KL184662 — 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.: 956961631 — 55 NJ Ins. Code: 135

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

56 Driver's First Name: ANA — Initial: C — Last Name: MORAES SILVA - — 59 Sex: F

57 Number & Street: 643 WESTWOOD AVE

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

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

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

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

66 Number & Street: 195 ROCKWELL AVE

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

68 Make: HOND — 69 Model: CIV — 70 Color: BLK — 71 Year: 2017 — 72 Plate No.: M46PXP — 73 State: NJ

74 VIN: 2HGFC2F70HH543651 — 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.
01	39:3-10	A295093	02	39:3-10	A295094
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	35	F	07	08	01	11	00	-	-	ANGELA - RINCON-RODRIGUEZ - 704 RIO GRANDE TOMS RIVER NJ 08755
B	01	02	01	05	35	M	-	-	-	11	00	-	-	EFRAIN BARRETO-PULIDO 704 RIO GRANDE DR TOMS RIVER NJ 08755
C	02	01	01	05	23	F	-	-	-	11	00	-	-	ANA C MORAES SILVA - 643 WESTWOOD AVE LONG BRANCH NJ 07740
D														

New Jersey Police Crash Investigation Report

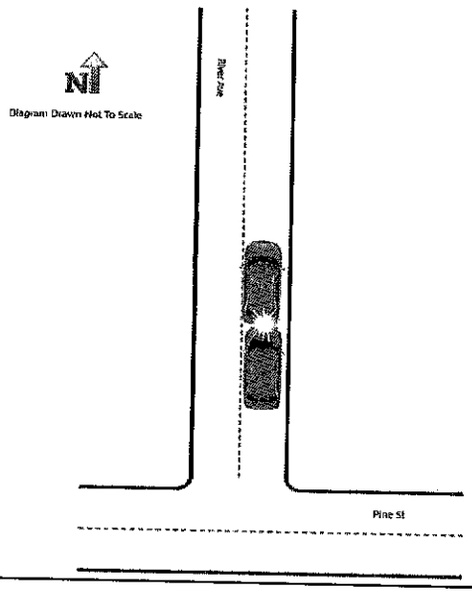
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066265

(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 the area of River Ave and Pine St for a two car motor vehicle accident. I spoke with the driver and passenger of vehicle one (V1) and they stated they were traveling north on River Ave and passed Pine St. The driver rear ended vehicle two (V2).
I spoke to the driver of V2 and she stated she was traveling north on River Ave and was rear ended by V1. The passenger of V1 had pain in her left arm and was assessed by Lakewood EMS but did not go the the hospital.
Vehicles were left on location off of the roadway. V1 had minor damage to the front bumper and V2 had minor damage to the rear end.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	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	05
109	04
110	02
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-066284

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

3 Station/Precinct: -

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1640

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: NEW HAMPSHIRE AVE (Road Name) - (Dir)

☐ At Intersection With

☒ Feet ☐ Miles — 14: 30 — 15

☒ N ☐ E ☐ S ☐ W of: CORBIN CT

11 Speed Limit: 50

12 Route No.: 0623 — Suffix: - — 13 Milepost: -

18 Speed Limit: 15

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.047041

22 Longitude: -74.197265

118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	07
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	02
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: S2391410

25 NJ Ins. Code: 206

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

26 Driver's First Name: KRISTIAN — Initial: J — Last Name: MYRES — 29 Sex: M

27 Number & Street: 108 BOULEVARD

28 City: SEASIDE HEIGHT — State: NJ — Zip: 08751

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

32 Driver's License Number: M96824377110752

33 DOB (mm dd yyyy): 10/28/1975

34 Expires (mm yy): 10 25

35 Owner's ☐ Same As Driver — First Name: PIZZO — Initial: - — Last Name: CONTRACTING INC -

36 Number & Street: 1579 ROUTE 9

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

38 Make: FORD — 39 Model: F35 — 40 Color: GY — 41 Year: 2009 — 42 Plate No.: XFSZ79 — 43 State: NJ

44 VIN: 1FTWW31549EA73778 — 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 2437237 ☐ 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.: F902571-9

55 NJ Ins. Code: 426

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

56 Driver's First Name: JAMES — Initial: F — Last Name: CRUMMY JR — 59 Sex: M

57 Number & Street: 901 TRENTON AVE

58 City: POINT PLEASANT — State: NJ — Zip: 08742

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

62 Driver's License Number: C76653836609564

63 DOB (mm dd yyyy): 09/18/1956

64 Expires (mm yy): 09 26

65 Owner's ☐ Same As Driver — First Name: JAMES — Initial: F — Last Name: CRUMMY JR -

66 Number & Street: 901 TRENTON AVE

67 City: POINT PLEASANT — State: NJ — Zip: 08742

68 Make: FORD — 69 Model: EDG — 70 Color: GY — 71 Year: 2018 — 72 Plate No.: S19PWC — 73 State: NJ

74 VIN: 2FMPK4J88JBB08883 — 75 Expires: 03 23

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	46	M	-	-	-	11	04	-	-	KRISTIAN J MYRES - 108 BOULEVARD SEASIDE HEIGHT NJ 08751
B	01	03	01	05	18	M	-	-	-	11	04	-	-	RICARDO - TEJADA 514 DAVINA CT LAKEWOOD NJ 08701
C	02	01	01	05	65	M	-	-	-	11	04	-	-	JAMES F CRUMMY JR - 901 TRENTON AVE POINT PLEASANT NJ 08742
D														

