PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-070487
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	09/07/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1914
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	9TH ST - (Road Name / Dir)
At Intersection With	
☒ Feet ☐ Miles	50
☐ N ☒ E ☐ S ☐ W of:	PRIVATE WAY
11 Speed Limit	25
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 / 22 Longitude	

Vehicle 1

23 Veh #	1
24 Policy No.	6116860082061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	KELLY / L / LARKIN
29 Sex	F
27 Number & Street	18 FIRESTONE DRIVE
28 City / State / Zip	HOWELL / NJ / 07731
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	L06154307353042
33 DOB (mm dd yyyy)	03/29/2004
34 Expires (mm yy)	03 / 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CORNELIUS / J / LARKIN
36 Number & Street	18 FIRESTONE DR
37 City / State / Zip	HOWELL / NJ / 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN - SE / 4 / 2020 / V27MNR / NJ
44 VIN	3N1AB8DV5LY219391
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.	
55 NJ Ins. Code	
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB (mm dd yyyy)	-
64 Expires (mm yy)	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver
66 Number & Street	
67 City / State / Zip	
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	18	F	-	-	-	11	04	-	-	KELLY L LARKIN - 18 FIRESTONE DRIVE HOWELL NJ 07731 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

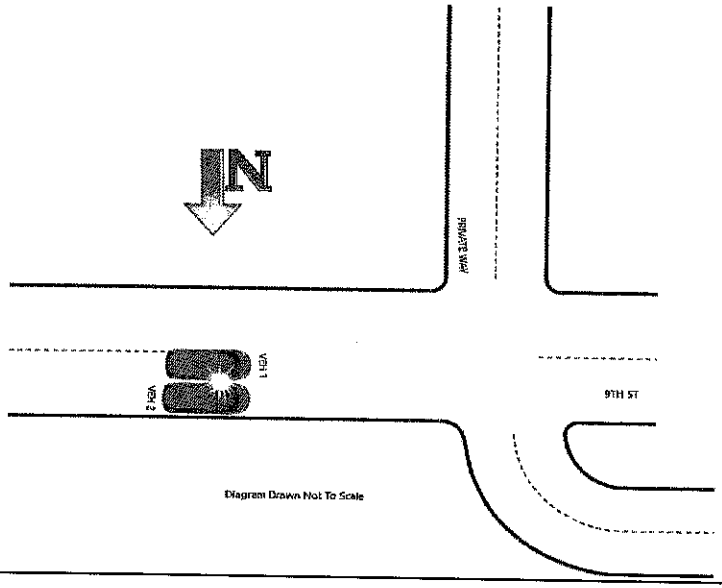
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-070487

(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 VEH 1 STATED SHE WAS TRAVELING WEST ON 9TH STREET WHEN SHE HIT VEH 2 THAT WAS PARKED. DRIVER 1 SAID SHE HIT VEH 2'S DRIVER SIDE MIRROR WITH HER PASSENGER SIDE MIRROR CAUSING MINOR DAMAGE. DRIVER 1 DID NOT GET THE PLATE TO THE VEHICLE SHE HIT AND WHEN I ARRIVED ON SCENE THE VEHICLE WAS GONE.

DRIVER OF VEH 1 DESCRIBED VEH 2 AS A 4 DOOR SEDAN CHARCOAL IN COLOR, UNKNOWN MAKE, MODEL, OR LICENSE PLATE.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-070169
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/06/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1628
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CEDARBRIDGE AVE
At Intersection With Road Name	
☒ Feet ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	STONEWALL CT
11 Speed Limit	45
Dir	
12 Route No.	0528
Suffix	
13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
20 Route/Name	
21 Latitude	
22 Longitude	
☐ NB ☐ EB ☐ SB ☐ WB	

Vehicle 1

23 Veh #	1
24 Policy No.	909 889 502
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JUDY - KANAREK -
29 Sex	F
27 Number & Street	316 11TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	6 / D / - / - / NJ
32 Driver's License Number	K03804180058776
33 DOB (mm dd yyyy)	08/24/1977
34 Expires (mm yy)	08 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver URI M KANAREK -
36 Number & Street	316 11TH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2012 / A84ERW / NJ
44 VIN	5TDKK3DC7CS181852
45 Expires	09 20
46 Vehicle Removed To	BARINA'S AUTOMOTIVE (UNIT20)
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	989 009 959
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ARTURO - MUNOZ-GARCIA -
59 Sex	M
57 Number & Street	500 MASSACHUSETTS AVE # 3
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	1 / D / - / - / NJ
62 Driver's License Number	M92900620006811
63 DOB (mm dd yyyy)	06/28/1981
64 Expires (mm yy)	06 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LUCILA - SALAZAR-APANCO -
66 Number & Street	500 MASSACHUSETTS AVE # 3; 3
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / ACA / SIL / 2016 / W69HTB / NJ
74 VIN	1GKKVNED8GJ212317
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.	Charge	Summons No.	Oper.	Charge	Summons No.
01	39:3-4	A294617			

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	45	F	-	-	-	11	04	-	-	JUDY - KANAREK - 316 11TH ST LAKEWOOD NJ 08701
B	01	03	01	05	17	F	-	-	-	11	04	-	-	MALKIE - KANAREK - 316 11TH ST LAKEWOOD NJ 08701
C	01	04	01	05	11	F	-	-	-	11	04	-	-	ELKIE - KANAREK - 316 11TH ST LAKEWOOD NJ 08701
D	01	05	01	05	7	F	-	-	-	11	04	-	-	CHANA - KANAREK - 316 11TH ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070169

(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	02	01	01	05	41	M	-	-	-	11	04	-	-	ARTURO - MUNOZ-GARCIA - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701
F	02	03	01	05	19	F	-	-	-	11	04	-	-	DALIA - MUNOZ - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701
G	02	04	01	05	27	F	-	-	-	11	04	-	-	ALMADELIA - GALINDO - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701
H	02	06	01	05	1	M	-	-	-	06	06	-	-	SEBASTIAN - GARCIA - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701
I	02	07	01	05	6	M	-	-	-	11	04	-	-	ARIANA - GARCIA - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701
J	02	09	01	05	7	F	-	-	-	11	04	-	-	SUSANA - MUNOZ - 500 MASSACHUSETTS AVI LAKEWOOD NJ 08701

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale

CEDARBRIDGE AVE

145 Crash Description/Narrative

Driver of V1 stated she was traveling West on Cedarbridge Ave. D1 stated she collided with the rear of V2 as he slowed in traffic.

Driver of V2 stated he was traveling West on Cedarbridge Ave. D2 stated V1 collided with the rear of his vehicle.

I determined V1 was at fault. V1 should have left enough room to slow and not collide with V2. I made this determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene.

V1 was impounded for expired registration from 9/2020, by Unit20 (Barinas).

There was very minor damage to both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-071028
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	800
☐ N ☐ E of:	PARK AVE
☐ S ☒ W	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1724
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.090540
22 Longitude	-74.207812

Vehicle 1

23 Veh #	1
24 Policy No.	G0120907200
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YEHUDA - POLLACK
29 Sex	M
27 Number & Street	124 3RD ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	P62677890007032
33 DOB mm dd yyyy	07/22/2003
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHUDA - POLLACK
36 Number & Street	124 3RD ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / 150 / RD / 1998 / S51RGK / NJ
44 VIN	1FTZX1726WNB91466
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 - ☒ 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.	AOJ-238-552903-4023
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL J TORRI
59 Sex	M
57 Number & Street	20 PALAMINO DR
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	T66505447110624
63 DOB mm dd yyyy	10/17/1962
64 Expires mm yy	10 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL J TORRI
66 Number & Street	20 PALAMINO DR
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / BLK / 2013 / P25JSR / NJ
74 VIN	2T3DFREV2DW121882
75 Expires	04 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	19	M	-	-	-	11	04	-	-	YEHUDA - POLLACK - 124 3RD ST LAKEWOOD NJ 08701
B	02	01	01	-	59	M	-	-	-	11	04	-	-	MICHAEL J TORRI - 20 PALAMINO DR JACKSON NJ 08527
C	02	03	01	-	24	M	-	-	-	11	04	-	-	MATTHEW J TORRI - 20 PALAMINO DRIVE JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

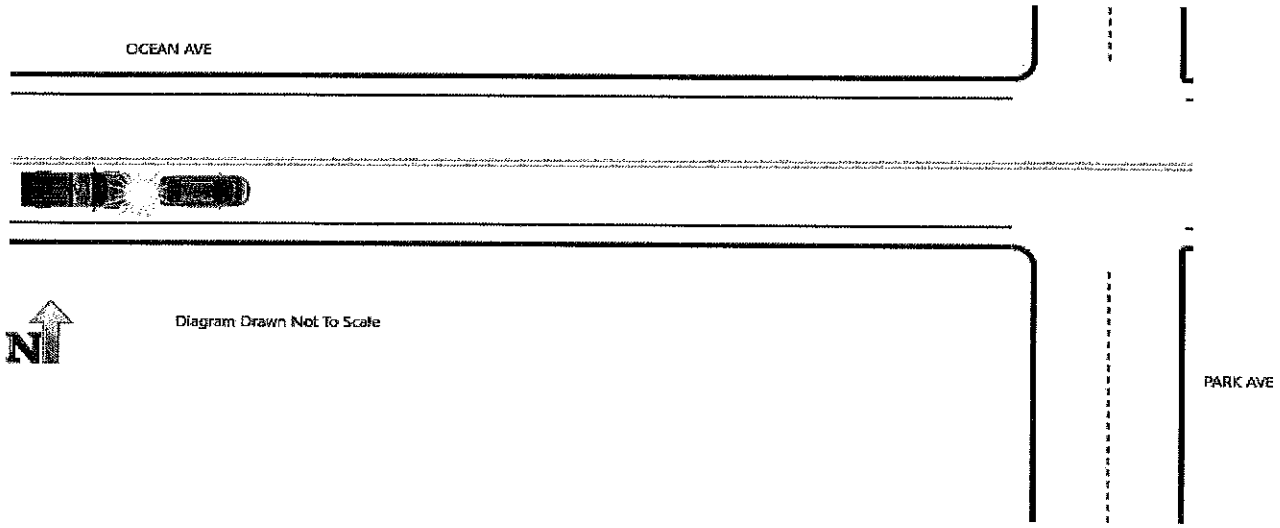
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071028

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT HE WAS TRAVELING EAST ON OCEAN AVE BEHIND VEHICLE 2. DRIVER OF VEHICLE 1 STATED THAT HE SAW THAT VEHICLE 2 HAD STOPPED AND ATTEMPTED TO STOP BUT COULD NOT IN TIME AND CASRASHED INTO THE REAR OF VEHICLE 2.

DRIVER OF VEHICLE 2 STATED THEY WERE TRAVELING EAST ON OCEAN AVE IN STOP AND GO TRAFFIC WHEN VEHICLE 1 CRASHED INTO THE REAR OF THEIR VEHICLE.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-071790

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

3 Station/Precinct:

10 Crash Occurred On: 648 CROSS ST — Road Name — Dir

11 Speed Limit: 15

12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

☐ At Intersection With ☐ Feet ☐ Miles (14, 15) ☐ N ☐ E ☐ S ☐ W (16) of: — 17 Cross Road Name

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

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
09/12/22	MONDAY	1707	1514	--	--	40.069397	-74.242464

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	6064109392061	54 Policy No.	917952373
25 NJ Ins. Code	884	55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AHARON - TAHOVER -	56 Driver's First Name / Initial / Last Name	NICOLE A COPPINGER -
29 Sex	M	59 Sex	F
27 Number & Street	6 HANNA DR	57 Number & Street	5-2 ATLANTA COURT
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	FREEHOLD NJ 07728
30 Eyes	02	60 Eyes	05
DL Class	D	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	NJ
32 Driver's License Number	T01720140007832	62 Driver's License Number	C65445916161775
33 DOB (mm dd yyyy)	07/30/1983	63 DOB (mm dd yyyy)	11/23/1977
34 Expires (mm yy)	07 23	64 Expires (mm yy)	11 23
35 Owner's First Name / Initial / Last Name (☐ Same As Driver)	AHARON - TAHOVER -	65 Owner's First Name / Initial / Last Name (☐ Same As Driver)	NICOLE A COPPINGER -
36 Number & Street	6 HANNA DR	66 Number & Street	5-2 ATLANTA COURT
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	FREEHOLD NJ 07728
38 Make	HOND	68 Make	SUBA
39 Model	ODY	69 Model	CRO
40 Color	BLU	70 Color	BLK
41 Year	2019	71 Year	2021
42 Plate No.	N71RCU	72 Plate No.	A91PHU
43 State	NJ	73 State	NJ
44 VIN	5FNRL6H71KB027540	74 VIN	JF2GTAEC1M8653265
45 Expires	07 23	75 Expires	10 25
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	
Number & Street		Number & Street	
City / State / Zip		City / State / Zip	

Code	Value
118a	09
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	08
124	04
125	08
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	01
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	01	01	01	05	39	M	-	-	-	11	04	-	-	AHARON - TAHOVER - 6 HANNA DR LAKEWOOD NJ 08701
B	02	01	01	05	44	F	-	-	-	11	04	-	-	NICOLE A COPPINGER - 5-2 ATLANTA COURT FREEHOLD NJ 07728
C														
D														

New Jersey Police
Crash Investigation Report

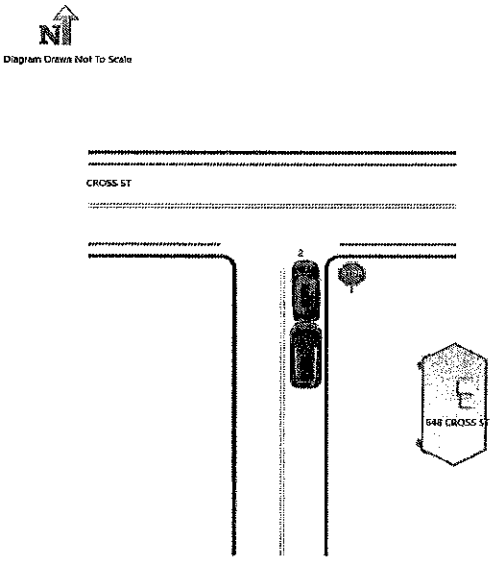
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071790

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

The driver of vehicle #2 reported she was stopped at the stop sign waiting to make a right turn onto Cross St. when she was struck by vehicle #1.

The driver of vehicle #1 reported that he stopped behind vehicle #2 and when she began to pull forward he did as well but then vehicle #2 stopped and he did not stop before striking the vehicle.

There were no injuries reported at the scene of the crash. Vehicle #2 sustained small scratches towards the driver side of the rear bumper. There was no damage reported by the owner of vehicle #1 however there was pre-existing damage to the vehicle.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KOWALESKI S	319	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-071716
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	900 LAKEWOOD AVE
At Intersection With / Road Name / Dir	
11 Speed Limit	
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	
14 / 15 / 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1210
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.096410
22 Longitude	-74.225515

Vehicle 1

23 Veh #	1
24 Policy No.	NJSS214195642
25 NJ Ins. Code	217
☒ 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	349 CEDAR ST
37 City / State / Zip	SO. AMBOY NJ 08879
38 Make	JEEP
39 Model	CHE
40 Color	BLU
41 Year	2021
42 Plate No.	U88EYP
43 State	NJ
44 VIN	1C4PJMDX0MD118929
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.	030507012C7101
55 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ZACHARY J DITTUS -
59 Sex	M
57 Number & Street	5942 ESTELLE AVENUE
58 City / State / Zip	MAYS LANDING NJ 08330
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number	D47257917104032
63 DOB mm dd yyyy	04/05/2003
64 Expires mm yy	04 24
65 Owner's First Name / Initial / Last Name	
☐ Same As Driver	WILLIAM J DITTUS 4TH -
66 Number & Street	5942 ESTELLE AVE
67 City / State / Zip	MAYS LANDING NJ 08330
68 Make	FORD
69 Model	MUS
70 Color	RD
71 Year	1997
72 Plate No.	M52MCM
73 State	NJ
74 VIN	1FALP4440VF145417
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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	19	M	-	-	-	11	04	-	-	ZACHARY J DITTUS - 5942 ESTELLE AVENUE MAYS LANDING NJ 08330
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

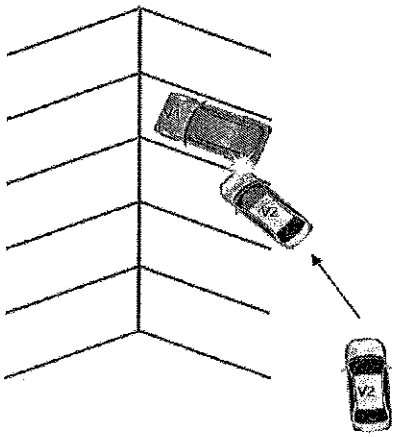
Station: _____ Case No: 22-071716

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Vehicle #1 was parked facing East in a parking lot on the campus of Georgian Court University. Driver #2 attempted to pull into a parking space directly next to vehicle #1 and the front right corner of vehicle #2 collided with the left rear corner of vehicle #1. Both vehicles sustained minor damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CAVALLO M	337	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

Code	Value
96	01
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	04
117	04

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

1 Case Number: **22-072057**

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

3 Station/Precinct:

4 Date of Crash (mm dd yy): **09/13/22**
5 Day Of Week: **TUESDAY**
6 Time (use 2400 hrs): **1531**
7 Municipality Code: **1514**
8 Total Killed: **--**
9 Total Injured: **--**

10 Crash Occurred On: **HWY 70 W** Road Name — Dir: **W**
11 Speed Limit: **50**
12 Route No.: **0070** Suffix
13 Milepost
☐ At Intersection With
14: **.25** ☐ Feet ☒ Miles
15
16: ☐ N ☒ E ☐ S ☐ W of: **AIRPORT RD**
17 Cross Road Name
18 Speed Limit: **25**
19 Ramp ☐ To ☐ From:
20 Route/Name
☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude
22 Longitude

Vehicle 1

Field	Value
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	CHAYA G KATZ -
29 Sex	F
27 Number & Street	10 BASSWOOD DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	IS
32 Driver's License Number	30489740
33 DOB (mm dd yyyy)	04/24/1998
34 Expires (mm yy)	01 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - HERTZ -
36 Number & Street	HERTZ; VEHICLES;LLC
37 City / State / Zip	NEWARK NJ 07114
38 Make	GMC
39 Model	ACADIA
40 Color	WHI
41 Year	2021
42 Plate No.	KCKB02
43 State	FL
44 VIN	1GKKNML49MZ209906
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

Field	Value
53 Veh #	2
54 Policy No.	BA8184H13021SEL
55 NJ Ins. Code	080
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ROBERT - OLKOWITZ -
59 Sex	M
57 Number & Street	29 LITTLE LEAF LN
58 City / State / Zip	HOWELL TOWNSHI NJ 07731
60 Eyes	4
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	O54176580012504
63 DOB (mm dd yyyy)	12/21/1950
64 Expires (mm yy)	12 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - LAW OFFICES R A C -
66 Number & Street	119 MAPLE AVE
67 City / State / Zip	RED BANK NJ 07701
68 Make	AUDI
69 Model	TT
70 Color	RD
71 Year	2021
72 Plate No.	P31NWM
73 State	NJ
74 VIN	TRUTECFV5M1003209
75 Expires	07 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	24	F	-		-	11	04	-	-	CHAYA G KATZ 10 BASSWOOD DR LAKEWOOD NJ 08701	-
B	01	03	01	05	32	F	-	-	-	11	04	-	-	DEVORAH M WEYL 10 BASSWOOD DR LAKEWOOD NJ 08701	-
C	01	09	01	05	24	F	-	-	-	11	04	-	-	ORA - ESTREICHER 10 BASSWOOD DR LAKEWOOD NJ 08701	-
D	02	01	01	05	71	M	-	-	-	11	04	-	-	ROBERT - OLKOWITZ 29 LITTLE LEAF LN HOWELL TOWNSI NJ 07731	-

New Jersey Police
Crash Investigation Report

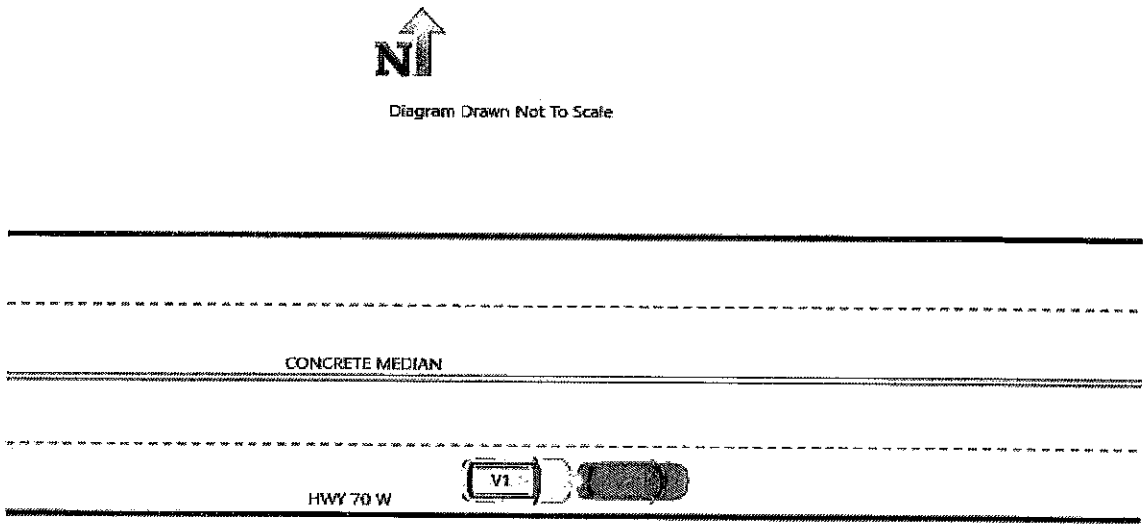
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072057

(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	03	01	05	58	F	-	-	-	11	04	-	-	MARY E 0 - 29 LITTLE LEAF LN HOWELL NJ 07731
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V1 Insurance Information:
V1 was rented at Dollar Car Rental and had insurance through the company
Dollar Car Rental
AIRTRAIN P3, 134
Lindbergh Rd,
Newark, NJ 07114
973-824-2003
Rental Agreement# 910382513

Driver of V1 stated she was traveling West on Hwy 70 W. D1 stated there was stop and go traffic and she did not brake enough. D1 stated she collided with the rear of V2.

Driver of V2 stated he was traveling West on Hwy 70 W. D2 stated he was in stop and go traffic and V2 collided with the rear of his vehicle.

I determined V1 was at fault. D1 was should have braked soon enough, with enough room between her and V2, to avoid the crash. There was very minor damage to both vehicles. I made my determination based on statements from both drivers, the location of damage to both vehicles and my observations of the crash scene.

D1 had a valid Israel driver license and provided her Passport at the time of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-072339
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70
W	
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	50
☐ At Intersection With	
Road Name	
Dir	
☒ Feet	500
☐ Miles	
☐ N ☒ E ☐ S ☐ W of:	NEW HAMPSHIRE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1519
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.050515
22 Longitude	-74.196674

Vehicle 1

23 Veh #	1
24 Policy No.	22170713
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOHN - SPAK
29 Sex	M
27 Number & Street	PO BOX 1171
28 City / State / Zip	SAYREVILLE NJ 08871
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	S70104070008494
33 DOB mm dd yyyy	08/20/1949
34 Expires mm yy	08 26
35 Owner's ☒ Same As Driver	JOHN - SPAK -
36 Number & Street	PO BOX 1171
37 City / State / Zip	SAYREVILLE NJ 08871
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / GCH / BLK / 1999 / R22GGB / NJ
44 VIN	1J4GW68N1XC805461
45 Expires	03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4493-68-20-19
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANTHONY - SARRO
59 Sex	M
57 Number & Street	311 PINE ST
58 City / State / Zip	LAKEHURST NJ 08733
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	S06710530010902
63 DOB mm dd yyyy	10/25/1990
64 Expires mm yy	10 24
65 Owner's ☒ Same As Driver	ANTHONY - SARRO -
66 Number & Street	311 PINE ST
67 City / State / Zip	LAKEHURST NJ 08733
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / GCH / BLK / 2015 / W86RBT / NJ
74 VIN	1C4RJFAG9FC942185
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	1	01	01	05	73	M	-	-	-	11	04	-	-	JOHN - SPAK - PO BOX 1171 SAYREVILLE NJ 08871 - -
B	2	01	01	05	31	M	-	-	-	11	04	-	-	ANTHONY - SARRO - 311 PINE ST LAKEHURST NJ 08733 - -
C	2	05	01	05	8	M	-	-	-	04	04	-	-	ANTHONY - SARRO JR 311 PINE ST LAKEHURST NJ 08733 - -
D	2	06	01	05	2	F	-	-	-	06	06	-	-	LAYLA - SARRO - 311 PINE ST LAKEHURST NJ 08733 - -

New Jersey Police Crash Investigation Report

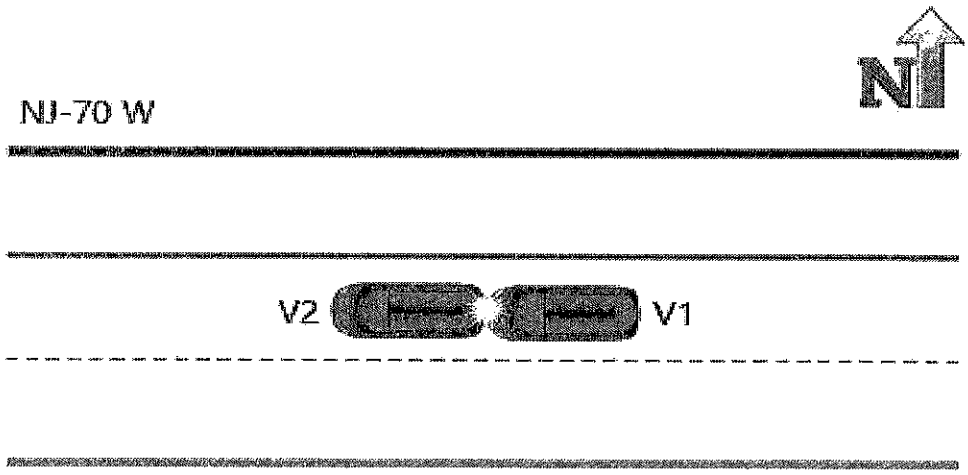
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-072339

(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 struck V2 from behind in the right lane of NJ-70 westbound, approximately 500 feet east of New Hampshire Avenue.

Driver 1 said a duffel bag slid off his front passenger seat as he was slowing in traffic. He reached over to grab it, and when he focused his attention back towards traffic V2 had slowed such that he was unable to brake in time.

Driver 2 stated that V1 was approaching him quickly from behind. He saw Driver 1 look down briefly prior to crashing into him from behind.

I observed no damage to V1 and some superficial scratches to V2's rear bumper. No injuries were reported. Driver 1 is responsible due to inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

1 Case Number	22-072332
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	
3 Station/Precinct	
10 Crash Occurred On:	PARK AVENUE
At Intersection With Road Name	
☒ Feet 250 ☐ Miles	☒ N ☐ E ☐ S ☐ W of: RIDGE AVENUE
11 Speed Limit / Dir	
12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
19 Ramp ☐ To ☐ From:	17 Cross Road Name
☐ NB ☐ EB ☐ SB ☐ WB	20 Route/Name
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1428
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.094955
22 Longitude	-74.207770

Vehicle 1

23 Veh #	1
24 Policy No.	4266-09-57-20
25 NJ Ins. Code	100
☒ 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 / Initial / Last Name	VIRGILIO - ESPANAPACHECO -
36 Number & Street	1108 GREEN VIEW WAY
37 City / State / Zip	TOMS RIVER NJ 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT 4RN WHI 2001 A43LWW NJ
44 VIN / 45 Expires	JT3HN86R219056452 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.	SELF INSURED
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL DELVALLE
59 Sex	M
57 Number & Street	231 THIRD STREET
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02
61 State	NJ
62 Driver's License Number	D24385447708762
63 DOB mm dd yyyy	08171976
64 Expires mm yy	08 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	- - TOWNSHIP OF LAK -
66 Number & Street	231 3RD ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD EXP WHI 2020 38675MG NJ
74 VIN / 75 Expires	1FM5K8AB1LGB84595 10 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	LAKEWOOD POLICE DEPARTMENT
Number & Street	231 THIRD STREET
City / State / Zip	LAKEWOOD NJ 08701

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	05	46	M	-	-	-	11	04	-	-	MICHAEL P DELVALLE 231 THIRD STREET LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

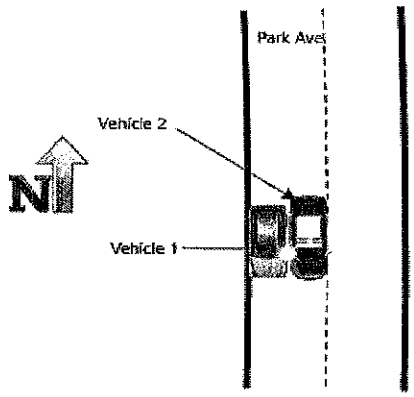
Police Dept: LAKEWOOD TOWNSHIP Code: _____

Station: _____ Case No: 22-072332

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

When I arrived on scene, Vehicle 1 was legally parked and unoccupied along the curb line facing southbound on Park Avenue approximately 250 feet North of Ridge Avenue. Vehicle 1 was still in the location where the crash occurred. Vehicle 2 was parked behind vehicle 1 in the roadway.

Driver of Vehicle 2 stated that Park Avenue has vehicles parked on both side of the roadway leaving barely enough room for vehicles traveling opposite directions on the roadway to pass by each other. D2 stated that he negotiated around some of the parked vehicles and then an unrelated vehicle was traveling northbound as he was traveling southbound. He negotiated the roadway around the moving vehicle and then his passenger side mirror struck the driver's side mirror of Vehicle 1.

I observed a paint scuff on the mirror of V1, leaving the mirror fully functional and intact. Vehicle 2 exhibited a paint scuff on the leading edge side of the mirror and on the aft side it appears that the mirror glass is moderately cracked but still intact. The motorized control of the mirror is still functional.

Based off of my investigation, Vehicle 2 caused this crash.

Vehicle 2 insurance:
Self Insured ID # 05-87
PERMA, Inc.
9 Campus Drive, Suite 216
Parsippany, NJ 07054

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MESSER C	332	SA	263	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☒ Non-Reportable ☐ Change Report

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

1 Case Number: 22-072583
2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01
3 Station/Precinct: -

10 Crash Occurred On: CLIFTON AVE (Road Name) Dir — 11 Speed Limit: 25 — 12 Route No.: - Suffix: - 13 Milepost: -
☐ At Intersection With ☒ Feet ☐ Miles — 14: 20 — ☒ N ☐ E ☐ S ☐ W (16) of: MAIN ST — 18 Speed Limit: 35
19 Ramp ☐ To ☐ From: - — 17 Cross Road Name — 20 Route/Name — ☐ NB ☐ EB ☐ SB ☐ WB

4 Date of Crash (mm dd yy)	5 Day Of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured	21 Latitude	22 Longitude
09/15/22	THURSDAY	1505	1514	--	--	40.090058	-74.214224

Field	Vehicle 1	Vehicle 2
Veh # (23/53)	1	2
Policy No. (24/54)	4305077283	939983170
NJ Ins. Code (25/55)	148	054
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26/56)	ROGER W TRAY -	NOSSON T BRESKIN -
Sex (29/59)	M	M
Number & Street (27/57)	400 BIRCH BARK DRIVE	1165 MANOR DRIVE
City / State / Zip (28/58)	BRICK NJ 08723	LAKEWOOD NJ 08701
Eyes (30/60)	05	02
DL Class	D	B
Restrictions	-	-
Endorsements	-	-
State (31/61)	NJ	NJ
Driver's License Number (32/62)	T72466648609605	B73536008310842
DOB (33/63) mm dd yyyy	09/25/1960	10/01/1984
Expires (34/64) mm yy	09 25	10 23
Owner's First Name / Initial / Last Name (35/65)	☐ Same As Driver — ROGER W TRAY -	☐ Same As Driver — NOSSON T BRESKIN -
Number & Street (36/66)	400 BIRCH BARK DRIVE	1165 MANOR DRIVE
City / State / Zip (37/67)	BRICK NJ 08723	LAKEWOOD NJ 08701
Make (38/68)	CHEV	ACUR
Model (39/69)	TAH - TA	3
Color (40/70)	GLD	GLD
Year (41/71)	2012	2001
Plate No. (42/72)	B46RCY	R22PCZ
State (43/73)	NJ	NJ
VIN (44/74)	1GNSK2E08CR313019	19UUA56621A000960
Expires (45/75)	07 23	09 22
Vehicle Removed To (46/76)	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47/77)	☒ Owner ☐ Driver ☐ Police	☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48/78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49/79)	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No. (50/80)	☐ USDOT ☐ MC/MX ☒ None	☐ USDOT ☐ MC/MX ☒ None
GVWR/GCWR (51/81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52/82)	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	61	M	-	-	-	11	04	-	-	ROGER W TRAY - 400 BIRCH BARK DRIVE BRICK NJ 08723
B	02	01	01	05	37	M	-	-	-	11	04	-	-	NOSSON T BRESKIN - 1165 MANOR DRIVE LAKEWOOD NJ 08701
C														
D														

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

New Jersey Police Crash Investigation Report

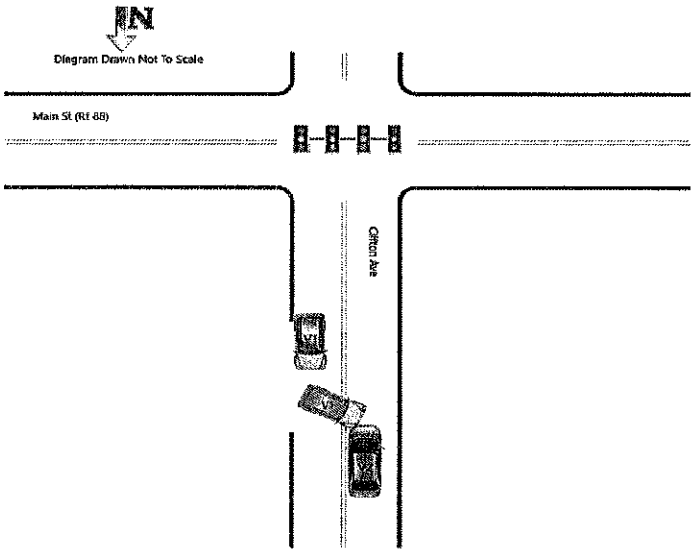
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072583

(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 was facing northbound on Clifton Ave just near the intersection of Main St. He stated that he was dropping off a friend at the store in the area. Driver of vehicle 1 reported that he activated his left turn signal in attempt to travel southbound on Clifton Ave. While making the U-turn, driver of vehicle 1 came into contact with vehicle 2, who was sitting at the traffic light to head south on Clifton Ave.

Driver of vehicle 2 was stopped in traffic on Clifton Ave and Main St facing southbound. He reported that he was the fourth vehicle from the traffic light and the light was red. He added that he observed vehicle 1 attempt to make a U-turn from the northbound lane on Clifton Ave to head southbound, however, vehicle 1 struck his vehicle.

After my investigation, I determined that driver of vehicle 1 is at fault for making the U-turn and causing the accident. Vehicle 1 sustained no damage to the vehicle. Vehicle 2 sustained minor damage to the front driver side bumper resulting an indentation. Both driver of vehicle 1 and vehicle 2 were able to drive from the scene. No injuries reported at the scene of the crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
AMOROSO, A	415	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070693
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
At Intersection With	☐
Road Name	RIVER AVE
Dir	-
11 Speed Limit	45
12 Route No.	RT 9
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	5
☐ N ☐ E ☐ S ☒ W of:	BROADWAY
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1259
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.063288
22 Longitude	-74.219122

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	YOCHEVED - FASTAG -
29 Sex	F
27 Number & Street	707 E 2ND ST
28 City / State / Zip	BROOKLYN NY 11218
30 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
31 State	NY
32 Driver's License Number	634771600
33 DOB mm dd yyyy	04/08/2002
34 Expires mm yy	04 24
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	ROCHEL L MAYER -
36 Number & Street	2078 61ST ST
37 City / State / Zip	BROOKLYN NY 11204
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / TCN / - / 2022 / KLP7805 / NY
44 VIN / 45 Expires	5NMJBCAE1NH017309 / 07 23
46 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	9970028652061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHAVI - FELDMAN -
59 Sex	F
57 Number & Street	38 ENGLEBERG TERR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	F23641220051772
63 DOB mm dd yyyy	01/07/1977
64 Expires mm yy	01 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	CHAVI - FELDMAN -
66 Number & Street	38 ENGLEBERG TERR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / GV80 / BLK / 2021 / T43PEL / NJ
74 VIN / 75 Expires	KMUHCESC0MU070690 / 09 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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	20	F	-	-	-	11	04	-	-	YOCHEVED - FASTAG - 707 E 2ND ST BROOKLYN NY 11218
B	2	01	01	05	45	F	04	08	-	11	04	-	-	CHAVI - FELDMAN - 38 ENGLEBERG TERR LAKEWOOD NJ 08701
C														
D														

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	04
110	01
111	01
112	-
113	-
114	-
115	-
116	04
117	01
118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	01
124	08
125	11
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	03
134	03

New Jersey Police Crash Investigation Report

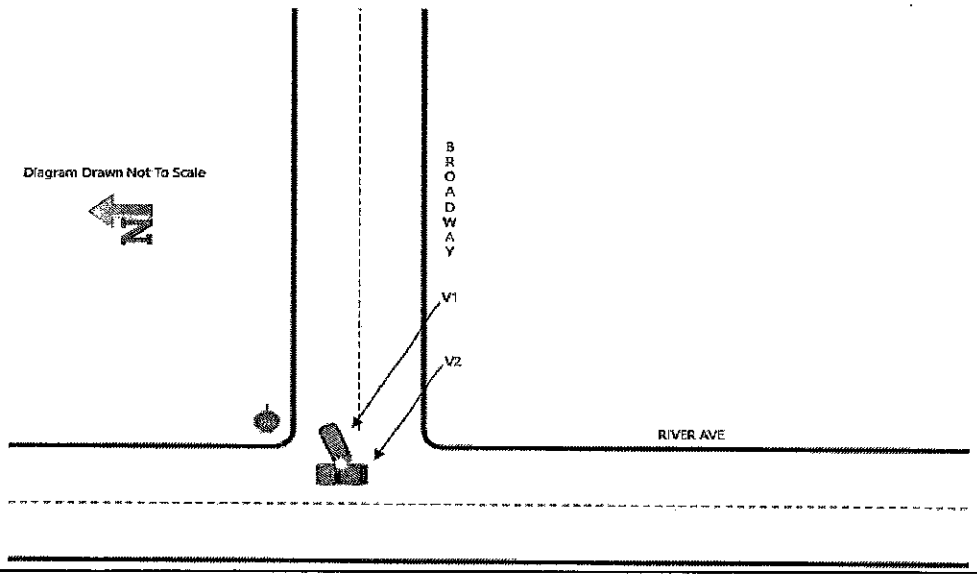
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070693

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said she was stopped at the stop sign on Broadway (facing West). Waiting to make a left onto River Ave. She said she looked left, then right and then started to go. She said her vehicle then collided with V2 which was traveling North on River Ave.

Driver of V2 said she was traveling North on River Ave when V1 pulled out of Broadway and struck the side of her vehicle.

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

V1 Insurance info: The Standard Fire Insurance Co.
One Tower Square, Hartford Ct. 06183

Policy : 606639909 203 1

Company Code : 325

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070744
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash mm dd yy	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1640
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PARK AVE
At Intersection With Road Name	RIDGE AVE
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	175
☒ N ☐ E ☐ S ☐ W of:	RIDGE AVE
19 ☐ To ☐ From Ramp	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.095780
22 Longitude	-74.206910

Vehicle 1

23 Veh #	1
24 Policy No.	601408396 206 1
25 NJ Ins. Code	884
☒ 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 / Initial / Last Name	REGINA M PARETZKY
36 Number & Street	449 PARK AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAMRY / TN / 2016 / X588201 / NJ
44 VIN / 45 Expires	4T1BF1FK5GU224059 / 09 22
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority ☒ Owner ☐ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	BA 2997BD
55 NJ Ins. Code	188
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GERHARD - HILDEBRANDT
59 Sex	M
57 Number & Street	9 THE BLVD
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / B / - / - / NJ
62 Driver's License Number	H43102800001392
63 DOB mm dd yyyy	01/24/1939
64 Expires mm yy	01 26
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	- - JAYS BUS SERVICE -
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	IC / INT / YEL / 2020 / P522S1 / NJ
74 VIN / 75 Expires	4DRBUPWP5LB102814 / 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 1926134 ☐ None; ☐ MC/MX 688727	
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	68	F	-	-	-	11	04	-	-	REGINA M PARETZKY - 449 PARK AVE LAKEWOOD NJ 08701 - -
B	2	01	01	05	83	M	-	-	-	11	04	-	-	GERHARD - HILDEBRANDT - 9 THE BLVD BRICK NJ 08724 - -
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station - Case No. 22-070744

1.	ROSIE	FIEFER	
2.	CHAYA	BLUCH	L
3.	AVIVA	REUREN	
4.	HADASSAH	REUREN	
5.	MIRIAM	REUREN	
6.	LEAH	REUREN	
7.	ADINA	REUREN	
8.	MALKA	GOLDBERG	
9.	SARA	BLUCH	
10.	BATSHERA	MARIZAN	
11.	PENIRA	MARIZAN	
12.	LEAH	SCHRIEBMAN	
13.	MIRIAM	COHEN	
14.	PERI	BAJNON	
15.	RIKKI	SCHRIEBMAN	
16.	PERALA	SCHRIEBMAN	
17.	RIVKA	HARRIS	
18.	SARALA	HARRIS	
19.	CHANI	BAJNON	
20.	BAILA	BAJNON	
21.	ESTI	YOUNG	
22.			
23.			
24.			
25.			
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54.			

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

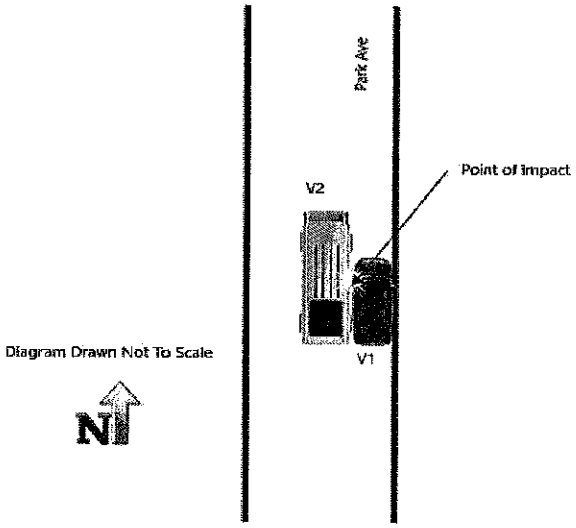
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070744

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V2 struck V1 while traveling north bound on Park Ave.

Owner of v1 stated she was parked in the north bound shoulder of Park Ave. She stated her driver side door was open and V2 struck the door while passing her vehicle.

Driver 2 related he was traveling north bound on Park Ave. He stated as he was passing V1, the driver of v1 opened her driver side door striking his vehicle.

Based on statements made by the involved parties, my observations, and damages to the vehicles at this time I cannot determine who is at fault for this crash.

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

1 Case Number	22-070748
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	OAK ST
☒ At Intersection With / Road Name	VINE AVE
☐ Feet / ☐ Miles	☐ N ☐ E ☒ S ☐ W of:
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To ☐ From	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.065955
22 Longitude	-74.208797

Vehicle 1

23 Veh #	1
24 Policy No.	TCA00002018850
25 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VICKY - AZOULAY
29 Sex	F
27 Number & Street	14 SEDONA COURT
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	A97617670061772
33 DOB (mm dd yyyy)	11/03/1977
34 Expires (mm yy)	11 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JACOB Y AZOULAY
36 Number & Street	14 SEDONA COURT
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2011 / PXF68M / NJ
44 VIN	5TDKK3DC6BS008502
45 Expires	02 23
46 Vehicle Removed To	MOSHEYS 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.	4434256972
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANNA - DAVIDOV-DORON
59 Sex	F
57 Number & Street	170 HADASSAH LN
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / A / - / -
61 State	NJ
62 Driver's License Number	D09130470055762
63 DOB (mm dd yyyy)	05/17/1976
64 Expires (mm yy)	05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver OREN D DORON
66 Number & Street	170 HADASSAH LN
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COR / GRY / 2016 / R53LZU / NJ
74 VIN	2T1BURHE2GC735788
75 Expires	11 22
76 Vehicle Removed To	MOSHYS TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	44	F	-	-	-	11	04	02	-	VICKY - AZOULAY - 14 SEDONA COURT LAKEWOOD NJ 08701
B	1	03	01	05	4	M	-	-	-	05	05	-	-	SIMON - AZOULAY - 14 SEDONA CT LAKEWOOD NJ 08701
C	2	01	01	03	46	F	08	08	02	11	04	-	6502	ANNA - DAVIDOV-DORON - 170 HADASSAH LN LAKEWOOD NJ 08701
D	2	03	01	05	9	F	-	-	-	11	04	-	-	CHANA - DORON - 170 HADASSAH LN LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

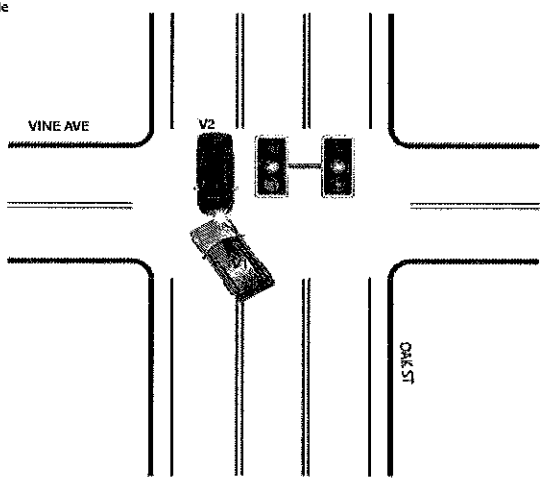
Station: _____ Case No: 22-070748

(Refer to vehicle by number)

		83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc Inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Dept	95 Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
ALL INVOLVED	E	2	04	01	05	6	F	-	-	-	05	05	-	-	AKIVA - DORON - 170 HADASSAH LN LAKEWOOD NJ 08701
	F	2	06	01	05	5	F	-	-	-	05	05	-	-	ELISHEVA - DORON - 170 HADASSAH LN LAKEWOOD NJ 08701
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver 1 stated she was headed West on Oak St and merged into the left turning lane. Driver 1 stated she thought she was clear and attempted to turn left onto Vine Ave when she was suddenly crashed into by V2. Driver 1 stated the light was turning yellow as she started to turn left.

Driver 2 stated she was headed East on Oak St when V1 turned left in front of her causing her to crash into V1. Driver 2 stated the light turned yellow as she was driving through the intersection.

Upon my arrival, I spoke with all parties involved in this accident. Driver 1 is at fault for failure to yield the right of way to V2. It appears Driver 1 was attempting to quickly turn in order to beat the traffic light without making sure she was clear to turn. Driver 2 had minor complaint of pain to her left wrist and was taken to Monmouth Medical Center Southern Campus by Hatzolah since her vehicle was disabled. No other injuries reported.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-070768
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1835
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	HURLEY AVE -
11 Speed Limit	35
12 Route No. / Suffix / 13 Milepost	- - -
14	50
15	☐ At Intersection With ☒ Feet ☐ Miles
16	☐ N ☐ E ☒ S ☐ W of:
17 Cross Road Name	CEDARBRIDGE AVE
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.087709
22 Longitude	-74.213569

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

Right margin codes: 118a: 00 · 118b: - · 119a: 00 · 119b: - · 120a: 01 · 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: 03 · 130: 03 · 131: 11 · 132: 11 · 133: 03 · 134: 03

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	607942298 206 1	54 Policy No.	F098075-5
25 NJ Ins. Code	189	55 NJ Ins. Code	426
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	ELUZER - MEISELS -	56 Driver's First Name / Initial / Last Name	JON T ORTIZ -
29 Sex	M	59 Sex	M
27 Number & Street	6 PEBBLE WAY	57 Number & Street	7 STONECRESS CT
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	JACKSON NJ 08527
30 Eyes	02	60 Eyes	05
DL Class	D	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	NJ
32 Driver's License Number	M23032210008902	62 Driver's License Number	O76334088303685
33 DOB (mm dd yyyy)	08/03/1990	63 DOB (mm dd yyyy)	03/18/1968
34 Expires (mm yy)	08 26	64 Expires (mm yy)	03 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELUZER - MEISELS -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver YVONNE J FORD -
36 Number & Street	6 PEBBLE WAY	66 Number & Street	7 STONECRESS CT
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	JACKSON NJ 08527
38 Make	TOYT	68 Make	MERZ
39 Model	SIE	69 Model	C24 - C2
40 Color	SIL	70 Color	BLK
41 Year	2010	71 Year	2002
42 Plate No.	L29JZK	72 Plate No.	YHU65V
43 State	NJ	73 State	NJ
44 VIN	5TDKK4CC4AS342839	74 VIN	WDBRF61J62F287231
45 Expires	05 23	75 Expires	10 22
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	80 Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- - -	City / State / Zip	- - -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	32	M	-	-	-	11	04	-	-	ELUZER - MEISELS - 6 PEBBLE WAY LAKEWOOD NJ 08701 - -
B	2	01	01	05	54	M	-	-	-	11	04	-	-	JON T ORTIZ - 7 STONECRESS CT JACKSON NJ 08527 - -
C														
D														

New Jersey Police Crash Investigation Report

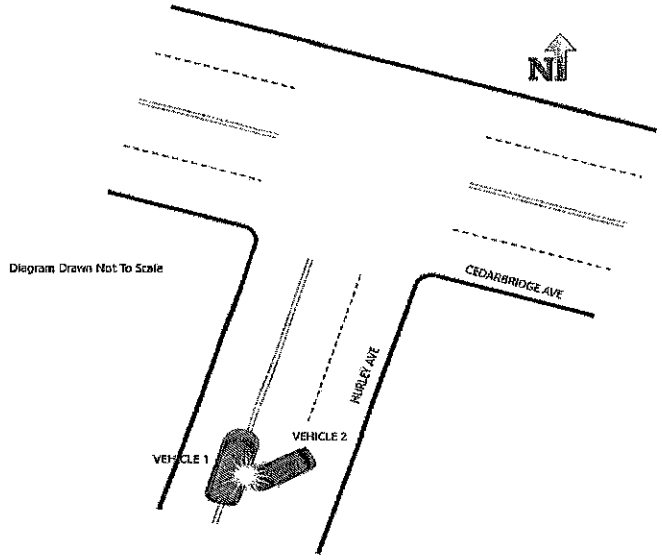
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070768

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated he was travelling north on Hurley Ave towards Cedarbridge Ave to make a left turn, still in the single lane portion, when Vehicle 2 pulled out of the Singin gas station located at 300 Hurley Ave, made a left turn travelling south on Hurley Ave and struck his vehicle.

Driver of Vehicle 2 stated he was pulling out of the Singin gas station after the north bound traffic in the single lane portion of Hurley Ave allowed him to go. Driver of Vehicle 2 furthermore stated as he was conducting a left turn to travel south, Vehicle 1 passed the double yellow, travelling north in the south bound lane, and struck his vehicle.

Vehicle 1 sustained damages to the front passenger bumper area, consisting of denting and scratching to the bumper. Vehicle 2 sustained scratching and denting to the front and rear passenger doors.