New Jersey Police Crash Investigation Report

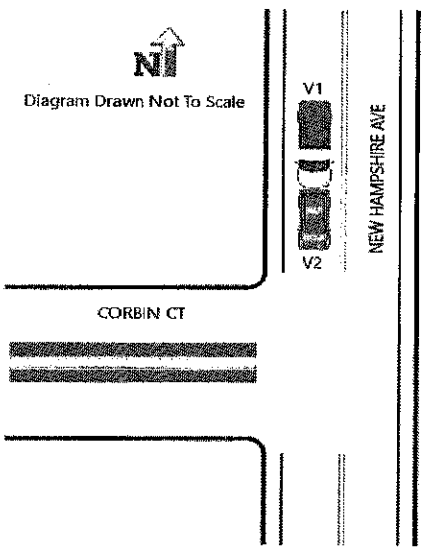
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-066284

(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 south on New Hampshire Ave. He observed V2 stop short in front of him and V1 was unable to stop in time. V1 struck the rear of V2.

The driver of V2 stated he was stopped in traffic while traveling south on New Hampshire Ave. While stopped, V1 struck the rear of V2.

Based on my investigation, V1 caused the crash by striking the rear of V2 while V2 was stopped.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WITTMANN V	346	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	02
100a	01
100b	04
101	02
102	01
103	01
104	2
105	07
106	-
107	-
108	01
109	20
110	01
111	02
112	-
113	-
114	-
115	03
116	03
117	01

1 Case Number: 22-066286

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

3 Station/Precinct:

10 Crash Occurred On: MADISON AVE — Road Name — Dir: -

☐ At Intersection With

☒ Feet ☐ Miles — 14: 100 — 15

☒ N ☐ E ☐ S ☐ W — 16

of: ELEVENTH ST

11 Speed Limit: 40

12 Route No.: SH 9 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name:

21 Latitude: 40.100682

22 Longitude: -74.218324

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

5 Day Of Week: MONDAY

6 Time (use 2400 hrs): 1653

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a	08
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	04
123	01
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	07
132	07
133	03
134	02

Vehicle 1

23 Veh #: 1

24 Policy No.: 6007861372061

25 NJ Ins. Code: 884

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

26 Driver's First Name: SIMCHA — Initial: - — Last Name: SCHWAM -

29 Sex: M

27 Number & Street: 27 FOREST PARK CIR

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

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

32 Driver's License Number: S15687150010994

33 DOB (mm dd yyyy): 10/25/1999

34 Expires (mm yy): 10 25

35 Owner's ☐ Same As Driver — First Name: SIMCHA — Initial: - — Last Name: SCHWAM -

36 Number & Street: 27 FOREST PARK CIR

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

38 Make: NISS — 39 Model: ROGUE — 40 Color: GRY — 41 Year: 2019 — 42 Plate No.: X500567 — 43 State: -

44 VIN: JN8AT2MV2KW383912

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.: 648962189

55 NJ Ins. Code: 012

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

56 Driver's First Name: SERGIO — Initial: A — Last Name: SALCEDOCARDILES -

59 Sex: M

57 Number & Street: 606 14TH ST

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

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

62 Driver's License Number: S02477006105962

63 DOB (mm dd yyyy): 05/22/1996

64 Expires (mm yy): 05 25

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

66 Number & Street: 106 REAGAN CT

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

68 Make: FORD — 69 Model: E35 — 70 Color: WHI — 71 Year: 2022 — 72 Plate No.: XMLT59 — 73 State: NJ

74 VIN: 1FDWE3FK7NDC41796

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.
V1	39:4-97	1514-A294563	-		-

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	-	-	SIMCHA - SCHWAM - 27 FOREST PARK CIR LAKEWOOD NJ 08701
B	V2	01	01	05	26	M	-	-	-	11	04	-	-	SERGIO A SALCEDOCARDILES - 606 14TH ST LAKEWOOD NJ 08701
C	V2	03	01	05	28	M	-	-	-	11	04	-	-	SANTIAGO - CORREA-SALAZAR - 600 HISON RD JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

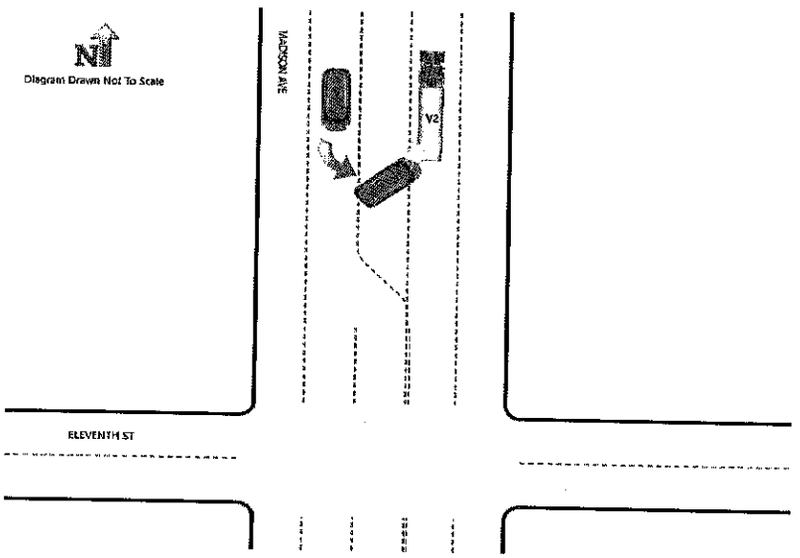
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-066286

(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 V2 stated he was slowly traveling north on Madison Ave while in traffic when V1 attempted to make a U-turn which resulted in V2 being struck at the 7 o'clock.

Driver of V1 stated he was attempting to make a left turn but ultimately struck V2.

The result of the investigation revealed that Driver of V1 was at fault due to making an illegal U-turn while on Madison Avenue. Due to the fact that the north bound side of Madison Ave between Carey and 11th St do not have any businesses or driveways to turn into it was determined from the location of crash that V1 did in fact make a illegal U-turn. Both parties reported no injuries at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIHACEK, A	421	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	-
97	-
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	-
108	01
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	03

1 Case Number: 22-062936

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/09/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1608

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE — Dir: S

☒ At Intersection With — Road Name: 12 TH ST

☐ Feet ☐ N ☐ E of: ☐ Miles ☐ S ☐ W

14 15 16

11 Speed Limit: 40

12 Route No.: 0009 — Suffix — 13 Milepost

18 Speed Limit: 25

17 Cross Road Name

19 Ramp ☐ To ☐ From:

20 Route/Name

21 Latitude

22 Longitude

☐ NB ☐ EB ☐ SB ☐ WB

118a	25
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	08
124	04
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	26
127c	-
127d	-
127e	26
128	26
129	06
130	17
131	06
132	06
133	01
134	03

Vehicle 1

23 Veh #: 1

24 Policy No.: 6111-07-59-48

25 NJ Ins. Code: 100

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

26 Driver's First Name: MICHAEL — Initial: N — Last Name: LANG — 29 Sex: M

27 Number & Street: 2149 E 8TH ST

28 City: BROOKLYN — State: NY — Zip: 11223

30 Eyes: 2 — DL Class: - — Restrictions: - — Endorsements: -

31 State: NY

32 Driver's License Number: 108518710

33 DOB (mm dd yyyy): 08/02/2003

34 Expires (mm yy): 08 24

35 Owner's ☐ Same As Driver — First Name: MICHAEL — Initial: N — Last Name: LANG

36 Number & Street: 2149 E 8TH ST

37 City: BROOKLYN — State: NY — Zip: 11223

38 Make: VOLK — 39 Model: JET - JE — 40 Color: RD — 41 Year: 2017 — 42 Plate No.: H53RCV — 43 State: NJ

44 VIN: 3VW4T7AJ3HM315891

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.: 939474152

55 NJ Ins. Code: 054

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

56 Driver's First Name: SHAYE — Initial: M — Last Name: PERL — 59 Sex: M

57 Number & Street: 37 EMPIRE LN

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

60 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: -

61 State: NJ

62 Driver's License Number: P27057047412814

63 DOB (mm dd yyyy): 12/26/1981

64 Expires (mm yy): 10 23

65 Owner's ☐ Same As Driver — First Name: SHAYE — Initial: M — Last Name: PERL

66 Number & Street: 37 EMPIRE LN

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

68 Make: TOYT — 69 Model: CAM — 70 Color: GY — 71 Year: 2006 — 72 Plate No.: C55MVW — 73 State: NJ

74 VIN: 4T1BE32K26U679017

75 Expires: 09 23

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

77 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

Oper.	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	-	-	19	M	-	-	-	11	04	-	-	MICHAEL N LANG - 2149 E 8TH ST BROOKLYN NY 11223
B	02	01	-	05	40	M	-	-	-	11	04	-	-	SHAYE M PERL - 37 EMPIRE LN LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

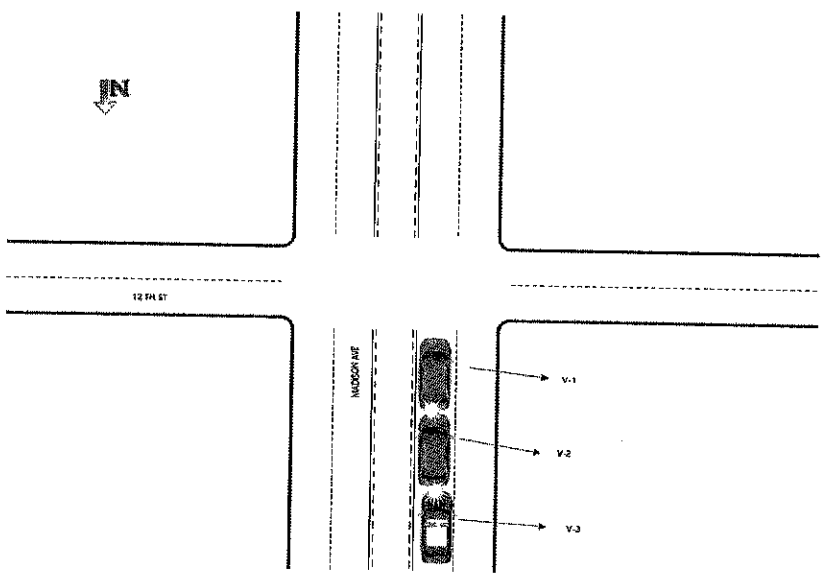
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-062936

(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 Deptl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #3 Insurance

Perma Inc
9 Campus Dr
Parsippany NJ 07054
Self Insured ID #05-87

Vehicle #1 was traveling South on Madison Ave in the inside lane just North of 12th St. Vehicle #2 was traveling in the same direction directly behind vehicle #1. The driver of vehicle #1 stated he was stopped in traffic attempting to make a left hand turn into a driveway just north of 12th St when he was rear ended by vehicle #2.