From my investigation, I am unable to determine who is at fault due to conflicting stories from both parties and no witnesses.

An employee at Singin stated their security cameras may have captured the incident, and would be available to be obtained from 0600 hours to 1200 hours tomorrow when their boss is in.

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

1 Case Number	22-071374
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
118a	14
118b	-
18 Speed Limit	25
☒ At Intersection With	RONALD RD
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
119a	-
119b	-
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2351
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.041149
22 Longitude	-74.198228
100a	01
100b	04
101	02
102	01
103	01
104	1
105	11
106	-
107	-
108	03
109	-
110	02
111	-
112	-
113	-
114	-
115	-
116	04
117	-
120a	01
120b	-
121a	-
121b	-
122	03
123	-
124	04
125	-
126a	56
126b	60
126c	-
126d	-
126e	60
127a	-
127b	-
127c	-
127d	-
127e	-
128	56
129	12
130	12
131	-
132	-
133	04
134	-

Vehicle 1

23 Veh #	1
24 Policy No.	60725-82-62
25 NJ Ins. Code	196
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	RENEULISES
Initial	-
Last Name	CHAVARRIA
29 Sex	M
27 Number & Street	62 LINDEN 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	01/06/1996
34 Expires mm yy	- -
35 Owner's First Name	N/A
Initial	-
Last Name	G & B CARPENTRY
☐ Same As Driver	
36 Number & Street	1436 PARK AVE
37 City	BRICK
State	NJ
Zip	08724
38 Make	FORD
39 Model	TRA
40 Color	WHI
41 Year	2016
42 Plate No.	XLGW42
43 State	NJ
44 VIN	1FTBW2CG4GKB38151
45 Expires	08 23
46 Vehicle Removed To	HESHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
	Type: ☐ Breath ☐ Blood ☐ Urine
	Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
	Hazard Class - Placard No. -
50 Carrier No.	☐ USDOT - ☒ None
	☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
	☐ Weight 10,001-26,000 lbs
	☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	-
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.
01	39:3-10	295134	01	39:4-97	295135
-	140 Charge	141 Summons. No.	-	142 Charge	143 Summons. No.
		-			-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	26	M	-	-	-	11	11	04	-	RENEULISES - CHAVARRIA - 62 LINDEN AVE LAKEWOOD NJ 08701
B	01	03	01	03	26	M	02	04	02	11	11	04	6502	DOMINGO - CHACON-BENITEZ - 14 SWISS MOUNTAIN DF LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

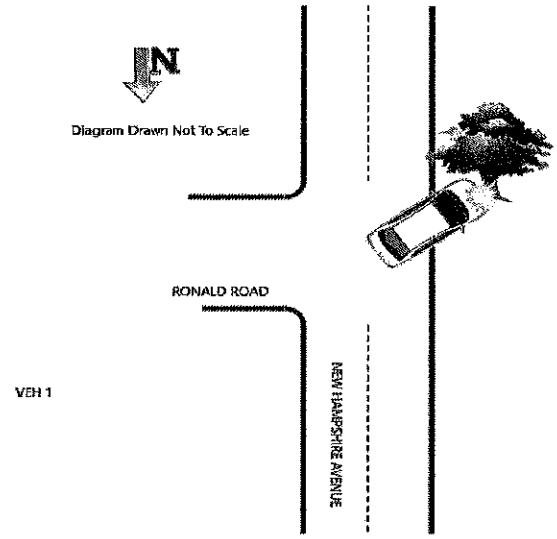
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071374

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was attempting to make a left turn onto New Hampshire Ave from Ronald Rd. He stated as he started from stopped, he accelerated across the street, jumped the curb and crashed into a tree.

Vehicle 1 sustained disabling damage to the front of the vehicle and was towed by Heshy's Towing. Passenger of vehicle 1 sustained a laceration to his forehead and was transported to Kimball Medical Center.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-069684
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	2ND ST
At Intersection With	☐
Road Name	2ND ST
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet ☐ Miles	200
☐N ☒E ☐S ☐W of:	CLIFTON AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/04/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2010
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.091980
22 Longitude	-74.213950

Vehicle 1

23 Veh #	1
24 Policy No.	6038-81-97-25
25 NJ Ins. Code	100
☒ 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 YEHOSHUA E PERL
36 Number & Street	59 STEPHANA LN
37 City / State / Zip	WATERBURY / CT / 06710
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLK / 2019 / CE184126 / CT
44 VIN	4T1B11HK7KU282064
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 2

53 Veh #	2
54 Policy No.	954274884
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LUIS / A / VILEMA
59 Sex	M
57 Number & Street	125 WOODLAKE MANOR DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	V43174946109752
63 DOB mm dd yyyy	09/19/1975
64 Expires mm yy	09 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JEFERSON A ORTIZJIMENEZ
66 Number & Street	201 SAWMILL RD
67 City / State / Zip	BRICK / NJ / 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / GRY / 2019 / Y11RAM / NJ
74 VIN	JN8AT2MV4KW376721
75 Expires	05 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending	
79 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -	
80 Carrier No. ☐ USDOT - ☒ None ☐ MC/MX -	
81 GVWR/GCWR ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	05	46	M	-	-	-	11	04	-	-	LUIS A VILEMA - 125 WOODLAKE MANOR LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

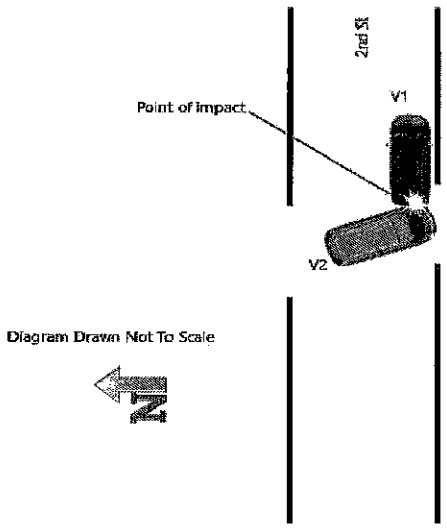
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-069684

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

V2 struck V1 while trying to enter parking lot of 254 2nd St.

Owner of v1 related he was parked on the right shoulder of 2nd St waiting to pick a female up from a business. He stated V2 was attempting to enter parking lot of 254 2nd St and struck his vehicle on the rear passenger side bumper.

Driver 2 related he was traveling south bound across 2nd St attempting to enter parking lot of 254 2nd St. He stated as he was entering parking lot V1 backed into his vehicle causing damage to front driver side bumper.

Based on statements made from involved parties, my observation, and damages to the vehicles I determine driver of V2 is at fault due to driver inattention.

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

1 Case Number	22-070160
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
Road Name	
Dir	E
11 Speed Limit	50
12 Route No.	0528
Suffix	-
13 Milepost	----------
18 Speed Limit	35
☐ At Intersection With	
☒ Feet ☐ Miles	25
☐ N ☐ E ☐ S ☒ W of:	S. CLOVER ST
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/06/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1547
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.082695
22 Longitude	-74.201449

Vehicle 1

23 Veh #	1
24 Policy No.	9956545092061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOCHEVED - BLECH
29 Sex	F
27 Number & Street	46 COMMONWEALTH DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	B52197900062036 / 12/29/2003 / 12 26
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	YECHIEL - BLECH -
36 Number & Street	46 COMMONWEALTH DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR / MDX / BLK / 2005 / L89NWX / NJ
44 VIN / 45 Expires	2HNYD18805H530165 / 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.	F7771132
55 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SUSANNE M MITUKIEWICZ -
59 Sex	F
57 Number & Street	48 MEADOW POINT DRIVE
58 City / State / Zip	BRICK NJ 08723
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	M47267277460672 / 10/17/1967 / 10 24
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	RICHARD A MITUKIEWICZ -
66 Number & Street	48 MEADOW POINT DR
67 City / State / Zip	BRICK NJ 08723
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / CLA / BLK / 2020 / L90LZH / NJ
74 VIN / 75 Expires	WDD5J4HB3LN061839 / 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	18	F	-	-	-	11	04	-	-	YOCHEVED - BLECH - 46 COMMONWEALTH DR LAKEWOOD NJ 08701
B	02	01	01	05	54	F	-	-	-	11	04	-	-	SUSANNE M MITUKIEWICZ - 48 MEADOW POINT DRI\ BRICK NJ 08723
C	02	03	01	05	24	F	-	-	-	11	04	-	-	NICOLETTE A MITUKIEWICZ - 48 MEADOW POINT DR BRICK NJ 08723
D														

New Jersey Police Crash Investigation Report

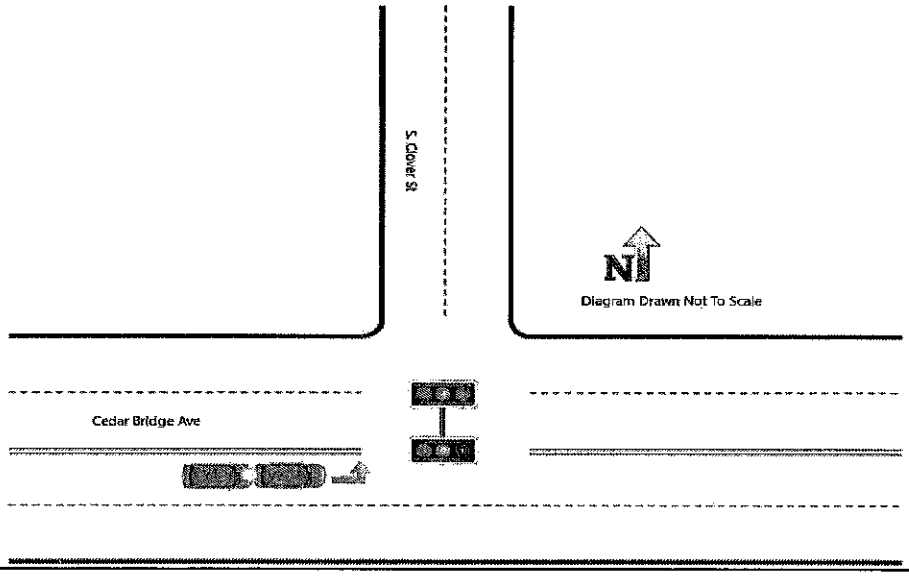
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070160

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 was traveling East on Cedar Bridge Ave and was behind vehicle 2 in the left lane. Driver 1 stated that vehicle 2 began to slow down to make a left turn onto S. Clover St when she tried to apply the brakes but her vehicle didn't stop which caused her to rear end vehicle 2.

Driver 2 stated she was stopped in traffic in the left East bound lane on Cedar Bridge Ave and S. Clover St waiting for the vehicle in front of her to turn left when vehicle 1 struck the rear end of her vehicle.

Vehicle 1 had minor damage to the front bumper area.

Vehicle 2 had minor damage to the rear bumper area.

No injuries were reported. After talking to both drivers I determined that Driver 1 was at fault for the accident for following too closely and rear ending vehicle 2.

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

1 Case Number	22-071046
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	
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	COURTNEY RD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1820
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.103249
22 Longitude	-74.218808

Vehicle 1

23 Veh #	1
24 Policy No.	PANJ-009278382
25 NJ Ins. Code	071
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	ZANAISHA
Initial	Z
Last Name	JOHNSON -
29 Sex	F
27 Number & Street	71 VILLAGE DR
28 City	BARNEGAT
State	NJ
Zip	08005
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	J61737928958992
33 DOB mm dd yyyy	08/30/1999
34 Expires mm yy	08 24
35 Owner's First Name Initial Last Name	☐ Same As Driver ZANAISHA Z JOHNSON -
36 Number & Street	71 VILLAGE DR
37 City	BARNEGAT
State	NJ
Zip	08005
38 Make	HOND
39 Model	ACC
40 Color	BLK
41 Year	2018
42 Plate No.	C67NKY
43 State	NJ
44 VIN	1HGCV1F33JA207307
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.	4391-06-46-66
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MORDECAI
Initial	D
Last Name	FUCHS -
59 Sex	M
57 Number & Street	1452 OAKWOOD AVE
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	06
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F90575636405716
63 DOB mm dd yyyy	05/18/1971
64 Expires mm yy	05 26
65 Owner's First Name Initial Last Name	☐ Same As Driver MORDECAI D FUCHS -
66 Number & Street	1452 OAKWOOD AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	HIG
70 Color	GRY
71 Year	2021
72 Plate No.	N36NRS
73 State	NJ
74 VIN	5TDGZRBH8MS079965
75 Expires	04 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	23	F	-	-	-	11	04	-	-	ZANAISHA Z JOHNSON - 71 VILLAGE DR BARNEGAT NJ 08005
B	2	01	01	05	51	M	-	-	-	11	04	-	-	MORDECAI D FUCHS - 1452 OAKWOOD AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

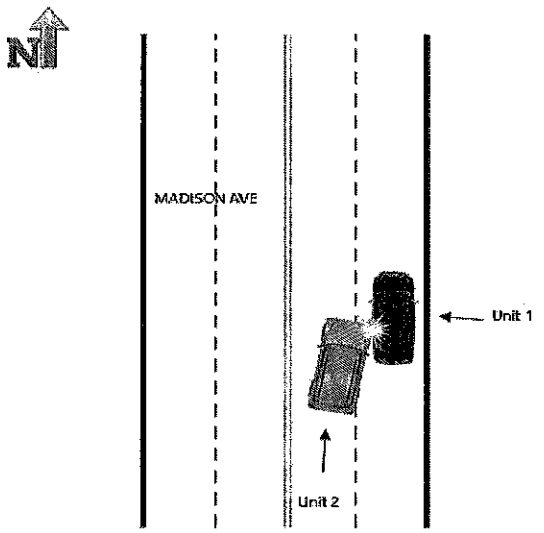
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-071046

(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 NORTH ON MADISON AVENUE IN THE RIGHT LANE, WHEN VEHICLE #2 TRAVELING NORTH ON MADISON AVENUE IN THE LEFT LANE ATTEMPTED TO MERGE INTO THE RIGHT LANE CAUSING VEHICLE #2 TO STRIKE VEHICLE #1. DRIVER #2 STATED THAT HE ATTEMPTED TO MERGE INTO THE RIGHT LANE AND COLLIDED WITH VEHICLE #1 WHICH WAS TRAVELING IN THE RIGHT LANE. DRIVER #2 ALSO STATED HE DID NOT SEE VEHICLE #1 WAS IN HIS BLIND SPOT. NO INJURIES REPORTED.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071060
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	BUCKINGHAM DR
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	CAMBRIDGE CT
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1856
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.045221
22 Longitude	-74.182244

Vehicle 1

23 Veh #	1
24 Policy No.	** OUT OF STATE **
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	LISA
Initial	-
Last Name	GOTERI
29 Sex	F
27 Number & Street	89 DORCHESTER DR # C; C
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	-
DL Class	D
Restrictions	-
Endorsements	-
31 State	FL
32 Driver's License Number	G-360-533-61-918-0
33 DOB mm dd yyyy	11/18/1961
34 Expires mm yy	11 28
35 Owner's First Name	SUSAN
Initial	T
Last Name	BARNEY
☐ Same As Driver	
36 Number & Street	9180 PINNACLE CT
37 City	NAPLES
State	FL
Zip	34113
38 Make	ACUR
39 Model	ATL
40 Color	BLK
41 Year	2013
42 Plate No.	HVWY47
43 State	FL
44 VIN	19VDE1F52DE004617
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 - ☒ 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.	925071102
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MELISSA
Initial	A
Last Name	MCNAMARA
59 Sex	F
57 Number & Street	13 GEORGETOWN DR
58 City	MANALAPAN
State	NJ
Zip	07726
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	M16865376151652
63 DOB mm dd yyyy	01/01/1965
64 Expires mm yy	01 23
65 Owner's First Name	MELISSA
Initial	A
Last Name	MCNAMARA
☐ Same As Driver	
66 Number & Street	13 GEORGETOWN DR
67 City	MANALAPAN
State	NJ
Zip	07726
68 Make	NISS
69 Model	RGE
70 Color	RD
71 Year	2019
72 Plate No.	Y32PWP
73 State	NJ
74 VIN	JN1BJ1CR3KW323578
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	60	F	-	-	-	11	04	-	-	LISA - GOTERI - 89 DORCHESTER DR # C; LAKEWOOD NJ 08701
B	02	01	01	05	57	F	-	-	-	11	04	-	-	MELISSA A MCNAMARA - 13 GEORGETOWN DR MANALAPAN NJ 07726
C														
D														

New Jersey Police Crash Investigation Report

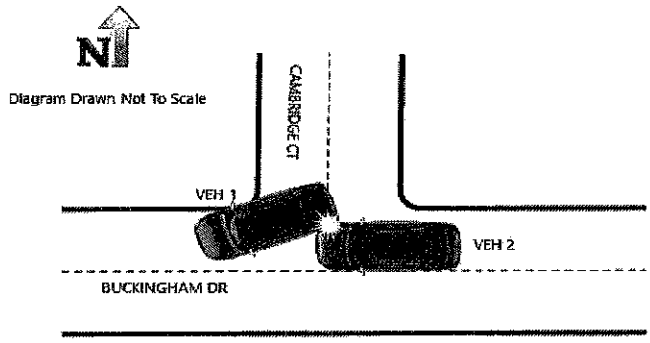
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071060

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was traveling west on Buchkingham Dr approaching the intersection with Cambridge Ct. She stated, vehicle 2 was driving slowly in the middle of the road and stopped before making a right turn towards Cambridge Ct. When vehicle made the right turn, she stated vehicle 2 hit her vehicle.

Driver of vehicle 2 stated she was traveling west on Buckingham Dr approaching Cambridge Ct. She stated she put her right blinker on and attempted to make a right turn onto Cambridge Ct. She stated as she was turning, vehicle 1 drove past her on the right side of her vehicle and crashed into her vehicle.

Vehicle 1 sustained minor damage to the rear drivers side wheel well and was driven from the scene. Vehicle 2 sustained minor damage to the front passenger side bumper and was driven from the scene. No injuries were reported at the scene.

Due to vehicle 1 improperly passing vehicle 2, I find vehicle 1 at fault.

Vehicle 1's out of state Insurance information:

Gieco General Insurance Company

3555 Farnam St; Suite 1440
Omaha, NE 68131

Policy # 4249802259
Code # 01288

1-800-841-3000

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071076
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVENUE -
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ At Intersection With	Road Name: MAIN STREET
Dir	-
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 ☐ To Ramp ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2020
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.089909
22 Longitude	-74.216272

Vehicle 1

23 Veh #	1
24 Policy No.	026095334R71024
25 NJ Ins. Code	201
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ZAKIYYAH J MAYS -
29 Sex	F
27 Number & Street	100 MALLARD COURT APT 10202
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	M09727927152932 / 02/24/1993 / 02 23
35 Owner's Name (Same As Driver)	CHERRY L RICE -
36 Number & Street	42 CENTER ST APT 1
37 City / State / Zip	TOMS RIVER NJ 08757
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN - SE / BLK / 2014 / E48JCP / NJ
44 VIN / 45 Expires	3N1AB7AP5EL697682 / 07 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	AOJ2382313487027
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RORY J HIGGINS -
59 Sex	M
57 Number & Street	660 HILLSIDE AVE
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / B / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	H42376697112855 / 12/28/1985 / 12 26
65 Owner's Name (Same As Driver)	MARIA - CARRATURA -
66 Number & Street	44 CHANNEL ROAD
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / RAM 1500 / SIL / 2006 / X569009 / NJ
74 VIN / 75 Expires	1D3HU18N96J137008 / 09 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	29	F	08	08	02	11	11	04	-	ZAKIYYAH J MAYS - 100 MALLARD COURT AP JACKSON NJ 08527
B	01	06	01	05	4	M	-	-	-	11	11	02	-	KING - DUFFY - 100 MALLARD COURT A JACKSON NJ 08527
C	02	01	01	05	36	M	-	-	-	11	04	-	-	RORY J HIGGINS - 660 HILLSIDE AVE BRICK NJ 08724
D														

New Jersey Police Crash Investigation Report

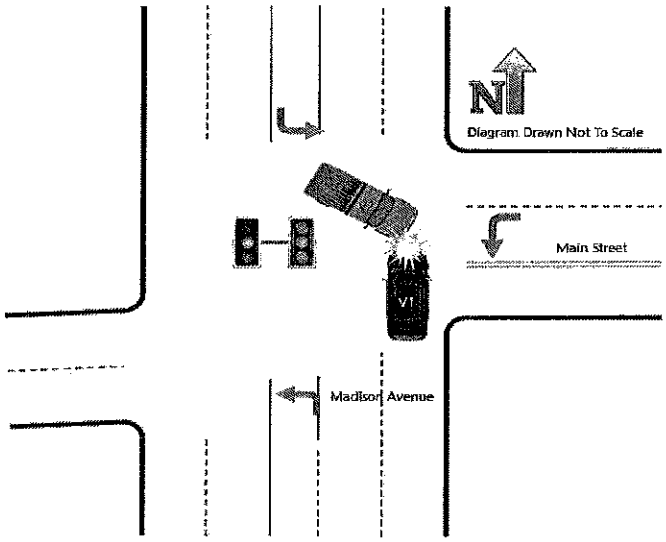
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071076

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was driving north on Madison Avenue. She had a green light and proceeded straight through when vehicle two which was driving south on Madison Avenue suddenly turned left towards Main Street causing her to crash into it. Vehicle 1 sustained disabling damage to the front of the vehicle.

Driver 2 stated he was driving south on Madison Ave and was in the left turning lane to turn onto Main St. He believes the turn arrow was still lit and green when he proceeded to make his turn and vehicle 1 crashed into him. Vehicle 2 sustained damage to the passenger side front end.

Based on my investigation vehicle 2 is at fault for this crash.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MANDELBAUM, J	420	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal **New Jersey Police Crash Investigation Report** ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071083
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MAPLECREST DR W
At Intersection With	LIONS HEAD BLVD
Road Name	MAPLECREST DR W
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	600
☒ N ☐ E ☐ S ☐ W of:	LIONS HEAD BLVD
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2057
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.043316
22 Longitude	-74.167581

Vehicle 1

23 Veh #	1
24 Policy No.	** OUT OF STATE **
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HAND / S / IRWIN
29 Sex	M
27 Number & Street	651 BALSAM APPLE DR
28 City / State / Zip	VENICE / FL / 34293
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / FL
32 Driver's License Number	H530417470620
33 DOB mm dd yyyy	02/22/1947
34 Expires mm yy	02 / 25
35 Owner's First Name / Initial / Last Name	- / - / HERTZ
☐ Same As Driver	-
36 Number & Street	HERTZ; VEHICLES;LLC
37 City / State / Zip	NEWARK / NJ / 07114
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	KIA / SPC / WHI / 2020 / 73BKVI / FL
44 VIN	5XXGT4L33LG438291
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.	4625-74-59-65
55 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- / - / -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- / -
65 Owner's First Name / Initial / Last Name	LAUREN / M / ROBERTS
☐ Same As Driver	
66 Number & Street	6 POMONA DR
67 City / State / Zip	BARNEGAT / NJ / 08005
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / TER / BLK / 2021 / T45GDL / NJ
74 VIN	3GKALPEV9ML382664
75 Expires	02 / 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	75	M	-	-	-	11	04	-	-	HAND S IRWIN - 651 BALSAM APPLE DR VENICE FL 34293
B														
C														
D														

New Jersey Police Crash Investigation Report

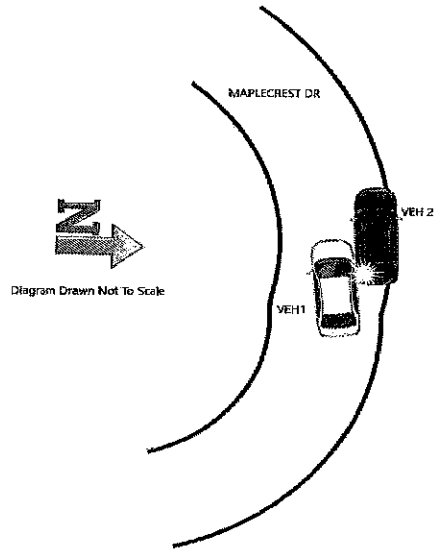
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071083

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was attempting to pull out of his parking space on the north side of Maplecrest Dr. While pulling out, he crashed into the side of vehicle 2.

Owner of vehicle 2 stated she was outside of her vehicle at the time of the crash. She stated, vehicle 1 pulled out of his parking spot and crashed into the side of her vehicle.

Vehicle 1 sustained minor damage to the passenger side of the vehicle and was driven from the scene. Vehicle 2 sustained minor damage to the left rear drivers side panel and was left at the scene. No injuries were reported.

Vehicle 1's Insurance information:

State Farm

1 State Farm Plaza
Bloomington, IL 61710

Policy # 166 3997-B27-59D 4
CO# 09785

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	CM	335	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-071180
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0834
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	1141 COUNTY LINE RD; HOLY
Dir	-
11 Speed Limit	10
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With / Road Name	
14 (☐ Feet ☐ Miles)	-
15 / 16 (☐ N ☐ E ☐ S ☐ W) of:	-
17 Cross Road Name	-
18 Speed Limit	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.103212
22 Longitude	-74.173402

Field	Vehicle 1	Field	Vehicle P
23 Veh #	1	53 Veh #	P
24 Policy No.	-	54 Policy No.	-
25 NJ Ins. Code	-	55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RODOLFO - CATALAN-OLIVERA -	56 Driver's First Name / Initial / Last Name	AURELIA - AVILA-MORALES -
29 Sex	M	59 Sex	F
27 Number & Street	19 FINCHLEY BLVD	57 Number & Street	115 WOEHR AVE 1K
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -	60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
31 State	-	61 State	-
32 Driver's License Number	-	62 Driver's License Number	-
33 DOB (mm dd yyyy)	03/21/1985	63 DOB (mm dd yyyy)	11/12/1977
34 Expires (mm yy)	- -	64 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver RODOLFO - CATALAN-OLIVERA -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - - -
36 Number & Street	19 FINCHLEY BLVD	66 Number & Street	-
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	- - -
38 Make	SUBA	68 Make	-
39 Model	FOR	69 Model	-
40 Color	BLK	70 Color	-
41 Year	8	71 Year	-
42 Plate No.	DF60328	72 Plate No.	-
43 State	IL	73 State	-
44 VIN	4S4WX92D884407476	74 VIN	-
45 Expires	03 23	75 Expires	- -
46 Vehicle Removed To	-	76 Vehicle Removed To	-
	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded		☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.: -	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class: ; Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX	80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
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.
1	39:3-10	1514 A 293326	-		-

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	37	M	-	-	-	11	04	-	-	RODOLFO - CATALAN-OLIVERA - 19 FINCHLEY BLVD LAKEWOOD NJ 08701
B	02	04	01	05	41	F	-	-	-	11	04	-	-	LETICIA - LOPEZ-RIVERA - 121 WOEHR AVE; 2E LAKEWOOD NJ 08701
C	P1	-	-	02	44	F	11	07	02	-	-	-	6505	AURELIA - AVILA-MORALES - 115 WOEHR AVE 1K LAKEWOOD NJ 08701
D														

Left margin codes:

Code	Value
96	05
97	01
98	01
99	09
100a	01
100b	04
101	02
102	01
103	01
104	1
105	13
106	-
107	-
108	-
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	01
117	-

Right margin codes:

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	01
123	-
124	11
125	-
126a	22
126b	07
126c	-
126d	-
126e	22
127a	26
127b	-
127c	-
127d	-
127e	26
128	22
129	04
130	04
131	-
132	-
133	01
134	-

New Jersey Police Crash Investigation Report

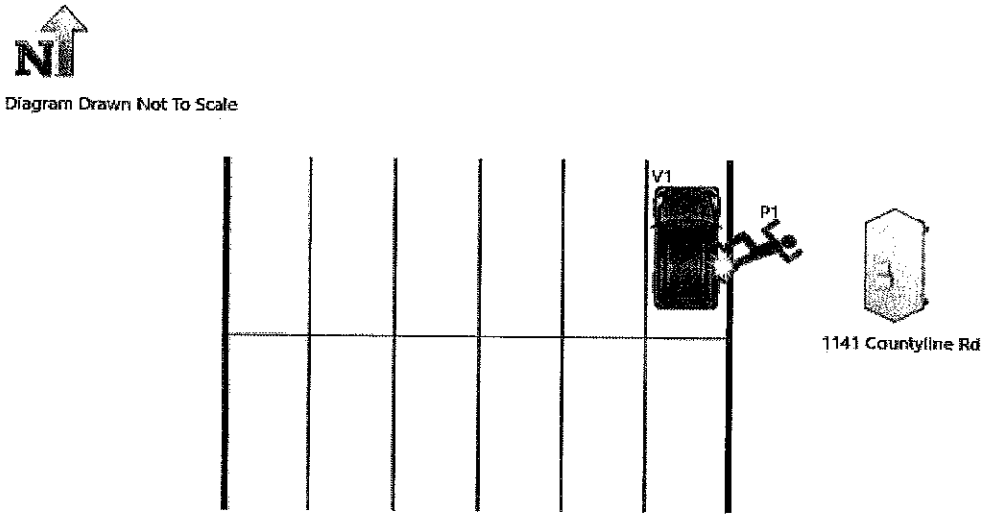
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071180

(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 traveled northbound while Pedestrian 1 attempt to get in the back right seat which caused the Pedestrian to fall and have her right leg be run over.

Driver 1 stated he was giving some friends of his a ride. A friend of his got in the back left seat and he heard the door close. He did not realize that Pedestrian 1 was attempting to enter the back right door. When he heard the back left door close, he thought he was good to travel and subsequent started to travel Northbound. As he did this, Pedestrian 1 was knocked to the ground and her right leg was run over.

Pedestrian 1 stated she was attempting to enter the back right side of vehicle 1. As she attempting to enter the vehicle, the vehicle began to move Northbound which caused her to fall and her right leg was run over.

Pedestrian 1 sustained a serious injury to right leg and it is probable that her leg is fractured. Vehicle 1 did not sustain any damage. There were no other injuries reported on scene.

Vehicle 1 has Illinois insurance and the information is as follows; Unique Insurance Company 7400 N. Caldwell, Niles IL 60714 866-426-8842 Policy Number LP2794295

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

1 Case Number	22-071193
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SKYLINE DR
At Intersection With / Road Name	
Dir	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	LN
☒ Feet ☐ Miles	500
☐ N ☐ E ☒ S ☐ W of:	STRAWBERRY LN
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	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0956
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.058020
22 Longitude	-74.246779

Vehicle 1

23 Veh #	1
24 Policy No.	2011-98-69-61
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	CHARLES / D / LABELLE / M
27 Number & Street	158 SKYLINE DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / D / - / - / NJ
32 Driver's License Number	L00101206411337
33 DOB mm dd yyyy	11/21/1933
34 Expires mm yy	11 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / COLETTE / - / LABELLE
36 Number & Street	158 SKYLINE DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INFI / Q50 / BRO / 2017 / P77MMH / NJ
44 VIN / 45 Expires	JN1EV7AR4HM834339 / 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.	939-742-947
55 NJ Ins. Code	054
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	- / - / - / -
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- / -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / RIVKA / - / WILHELM
66 Number & Street	37 NUSSBAUM AVE.
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / BRO / 2022 / J75NUA / NJ
74 VIN / 75 Expires	5FNRL6H74NB008260 / 05 / 25
76 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01		NONE	02		NONE
	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	02	01	01	-	88	M	-	-	-	11	04	-	-	CHARLES D LABELLE - 158 SKYLINE DR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

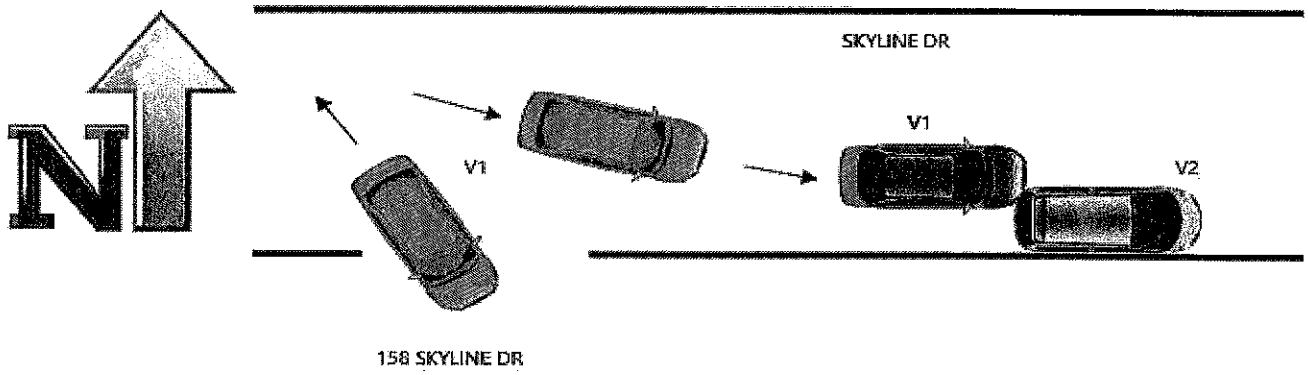
Station: _____ Case No: 22-071193

(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

Arrived on location to find that Driver 01 had moved Vehicle 01 from the point of impact and returned to his driveway. Vehicle 02 remained parked facing east on Skyline Drive at the position of impact. No airbag deployment was noted. No injuries reported.

Based on statements and evidence on scene, Driver 01 stated that he backed out of his driveway and as he proceeded forward, his vision was "blinded" by sun glare. As he adjusted his visor, he viewed Vehicle 02 but was unable to avoid contact and struck vehicle 02.

Both vehicles remained operational. JMS/324

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SANDSTROM J	324	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071218
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70
☐ At Intersection With	
Road Name	
Dir	E
11 Speed Limit	45
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W of:	BUCKINGHAM DR
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1225
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.052968
22 Longitude	-74.179042

Vehicle 1

23 Veh #	1
24 Policy No.	4475-38-46-91
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	LORI
Initial	M
Last Name	FERREIRA -
29 Sex	F
27 Number & Street	36 RANDOLPH LANE
28 City	SICKLERVILLE
State	NJ
Zip	08081
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	F27414857457782
33 DOB mm dd yyyy	07/02/1978
34 Expires mm yy	07 24
35 Owner's First Name	☐ Same As Driver LORI
Initial	M
Last Name	FERREIRA -
36 Number & Street	36 RANDOLPH LANE
37 City	SICKLERVILLE
State	NJ
Zip	08081
38 Make	TOYT
39 Model	COR
40 Color	BLK
41 Year	2021
42 Plate No.	W38NUH
43 State	NJ
44 VIN	5YFEPMAE5MP231782
45 Expires	05 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	ISA H25559034
55 NJ Ins. Code	487
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MATTHEW
Initial	C
Last Name	SLOAN -
59 Sex	M
57 Number & Street	28A MCKINLEY AVE
58 City	CARTERET
State	NJ
Zip	07008
60 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S54965296304812
63 DOB mm dd yyyy	04/23/1981
64 Expires mm yy	04 26
65 Owner's First Name	☐ Same As Driver INC -
Initial	
Last Name	CLEAN HARBORS E -
66 Number & Street	42 LONGWATER DR
67 City	NORWELL
State	MA
Zip	02061
68 Make	FORD
69 Model	F25
70 Color	RD
71 Year	2019
72 Plate No.	XGRG95
73 State	NJ
74 VIN	1FT7W2BT3KEC34218
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	-	-	44	F	-	-	-	11	04	-	-	LORI M FERREIRA - 36 RANDOLPH LANE SICKLERVILLE NJ 08081 - -
B	01	03	-	-	78	M	-	-	-	11	04	-	-	JOSE - FERREIRA - 36 RANDOLPH LANE SICKLERVILLE NJ 08081 - -
C	01	06	-	04	71	F	01	08	01	11	04	-	-	ARLETE - FERREIRA - 36 RANDOLPH LANE SICKLERVILLE NJ 08081 - -
D	02	01	-	-	41	M	-	-	-	11	04	-	-	MATTHEW C SLOAN - 28A MCKINLEY AVE CARTERET NJ 07008 - -

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

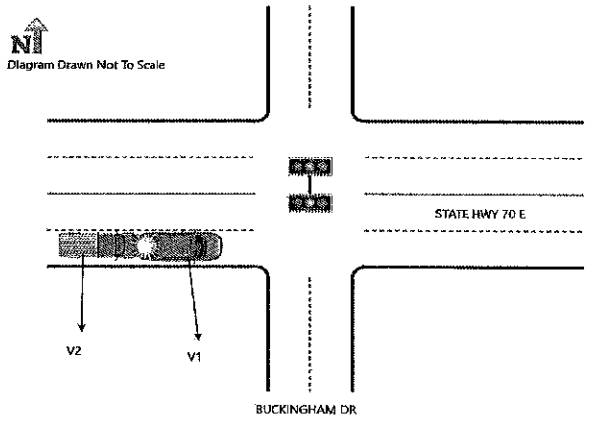
Station: - Case No: 22-071218

(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)

V1



145 Crash Description/Narrative

The driver of V1 stated that she was at the light of State HWY 70 Eastbound lane & Buckingham. While she was at the light due to a red light. Out of nowhere, V2 collided with her rear bumper. The driver of V1 was not hurt or injured. The driver-side passenger inside V1 was also not hurt or injured. The rear passenger inside vehicle one had complaints of head pain. She was checked out and refused medical attention. The driver of V1 left the scene safely.

The driver of V2 explained that he was traveling east on State Highway 70. While traveling east, out of nowhere, he collided with V2. The driver of V2 was not hurt or injured and left the scene safely.

Based on my investigation V2 is at fault for following too close to V1.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TOWNSEND T	403	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071224
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	40
At Intersection With	☐
Feet	☒
Miles	☐
14	30
15	
N ☐ E ☒ S ☐ W ☐ of:	OCEAN AVE
16	
17 Cross Road Name	
19 Ramp To ☐ From ☐	-
20 Route/Name	
NB ☐ SB ☐ EB ☐ WB ☐	
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1310
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.085584
22 Longitude	-74.176917

Vehicle 1

23 Veh #	1
24 Policy No.	648771244
25 NJ Ins. Code	012
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MARK - ESPOSITO
29 Sex	M
27 Number & Street	179 SAMS ROAD
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	E80545210008592
33 DOB mm dd yyyy	08/31/1959
34 Expires mm yy	08 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LINDMARK - INC
36 Number & Street	179 SAMS RD
37 City / State / Zip	JACKSON NJ 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F25 / RD / 2002 / 7EW4 / NJ
44 VIN	1FTNW21F62EC46463
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.	939 890 617
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARIBEL - CINTRON
59 Sex	F
57 Number & Street	135 SOPHEE LANE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	C45295190062567
63 DOB mm dd yyyy	12/31/1956
64 Expires mm yy	12 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIBEL - CINTRON
66 Number & Street	135 SOPHEE LANE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / SIL / 2021 / W34DFE / NJ
74 VIN	JN1BJ1BW6MW670218
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	01	01	01	05	63	M	-	-	-	11	04	-	-	MARK - ESPOSITO - 179 SAMS ROAD JACKSON NJ 08527
B	02	01	01	04	65	F	04	08	01	11	04	-	-	MARIBEL - CINTRON - 135 SOPHEE LANE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

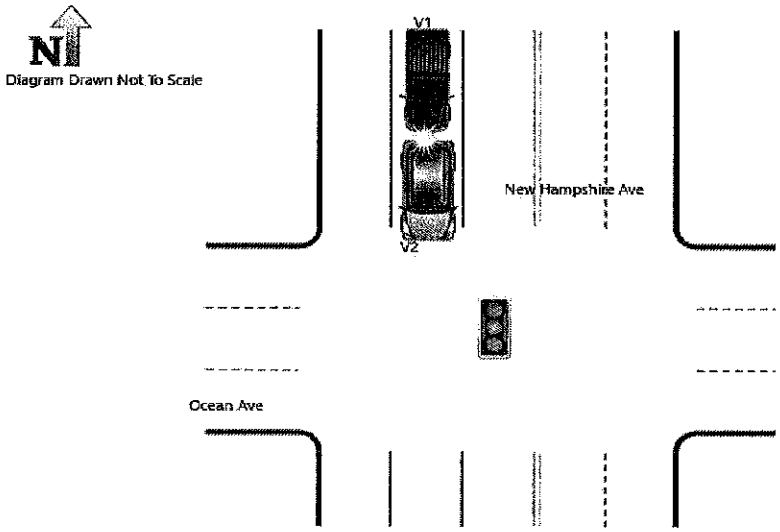
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071224

(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 crashed into the rear of vehicle 2 in the middle lane on New Hampshire Ave.

Driver 1 stated he was applying his brakes in the middle lane on New Hampshire. He did not realize that he wasnt stopping fast enough and subsequently crashed into vehicle 2.

Driver 2 stated she was stopped at the traffic light on New Hampshire Ave and Ocean Ave in the middle lane when vehicle 1 crashed into the rear of her vehicle.

Both vehicles sustained minor damage. Driver 2 reported a complaint of pain from her neck.

Based on my observations and speaking with both parties, I determined that driver 1 was at fault for failing to stop in time.

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

1 Case Number: 22-071227

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

3 Station/Precinct: -

10 Crash Occurred On: STATE HIGHWAY 70 — ☐ At Intersection With — Road Name

☒ Feet ☐ Miles (14, 15) — ☐N ☒E ☐S ☐W of: AIRPORT ROAD — Dir

11 Speed Limit: 50 — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit: 35

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

20 Route/Name

21 Latitude - — 22 Longitude -

97: 01 — 98: 01 — 99: 02 — 100a: 01

4 Date of Crash mm dd yy: 09/10/22

5 Day Of Week: SATURDAY

6 Time (use 2400 hrs): 1350

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

118a: 09 — 118b: - — 119a: - — 119b: - — 120a: 01 — 120b: - — 121a: - — 121b: - — 122: 01 — 123: - — 124: 04 — 125: - — 126a: 48 — 126b: - — 126c: - — 126d: - — 126e: 48 — 127a: - — 127b: - — 127c: - — 127d: - — 127e: - — 128: 48 — 129: 11 — 130: 11 — 131: - — 132: - — 133: 04 — 134: -

100b: 04

23 Veh #	24 Policy No.	25 NJ Ins. Code
1	956-2299-25	-

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

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

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

101: 02 — 102: 01 — 103: 01 — 104: 1

26 Driver's First Name	Initial	Last Name	29 Sex
DEREK	L	FIX -	M

27 Number & Street: 430 PICARDY CT # B

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

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

32 Driver's License Number: F47631647303922 — 33 DOB mm dd yyyy: 03/20/1992 — 34 Expires mm yy: 03 25

105: 11

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: - -

106: -

35 Owner's First Name: ☐ Same As Driver DEREK — Initial: L — Last Name: FIX -

107: -

36 Number & Street: 430 PICARDY CT # B

108: 01

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

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

66 Number & Street: -

67 City: - — State: - — Zip: -

109	38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
-	FORD	EPR	BLK	2005	C25PSD	NJ

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

110: 01

44 VIN: 1FMZU73E15UA51983 — 45 Expires: 02 23

74 VIN: - — 75 Expires: - -

111: -

46 Vehicle Removed To: TOTAL CAR CARE

112: -

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

76 Vehicle Removed To: -

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

113: -

47 Authority: ☐ Owner ☐ Driver ☒ Police

77 Authority: ☐ Owner ☐ Driver ☐ Police

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.: -

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.: -

115: -

116: 04

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

117: -

52 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

82 Motor Carrier or Government Entity: -

Number & Street: -

City: - — State: - — Zip: -

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

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	-	-	DEREK L FIX - 430 PICARDY CT # B LAKEWOOD NJ 08701 - -
B	01	02	01	05	47	F	-	-	-	11	04	-	-	PATRICIA A ROKOSE - 163 GRAMERCY CT LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

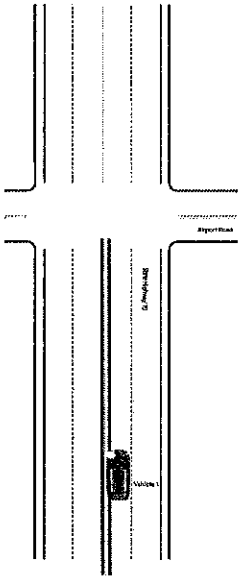
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071227

(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 was traveling west on State Highway 70 in the left lane. He stated that as he was traveling west a gray vehicle that was in front of him had stopped short. As he went to brake, he stated there was an object in the rode that he hit and instead of swerving into the right lane of travel he swerved to the left as to not strike another vehicle. He struck the concrete traffic barrier.

Both the driver and passenger declined medical attention at the scene of the accident.

Vehicle 1 had damage to left side of the fender as well as the front left tire.

Vehicle was towed by Total Car Care locate at 125 Main Street in Lakewood, New Jersey.

Vehicle Insurance Code (NAIC) : 11410

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ESMART A	402	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071232
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1414
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	STATE HWY 70
Road Name	
Dir	E
11 Speed Limit	45
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	20
☐ N ☒ E ☐ S ☐ W of:	BUCKINGHAM DR RAMP
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.052829
22 Longitude	-74.180019

Vehicle 1

23 Veh #	1
24 Policy No.	4622-76-98-28
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CONCORDIA K MARDER -
29 Sex	F
27 Number & Street	7B BUNKER HILL DR
28 City / State / Zip	WHITING NJ 08759
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	M05671347260572
33 DOB (mm dd yyyy)	10/16/1957
34 Expires (mm yy)	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CONCORDIA K MARDER -
36 Number & Street	7B BUNKER HILL DR
37 City / State / Zip	WHITING NJ 08759
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	JEEP / GCH - GR / WHI / 2018 / R20PWP / NJ
44 VIN	1C4RJFBG0JC441046
45 Expires	04 23
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	CHRISTOPH - GUARDIA -
59 Sex	M
57 Number & Street	236 LIBERTY BELL RD
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / A / - / - / NJ
62 Driver's License Number	G90081240006972
63 DOB (mm dd yyyy)	06/01/1997
64 Expires (mm yy)	06 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver U-HAUL - CO OF ARIZONA -
66 Number & Street	2727 N CENTRAL AVE
67 City / State / Zip	PHOENIX AZ 85004
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	GMC / 8600 / WHI / 21 / AL03002 / AZ
74 VIN	1GDY7RF74M1202424
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0.- % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	-	-	64	F	-	-	-	11	04	-	-	CONCORDIA K MARDER - 7B BUNKER HILL DR WHITING NJ 08759 - -
B	02	01	-	-	25	M	-	-	-	11	04	-	-	CHRISTOPH - GUARDIA - 236 LIBERTY BELL RD TOMS RIVER NJ 08755 - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

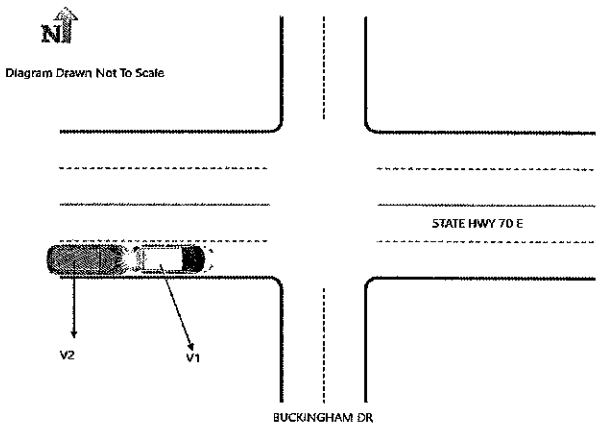
Station: - Case No: 22-071232

(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)

V1



145 Crash Description/Narrative

The driver of V1 stated that she was stopped in traffic due to a red light. As she noticed the cars in front of her proceeding to go straight, once the light turned green, she applied pressure on her gas pedal. While she was slowly proceeding to go straight out nowhere, she got struck in the rear of her bumper. The driver of V1 was not hurt or injured and left the scene safely.

The driver of V2 stated that as he noticed V1 proceeding to go straight. He applied pressure on his gas pedal, and as he proceeded to go straight, he collided with V1. The driver of V2 was not hurt or injured and left the scene safely.

V2 Insurance: Automobile Self-Insurance: U-Haul CO of Arizona DBA U-Haul
Certificate Number #S012
Expiration Date: 06/30/2023

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

1 Case Number	22-071348
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	NEW HAMPSHIRE AVE
Dir	-
11 Speed Limit	45
12 Route No.	0623
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet	300
☐ Miles	
☒ N ☐ E ☐ S ☐ W of:	LOCUST ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2201
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.045676
22 Longitude	-74.197483

Vehicle 1

23 Veh #	1
24 Policy No.	4220-79-25-60
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GABRIELLA - FRIED
29 Sex	F
27 Number & Street	942 MADISON AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
31 State	NJ
32 Driver's License Number	F73972708254894
33 DOB mm dd yyyy	04/24/1989
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver GABRIELLA - FRIED
36 Number & Street	942 MADISON AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2014 / G74EGC / NJ
44 VIN	5TDYK3DC3ES456212
45 Expires	05 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver RAUL - NEGRETE
66 Number & Street	1631 EDGELY RD
67 City / State / Zip	LEVITTOWN PA 19057
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / SIL / 2010 / LSH9608 / PA
74 VIN	1HGCP2F30AA191471
75 Expires	05 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	33	F	-	-	-	11	04	-	-	GABRIELLA - FRIED - 942 MADISON AVE LAKEWOOD NJ 08701
B	V1	03	01	05	12	F	-	-	-	11	04	-	-	SARAH - FRIED - 2214 TIIU CT TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

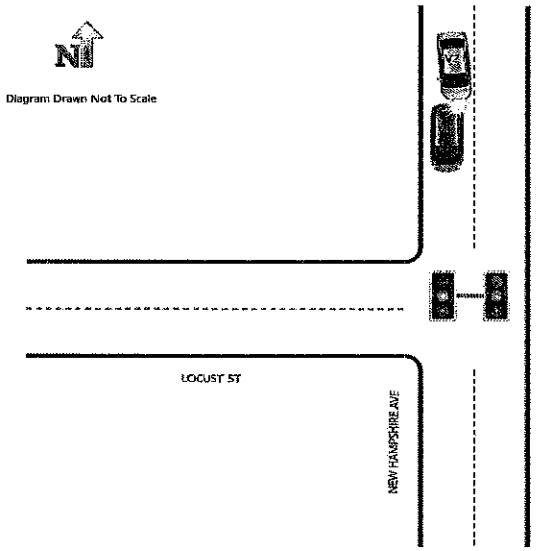
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071348

(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 SHE WAS TRAVELING SOUTHBOUND ON NEW HAMPSHIRE AVE. WHILE TRAVELING SOUTHBOUND ON NEW HAMPSHIRE AVE, THE DRIVER OF V1 STATED THAT V2 STRUCK THE REAR OF HER VEHICLE. THE DRIVER OF V1 STATED THAT THE DRIVER OF V2 FLED THE SCENE TRAVELING SOUTHBOUND ON NEW HAMPSHIRE AVE. THE DRIVER OF V1 PROVIDED A PENNSYLVANIA REGISTRATION (LSH9608) THAT COULD POSSIBLY BE V2. THE FRONT BUMPER OF V2 WAS LEFT ON SCENE AND THERE WAS A HONDA LOGO ON THE FRONT BUMPER.

NO INJURIES WERE REPORTED ON SCENE.