The driver of vehicle #2 stated he was traveling South on Madison Avenue behind vehicle #1. He stated he was either slowing down or came to a stop behind vehicle #1 when he was struck in the rear by vehicle #3. The impact caused his vehicle to strike the rear of vehicle #1.

The driver of vehicle #3 was traveling South on Madison Ave in the inside lane near the intersection of Courtney Rd. A vehicle ahead of him was partially obstructing his lane which caused him to maneuver to avoid a collision. After he safely passed the vehicle and re entered his lane he utilized his rear view mirror to ensure no vehicles behind him struck the same vehicle obstructing the road. When driver #3 looked back in front of him traffic was stopped. He applied his brakes but was unable to stop in time striking the rear of vehicle #2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MIICK E	307	SA	263	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash Description

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: Case No: 22-062936

145 Crash Description

Vehicle #3 was a fully marked police vehicle #3393. Vehicle #1 had no visible damage. Vehicle #2s damage consisted of moderate but functional damage to the rear end more specifically the trunk and bumper. Vehicle #3 had damage to the push bar on the front of the vehicle, it appeared to be bent and its placement altered.

Pictures of the incident were captured on the Lakewood Police Evidence Camera.

MIICK E
Officer's Signature

307
Badge Number

PAGE 4 OF 4 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96	-
97	-
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	3
105	01
106	-
107	
108	04
109	
110	03
111	
112	02
113	
114	-
115	
116	03
117	
118a	02
118b	-
119a	
119b	
120a	01
120b	-
121a	
121b	
122	01
123	
124	04
125	
126a	26
126b	-
126c	-
126d	-
126e	26
127a	
127b	
127c	
127d	
127e	
128	26
129	12
130	12
131	
132	
133	02
134	

1 Case Number: 22-062936

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): 08/09/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1608

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: MADISON AVE — Road Name — S — Dir

☒ At Intersection With — ☐ Feet — ☐ Miles — ☐ N ☐ E ☐ S ☐ W — of: 12 TH ST

14 — 15 — 16

11 Speed Limit: 40

12 Route No.: 0009 — Suffix — 13 Milepost

18 Speed Limit: 25

19 Ramp ☐ To ☐ From:

17 Cross Road Name

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude

22 Longitude

23 Veh #: 3

24 Policy No.: SELF INSURED *

25 NJ Ins. Code

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

26 Driver's First Name: CHASE — Initial: G — Last Name: MESSER — 29 Sex: M

27 Number & Street: 231 THIRD ST

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

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

32 Driver's License Number: M28181216707842

33 DOB (mm dd yyyy): 07/23/1984

34 Expires (mm yy): 07 25

35 Owner's First Name: LAKEWOOD — Initial: - — Last Name: TOWNSHIP -

☐ Same As Driver

36 Number & Street: 231 THIRD STREET

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

38 Make: CHEV — 39 Model: TAH - TA — 40 Color: WHI — 41 Year: 2016 — 42 Plate No.: 25229MG — 43 State: NJ

44 VIN: 1GNSKDEC9GR394057

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

53 Veh #

54 Policy No.

55 NJ Ins. Code

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

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

57 Number & Street

58 City — State — Zip

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

62 Driver's License Number

63 DOB (mm dd yyyy)

64 Expires (mm yy)

65 Owner's First Name — Initial — Last Name

☐ Same As Driver

66 Number & Street

67 City — State — Zip

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

74 VIN

75 Expires

76 Vehicle Removed To

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

77 Authority: ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test

Given: ☐ No ☐ Yes ☐ Refused

Type: ☐ Breath ☐ Blood ☐ Urine

Results: 0. % ☐ Pending

79 Hazardous Material

☐ None ☐ On Board ☐ Spill

Hazard Class — Placard No.

80 Carrier No.

☐ USDOT ☐ None

☐ MC/MX

81 GVWR/GCWR

☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs
☐ Weight >= 26,001 lbs

82 Motor Carrier or Government Entity

Number & Street

City — State — Zip

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	03	01	-	-	38	M	-	-	-	11	04	-		CHASE G MESSER 231 THIRD ST LAKEWOOD NJ 08701
B														
C														
D														

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	03
117	03

1 Case Number: 22-064455

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

3 Station/Precinct: -

10 Crash Occurred On: CLIFTON AVENUE (Road Name) — Dir: S

☐ At Intersection With

☒ Feet ☐ Miles — 14: 50 — 15: ☒ N ☐ E ☐ S ☐ W — 16: of: 1ST STREET

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: 40.091152 — 22 Longitude: -74.214425

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
08/15/22	MONDAY	1723	1514	--	--

118a	02
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	03
130	03
131	07
132	07
133	02
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: J88-1524 — 25 NJ Ins. Code: -