AFTER OBSERVING THE SCENE AND SPEAKING WITH THE DRIVER OF V1, I FIND V2 AT FAULT FOR FOLLOWING TOO CLOSELY TO V1. V2 WAS UNABLE TO BE LOCATED AT THIS TIME.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VILLALBA, M	425	SGT. M. LORENC	316	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071354
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	S CLOVER ST
Road Name	-
Dir	11 Speed Limit: 40
12 Route No.	0020
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	LAUREL AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2226
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.089765
22 Longitude	-74.200359

Vehicle 1

23 Veh #	1
24 Policy No.	*****
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	OLINTO - JIMENEZ-HERNANDE-
29 Sex	M
27 Number & Street	6 MONMOUTH AVE
28 City / State / Zip	FREEHOLD NJ 07728
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	BR / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	10/12/1977
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver OLINTO - JIMENEZ-HERNANI-
36 Number & Street	6 MONMOUTH AVE
37 City / State / Zip	FREEHOLD NJ 07728
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	SUZI / - / GRY / 2000 / LCR8682 / PA
44 VIN / 45 Expires	JS3TD62V4Y4100508 / 07 23
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	AOJ-23B-256241-70 1 4
55 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MEYER S TOPAS -
59 Sex	M
57 Number & Street	624 VINE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BR / D / - / - / NJ
62 Driver's License Number	T65235428210562
63 DOB mm dd yyyy	10/21/1956
64 Expires mm yy	08 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MEYER S TOPAS -
66 Number & Street	624 VINE AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2004 / P49GZV / NJ
74 VIN / 75 Expires	4T1BE32K74U919241 / 09 22
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT ☐ 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	294833	V1	39:4-97	2948344
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	44	M	-	-	-	11	04	-	-	OLINTO - JIMENEZ-HERNANDEZ - 6 MONMOUTH AVE FREEHOLD NJ 07728
B	V2	01	01	05	65	M	-	-	-	11	04	-	-	MEYER S TOPAS - 624 VINE AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

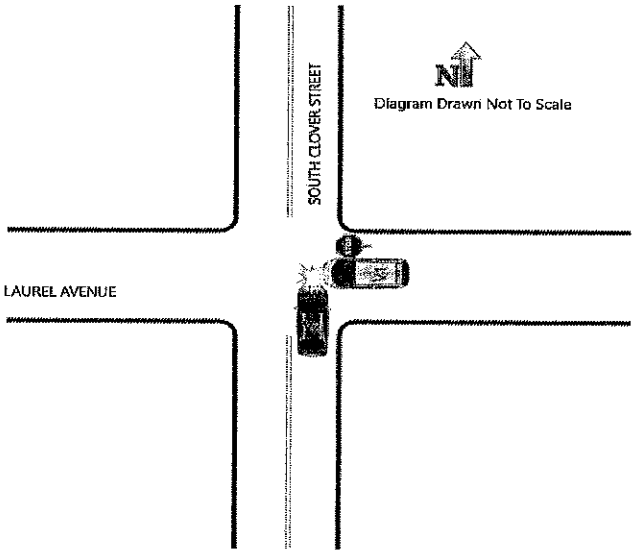
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071354

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle One stated to the effect: I was traveling West on Laurel Avenue and stopped at the intersection of South Clover Street. Furthermore I proceeded to turn left to travel South on Clover Street when I didn't see Vehicle Two and struck his vehicle.

Driver of Vehicle Two stated to the effect: I was traveling North on South Clover Street approaching the intersection of Laurel Avenue. As I began to pass through the intersection, Vehicle One turned left on to South Clover Street and struck my vehicle.

As a result of my investigation, I have determined the driver of Vehicle One to be at fault for violating the right-of-way of Vehicle Two.

Insurance information for Vehicle One:
American Freedom Insurance Company #10864
1699 Wall St Suite 600
Mount Prospect, IL 60056
Policy #:14-3007136-06

End of narrative.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCMILLAN, P	426	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071798
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/12/22
5 Day Of Week	MONDAY
10 Crash Occurred On	11TH ST
At Intersection With / Road Name	☐
Feet / Miles	☒ Feet / ☐ Miles
N/S/E/W of:	☐N ☒E ☐S ☐W of: LEXINGTON AVE
100	100
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- / - / -
18 Speed Limit	25
19 Ramp To / From	☐ To / From: -
17 Cross Road Name	-
20 Route/Name	-
NB EB SB WB	☐ NB ☐ EB ☐ SB ☐ WB
6 Time (use 2400 hrs)	1727
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.101199
22 Longitude	-74.213874

Vehicle 1

23 Veh #	1
24 Policy No.	AS2-C21-004175-332
25 NJ Ins. Code	182
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	JOSEPH / D / SPERDUTI 3RD / - / M
27 Number & Street	904 OCEAN ROAD
28 City / State / Zip	POINT PLEASANT / NJ / 08742
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	S70504106402862 / 02/20/1986 / 02 25
35 Owner's Same As Driver / First Name / Initial / Last Name	☐ / - / - / UNITED PARCEL SE -
36 Number & Street	47 HARTZ WAY
37 City / State / Zip	SECAUCUS / NJ / 07094
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FREI / MT5 / - / 2010 / XT387X / NJ
44 VIN / 45 Expires	4UZAARDU3ACAS6089 / 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 021800 ☐ 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.	PAA80002156234
55 NJ Ins. Code	963
☒ 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	☐ / YECHEZKEL / - / KAPLAN
66 Number & Street	60 AYCRIGG AVE.
67 City / State / Zip	PASSAIC / NJ / 07055
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / COB / WHI / 2006 / P24NBX / NJ
74 VIN / 75 Expires	1G1AK58F767828821 / 01 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.
01	39:3-4	1514-A-295153	-	-	-
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	-	-	JOSEPH D SPERDUTI 3RD - / 904 OCEAN ROAD POINT PLEASANT NJ 08742 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

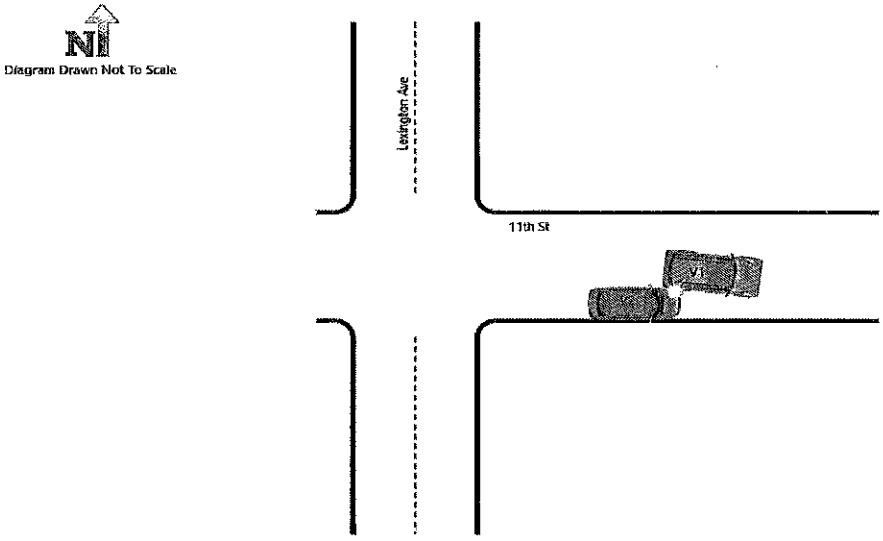
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071798

(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 pulling over to make a delivery. Vehicle 2 was parked facing east bound on 11th Street. Vehicle 1 then crashed into vehicle 2 while trying to park.

Driver 1 stated he was parking in front of 124 11th Street to make a delivery. While doing so he struck the front of vehicle 2 with the side of his vehicle. He continued to state he thought he had enough room to get into the spot.

Vehicle 2 was parked in the driveway of 124 11th Street while the driver reregistered their vehicle. They were also issued a summons for being unregistered.

My investigation determined that driver 1 is at fault due to being inattentive while driving.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96: 05 | 97: 01 | 98: 07 | 99: 05 | 100a: 01 | 100b: 04 | 101: 02 | 102: 01 | 103: 01 | 104: 1 | 105: 11 | 106: - | 107: - | 108: 01 | 109: - | 110: 01 | 111: - | 112: - | 113: - | 114: - | 115: - | 116: 04 | 117: -

1 Case Number: 22-071377

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

3 Station/Precinct: -

10 Crash Occurred On: OCEAN AVE | - | 11 Speed Limit: 35 | 0088 - - | 118a: 35

☐ At Intersection With | Road Name | Dir | 12 Route No. | Suffix | 13 Milepost | 118b: -

☒ Feet ☐ Miles (14 / 15) | ☐ N ☒ E ☐ S ☐ W (16) | of: REGAL CT | 18 Speed Limit: 25

19 Ramp ☐ To ☐ From: - | 17 Cross Road Name: - | ☐ NB ☐ EB ☐ SB ☐ WB | 20 Route/Name | 119a: - | 119b: -

4 Date of Crash (mm dd yy): 09/11/22 | 5 Day Of Week: SUNDAY | 6 Time (use 2400 hrs): 0010 | 7 Municipality Code: 1514 | 8 Total Killed: -- | 9 Total Injured: -- | 21 Latitude: 40.090319 | 22 Longitude: -74.210521 | 120a: 01

Vehicle 1

23 Veh #: 1 | 24 Policy No.: - | 25 NJ Ins. Code: - | 120b: -

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

26 Driver's First Name: FAVIAN | Initial: - | Last Name: NERI-SAUCEDO | 29 Sex: M | 121a: -

27 Number & Street: 312 OCEAN AVE, 1/2 | 121b: -

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

30 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 31 State: - | 122: 01

32 Driver's License Number: - | 33 DOB (mm dd yyyy): 03/14/2007 | 34 Expires (mm yy): - - | 123: -

35 Owner's First Name: FORTINO | Initial: - | Last Name: NERI-SANCHEZ | ☐ Same As Driver | 124: 04

36 Number & Street: 312 OCEAN AVE; HALF | 125: -

37 City: LAKEWOOD | State: NJ | Zip: 08701 | 126a: 05

38 Make: INFI | 39 Model: G37 | 40 Color: BLK | 41 Year: 2010 | 42 Plate No.: - | 43 State: - | 126b: 62

44 VIN: JN1CV6EK3AM104801 | 45 Expires: - - | 126c: -

46 Vehicle Removed To: TOTAL CAR CARE | 126d: -

☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126e: 62

47 Authority: ☐ Owner ☐ Driver ☒ Police | 127a: -

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending | 127b: -

49 Hazardous Material: ☒ None ☐ On Board ☐ Spill | Hazard Class | Placard No. | 127c: -

50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX | 127d: -

51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs | 127e: -

52 Motor Carrier or Government Entity: - | 128: 62

Number & Street: - | 129: 01

City: - | State: - | Zip: - | 130: 01

135 Damage To Other Property: ☐ Yes (If Yes, describe) ☒ No | 131: -

Oper.	136 Charge	137 Summons. No.
01	39:3-10	1514-A-294775

Oper.	140 Charge	141 Summons. No.

Vehicle 2

53 Veh #: - | 54 Policy No.: - | 55 NJ Ins. Code: - | 120b: -

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

56 Driver's First Name: - | Initial: - | Last Name: - | 59 Sex: - | 121a: -

57 Number & Street: - | 121b: -

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

60 Eyes: - | DL Class: - | Restrictions: - | Endorsements: - | 61 State: - | 122: 01

62 Driver's License Number: - | 63 DOB (mm dd yyyy): - | 64 Expires (mm yy): - - | 123: -

65 Owner's First Name: - | Initial: - | Last Name: - | ☐ Same As Driver | 124: 04

66 Number & Street: - | 125: -

67 City: - | State: - | Zip: - | 126a: 05

68 Make: - | 69 Model: - | 70 Color: - | 71 Year: - | 72 Plate No.: - | 73 State: - | 126b: 62

74 VIN: - | 75 Expires: - - | 126c: -

76 Vehicle Removed To: - | 126d: -

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded | 126e: 62

77 Authority: ☐ Owner ☐ Driver ☐ Police | 127a: -

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. - % ☐ Pending | 127b: -

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill | Hazard Class: - | Placard No.: - | 127c: -

80 Carrier No.: ☐ USDOT - ☐ None ☐ MC/MX - | 127d: -

81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs | 127e: -

82 Motor Carrier or Government Entity: - | 128: 62

Number & Street: - | 129: 01

City: - | State: - | Zip: - | 130: 01

Oper.	138 Charge	139 Summons. No.
01	39:3-4	1514-A-294776

Oper.	142 Charge	143 Summons. No.

131: - | 132: - | 133: 04 | 134: -

	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	15	M	-	-	-	11	04	-	-	FAVIAN - NERI-SAUCEDO - 312 OCEAN AVE, 1/2 LAKEWOOD NJ 08701 - -
B	01	03	01	05	41	M	-	-	-	11	04	-	-	FORTINO - NERI-SANCHEZ - 312 OCEAN AVE; HALF LAKEWOOD NJ 08701 - -
C	01	06	01	05	15	M	-	-	-	11	04	-	-	JOSE A FLORES - 73 RONALD RD LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

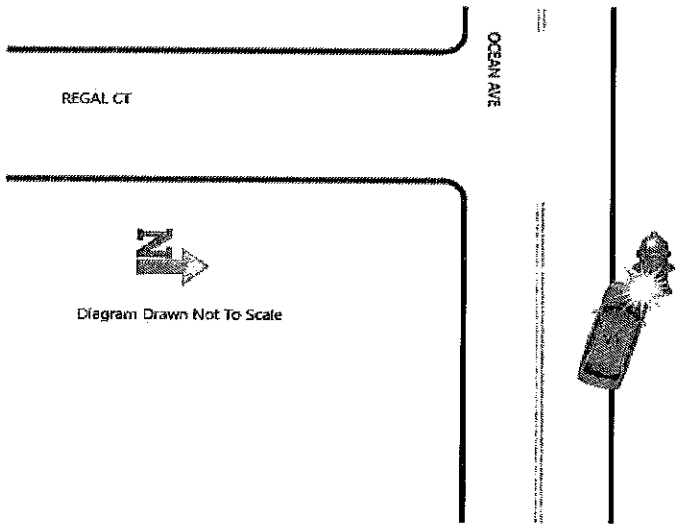
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071377

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED THAT HE WAS TRAVELING WEST ON OCEAN AVENUE IN THE AREA OF REGAL CT WHEN HIS FRONT DRIVER'S SIDE WHEEL DISCONNECTED FROM HIS CAR. THIS CAUSED HIM TO LOSE CONTROL AND RUN OF THE ROAD TO THE RIGHT. AFTER RUNNING OFF THE ROAD TO THE RIGHT HE LIGHTLY STRUCK A FIRE HYDRANT WHICH CAUSED NO DAMAGE TO THE FIRE HYDRANT.

NO INJURIES REPORTED ON SCENE. DRIVER WAS ISSUED FOR BEING UNLICENSED AND DRIVING AN UNREGISTERED VEHICLE.

I DETERMINED DRIVER 1 TO BE AT FAULT FOR OPERATING A VEHICLE THAT DID NOT HAVE THE WHEELS PROPERLY TIGHTENED WHICH CAUSED ONE OF THEM TO FALL OFF AND ULTIMATELY LED TO HIM LOSING CONTROL.

THE DRIVER OR OWNER OF THE VEHICLE WERE UNABLE TO PROVIDE ME WITH PROOF OF INSURANCE AT THE TIME OF THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071382
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	HURLEY AVE
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
Road Name	RIVER AVE
Dir	-
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	
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0048
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.086423
22 Longitude	-74.215339

Vehicle 1

23 Veh #	1
24 Policy No.	-
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CELIA - VAZQUEZ-DOMINGU -
29 Sex	F
27 Number & Street	510 DAVIDS CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	V09811190054802
33 DOB mm dd yyyy	04/22/1980
34 Expires mm yy	04 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CELIA - VAZQUEZ-DOMING -
36 Number & Street	510 DAVIDS CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR / TX / WHI / 2016 / 3930-481 / PA
44 VIN	19UUB1F37GA009626
45 Expires	11 22
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ELHANAN - ORTAL -
59 Sex	M
57 Number & Street	76 TOVA DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / D / - / - / IS
62 Driver's License Number	204224083
63 DOB mm dd yyyy	08/13/1992
64 Expires mm yy	08 29
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - HERTZ -
66 Number & Street	PO BOX 24130
67 City / State / Zip	OKLAHOMA CITY OK 73134
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / - / RD / 2017 / JKZB59 / FL
74 VIN	2G4GR5GX3H9137984
75 Expires	06 23
76 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:6B-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	05	42	F	-	-	-	11	04	-	-	CELIA - VAZQUEZ-DOMINGUEZ - 510 DAVIDS CT LAKEWOOD NJ 08701 - -
B	01	03	01	05	20	M	-	-	-	11	04	-	-	SAYURI - MOSCOSO - 105 CLIFTON AVE LAKEWOOD NJ 08701 - -
C	01	04	01	05	21	M	-	-	-	11	04	-	-	AARON - SANGUINO - 510 DAVIS CT LAKEWOOD NJ 08701 - -
D	01	05	01	05	21	F	-	-	-	11	04	-	-	BERTIN - CARDOSO - 510 DAVIS CT LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

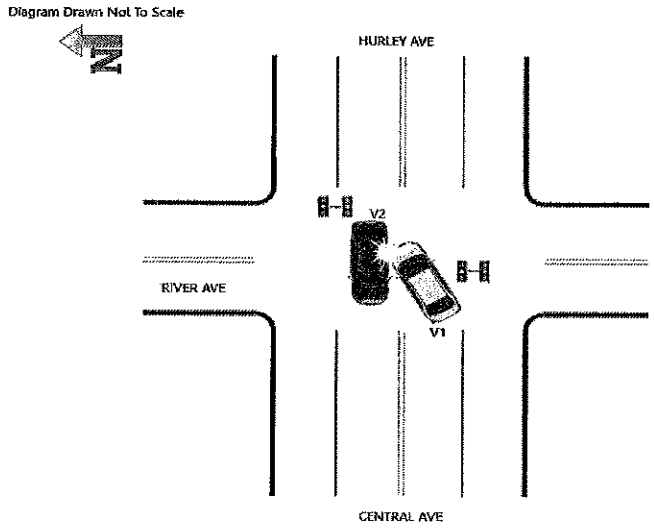
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071382

(Refer to vehicle by number)

	Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
	83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED E	01	06	01	05	17	F	-	-	-	11	04	-	-	VELEN - BACO-CORTEZ - 105 CLIFTON AVE LAKEWOOD NJ 08701 - -
F	02	01	01	05	30	M	-	-	-	11	04	-	-	ELHANAN - ORTAL - 76 TOVA DR LAKEWOOD NJ 08701 - -
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

On 9/11/2022 at approximately 0048hrs, I was traveling North on River Avenue when I observed a vehicle in the roadway which had just been involved in a motor vehicle accident. I then exited my patrol vehicle and spoke to the driver of vehicle 1 who was identified as Celia Vazquez-Dominguez. Celia stated that she was traveling East on Central Avenue and was attempting to make a left hand turn onto River Avenue. I asked Celia if the light was green and she responded that it was. I then asked Celia if the traffic light displayed a green arrow meaning she could turn left and she responded it did not. When Celia attempted to make the left turn, her vehicle struck vehicle 2.

I then met with the driver of vehicle 2 who was identified as Elhanan Ortal. Elhanan stated that he was traveling West on Hurley avenue and was going through the intersection and his vehicle was struck. Elhanan stated that the traffic light was green.

There were no injuries reported at the scene of the crash.

Celia did stated she did not have insurance for the vehicle at which time I requested the vehicle to be impounded. A summons for the infraction was mailed to her address.

Vehicle 2 Insurance information:
Certificate No. 4644 Effective 09/15/2020
The Hertz Corporation, Hertz Vehicles LLC
Report Claims: 877-584-7159

Both vehicles were towed by Tilton's Auto Body.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SHEEHAN, M	423	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071490
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	200
☐ N ☐ E ☒ S ☐ W of:	CUSHMAN AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1505
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.063777
22 Longitude	-74.219819

Vehicle 1

23 Veh #	1
24 Policy No.	48108800
25 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHRISTOPHER E YOUMANS
29 Sex	M
27 Number & Street	32 FREDERICK DR APT I1
28 City / State / Zip	BAYVILLE NJ 08721
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number	Y68091246504825
33 DOB mm dd yyyy	04/20/1982
34 Expires mm yy	04 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver STEPHANIE M YOUMANS
36 Number & Street	PO BOX 35
37 City / State / Zip	BAYVILLE NJ 08721
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CRV / GRN / 2010 / M51MXA / NJ
44 VIN	5J6RE3H39AL041603
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 ☒ 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.	PAA00001072440
55 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	OLIVIA T ORTIZ
59 Sex	F
57 Number & Street	1749 TODD RD
58 City / State / Zip	TOMS RIVER NJ 08755
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	076336038358592
63 DOB mm dd yyyy	08/24/1959
64 Expires mm yy	08 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver OLIVIA T ORTIZ
66 Number & Street	1749 TODD RD
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERZ / 350 - 35 / WHI / 2011 / C97EFM / NJ
74 VIN	4JGBF2FE1BA690503
75 Expires	05 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
01		NONE	02		NONE
Oper.	140 Charge	141 Summons No.	Oper.	142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	40	M	-	-	-	11	04	-	-	CHRISTOPHER E YOUMANS - 32 FREDERICK DR APT I BAYVILLE NJ 08721
B	02	01	01	-	63	F	-	-	-	11	04	-	-	OLIVIA T ORTIZ - 1749 TODD RD TOMS RIVER NJ 08755
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071490

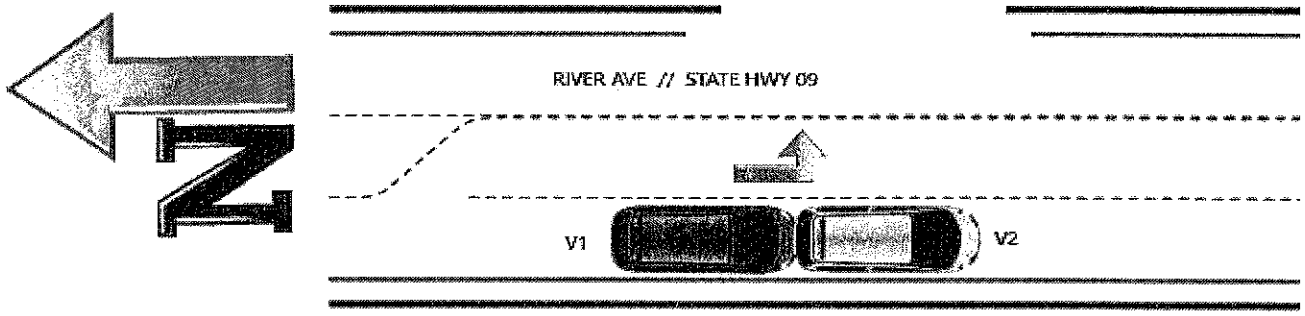
(Refer to vehicle by number)

	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)

945 RIVER AVE
EVERGREEN PLAZA

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Arrived on location to find both vehicles out of the roadway and on the shoulder facing south in the southbound lane of River Avenue. Both vehicles exhibited damage consistent with slow speed same direction impact. No airbag deployment was noted. No injuries reported on scene.

Based on statements and evidence on scene, both drivers were headed south on River Avenue in moderate stop & go traffic. As Vehicle 02 was stopping, Vehicle 01 made contact.

Both vehicles remained operational and were driven from the scene by the listed drivers. JMS/324

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071495
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	137 OCEAN AVE
At Intersection With / Road Name	
Dir	-
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	-
Feet / Miles	-
N E S W of:	-
14 / 15 / 16	
19 Ramp To / From	-
17 Cross Road Name	
20 Route/Name	
NB EB SB WB	
4 Date of Crash (mm dd yy)	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1549
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

Vehicle 1

23 Veh #	1
24 Policy No.	120 4446-D12-30
25 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AURELIANO - MANRIQUEZRODRIG-
29 Sex	M
27 Number & Street	121 WOEHR AVE # 2D
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	M04680680009822
33 DOB (mm dd yyyy)	09/28/1982
34 Expires (mm yy)	09 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AURELIANO - MANRIQUEZRODRI-
36 Number & Street	121 WOEHR AVE # 2D
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / FRO / BLK / 2010 / M35PFL / NJ
44 VIN	1N6AD0EV8AC448108
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.	G01 169123801
55 NJ Ins. Code	392
☒ 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 ELVIA - GARCIAHERNANDE-
66 Number & Street	37 E MAIN ST APT 2
67 City / State / Zip	FREEHOLD NJ 07728
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MAZD / CX5 / WHI / 2013 / N42PUF / NJ
74 VIN	JM3KE4CE8D0118237
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	39	M	-	-	-	11	04	-	-	AURELIANO - MANRIQUEZRODRIGUE - 121 WOEHR AVE # 2D LAKEWOOD NJ 08701 - -
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071495

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

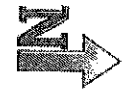
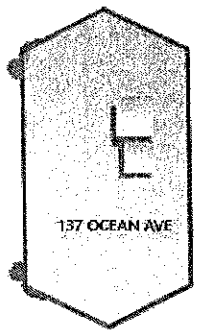
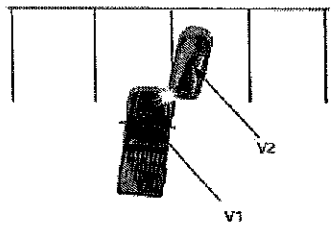


Diagram Drawn Not To Scale





145 Crash Description/Narrative

The driver of V1 stated he was pulling into a parking spot in the rear parking lot of 137 Ocean Avenue when he struck a parked vehicle in the next parking spot to the right. Damage was primarily passenger side of the front fender. No injuries were reported.

I observed V2 which was parked nose in, with it's driver rear tire on the white line of the parking space, protruding into the next spot, improperly parked. The driver of V1 was unable to safely turn into the parking spot without making impact with V2. The driver of V1 and owner of V2 are found to share fault.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MEYER JR R	401	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071511
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
At Intersection With	
Road Name	
Dir	W
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	----------
18 Speed Limit	45
☒ Feet	25
☐ Miles	
☐ N ☒ E of:	CHAMBERSBRIDGE RD
☐ S ☐ W	
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	40.081765
22 Longitude	-74.157636
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1638
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2

Vehicle 1

23 Veh #	1
24 Policy No.	SNJ00063488722
25 NJ Ins. Code	038
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	REBECCA L FENNELL -
29 Sex	F
27 Number & Street	117 3RD STREET
28 City / State / Zip	BRICK NJ 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / A / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	F25586457360826 / 10/21/1982 / 10 25
35 Owner's Name (☒ Same As Driver)	REBECCA L FENNELL -
36 Number & Street	117 3RD STREET
37 City / State / Zip	BRICK NJ 08724
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	PLYM / NEO / SIL / 1999 / G74PNM / NJ
44 VIN / 45 Expires	1P3ES47C9XD151378 / 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.	906565826
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JOHN L GAGLIARDO -
59 Sex	M
57 Number & Street	73 BARNEGAT BEACH DRIVE
58 City / State / Zip	WARETOWN NJ 08758
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	G01454077301922 / 01/18/1992 / 01 25
65 Owner's Name (☒ Same As Driver)	JOHN L GAGLIARDO -
66 Number & Street	73 BARNEGAT BEACH DRIVE
67 City / State / Zip	WARETOWN NJ 08758
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BUIC / ENC / SIL / 2015 / C81KVB / NJ
74 VIN / 75 Expires	KL4CJCSB1FB169848 / 01 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☒ Owner ☐ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- % ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	
80 Carrier No.: ☐ USDOT ☐ MC/MX ☒ None	
81 GVWR/GCWR: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	39	F	-	-	-	11	04	-	-	REBECCA L FENNELL - 117 3RD STREET BRICK NJ 08724
B	02	01	01	04	30	M	07	08	01	11	04	-	-	JOHN L GAGLIARDO - 73 BARNEGAT BEACH DR WARETOWN NJ 08758
C	02	03	01	04	30	F	06	08	01	11	04	-	-	MELISSA GAGLIARDO 73 BARNEGAT BEACH D WARETOWN NJ 08758
D	02	06	01	05	2	M	-	-	-	06	06	-	-	LUCA GAGLIARDO 73 BARNEGAT BEACH D WARETOWN NJ 08758

New Jersey Police Crash Investigation Report

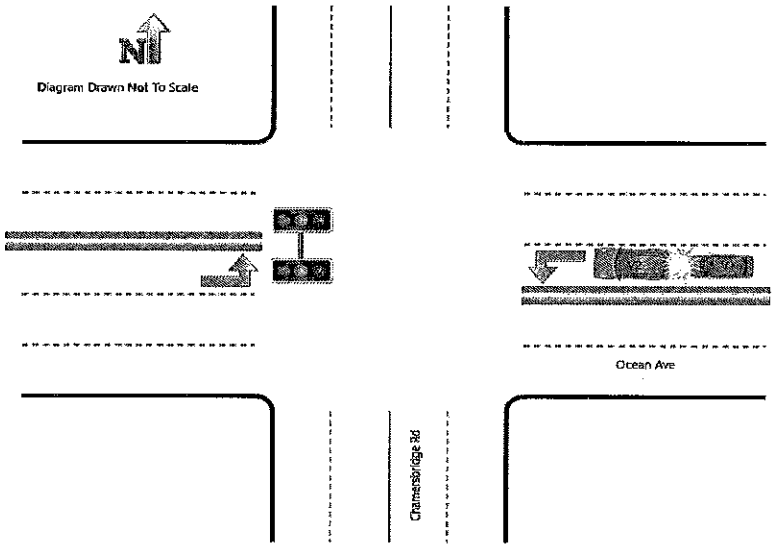
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071511

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling West bound on Ocean Ave and approaching the intersection at Chambersbridge Rd. She got in the left turn only lane and applied the brakes to slow down. Driver 1 stated that her vehicle slid and struck vehicle 2.

Driver 2 stated he was stopped at the red traffic light in the left turn only lane when vehicle 1 struck the rear of his vehicle.

Vehicle 1 had heavy damage to the front bumper and hood.

Vehicle 2 had moderate damage to the rear bumper area.

The front passenger of vehicle 2 had complaint of pain in her back and did not want medical assistance. Driver 2 had complaint of pain in his shoulder and refused medical assistance.

After speaking with both drivers I determined driver 1 was at fault for the crash due to following too close to vehicle 2.

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

1 Case Number	22-071516
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OCEAN AVE
At Intersection With	
Road Name	
Dir	E
11 Speed Limit	35
12 Route No.	0088
Suffix	-
13 Milepost	
18 Speed Limit	25
☒ Feet / ☐ Miles	100
☐ N ☐ E ☐ S ☒ W of:	HOLLY ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1707
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	2
21 Latitude	40.090664
22 Longitude	-74.198317

Vehicle 1

23 Veh #	1
24 Policy No.	22166302307
25 NJ Ins. Code	997
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	MICHAEL / A / LETRENT / 3RD / M
27 Number & Street	1881 RT. 37 W LOT 267
28 City / State / Zip	TOMS RIVER / NJ / 08757
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	L28645446106712
33 DOB mm dd yyyy	06/22/1971
34 Expires mm yy	06 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / DONNA / J / BENESH / -
36 Number & Street	100 MUIRFIELD ROAD APT 242
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / 4 / 2001 / G72NBX / NJ
44 VIN	1HGCG66541A002328
45 Expires	01 / 23
46 Vehicle Removed To	HESHYS 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.	TCA10PA1502408
55 NJ Ins. Code	632
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	AVROHOM / - / BLOCH / - / M
57 Number & Street	90 MONTEREY CIR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	B55030710003992
63 DOB mm dd yyyy	03/24/1999
64 Expires mm yy	03 / 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / SARAH / KARMEL
66 Number & Street	19 KELMWOODS AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYU / SON / SL / 2012 / X560048 / NJ
74 VIN	5NPEB4AC6CH412947
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.
01	39:4-97	A295086	01	39:3-40	A295087
-			-		

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	M	-	-	-	11	11	-	-	MICHAEL A LETRENT 3RD 1881 RT. 37 W LOT 267 TOMS RIVER NJ 08757
B	02	01	01	04	23	M	06	08	01	11	04	-	-	AVROHOM - BLOCH - 90 MONTEREY CIR LAKEWOOD NJ 08701
C	02	03	01	04	21	F	06	08	01	11	04	-	-	CHAYA KATZ 63 CABERNET DR LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

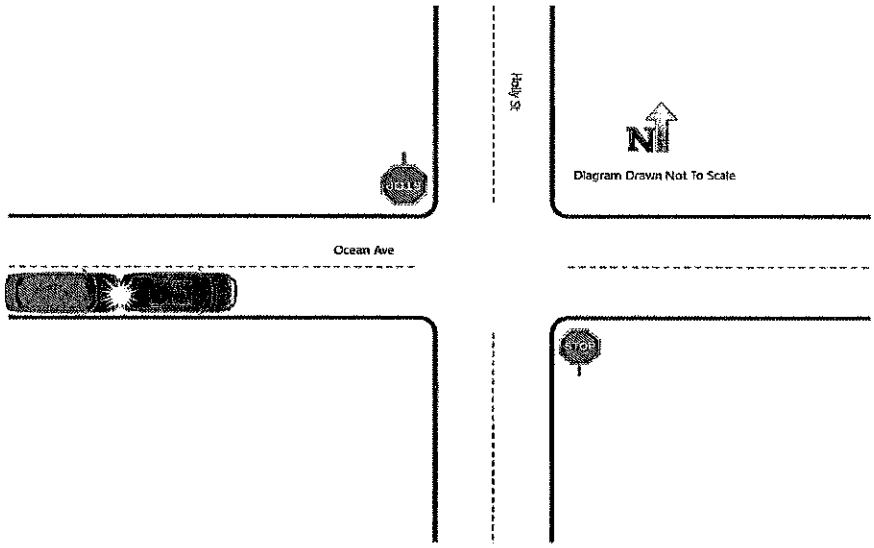
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071516

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling East bound on Ocean Avenue and when he attempted to slow down his brakes did not work and he struck vehicle 2.

Driver 2 stated he was slowing down in traffic when vehicle 1 struck his vehicle from behind.

Vehicle 1 had heavy damage to the front bumper and hood and was towed by Heshys Towing.

Vehicle 2 had moderate damage to the rear bumper area and was driven away by the driver.

Driver 2 and his passenger had complaint of pain in their lower backs and refused any medical assistance.

After speaking with the drivers I determined that vehicle 1 was at fault for the crash due to following too close to vehicle 2.

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

1 Case Number	22-071524
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70
Dir	W
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
18 Speed Limit	35
At Intersection With Road Name	☐
Feet / Miles	☒ Feet / ☐ Miles
N E S W of:	☐N ☒E ☐S ☐W of: TOWBIN AVE
14	100
15	
16	
17 Cross Road Name	
19 Ramp	☐ To / ☐ From: -
20 Route/Name	
NB EB SB WB	☐NB ☐EB ☐SB ☐WB
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1746
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.051827
22 Longitude	-74.187609

Vehicle 1

23 Veh #	1
24 Policy No.	4535228680
25 NJ Ins. Code	100
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	SHANNAN / A / BROWN -
29 Sex	F
27 Number & Street	73 PHEASANT DRIVE
28 City / State / Zip	BAYVILLE / NJ / 08721
30 Eyes / DL Class / Restrictions / Endorsements	04 / - / - / -
31 State	NJ
32 Driver's License Number	B76107036155954
33 DOB mm dd yyyy	05/10/1995
34 Expires mm yy	05 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / SHANNAN / A / BROWN -
36 Number & Street	73 PHEASANT DRIVE
37 City / State / Zip	BAYVILLE / NJ / 08721
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	MAZD / 3 / GRY / 2018 / K15PEX / NJ
44 VIN	3MZBN1V3XJM161938
45 Expires	10 / 22
46 Vehicle Removed To	-
☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
47 Authority	☒Owner ☐Driver ☐Police
48 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0.- %; ☐Pending
49 Hazardous Material	☒None ☐On Board ☐Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐USDOT - ☒None; ☐MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	P60450330
55 NJ Ins. Code	134
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	SYLVIA / - / MONTANO -
59 Sex	F
57 Number & Street	102 ARMORY ST; 107
58 City / State / Zip	YORKTOWN / VA / 23695
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	VA
62 Driver's License Number	T29722036
63 DOB mm dd yyyy	09/05/1985
64 Expires mm yy	05 / 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / SYLVIA / - / MONTANO -
66 Number & Street	102 ARMORY ST; 107
67 City / State / Zip	YORKTOWN / VA / 23695
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	KIA / SPO / WHI / 2023 / G21RDV / NJ
74 VIN	5XYK33AF8PG042697
75 Expires	08 / 26
76 Vehicle Removed To	-
☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☒Owner ☐Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused; Type: ☐Breath ☐Blood ☐Urine; Results: 0.- %; ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐USDOT - ☒None; ☐MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	27	F	-	-	-	11	04	-	-	SHANNAN A BROWN - / 73 PHEASANT DRIVE BAYVILLE NJ 08721 - -
B	2	01	01	05	37	F	-	-	-	11	04	-	-	SYLVIA - MONTANO - / 102 ARMORY ST; 107 YORKTOWN VA 23695 - -
C														
D														

New Jersey Police Crash Investigation Report

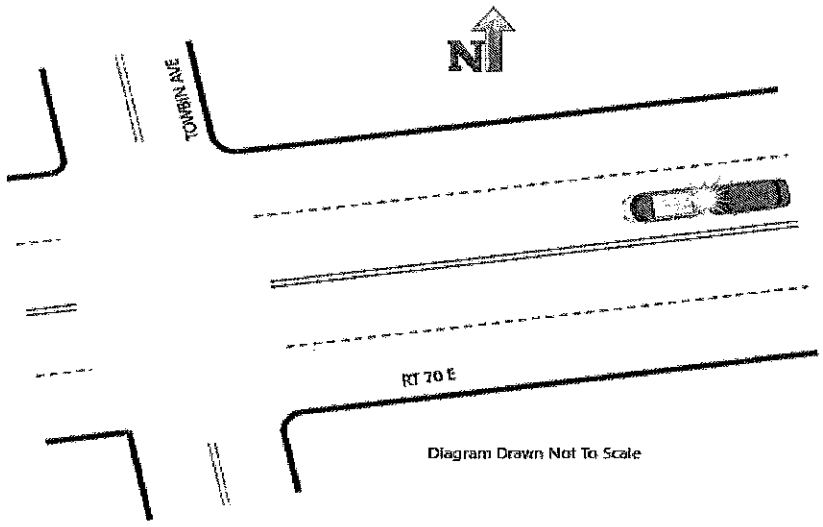
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071524

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of Vehicle 1 stated she was travelling west on Rt 70 in the passing lane behind Vehicle 2 when Vehicle 2 stopped, resulting in Vehicle 1 striking Vehicle 2. Driver of Vehicle 2 stated she was travelling west on Rt 70 when a vehicle stopped in front of her, causing her to stop, resulting in Vehicle 1 striking her from behind.

Vehicle 1 sustained damages consisting of a partially dented hood and a crack in the front driver side panel. Vehicle 2 sustained damages consisting of partial removal of the rear plastic undercarriage.

From my investigation, I determined Vehicle 1 to be at fault for following too closely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071532
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SQUANKUM RD
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	CR 547
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	10
☐ N ☒ E / ☐ S ☐ W of:	E 11TH ST
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	25
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	1822
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	00.279407
22 Longitude	-00.013126

Vehicle 1

23 Veh #	1
24 Policy No.	BX07658146
25 NJ Ins. Code	058
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	HANNA K HALE
29 Sex	F
27 Number & Street	35 MASON DR
28 City / State / Zip	HAZLET NJ 07730
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	H02633127255044 / 05/31/2004 / 05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NATHAN S HALE III -
36 Number & Street	35 MASON DRIVE
37 City / State / Zip	HAZLET NJ 07730
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / SEN - SE / GRY / 2016 / WDP96P / NJ
44 VIN / 45 Expires	3N1AB7AP6GY298723 / 10 22
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	PAA80002125642
55 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DEVORA - LICHTENSTEIN
59 Sex	F
57 Number & Street	301 LAWRENCE AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	L40901650052022 / 02/16/2002 / 02 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver BROCHA - KAUFMAN
66 Number & Street	245 11TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2015 / R42MHK / NJ
74 VIN / 75 Expires	4T1BF1FK1FU918651 / 02 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	18	F	-	-	-	11	04	-	-	HANNA K HALE - / 35 MASON DR HAZLET NJ 07730
B	V2	01	01	05	20	F	-	-	-	11	04	-	-	DEVORA - LICHTENSTEIN - / 301 LAWRENCE AVE LAKEWOOD NJ 08701
C	V2	03	01	05	18	F	-	-	-	11	04	-	-	DINA - LICHTENSTEIN - / 301 LAWRENCE AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

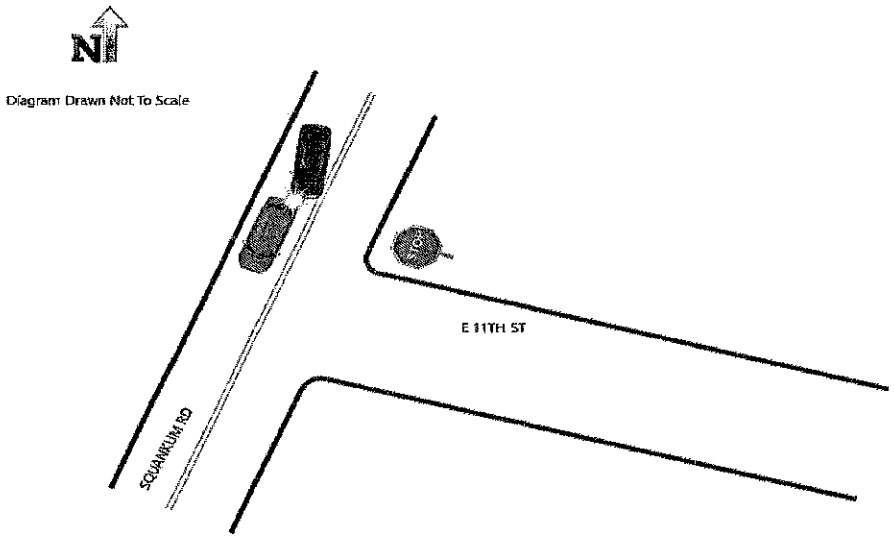
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071532

(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 she was stopped attempting to make a left turn onto E 11th St when she was struck at the 7 o'clock by V1.

Driver of V1 stated she did not realize V2 had stopped and then attempted to veer left but ultimately struck V1.

The result of the investigation revealed that the Driver of V1 was at fault due to her not maintaining a safe distance from V2 which resulted in V1 striking V2. 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 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071556
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2129
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	ALBERT AVE (Road Name) - (Dir)
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ At Intersection With	OAK ST
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	25
21 Latitude	40.062346
22 Longitude	-74.199903

Vehicle 1

23 Veh #	1
24 Policy No.	4602-82-82-8206
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	TZVI
Initial	A
Last Name	KAHN -
29 Sex	M
27 Number & Street	510 E 5TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	K01697536101812
33 DOB (mm dd yyyy)	01/18/1981
34 Expires (mm yy)	01 25
35 Owner's First Name Initial Last Name	☐ Same As Driver CHANI - KAHN -
36 Number & Street	510 E 5TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	GRY
41 Year	2011
42 Plate No.	G38FAN
43 State	NJ
44 VIN	4T1BK3EK0BU626234
45 Expires	02 23
46 Vehicle Removed To	MOESHE'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class / Placard No.	- / -
50 Carrier No.	☐ USDOT - ☒ None
☐ MC/MX -	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4024-07-09-24
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	YAKOV
Initial	S
Last Name	WEINBERGER -
59 Sex	M
57 Number & Street	12 SHARON CT
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	W22807898206702
63 DOB (mm dd yyyy)	06/01/1970
64 Expires (mm yy)	06 25
65 Owner's First Name Initial Last Name	☐ Same As Driver HINDA - WEINBERGER -
66 Number & Street	12 SHARON CT
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	KIA
69 Model	OPT
70 Color	4
71 Year	2020
72 Plate No.	S69PUF
73 State	NJ
74 VIN	5XXGT4L32LG427296
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.
1	39:4-97	295533	-		-
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	-	-	CHANI - KAHN - 510 E 5TH ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	52	M	-	-	-	11	04	-	-	YAKOV S WEINBERGER - 12 SHARON CT LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

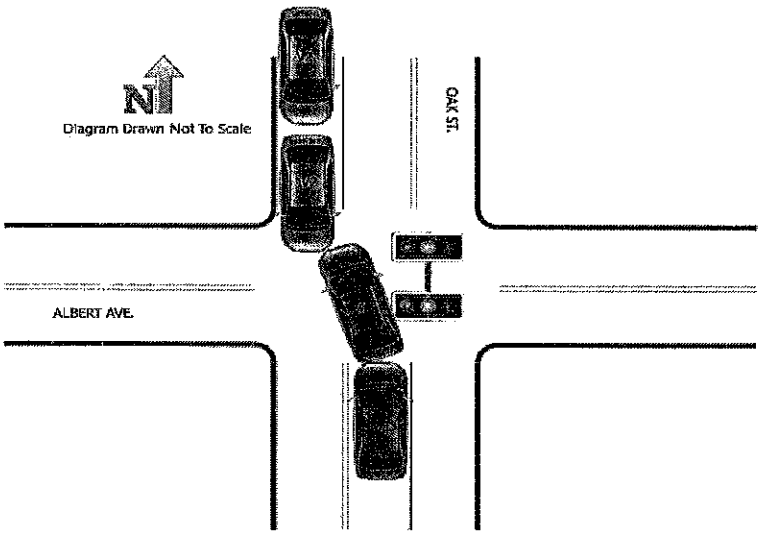
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071556

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling North on Oak St. towards the intersection of Albert Ave. Once at the intersection, driver of Vehicle 1 attempted to make a left turn onto Albert Ave. and collided with Vehicle 2 which was headed South; strait through the same intersection.

Both drivers of Vehicle 1 and of Vehicle 2 stated that as Vehicle 1 attempted to make the left turn it caused the collision with both vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS D	406	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071559
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	50
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W of:	CEDARBRIDGE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2132
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	3
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	G01 207841300
25 NJ Ins. Code	392
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	JAIME - MORALES-MORO - M
27 Number & Street	351 LAUREL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	M65543830012862 / 12/04/1986 / 01 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JAIME - MORALES-MORO -
36 Number & Street	351 LAUREL AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR / MDX / BGE / 2002 / W54NDD / NJ
44 VIN / 45 Expires	2HNYD18642H508020 / 02 23
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ 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.	4577-41-17-31
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	JUDY - STERN - F
57 Number & Street	25 SHENANDOAH DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	S82264180062882 / 12/16/1988 / 12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JUDY - STERN -
66 Number & Street	25 SHENANDOAH DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ROG / 4 / 2021 / L51PRN / NJ
74 VIN / 75 Expires	5N1AT3BB4MC837538 / 01 25
76 Vehicle Removed To	HESHY'S 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.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-97	294782	2		-
3	39:3-10	294783	4		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	35	M	-	-	-	11	11	01	-	JAIME - MORALES-MORO - 351 LAUREL AVE LAKEWOOD NJ 08701
B	1	03	01	05	28	F	-	-	-	11	04	-	-	GRISELDA E DIAZ - 12 CEDAR ST LAKEWOOD NJ 08701
C	1	06	01	05	18	M	-	-	-	11	04	-	-	NELSON D RAMOS DIAZ - 12 CEDAR ST LAKEWOOD NJ 08701
D	1	04	01	03	30	M	01	04	02	11	11	02	6303	JUAN A PENA MORO - 12 CEDAR ST LAKEWOOD NJ 08701

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071559
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	50
☐ At Intersection With	
☒ Feet ☐ Miles	10
☐ N ☐ E ☒ S ☐ W of:	CEDARBRIDGE AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	2132
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 3

23 Veh #	3
24 Policy No.	**
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ALEXANDER - SANTIAGO -
29 Sex	M
27 Number & Street	10 S OAKLAND ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / - / - / -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	12/19/1997
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BLANCO P GARCIA -
36 Number & Street	10 S OAKLAND ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG / R15 / 1 / 2009 / KZD7263 / PA
44 VIN	1D3HV13T89J505105
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 4

53 Veh #	4
54 Policy No.	PAA80002066834
55 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEA D ROSENBAUM -
59 Sex	F
57 Number & Street	425 12TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	R66934506456772
63 DOB mm dd yyyy	06/08/1977
64 Expires mm yy	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEA D ROSENBAUM -
66 Number & Street	425 12TH ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY - OD / BLK / 2020 / P80LYH / NJ
74 VIN	5FNRL6H72LB007511
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.	Charge	Summons No.	Oper.	Charge	Summons No.
	136	137		138	139
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	04	33	F	02	08	02	11	11	01	6505	JUDY - STERN - 25 SHENANDOAH DR LAKEWOOD NJ 08701
B	3	01	01	05	24	M	-	-	01	11	04	-	-	ALEXANDER - SANTIAGO - 10 S OAKLAND ST LAKEWOOD NJ 08701
C	3	03	01	04	30	F	09	08	02	11	04	-	6502	SCARLETT - MUNECIA - 10 S OAKLAND ST LAKEWOOD NJ 08701
D	3	04	01	05	13	M	-	-	-	11	04	-	-	ELIU - SANTIAGO GREGORIO - 10 S OAKLAND ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

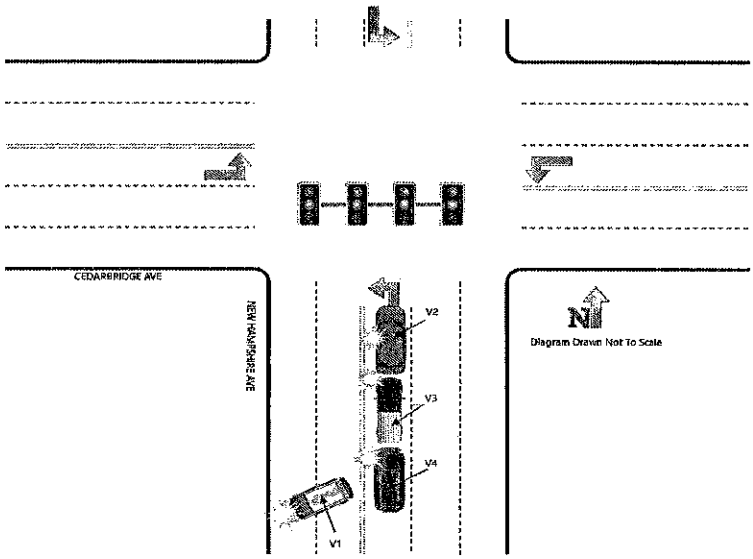
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071559

(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	3	05	01	05	30	M	-	-	-	04	04	-	-	JOSE - OLIVAS EARUZ - 10 S OAKLAND ST LAKEWOOD NJ 08701
F	3	06	01	05	15	M	-	-	-	04	04	-	-	JUSTIN - GARCIA - 10 S OAKLAND ST LAKEWOOD NJ 08701
G	4	01	01	05	45	F	-	-	-	11	04	-	-	LEA D ROSENBAUM - 425 12TH ST LAKEWOOD NJ 08701
H	4	03	01	05	15	F	-	-	-	11	04	-	-	UDY - ROSENBAUM - 125 12TH ST LAKEWOOD NJ 08701
I	4	06	01	05	15	M	-	-	-	11	04	-	-	ARYE - ROSENBAUM - 125 12TH ST LAKEWOOD NJ 08701
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicles 2, 3 and 4 were stopped in the left hand turn lane of New Hampshire Ave north bound in that order, at the intersection of New Hampshire Ave and Cedarbridge Ave. V1 was traveling east bound on Cedarbridge Ave approaching the intersection of New Hampshire Ave and Cedarbridge Ave. As V1 reached the intersection, the driver of V1 attempted to make a right turn onto New Hampshire Ave south bound. The driver of V1 attempted the turn at too high a speed and as V1 was turning, it slid out on the wet pavement. As V1 slid, it crossed both lanes of New Hampshire Ave south bound and initially struck the front drivers door of V2 with the front bumper of V1. V1 continued to slide after the collision and then struck the drivers side of V3 and the front drivers side of V4 before spinning and coming to rest across both lanes of New Hampshire Ave south bound.

Numerous parties were injured as a result of the collision. All parties agreed to this narrative.

INSURANCE INFORMATION FOR V3.
Bristol West Insurance Co
NAIC# 19658
32 Mill St. STE 100
Bristol PA 19007
Policy# G01094408304
Exp: 11/02/2022

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MACERINO J	326	SGT. J. SPAGNUOLO	331	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070889
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	COURTNEY RD
18 Speed Limit	25
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0641
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
21 Latitude	40.103249
22 Longitude	-74.218808

Vehicle 1

23 Veh #	1
24 Policy No.	4494222112
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	NISSON - HARBATER
29 Sex	M
27 Number & Street	298 E COUNTY LINE RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	H05425940010842
33 DOB mm dd yyyy	10/12/1984
34 Expires mm yy	10 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver NISSON - HARBATER
36 Number & Street	298 E COUNTY LINE RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / GRY / 2018 / W67PAL / NJ
44 VIN	5TDKZ3DC5JS922119
45 Expires	07 23
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	66476370
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	OSCAR N RODRIGUEZ
59 Sex	M
57 Number & Street	63 GLADNEY AVE
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	R60946097502892
63 DOB mm dd yyyy	02/28/1989
64 Expires mm yy	02 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver OSCAR N RODRIGUEZ
66 Number & Street	63 GLADNEY AVE
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	BMW / 330 / GRY / 2017 / T23MKT / NJ
74 VIN	WBA8D9C57HK677644
75 Expires	04 23
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	Charge	Summons No.
2	39:4-97	A 295272
2	39:4-81	A 295273
2	39:4-97.3	A 295271

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	37	M	12	08	02	11	11	02	6303	NISSON - HARBATER - 298 E COUNTY LINE RD LAKEWOOD NJ 08701
B	2	01	01	03	33	M	02	05	02	11	11	01	6303	OSCAR N RODRIGUEZ - 63 GLADNEY AVE TOMS RIVER NJ 08753
C	2	03	01	03	23	F	10	07	02	11	11	01	6303	ALINA KUDLOVSKA - 11 PINEHURST DR; 10B LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

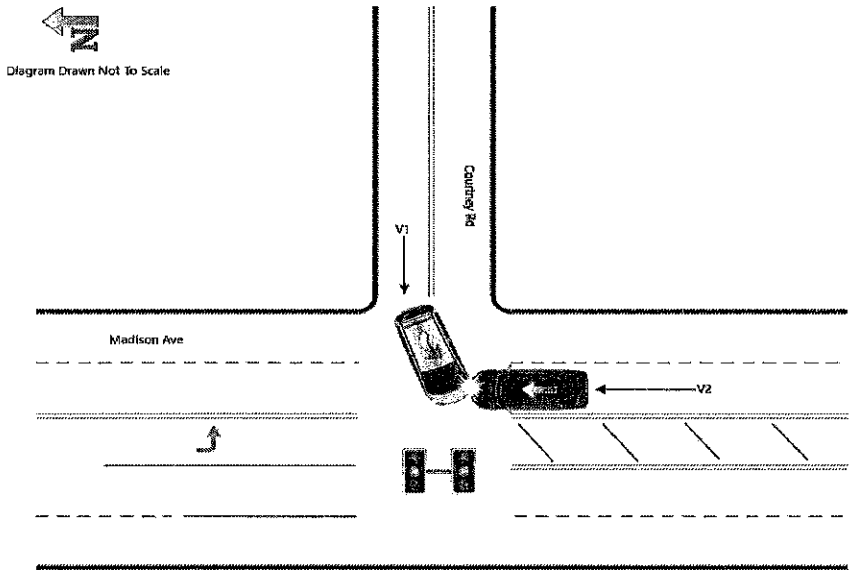
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070889

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was stopped on Courtney Rd (west), at the red light. Driver of vehicle 1 stated the light turned green, so he proceeded to make the left turn onto Madison Ave. As the driver of vehicle 1 was making the left turn, he stated vehicle 2 crashed into his vehicle.

Driver of vehicle 2 stated he was traveling north on Madison Ave. Driver of vehicle 2 stated he was distracted while driving, but did not specify what caused the distraction. Driver of vehicle 2 stated he then looked up and the light was red as he entered the intersection of Courtney Rd. Driver of vehicle 2 stated he tried to stop but was unable to, and as a result, he crashed into vehicle 1.

Driver of vehicle 1 sustained laceration on his left hand, and a complaint of pain throughout his entire body.

Driver of vehicle 2 sustained facial lacerations, and a complaint of pain in his ribs and hip.

Passenger of vehicle 2 sustained a broken right femur, and facial lacerations.

Both driver's and the passenger was transported to Jersey Shore University Medical Center.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LIVINGSTON M	373	DTWORKOSKI	249	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-070889

145 Crash Description

Video of the crash was obtained from 1250 Madison Ave. The traffic light is not visible. Vehicle 1 is stopped on Courtney Rd, behind another vehicle. There is a "no turn on red sign" on Courtney Rd for traffic making a right or left turn onto Madison Ave. The vehicles do not move for several seconds. Next, the vehicle in front of vehicle 1 makes a right turn onto Madison Ave, and vehicle 1 follows to make a left turn onto Madison Ave. As vehicle 1 is in the middle of the left turn, vehicle 2 is traveling north on Madison Ave and crashes into vehicle 1.

As a result of my investigation, I, Ptl. Livingston #373 determined the driver of vehicle 2 is at fault for this crash. The driver of vehicle 2 stated he was distracted, and the light was red for himself.

LIVINGSTON M — Officer's Signature

373 — Badge Number

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070901
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	45
☒ At Intersection With	OAK ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0758
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.060397
22 Longitude	-74.195006

Vehicle 1

23 Veh #	1
24 Policy No.	6055676685
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSELYN M JUAREZ -
29 Sex	F
27 Number & Street	64 FORD RD
28 City / State / Zip	HOWELL NJ 07731
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	J90094107462982
33 DOB mm dd yyyy	12/03/1998
34 Expires mm yy	12 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSELYN M JUAREZ -
36 Number & Street	64 FORD RD
37 City / State / Zip	HOWELL NJ 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / CIV / RD / 2022 / B91PPT / NJ
44 VIN	2HGFE1F7XNH314085
45 Expires	02 25
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
50 Carrier No.	☐ USDOT ☐ 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.	080 7384-031-30D
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BARBARA - MIRANDA-MURCIA -
59 Sex	F
57 Number & Street	14 D COURT F UNIT D
58 City / State / Zip	BRICK NJ 08724
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	M45890730052602
63 DOB mm dd yyyy	02/26/1960
64 Expires mm yy	02 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ALFREDO - ORTIZ -
66 Number & Street	14 D CT; F
67 City / State / Zip	BRICK NJ 08724
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / HIG / 1 / 2022 / D85PUV / NJ
74 VIN	5TDCZRBH7NS213218
75 Expires	04 25
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class Placard No.
80 Carrier No.	☐ USDOT ☐ 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.
	136	137
02	39:4-97	294861
	140	141
	142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	03	23	F	08	05	02	11	11	01	6502	JOSELYN M JUAREZ - 64 FORD RD HOWELL NJ 07731
B	01	04	01	05	4	M	-	-	-	06	06	-	-	JAIR TORRES 64 FORD RD HOWELL NJ 07731
C	02	01	01	05	62	F	-	-	-	11	04	-	-	BARBARA - MIRANDA-MURCIA - 14 D COURT F UNIT D BRICK NJ 08724
D														

New Jersey Police Crash Investigation Report

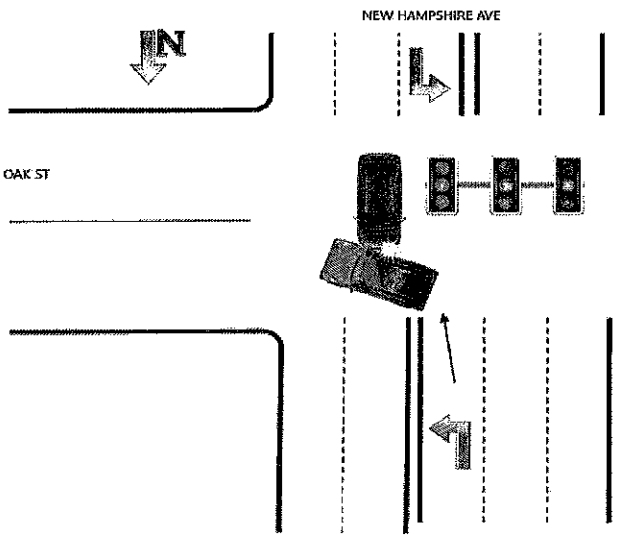
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070901

(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 north on New Hampshire Ave in the left hand lane when Veh #2 made a left in front of her. Driver #1 states she had a clear green light. Driver #2 stated that she had a green light, but was not sure if it was a green turning arrow, and made a left when Veh #1 struck her. This officers investigation finds Driver #2 at fault as she failed to yield the right of way to Veh #1. Driver #2 must make sure its safe and clear to turn prior to doing so.

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

1 Case Number	22-070909
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0842
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	PINE ST
At Intersection With	☐
Road Name	PINE ST
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
14 Feet	20
15 Miles	☐
16 N ☐ E ☐ S ☐ W of:	FOREST PARK CIR
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.077325
22 Longitude	-74.211087

Vehicle 1

23 Veh #	1
24 Policy No.	282716416
25 NJ Ins. Code	139
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BENJAMIN - SCHIK -
29 Sex	M
27 Number & Street	746 CYPRESS AVE
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	05 / D / - / - / NJ
32 Driver's License Number	S13900820010695
33 DOB (mm dd yyyy)	10/08/1969
34 Expires (mm yy)	10 20
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BENJAMIN - SCHIK -
36 Number & Street	746 CYPRESS AVE
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / SIE / BLU / 2016 / U34GUK / NJ
44 VIN	5TDYK3DCXGS755652
45 Expires	07 20
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.	018384371015
55 NJ Ins. Code	355
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HINDY - FARKAS -
59 Sex	F
57 Number & Street	189 PINE ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	F06093330059002
63 DOB (mm dd yyyy)	09/17/2000
64 Expires (mm yy)	09 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MENASHE P MILLER -
66 Number & Street	189 PINE ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / WHI / 2014 / G51LZU / NJ
74 VIN	4T1BF1FK8EU364488
75 Expires	11 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	293876	-		-
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	-	-	52	M	-	-	-	11	04	-	-	BENJAMIN - SCHIK - 746 CYPRESS AVE LAKEWOOD NJ 08701 - -
B	02	01	-	-	21	F	-	-	-	11	04	-	-	HINDY - FARKAS - 189 PINE ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

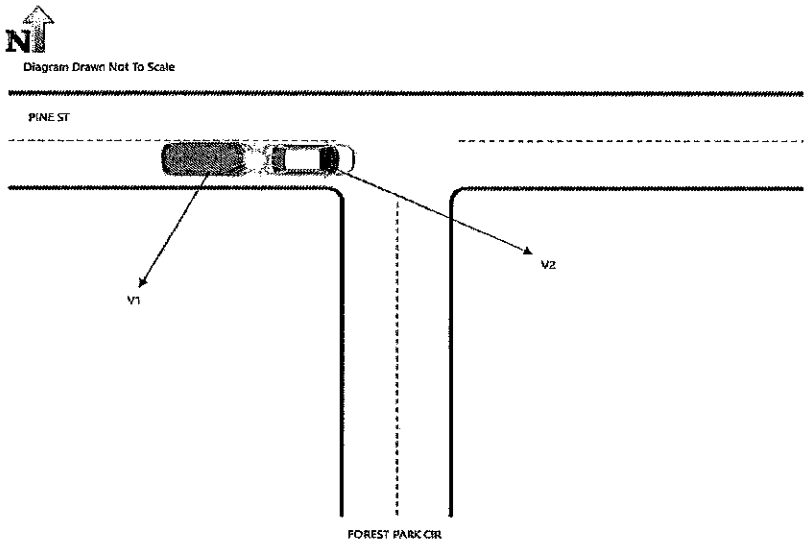
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070909

(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 he was traveling east on Pine St. While traveling east, traffic appeared to be flowing. The driver of vehicle 1 explained that out of nowhere, vehicle 2 stopped short, resulting in him striking the rear of vehicle 2. The driver of V1 was not hurt or injured, and the vehicle was left at the scene. Due to expired registration.

The driver of vehicle 2 was traveling east on Pine St. While traveling, she had stopped her vehicle to allow a vehicle that was exiting Forest Park Circle to proceed onto Pine St. As she waited for the vehicle to proceed, the rear of her vehicle was struck by vehicle 1. The driver of vehicle 2 was not hurt or injured and left the scene safely.

The driver of vehicle 1 was issued one summons for unregistered vehicle (293876).

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
TOWNSEND T	403	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070911
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	0857
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	CROSS ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0626
Suffix	-
13 Milepost	-
☒ Feet / ☐ Miles	500
☐ N ☐ E ☐ S ☒ W of:	AUGUSTA BLVD
14	15
16	
17 Cross Road Name	
18 Speed Limit	15
19 Ramp ☐ To ☐ From	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.069629
22 Longitude	-74.242210

Vehicle 1

23 Veh #	1
24 Policy No.	4395-28-72-14
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANA - SCHEPANSKY
29 Sex	F
27 Number & Street	14 GARDEN OF EDEN DR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / I / - / - / NJ
32 Driver's License Number	S13661200056046
33 DOB (mm dd yyyy)	06/09/2004
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE - SCHEPANSKY
36 Number & Street	14 GARDEN OF EDEN DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / 4 / 2011 / W57PGV / NJ
44 VIN	5NPEB4AC0BH284123
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 - ☒ 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.	4489-55-05-27
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MATTHEW D JABLONSKI -
59 Sex	M
57 Number & Street	521 MERION AVE
58 City / State / Zip	PINE BEACH NJ 08741
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	J00165296402782
63 DOB (mm dd yyyy)	02/03/1978
64 Expires (mm yy)	02 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GOVERNMENT - EMPLOYEES INS C(-
66 Number & Street	4295 OCMULGEE EAST BLVD
67 City / State / Zip	MACON GA 31296
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD / FUS / WHI / 2018 / S87DBM / NJ
74 VIN	3FA6P0LU7JR221252
75 Expires	04 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.
80 Carrier No.	☐ USDOT - ☐ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	18	F	-	-	-	04	04	-	-	CHANA - SCHEPANSKY - 14 GARDEN OF EDEN DR LAKEWOOD NJ 08701
B	2	01	01	-	44	M	-	-	-	04	04	-	-	MATTHEW D JABLONSKI - 521 MERION AVE PINE BEACH NJ 08741
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

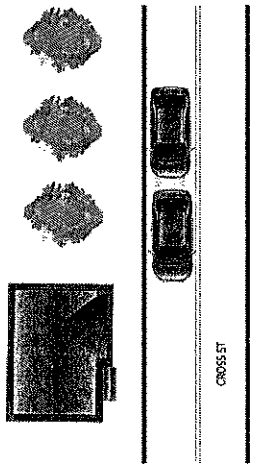
Station: - Case No: 22-070911

(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 1 stated she was stopped in traffic and accidently took her foot off the brake, which caused her to strike vehicle 2 from behind.

Driver 2 stated he was stopped in traffic, when he was struck from behind by vehicle 1.

Vehicle 1 and 2 were both driven from the scene and had no visible damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070945
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	500 OCEAN AVE
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	
☐ Feet ☐ N ☐ E of:	
☐ Miles ☐ S ☐ W	
14 15 16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1112
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090395
22 Longitude	-74.198037

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 Initial Last Name	CHANA B GORNISH
36 Number & Street	13 CASTLE CT
37 City State Zip	THIELLS NY 10984
38 Make	TOYT
39 Model	CAM
40 Color	4
41 Year	2018
42 Plate No.	KVU8797
43 State	NY
44 VIN	4T1B11HK6JU618169
45 Expires	03 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending	
49 Hazardous Material ☒ None ☐ On Board ☐ Spill Hazard Class Placard No.	
50 Carrier No. ☐ USDOT ☒ None ☐ MC/MX	
51 GVWR/GCWR ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	
Number & Street	
City State Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	810-9R625857-22-14-G
55 NJ Ins. Code	344
☒ 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	- - MAX FINKLESTEIN -
66 Number & Street	28 40 31ST ST
67 City State Zip	LNG ISLND CITY NY 11102
68 Make	MACK
69 Model	MD6
70 Color	WHI
71 Year	2022
72 Plate No.	XLVA27
73 State	NJ
74 VIN	1M2MDBAA4NS003368
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 286992 ☐ None ☐ MC/MX	
81 GVWR/GCWR ☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	
Number & Street	
City State Zip	

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

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

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

96	05
97	01
98	01
99	05
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	-
114	-
115	-
116	01
117	01
118a	10
118b	02
119a	25
119b	-
120a	00
120b	-
121a	-
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	04
130	04
131	17
132	17
133	00
134	01

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070945

(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)

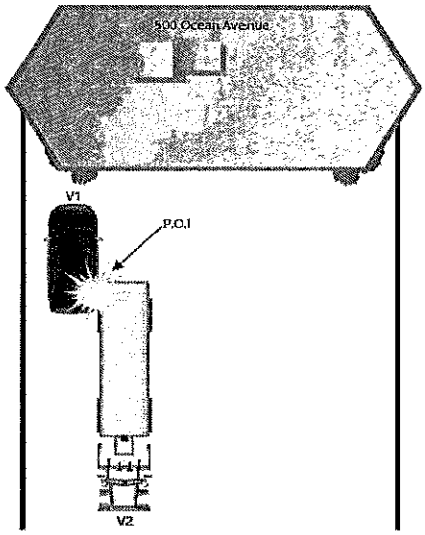


Diagram Drawn Not To Scale

145 Crash Description/Narrative

V2 was unoccupied and parked in the parking lot of 500 Ocean Avenue when the driver of V1 collided with the rear of his vehicle when attempting to back up. Driver 2 stated that he was unloading a delivery and did not witness the incident occur until a party on scene advised him that someone had struck his truck.

The driver of V1 left the scene prior to Police arrival, but I was advised that the driver was an unknown male party that was operating a blue sedan bearing NY Registration KVU8797. The vehicle also sustained passenger side damage.

V2 did not sustain any visible damage.

It should be noted while on scene I spoke with an employee in an attempt to obtain the suspect's information with negative results.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Margin code	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	01
103	01
104	2
105	06
106	
107	02
108	30
109	BUS
110	01
111	02
112	-
113	07
114	-
115	02
116	02
117	04
118a	25
118b	-
119a	02
119b	10
120a	-
120b	-
121a	01
121b	01
122	10
123	13
124	04
125	04
126a	28
126b	26
126c	-
126d	-
126e	26
127a	26
127b	28
127c	05
127d	-
127e	26
128	26
129	07
130	07
131	05
132	05
133	02
134	02

1 Case Number: 22-070964

2 Police Dept of: LAKEWOOD TOWNSHIP P Code: 01

3 Station/Precinct:

4 Date of Crash (mm dd yy): 09/09/22

5 Day Of Week: FRIDAY

6 Time (use 2400 hrs): 1348

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

10 Crash Occurred On: E 7TH ST — Dir: S

11 Speed Limit: 25

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

☐ At Intersection With

14: 100 — 15: ☒ Feet ☐ Miles — 16: ☐ N ☐ E ☐ S ☒ W — of: BROOK ROAD (Road Name)

16 Speed Limit: 40

17 Cross Road Name:

19 Ramp: ☐ To ☐ From:

20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude: 40.098327

22 Longitude: -74.189499

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	939816311	54 Policy No.	KCA 2661168-1
25 NJ Ins. Code	054	55 NJ Ins. Code	082
Status	☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	- - - -	56 Driver's First Name / Initial / Last Name	MARCELLA V BUTTERLY -
29 Sex	-	59 Sex	F
27 Number & Street	-	57 Number & Street	1306 NATURE WAY
28 City / State / Zip	- - -	58 City / State / Zip	TOMS RIVER NJ 08755
30 Eyes / DL Class / Restrictions / Endorsements	- - - -	60 Eyes / DL Class / Restrictions / Endorsements	4 B - -
31 State	-	61 State	NJ
32 Driver's License Number	-	62 Driver's License Number	B95025178553494
33 DOB (mm dd yyyy)	-	63 DOB (mm dd yyyy)	03/29/1949
34 Expires (mm yy)	- -	64 Expires (mm yy)	03 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — CHAIM S STREGOSKY -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver — - - KLARR TRANSPORT -
36 Number & Street	14 CORNELIUS ST.	66 Number & Street	185 LEHIGH AVE
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	LAKEWOOD NJ 08701
38 Make	NISS	68 Make	BB
39 Model	SEN - SE	69 Model	BBC
40 Color	SIL	70 Color	YEL
41 Year	2014	71 Year	2016
42 Plate No.	A38PGV	72 Plate No.	G263S1
43 State	NJ	73 State	NJ
44 VIN	3N1AB7AP9EL663941	74 VIN	1BAKFCPH1GF323267
45 Expires	11 22	75 Expires	09 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT 1941930 ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☒ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity		82 Motor Carrier or Government Entity	
Number & Street		Number & Street	
City / State / Zip		City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
-		-	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	2	01	01	05	73	F	-	-	-	11	04	-	-	MARCELLA V BUTTERLY - 1306 NATURE WAY TOMS RIVER NJ 08755
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070964

(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 Deplt	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)

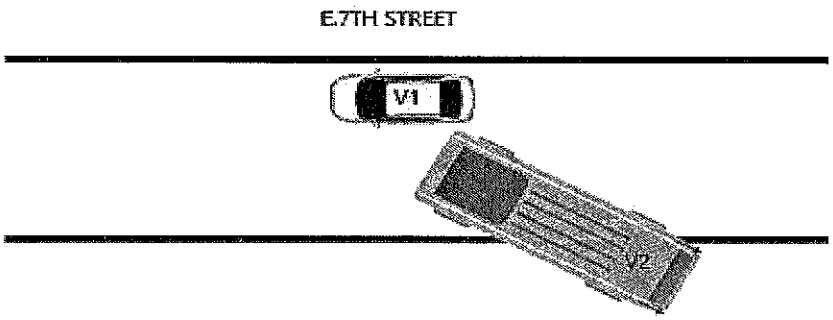


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of vehicle 2 stated she was performing a "K" turn in the roadway on E. 7th Street when she didn't see the parked car behind her prior to striking the parked car on the drivers side rear bumper and taillight.

Based on the statement from driver of vehicle 2 and my observations at the scene and damage to vehicles, I have determined that vehicle 2 is at fault due to backing unsafely. No summons were issued and no injuries were reported. No students on the bus.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DELVALLE M	293	DTWORKOSKI	249	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070976
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	AROSA HILL
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	750
☐ N ☐ E ☐ S ☒ W of:	ENGLEBERG TERRACE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1451
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.109865
22 Longitude	-74.190404

Vehicle 1

23 Veh #	1
24 Policy No.	4627-44-40-47
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHOSHANA / R / HONIG
29 Sex	F
27 Number & Street	19 AROSA HILL
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / D / - / - / NJ
32 Driver's License Number	H64097097961024
33 DOB mm dd yyyy	11/24/2002
34 Expires mm yy	11 / 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / SAMUEL / - / HONIG
36 Number & Street	19 AROSA HILL
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / ION / BLK / 2020 / Z97MXD / NJ
44 VIN	KMHC75LJ2LU073017
45 Expires	11 / 23
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	907915480
55 NJ Ins. Code	135
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MALKY / - / DAVIDOVITZ
59 Sex	F
57 Number & Street	5 RENA LN
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / A / - / - / NJ
62 Driver's License Number	D09135130062834
63 DOB mm dd yyyy	12/26/1983
64 Expires mm yy	12 / 21
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / MALKY / - / DAVIDOVITZ
66 Number & Street	5 RENA LN
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / GRY / 2019 / K70KEC / NJ
74 VIN	5FNRL6H79KB013336
75 Expires	06 / 23
76 Vehicle Removed To	MOISHY'S
☐ 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	-	19	F	-	-	-	11	04	-	-	SHOSHANA R HONIG - / 19 AROSA HILL LAKEWOOD NJ 08701
B	01	03	01	-	20	F	-	-	-	11	04	-	-	SIMA - KANAREK - / 20 AROSA HILL LAKEWOOD NJ 08701
C	02	01	01	-	38	F	-	-	-	11	04	-	-	MALKY - DAVIDOVITZ - / 5 RENA LN LAKEWOOD NJ 08701
D	02	06	01	-	5	M	-	-	-	11	04	-	-	YITZCHOK - BRISK - / 4 SCHUSTER WAY LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

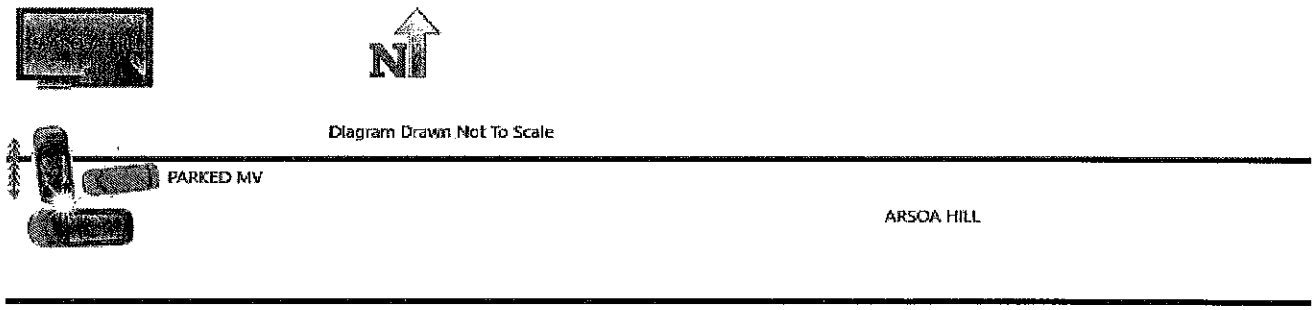
Station: - Case No: 22-070976

(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	02	03	01	-	9	M	-	-	-	11	04	-	-	MENASHE - BRISK - 4 SCHUSTER WAY LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED SHE WASD BACKING OUT OF THE DRIVEWAY OF 19 AROSA HILL. SHE WAS TRYING TO MANUVER AROUND AN IMPROPERLY PARKED CAR THAT WAS PARKED FACING WEST AT THE EAST BOUNDARY OF THE DRIVEWAY. SHE STATED THE IMPROPERLY PARKED VEHICLE BLOCKED HER VIEW OF VEHICLE 2 WHO WAS TRAVELING WEST ON AROSA HILL. VEHICLE 1 CONTINUED TO BACK UNTIL CRASHING INTO VEHICLE 2.

DRIVER OF VEHICLE 2 STATED SHE WAS DRIVING WEST ON AROSA HILL WHEN VEHICLE 1 CRASHED INTO HER BACKING FROM THE DRIVEWAY OF 19 AROSA HILL.

DRIVER OF VEHICLE 1 IS AT FAULT FOR CRASH FOR BACKING UNSAFELY.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	JP	283	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070977
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	516 MASSACHUSETTS AVE
☐ At Intersection With / Road Name	
☐ Feet ☐ N ☐ E of: / ☐ Miles ☐ S ☐ W	
11 Speed Limit	15
Dir / 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	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1452
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.069501
22 Longitude	-74.227825

Vehicle 1

23 Veh #	1
24 Policy No.	AOJ-231-796499-40 2 8
25 NJ Ins. Code	370
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ADRIANA - RIVERA
29 Sex	F
27 Number & Street	914 MORGAN CT
28 City / State / Zip	JACKSON / NJ / 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / PR
32 Driver's License Number	6476334
33 DOB mm dd yyyy	02/18/1992
34 Expires mm yy	02 19
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LEMUEL - CRUZCRUZ
36 Number & Street	914 MORGAN COURT E
37 City / State / Zip	JACKSON / NJ / 08527
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SAN / SIL / 2013 / S70NWX / NJ
44 VIN	5XYZT3LB1DG070491
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.	HPA00002158251
55 NJ Ins. Code	017
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- / - / -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SHALONDA M JONES
66 Number & Street	1040 RT 166 APT 502
67 City / State / Zip	TOMS RIVER / NJ / 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / SON / BLU / 2011 / W94EGD / NJ
74 VIN	5NPEB4AC5BH286465
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.
1	39:3-10	294086			
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	30	F	-	-	-	11	04	-	-	ADRIANA - RIVERA - 914 MORGAN CT JACKSON NJ 08527
B														
C														
D														

New Jersey Police Crash Investigation Report

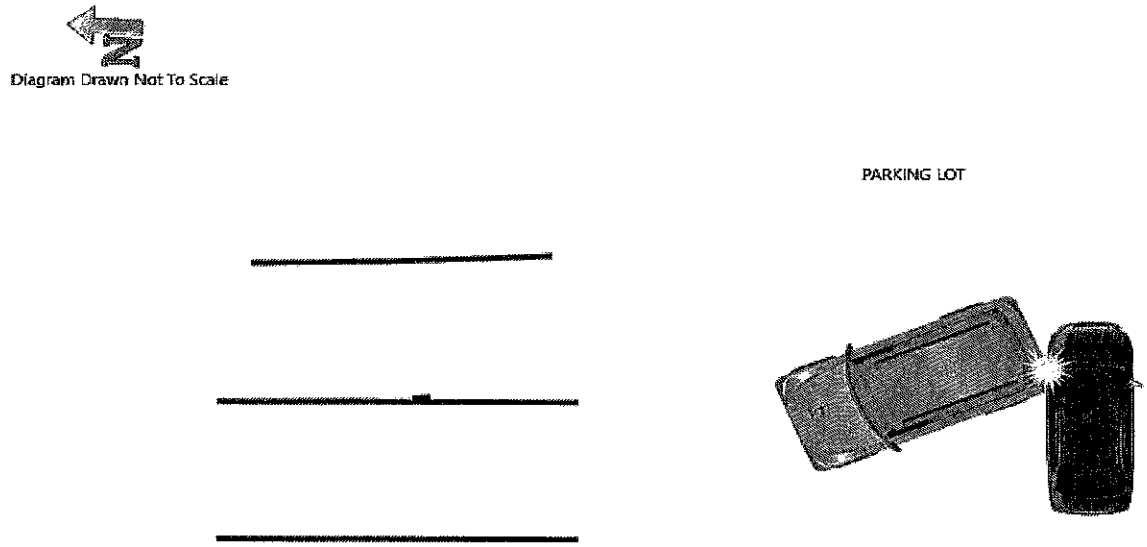
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070977

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was backing out of a parking spot and did not see V2 parked sideways in the parking spots across from her. Driver 1 stated as she was backing out, she hit into V2.

Upon my arrival, I spoke with both parties on scene. Driver 1 is at fault for backing unsafely. Owner of V2 was on scene and stated he parked real quick to deliver food and as he was walking out, he saw V1 back into his vehicle. V2 was inside the parking space but was parked sideways. Driver 1 was issued a summons for unlicensed driver. No injuries.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GIANOULIS J	410	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070990
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1525
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	HOPE CHAPEL RD
☐ At Intersection With Road Name	
☒ Feet ☐ Miles	500
☐ N ☐ E ☒ S ☐ W of:	MILLER RD
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
21 Latitude	40.101873
22 Longitude	-74.246634

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 #	-
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

DAMAGE TO THE MAILBOX, STREET SIGN, SHRUBS/BUSHES (400 HOPE CHAPEL RD)

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

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

96 05 | 97 01 | 98 01 | 99 05 | 100a 01 | 100b 04 | 101 02 | 102 01 | 103 01 | 104 1 | 105 11 | 106 - | 107 - | 108 04 | 109 - | 110 00 | 111 - | 112 00 | 113 - | 114 00 | 115 - | 116 03 | 117 - | 118a 17 | 118b - | 119a - | 119b - | 120a 00 | 120b 00 | 121a - | 121b - | 122 01 | 123 - | 124 04 | 125 - | 126a 05 | 126b 61 | 126c 39 | 126d 39 | 126e 61 | 127a - | 127b - | 127c - | 127d - | 127e - | 128 61 | 129 12 | 130 00 | 131 - | 132 - | 133 00 | 134 -

New Jersey Police Crash Investigation Report

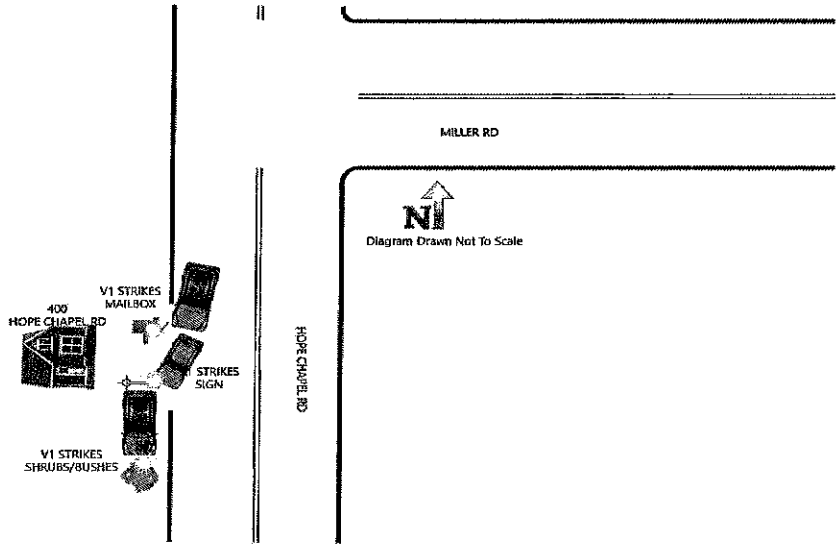
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070990

(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

Resident of 392 Hope Chapel was outside during Crash. Resident stated after Crash he observed a Black SUV operated by a White Female (approximate 40 years of age) possibly Jewish on the phone stopped in front of driveway. Vehicle fled Southbound on Hope Chapel Rd. Resident did not witness the Crash.

Vehicle 1 was traveling Southbound on Hope Chapel Rd. While traveling it appeared Vehicle 1 went off road to the right and collided into the mailbox of 400 Hope Chapel Rd causing minimal damage.

Vehicle 1 continued to travel off road and collided into a "No Stopping or Standing" Sign knocking it onto the ground. After colliding into sign Vehicle 1 collided into Bushes/Shrubs on the property of 400 Hope Chapel Rd causing damage.

Vehicle 1 fled Southbound on Hope Chapel Rd. Vehicle 1 should have Front End Damage.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	KCM	335	☒ Pending ☐ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071007
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CENTER ST
☒ At Intersection With	MARTIN LUTHER KING DR
☐ Feet - ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
11 Speed Limit	25
12 Route No. / Dir / Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	04
20 Route/Name	-
4 Date of Crash (mm dd yy)	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1617
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.084708
22 Longitude	-74.210583

Vehicle 1

23 Veh #	1
24 Policy No.	SEE NARRATIVE
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	GABRIEL N NERY-SOLIS
29 Sex	M
27 Number & Street	228 RONALD RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / I / - / - / NJ
32 Driver's License Number	S62612707503752
33 DOB (mm dd yyyy)	03/12/1975
34 Expires (mm yy)	- -
☒ Same As Driver	
35 Owner's First Name / Initial / Last Name	GABRIEL N NERY-SOLIS
36 Number & Street	228 RONALD RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / PLT / WHI / 2006 / TXS7268 / VA
44 VIN	2HJYK16506H515439
45 Expires	03 23
46 Vehicle Removed To	MOISHYS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority: ☐ Owner ☒ Driver ☐ Police	
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
50 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	-
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YAKOV E SOKOL
59 Sex	M
57 Number & Street	5 ROSE PARK CRES
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	S62037896502982
63 DOB (mm dd yyyy)	02/17/1998
64 Expires (mm yy)	02 26
☐ Same As Driver	
65 Owner's First Name / Initial / Last Name	BENJAMIN - KRAKAUER
66 Number & Street	4019 FALLSTAFF RD
67 City / State / Zip	BALTIMORE MD 21215
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / COA / WHI / 2011 / 9AV6400 / MD
74 VIN	2T1BU4EE2BC594916
75 Expires	09 24
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority: ☐ Owner ☒ Driver ☐ Police	
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending	
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class - ; Placard No. -	
80 Carrier No.: ☐ USDOT - ☒ None; ☐ MC/MX -	
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-10	1514 A 294630	02	39:3-29	1514 A 295371
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
02	39:6B-2	1514 A 295372	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	47	M	-	-	-	11	04	-	-	GABRIEL N NERY-SOLIS - 228 RONALD RD LAKEWOOD NJ 08701 - -
B	02	01	01	05	24	M	-	-	-	11	04	-	-	YAKOV E SOKOL - 5 ROSE PARK CRES LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

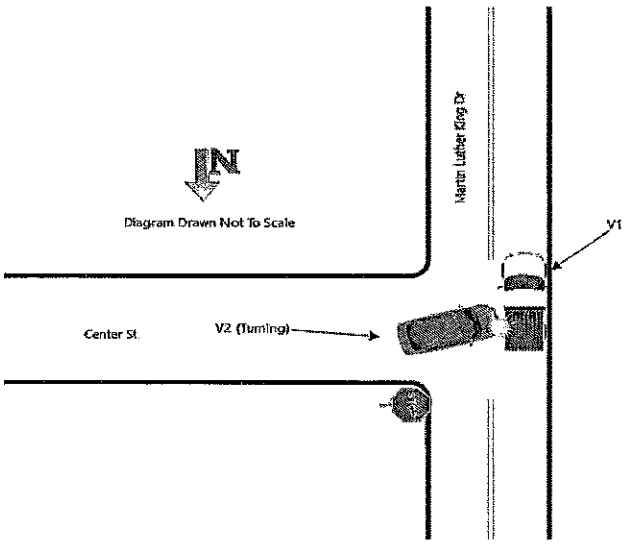
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071007

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated, he was traveling south on Martin Luther King Dr. He stated, vehicle 2 made a left turn from Center St and collided with the side of his vehicle. The damage was to the driver side rear. No injuries reported.

Driver 2 stated after stopping at the stop sign he made a left turn onto Martin Luther King Dr from Center St. He stated, while making the turn, vehicle 1 appeared from an unknown direction which resulted in a collision. The damage was primarily to the passenger side front end. No injuries reported.

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

Vehicle 1 Insurance:
Policy #2014795408
National General
P.O. Box 3199 Winston Salem, NC 27102

Vehicle 2 failed to provide valid insurance information within 24 hours.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071732
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1331
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	CLIFTON AVE
At Intersection With	☐
Road Name	CLIFTON AVE
Dir	-
11 Speed Limit	30
12 Route No.	-
Suffix	-
13 Milepost	-
14	40
14	☒ Feet ☐ Miles
15	☐ N ☐ E ☒ S ☐ W
16 of:	4TH STREET
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp	☐ To ☐ From: -
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.093109
22 Longitude	-74.214805

Vehicle 1

23 Veh #	1
24 Policy No.	8583707150
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	MOSHE
Initial	-
Last Name	RAKOW
29 Sex	M
27 Number & Street	27 S BELL AVE
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	R02235670002972
33 DOB (mm dd yyyy)	02/08/1997
34 Expires (mm yy)	02 25
35 Owner's First Name	MOSHE
Initial	-
Last Name	RAKOW
☐ Same As Driver	
36 Number & Street	27 S BELL AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	3
41 Year	2013
42 Plate No.	H86RHJ
43 State	NJ
44 VIN	4T1BF1FK8DU698289
45 Expires	09 23
46 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	954054038
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	JOSUE
Initial	-
Last Name	GARCIAORTIZ
59 Sex	M
57 Number & Street	38 WALLKILL AVE # 2
58 City	MIDDLETOWN
State	NY
Zip	10940
60 Eyes	01
DL Class	D
Restrictions	-
Endorsements	-
61 State	NY
62 Driver's License Number	620003375
63 DOB (mm dd yyyy)	09/19/1984
64 Expires (mm yy)	09 26
65 Owner's First Name	ASTRID
Initial	C
Last Name	RIVASSANTAMARI/-
☐ Same As Driver	
66 Number & Street	201 CENTRAL AVE
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	RAV
70 Color	RD
71 Year	2006
72 Plate No.	3671LS
73 State	NJ
74 VIN	JTMBK33V466003808
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	25	M	-	-	-	11	04	-	-	MOSHE - RAKOW - 27 S BELL AVE LAKEWOOD NJ 08701 - -
B	02	01	01	05	37	M	-	-	-	11	04	-	-	JOSUE - GARCIAORTIZ - 38 WALLKILL AVE # 2 MIDDLETOWN NY 10940 - -
C														
D														

New Jersey Police Crash Investigation Report

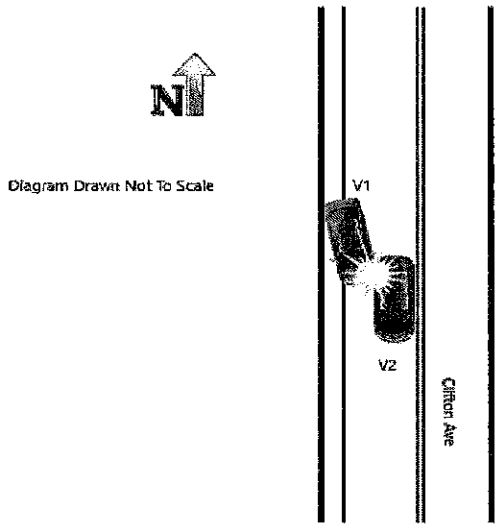
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071732

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was attempting to pull out of his parking spot on the side of Clifton Ave. There was a car waiting for him to leave so they could enter his parking spot. The waiting car blocked Driver 1's view and he did not see Vehicle 2 coming and struck Vehicle two.

Driver 2 said he was driving straight ahead when Vehicle 1 pulled out and struck him on the side.

After my investigation I determined Driver 1 to be at fault for failing to yield to oncoming traffic.

There were no reported injuries on scene. Vehicle 1 sustained disabling damage to the front bumper. It was towed disabled by Tilton's Auto Body. Vehicle 2 sustained moderate damage to his rear passenger quarter panel and wheel well and a rear passenger side flat tire.

End of report.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071743
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	PARK PL
At Intersection With	☐
Road Name	PARK PL
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet ☐ Miles	25
☐ N ☐ E ☒ S ☐ W of:	E COUNTY LINE RD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1410
7 Municipality Code	1514
8 Total Killed	-
9 Total Injured	-
21 Latitude	40.105149
22 Longitude	-74.204436

Vehicle 1

23 Veh #	1
24 Policy No.	CA033684P2021
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DANIEL - BARRERANAVARRET -
29 Sex	M
27 Number & Street	6 WESTMINSTER DR
28 City / State / Zip	JACKSON NJ 08527
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	B06641530008832 / 08/02/1983 / 08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - PLASTICS GALORE -
36 Number & Street	1970 SWARTHMORE AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / NV / WHI / 2014 / XCFR79 / NJ
44 VIN / 45 Expires	1N6BF0LX5EN104748 / 09 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	608488370 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	TZIRIL - WEINBERGER -
59 Sex	F
57 Number & Street	424 9TH ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	W22807530060982 / 10/11/1998 / 10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver STUART M GELLERMAN -
66 Number & Street	250 RIDGE AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 3 / 2015 / S57KPL / NJ
74 VIN / 75 Expires	4T4BF1FK4FR491178 / 10 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	39	M	-	-	-	11	04	-	-	DANIEL - BARRERANAVARRETE - 6 WESTMINSTER DR JACKSON NJ 08527 - -
B	02	01	01	05	23	F	-	-	-	11	04	-	-	TZIRIL - WEINBERGER - 424 9TH ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

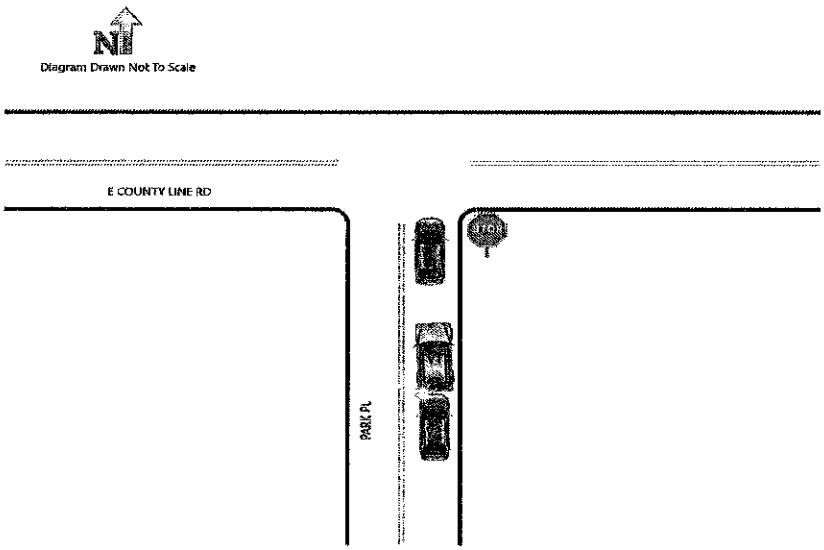
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071743

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was backing up on Park Place traveling south bound. Vehicle 2 was stopped in traffic behind vehicle 1 facing north bound on Park Place. When vehicle 1 began to back up he ended up crashing into vehicle 2.

Driver 1 stated he was backing up to try to get into a drive off of Park Place. While doing so he heard a bang and believes vehicle 2 drove into him.

Driver 2 stated she was stopped in traffic due to a line of two vehicle's in front of her. She continued to state there a vehicle at the stop sign and then vehicle 1 was behind that vehicle and in front of her. Vehicle 1 then began to back up which resulted in vehicle 1 crashing into her.

My investigation determined that driver 1 is at fault due to being inattentive while driving and for backing unsafely.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
WEAVER G	397	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal **New Jersey Police Crash Investigation Report** ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071768
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVE
☒ At Intersection With	KENNEDY BLVD
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
11 Speed Limit	40
12 Route No.	0009
Dir / Suffix / 13 Milepost	- / -
18 Speed Limit	40
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude	
22 Longitude	
4 Date of Crash (mm dd yy)	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1601
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1

Vehicle 1		Vehicle 2	
23 Veh #	1	53 Veh #	2
24 Policy No.	998722547	54 Policy No.	939973717
25 NJ Ins. Code		55 NJ Ins. Code	054
	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	LEAH F VANN -	56 Driver's First Name / Initial / Last Name	AYELET M NEYDAVOUD -
29 Sex	F	59 Sex	F
27 Number & Street	1221 PINE ST	57 Number & Street	260 MARTIN LUTHER KING DR
28 City / State / Zip	SCRANTON PA 18510	58 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / - / - / - / PA	60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BR / - / - / - / CA
32 Driver's License Number	33359404	62 Driver's License Number	Y4205354
33 DOB (mm dd yyyy)	04/04/2003	63 DOB (mm dd yyyy)	11/11/1998
34 Expires (mm yy)	04 24	64 Expires (mm yy)	11 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver FRAIDA VANN	65 Owner's First Name / Initial / Last Name	☐ Same As Driver AVRAHAM - ABRAMOV -
36 Number & Street	1221 PINE ST	66 Number & Street	10 UPPER PENNSYLVANIA AVE
37 City / State / Zip	SCRANTON PA 19510	67 City / State / Zip	JACKSON NJ 08527
38 Make	TOY	68 Make	TOYT
39 Model	CAM	69 Model	PRI
40 Color	BK	70 Color	4
41 Year	2016	71 Year	2015
42 Plate No.	LZH4940	72 Plate No.	N88RBS
43 State	PA	73 State	NJ
44 VIN	4T1BF1FK6CU506016	74 VIN	JTDKN3DU5F1980286
45 Expires	09 22	75 Expires	06 23
46 Vehicle Removed To	MOSHYS TOWING	76 Vehicle Removed To	HESHYS TOWING
	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded		☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None	80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-	82 Motor Carrier or Government Entity	-
Number & Street	-	Number & Street	-
City / State / Zip	- / - / -	City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-123	A295088	-		-
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 F VANN - 1221 PINE ST SCRANTON PA 18510
B	02	01	01	04	23	F	07	08	01	11	04	-	-	AYELET M NEYDAVOUD - 260 MARTIN LUTHER KII LAKEWOOD NJ 08701
C	02	04	01	05	1	M	-	-	-	06	06	-	-	CHAIM ABRAMOV 260 MARTIN LUTHER KI LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

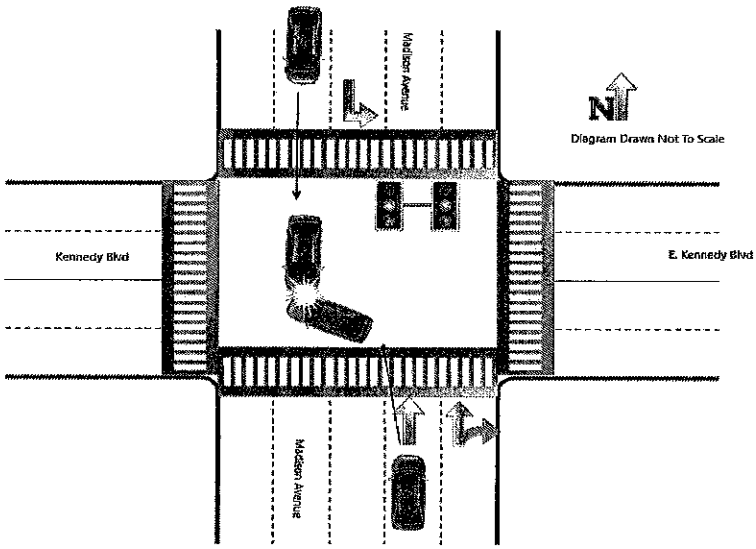
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071768

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling North bound on Madison Ave and was attempting to make a left turn from Madison Ave onto Kennedy Blvd when she struck vehicle 2.

Driver 2 stated she was traveling South bound on Madison Ave and was going straight through the intersection at Kennedy Blvd when vehicle 1 failed to yield to her and cause a crash.

Vehicle 1 sustained heavy damage to the front passenger side of the vehicle and was towed by Moshys Towing. Vehicle 1 had out of state insurance through Allstate Pennsylvania Financial Responsibility NAIC#29688.

Vehicle 2 sustained heavy front end damage to the bumper and was towed by Heshys Towing.

Driver 2 had complaint of pain in her right shoulder, right hand and right foot. Driver 2 did not want medical assistance.

After speaking to both drivers I determined that vehicle 1 was at fault for the crash due to her making a left turn in a no turn lane.