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

26 Driver's First Name: LISBETH — Initial: - — Last Name: VARGAS — 29 Sex: F

27 Number & Street: 209 JOE PARKER RD

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

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

32 Driver's License Number: V05814770056982 — 33 DOB (mm dd yyyy): 06/30/1998 — 34 Expires (mm yy): 06 24

35 Owner's: ☒ Same As Driver — First Name: LISBETH — Initial: - — Last Name: VARGAS

36 Number & Street: 209 JOE PARKER RD

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

38 Make: FORD — 39 Model: MUS — 40 Color: BK — 41 Year: 2006 — 42 Plate No.: 42RCLE — 43 State: NJ

44 VIN: 1ZVFT84N965222017 — 45 Expires: 06 23

46 Vehicle Removed To: -

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: 6110-70-50-81 — 55 NJ Ins. Code: 148

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

56 Driver's First Name: ELIAHOU — Initial: A — Last Name: LUGASSY — 59 Sex: M

57 Number & Street: 5724 AV ELDRIDGE

58 City: COTE SAINT-LUC — State: - — Zip: -

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

62 Driver's License Number: L2201-211192-06 — 63 DOB (mm dd yyyy): 11/21/1992 — 64 Expires (mm yy): 11 24

65 Owner's: ☒ Same As Driver — First Name: ELIAHOU — Initial: A — Last Name: LUGASSY

66 Number & Street: 5724 AV ELDRIDGE

67 City: COTE SAINT-LUC — State: - — Zip: -

68 Make: DODG — 69 Model: GRAND — 70 Color: BK — 71 Year: 2013 — 72 Plate No.: X78XET — 73 State: -

74 VIN: 2C4RDGBG4DR698073 — 75 Expires: 03 25

76 Vehicle Removed To: -

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

77 Authority: ☒ Owner ☐ Driver ☐ Police

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

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

80 Carrier No.: ☐ USDOT - ☐ 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.
-	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	24	F	-	-	-	11	04	-	-	LISBETH - VARGAS - 209 JOE PARKER RD LAKEWOOD NJ 08701 - -
B	01	03	01	05	24	F	-	-	-	11	04	-	-	HILA - GOLDSHTEIN - 18 SOPHIA ST MONSEY NY 10952 - -
C	01	06	01	05	17	F	-	-	-	11	04	-	-	JENNIFER - VARGAS SALTO - 209 JOE PARKER ROAD LAKEWOOD NJ 08701 - -
D	02	01	01	05	29	M	-	-	-	11	04	-	-	ELIAHOU A LUGASSY - 5724 AV ELDRIDGE COTE SAINT-LUC PQ H3X - -

New Jersey Police Crash Investigation Report

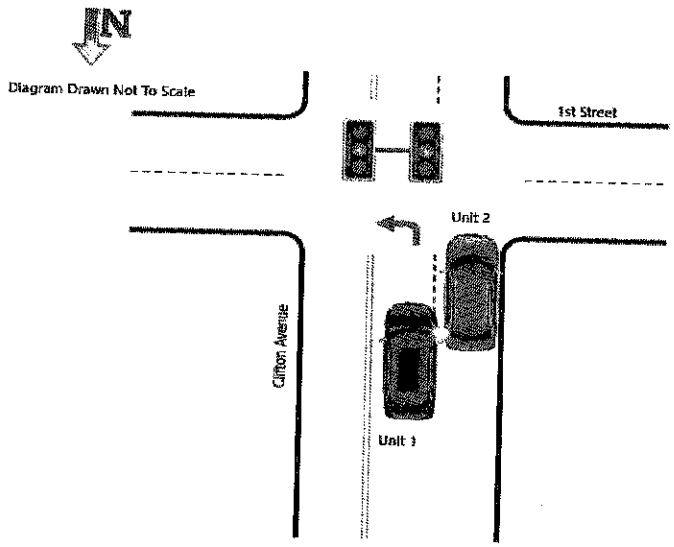
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-064455

(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

Vehicles one and two were both traveling southbound on Clifton Avenue. Vehicle one was behind vehicle two. As the vehicles approached the intersection of Clifton Avenue, and 1st Street the driver of vehicle one entered the left turn only lane, to turn east on 1st street. While in the left turn lane, the passenger side mirror of vehicle one struck the rear driver side bumper and tail light of vehicle two. Both drivers agreed to this sequence of events.

Vehicle one had a broken passenger side mirror. Vehicle two had damage to the driver side rear bumper, and a cracked tail light.

Vehicle two is insured by Intact Insure in Cote Saint- Luc Quebec. All empty State boxes for Vehicle two and driver two are Quebec.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MATTHEWS J	830	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	04
101	02
102	01
103	01
104	2
105	01
106	-
107	-
108	05
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	01

1 Case Number: 22-063730

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

3 Station/Precinct:

10 Crash Occurred On: MASSACHUSETTS AVE — Road Name — Dir: -

☒ At Intersection With ☐ Feet ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☐ S ☐ W of: FAIRWAYS BLVD

11 Speed Limit: 50

12 Route No.: 0637 — Suffix: - — 13 Milepost: -

18 Speed Limit: 25

19 Ramp ☐ To ☐ From: -

17 Cross Road Name: -

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.060286 — 22 Longitude: -74.229379

4 Date of Crash (mm dd yy): 08/12/22 — 5 Day Of Week: FRIDAY — 6 Time (use 2400 hrs): 1205 — 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	08
124	04
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	01
134	02

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 1363304E1630A — 25 NJ Ins. Code: 962

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

26 Driver's First Name: WARREN — Initial: C — Last Name: APPLEGATE 3RD — III — 29 Sex: M

27 Number & Street: 601 WILLOW POINT DRIVE

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

30 Eyes: 6 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: A70927786308826 — 33 DOB (mm dd yyyy): 08/06/1982 — 34 Expires (mm yy): 08 24