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

1 Case Number	22-071779
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CHESTNUT ST
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	VERMONT AVE
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
14	-
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1621
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.052225
22 Longitude	-74.208854

Vehicle 1

23 Veh #	1
24 Policy No.	** OUT OF STATE **
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	IZY - FISH
29 Sex	M
27 Number & Street	3814 15TH AVE APT 14
28 City / State / Zip	BROOKLYN NY 11218
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NY
32 Driver's License Number	558974692
33 DOB mm dd yyyy	08/15/2000
34 Expires mm yy	08 30
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHANNA - FISCHER
36 Number & Street	3814 15TH AVE APT 14
37 City / State / Zip	BROOKLYN NY 11218
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ACC / 1 / 2013 / KVY9505 / NY
44 VIN	1HGCR2F83DA031868
45 Expires	06 24
46 Vehicle Removed To	MOISHY'S TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	994068018 206 1
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	JACOB - MILLER
59 Sex	M
57 Number & Street	56 CAREY ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / A / - / - / NJ
62 Driver's License Number	M43583810009944
63 DOB mm dd yyyy	09/03/1994
64 Expires mm yy	09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NAFTULI - NEUMAN
66 Number & Street	7 RENEE CT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / HIG / 4 / 2022 / K32PKB / NJ
74 VIN	5TDCZRBH1NS174805
75 Expires	12 25
76 Vehicle Removed To	WAYNE'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	22	M	-	-	-	11	04	-	-	IZY - FISH - 3814 15TH AVE APT 14 BROOKLYN NY 11218
B	02	01	01	05	28	M	-	-	-	11	04	-	-	JACOB - MILLER - 56 CAREY ST LAKEWOOD NJ 08701
C														
D														

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	04
110	01
111	01
112	-
113	-
114	-
115	-
116	03
117	02
118a	04
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	03
123	03
124	08
125	04
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	08
132	08
133	04
134	04

New Jersey Police Crash Investigation Report

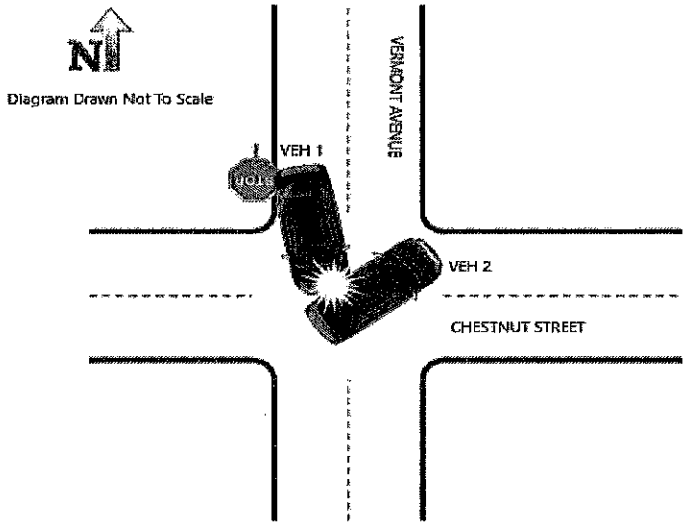
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071779

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was stopped at the stop sign on Vermont Ave. He stated as he attempted to make a left turn onto Chestnut St, vehicle 2 was making a left turn from Chestnut St onto Vermont Ave and he crashed into the side of his vehicle.

Driver of vehicle 2 stated he was attempting to make a left turn from Chestnut St onto Vermont Ave. As he made the left turn, vehicle 1 made a left turn from Vermont Ave onto Chestnut St and crashed into his vehicle.

Vehicle 1 sustained disabling damage to the front end of the vehicle and was towed by Moishy's Towing. Vehicle 2 sustained disabling damage to the rear drivers side wheel well and was towed by Wayne's Auto Body. No injuries were reported at the scene.

Due to vehicle 1 failing to yield to the right away of vehicle 2, I find vehicle 1 at fault.

Vehicle 1's out of state Insurance Information:

Allstate Fire and Casualty Insurance Company

Policy # 943101836
 # 743

PO Box 660598, Dallas, Texas 75266
800-255-7828

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
VADINO, L	419	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-071658	10 Crash Occurred On: SPRUCE ST	11 Speed Limit: 25	
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☐ At Intersection With / Road Name / Dir	12 Route No. / Suffix / 13 Milepost	18 Speed Limit: 25
3 Station/Precinct: -	☒ Feet ☐ Miles (14 15) 20	☐ N ☒ E ☐ S ☐ W of: MARC DR	19 Ramp ☐ To ☐ From / 17 Cross Road Name / 20 Route/Name
4 Date of Crash mm dd yy: 09/12/22	5 Day Of Week: MONDAY	6 Time (use 2400 hrs): 0812	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.071688	22 Longitude: -74.210815

Vehicle 1

23 Veh #: 1	24 Policy No.: 939840448	25 NJ Ins. Code: 054	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26 Driver's First Name: ALBERT	Initial: -	Last Name: GRAZI -	29 Sex: M		
27 Number & Street: 70 CANARY DRIVE					
28 City: LAKEWOOD	State: NJ	Zip: 08701			
30 Eyes: 2	DL Class: D	Restrictions: -	Endorsements: -	31 State: NJ	
32 Driver's License Number: G72530170004862	33 DOB mm dd yyyy: 04/11/1986	34 Expires mm: 04	yy: 23		
35 Owner's First Name: ☐ Same As Driver ALBERT	Initial: -	Last Name: GRAZI -			
36 Number & Street: 70 CANARY DRIVE					
37 City: LAKEWOOD	State: NJ	Zip: 08701			
38 Make: BMW	39 Model: X5	40 Color: BLK	41 Year: 2022	42 Plate No.: G83NPN	43 State: NJ
44 VIN: 5UXJU4C06N9J86818	45 Expires: 10 25				
46 Vehicle Removed To					
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
47 Authority: ☒ Owner ☐ Driver ☐ Police					
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.					
50 Carrier No.: ☐ USDOT ☐ 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: CHRISTOPH	Initial: L	Last Name: BULICK -	59 Sex: M		
57 Number & Street: 25 BRISTLECONE DR					
58 City: HOWELL	State: NJ	Zip: 07731			
60 Eyes: 4	DL Class: A	Restrictions: -	Endorsements: -	61 State: NJ	
62 Driver's License Number: B92091247304514	63 DOB mm dd yyyy: 04/12/1951	64 Expires mm: 04	yy: 26		
65 Owner's First Name: ☐ Same As Driver -	Initial: -	Last Name: JAYS BUS SERVICE -			
66 Number & Street: 672 CROSS STREET					
67 City: LAKEWOOD	State: NJ	Zip: 08701			
68 Make: INTR	69 Model: C	70 Color: YEL	71 Year: 2015	72 Plate No.: F167S1	73 State: NJ
74 VIN: 4DRBUC8P2FB096111	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 1926134 ☐ MC/MX 688727 ☐ None					
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs					
82 Motor Carrier or Government Entity: JAYS BUS					
Number & Street: 672 CROSS ST					
City: LAKEWOOD	State: NJ	Zip: 08701			

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	36	M	-	-	-	11	00	-	-	ALBERT - GRAZI - 70 CANARY DRIVE LAKEWOOD NJ 08701
B	2	01	01	05	71	M	-	-	-	11	00	-	-	CHRISTOPH L BULICK - 25 BRISTLECONE DR HOWELL NJ 07731
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station " Case No. 22-071658

1.	TEHILA	SLOMOVITS
2.	DEVORA	TRESS
3.	CHAYALA	KLIGER
4.	DEVORAH	HIRTH
5.	TZIPORA	FRIEDMAN
6.	LEAH	LERNER
7.	RACHELLI	NEWMAN
8.	LEE	GRUNFELD
9.	BRACHA	HERSHKOVICH
10.	SIMI	GORDON
11.	TZIPPY	HERSHKOVICH
12.	CHAYA	STEINMETZ
13.	GOLDY	STERN
14.	TAIVIE	HEICHBROD
15.	SHAINDY	KAUFMAN
16.	RACHEL	WEISZ
17.	DEVORAH	SILBERSTEIN
18.	ESTY	LERNER
19.	RUCHAMA	WEISZ
20.	SHAINUY	GOLOVENZ
21.	PERRI	WEINTRUAB
22.	MALKY	SANDER
23.	SHIRA	KATZ
24.	DEVORIE	ZELKOVTZ
25.	CHAYA	RUBINFELD
26.	MIMI	TENENBAUM
27.	BREINDY	WEINTRAUB
28.	SHIRA	FRIEDMAN
29.	HADASSAH	EISNSTEIN
30.	SARA	TRESS
31.	SARALA	TRESS
32.	RASHI	KRYKSMAN
33.		
34.		
35.		
36.		
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38.		
39.		
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50.		
51.		
52.		
53.		
54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

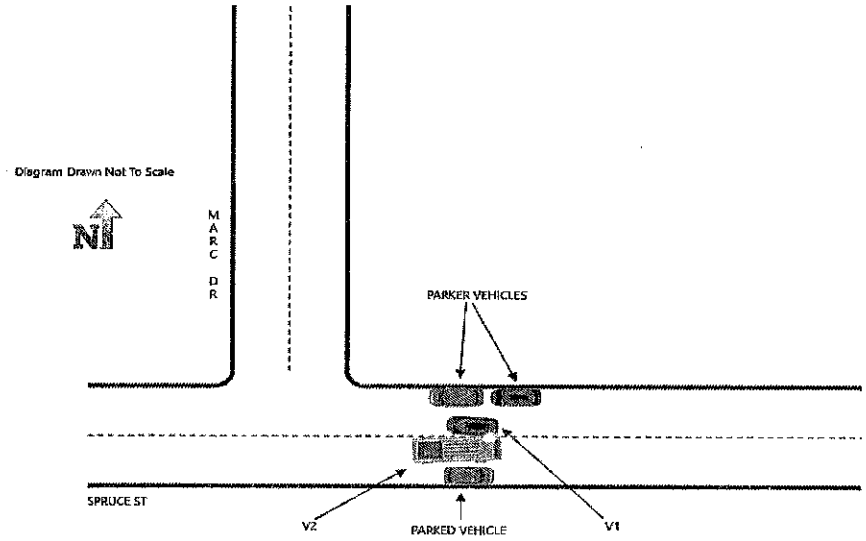
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071658

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was traveling West on Spruce St, when his vehicle was struck by V2 which was traveling East on Spruce St. He believes V2 struck his vehicle while he was trying to get around the parked vehicle.

Driver of V2 said that he was traveling East on Spruce St , when his vehicle was struck by V2 which was traveling West on Spruce St. He believes that V1 was to far over while trying to get around the parked vehicles.

There were vehicles parked on both sides of the road which made it difficult for two vehicles to pass through at the same time. This officer could not determine which vehicle is at fault for the crash.

V2 insurance Info.: Central Insurers Group
1360 North Atherton Street
State College, Pa 16803

Policy #: BA 2997BD

Company #: 23787

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARABALLO A	298	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071669
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LEXINGTON AVE
Road Name	
Dir	-
11 Speed Limit	30
12 Route No.	-
Suffix	-
13 Milepost	-
14 Miles	-
15	
16	
☒ At Intersection With	9TH STREET
☐ Feet	
☐ N ☐ E of:	
☐ S ☐ W	
17 Cross Road Name	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0908
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.099244
22 Longitude	-74.213487

Vehicle 1

23 Veh #	1
24 Policy No.	PANJ-008826476
25 NJ Ins. Code	071
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	AYALAH
Initial	H
Last Name	STEIN
29 Sex	F
27 Number & Street	21 7TH ST
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	02
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	S81870716862962
33 DOB mm dd yyyy	12/05/1996
34 Expires mm	12
yy	26
35 Owner's First Name	AYALAH
Initial	H
Last Name	STEIN
☐ Same As Driver	
36 Number & Street	21 7TH ST
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	TOYT
39 Model	CAM
40 Color	GRY
41 Year	2012
42 Plate No.	S73NBS
43 State	NJ
44 VIN	4T1BF1FK4CU020170
45 Expires	12 22
46 Vehicle Removed To	YITZ AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
50 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
51 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	BA6315BJ
55 NJ Ins. Code	153
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MADELINE
Initial	-
Last Name	SEVERS
59 Sex	F
57 Number & Street	461 PORT MONMOUTH RD
58 City	PORT MONMOUTH
State	NJ
Zip	07758
60 Eyes	02
DL Class	B
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	S29255040053752
63 DOB mm dd yyyy	03/15/1975
64 Expires mm	03
yy	25
65 Owner's First Name	-
Initial	-
Last Name	SEMAN-TOV
☐ Same As Driver	
66 Number & Street	10 TRUAX ST
67 City	ELBERON
State	NJ
Zip	07740
68 Make	WEST
69 Model	QST
70 Color	YEL
71 Year	2018
72 Plate No.	J963S1
73 State	NJ
74 VIN	1HA6GUBG3HN000317
75 Expires	06 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	-
Placard No.	-
80 Carrier No.	☐ USDOT - ☐ None
☐ MC/MX -	
81 GVWR/GCWR	☐ Weight <= 10,000 lbs
☐ Weight 10,001-26,000 lbs	
☐ Weight >= 26,001 lbs	
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	25	F	-	-	-	11	04	-	-	AYALAH H STEIN - 21 7TH ST LAKEWOOD NJ 08701 - -
B	01	05	01	05	02M	-	-	-	-	11	04	-	-	BRACHA - STEIN - 21 7TH ST LAKEWOOD NJ 08701 - -
C	02	01	01	05	47	F	-	-	-	11	04	-	-	MADELINE - SEVERS - 461 PORT MONMOUTH R PORT MONMOUTI NJ 07758 - -
D	02	03	01	05	73	F	-	-	-	11	04	-	-	MARY LOU - STANIKI - 2 OLIVE PL HAZLET NJ 07734 - -

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station — Case No. 22-071669

1.	AVRAHAM	GOLDBERG
2.	YISROEL	GOLDBERG
3.	LEEBA	BRODY
4.	SHIMON	EIDELMAN
5.	BRACHA	MOSKOWITZ
6.	RIVKA	BERELOWITZ
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54.		

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

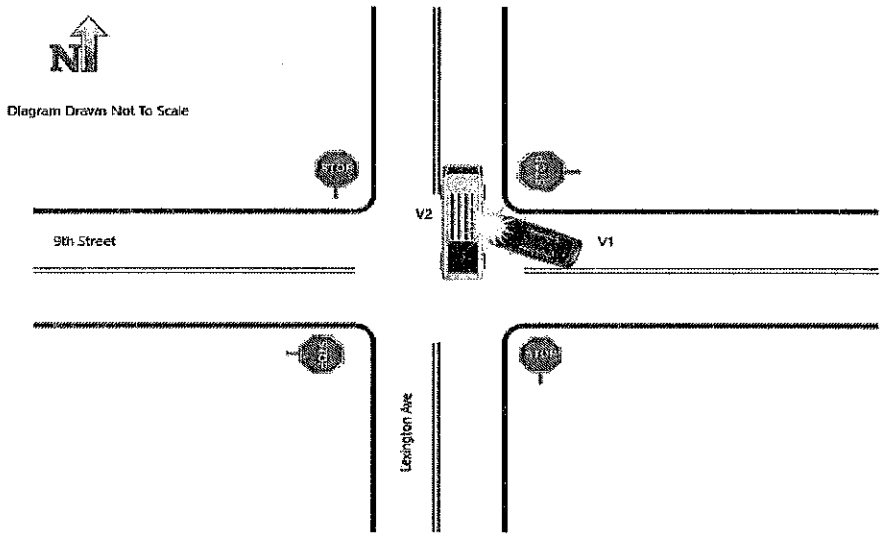
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071669

(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 came to a complete stop on 9th street. She began to go when Vehicle 2 ran the stop sign heading north on Lexington Ave causing her to strike Vehicle 2 on the side.

Driver 2 stated she was traveling north on Lexington Ave and came to a complete stop at the stop sign. She began to go when she was struck on the side by Vehicle 1.

After my investigation I was unable to determine who was at fault due to conflicting statements and both drivers having a stop sign.

There were no reported injuries on scene. Vehicle 1 sustained disabling damage to the front end of the vehicle and was towed disabled by Yitz Automotive. Vehicle 2 sustained moderate damage to the middle of the passenger side.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071673
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	105 RIVER AVE; FIRST COMM
At Intersection With / Road Name / Dir	
Feet / Miles	☐ N ☐ E ☐ S ☐ W of:
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	
4 Date of Crash (mm dd yy)	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	0932
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.084800
22 Longitude	-74.214140

Vehicle 1

23 Veh #	1
24 Policy No.	961491714
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	ARI - HILL - M
27 Number & Street	33 BLUE RIVER WAY
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	4 / A / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	H43500570004994 / 04/26/1999 / 04 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ARI - HILL -
36 Number & Street	33 BLUE RIVER WAY
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / FUS / 4 / 2012 / U41NZT / NJ
44 VIN / 45 Expires	3FAHP0JAXCR109484 / 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 P1

53 Veh #	P1
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	ANDREA - NUNEZ - F
57 Number & Street	247 ALEXANDER AVE
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	BR / - / - / - / -
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	- / 02/04/1981 / - -
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.
01		NONE	02		NONE
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	-	23	M	-	-	-	11	04	-	-	ARI - HILL - 33 BLUE RIVER WAY LAKEWOOD NJ 08701
B	P1	01	01	04	41	F	11	08	01	01	01	02	-	ANDREA - NUNEZ - 247 ALEXANDER AVE HOWELL NJ 07731
C														
D														

New Jersey Police
Crash Investigation Report

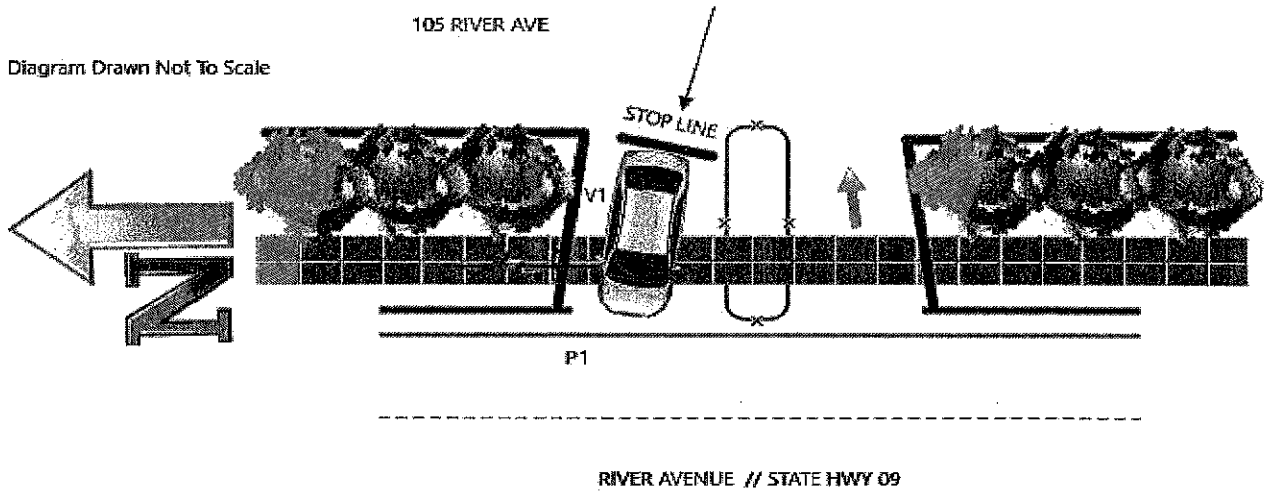
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071673

(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

Arrived on location to find P1 standing on scene speaking with employees of 105 River Ave. Vehicle 01 was parked, in an adjacent parking space. Personal items belonging to P1 were located in the roadway. No airbag deployment noted. P1 complained of minor pain. EMS requested.

Driver 01 stated that he was exiting the parking lot of 105 River Avenue and did not see P1 until she struck the passenger side front fender. He believed that his view was obstructed by the bushes that boarder the property. Upon viewing surveillance video, it was determined that Driver 01 did not stop at the stop line and crossed the sidewalk in the path of travel of P1. When asked as to why he did not stop, he replied that there is no sign, to which he is correct.

P1 stated (through a Spanish interpreter) that she was headed south on River Avenue and Vehicle 01 drove in front of her. She had minor complaint of pain to her left leg. LEMS evaluated on scene and P1 refused treatment and transport to the hospital. The video shows her striking the vehicle and being launched onto the hood and breaking the windshield of the vehicle. The Electric Scooter that she was riding was damaged and unable to be ridden.

Based on statements and evidence on scene, Driver 01 is at fault for the crash as if his view was obstructed, it is reasonable to believe that a prudent driver would slow their approach to an intersection as opposed to accelerating. The video was uploaded and retained as part of this file.

Vehicle 01 remained operational and was driven from the scene by the listed driver. P1 was driven to her residence of record by LPD. JMS/324

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071710
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	SWARTHMORE AVENUE
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	45
☐ At Intersection With	
☒ Feet ☐ Miles	100
☐ N ☒ E ☐ S ☐ W	of: NEW HAMPSHIRE AVENUE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1153
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.081270
22 Longitude	-74.180698

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / Sex	DAVID / J / TRAXINGER / - / M
27 Number & Street	131 N LAKESHORE DR
28 City / State / Zip	MANAHAWKIN / NJ / 08050
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	06 / A / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	T72451567109576 / 09/29/1957 / 09 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / JCPL / - / JERSEY CENTRAL P -
36 Number & Street	300 MADISON AVE
37 City / State / Zip	MORRISTOWN / NJ / 07960
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD / F15 / WHI / 2019 / XHRH79 / NJ
44 VIN / 45 Expires	1FTFW1E50KKC88032 / 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.	939762594
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / Sex	RACHEL / - / SCHWARTZ / - / F
57 Number & Street	218 WILLIAMS ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	S15706370056902 / 06/14/1990 / 06 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / CHAIM / T / FRIEDLANDER -
66 Number & Street	218 WILLIAMS ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / BLU / 2018 / L60HML / NJ
74 VIN / 75 Expires	5TDXZ3DC5JS922904 / 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.
-	0.0.0.0	-	-	0.0.0.0	-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-	0.0.0.0	-	-	0.0.0.0	-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	64	M	-	-	-	11	04	-	-	DAVID J TRAXINGER - 131 N LAKESHORE DR MANAHAWKIN NJ 08050 - -
B	V2	01	01	05	32	F	-	-	-	11	04	-	-	RACHEL - SCHWARTZ - 218 WILLIAMS ST LAKEWOOD NJ 08701 - -
C	V2	06	01	05	01M	M	-	-	-	06	06	-	-	ASHER - FRIEDLANDER - 218 WILLIAMS ST LAKEWOOD NJ 08701 - -
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

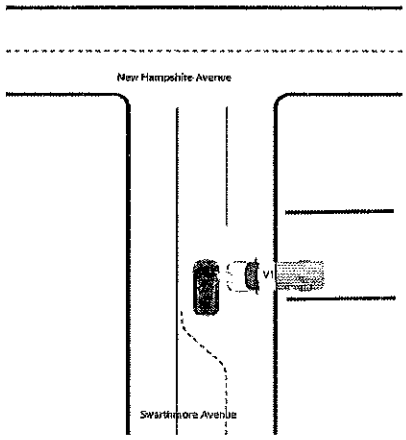
Station: - Case No: 22-071710

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound on Swarthmore Avenue. Driver 1 said he was stopped and trying to get onto Swarthmore Avenue. He said that an unknown car stopped giving him space to get out of the driveway. Driver 1 continued to move forward when V2 crossed in front of his vehicle and collided with his car.

Vehicle 2 was traveling Westbound on Swarthmore Avenue. Driver 2 explained that she was traveling Westbound on Swarthmore and was entering the left turning lane when V1 collided with her car.

Investigation reveals that Vehicle 1 was traveling Southbound and Vehicle 2 was Westbound on Swarthmore Avenue. Driver 1 failed to yield the right of way to V2 as it was coming out of a driveway. No injuries were reported at this time.

***Vehicle 1 is self insured with FirstEnergy Corporation parent company of FirstEnergy Service company, FirstEnergy Solutions Corp., and Jersey Central Power and Light.**

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CUZCO-BENITES W	407	PA	325	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071372
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	NEW HAMPSHIRE -
11 Speed Limit	45
12 Route No. / Suffix / 13 Milepost	- - -
18 Speed Limit	25
☐ At Intersection With / Road Name / Dir	
☒ Feet / ☐ Miles	150
☐ N ☐ E ☒ S ☐ W of:	EAST SPRUCE STREET
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	2321
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	5
21 Latitude	40.064142
22 Longitude	-74.192579

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	INES - BENITEZ-MANUELES -
29 Sex	M
27 Number & Street	430 LAUREL AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- - - - -
32 Driver's License Number	-
33 DOB (mm dd yyyy)	01/21/1971
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AVELINO - PEREZ-SANTIAGO -
36 Number & Street	11 DARIEN RD
37 City / State / Zip	HOWELL NJ 07731
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	FORD EXP GRY 2004 H44RBS NJ
44 VIN	1FMZU67K14UB27078
45 Expires	06 23
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	605892898 2061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YITCHOK Y INGBER -
59 Sex	M
57 Number & Street	28 GEFEN DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 D - - NJ
62 Driver's License Number	I59147908812002
63 DOB (mm dd yyyy)	12/13/2000
64 Expires (mm yy)	12 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YITCHOK Y INGBER -
66 Number & Street	28 GEFEN DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM SIL 2022 W74RBN NJ
74 VIN	4T1K31AK2NU043403
75 Expires	07 26
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-125	291688	01	39:3-10	29189
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:4-96	291690	01	39:3-76.2A	295351

	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	02	51	M	07	07	02	11	11	04	6303	INES - BENITEZ-MANUELES - 430 LAUREL AVE LAKEWOOD NJ 08701
B	01	03	01	03	50	F	12	04	02	11	11	04	6303	JUANA - ARIAS - 430 LAUREL AVE LAKEWOOD NJ 08701
C	01	06	01	03	12	M	11	07	02	11	11	04	6303	ANGEL - RIVERA - 430 LAUREL AVE LAKEWOOD NJ 08701
D	01	04	01	02	5	F	02	04	02	11	11	04	6303	JOSELINE - BENITEZ - 430 LAUREL AVE LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

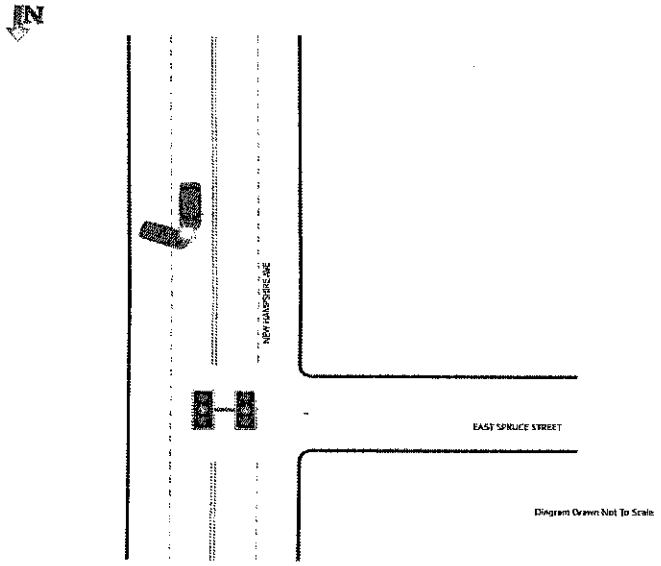
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071372

(Refer to vehicle by number)

		Veh Occ	Pos In/On	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Dept	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
		83	84	85	86	87	88	89	90	91	92	93	94	95	
ALL INVOLVED	E	02	01	01	03	21	M	06	08	02	11	11	04	6303	YITCHOK Y INGBER - 28 GEFEN DR LAKEWOOD NJ 08701
	F														
	G														
	H														
	I														
	J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was travelling North on New Hampshire Ave.
Vehicle 2 was travelling North on New Hampshire Ave.

Driver 1 could not recall how the accident occurred at this time due to the impact from the collision with Vehicle 2.

Driver 2 stated he was in fast lane when he observed Vehicle 1 make a U turn from the slow lane on New Hampshire Ave. By the time Driver 2 braked Vehicle 1 was in his lane travel and a collision occurred.

All occupants from Vehicle 1 and Driver 2 were transported to the Hospital to be treated for injuries sustained.

Vehicle 1 had major front end damage and was towed disabled from the scene.
Vehicle 2 had major front end damage and was towed disabled from the scene.

After reviewing the scene and the way the damage to both vehicle's was observed I determined that Vehicle 1 made an improper U turn that caused the collision.

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

1 Case Number	22-070701
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On	BERGEN AVE
☐ At Intersection With / Road Name	
☒ Feet ☐ Miles	200
☐ N ☒ E ☐ S ☐ W of:	CLOVER ST
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
21 Latitude / 22 Longitude	
4 Date of Crash (mm dd yy)	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1332
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--

Vehicle 1

23 Veh #	1
24 Policy No.	000000978907471
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	PABLO / N / GARCIAAYALA / - / M
27 Number & Street	14 ANGELA DR BSMT
28 City / State / Zip	BROOKLYN / NY / 11223
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / - / - / - / NY
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	439103453 / 04/06/1968 / 04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CLEMENTE / - / SOSASILVA / -
36 Number & Street	140 FRANKLIN AVE 3A
37 City / State / Zip	BROOKLYN / NY / 11205
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODYSSEY / BLU / 2010 / KTL1722 / NY
44 VIN / 45 Expires	5FNRL3H75AB024217 / 11 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939714729
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	LEAH / - / GLEIBERMAN / - / F
57 Number & Street	314 SAMPSON AVE
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	4 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	G52324500054904 / 04/15/1990 / 04 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / SAM / - / GLEIBERMAN / -
66 Number & Street	314 SAMPSON AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2017 / P15NBX / NJ
74 VIN / 75 Expires	5TDYZ3DC5HS883360 / 01 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	54	M	-	-	-	11	04	-	-	PABLO N GARCIAAYALA - 14 ANGELA DR BSMT BROOKLYN NY 11223
B	2	01	01	-	32	F	-	-	-	11	04	-	-	LEAH - GLEIBERMAN - 314 SAMPSON AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

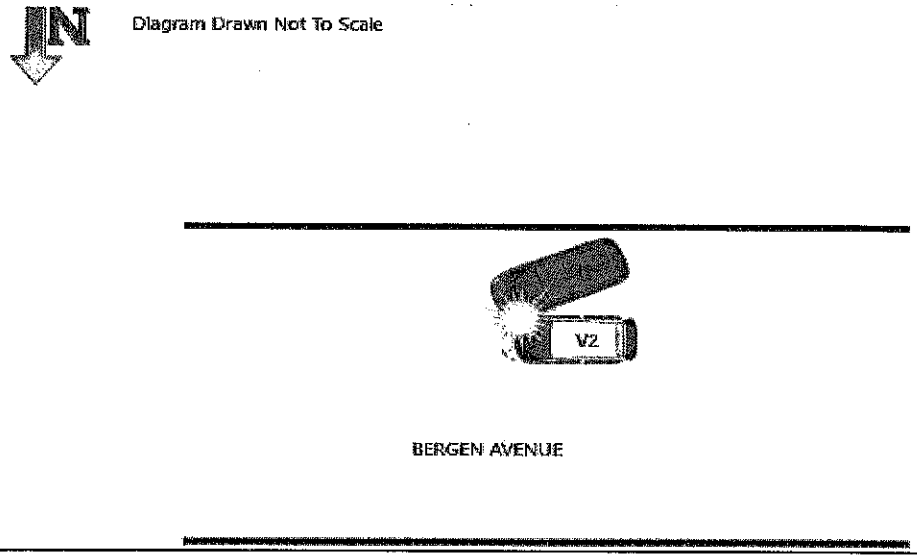
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070701

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF V1 STATED HE WAS ATTEMPTING TO ENTER TRAFFIC EAST BOUND ON BERGEN AVENUE FROM A PARKING SPOT. AS V1 WAS ATTEMPTING TO DO THIS, IT COLLIDED WITH V2.

DRIVER OF V2 STATED SHE WAS TRAVELLING EAST ON BERGEN AVENUE, WHEN V1 PULLED OUT AND COLLIDED WITH V2.

DRIVER 2 DID STATED THAT THERE WAS SOME PREVIOUS DAMAGE ON V2 FROM A PREVIOUS COLLISION WHICH WAS HIGHER THAN THE AREA WHERE THE TWO VEHICLES COLLIDED.

BASED ON THE DRIVER STATEMENTS, I DETERMINED THAT DRIVER 1 WAS AT FAULT.

V1 IS INSURED BY ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY, CODE 743, PO BOX 660598 DALLAS TX 75266, (800) 255-7828.

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

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-070351
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/07/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0849
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	E HARVARD ST
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
At Intersection With	☐
14 Distance	25
15	☒ Feet ☐ Miles
16 Dir	☐ N ☒ E ☐ S ☐ W
Road Name (of)	PARK AVE
18 Speed Limit	25
17 Cross Road Name	
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.104277
22 Longitude	-74.201074

Vehicle 1

Field	Value
23 Veh #	1
24 Policy No.	4540573591
25 NJ Ins. Code	148
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	MOSHE - SILBERSTEIN -
29 Sex	M
27 Number & Street	7 RODEO COURT
28 City / State / Zip	HOWELL NJ 07731
30 Eyes	1
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 / Initial / Last Name	☐ Same As Driver — HADASSAH E SILBERSTEIN -
36 Number & Street	7 RODEO CT
37 City / State / Zip	HOWELL NJ 07731
38 Make	JEEP
39 Model	GC
40 Color	1
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 ☒ 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

Field	Value
53 Veh #	-
54 Policy No.	-
55 NJ Ins. Code	-
Status	☐ 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.

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	47	M	-	-	-	11	04	-	-	MOSHE - SILBERSTEIN - 7 RODEO COURT HOWELL NJ 07731
B														
C														
D														

Codes (left margin)

Box	Value
96	05
97	01
98	01
99	07
100a	01
100b	04
101	02
102	02
103	01
104	1
105	11
106	-
107	-
108	01
109	-
110	01
111	-
112	-
113	-
114	-
115	-
116	02
117	-

Codes (right margin)

Box	Value
118a	25
118b	-
119a	-
119b	-
120a	01
120b	-
121a	-
121b	-
122	01
123	-
124	04
125	-
126a	69
126b	-
126c	-
126d	-
126e	69
127a	-
127b	-
127c	-
127d	-
127e	-
128	69
129	02
130	02
131	-
132	-
133	04
134	-

New Jersey Police Crash Investigation Report

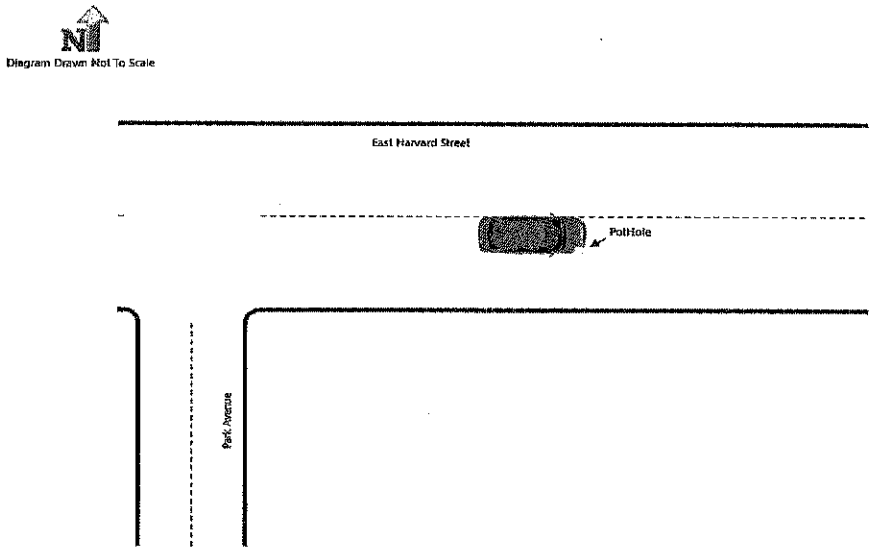
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070351

(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 Deployed 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 traveling East on East Harvard Street. Driver of vehicle 1 stated he struck a pot hole causing his right passenger side wheel to fall off of the axel. Driver of vehicle 1 had no complaint of injuries.

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

1 Case Number	22-072066
2 Police Dept of	LAKEWOOD POLICE
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	E KENNEDY BLVD -
11 Speed Limit	30
12 Route No. / Suffix / 13 Milepost	- - -
At Intersection With Road Name	CLIFTON AVE
Dir	-
18 Speed Limit	25
☒ Feet ☐ Miles	50
☐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	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1604
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.106776
22 Longitude	-74.217171

Vehicle 1

23 Veh #	1
24 Policy No.	984402109-0
25 NJ Ins. Code	945
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BAS S TWERSKI
29 Sex	F
27 Number & Street	909 EAST END AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	06 D - -
31 State	NJ
32 Driver's License Number	T95880778257866
33 DOB mm dd yyyy	07/15/1986
34 Expires mm yy	07 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver BAS S TWERSKI -
36 Number & Street	909 EAST END AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	ACUR MDX BLK 2020 Z25NDX NJ
44 VIN	5J8YD4H32LL048438
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 - ☒ 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.	BA00000028076T
55 NJ Ins. Code	153
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	GEORGE J SURBRUG -
59 Sex	M
57 Number & Street	530 COLTS NECK RD
58 City / State / Zip	FARMINGDALE NJ 07727
60 Eyes / DL Class / Restrictions / Endorsements	04 D - -
61 State	NJ
62 Driver's License Number	S93392787106674
63 DOB mm dd yyyy	06/16/1967
64 Expires mm yy	06 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver GEORGE J SURBRUG -
66 Number & Street	530 COLTS NECK RD
67 City / State / Zip	FARMINGDALE NJ 07727
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	FORD E350 WHI 2005 XF136L NJ
74 VIN	1FTSS34LX5HB01905
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	1	01	01	05	36	F	-	-	-	11	04	-	-	BAS S TWERSKI - 909 EAST END AVE LAKEWOOD NJ 08701 - -
B	2	01	01	05	55	M	-	-	-	11	04	-	-	GEORGE J SURBRUG - 530 COLTS NECK RD FARMINGDALE NJ 07727 - -
C														
D														

New Jersey Police Crash Investigation Report

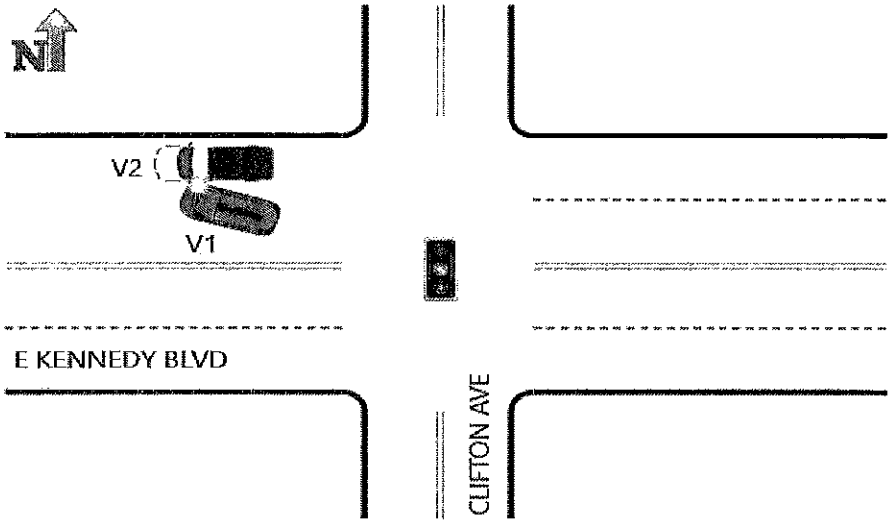
Police Dept: LAKEWOOD POLICE Code: 01

Station: - Case No: 22-072066

(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 and V2 crashed on East Kennedy Boulevard, approximately 100 feet west of Clifton Avenue. Prior to the crash V1 was being driven west in the left lane and V2 was being driven west in the right lane. At the intersection both lanes can go straight west. For reasons unknown there are no lane dashes west of the intersection, despite the width of the roadway not changing west of the intersection. Traffic also regularly forms two lanes here prior to it tapering out to three lanes as the roadway approaches Madison Avenue (US-9).

Driver 1 said someone in front of her stopped to turn left into a business so she attempted to go around them and crashed with V2.

Driver 2 said he was in the right lane and after crossing through Clifton Avenue when V1 cut into his lane and crashed into his driver side. He played dashcam video which corroborated his statement.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BURKHARDT B	361	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072067
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	4TH ST
At Intersection With	
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	50
☒ Feet ☐ Miles	75
☐ N ☐ E ☐ S ☒ W of:	MADISON AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1605
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.093854
22 Longitude	-74.217041

Vehicle 1

23 Veh #	1
24 Policy No.	939 370 280
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	MICHAEL / M / LEVI / M
27 Number & Street	14 8TH ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / - / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	L29275447410644 / 10/22/1964 / 10 24
35 Owner's First Name / Initial / Last Name	☒ Same As Driver / MICHAEL / M / LEVI
36 Number & Street	14 8TH ST
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / RAV / BLK / 2018 / F32RFX / NJ
44 VIN / 45 Expires	2T3BFREV2JW772660 / 08 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4600-41-18-07
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MARILYN / - / SMITH / F
57 Number & Street	77 ELM STREET
58 City / State / Zip	BEACHWOOD / NJ / 08722
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	05 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	S57785190062675 / 12/24/1967 / 12 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / MARILYN / - / SMITH
66 Number & Street	77 ELM STREET
67 City / State / Zip	BEACHWOOD / NJ / 08722
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 4 / 2019 / E53KXX / NJ
74 VIN / 75 Expires	4T1B11HK6KU273128 / 12 22
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	57	M	-	-	-	11	04	-	-	MICHAEL M LEVI - 14 E 8TH ST LAKEWOOD NJ 08701 - -
B	1	04	01	05	16	F	-	-	-	11	04	-	-	TZIPORA - LEVI - 14 E 8TH ST LAKEWOOD NJ 08701 - -
C	2	01	01	05	54	F	-	-	-	11	04	-	-	MARILYN - SMITH - 77 ELM STREET BEACHWOOD NJ 08722 - -
D														

New Jersey Police Crash Investigation Report

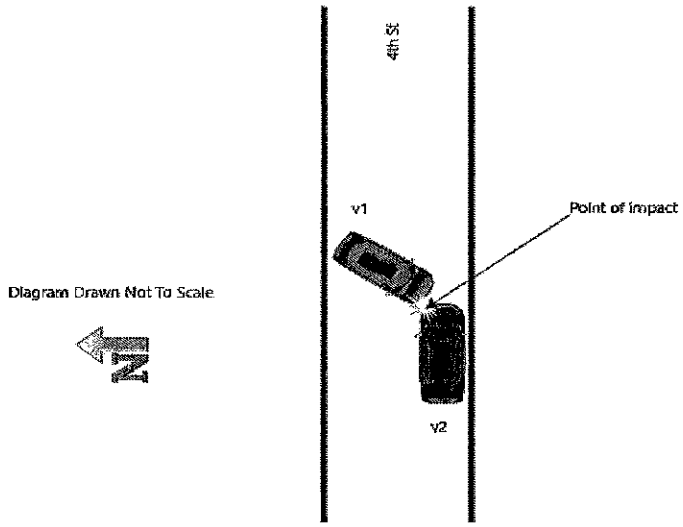
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072067

(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 traveling west bound on 4th St when it attempted to make a U-turn and struck V2.

Driver 1 related he was traveling west bound on 4th St. He stated he attempted to make a U-Turn and struck V2 on driver side front bumper. He advised that he did not see V2 prior to impact.

Driver 2 related she was traveling east bound on 4th St. She stated V1 made a U-Turn and Struck her vehicle.

Based on statements made by the involved parties, my observation, and damages to the vehicles I determine driver of V1 is at fault for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-072068	10 Crash Occurred On: 2023 MADISON AVE	11 Speed Limit: -	
2 Police Dept of: LAKEWOOD TOWNSHIP P (Code 01)	☐ At Intersection With — Road Name — Dir — 12 Route No. — Suffix — 13 Milepost — 18 Speed Limit		
3 Station/Precinct	☐ Feet ☐ N ☐ E of: — 17 Cross Road Name		
	☐ Miles ☐ S ☐ W — 19 Ramp ☐ To ☐ From: — 20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy): 09/13/22	5 Day Of Week: TUESDAY	6 Time (use 2400 hrs): 1612	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.107751	22 Longitude: -74.219378

Vehicle 1

23 Veh #: 1	24 Policy No.: BA0000007554BX	25 NJ Ins. Code: 153	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26 Driver's First Name: SHLOMO	Initial: A	Last Name: BERNSTEIN -	29 Sex: M		
27 Number & Street: 770 HYSON RD					
28 City: JACKSON	State: NJ	Zip: 08527			
30 Eyes: 02	DL Class: D	Restrictions: -	Endorsements: -	31 State: NJ	
32 Driver's License Number: B27287096107872	33 DOB (mm dd yyyy): 07/19/1987	34 Expires (mm yy): 07 24			
35 Owner's First Name: -	Initial: -	Last Name: MTLR CORP	☐ Same As Driver		
36 Number & Street: 41 65 DOREMUS AVE					
37 City: NEWARK	State: NJ	Zip: 07105			
38 Make: FREI	39 Model: M21	40 Color: WHI	41 Year: 2014	42 Plate No.: AW234M	43 State: NJ
44 VIN: 1FVHCYCY1EHFS3005	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 1182923 ☐ 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: SAMS EGGS & DISTRIBUTION LLC					
Number & Street: 180 LEHIGH AVE UNIT 5					
City: LAKEWOOD	State: NJ	Zip: 08701			

Vehicle 2

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

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

CABLE WIRE STRUCK AND DISCONNECTED FROM POLE #BT480LD

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	35	M	-	-	-	11	04	-	-	SHLOMO A BERNSTEIN - 770 HYSON RD JACKSON NJ 08527
B														
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

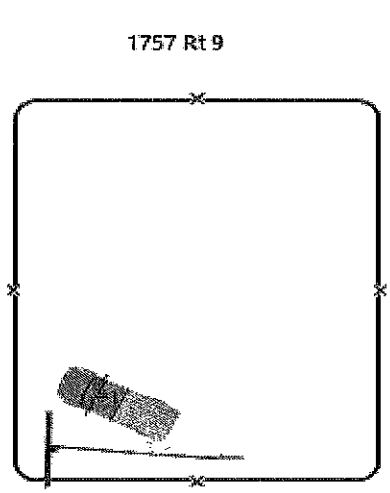
Station: _____ Case No: 22-072068

(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)

1757 Rt 9



145 Crash Description/Narrative

The driver of Vehicle 1 stated that he backed into the parking lot and struck a cable wire, but he did not think that it was his fault/responsibility since the wire was low hanging and left the scene. Based on my observations and speaking with the driver of Vehicle 1, I determined that Vehicle 1 struck the cable wire and left the scene. Businesses at 1757 & 2023 Madison Ave. were left without any internet.

Rental agreement #: 400301

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICKERSON, K	378	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Code	Value
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	04
109	01
110	01
111	01
112	-
113	-
114	-
115	-
116	01
117	02

1 Case Number: 22-072085

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

3 Station/Precinct: --

4 Date of Crash (mm dd yy): 09/13/22

5 Day Of Week: TUESDAY

6 Time (use 2400 hrs): 1726

7 Municipality Code: 1514

8 Total Killed: --

9 Total Injured: --

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

Road Name — Dir

☒ At Intersection With ☐ Feet ☐ Miles — 14: -- — 15 — ☐ N ☐ E ☐ S ☐ W — 16 — of: E. COUNTY LN RD — 18 Speed Limit: 30

17 Cross Road Name

19 Ramp ☐ To ☐ From: — ☐ NB ☐ EB ☐ SB ☐ WB

20 Route/Name

21 Latitude: 40.106197 — 22 Longitude: -74.219377

	Vehicle 1	Vehicle 2
Veh #	23 Veh #: 1	53 Veh #: 2
Policy No.	24: 4481-29-71-27	54: 04708 37 76R 7101 6
NJ Ins. Code	25: 148	55: 201
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	26: RONALD J GAMACHE JR -	56: KELLY B CONNELLY -
Sex	29: M	59: F
Number & Street	27: 56 KORMAN RD	57: 12 WHISPERING OAKS WAY
City / State / Zip	28: BAYVILLE NJ 08721	58: JACKSON NJ 08527
Eyes / DL Class / Restrictions / Endorsements	30: 2 / D / - / -	60: 2 / D / - / -
State	31: NJ	61: NJ
Driver's License Number	32: G03366687107682	62: C64194300061692
DOB (mm dd yyyy)	33: 07/22/1968	63: 11/11/1969
Expires (mm yy)	34: 07 24	64: 11 23
Owner's First Name / Initial / Last Name	35: ☐ Same As Driver — RONALD J GAMACHE -	65: ☐ Same As Driver — KELLY B CONNELLY -
Number & Street	36: 1130 SKIFFWAY DR	66: 12 WHISPERING OAKS WAY
City / State / Zip	37: FORKED RIVER NJ 08731	67: JACKSON NJ 08527
Make	38: NISS	68: NISS
Model	39: MUR - MU	69: ATS
Color	40: GRY	70: WHI
Year	41: 2015	71: 2009
Plate No.	42: YAA62F	72: K31NPD
State	43: NJ	73: NJ
VIN	44: 5N1AZ2MH4FN292040	74: 1N4AL21E99N459972
Expires	45: 06 23	75: 05 23
Vehicle Removed To	46: ☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76: ☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
Authority	47: ☒ Owner ☐ Driver ☐ Police	77: ☒ Owner ☐ Driver ☐ Police
Alcohol/Drug Test	48: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	49: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
Carrier No.	50: ☐ USDOT ☒ None ☐ MC/MX	80: ☐ USDOT ☒ None ☐ MC/MX
GVWR/GCWR	51: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	81: ☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	52:	82:
Number & Street		
City / State / Zip		

Code	Value
118a	00
118b	-
119a	00
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	01
130	01
131	03
132	04
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.

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	-	-	RONALD J GAMACHE JR - 56 KORMAN RD BAYVILLE NJ 08721
B	1	03	01	05	48	F	-	-	-	11	04	-	-	DAWN M HAINES - 56 KORMAN RD BAYVILLE NJ 08721
C	2	01	01	05	52	F	-	-	-	11	04	-	-	KELLY B CONNELLY - 12 WHISPERING OAKS V JACKSON NJ 08527
D														

New Jersey Police Crash Investigation Report

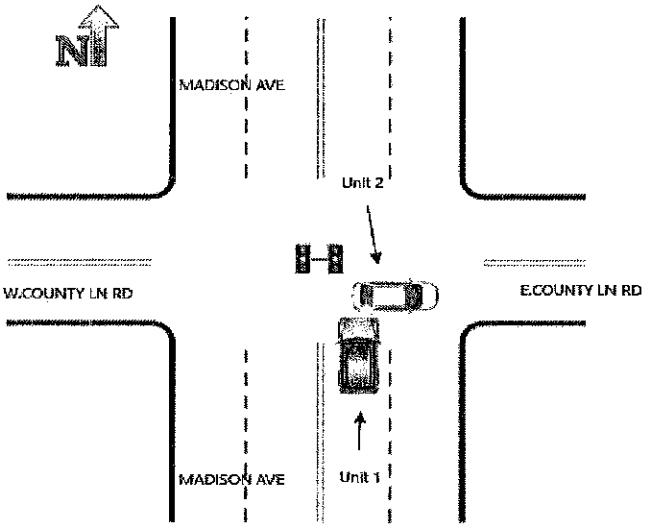
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-072085

(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 TRAVELING EAST ON E. COUNTY LINE ROAD COLLIDED WITH VEHICLE #1. DRIVER #1 ALSO STATED THAT THE LIGHT WAS GREEN WHEN ATTEMPTING TO ENTER THE INTERSECTION. DRIVER #2 STATED THAT SHE WAS TRAVELING EAST ON E. COUNTY LINE ROAD AND COLLIDED WITH VEHICLE #1 WHICH WAS TRAVELING NORTH ON MADISON AVENUE. DRIVER #2 ALSO STATED THAT THE LIGHT WAS GREEN WHEN ENTERING THE INTERSECTION. NO INJURIES REPORTED.

DUE TO TWO CONFLICTED STATEMENTS AND NO WITNESSES, I WAS UNABLE TO DETERMINE WHO WAS AT FAULT.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072090
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	GSP EXIT 89 EXIT RAMP
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
☒ Feet / ☐ Miles	150
☒ N ☐ E ☐ S ☐ W of:	HWY 70 W
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	70
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1737
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.053054
22 Longitude	-74.179202

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	JOYCE D GRASSO
29 Sex	F
27 Number & Street	170 NELSON AVE
28 City / State / Zip	STATEN ISLAND NY 10308
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NY
32 Driver's License Number / 33 DOB / 34 Expires	929343397 / 10/27/1955 / 10 27
35 Owner's First Name / Initial / Last Name	☐ Same As Driver JOYCE D GRASSO -
36 Number & Street	170 NELSON AVE
37 City / State / Zip	STATEN ISLAND NY 10308
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2021 / KNU5561 / NY
44 VIN / 45 Expires	4T1C31AK9MU563875 / 07 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	S2387475
55 NJ Ins. Code	205
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	DAVID R FORTE
59 Sex	M
57 Number & Street	379 MCKINLEY AVE
58 City / State / Zip	BAYVILLE NJ 08721
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / A / - / - / NJ
62 Driver's License Number / 63 DOB / 64 Expires	F66671567907822 / 07/17/1982 / 07 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - DAN DA PAVER INC -
66 Number & Street	1704 SYMPHONY LN
67 City / State / Zip	TOMS RIVER NJ 08755
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	PETE / 348 / BUR / 2021 / XKJR59 / NJ
74 VIN / 75 Expires	2NP3LJ0X1MM751097 / 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	DAN DA PAVER INC
Number & Street	1704 SYMPHONY LN
City / State / Zip	TOMS RIVER NJ 08755

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	66	F	-	-	-	11	04	-	-	JOYCE D GRASSO - 170 NELSON AVE STATEN ISLAND NY 10308
B	02	01	01	05	40	M	-	-	-	11	04	-	-	DAVID R FORTE - 379 MCKINLEY AVE BAYVILLE NJ 08721
C														
D														

New Jersey Police Crash Investigation Report

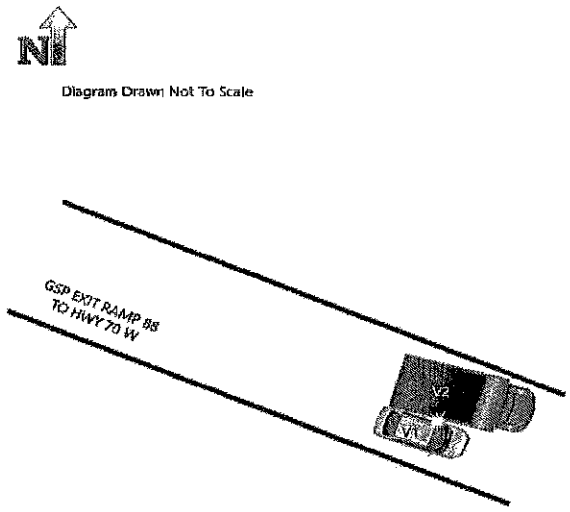
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072090

(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 Insurance Information
Liberty Mutual NY
175 Berkeley St
Boston, MA 02116
Policy# A07221219272751
617-357-9500

Driver of V1 stated she was traveling South on the Garden State Parkway (GSP) ramp from exit 89, onto Hwy 70 W. D1 stated V2 came from behind her and passed her on the left, in the single lane portion of the ramp. D1 stated V2 collided with her vehicle. D1 stated V2 fled the scene and she followed him until he stopped.

Driver of V2 stated he was traveling South on the GSP ramp from exit 89, onto Hwy 70 W. D2 stated V1 was impatient and tried to pass him on the right. D2 stated he tried to get out of the way but V2 hit his truck tire.

I was unable to determine fault. Both drivers had conflicting stories. My observations of the crash were that V1 sustained damage to the driver side, front fender panel just in front of the driver side mirror. There was heavy scrape damage that became lighter as it ran towards the mirror. V1 had the driver side, side view mirror knocked off. V2 did not have visible damage. There may have been a scuff mark on one of the rear, passenger side tires that was consistent with a black scrape on V1. Driver of V1 did not believe her vehicle was struck by the tire. There was no damage or disruption to the mud or dust on the body of V2 that would indicate a collision. V1 hit or was struck by the tire of V2, but no fault could be determined.

V2 was a commercial vehicle but it did not have a company name, DOT or GVWR on it.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MICALLEF E	366	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-072095
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On	W COUNTY LINE RD
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
At Intersection With	☐
14 / 15	15 ☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☒ W of: HOPE CHAPEL RD (17 Cross Road Name)
18 Speed Limit	40
19 Ramp	☐ To ☐ From:
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash (mm dd yy)	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1822
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.110800
22 Longitude	-74.239210

Field	Vehicle 1	Field	Vehicle 2
23 Veh #	1	53 Veh #	2
24 Policy No.	939982451	54 Policy No.	6044662531
25 NJ Ins. Code	054	55 NJ Ins. Code	148
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / Initial / Last Name	MALKAH - WARMAN -	56 Driver's First Name / Initial / Last Name	MICHAEL - BIXENSPANNER -
29 Sex	F	59 Sex	F
27 Number & Street	1416 HEATHWOOD AVE	57 Number & Street	902 PARK TER
28 City / State / Zip	LAKEWOOD NJ 08701	58 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes	5	60 Eyes	2
DL Class	D	DL Class	D
Restrictions	-	Restrictions	-
Endorsements	-	Endorsements	-
31 State	NJ	61 State	NJ
32 Driver's License Number	W06305130052035	62 Driver's License Number	B47645440054912
33 DOB (mm dd yyyy)	02/12/2003	63 DOB (mm dd yyyy)	04/25/1991
34 Expires (mm yy)	02 25	64 Expires (mm yy)	04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AVNER - WARMAN -	65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL - BIXENSPANNER -
36 Number & Street	1416 HEATHWOOD AVE	66 Number & Street	902 PARK TER
37 City / State / Zip	LAKEWOOD NJ 08701	67 City / State / Zip	LAKEWOOD NJ 08701
38 Make	BMW	68 Make	HOND
39 Model	228	69 Model	PIL
40 Color	WHI	70 Color	GRY
41 Year	2022	71 Year	2020
42 Plate No.	Z74PUM	72 Plate No.	H20MHE
43 State	NJ	73 State	NJ
44 VIN	WBA73AK04N7K43329	74 VIN	5FNYF6H95LB044427
45 Expires	03 26	75 Expires	02 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police	77 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX	80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
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.
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	19	F	-	-	-	11	04	-	-	MALKAH - WARMAN - 1416 HEATHWOOD AVE LAKEWOOD NJ 08701
B	1	06	01	05	9	F	-	-	-	11	04	-	-	FEIGY - FREUD - 27 HARMONY DR LAKEWOOD NJ 08701
C	2	01	01	05	31	F	-	-	-	11	04	-	-	MICHAEL - BIXENSPANNER - 902 PARK TER LAKEWOOD NJ 08701
D														

Code	Value
96	05
97	01
98	03
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

Code	Value
118a	02
118b	-
119a	25
119b	-
120a	01
120b	-
121a	01
121b	-
122	08
123	07
124	03
125	03
126a	26
126b	-
126c	-
126d	-
126e	26
127a	26
127b	-
127c	-
127d	-
127e	26
128	26
129	12
130	12
131	06
132	06
133	03
134	02

New Jersey Police Crash Investigation Report

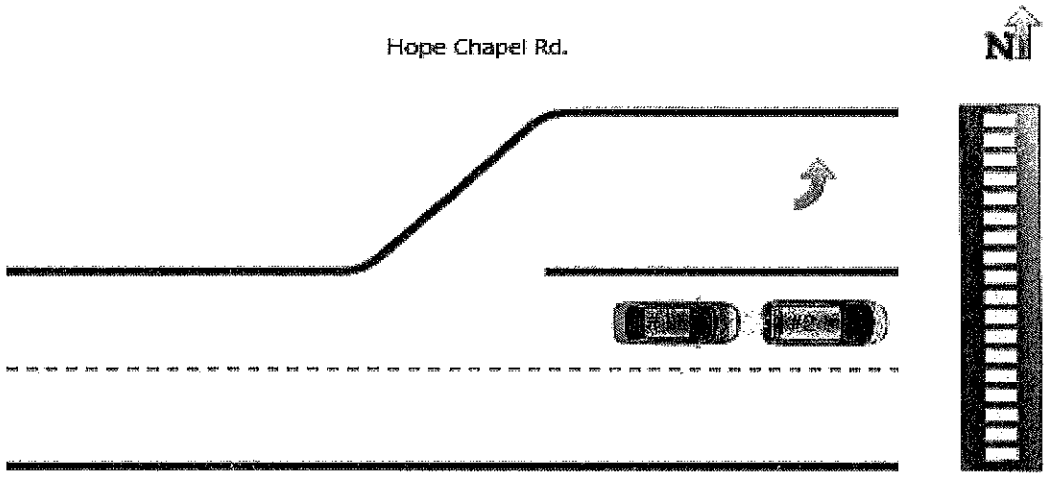
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072095

(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 Deployed 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 traveling east and stopping in traffic due to the red traffic signal and was not paying attention for a brief moment before she crashed into Vehicle 2. The driver of Vehicle 2 was stopped in traffic with a red traffic signal when Vehicle 1 crashed into him. Based on my observation and speaking with both drivers, I determined that the driver of Vehicle 1 briefly was not paying attention to the fully stopped traffic in front of her and crashed into Vehicle 2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
NICKERSON, K	378	DIBIASE	286	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072138
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	RIVER AVE
At Intersection With	
Road Name	
Dir	S
11 Speed Limit	45
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	5
☒ N ☐ E ☐ S ☐ W of:	W SPRUCE ST
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	2239
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.072354
22 Longitude	-74.217661

Vehicle 1

23 Veh #	1
24 Policy No.	73TRG010035-06
25 NJ Ins. Code	979
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	RIGOBERTO R RAMOS -
29 Sex	M
27 Number & Street	196 4TH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	- / - / - / - / -
32 Driver's License Number	-
33 DOB mm dd yyyy	07/21/1994
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver EZMIZ - MOVERS LLC -
36 Number & Street	27 PONDEROSA DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	INTR / 430 / WHI / 2018 / XM957Z / NJ
44 VIN	1HTMMMML3JH358071
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 3008258 ☐ 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.	9846769481051
55 NJ Ins. Code	129
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	RAFAEL N RAFAILOV -
59 Sex	M
57 Number & Street	1156 TIFFANY LN
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	R01196387508052
63 DOB mm dd yyyy	08/31/2005
64 Expires mm yy	08 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ZEEV - RIFAILOV -
66 Number & Street	1156 TIFFANY LN
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MITS / OUT / 4 / 2022 / X606942 / NJ
74 VIN	JA4J3VA81NZ072772
75 Expires	10 22
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:3-10	A291810			
	140 Charge	141 Summons No.		142 Charge	143 Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	28	M	-	-	-	11	04	-	-	RIGOBERTO R RAMOS - 196 4TH ST LAKEWOOD NJ 08701
B	1	03	01	05	28	M	-	-	-	11	04	-	-	DAVID - ESTRADA - 26 HOLLY ST LAKEWOOD NJ 08701
C	1	04	01	05	31	M	-	-	-	04	04	-	-	RUEJILO - CANDELAS - 1174 CECIL CT LAKEWOOD NJ 08701
D	1	06	01	05	24	M	-	-	-	04	04	-	-	MANUEL - HERNANDEZ - 114 3RD ST LAKEWOOD NJ 08701

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

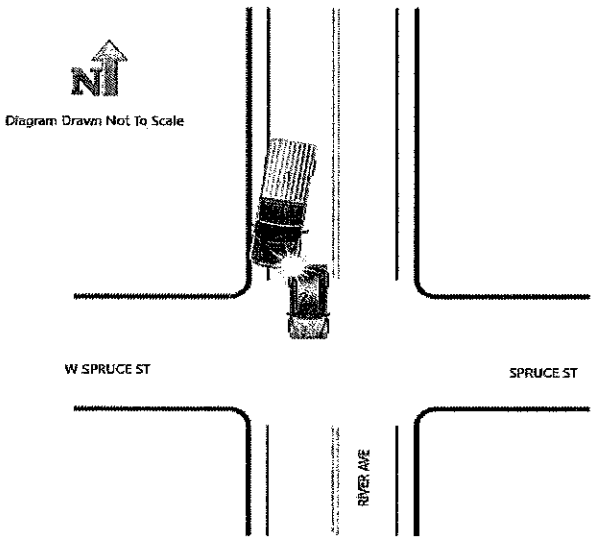
Station: _____ Case No: 22-072138

(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	17	M	-	-	-	11	04	-	-	RAFAEL N RAFAILOV - 1156 TIFFANY LN LAKEWOOD NJ 08701
F	2	03	01	05	16	M	-	-	-	11	04	-	-	DAVID - FEINBERG - 123 NEAL CT LAKEWOOD NJ 08701
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Veh #1 was traveling South on River Avenue. Veh #2 was traveling South on River Avenue in front of Veh #1.

The driver of Veh #1 stated that Veh#2 did not signal a left turn and stopped abruptly. The driver of Veh #2 stated he was stopped to make a left hand turn onto Spruce St when Veh#1 crashed into him.

The driver of Veh#1 was issued the listed summons for being unlicensed. No injuries were reported at the time of this report.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS J	358	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071057
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
10 Crash Occurred On:	COVENTRY DR
Road Name	
Dir	-
11 Speed Limit	15
12 Route No.	-
Suffix	-
13 Milepost	-
☐ At Intersection With	
☒ Feet / ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	PRINCETON AVE
18 Speed Limit	20
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	09/09/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1852
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.109933
22 Longitude	-74.208854

Vehicle 1

23 Veh #	1
24 Policy No.	6038-51-66-10
25 NJ Ins. Code	100
☒ 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	NATIVIDAD - AGUILAR -
☐ Same As Driver	
36 Number & Street	160 COVENTRY DR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make	BUIC
39 Model	RAI
40 Color	BLU
41 Year	2004
42 Plate No.	R44MVW
43 State	NJ
44 VIN	5GAET13P042283846
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.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
56 Driver's First Name / Initial / Last Name	
59 Sex	
57 Number & Street	
58 City / State / Zip	
60 Eyes / DL Class / Restrictions / Endorsements	
61 State	
62 Driver's License Number	
63 DOB (mm dd yyyy)	
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name	
☐ Same As Driver	
66 Number & Street	
67 City / State / Zip	
68 Make	
69 Model	
70 Color	
71 Year	
72 Plate No.	
73 State	
74 VIN	
75 Expires	
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	-	-	-	-	-	-	-	-	-	-	-	-	
B	2	01	01	-	00	U	00	00	00	00	00	-	-	
C														
D														

New Jersey Police Crash Investigation Report

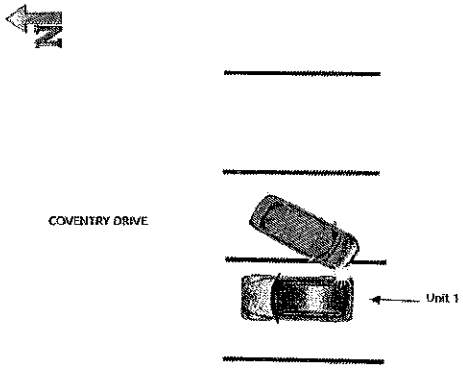
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-071057

(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

BASED ON MY INVESTIGATION, IT APPEARED THAT A VEHICLE WAS ATTEMPTING TO PARK IN A PARKING SPACE STRIKING VEHICLE #1 WHICH WAS PARKED IN FRONT OF 160 COVENTRY DRIVE. VEHICLE #1 SUSTAINED DAMAGE ON THE REAR RIGHT CORNER. NO EVIDENCE ON THE SCENE AND NO WITNESSES.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
RIVERA F	294	KCM	335	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071228
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	OCEAN AVE
☐ At Intersection With	
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0088
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ Feet ☐ Miles	700
☐N ☒E ☐S ☐W of:	LANES MILL RD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
20 Route/Name	
☐NB ☐EB ☐SB ☐WB	
4 Date of Crash mm dd yy	09/10/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	1350
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.081765
22 Longitude	-74.157636

Vehicle 1

23 Veh #	1
24 Policy No.	925438744
25 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOHN - AURIEMMA
29 Sex	M
27 Number & Street	1 STONE HILL RD
28 City / State / Zip	CREAM RIDGE NJ 08514
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	A93674070004492 / 04/16/1949 / 04 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver PATRICIA A AURIEMMA -
36 Number & Street	1 STONE HILL ROAD
37 City / State / Zip	CREAM RIDGE NJ 08514
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EXP - EX / WHI / 2014 / B63KGS / NJ
44 VIN / 45 Expires	1GCSGAFX9E1195662 / 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.	938284777
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ANASTASIA M CRESPO -
59 Sex	F
57 Number & Street	132 KETTLE CREEK RD
58 City / State / Zip	TOMS RIVER NJ 08753
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	6 / A / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	C73560417455926 / 05/14/1992 / 05 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ANASTASIA M CRESPO -
66 Number & Street	132 KETTLE CREEK RD
67 City / State / Zip	TOMS RIVER NJ 08753
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CRV / GRY / 2021 / W29NYW / NJ
74 VIN / 75 Expires	2HKRW2H87MH665661 / 08 23
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class - Placard No. -
80 Carrier No.	☐ USDOT ☐ 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

I PHONE 11 PRO VALUED AT $600

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	73	M	-	-	-	11	04	-	-	JOHN - AURIEMMA - 1 STONE HILL RD CREAM RIDGE NJ 08514
B	01	03	01	05	69	F	-	-	-	11	04	-	-	PATRICIA A AURIEMMA - 1 STONE HILL ROAD CREAM RIDGE NJ 08514
C	02	01	01	04	30	F	08	08	02	11	11	01	6505	ANASTASIA M CRESPO - 132 KETTLE CREEK RD TOMS RIVER NJ 08753
D														

New Jersey Police Crash Investigation Report

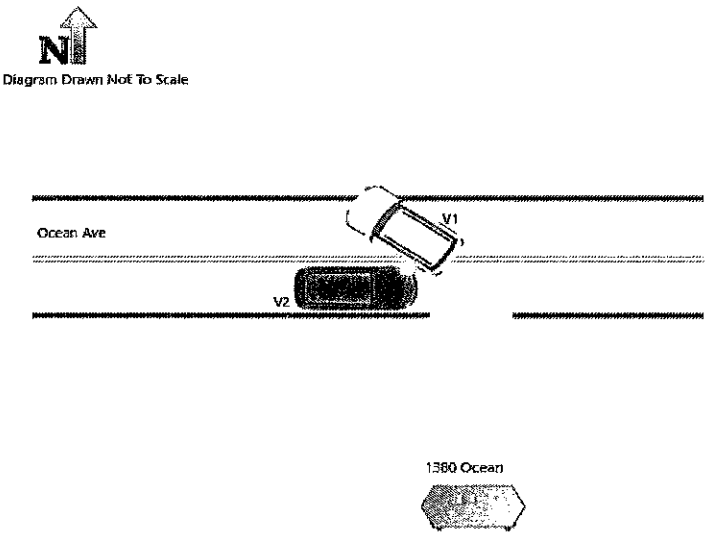
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071228

(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 made a left turn out of 1380 Ocean Ave and crashed with vehicle 2 which was traveling Eastbound on Ocean Ave.

Driver 1 stated he was attempting to make a left turn onto Ocean Ave. He looked and did not see anyone. When he attempted to make the turn, he stated that vehicle 2 crashed into the back left of his vehicle.

Driver 2 stated she was traveling Eastbound on Ocean Ave when vehicle 1 made a left turn in front of her which caused the crash.

Driver 2 sustained an injury to her right hand. There were no other injuries reported on scene. Vehicle 1 sustained minor damage and vehicle 2 was disabled due to front air bag deployment. The front windshield was also cracked due to a cell phone striking it. Driver 2 stated the phone was mounted to the windshield prior to the crash.

Based on my observations and speaking with both drivers, I determined that driver 1 was at fault for failing to yield to vehicle 2 which had the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GARRETSON C	391	MY	329	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071794
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	6TH ST & PRINCETON AVE
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
Feet	☒
Miles	☐
5	
N ☐ E ☒ S ☐ W of:	PRINCETON AVE
19 Ramp	☐ To ☐ From:
17 Cross Road Name	
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1718
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.096784
22 Longitude	-74.208877

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	
26 Driver's First Name / Initial / Last Name	AIDA / L / SALCEDORAMIREZ
29 Sex	F
27 Number & Street	366 ILONA CT
28 City / State / Zip	BRICK / NJ / 08724
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	S02470147357682
33 DOB mm dd yyyy	07/24/1968
34 Expires mm yy	07 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - / - / JAYS BUS SERVICE -
36 Number & Street	672 CROSS STREET
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	IC / BUS / YEL / 2015 / F220S1 / NJ
44 VIN	4DRBUAAP1FB028736
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 ☒ 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	JAYS BUS SERVICE
Number & Street	672 CROSS STREET
City / State / Zip	LAKEWOOD / NJ / 08701

Vehicle 2

53 Veh #	2
54 Policy No.	PAA C1 86 18
55 NJ Ins. Code	168
☒ 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 SHRAGA / F / PENFIL -
66 Number & Street	440 9TH ST APT 24B
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / BLU / 2008 / H80NPD / NJ
74 VIN	2HGFA16528H522296
75 Expires	05 23
76 Vehicle Removed To	
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	54	F	-	-	-	11	04	-	-	AIDA L SALCEDORAMIREZ - 366 ILONA CT BRICK NJ 08724
B														
C														
D														

New Jersey Police Crash Investigation Report

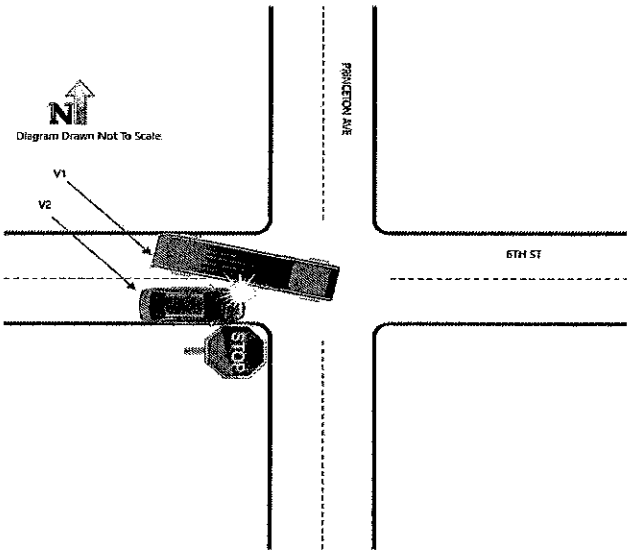
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071794

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle two was improperly parked on 6th St facing East near the intersection of 6th St and Princeton Ave in the early morning hours of 09/12/22. When owner of vehicle returned to his vehicle at approximately 1700 hours, he observed damage to the driver side and front bumper, indicating it had been side swiped. Several notes from witness's indicated that the vehicle was struck by a Jays Bus #235.

Driver of vehicle one was later contacted and admitted to being in the area of 6th St and Princeton Ave but was unsure if she struck a vehicle. Vehicle one had minimal damage consistent with a side swipe crash.

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

Nationwide Insurance Company 1-614-249-1545
One West Nationwide Plaza
Columbus OH 43215
Vehicle one Insurance Code: 23787

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GRANT M	396	CM	332	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071915
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CHESTNUT ST
At Intersection With	☐
Road Name	CHESTNUT ST
Dir	-
11 Speed Limit	40
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ Feet / ☐ Miles	400
☐ N ☐ E ☐ S ☒ W of:	MANOR DR
17 Cross Road Name	-
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	-
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0336
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.052567
22 Longitude	-74.212194

Vehicle 1

23 Veh #	1
24 Policy No.	6061352990
25 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	LEONARD - BERKOWITZ
29 Sex	M
27 Number & Street	73 EAGLE RIDGE CIR
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	B27044590001952
33 DOB mm dd yyyy	01/27/1995
34 Expires mm yy	01 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver LEONARD - BERKOWITZ
36 Number & Street	73 EAGLE RIDGE CIR
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2017 / D21NTE / NJ
44 VIN	4T1BF1FK8HU400748
45 Expires	05 22
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4620-92-42-27
55 NJ Ins. Code	148
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements	- / - / - / -
61 State	-
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver JOSEF - BLUM
66 Number & Street	152 CHESTNUT ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / TRAVERSE / BLK / 2020 / F39NUV / NJ
74 VIN	1GNEVHKW7LJ199819
75 Expires	05 23
76 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:3-4	293648	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	27	M	-	-	-	11	04	-	-	LEONARD - BERKOWITZ - 73 EAGLE RIDGE CIR LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

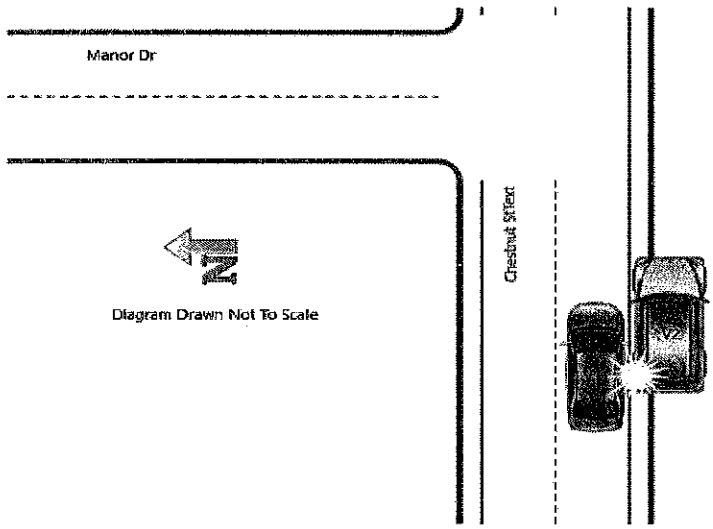
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071915

(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 01 stated he was traveling East on Chestnut St when he became distracted from trying to retrieve an item from the center console and struck Vehicle 02. Driver 01 did not have any complaint of pain or injury.

Vehicle 02 was parked legally on the East bound shoulder and unoccupied at the time of the crash.

After my investigation, I concluded Driver 01 to be at fault for this crash due to being distracted while driving and side swiping Vehicle 02 which was legally parked on the shoulder of the street.

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

1 Case Number	22-071991
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	NEW HAMPSHIRE AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☐ At Intersection With	
☒ Feet ☐ Miles	50
☒ N ☐ E ☐ S ☐ W of:	WOODLAKE MANOR DRIVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0934
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.087088
22 Longitude	-74.175296

Vehicle 1

23 Veh #	1
24 Policy No.	5129J006924
25 NJ Ins. Code	917
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	LEAH
Initial	-
Last Name	FROMOWITZ
29 Sex	F
27 Number & Street	641 NE 177TH STREET
28 City	NORTH MIAMI BEA
State	FL
Zip	33162
30 Eyes	-
DL Class	D
Restrictions	-
Endorsements	-
31 State	FL
32 Driver's License Number	F653520038220
33 DOB mm dd yyyy	09/02/2003
34 Expires mm yy	09 30
35 Owner's First Name	YOSEF
Initial	-
Last Name	MENZER
☐ Same As Driver	
36 Number & Street	1 ONYX LN
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	JEEP
39 Model	CMP
40 Color	BLK
41 Year	2022
42 Plate No.	E89REB
43 State	NJ
44 VIN	3C4NJDDBXNT159690
45 Expires	07 25
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ 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.	8709976
55 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	MARIA
Initial	D
Last Name	ALDAMAMEJIA
59 Sex	F
57 Number & Street	1057 OLD FREEHOLD RD
58 City	TOMS RIVER
State	NJ
Zip	08753
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	A51855196456782
63 DOB mm dd yyyy	06/04/1978
64 Expires mm yy	06 25
65 Owner's First Name	MARIA
Initial	D
Last Name	ALDAMAMEJIA
☐ Same As Driver	
66 Number & Street	1057 OLD FREEHOLD RD
67 City	TOMS RIVER
State	NJ
Zip	08753
68 Make	CHEV
69 Model	AVE
70 Color	WHI
71 Year	2009
72 Plate No.	K45PDV
73 State	NJ
74 VIN	KL1TG56E69B381306
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.	Charge	Summons No.	Oper.	Charge	Summons No.
1	136	-	2	138	-
	140	141		142	143

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	19	F	-	-	-	11	04	-	-	LEAH - FROMOWITZ - 641 NE 177TH STREET NORTH MIAMI BE FL 33162
B	2	01	01	05	44	F	-	-	-	11	04	-	-	MARIA D ALDAMAMEJIA - 1057 OLD FREEHOLD RD TOMS RIVER NJ 08753
C														
D														

New Jersey Police Crash Investigation Report

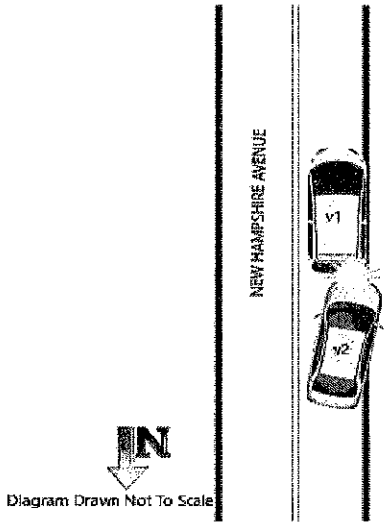
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-071991

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was travelling south on New Hampshire Avenue when vehicle 2 struck her on the passenger side rear bumper.

Driver of vehicle 2 stated she was travelling south on New Hampshire behind vehicle 1 however, did not stop in time and struck vehicle 1 on the passenger side rear bumper in an attempt to avoid a collision.

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 for following to closely and drivers inattention. No summonses were issued at this time and no injuries were reported.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071993
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	11TH ST
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	35
☒ Feet	☐ Miles
14	15
☐N ☒E ☐S ☐W of:	CLIFTON AVE
15	16
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0942
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.100692
22 Longitude	-74.215758

Vehicle 1

23 Veh #	1
24 Policy No.	939606943
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YECHIEL - MANDELBAUM -
29 Sex	M
27 Number & Street	61 CABERNET DR
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	M03957890007892 / 07/17/1989 / 07 24
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	YECHIEL - MANDELBAUM -
36 Number & Street	61 CABERNET DR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / 3 / 2006 / W82CYG / NJ
44 VIN / 45 Expires	5NPEU46F56H107070 / 03 23
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	HPA00002574834
55 NJ Ins. Code	411
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	FABIAN N NIEVESSANCHEZ -
59 Sex	M
57 Number & Street	239 1ST ST
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	N42162580001772 / 01/20/1977 / 01 25
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	FABIAN N NIEVESSANCHEZ -
66 Number & Street	239 1ST ST
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CHEV / EXP - EX / WHI / 2007 / P79NZR / NJ
74 VIN / 75 Expires	1GCFG15X971182092 / 07 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☐ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	33	M	-	-	-	11	04	-	-	YECHIEL - MANDELBAUM - 61 CABERNET DR LAKEWOOD NJ 08701 - -
B	02	01	01	05	45	M	-	-	-	11	04	-	-	FABIAN N NIEVESSANCHEZ - 239 1ST ST LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

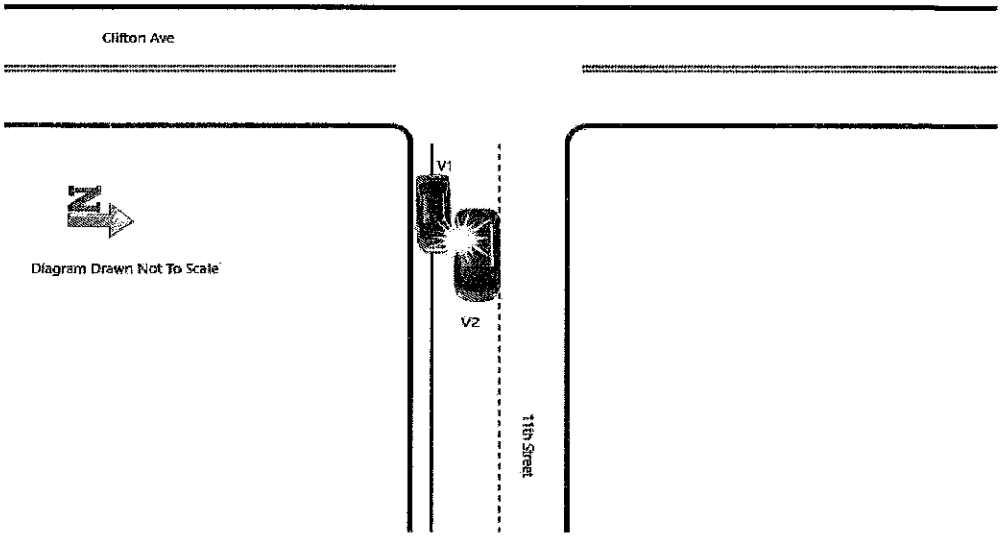
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071993

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was parked on the side of the road on 11th Street. He began to merge into traffic and did not see Vehicle 2 and the collision happened.

Driver 2 stated he turned left from Clifton Ave onto 11th Street. While he was passing Vehicle 1 he was struck on the side by Vehicle 1 who began to attempt to pull out of his parking spot.

After my investigation I determined Driver 1 to be at fault for failing to yield to oncoming traffic.

There were no reported injuries on scene. Vehicle 1 sustained minor damage to the driver side front bumper. Vehicle 2 sustained minor damage to the passenger side doors.

End of report.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072055
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
10 Crash Occurred On:	CROSS ST
At Intersection With / Road Name	
☒ Feet ☐ Miles	50
☐ N ☐ E ☐ S ☒ W of:	NEIMAN RD
11 Speed Limit	35
Dir / 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)	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1529
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.074466
22 Longitude	-74.249724

Vehicle 1

23 Veh #	1
24 Policy No.	033026508U71013
25 NJ Ins. Code	823
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	TORI / S / SELIG / - / F
27 Number & Street	1106 ARCOLA AVE
28 City / State / Zip	SILVER SPRING / MD / 20902
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / MD
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	S420799765404 / 05/29/1989 / 05 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / TORI / S / SELIG / -
36 Number & Street	1106 ARCOLA AVE
37 City / State / Zip	SILVER SPRING / MD / 20902
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / TK / 3 / 2012 / 5CL9030 / MD
44 VIN / 45 Expires	JHLRM4H75CC020948 / 07 24
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	6123863112061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	CHANA / - / STERN / - / F
57 Number & Street	30 TOVA DR
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	S82261200056012 / 06/30/2001 / 06 23
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / CHANA / - / STERN / -
66 Number & Street	30 TOVA DR
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / 1 / 2017 / U54NZR / NJ
74 VIN / 75 Expires	4T1BF1FK7HU377303 / 07 23
76 Vehicle Removed To	123 AUTOS
☐ 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	-	-	-	11	04	-	-	TORI S SELIG - 1106 ARCOLA AVE SILVER SPRING MD 20902
B	02	01	01	05	21	F	-	-	-	11	04	-	-	CHANA - STERN - 30 TOVA DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

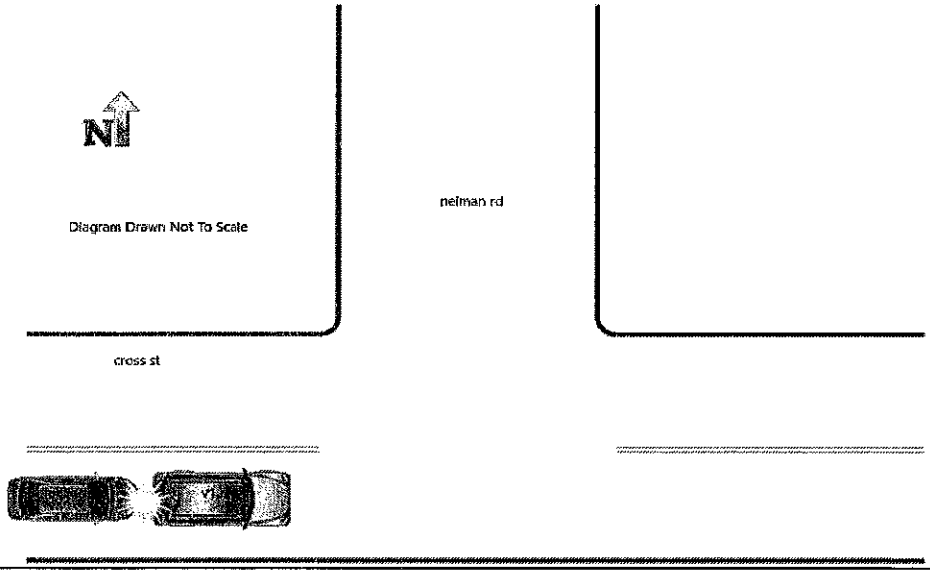
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072055

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was Eastbound on Cross ST and was stopped in traffic. She stated while she was stopped, vehicle 2 crashed into the rear of her vehicle.

Driver of vehicle 2 stated she was Eastbound on Cross ST. She stated as she was going forward, vehicle 1 stopped short causing her to attempt to stop but she crashed into the rear of vehicle 2. She stated she was not able to see vehicle 1 stop clearly due to the hill.

In my investigation I find vehicle 2 at fault for driver inattention and following too closely as vehicle 2 needs to make sure she gives herself enough room to stop safely.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072227
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0751
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	MASSACHUSETTS AVE
☒ At Intersection With	PROSPECT ST
☐ Feet / ☐ Miles	☐ N ☐ E / ☐ S ☐ W of:
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	40
19 Ramp ☐ To / ☐ From	
17 Cross Road Name	
☐ NB ☐ EB / ☐ SB ☐ WB	03
20 Route/Name	
21 Latitude	40.073333
22 Longitude	-74.227225

Vehicle 1

23 Veh #	1
24 Policy No.	HPA00002598199
25 NJ Ins. Code	411
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name / 29 Sex	KATLYN / J / HELM / F
27 Number & Street	1125 OLD FREEHOLD RD
28 City / State / Zip	TOMS RIVER / NJ / 08753
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number / 33 DOB (mm dd yyyy) / 34 Expires (mm yy)	H24094287153922 / 03/02/1992 / 03 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / MADELON / J / HELM
36 Number & Street	1125 OLD FREEHOLD RD
37 City / State / Zip	TOMS RIVER / NJ / 08753
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / TAH - TA / BLK / 2013 / S46NVT / NJ
44 VIN / 45 Expires	1GNSKBE07DR215942 / 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.	939234681
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	MIRIAM / A / FENDEL / F
57 Number & Street	83 COLES WAY
58 City / State / Zip	LAKEWOOD / NJ / 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	F25105586160744 / 10/18/1974 / 10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver / ZVI / D / FENDEL
66 Number & Street	83 COLES WAY
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2015 / R31EDM / NJ
74 VIN / 75 Expires	5TDKK3DC4FS637021 / 04 23
76 Vehicle Removed To	TILTON'S AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	30	F	-	-	-	11	04	-	-	KATLYN J HELM - 1125 OLD FREEHOLD RD TOMS RIVER NJ 08753
B	2	01	01	-	47	F	-	-	-	11	04	-	-	MIRIAM A FENDEL - 83 COLES WAY LAKEWOOD NJ 08701
C	2	03	01	-	12	M	-	-	-	11	04	-	-	ZEV FENDEL 83 COLES WAY LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

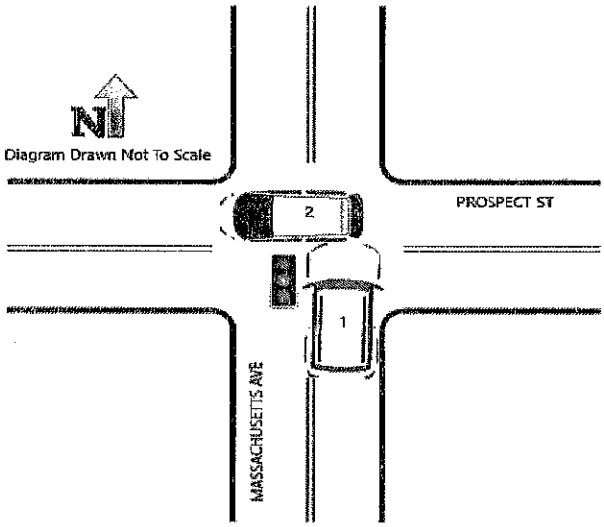
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072227

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle #1 was traveling North on Massachusetts Ave at the intersection with Prospect St. Vehicle #1 had a green light. Vehicle #2 was traveling West on Prospect St at the intersection with Massachusetts Ave. Vehicle #2 had a red light. The vehicles collided in the intersection. Driver #1 stated that driver #2 ran the red light. Driver #2 stated that she did not realize that the light was changed from a flashing caution light to a traffic signal. It should be noted that the intersection was recently changed from a flashing light to a traffic signal.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072239
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	CEDARBRIDGE AVE
At Intersection With	
Road Name	
Dir	
11 Speed Limit	50
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	50
Feet	300
Miles	
N ☒ E of:	NEW HAMPSHIRE AVE
S ☐ W	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	0843
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.075804
22 Longitude	-74.184458

Vehicle 1

23 Veh #	1
24 Policy No.	PAA80002167219
25 NJ Ins. Code	017
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIMELECH - ZONENSZAJN
29 Sex	M
27 Number & Street	1540 LAGUNA LN
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	5 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	Z63932090003795 / 03/17/1979 / 02 21
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELIMELECH - ZONENSZAJN
36 Number & Street	1540 LAGUNA LN
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GEN / GV8 / 6 / 2023 / F40PXH / NJ
44 VIN / 45 Expires	KMUHBDSBXPU103784 / 05 26
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	939626490
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	AMR - HASSEN
59 Sex	M
57 Number & Street	85 BRETT ST
58 City / State / Zip	PISCATAWAY / NJ / 08854
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	H07660400004822 / 04/14/1982 / 04 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver AMR - HASSEN
66 Number & Street	85 BRETT ST
67 City / State / Zip	PISCATAWAY / NJ / 08854
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / CIV / GLD / 2003 / H91GSS / NJ
74 VIN / 75 Expires	1HGEM22943L066167 / 07 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	43	M	-	-	-	11	04	-	-	ELIMELECH - ZONENSZAJN - 1540 LAGUNA LN LAKEWOOD NJ 08701
B	01	04	01	05	6	M	-	-	-	04	04	-	-	JOSEPH ZONENSZAJN 1540 LAGUNA LN LAKEWOOD NJ 08701
C	02	01	01	05	40	M	-	-	-	11	04	-	-	AMR - HASSEN - 85 BRETT ST PISCATAWAY NJ 08854
D														

New Jersey Police Crash Investigation Report

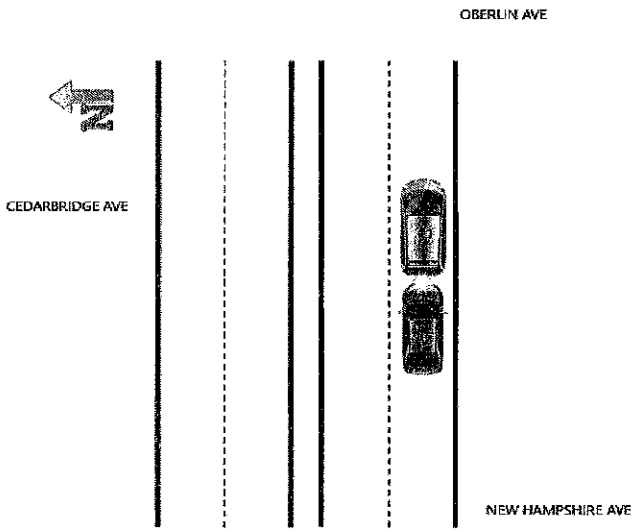
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072239

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver #1 stated he was traveling east on Cedarbridge Ave and was stopped in traffic when he was struck from behind by Veh #2. Driver #2 stated he was behind Veh #1 and could not stop in time. This officers investigation finds Driver #2 at fault for the crash for failing to pay attention to the roadway/vehicle in front of him.

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

1 Case Number	22-072342
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	OAK STREET
☒ At Intersection With	Road Name: OAK STREET
☐ Feet ☐ N ☐ E of:	Dir: ROCKAWAY AVE
☐ Miles ☐ S ☐ W	12 Route No.: - Suffix: - 13 Milepost: -
14 15 16	18 Speed Limit: 25
11 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	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1535
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.062346
22 Longitude	-74.199903

Vehicle 1

23 Veh #	1
24 Policy No.	PAA80002156943
25 NJ Ins. Code	963
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YITZCHAK Z GOLDSMITH -
29 Sex	M
27 Number & Street	87 FINCHLEY BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	2 / D / - / - / NJ
32 Driver's License Number / 33 DOB mm dd yyyy / 34 Expires mm yy	G62317908906792 / 06/09/1979 / 06 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YITZCHAK Z GOLDSMITH -
36 Number & Street	87 FINCHLEY BLVD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / GRY / 2011 / GOLDSTR / NJ
44 VIN / 45 Expires	4T1BF3EK4BU222941 / 04 23
46 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4524-16-49-12
55 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NECHAMA H ZARECKI -
59 Sex	F
57 Number & Street	131 HIGHGROVE CRES
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	5 / D / - / - / NJ
62 Driver's License Number / 63 DOB mm dd yyyy / 64 Expires mm yy	Z05745846859975 / 09/24/1997 / 09 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE A ZARECKI -
66 Number & Street	131 HIGHGROVE CRES
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / BLK / 2009 / N20JRW / NJ
74 VIN / 75 Expires	4T1BE46K39U819645 / 02 23
76 Vehicle Removed To	
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.:
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	43	M	-	-	-	11	04	-	-	YITZCHAK Z GOLDSMITH - 87 FINCHLEY BLVD LAKEWOOD NJ 08701
B	2	01	01	05	24	F	-	-	-	11	04	-	-	NECHAMA H ZARECKI - 131 HIGHGROVE CRES LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

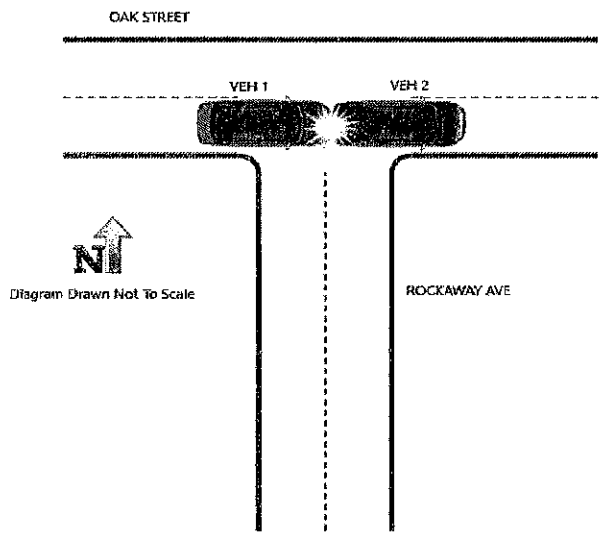
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072342

(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

VEHICLES ONE AND TWO WERE TRAVELING EAST ON OAK STREET NEAR THE INTERSECTION OF ROCKAWAY AVE. VEHICLE TWO STOPPED FOR TRAFFIC. VEHICLE ONE DID NOT STOP IN TIME AND STRUCK THE REAR OF VEHICLE TWO. DRIVER ONE STATED THE DRIVERS WERE IN STOP AND GO TRAFFIC. HE STATED HE ATTEMPTED TO STOP BUT DID NOT STOP IN TIME AND STRUCK THE REAR OF VEHICLE TWO. DRIVER TWO STATED SHE WAS SLOWING DOWN IN STOP AND GO TRAFFIC WHEN VEHICLE ONE STRUCK THE REAR OF HER VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FOLLOWING TO CLOSELY. NO INJURIES WERE REPORTED AT THE SCENE. NO SUMMONS WERE ISSUED.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-072356	10 Crash Occurred On: NEW HAMPSHIRE AVE	11 Speed Limit: 45	12 Route No.: 0623
2 Police Dept of: LAKEWOOD TOWNSHIP P	Code: 01	☒ At Intersection With	Road Name
3 Station/Precinct	☐ Feet ☐ N ☐ E of: BRIDGEWOOD AVE	Dir	Suffix
	☐ Miles ☐ S ☐ W	13 Milepost	18 Speed Limit: 25
	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): 09/14/22	5 Day Of Week: WEDNESDAY	6 Time (use 2400 hrs): 1630	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.077601	22 Longitude: -74.183192

Vehicle 1

23 Veh #: 1	24 Policy No.: 939842546	25 NJ Ins. Code: 054	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26 Driver's First Name: SHMUEL	Initial: Y	Last Name: SCHEINER -	Sex: M		
27 Number & Street: 1766 57TH ST					
28 City: BROOKLYN	State: NY	Zip: 11204			
30 Eyes: 2	DL Class: I	Restrictions: -	Endorsements: -	31 State: NY	
32 Driver's License Number: 269265812	33 DOB (mm dd yyyy): 04/02/1992	34 Expires (mm yy): 04 30			
35 Owner's First Name: SHMUEL	Initial: Y	Last Name: SCHEINER -	☐ Same As Driver		
36 Number & Street: 1766 57TH ST					
37 City: BROOKLYN	State: NY	Zip: 11204			
38 Make: TOYT	39 Model: CAM	40 Color: SIL	41 Year: 2007	42 Plate No.: M44HLN	43 State: NJ
44 VIN: 4T1BE46K77U631644	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.: 939405268	55 NJ Ins. Code: 054	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name: ELIZABETH	Initial: A	Last Name: ROMANDO -	Sex: F		
57 Number & Street: 247 JOE PARKER RD					
58 City: LAKEWOOD	State: NJ	Zip: 08701			
60 Eyes: 2	DL Class: D	Restrictions: -	Endorsements: -	61 State: NJ	
62 Driver's License Number: R63252126159592	63 DOB (mm dd yyyy): 09/22/1959	64 Expires (mm yy): 09 26			
65 Owner's First Name: JOHN	Initial: J	Last Name: ROMANDO -	☐ Same As Driver		
66 Number & Street: 247 JOE PARKER RD					
67 City: LAKEWOOD	State: NJ	Zip: 08701			
68 Make: DODG	69 Model: NIT	70 Color: RD	71 Year: 2010	72 Plate No.: ZZM92J	73 State: NJ
74 VIN: 1D4PU4GK0AW174363	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	30	M	-	-	-	11	04	-	-	SHMUEL Y SCHEINER - 1766 57TH ST BROOKLYN NY 11204
B	2	01	01	05	62	F	-	-	-	11	04	-	-	ELIZABETH A ROMANDO - 247 JOE PARKER RD LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

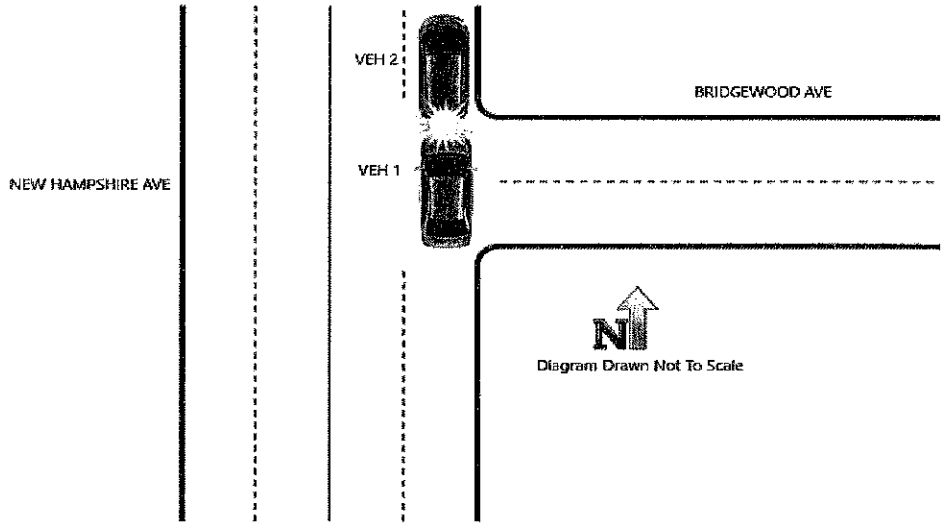
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072356

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

VEHICLES ONE AND TWO WERE TRAVELING NORTH ON NEW HAMPSHIRE AVENUE. VEHICLE TWO STOPPED FOR TRAFFIC. VEHICLE ONE DID NOT STOP IN TIME AND STRUCK THE REAR OF VEHICLE TWO. DRIVER ONE STATED HE BELIEVED VEHICLE TWO MADE AN ABRUPT STOP WHICH PREVENTED HIM FROM STOPPING IN TIME AND HIS VEHICLE STRIKING THE REAR OF VEHICLE TWO. DRIVER TWO STATED SHE STOPPED DUE TO TRAFFIC STOPPING AND VEHICLE ONE STRUCK THE REAR OF HER VEHICLE.