35 Owner's First Name: ☐ Same As Driver WARREN — Initial: C — Last Name: APPLEGATE -

36 Number & Street: 50 PARK AVE

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

38 Make: FORD — 39 Model: F15 — 40 Color: GRN — 41 Year: 1998 — 42 Plate No.: E94PNW — 43 State: NJ

44 VIN: 1FTZX17W7WNC27927 — 45 Expires: 01 23

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

47 Authority: ☐ Owner ☒ Driver ☐ Police

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

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

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

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

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

Vehicle 2

53 Veh #: 2 — 54 Policy No.: PAA80002137543 — 55 NJ Ins. Code: 963

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

56 Driver's First Name: SARAH — Initial: A — Last Name: SHIDLER - — 59 Sex: F

57 Number & Street: 36 BUNKER HILL DR

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

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

62 Driver's License Number: S34386916161925 — 63 DOB (mm dd yyyy): 11/03/1992 — 64 Expires (mm yy): 11 25

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: 1 — 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	01	01	01	05	40	M	-	-	-	11	04	-	-	WARREN C APPLEGATE 3RD III 601 WILLOW POINT DRI JACKSON NJ 08527
B	02	01	01	05	29	F	-	-	-	11	04	-	-	SARAH A SHIDLER - 36 BUNKER HILL DR TOMS RIVER NJ 08755
C														
D														

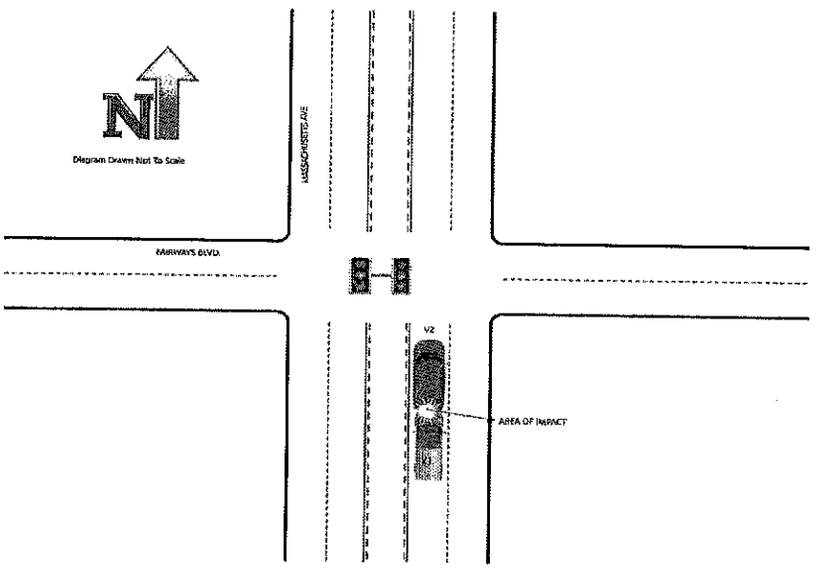
New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01
Station: _____ Case No: 22-063730

(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 PARKED ON THE SIDE OF THE ROAD ON CROSS STREET. THERE WERE NO REPORTED INJURIES. BOTH VEHICLES HAD MINOR DAMAGE TO NONE. VEHICLE 2'S REAR BUMPER WAS PARTIALLY SHIFTED OUT OF THE VEHICLE.

DRIVER OF VEHICLE 1 STATED HE WAS DRIVING NORTH ON MASSACHUSETTS AVE. WHEN HE ACCIDENTELY TAPPED THE REAR OF VEHICLE 2 DUE TO HER STOPPING SHORT.

DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED AT THE LIGHT ON MASSACHUSETTS AVE AND FAIRWAY BLVD. WHEN VEHICLE 1 COLLIDED INTO HER BUMPER OF HER VEHICLE.

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

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIBSON M	409	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: 22-065241

97: 01

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

98: 01

3 Station/Precinct:

99: 07

10 Crash Occurred On: 10TH ST (Road Name) | Dir: - | 11 Speed Limit: 25 | 12 Route No.: - | Suffix: - | 13 Milepost: -

118a: 25

☒ At Intersection With ☐ Feet ☐ Miles (14: - / 15) ☐ N ☐ E ☐ S ☐ W of: LEXINGTON AVE | 18 Speed Limit: 25

118b: -

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

119a: 04

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	20 Route/Name	21 Latitude	22 Longitude
08/18/22	THURSDAY	1105	1514	--	--		40.100230	-74.213678

100a: 01

119b: -

100b: 04

120a: 01

120b: -

101: 02

102: 01

103: 01

104: 2

Vehicle 1

23 Veh #: 1 | 24 Policy No.: 6023714592061 | 25 NJ Ins. Code: 884

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

26 Driver's First Name: YISROEL | Initial: M | Last Name: GANZ | 29 Sex: M

27 Number & Street: 665 PRINCETON AVE APT 209

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

30 Eyes: 05 | DL Class: D | Restrictions: - | Endorsements: - | 31 State: NJ

32 Driver's License Number: G05037907409895 | 33 DOB (mm dd yyyy): 09/23/1989 | 34 Expires (mm yy): 09 23

35 Owner's ☐ Same As Driver | First Name: YISROEL | Initial: M | Last Name: GANZ

36 Number & Street: 665 PRINCETON AVE APT 209

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

38 Make: MAZD | 39 Model: CX9 | 40 Color: GRY | 41 Year: 2021 | 42 Plate No.: C67NBL | 43 State: NJ

44 VIN: JM3TCBCY1M0507777 | 45 Expires: 11 23

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

47 Authority: ☒ Owner ☐ Driver ☐ Police

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

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class: | Placard No.:

50 Carrier No.: ☐ USDOT ☐ 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

100a: 01

100b: 04

101: 02

102: 01

103: 01

104: 2

105: 03

106: -

107: -

108: 04

109: 01

110: 01

111: 01

112: -

113: -

114: -

115: -

116: 03

117: 04

Vehicle 2

53 Veh #: 2 | 54 Policy No.: 744554911 | 55 NJ Ins. Code: -

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: MALKA | Initial: - | Last Name: BIRON | 59 Sex: F

57 Number & Street: 181 NORTH MEADOW CRES

58 City: THORNHILL | State: ON | Zip: L4J 3

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: ON

62 Driver's License Number: B46145130846216 | 63 DOB (mm dd yyyy): 12/16/1984 | 64 Expires (mm yy): 10 22

65 Owner's ☐ Same As Driver | First Name: MALKA | Initial: - | Last Name: BIRON

66 Number & Street: 181 NORTH MEADOW CRES

67 City: THORNHILL | State: ON | Zip: L4J 3

68 Make: TOYT | 69 Model: SNA | 70 Color: GRY | 71 Year: 2009 | 72 Plate No.: CHRN501 | 73 State: ON

74 VIN: 5TDZK23CX9S238726 | 75 Expires: 12 20

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

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: 10

130: 09

131: 12

132: 12

133: 03

134: 04

135 Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
2	39:3-4	A-295055			

Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	32	M	-	-	-	11	04	-	-	YISROEL M GANZ 665 PRINCETON AVE APT LAKEWOOD NJ 08701
B	1	03	01	05	28	F	-	-	-	11	04	-	-	CHARNIE GANZ 665 PRINCETON AVE LAKEWOOD NJ 08701
C	1	06	01	05	4	F	-	-	-	04	04	-	-	TOBY GANZ 665 PRINCETON AVE LAKEWOOD NJ 08701
D	1	06	01	05	1	M	-	-	-	06	06	-	-	SHLOMO GANZ 665 PRINCETON AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

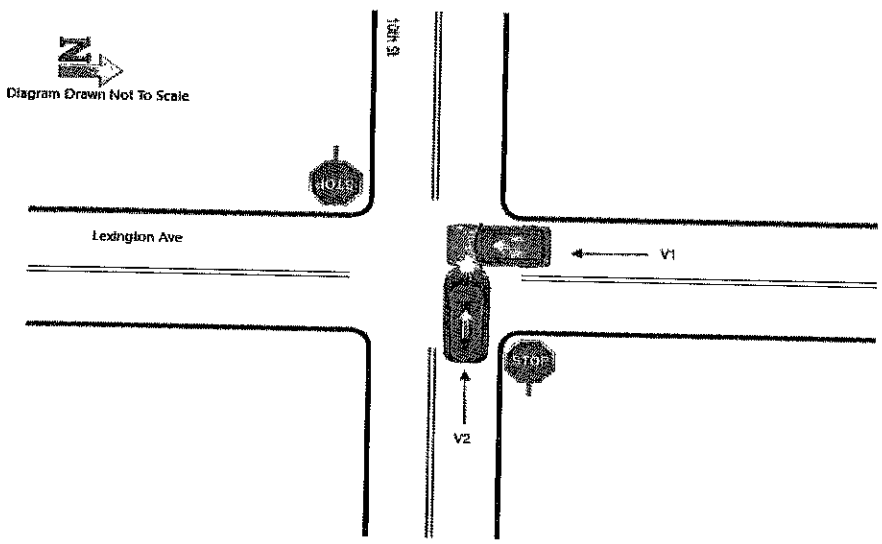
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-065241

(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	37	F	-	-	-	11	04	-	-	MALKA - BIRON - 181 NORTH MEADOW CRI THORNHILL ON L4J3C
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was traveling south on Lexington Ave, when vehicle 2 crashed into his vehicle.

Driver of vehicle 2 stated she was stopped on 10th St, at the intersection of Lexington Ave. Driver of vehicle stated she did not see a vehicle, so she proceeded to crossover Lexington Ave, and that is when she crashed into vehicle 1. Driver of vehicle 2 stated she is from Ontario, Canada, where there are a lot of 4-way stops, so she assumed crossing traffic had to stop.

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 yield the right of way to vehicle.

Vehicle 2 Insurance Information:

Bedrock Insurance Brokers Inc. (Intact Insurance Company)
700 University Ave, Suite 1500
Toronto, ON M5G0A1

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	DTWORKOSKI	249	☐ 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	03
117	04

1 Case Number: 22-065265

2 Police Dept of: LAKEWOOD TOWNSHIP P — Code: 01

3 Station/Precinct: -

10 Crash Occurred On: CLIFTON AVE — Road Name — Dir: -

☒ At Intersection With — ☐ Feet — ☐ Miles — 14 — 15 — 16

☐ N ☐ E ☐ S ☐ W of: 9TH STREET

11 Speed Limit: 30 — 12 Route No.: - — Suffix: - — 13 Milepost: -

16 Speed Limit: 25

17 Cross Road Name: -

19 Ramp ☐ To ☐ From: -

☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.098987 — 22 Longitude: -74.215907

4 Date of Crash (mm dd yy): 08/18/22 — 5 Day Of Week: THURSDAY — 6 Time (use 2400 hrs): 1411 — 7 Municipality Code: 1514 — 8 Total Killed: -- — 9 Total Injured: --

118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	01
124	08
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	03
132	03
133	04
134	03

Vehicle 1

23 Veh #: 1 — 24 Policy No.: 939856577 — 25 NJ Ins. Code: 054

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

26 Driver's First Name: SARAH — Initial: - — Last Name: SALTZ — 29 Sex: F

27 Number & Street: 120 HUDSON ST

28 City: LAKEWOOD — State: NJ — Zip: 08701

30 Eyes: 04 — DL Class: D — Restrictions: - — Endorsements: - — 31 State: NJ

32 Driver's License Number: S03256910057034 — 33 DOB (mm dd yyyy): 07/28/2003 — 34 Expires (mm yy): 07 26

35 Owner's ☐ Same As Driver — First Name: CHANOCH — Initial: H — Last Name: SALTZ

36 Number & Street: 120 HUDSON ST

37 City: LAKEWOOD — State: NJ — Zip: 08701

38 Make: TOYT — 39 Model: CAM — 40 Color: 3 — 41 Year: 2015 — 42 Plate No.: X44NBW — 43 State: NJ

44 VIN: 4T4BF1FK6FR507817 — 45 Expires: 12 22

46 Vehicle Removed To: AAA TOWING

☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded

47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. - % ☐ Pending

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill — Hazard Class: - — Placard No.: -

50 Carrier No.: ☐ USDOT - ☐ 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.: 934725280 — 55 NJ Ins. Code: 135

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run

56 Driver's First Name: YAAKOV — Initial: D — Last Name: LIBERMAN — 59 Sex: M

57 Number & Street: 412 FOREST AVE

58 City: LAKEWOOD — State: NJ — Zip: 08701

60 Eyes: 02 — DL Class: D — Restrictions: - — Endorsements: - — 61 State: NJ

62 Driver's License Number: L40417896403952 — 63 DOB (mm dd yyyy): 03/28/1995 — 64 Expires (mm yy): 03 24

65 Owner's ☐ Same As Driver — First Name: MICHAL — Initial: - — Last Name: LIEBERMAN

66 Number & Street: 412 FOREST AVE

67 City: LAKEWOOD — State: NJ — Zip: 08701

68 Make: TOYT — 69 Model: CAM — 70 Color: 3 — 71 Year: 2017 — 72 Plate No.: D92MBC — 73 State: NJ

74 VIN: 4T1BF1FKXHU399120 — 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	01	01	01	05	19	F	-	-	-	11	04	-	-	SARAH - SALTZ - 120 HUDSON ST LAKEWOOD NJ 08701 - -
B	02	01	01	05	27	M	-	-	-	11	04	-	-	YAAKOV D LIBERMAN - 412 FOREST AVE LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

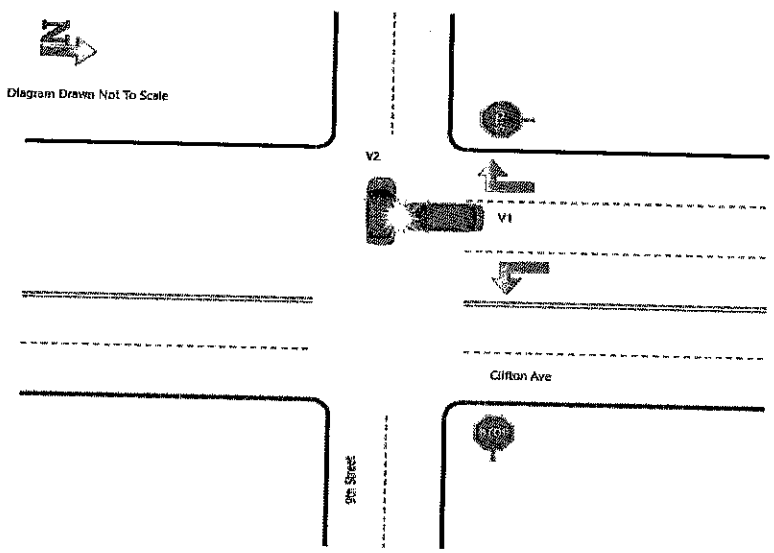
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-065265

(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 she was stopped at the stop sign on Clifton Ave. She thought it was clear to accelerate and struck Vehicle 2 who was driving west through the intersection.

Driver 2 stated he was stopped at the stop sign on 9th street. He took note of an uninvolved van in the left hand turn lane come to a complete stop on Clifton Ave south bound. He proceeded through the intersection when Vehicle 1, which was in the straight only lane, struck him on the passenger side. He did not see Vehicle 1 behind the van in the turn lane.

After my investigation I determined Driver 1 to be at fault for failing to yield right of way to traffic causing the collision.

There were no reported injuries on scene. Vehicle 1 sustained disabling damage to the front bumper and hood. It was towed by AAA Towing. Vehicle 2 sustained moderate damage to the passenger side front door and rear door.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAMACHO L	430	PA	325	☐ Pending ☒ Complete