DUE TO MY INVESTIGATION I FOUND DRIVER ONE TO BE AT FAULT FOR FOLLOWING TO CLOSELY. NO INJURIES WERE REPORTED AT THE SCENE. NO SUMMONS WERE ISSUED.

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

PAGE 1 OF 2 ☐ Fatal **New Jersey Police Crash Investigation Report** ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072362
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	LOIS LN
☒ At Intersection With	MARTIN LUTHER KING DR
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
14	-
15	-
16	-
17 Cross Road Name	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1704
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
21 Latitude	40.081697
22 Longitude	-74.211076

Vehicle 1

23 Veh #	1
24 Policy No.	939622368
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	DAVID S HAZAN
29 Sex	M
27 Number & Street	9 SEQUOIA DRIVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	H09761568203812
33 DOB mm dd yyyy	03/21/1981
34 Expires mm yy	03 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID S HAZAN
36 Number & Street	9 SEQUOIA DRIVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLU / 2017 / Z23KRV / NJ
44 VIN	4T1BF1FK9HU668739
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 - ☒ 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.	000000978817828
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LILLIAN - LEVY
59 Sex	F
57 Number & Street	107 HENRY ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	02 / D / - / - / NJ
62 Driver's License Number	L29414700062022
63 DOB mm dd yyyy	12/20/2002
64 Expires mm yy	12 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ELLIOTT A LEVY
66 Number & Street	1524 E 28TH ST
67 City / State / Zip	BROOKLYN NY 11229
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HYUN / ELN / BLU / 2021 / KRR3399 / NY
74 VIN	5NPLM4AG2MH045423
75 Expires	09 23
76 Vehicle Removed To	AUTO CORRECT
☐ 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.
			02	39:4-144	A295167
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	-	41	M	-	-	-	11	04	-	-	DAVID S HAZAN - 9 SEQUOIA DRIVE LAKEWOOD NJ 08701
B	02	01	01	04	19	F	07	08	02	11	04	-	6505	LILLIAN - LEVY - 107 HENRY ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

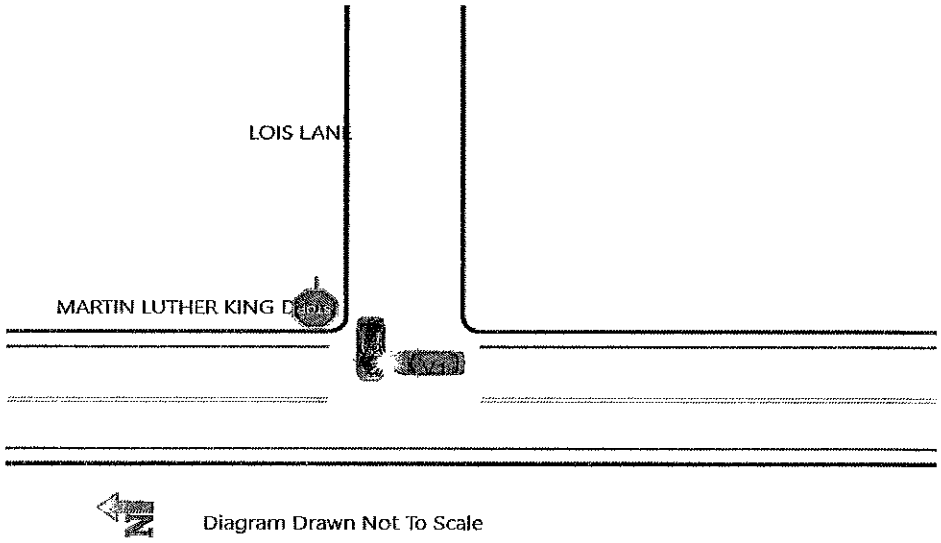
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072362

(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 IF VEHICLE 1 STATED HE WAS DRIVING SOUTH ON MARTIN LUTHER KING DRIVE WHEN VEHICLE 2 PULLED OUT FROM LOIS LANE IN FRONT OF HIM CAUSING THEM TO CRASH.

DRIVER OF VEHICLE 2 STATED SHE WAS DRIVING WEST ON LOIS LANE AND WAS GOING TO TURN ONTO MARTIN LUTHER KING DRIVE. SHE STATED SHE LOOKED BOTH WAYS AND SAW IT WAS CLEAR AND BEGAN TO PULL FORWARD. SHE STATED SHE DID NOT SEE VEHICLE 1 DRIVING SOUTH ON MARTIN LUTHER KING DRIVE AND THEN VEHICLE 1 CRASHED INTO HER.

DRIVER OF VEHICLE 2 WAS FOUND TO BE AT FAULT FOR FAILING TO STOP AND GIVE THE RIGHT OF WAY TO VEHILCE 1.

BOX 55: ALLSTATE FIRE AND CASUALY INSURANCE COMPANY
COMPANY #: 743
PO BOX 660598
DALLAS TX 75266
(800) 255-7828

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
KICKI C	383	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072366
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	PROSPECT ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	0628
Suffix	
13 Milepost	
18 Speed Limit	35
☒ Feet / ☐ Miles	100
☐ N ☐ E ☐ S ☒ W of:	MASSACHUSETTS AVE
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1733
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.073333
22 Longitude	-74.227225

Vehicle 1

23 Veh #	1
24 Policy No.	4511923254
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHESKEL - KOHN
29 Sex	M
27 Number & Street	8 HILLSIDE BLVD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / A / - / -
31 State	NJ
32 Driver's License Number	K61681220002712
33 DOB mm dd yyyy	02/25/1971
34 Expires mm yy	02 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHESKEL - KOHN
36 Number & Street	8 HILLSIDE BLVD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / COR / 4 / 2013 / J21GXJ / NJ
44 VIN	5YFBU4EEXDP219200
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 ☒ 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.	961160362
55 NJ Ins. Code	134
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	KIMBERLY R FINE
59 Sex	F
57 Number & Street	4511 UNIVERSITY PKWY
58 City / State / Zip	UNIVERSITY HITS OH 44118
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	OH
62 Driver's License Number	SP803454
63 DOB mm dd yyyy	01/07/1968
64 Expires mm yy	01 30
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MICHAEL - FINE
66 Number & Street	4511 UNIVERSITY PKWY
67 City / State / Zip	UNIVERSITY HITS OH 44118
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / CHK / WHI / 2019 / JMD5488 / OH
74 VIN	IC4PJLDB5KD332682
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 ☒ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	M	-	-	-	11	04	-	-	CHESKEL - KOHN - 8 HILLSIDE BLVD LAKEWOOD NJ 08701
B	02	01	01	05	54	F	-	-	-	11	04	-	-	KIMBERLY R FINE - 4511 UNIVERSITY PKWY UNIVERSITY HITS OH 44118
C														
D														

New Jersey Police Crash Investigation Report

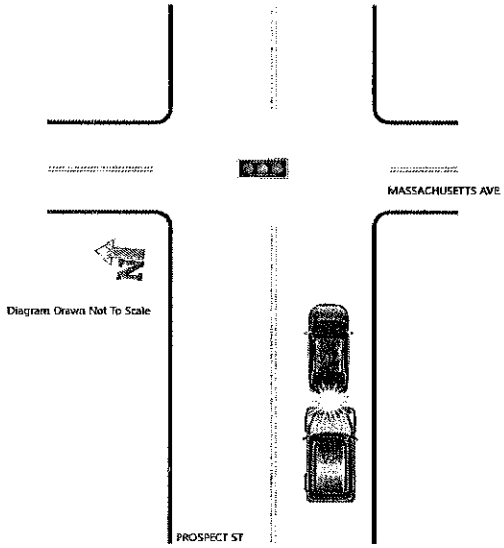
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072366

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was Eastbound on Prospect ST and was stopped in traffic. He stated while he was stopped, vehicle 2 crashed into the rear of his vehicle.

Driver of vehicle 2 stated she was Eastbound on Prospect ST. She stated as she was going forward she observed that vehicle 1 had stopped so she attempted to apply her brakes but crashed 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 make sure she has enough room between vehicles to stop safely.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072422
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CEDARBRIDGE AVE
☒ At Intersection With	AVENUE OF THE STATES
☐ Feet ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	
Road Name	
Dir	
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	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	2215
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078760
22 Longitude	-74.189816

Vehicle 1

23 Veh #	1
24 Policy No.	WPP1883600 01
25 NJ Ins. Code	166
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	SHALOM
Initial	A
Last Name	GAILER
29 Sex	M
27 Number & Street	6 FOREST PARK CIR
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	2
DL Class	I
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G01817036105052
33 DOB mm dd yyyy	05/15/2005
34 Expires mm yy	05 26
35 Owner's First Name	CONGREGATION
Initial	-
Last Name	YSD M INC
☐ Same As Driver	
36 Number & Street	1300 NEW HAMPSHIRE AVE
37 City	LAKEWOOD
State	NJ
Zip	08701
38 Make	FORD
39 Model	TRA
40 Color	1
41 Year	2020
42 Plate No.	U15PHK
43 State	NJ
44 VIN	1FBVU4X88LKA05229
45 Expires	12 22
46 Vehicle Removed To	HENSHY'S
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
49 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
50 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

Vehicle 2

53 Veh #	2
54 Policy No.	***
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name	YEHUDA
Initial	-
Last Name	FARKAS
59 Sex	M
57 Number & Street	801 MADISON AVE APT.5A
58 City	LAKEWOOD
State	NJ
Zip	08701
60 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
61 State	NJ
62 Driver's License Number	F06097890012942
63 DOB mm dd yyyy	12/03/1994
64 Expires mm yy	12 24
65 Owner's First Name	DIAMOND
Initial	-
Last Name	AUTO GROUP LLC
☐ Same As Driver	
66 Number & Street	144 CROSS ST
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	RAV
70 Color	GRY
71 Year	2018
72 Plate No.	A34NZA
73 State	NJ
74 VIN	JTMBFREV1JJ178785
75 Expires	07 23
76 Vehicle Removed To	MOISEY TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded	
☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine	
Results: 0. - % ☐ Pending	
79 Hazardous Material	☒ None ☐ On Board ☐ Spill
Hazard Class	
Placard No.	
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City	-
State	-
Zip	-

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
1	39:4-81	295352	-		-
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	17	M	-	-	01	11	11	04	-	SHALOM A GAILER - 6 FOREST PARK CIR LAKEWOOD NJ 08701
B	02	01	01	05	27	M	-	-	01	11	11	04	-	YEHUDA - FARKAS - 801 MADISON AVE APT.5 LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

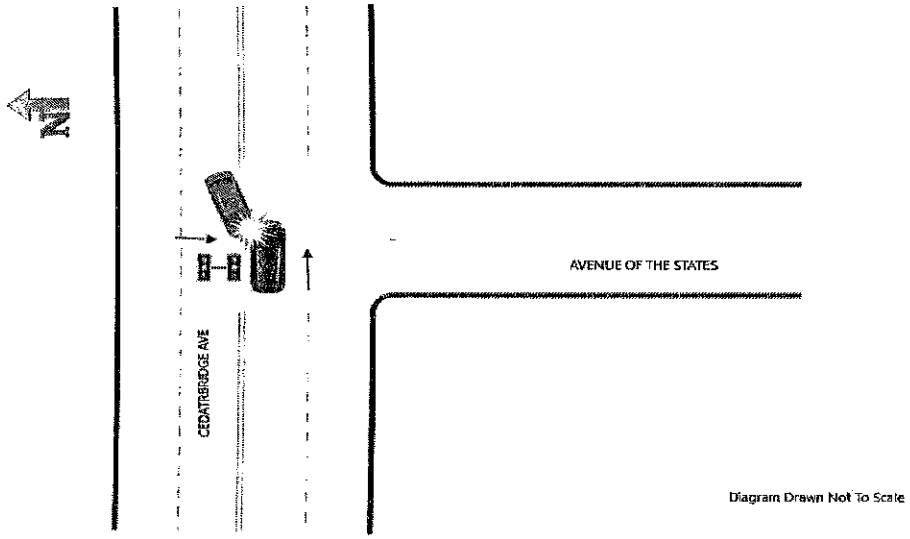
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072422

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was travelling East on Cedarbridge Ave.
Vehicle 2 was travelling West on Cedarbridge Ave.

Driver 1 stated as he entered the intersection of Cedarbridge & Avenue of the States he observed the traffic signal was amber and could not stop in time. Therefore he collided with Vehicle 2 in the intersection as it was attempting to make a left hand turn.

Driver 2 stated he was in the intersection of Cedarbridge & Avenue of the States awaiting to make a left turn. He stated the light was amber as he began to turn but while doing so collided with Vehicle 1.

CCTV Footage of the accident became available which showed Vehicle 1 entering the intersection while the traffic signal was red and Vehicle 2 attempting to turn left while it was amber.

Vehicle 1 & 2 both suffered major front end damage and were towed disabled from the scene.

After reviewing the CCTV footage I determined that Vehicle 1 was at fault for failing to obey the traffic signal.

*****Insured by: US Choice Auto Rental systems, Inc.**
PO Box 701 Valley Forge, PA 19482
 # 866-492-9713***

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
GUZMAN B	405	SGT. M. MARZOCCA	314	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071741
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	DRAKE ROAD
At Intersection With	☐
Road Name	
Dir	-
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
☒ Feet ☐ Miles	05
☐N ☐E ☐S ☐W of:	OLD WHITESVILLE RD
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	
4 Date of Crash mm dd yy	09/12/22
5 Day Of Week	MONDAY
6 Time (use 2400 hrs)	1406
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.086071
22 Longitude	-74.248673

Vehicle 1

23 Veh #	1
24 Policy No.	BA2997BD
25 NJ Ins. Code	-
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIZABETH - TAYLOR -
29 Sex	F
27 Number & Street	316 UNION AVE
28 City / State / Zip	LAKEHURST NJ 08733
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	HA / B / - / - / NJ
32 Driver's License Number	T09642120054715
33 DOB mm dd yyyy	04/08/1971
34 Expires mm yy	04 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver - - JAYS BUS SERVICE -
36 Number & Street	672 CROSS ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	IC / 202 / YEL / 2015 / E300S1 / NJ
44 VIN	4DRBUC8P0FB640542
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.	939803471
55 NJ Ins. Code	054
☒Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	- - -
59 Sex	-
57 Number & Street	-
58 City / State / Zip	- - -
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	- / - / - / - / -
62 Driver's License Number	-
63 DOB mm dd yyyy	-
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver ROCHEL - BURSZTYN -
66 Number & Street	750 FOREST AVE APT 53G
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / SIE / GRY / 2011 / D12NDE / NJ
74 VIN	5TDKK3DC0BS148092
75 Expires	02 23
76 Vehicle Removed To	-
☐Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☒Left At Scene ☐Towed Impounded	
77 Authority	☐Owner ☒Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0.- % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class: - Placard No.: -
80 Carrier No.	☐USDOT - ☒None ☐MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	51	F	-	-	-	11	04	-	-	ELIZABETH - TAYLOR - 316 UNION AVE LAKEHURST NJ 08733 - -
B														
C														
D														

STATE OF NEW JERSEY
MOTOR VEHICLE CRASH DESCRIPTION

Police Agency LAKEWOOD TOWNSHIP POLICE DEPT.
Station - Case No. 22-071741

1.	BRENDA	RAMINREZ	J
2.	MAYNOR	CALERO CHASRARRIA	A
3.			
4.	JESUS	BENITEZ	-
5.	LITZY	RUIZ	-
6.	VICTOR	ELIGIO	-
7.	ANGELICA	COSME	-
8.			
9.	KEVIN	ELIGIO	-
10.	EMILY	MARTINEZ	-
11.	JENNIFER	AGUILAR	-
12.	JESUS	SERRANO DOMINGUEZ	-
13.			
14.	EDWIN	RUIZ	-
15.	ALDO	ROJAS	-
16.	JOSELYNE	LEZAMA	-
17.	CHRISTOPHER	HERRERA	-
18.			
19.	KAYLEEN	CARRETERO	-
20.	ALISSON	MIRANDA	-
21.	ARIANNA	VALLE	-
22.	ALEJANDRA	LUNA	-
23.			
24.	BRIAN	CAMARGO	-
25.	BRIAN	MONFIL	-
26.	LUIS	MERIDO	L
27.	ALEJANDRO	GONZALEZ	-
28.			
29.	ELDER	PADILLA	-
30.	MIKE	RUIZ	-
31.	KASANDRA	CHACON ORTIZ	-
32.	BRYAN	CAMARGO MENDEZ	-
33.			
34.	SALVADOR	RUIZ	-
35.			
36.			
37.			
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49.			
50.			
51.			
52.			
53.			
54.			

SCHOOL BUS
(full size)

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

MINIBUS

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

New Jersey Police Crash Investigation Report

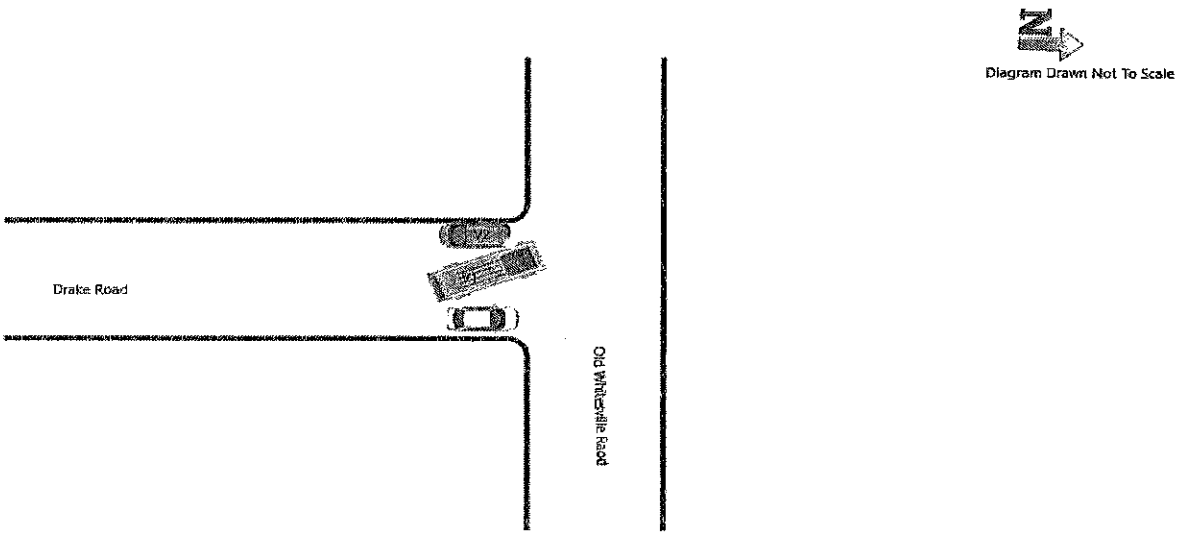
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071741

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Southbound On Drake Road. Driver 1 explained that she was making a right turn onto Drake road when an unknown car approached in the opposite direction. Driver 1 said that the left turn became tight and the rear of her vehicle collided with V2 (parked).

Investigation revealed that Vehicle 1 was traveling Southbound and V2 was parked facing Southbound on Drake Road. V1 made a sharp right turn to collide with V2. No injuries were reported.

***Vehicle 1 three-digit code does not show. The insurance company's name is Nationwide Insurance Group.**

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071988
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MADISON AVENUE
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☒ At Intersection With	Road Name: 14TH STREET
Dir	-
☐ Feet / ☐ Miles	-
☐ N ☐ E ☐ S ☐ W of:	14 15 16
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
4 Date of Crash (mm dd yy)	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	0919
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.104524
22 Longitude	-74.219073

Vehicle 1

23 Veh #	1
24 Policy No.	612485058 206 1
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	SHULAMIS R GARBER
29 Sex	F
27 Number & Street	1360 E 10TH ST
28 City / State / Zip	BROOKLYN NY 11230
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	04 / I / - / - / NY
32 Driver's License Number	188874285
33 DOB (mm dd yyyy)	11/18/1970
34 Expires (mm yy)	11 28
35 Owner's First Name / Initial / Last Name	☐ Same As Driver SHULAMIS R GARBER
36 Number & Street	1360 E 10TH ST
37 City / State / Zip	BROOKLYN NY 11230
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / ROG / GRN / 2016 / V93RHV / NJ
44 VIN	5N1AT2MV9GC829411
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 2

53 Veh #	2
54 Policy No.	8705483
55 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SUSAN M SMITH ROONEY
59 Sex	F
57 Number & Street	27 ETON RD
58 City / State / Zip	TOMS RIVER NJ 08757
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	04 / D / - / - / NJ
62 Driver's License Number	S57787277456564
63 DOB (mm dd yyyy)	06/20/1956
64 Expires (mm yy)	06 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver SUSAN M SMITH ROONEY
66 Number & Street	27 ETON RD
67 City / State / Zip	TOMS RIVER NJ 08757
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	MERC / MAR - MA / GRY / 2010 / V29MSN / NJ
74 VIN	4M2CN8HG2AKJ19957
75 Expires	10 22
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - . %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	05	51	F	-	-	-	11	04	-	-	SHULAMIS R GARBER - 1360 E 10TH ST BROOKLYN NY 11230
B	V2	01	01	05	66	F	-	-	-	11	04	-	-	SUSAN M SMITH ROONEY - 27 ETON RD TOMS RIVER NJ 08757
C														
D														

New Jersey Police Crash Investigation Report

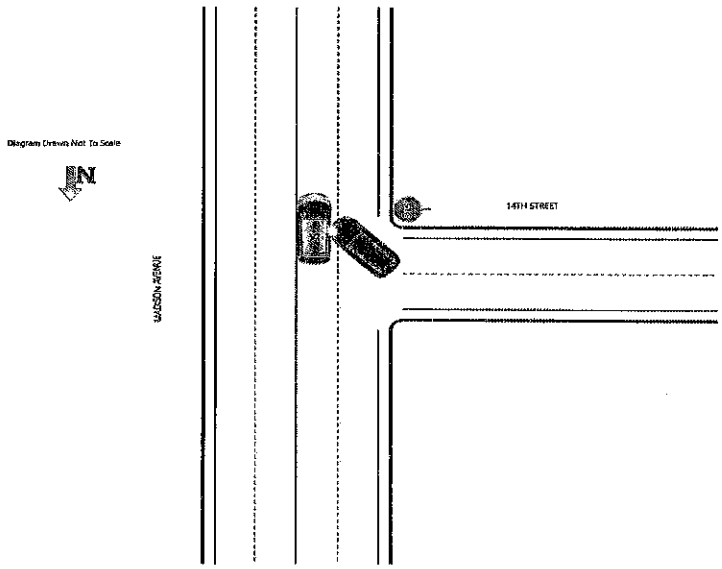
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071988

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED THAT SHE WAS STOPPED AT THE STOP SIGN ON 14TH STREET AT THE INTERSECTION OF ROUTE 9. D1 STATED THAT SHE CAME TO A COMPLETE STOP AND LOOKED BOTH WAYS AND NOTICED THAT V2 WAS CLOSER TO THE INTERSECTION OF COUNTY LINE ROAD AND ROUTE 9. AT THIS TIME, D1 STATED THAT WHILE SHE WAS MAKING A RIGHT TURN ONTO ROUTE 9 TO TRAVEL SOUTH BOUND, SHE STRUCK V2 WITH THE FRONT END OF HER VEHICLE.

D2 STATED THAT SHE WAS TRAVELING SOUTH BOUND ON ROUTE 9 IN THE LEFT LANE APPOARCHING THE INTERSECTION OF 14TH STREET. WHILE APPOARCHING THE INTERSECTION, D2 STATED THAT V1 MADE A WIDE RIGHT TURN FROM 14TH STREET. D2 STATED THAT SHE ATTEMPTED TO AVOID THE ACCIDENT, BUT WAS UNSUCCESSFUL, CAUSING HER TO BE STRUCK BY V1 ON THE PASSENGER SIDE DOOR OF HER VEHCILE.

UPON DOING MY INVESTIGATION, I PUT V1 AT FAULT FOR FAILING TO THE RIGHT AWAY OF ON COMING TRAFFIC, DUE TO HER HAVING A STOP SIGN, WHICH CAUSED HER TO CAUSE THE CRASH.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
HOURIGAN D	429	EM	288	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071999
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	MASSACHUSETTS AVE
Road Name	
Dir	-
11 Speed Limit	35
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ At Intersection With	PROSPECT
☐ Feet / ☐ Miles	-
☐ N ☐ E / ☐ S ☐ W of:	
14	15
16	
17 Cross Road Name	
19 Ramp ☐ To / ☐ From:	-
20 Route/Name	
☐ NB ☐ EB / ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1013
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.073333
22 Longitude	-74.227225

Vehicle 1

23 Veh #	1
24 Policy No.	939 704 666
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	AVROHOM E LURIE -
29 Sex	M
27 Number & Street	57 BIRCH ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	L93670716510702
33 DOB mm dd yyyy	10/29/1970
34 Expires mm yy	10 24
35 Owner's First Name / Initial / Last Name	☐ Same As Driver AVROHOM E LURIE -
36 Number & Street	57 BIRCH ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / EXP - EX / WHI / 2014 / S86JHX / NJ
44 VIN	1GBWGRFA3E1144027
45 Expires	10 22
46 Vehicle Removed To	HESHY'S
☐ 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.	939 925 022
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PAUL H TANNURA -
59 Sex	F
57 Number & Street	11 JEAN RD
58 City / State / Zip	E BRUNSWICK NJ 08816
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 / D / - / - / NJ
62 Driver's License Number	T04606196861442
63 DOB mm dd yyyy	11/23/1944
64 Expires mm yy	11 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PAUL H TANNURA -
66 Number & Street	11 JEAN RD
67 City / State / Zip	E BRUNSWICK NJ 08816
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	NISS / ALT - AL / SIL / 2020 / L15HXH / NJ
74 VIN	1N4BL4CV3LN303222
75 Expires	06 23
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	M	-	-	-	11	04	-	-	AVROHOM E LURIE - 57 BIRCH ST LAKEWOOD NJ 08701
B	02	01	01	05	77	F	-	-	-	11	11	04	-	PAUL H TANNURA - 11 JEAN RD E BRUNSWICK NJ 08816
C														
D														

New Jersey Police Crash Investigation Report

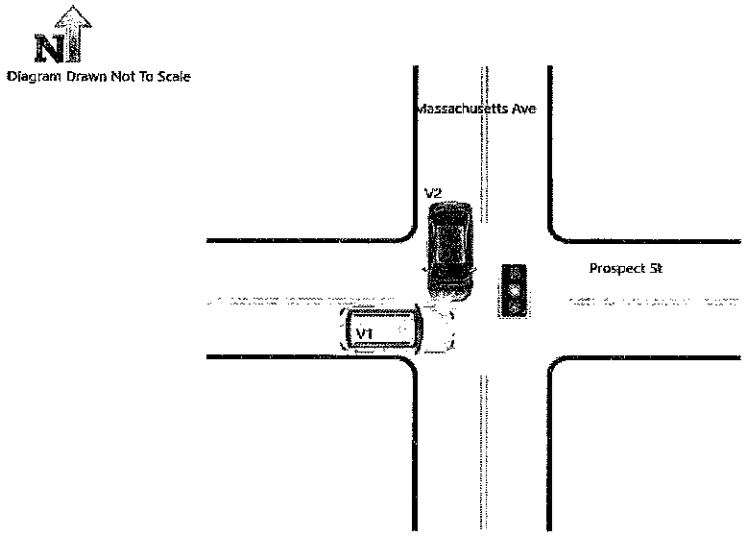
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071999

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Vehicle 1 was traveling Eastbound on Prospect St, went through a red light at Prospect St and Massachusetts Ave, and crashed with vehicle 2 which was traveling Southbound on Massachusetts Ave.

Driver 1 stated he was traveling Eastbound on Prospect St. As he approached the intersection of Massachusetts and Prospect he noticed that Vehicle 2 was traveling southbound through the intersection. He did not know why Vehicle 2 was doing this at the time and the vehicles subsequently crashed. Driver 1 was unaware that the traffic light in question had changed and that he had a red light.

Driver 2 stated he was traveling Southbound on Massachusetts Ave when he crashed with vehicle 1 in the intersection of Massachusetts and Prospect. Driver 2 said that he had a green light.

There were no injuries reported on scene. Vehicle 1 was disabled due to heavy damage to its front bumper. Vehicle 2 was disabled due to moderate damage to its front bumper and air bag deployment.

Based on my observations and speaking with both drivers, I determined that driver 1 was at fault for failing to obey the traffic signal.

It should be noted that the traffic light at Prospect and Massachusetts had just changed recently from a flashing light to a normal cycling light.

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

Field	Value
1 Case Number	22-072093
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1805
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	PINE STREET
11 Speed Limit	40
12 Route No. / Suffix / 13 Milepost	- - -
☒ At Intersection With	WASHINGTON STREET
16 Speed Limit	35
17 Cross Road Name	
19 Ramp To/From	-
20 Route/Name	
21 Latitude	40.075369
22 Longitude	-74.206250

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

Right margin codes: 118a 25; 118b -; 119a 08; 119b -; 120a 01; 120b 01; 121a 01; 121b 01; 122 01; 123 03; 124 04; 125 08; 126a 26; 126b -; 126c -; 126d -; 126e 26; 127a 26; 127b -; 127c -; 127d -; 127e 26; 128 26; 129 12; 130 11; 131 11; 132 11; 133 03; 134 04

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	939673027	2006186394
NJ Ins. Code	054	233
Driver's First Name / Initial / Last Name	AVITAL R COHEN -	SHARON B APPLEGRAD -
Sex	F	F
Number & Street	355 GRANDE RIVER BLVD	23 WASHINGTON AVE
City / State / Zip	TOMS RIVER NJ 08755	LAKEWOOD NJ 08701
Eyes	2	6
DL Class	D	D
Restrictions	-	-
Endorsements	-	-
State	NJ	NJ
Driver's License Number	C61610717955892	A70927036255556
DOB	05/28/1989	05/23/1955
Expires (mm yy)	05 23	05 25
Owner's First Name / Initial / Last Name	JACOB - COHEN -	YAAKOV Z APPLEGRAD -
Owner Number & Street	355 GRANDE RIVER BLVD	23 WASHINGTON AVE
Owner City / State / Zip	TOMS RIVER NJ 08755	LAKEWOOD NJ 08701
Make	INFI	SUBA
Model	FX3	CRO
Color	SIL	SIL
Year	2007	2019
Plate No.	N93LRT	K14LYA
State	NJ	NJ
VIN	JNRAS08W17X206114	JF2GTANC4K8385731
Expires	08 23	10 22
Vehicle Removed To		TILTON'S AUTO BODY
Removal	☒ Driven	☒ Towed Disabled
Authority	☒ Owner	☒ Owner
Alcohol/Drug Test Given	☒ No	☒ No
Results	0. - %	0. - %
Hazardous Material	☒ None	☒ None
Carrier No.	☒ None	☒ None
GVWR/GCWR		
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- - -	- - -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	33	F	-	-	-	11	04	-	-	AVITAL R COHEN - 355 GRANDE RIVER BLVI TOMS RIVER NJ 08755
B	01	04	01	05	04	F	-	-	-	05	05	-	-	AHUVA COHEN 355 GRANDE RIVER BL TOMS RIVER NJ 08755
C	01	05	01	03	06	F	02	05	-	04	04	-	-	SARA COHEN 355 GRANDE RIVER BL TOMS RIVER NJ 08755
D	01	06	02	05	02	M	-	-	-	05	05	-	-	AARON COHEN 355 GRANDE RIVER BL TOMS RIVER NJ 08755

New Jersey Police Crash Investigation Report

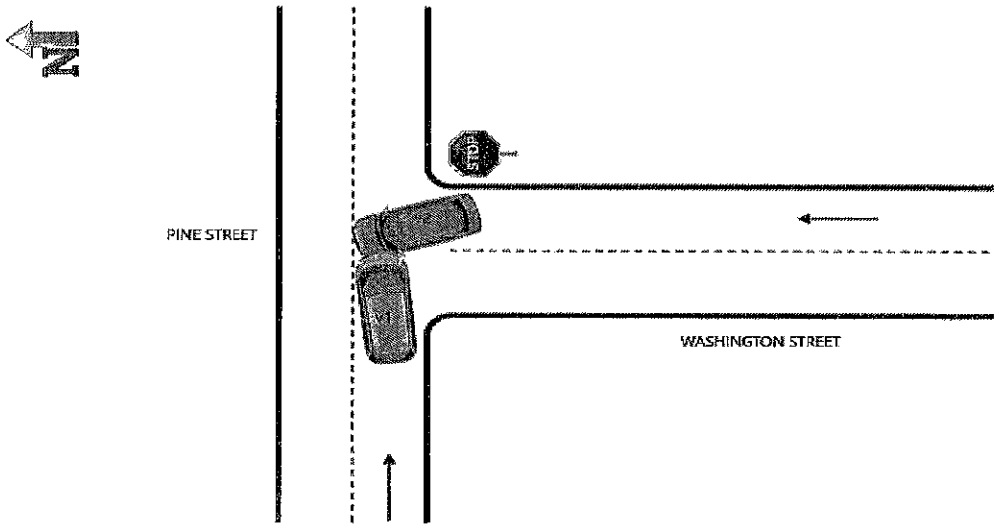
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072093

(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 Depot	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	02	01	01	05	67	F	-	-	-	11	04	-	-	SHARON B APPLEGRAD - 23 WASHINGTON AVE LAKEWOOD NJ 08701
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

THE DRIVER OF VEHICLE 1 STATED SHE WAS TRAVELING EAST BOUND ON PINE STREET AT 30-35 MPH WHEN VEHICLE 2 MADE A LEFT TURN IN FRONT OF VEHICLE 1. SHE SWERVED TO THE RIGHT, BUT WAS UNABLE TO AVOID A COLLISION.

THE DRIVER OF VEHICLE 2 STATED SHE WAS ATTEMPTING TO MAKE A LEFT TURN ONTO PINE STREET WHEN SHE WAS STRUCK BY VEHICLE 1. SHE ALSO BELIEVES VEHICLE 1 WAS SPEEDING.

THIS INVESTIGATION DETERMINED VEHICLE 1 WAS TRAVELING EAST ON PINE STREET AT OR BELOW THE 40 MPH SPEED LIMIT AND VEHICLE 2 WAS TRAVELING NORTH ON WASHINGTON STREET. VEHICLE 2 FAILED TO STOP OR YIELD AT A STOP SIGN AT THE INTERSECTION WITH PINE STREET AND THEN MADE A UNSAFE LEFT TURN.

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

1 Case Number	22-072107
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	9TH ST
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
	CLIFTON AVE
11 Speed Limit	35
Dir	-
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/13/22
5 Day Of Week	TUESDAY
6 Time (use 2400 hrs)	1933
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	-
21 Latitude	40.098987
22 Longitude	-74.215907

Vehicle 1

23 Veh #	1
24 Policy No.	F10469250-4
25 NJ Ins. Code	426
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JAID - MERCADO
29 Sex	-
27 Number & Street	488 MASSACHUSETTS AVE; APT 5
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	BR - - -
31 State	-
32 Driver's License Number	-
33 DOB mm dd yyyy	02/09/2005
34 Expires mm yy	- -
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ZAIRE I COREASLOPEZ
36 Number & Street	119 WINDWARD DR
37 City / State / Zip	BARNEGAT NJ 08005
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT CAM BLK 2009 A43RHF NJ
44 VIN	4T1BE46K29U909093
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 - ☒ 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.	6102-50-99-54
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	YISROEL Y SEPTIMUS
59 Sex	M
57 Number & Street	12 HENRY ST
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	02 D - -
61 State	NJ
62 Driver's License Number	S26367908810982
63 DOB mm dd yyyy	10/16/1998
64 Expires mm yy	10 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver YISROEL Y SEPTIMUS
66 Number & Street	12 HENRY ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM BLU 2017 D91PVX NJ
74 VIN	4T1BF1FK1HU392184
75 Expires	04 23
76 Vehicle Removed To	YITZ TOWING
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - - Hazard Class / Placard No.
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-10	1514-A-295225	-		-
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
-		-	-		-

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	17	F	-	-	-	11	04	-	-	JAID - MERCADO - 488 MASSACHUSETTS AV LAKEWOOD NJ 08701 - -
B	1	03	01	05	18	M	-	-	-	11	04	-	-	ZAIRE I COREASLOPEZ - 119 WINDWARD DR BARNEGAT NJ 08005 - -
C	2	01	01	05	23	M	-	-	-	11	04	-	-	YISROEL Y SEPTIMUS - 12 HENRY ST LAKEWOOD NJ 08701 - -
D	2	03	01	05	22	F	-	-	-	11	04	-	-	LEAH - BERGER - 116 SOUTHFIELD DR LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

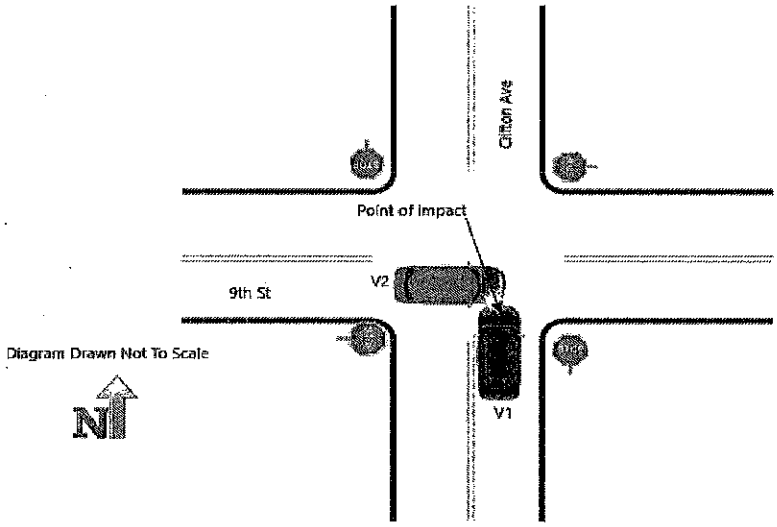
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072107

(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 traveling north bound through the intersection of Clifton Ave & 9th St when it struck V2 on the front passenger side of vehicle.

Driver 1 related she was traveling north bound on Clifton Ave approaching the intersection of Clifton Ave & 9th St. She stated she stopped at the stop sign looked both ways them proceed to drive straight. She stated she did not see v2 and struck V2 on the front passenger side of vehicle.

Driver 2 related he was traveling east bound on 9th St through the intersection of 9th St & Clifton Ave. He stated as he drove through the intersection V1 struck his vehicle on the front passenger side.

Based on statements made by the involved parties, my observation, and damages to the vehicles I determine driver of v1 is at fault for drivers inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CARRINGTON K	431	E. MIICK	307	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report

PAGE 1 OF 2 ☐ Fatal — ☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-053215
2 Police Dept of	LAKEWOOD TOWNSHIP F
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	07/08/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	1237
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
10 Crash Occurred On	S CLOVER STREET
Dir	S
11 Speed Limit	40
☒ At Intersection With / ☐ Feet / ☐ Miles	
of:	CEDARBRIDGE AVENUE
18 Speed Limit	50
12 Route No. / Suffix / 13 Milepost	
17 Cross Road Name	
19 Ramp ☐ To ☐ From	
20 Route/Name	
21 Latitude	40.082695
22 Longitude	-74.201449

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

Margin codes (right): 118a 25; 118b -; 119a 09; 119b 02; 120a 01; 120b 01; 121a 00; 121b 00; 122 08; 123 01; 124 03; 125 03; 126a 26; 126b -; 126c -; 126d -; 126e 26; 127a 26; 127b -; 127c -; 127d -; 127e 26; 128 26; 129 07; 130 07; 131 00; 132 00; 133 03; 134 00

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	5129J 011219	
NJ Ins. Code	917	
Parked / Ped / Pedalcyclist / Resp To Emergency / Hit & Run	☒ Hit & Run	☐
Driver's First Name / Initial / Last Name	ISREAL - POMERANTZ -	00 OO
Sex	M	U
Number & Street	39 AROSA HILL	OO
City / State / Zip	LAKEWOOD NJ 08701	OO UN OO
Eyes	4	OO
DL Class	D	OO
Restrictions	-	OO
Endorsements	-	OO
State	NY	UN
Driver's License Number	934428413	OO
DOB	07/01/1998	OO
Expires (mm yy)	07 28	OO OO
Owner's First Name / Initial / Last Name	ISREAL - POMERANTZ -	ANTONIO A HUERTA -
Same As Driver	☐	☐
Owner Number & Street	39 AROSA HILL	2 ARDMORE ST ;B
Owner City / State / Zip	LAKEWOOD NJ 08701	WHITING NJ 08759
Make	HYUN	CHRY
Model	SON	TWC
Color	BLK	BLK
Year	2020	2007
Plate No.	X25NTA	F95NPD
State	NJ	NJ
VIN	5NPEH4J27LH007427	2A8GP64L37R267580
Expires	06 24	05 23
Vehicle Removed To	☒ Driven	☒ Driven
Authority	☒ Owner	☐
Alcohol/Drug Test Given	☒ No	☒ No
Results	0. - %	0. - %
Hazardous Material	☒ None	☒ None
Carrier No.	☒ None	☒ None
GVWR/GCWR		
Motor Carrier or Government Entity		

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

Oper.	Charge	Summons No.
1		-
2		PENDING

	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	04	24	M	06	08	01	11	04	-	-	ISREAL - POMERANTZ - 39 AROSA HILL LAKEWOOD NJ 08701
B	2	00	00	-	00	U	00	00	-	00	00	-	-	00 00 00 00 UN 00
C														
D														

New Jersey Police Crash Investigation Report

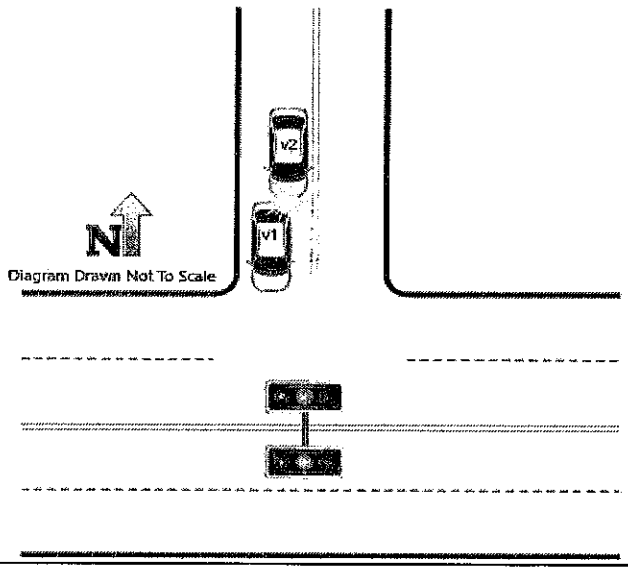
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-053215

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated he was stopped southbound on South Clover Street at the intersection of Cedarbridge Avenue when an unknown driver of vehicle 2 struck his vehicle from behind on the drivers side rear bumper before going around him and leaving the scene eastbound on Cedarbridge Avenue.

Driver of vehicle 1 stated suspect vehicle is a dark colored minivan possibly green bearing NJ/Registration F95NPD. The area was search which produced negative results however should have front end damage resulting from the crash.

At this time no summonses were issued and driver of vehicle 1 has a complaint of back pain however refused medical treatment.

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

1 Case Number: 22-053215	10 Crash Occurred On: S CLOVER ST	11 Speed Limit: 40	
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☐ At Intersection With / Road Name / Dir	12 Route No. / Suffix / 13 Milepost	18 Speed Limit: 50
3 Station/Precinct	☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W of: CEDARBRIDGE AVE	17 Cross Road Name	
	14 / 15 / 16	19 Ramp ☐ To ☐ From:	20 Route/Name
4 Date of Crash mm dd yy: 07/08/22	5 Day Of Week: FRIDAY	6 Time (use 2400 hrs): 1237	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude	22 Longitude

☐ NB ☐ EB ☐ SB ☐ WB

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: ISREAL	Initial: -	Last Name: POMERANTZ -	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		49 Hazardous Material		
Given: ☐ No ☐ Yes ☐ Refused		☐ None ☐ On Board ☐ Spill		
Type: ☐ Breath ☐ Blood ☐ Urine		Hazard Class / Placard No.		
Results: 0. % ☐ Pending				
50 Carrier No.		51 GVWR/GCWR		
☐ USDOT ☐ None		☐ Weight <= 10,000 lbs		
☐ MC/MX		☐ 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.: 112 1744-A27-30E	55 NJ Ins. Code: 896		
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run				
56 Driver's First Name: ANTONIO	Initial: A	Last Name: HUERTA-CLARA -	59 Sex: M	
57 Number & Street: 454 PROSPECT ST; 1				
58 City: LAKEWOOD	State: NJ	Zip: 08701		
60 Eyes: 2	DL Class: I	Restrictions: -	Endorsements: -	61 State: NJ
62 Driver's License Number: H91190540006862	63 DOB mm dd yyyy: 06/18/1986	64 Expires mm yy: - -		
65 Owner's First Name: ANTONIO	Initial: A	Last Name: HUERTA -		
☐ Same As Driver				
66 Number & Street: 2 ARDMORE ST ;B				
67 City: WHITING	State: NJ	Zip: 08759		
68 Make: CHRY	69 Model: TWC	70 Color: BLK	71 Year: 2007	72 Plate No.: F95NPD / 73 State: NJ
74 VIN: 2A8GP64L37R267580	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		79 Hazardous Material		
Given: ☒ No ☐ Yes ☐ Refused		☒ None ☐ On Board ☐ Spill		
Type: ☐ Breath ☐ Blood ☐ Urine		Hazard Class / Placard No.		
Results: 0. - % ☐ Pending				
80 Carrier No.		81 GVWR/GCWR		
☐ USDOT ☐ None		☐ Weight <= 10,000 lbs		
☐ MC/MX		☐ Weight 10,001-26,000 lbs		
		☐ Weight >= 26,001 lbs		
82 Motor Carrier or Government Entity				
Number & Street				
City	State	Zip		

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
			2	39:3-10	291630
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	2	01	01	05	36	M	-	-	-	11	04	-	-	ANTONIO A HUERTA-CLARA - 454 PROSPECT ST; 1 LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-053215

(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 FOLLOWING BOXES WERE ADDED:
BOXES 53-64: DRIVER INFORMATION AND INSURANCE ADDED
BOXES 65-75: VEHICLE INFORMATION WAS ADDED
BOXES 76-77: DRIVER LEFT SCENE WITH VEHICLE
BOXES 83-95 COLUMN B INFORMATION ADDED

BOXES 109, 111, 117, 119A, 119B, 121A, 121B, 123, 125, 127A, 127E, 128, 131, 132, 134: INFO ADDED

D2 STATED HE WAS TRAVELING SOUTH ON S CLOVER ST. D2 STATED HIS VEHICLE SLID AND STRUCK V1 THAT WAS IN FRONT OF HIM. D2 STATED HE GOT SCARED AND LEFT.

D2 WAS ISSUED A SUMMONS FOR BEING A UNLICENSED DRIVER 39:3-10.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL. D. MERCADO	370	LT. MARSHALL	276	☐ Pending ☒ Complete

☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-069302
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/03/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0249
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	STATE HWY 70 E
Dir	E
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
At Intersection With	☐
14 / 15 / 16	20 ☒ Feet ☐ Miles ☐ N ☐ E ☐ S ☒ W of:
17 Cross Road Name	SHORROCK ST
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.055556
22 Longitude	-74.161005

Left margin codes: 96: 02; 97: 01; 98: 07; 99: 02; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 3; 105: 03; 106: -; 107: -; 108: 01; 109: 04; 110: 01; 111: 01; 112: -; 113: -; 114: -; 115: -; 116: 02; 117: 01

Right margin codes: 118a: 78; 118b: -; 119a: 25; 119b: -; 120a: 00; 120b: -; 121a: 01; 121b: -; 122: 01; 123: 08; 124: 04; 125: 03; 126a: 05; 126b: 56; 126c: 26; 126d: -; 126e: 26; 127a: 26; 127b: 26; 127c: -; 127d: -; 127e: 26; 128: 26; 129: 12; 130: 12; 131: 07; 132: 07; 133: 04; 134: 04

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	04896 72 40G 7101 2	932866818
NJ Ins. Code	200	134
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☒ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name	00	SANDRA L MACEJAK -
Sex		F
Number & Street		820 DONEGAL COURT
City / State / Zip		TOMS RIVER NJ 08753
Eyes / DL Class / Restrictions / Endorsements		6 / D / - / -
State		NJ
Driver's License Number		M00386897352906
DOB		02/06/1990
Expires		02 23
Owner's First Name / Initial / Last Name	☐ Same As Driver — CYNTHIA M ADELHOCK -	☐ Same As Driver — SANDRA L MACEJAK -
Number & Street	2416 WATERS EDGE DR.	820 DONEGAL COURT
City / State / Zip	TOMS RIVER NJ 08753	TOMS RIVER NJ 08753
Make	HYUN	SUBA
Model	SON	FOR - FO
Color	GRY	WHI
Year	2018	2018
Plate No.	J27NUJ	G69MMT
State	NJ	NJ
VIN	5NPE34AF2JH723733	JF2SJAEC7JH405484
Expires	06 23	05 23
Vehicle Removed To	BARINA'S AUTOMOTIVE	BARINA'S AUTOMOTIVE
Removal	☐ Driven ☐ Towed Disabled ☒ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority	☐ Owner ☐ Driver ☒ Police	☐ Owner ☐ Driver ☒ Police
Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No.	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☒ None
GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity	-	-
Number & Street	-	-
City / State / Zip	- / - / -	- / - / -

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

-

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	00	00	-	-	U	00	00	00	11	11	04		00 - - - / - - - - - -
B	2	01	01	05	32	F	-	-	-	11	04	-	-	SANDRA L MACEJAK - / 820 DONEGAL COURT TOMS RIVER NJ 08753 - -
C	2	03	01	05	31	M	-	-	-	11	-			JOHN C FINCHER - / 300 ESSEX DR BRICK NJ 08723 - -
D	3	01	01	05	41	M	-	-	-	11	04	-	-	MATTHEW J HITCHENS - / 377 VETERANS BLVD BAYVILLE NJ 08721 - -

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-069302
2 Police Dept of / Code	LAKEWOOD TOWNSHIP F / 01
3 Station/Precinct	-
4 Date of Crash	09/03/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0249
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On (Road Name)	STATE HWY 70 E
Dir	E
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	20
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☒ W of:
17 Cross Road Name	SHORROCK ST
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	40.055556
22 Longitude	-74.161005

Left margin codes: 96 02; 97 01; 98 07; 99 02; 100a 01; 100b 04; 101 02; 102 01; 103 01; 104 3; 105 03; 106 -; 107 -; 108 PCAI; 109 -; 110 01; 111 -; 112 -; 113 -; 114 -; 115 -; 116 01; 117 -

Right margin codes: 118a 25; 118b -; 119a -; 119b -; 120a 01; 120b -; 121a -; 121b -; 122 08; 123 -; 124 03; 125 -; 126a 26; 126b 26; 126c -; 126d -; 126e 26; 127a -; 127b -; 127c -; 127d -; 127e -; 128 26; 129 07; 130 07; 131 -; 132 -; 133 03; 134 -

Field	Vehicle 1 (23 Veh # 3)	Vehicle 2 (53 Veh # -)
Policy No. (24/54)	F278394-2	-
NJ Ins. Code (25/55)	426	-
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
Driver's First Name / Initial / Last Name (26/56)	MATTHEW J HITCHENS -	- - - -
Sex (29/59)	M	-
Number & Street (27/57)	377 VETERANS BLVD	-
City / State / Zip (28/58)	BAYVILLE NJ 08721	- - -
Eyes (30/60)	2	-
DL Class	A	-
Restrictions	-	-
Endorsements	-	-
State (31/61)	NJ	-
Driver's License Number (32/62)	H46905297103812	-
DOB (33/63)	03/02/1981	-
Expires (34/64)	03 26	- -
Owner's Name (35/65)	☐ Same As Driver MATTHEW J HITCHENS -	☐ Same As Driver - - - -
Number & Street (36/66)	377 VETERANS BLVD	-
City / State / Zip (37/67)	BAYVILLE NJ 08721	- - -
Make (38/68)	DODG	-
Model (39/69)	CHA	-
Color (40/70)	ONG	-
Year (41/71)	2011	-
Plate No. (42/72)	W84KLB	-
State (43/73)	NJ	-
VIN (44/74)	2B3CJ4DG8BH513778	-
Expires (45/75)	08 23	- -
Vehicle Removed To (46/76)	-	-
Removal	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
Authority (47/77)	☒ Owner ☐ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
Alcohol/Drug Test (48/78)	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - % ☐ Pending
Hazardous Material (49/79)	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -	☐ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
Carrier No. (50/80)	☐ USDOT - ☐ MC/MX - ☒ None	☐ USDOT - ☐ MC/MX - ☐ None
GVWR/GCWR (51/81)	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
Motor Carrier or Government Entity (52/82)	-	-
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

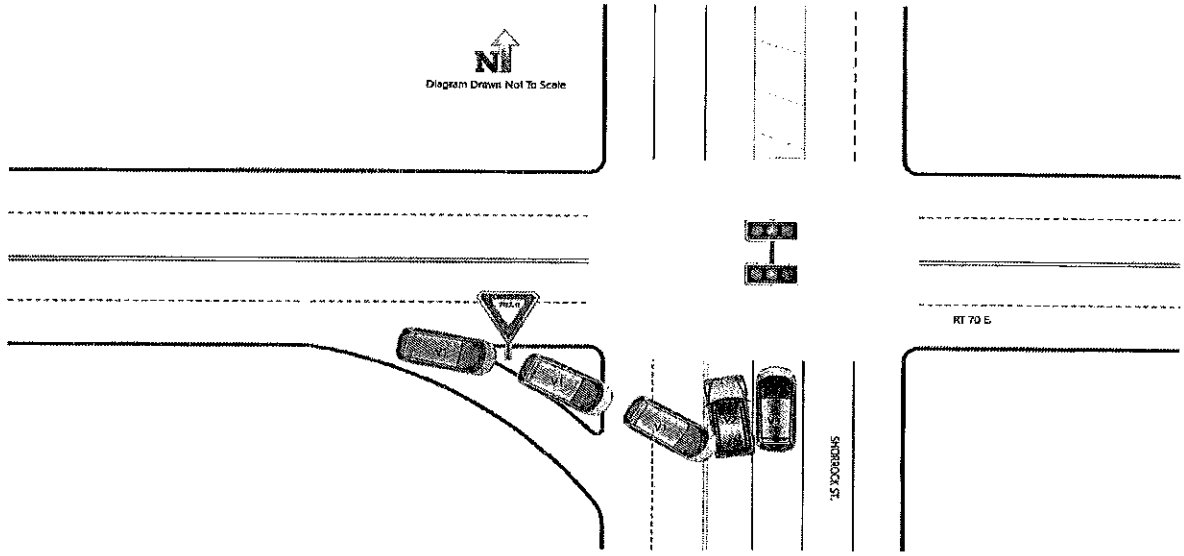
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-069302

(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

Vehicle 1 was traveling East on Rt. 70 towards the intersection of Shorrock St. Both Vehicle 2 and Vehicle 3 were at the intersection at a red light waiting for it to turn green in their favor. Vehicle 1 ran across the curb dividing the exit ramp from Rt. 70 onto Shorrock St. it collided with the side of Vehicle 2 causing it to then collide with Vehicle 3.

Both the driver of Vehicle 2 and Vehicle 3 stated that Vehicle 1 collided with them, causing the damage. The driver of Vehicle 1 was not on scene upon arrival. Both drivers stated he took off running. They described him as a thin build white male.

Vehicle 1 and Vehicle 2 were both towed off scene.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
DEBARTOLOMEIS D	406	SGT. M. LORENC	316	☒ Pending ☐ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

1 Case Number	22-069302
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	STATE HWY 70 E
E	
11 Speed Limit	50
0070 - -	12 Route No. Suffix 13 Milepost
☐ At Intersection With	Road Name
Dir	
18 Speed Limit	45
☒ Feet ☐ Miles	20
☐ N ☐ E ☐ S ☒ W	of: SHORROCK ST
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/03/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0249
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	-
22 Longitude	-

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	EVAN V ADELHOCK -
29 Sex	M
27 Number & Street	2416 WATERS EDGE DR.
28 City / State / Zip	TOMS RIVER NJ 08753
30 Eyes	2
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	A18172528507952
33 DOB mm dd yyyy	07/04/1995
34 Expires mm yy	07 24
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.	
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	SANDRA L MACEJAK -
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.
01	39:3-40	1514-A-295511	01	39:4-129	1514-A-295512
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	27	M	-	-	-	11	11	01	-	EVAN V ADELHOCK - 2416 WATERS EDGE DR. TOMS RIVER NJ 08753
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☐ Non-Reportable ☒ Change Report

Field	Value
1 Case Number	22-069302
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/03/22
5 Day Of Week	SATURDAY
6 Time (use 2400 hrs)	0249
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On: Road Name	STATE HWY 70 E
Dir	E
11 Speed Limit	50
12 Route No.	0070
Suffix	-
13 Milepost	-
☐ At Intersection With	
14	20
15	☒ Feet ☐ Miles
16	☐ N ☐ E ☐ S ☒ W
of: 17 Cross Road Name	SHORROCK ST
18 Speed Limit	45
19 Ramp	☐ To ☐ From: -
20 Route/Name	☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude	-
22 Longitude	-

Field	Vehicle	Vehicle
23 Veh # / 53 Veh #	3	
24 Policy No. / 54 Policy No.		
25 NJ Ins. Code / 55 NJ Ins. Code		
Status	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run
26 Driver's First Name / 56	MATTHEW	-
Initial	J	-
Last Name	HITCHENS -	- -
29 Sex / 59 Sex		
27 Number & Street / 57		
28 City, State, Zip / 58		
30 Eyes, DL Class, Restrictions, Endorsements / 60		
31 State / 61 State		
32 Driver's License Number / 62		
33 DOB (mm dd yyyy) / 63 DOB		
34 Expires (mm yy) / 64 Expires		
35 Owner's First Name, Initial, Last Name / 65	☐ Same As Driver	☐ Same As Driver
36 Number & Street / 66		
37 City, State, Zip / 67		
38 Make / 68 Make		
39 Model / 69 Model		
40 Color / 70 Color		
41 Year / 71 Year		
42 Plate No. / 72 Plate No.		
43 State / 73 State		
44 VIN / 74 VIN		
45 Expires / 75 Expires		
46 Vehicle Removed To / 76	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority / 77 Authority	☐ Owner ☐ Driver ☐ Police	☐ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test / 78	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. % ☐ Pending
49 Hazardous Material / 79	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No. / 80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None	☐ USDOT ☐ MC/MX ☐ None
51 GVWR/GCWR / 81	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity / 82		
Number & Street		
City, State, Zip		

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

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

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

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

118a 118b 119a 119b 120a 120b 121a 121b 122 123 124 125 126a 126b 126c 126d 126e 127a 127b 127c 127d 127e 128 129 130 131 132 133 134

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-069302

(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

On 09/12/2022, Driver of V1 responded to police headquarters and advised that he was operating V1 and was involved in the crash. He stated that he was going too fast and was unable to maintain his lane as he was turning onto Shorrock St from State Highway 70. Driver of V1 advised he was not injured and left the vehicle on scene. Driver of V1 left the scene on foot and failed to report the crash.

Driver of V1 was issued summons for Driving While Suspended 39:3-40 and Leaving the Scene of an Accident 39:4-129.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
PTL STEPHEN MEYER	350	LT. MARSHALL	276	☐ Pending ☒ Complete

PAGE 1 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072344
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	HOLLY ST
At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	
13 Milepost	-
18 Speed Limit	35
☒ Feet ☐ Miles	100
☒ N ☐ E ☐ S ☐ W of:	OCEAN AVE
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1613
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090664
22 Longitude	-74.198318

Vehicle 1

23 Veh #	1
24 Policy No.	SELF INSURED
25 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name	JOSHUA
Initial	-
Last Name	GELB
29 Sex	M
27 Number & Street	842 LUBLIN TER
28 City	LAKEWOOD
State	NJ
Zip	08701
30 Eyes	6
DL Class	D
Restrictions	-
Endorsements	-
31 State	NJ
32 Driver's License Number	G23544110005916
33 DOB mm dd yyyy	05/20/1991
34 Expires mm yy	05 25
35 Owner's First Name	HERTZ VEHICLES
Initial	-
Last Name	LLC
☐ Same As Driver	
36 Number & Street	900 DOREMUS AVE
37 City	PT NEWARK
State	NJ
Zip	07114
38 Make	FORD
39 Model	MUS
40 Color	-
41 Year	2021
42 Plate No.	KMA8123
43 State	NY
44 VIN	1FATP8UH2M5124969
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.	939582930
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	SHNEUR
Initial	-
Last Name	OLSHIN
☐ Same As Driver	
66 Number & Street	8 REGAL CT
67 City	LAKEWOOD
State	NJ
Zip	08701
68 Make	TOYT
69 Model	CAM
70 Color	GRY
71 Year	2018
72 Plate No.	R74PCZ
73 State	NJ
74 VIN	4T1B11HK3JU675543
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.
01	39:4-97	A295381	-		-
-		-	-		-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	31	M	-	-	-	11	11	01	-	JOSHUA - GELB - 842 LUBLIN TER LAKEWOOD NJ 08701
B														
C														
D														

PAGE 2 OF 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072344
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	HOLLY ST
☐ At Intersection With	
☒ Feet	100
☐ Miles	
Road Name	
Dir	
☒ N ☐ E ☐ S ☐ W of:	OCEAN AVE
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	35
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1613
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090664
22 Longitude	-74.198318

Vehicle 1

23 Veh #	3
24 Policy No.	4592661187
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 / Initial / Last Name	☐ Same As Driver DAVID - CAHN
36 Number & Street	506 RIDGE CT
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	GEN V80 BLK 2022 D16PKW NJ
44 VIN	KMUHCESC4NU082570
45 Expires	12 25
46 Vehicle Removed To	-
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class: Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

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

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

Oper.	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														

96	05
97	01
98	01
99	07
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	01
117	-
118a	-
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	12
130	12
131	-
132	-
133	03
134	-

New Jersey Police Crash Investigation Report

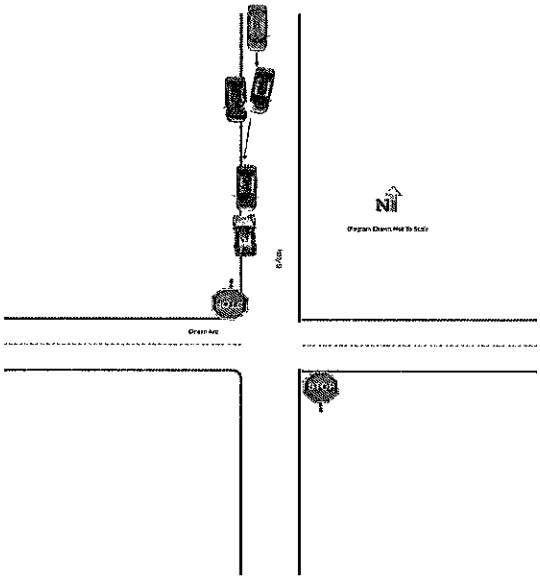
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072344

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was traveling South bound on Holly Street and the street had cars parked along side of it and multiple vehicle were traveling in the opposite direction. Driver 1 stated he moved his vehicle to the right in order to avoid the traffic when he struck vehicle 2(parked). After he struck vehicle 2 he couldn't recall what happened and he struck the front end of vehicle 3(parked).

Vehicle 1 sustained heavy damage to the front hood, front bumper and front right wheel area and was left parked on the side of the roadway.

Vehicle 2 sustained moderate damage to the driver side of the vehicle and was left parked on the side of the roadway in front of the repair shop, World Class Collision. The owner of the repair shop was notifying the owner of vehicle 2 that it was involved in a crash.

Vehicle 3 sustained moderate damage to the front bumper of the area and was left parked on the side of the roadway in front of the repair shop, World Class Collision. The owner of vehicle 3 arrived on scene and was notified of the crash.

No injuries were reported.

After talking with driver 1 I determined that he was at fault for the crash due to him striking two parked vehicles.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
BYLSMA A	432	JP	290	☐ Pending ☒ Complete

 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

Field	Value
1 Case Number	22-072386
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1917
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	RIVER AVE
11 Speed Limit	50
12 Route No.	0009
13 Milepost	
☒ At Intersection With	OAK ST
17 Cross Road Name	
18 Speed Limit	35
21 Latitude	40.066950
22 Longitude	-74.218552

Left margin codes: 96: 05; 97: 01; 98: 07; 99: 02; 100a: 01; 100b: 04; 101: 02; 102: 01; 103: 01; 104: 2; 105: 07; 106: -; 107: 00; 108: 01; 109: 00; 110: 01; 111: 00; 112: -; 113: 00; 114: -; 115: 00; 116: 03; 117: 04

Right margin codes: 118a: 25; 118b: -; 119a: 00; 119b: 00; 120a: 01; 120b: 01; 121a: 00; 121b: 00; 122: 01; 123: 03; 124: 04; 125: 08; 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: 02; 134: 00

Field	Vehicle 1	Vehicle 2
Veh #	1	2
Policy No.	937040198	
NJ Ins. Code	134	
Status		☒ Hit & Run
Driver's First Name / Initial / Last Name	SHAKIMA S REEVES -	
Sex	F	
Number & Street	402 PROSPECT STREET APT 6	
City / State / Zip	LAKEWOOD NJ 08701	
Eyes	1	
DL Class	D	
Restrictions	-	
Endorsements	-	
State	NJ	
Driver's License Number	R22007038262811	
DOB	12/02/1981	
Expires (mm yy)	12 22	
Owner's First Name / Initial / Last Name	☐ Same As Driver; SHAKIMA S REEVES -	☐ Same As Driver
Owner Number & Street	402 PROSPECT STREET APT 6	
Owner City / State / Zip	LAKEWOOD NJ 08701	
Make	TOYT	
Model	AVA	
Color	WHI	
Year	2006	
Plate No.	R47HWK	
State	NJ	
VIN	4T1BK36B06U155111	
Expires	06 23	
Vehicle Removed To	☒ Driven	☒ Driven
Authority	☒ Driver	☒ Driver
Alcohol/Drug Test Given	☒ No	☒ No
Results	0. - %	0. - %
Hazardous Material	☒ None	☒ None
Carrier No.	☒ None	☒ None
GVWR/GCWR		
Motor Carrier or Government Entity		

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	F	-	-	-	11	04	-	-	SHAKIMA S REEVES - 402 PROSPECT STREET A LAKEWOOD NJ 08701
B														
C														
D														

New Jersey Police Crash Investigation Report

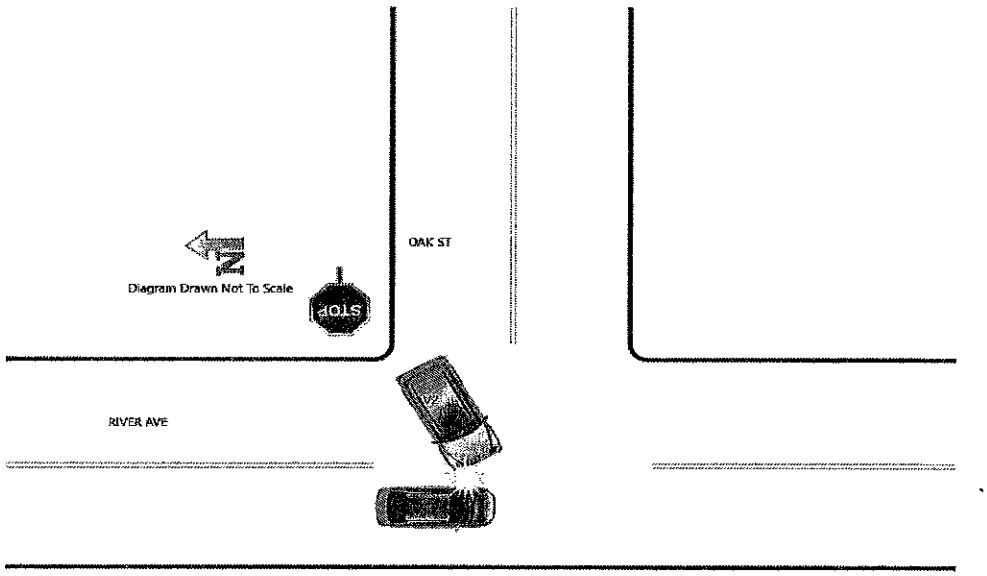
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072386

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of vehicle 1 stated she was Southbound on River Ave. She stated as she was approaching the intersection of Oak St, vehicle 2 attempted to make a left turn onto River Ave to go Southbound but crashed into the side of her vehicle. She stated the driver of vehicle 2 got out of the vehicle and advised her not to call the police because he was drunk. She stated he then walked North on River AVE and the front passenger got into the driver seat and drove the vehicle away.

Vehicle 2 is described as a white Haul van. It should be noted driver 1 was able to take a picture of vehicle 2's license plate but due to the quality I was unable to get a license plate number. The picture of vehicle 2's license plate was attached to this call.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072585
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	--
4 Date of Crash (mm dd yy)	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1508
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On:	WILLIAMS ST
At Intersection With	
Road Name	
Dir	
☒ Feet ☐ Miles	75
☐ N ☐ E ☒ S ☐ W	
of:	JAMES ST
11 Speed Limit	25
12 Route No.	
Suffix	
13 Milepost	
16 Speed Limit	40
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.079689
22 Longitude	-74.220761

Vehicle 1

23 Veh #	1
24 Policy No.	BA 2997BD
25 NJ Ins. Code	149
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELIZABETH - TAYLOR
29 Sex	F
27 Number & Street	316 UNION AVE
28 City / State / Zip	LAKEHURST NJ 08733
30 Eyes / DL Class / Restrictions / Endorsements	05 / B / - / -
31 State	NJ
32 Driver's License Number	T09642120054715
33 DOB (mm dd yyyy)	04/08/1971
34 Expires (mm yy)	04 24
35 Owner's First Name / Initial / Last Name	Same As Driver . - JAYS BUS SERVICE -
36 Number & Street	672 CROSS ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	IC / 202 / YEL / 2015 / E300S1 / NJ
44 VIN	4DRBUC8P0FB640542
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.	6083755392061
55 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PENINA - BUSEL
59 Sex	F
57 Number & Street	501 FOREST AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NJ
62 Driver's License Number	B94326230054994
63 DOB (mm dd yyyy)	04/29/1999
64 Expires (mm yy)	04 25
65 Owner's First Name / Initial / Last Name	Same As Driver YISROEL C BUSEL -
66 Number & Street	501 FOREST AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / GRY / 2017 / T64MZN / NJ
74 VIN	4T1BF1FK8HU790427
75 Expires	02 23
76 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill Hazard Class / Placard No.
80 Carrier No.	☐ USDOT ☒ None ☐ MC/MX
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	51	F	-	-	-	11	04	-	-	ELIZABETH - TAYLOR - 316 UNION AVE LAKEHURST NJ 08733
B	02	01	01	05	23	F	-	-	-	11	04	-	-	PENINA - BUSEL - 501 FOREST AVE LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

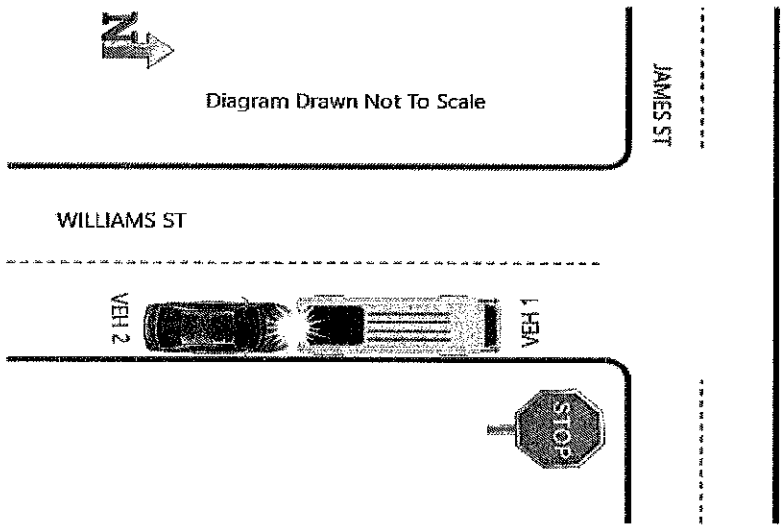
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: -- Case No: 22-072585

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEH 1 STATED SHE WAS TRAVELING NORTH ON WILLIAMS STREET APPROACHING JAMES AND WAS STOPPED IN TRAFFIC WHEN STRUCK IN THE REAR BY VEH 2.

DRIVER 2 STATED SHE WAS TRAVELING NORTH ON WILLIAMS STREET APROACHING JAMES STREET, BEHIND VEH 1 IN HEAVY STOP AND GO TRAFFIC. DRIVER 2 SAID SHE ACCIDENTALLY TOOK HER FOOT OF THE BRAKE THINKING TRAFFIC WAS MOVING AND ROLLED INTO THE REAR OF 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	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072590
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	N LAKE DR
At Intersection With	☐
Road Name	N LAKE DR
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	-
18 Speed Limit	40
☒ Feet ☐ Miles	500
☐ N ☒ E ☐ S ☐ W of:	HOPE CHAPEL RD
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1522
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
20 Route/Name	
21 Latitude	40.104285
22 Longitude	-74.244469

Vehicle 1

23 Veh #	1
24 Policy No.	6031678132061
25 NJ Ins. Code	884
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ELEMELECH G TRESS -
29 Sex	M
27 Number & Street	1 GRASSMERE ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	T73562046702772
33 DOB mm dd yyyy	02/01/1977
34 Expires mm yy	02 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ELEMELECH G TRESS -
36 Number & Street	1 GRASSMERE ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / CAM / BLU / 2009 / V10KZT / NJ
44 VIN	4T1BE46K89U290399
45 Expires	02 21
46 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	03312 57 82R 7101
55 NJ Ins. Code	201
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	PATRICE A RIDDLE-MCDOW -
59 Sex	F
57 Number & Street	6 DRIFTWOOD DR
58 City / State / Zip	HOWELL NJ 07731
60 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
61 State	NJ
62 Driver's License Number	R41266176162772
63 DOB mm dd yyyy	12/10/1977
64 Expires mm yy	12 22
65 Owner's First Name / Initial / Last Name	☐ Same As Driver PATRICE A RIDDLE-MCDOW -
66 Number & Street	6 DRIFTWOOD DR
67 City / State / Zip	HOWELL NJ 07731
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / 4RU / SIL / 2016 / X70GZC / NJ
74 VIN	JTEBU5JR6G5355481
75 Expires	08 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:3-4	A295109	-		-
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	-	45	M	-	-	-	11	04	-	-	ELEMELECH G TRESS - 1 GRASSMERE ST LAKEWOOD NJ 08701 - -
B	2	01	01	04	44	F	06	08	01	11	04	-	-	PATRICE A RIDDLE-MCDOW - 6 DRIFTWOOD DR HOWELL NJ 07731 - -
C														
D														

New Jersey Police Crash Investigation Report

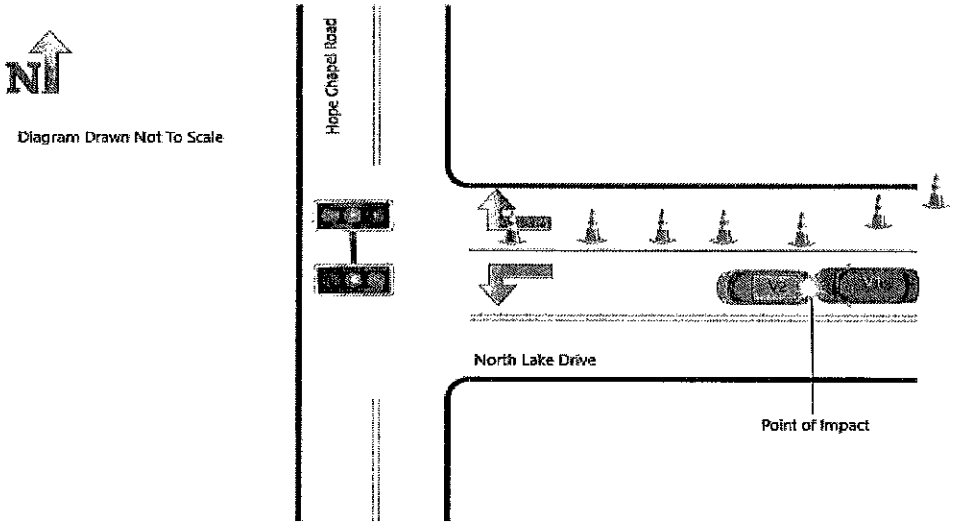
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072590

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 stated he was traveling west on North Lake Drive and the cars in front of him came to a stop for the red light that he observed. Driver of V1 stated he was not sure what happened and all of a sudden he crashed into V2.

Driver of V2 stated she was traveling west on North Lake Drive and stopping for the red light in traffic at Hope Chapel Road. She stated she came to a complete stop when V1 crashed into the rear of her vehicle.

Driver of V1 is at fault for following to closely behind V2.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
CONRAD M	389	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072634
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	MADISON AVENUE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
☐ At Intersection With	
☒ Feet / ☐ Miles	100
☐N ☐E of: ☒S ☐W	2ND STREET
19 Ramp ☐ To / ☐ From:	-
17 Cross Road Name	-
☐NB ☐EB ☐SB ☐WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1826
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.090921
22 Longitude	-74.216473

Vehicle 1

23 Veh #	1
24 Policy No.	L415620-21
25 NJ Ins. Code	263
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
26 Driver's First Name / Initial / Last Name	ALFONSO - REYESAPARICIO -
29 Sex	M
27 Number & Street	446 DRUM POINT RD
28 City / State / Zip	BRICK NJ 08723
30 Eyes / DL Class / Restrictions / Endorsements	1 / D / - / -
31 State	NJ
32 Driver's License Number	R29830200008791
33 DOB mm dd yyyy	08/01/1979
34 Expires mm yy	08 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver T C COWLEYS BUGOUT -
36 Number & Street	1145 STATE ROUTE 33
37 City / State / Zip	FARMINGDALE NJ 07727
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / TAC / WHI / 2020 / XJZU63 / NJ
44 VIN	3TYRX5GN0LT003777
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 ☒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.	4611-99-53-43
55 NJ Ins. Code	148
☐Parked ☐Ped ☐Pedalcyclist ☐Resp To Emergency ☐Hit & Run	
56 Driver's First Name / Initial / Last Name	MARK - NUSSBAUM -
59 Sex	M
57 Number & Street	36 AMSTERDAM AVE BSMT
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
61 State	NJ
62 Driver's License Number	N94555210002924
63 DOB mm dd yyyy	02/03/1992
64 Expires mm yy	02 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARK - NUSSBAUM -
66 Number & Street	36 AMSTERDAM AVE BSMT
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ACC / BLK / 2017 / A76LZW / NJ
74 VIN	1HGCR2F17HA182012
75 Expires	11 23
76 Vehicle Removed To	
☒Driven ☐Towed Disabled ☐Towed Disabled & Impounded ☐Left At Scene ☐Towed Impounded	
77 Authority	☒Owner ☐Driver ☐Police
78 Alcohol/Drug Test	Given: ☒No ☐Yes ☐Refused Type: ☐Breath ☐Blood ☐Urine Results: 0. - % ☐Pending
79 Hazardous Material	☒None ☐On Board ☐Spill Hazard Class / Placard No.
80 Carrier No.	☐USDOT ☒None ☐MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	01	01	01	05	43	M	-	-	-	11	04	-	-	ALFONSO - REYESAPARICIO - 446 DRUM POINT RD BRICK NJ 08723
B	02	01	01	05	30	M	-	-	-	11	04	-	-	MARK - NUSSBAUM - 36 AMSTERDAM AVE BSM LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

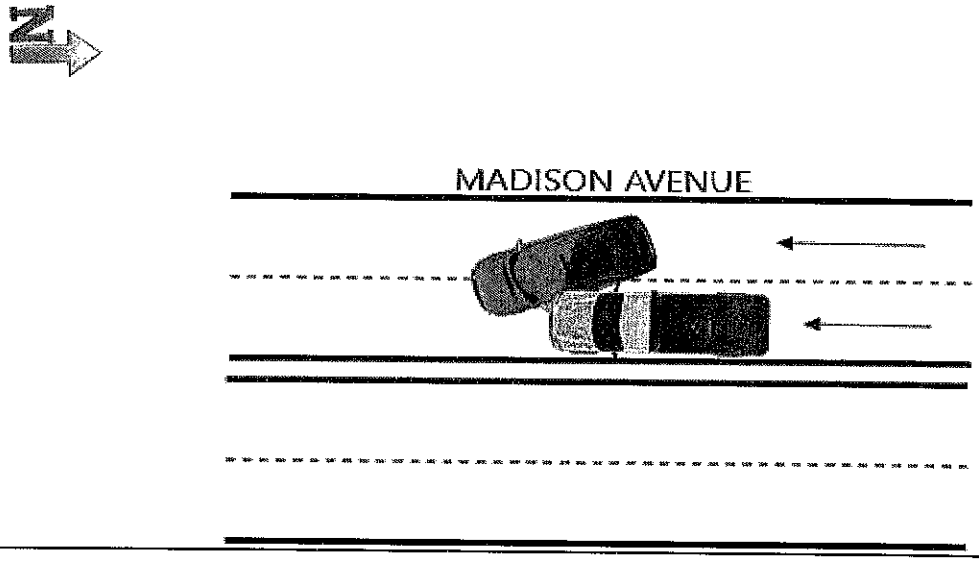
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072634

(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 "I WAS TRAVELING SOUTH IN THE INSIDE LANE WHEN VEHICLE 2 JUMPED OVER."

THE DRIVER OF VEHCILE 2 STATED "I DIDN'T SEE HIM."

THIS INVESTIGATION DETERMINDED DRIVER 2 MADE A UNSAFE LANE CHANGE.

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

1 Case Number	22-070393
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	CROSS ST
☐ At Intersection With Road Name	
☒ Feet ☐ Miles	25
☐ N ☐ E ☐ S ☒ W of:	RIVER AVE
11 Speed Limit	40
12 Route No.	0626
Dir / Suffix / 13 Milepost	- -
18 Speed Limit	45
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash (mm dd yy)	09/07/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1204
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
20 Route/Name	
21 Latitude	40.054305
22 Longitude	-74.220654

Vehicle 1

23 Veh #	1
24 Policy No.	939503692
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	BETZALEL - PRIVALSKY
29 Sex	M
27 Number & Street	14 SHARON CT
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	1 / D / - / -
31 State	NJ
32 Driver's License Number	P74650920010031
33 DOB (mm dd yyyy)	10/09/2003
34 Expires (mm yy)	07 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver YEHOSHUA - PRIVALSKY -
36 Number & Street	13 WASHINGTON AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HYUN / SON / GRY / 2020 / A90MSS / NJ
44 VIN	5NPEF4JA6LH039248
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 - ☒ 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.	8741649
55 NJ Ins. Code	096
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARIA D VILLAFANA -
59 Sex	F
57 Number & Street	2542 LINDBERGH SQ
58 City / State / Zip	MANCHESTER NJ 08759
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	V43525196452842
63 DOB (mm dd yyyy)	02/19/1984
64 Expires (mm yy)	02 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver MARIA D VILLAFANA -
66 Number & Street	2542 LINDBERGH SQ
67 City / State / Zip	MANCHESTER NJ 08759
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	JEEP / REN / GRY / 2018 / K69PEZ / NJ
74 VIN	ZACCJBBB1JPH01887
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 - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	01	01	-	18	M	-	-	-	11	04	-	-	BETZALEL - PRIVALSKY - 14 SHARON CT LAKEWOOD NJ 08701
B	V2	01	01	-	38	F	-	-	-	11	04	-	-	MARIA D VILLAFANA - 2542 LINDBERGH SQ MANCHESTER NJ 08759
C														
D														

New Jersey Police Crash Investigation Report

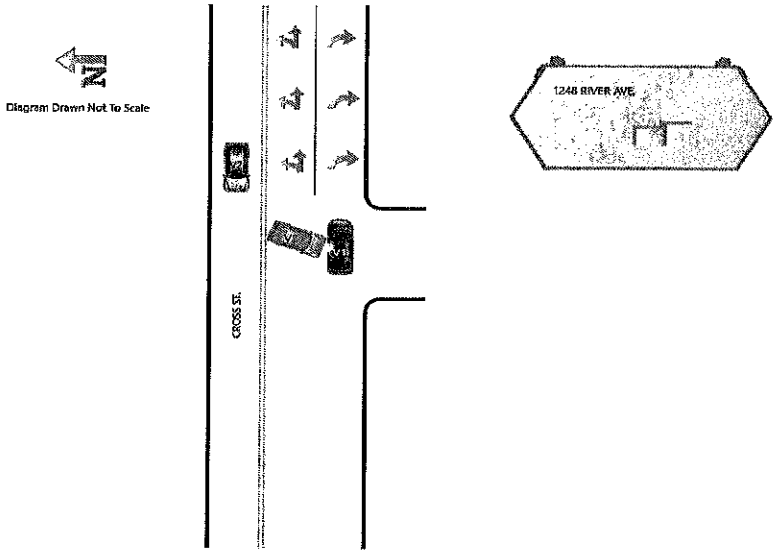
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-070393

(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 eastbound on Cross St. in the right turn only lane approaching the intersection with River Ave. when his vehicle was struck by vehicle #2. The driver of vehicle #2 stated she was traveling westbound on Cross St. and attempted to make a left turn into the parking lot of 1248 River Ave., but inadvertently collided with vehicle #1. No injuries were reported while on scene. Driver #2 is at fault for the collision for failing to yield to vehicle #1 which had the right of way. -end-

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
ALLEN W	287	E.V	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-070646
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	SUNSET RD
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of: LIBERTY DR
Dir	
11 Speed Limit	25
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	
4 Date of Crash mm dd yy	09/08/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0907
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	3
21 Latitude	40.081422
22 Longitude	-74.225684

Vehicle 1

23 Veh #	1
24 Policy No.	000000978504472
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	TZIPORAH - GROSSBERG
29 Sex	F
27 Number & Street	1600 E 22ND ST
28 City / State / Zip	BROOKLYN NY 11210
30 Eyes / DL Class / Restrictions / Endorsements	6 / D / - / -
31 State	NY
32 Driver's License Number	359126110
33 DOB mm dd yyyy	07/23/1997
34 Expires mm yy	07 26
35 Owner's First Name / Initial / Last Name	☐ Same As Driver DAVID - GROSSBERG
36 Number & Street	1517 E 31ST ST
37 City / State / Zip	BROOKLYN NY 11234
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	NISS / RGE / - / 2020 / HXD4024 / NY
44 VIN	JN1BJ1CW5LW388861
45 Expires	12 23
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

53 Veh #	2
54 Policy No.	ILP2782449
55 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	LEONARDO L LEDESMA -
59 Sex	M
57 Number & Street	516 MASSACHUSETTS AVE # 7
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / I / - / -
61 State	NJ
62 Driver's License Number	L21334590004692
63 DOB mm dd yyyy	04/12/1969
64 Expires mm yy	- -
65 Owner's First Name / Initial / Last Name	☐ Same As Driver LEONARDO L LEDESMA -
66 Number & Street	516 MASSACHUSETTS AVE # 7
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	DODG / CVN / BLU / 2006 / CY17616 / IL
74 VIN	1D4GP24R96B511141
75 Expires	09 22
76 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
1	39:4-97	294215	2	39:3-40	294214
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	04	25	F	05	08	02	11	11	02	6303	TZIPORAH - GROSSBERG - 1600 E 22ND ST BROOKLYN NY 11210
B	1	04	01	04	1	F	05	08	02	06	06	02	6303	HANNAH GROSSBERG 1408 MONMOUTH AVE TOMS RIVER NJ 08757
C	2	01	01	02	53	M	01	04	02	11	11	01	6303	LEONARDO L LEDESMA - 516 MASSACHUSETTS AV LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

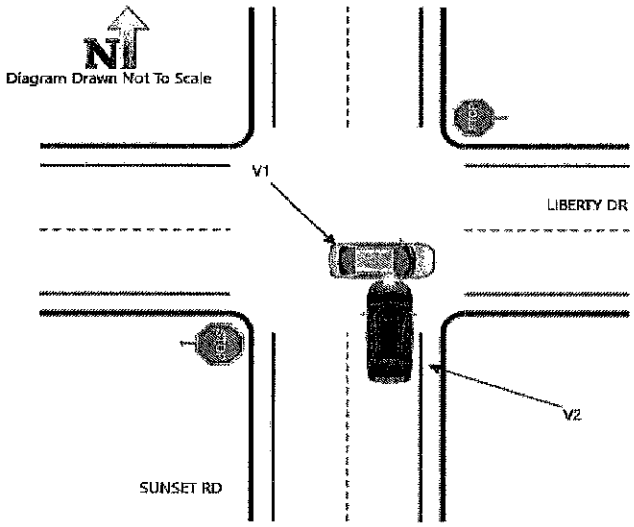
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-070646

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

D1 STATED SHE WAS TRAVELING EAST ON LIBERTY DR. D1 STATED SHE DOESNT REALLY RECALL WHAT HAPPENED BUT STATED SHE WAS CROSSING THE INTERSECTION WHEN SHE WAS STRUCK BY V2.

D2 STATED HE WAS TRAVELING NORTH ON SUNSET RD. D2 STATED V1 BLEW THE STOP SIGN AND HE DIDN'T HAVE ENOUGH TIME TO STOP.

D2 WAS TRANSPORTED TO JERSEY SHORE FOR A LACERATION ON HIS HEAD.

D1 AND PASSENGER WAS TRANSPORTED TO JERSEY SHORE FOR PRECAUTION.

D1 WAS ISSUED FOR CARELESS DRIVING, D2 WAS ISSUED FOR DRIVING WHILE SUSPENDED.

D1 INSURANCE INFO:
ALLSTATE FIRE AND CASUALTY INS. CO
POLICY: 000000978504472 COMPANY #743

D2 INSURANCE INFO:
UNIQUE INSURANCE COMPANY
(773)299-7500
POLICY #ILP2782449 EXP:9/30/2022

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MERCADO D	370	LT. MARSHALL	276	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-071388
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
4 Date of Crash (mm dd yy)	09/11/22
5 Day Of Week	SUNDAY
6 Time (use 2400 hrs)	0159
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
10 Crash Occurred On	W COUNTY LINE RD
At Intersection With Road Name	
☒ Feet 15 ☐ Miles	☐ N ☐ E ☒ W of: PINE PARK AVE
11 Speed Limit	50
12 Route No.	0526
Suffix	-
13 Milepost	-
18 Speed Limit	25
19 Ramp ☐ To ☐ From	-
17 Cross Road Name	-
20 Route/Name	-
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.109560
22 Longitude	-74.236592

Vehicle 1

23 Veh #	1
24 Policy No.	12-2341921-00
25 NJ Ins. Code	-
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	ROBERTO - RODRIGUEZ-RAMIRI-
29 Sex	M
27 Number & Street	1576 MADISON ST
28 City / State / Zip	ELMONT NY 11003
30 Eyes / DL Class / Restrictions / Endorsements	02 - - -
31 State	-
32 Driver's License Number	-
33 DOB (mm dd yyyy)	03/27/1964
34 Expires (mm yy)	- -
35 Owner's First Name / Initial / Last Name	☒ Same As Driver ROBERTO - RODRIGUEZ-RAMI-
36 Number & Street	1576 MADISON ST
37 City / State / Zip	ELMONT NY 11003
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	TOYT / PICKUP / WHI / 1992 / 3299722B / IL
44 VIN	JT4RN93P5N5064938
45 Expires	10 22
46 Vehicle Removed To	TOTAL CAR CARE
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☒ Towed Impounded	
47 Authority	☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test	Given: ☐ No ☒ Yes ☐ Refused; Type: ☒ Breath ☐ Blood ☐ Urine; Results: 0. 19 %; ☐ 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.	909867029
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	HENRY R RODRIGUEZLEMUS -
59 Sex	M
57 Number & Street	304 FLOAT AVE
58 City / State / Zip	MANAHAWKIN NJ 08050
60 Eyes / DL Class / Restrictions / Endorsements	02 D - -
61 State	NJ
62 Driver's License Number	R60943247903982
63 DOB (mm dd yyyy)	03/22/1998
64 Expires (mm yy)	03 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NELSON E REGALADODERAS -
66 Number & Street	78 JODA DR
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	ACUR / TSX / WHI / 2010 / W25RGK / NJ
74 VIN	JH4CU2F64AC026091
75 Expires	08 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ MC/MX ☐ None
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- -

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

-

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
01	39:4-50	1514-A-294772	01	39:4-97	1514-A-294773
Oper.	140 Charge	141 Summons. No.	Oper.	142 Charge	143 Summons. No.
01	39:3-10	1514-A-294774			

	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	58	M	-	-	-	11	04	-	-	ROBERTO - RODRIGUEZ-RAMIREZ - 1576 MADISON ST ELMONT NY 11003 - -
B	01	03	01	05	34	M	-	-	-	11	04	-	-	MIGUEL A GARCIA-GALEAS - 802 W COUNTY LINE RD LAKEWOOD NJ 08701 - -
C	02	01	01	05	24	M	-	-	-	11	04	-	-	HENRY R RODRIGUEZLEMUS - 304 FLOAT AVE MANAHAWKIN NJ 08050 - -
D	02	03	01	05	20	F	-	-	-	11	04	-	-	KATHERINE A RAMIREZRIVERA - 417 CEDARBRIDGE AVE LAKEWOOD NJ 08701 - -

New Jersey Police Crash Investigation Report

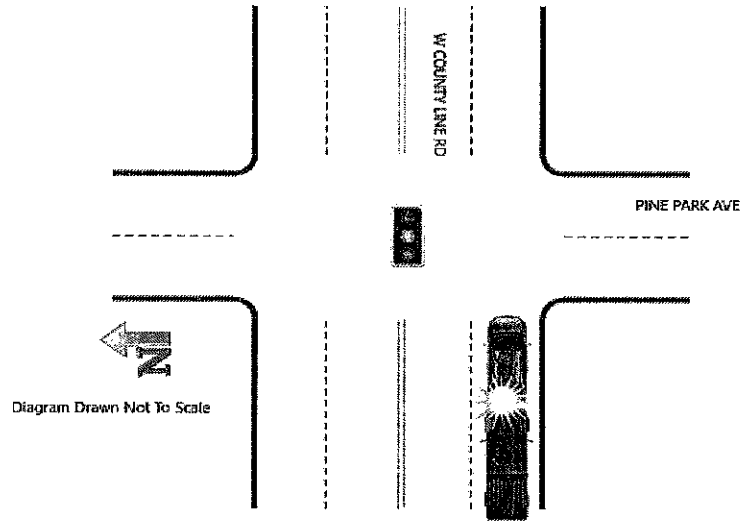
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-071388

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING EAST ON W COUNTY LINE RD IN THE AREA OF PINE PARK AVE WHEN HE WAS APPROACHING THE TRAFFIC LIGHT. HE BELIEVED THAT THE LIGHT WAS GREEN AND THAT VEHICLE 2 WOULD BEGIN TO MOVE. WHEN VEHICLE 2 DID NOT MOVE HE DID NOT HAVE ENOUGH TIME TO STOP HIS VEHICLE CAUSING HIM TO STRIKE VEHICLE 2.

DRIVER OF VEHICLE 2 STATED THAT HE WAS STOPPED IN TRAFFIC ON W COUNTY LINE RD IN THE AREA OF PINE PARK AVE AT A RED LIGHT. WHILE AT THE RED LIGHT, HE WAS STRUCK FROM BEHIND BY VEHICLE 1.

NO INJURIES REPORTED ON SCENE. DRIVER 1 WAS ARRESTED FOR DRIVING WHILE INTOXICATED (PLEASE SEE NARRATIVE IN SPILLMAN LAW SIDE FOR FURTHER DETAILS).

VEHICLE 1 SUSTAINED MINOR DAMAGE WHICH CONSISTED OF DENTING TO THE FRONT OF THE VEHICLE. VEHICLE 2 SUSTAINED MINOR DAMAGE WHICH CONSISTED OF DENTING AND SCRATCHES TO THE REAR OF THE VEHICLE.

I DETERMINED THAT DRIVER 1 WAS AT FAULT FOR THE CRASH DUE TO HIM FAILING TO COME TO A COMPLETE STOP PRIOR TO STRIKING VEHICLE 2 WHO WAS STOPPED AT A RED LIGHT.

DRIVER 1 WAS ISSUED MULTIPLE TICKETS:
1. 1514-A-294772 (39:4-50)
2.1514-A-294773 (39:4-97)
3. 1514-A-294774 (39:3-10)

VEHICLE 1 HAD OUT OF STATE INSURANCE: AMERICAN FREEDOM INSURANCE COMPANY
1699 WALL ST SUITE 600 MOUNT PROSPECT, IL 60056

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
JACOBS, K	414	SGT. M. LORENC	316	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072008
2 Police Dept of / Code	LAKEWOOD TOWNSHIP P / 01
3 Station/Precinct	
4 Date of Crash (mm dd yy)	09/13/22
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	W SPRUCE ST (Road Name)
At Intersection With	
☒ Feet / ☐ Miles	200
☐ N ☐ E ☐ S ☒ W of:	RIVER AVE
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
17 Cross Road Name	
18 Speed Limit	40
19 Ramp ☐ To ☐ From:	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
21 Latitude	40.072354
22 Longitude	-74.217661

Vehicle 1

23 Veh #	1
24 Policy No.	4338181003
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 / Initial / Last Name	☐ Same As Driver: GIL P BATAD -
36 Number & Street	24 W SPRUCE ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHRY / 300 / BLK / 2008 / S83MLR / NJ
44 VIN	2C3LA53GX8H282384
45 Expires	07 23
46 Vehicle Removed To	☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☒ Left At Scene ☐ Towed Impounded
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. %; ☐ Pending
49 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
50 Carrier No.	☐ USDOT ☐ MC/MX ☒ None
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

Vehicle 2

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

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	-	U	U	-	-	-	00	00	-	-	UNKNOWN DRIVER
B														
C														
D														

96	
05	
97	
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98	
01	
99	
08	
100a	
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100b	
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01	
103	
01	
104	
2	
105	
06	
106	
02	
107	
00	
108	
01	
109	
00	
110	
01	
111	
00	
112	
-	
113	
00	
114	
-	
115	
00	
116	
02	
117	
00	

118a	25
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	28
128	26
129	11
130	11
131	00
132	00
133	02
134	00

New Jersey Police Crash Investigation Report

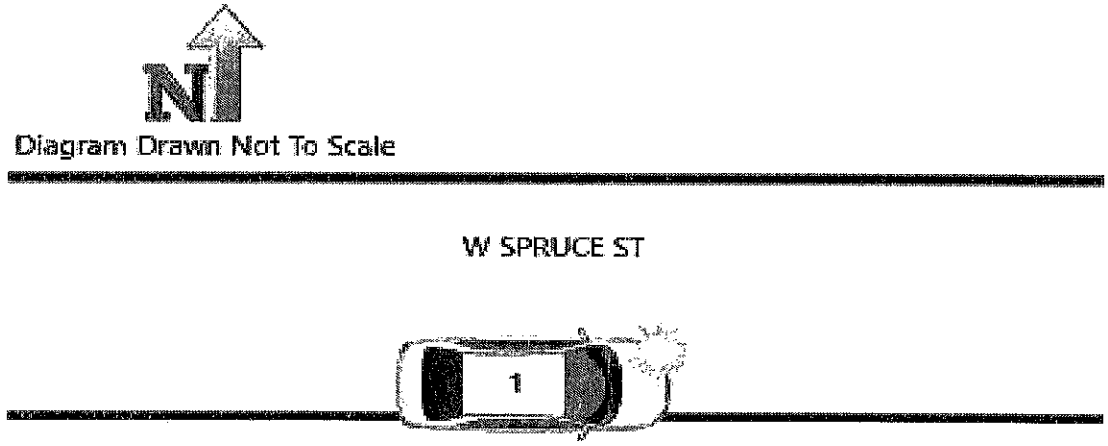
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-072008

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Owner of vehicle #1 stated that he parked his vehicle facing East on the Eastbound side of West Spruce St in front of his residence at approximately 2000 hours last night. He further stated that he found the vehicle damaged at 0900 hours this morning. I observed the damage to his vehicle. I did not observe any evidence left by the suspect vehicle. I observed cameras at Monmouth Medical Southern Campus which may have caught the overnight crash but I was unable to view the footage at this time.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072297
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
Road Name	
Dir	-
11 Speed Limit	45
12 Route No.	0009
Suffix	
13 Milepost	
18 Speed Limit	30
☒ At Intersection With	OAK ST
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
14	15
16	
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
20 Route/Name	
☐ NB ☐ EB ☐ SB ☐ WB	
4 Date of Crash mm dd yy	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1218
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.066950
22 Longitude	-74.218552

Vehicle 1

23 Veh #	1
24 Policy No.	4497-57-72-31
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	VICTOR M DOMINGUEZ
29 Sex	M
27 Number & Street	PO BOX 622
28 City / State / Zip	HILLSDALE NY 12529
30 Eyes / DL Class / Restrictions / Endorsements	2 - - -
31 State	NY
32 Driver's License Number	285425678
33 DOB mm dd yyyy	11/12/2001
34 Expires mm yy	11 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver ADOLFO L PERALTA
36 Number & Street	30 ROMAINE AVE APT 4
37 City / State / Zip	JERSEY CITY NJ 07306
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	DODG CHA RD 2008 L83PWW NJ
44 VIN	2B3KA43G38H190391
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.	1455847-F10-30A-001
55 NJ Ins. Code	962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	NECHEMIA D HOFMANN
59 Sex	M
57 Number & Street	20 RIESLING AVE
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 D - -
61 State	NJ
62 Driver's License Number	H61285840001992
63 DOB mm dd yyyy	01/31/1999
64 Expires mm yy	01 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver NECHEMIA D HOFMANN
66 Number & Street	20 RIESLING AVE
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT CAM SIL 2016 D82RDK NJ
74 VIN	4T1BF1FK1GU604922
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	-	05	20	M	-	-	-	11	11	-	-	VICTOR M DOMINGUEZ - PO BOX 622 HILLSDALE NY 12529
B	1	06	-	05	5	M	-	-	-	07	07	-	-	JONATHAN DOMINGUEZ 780 RIVER APT 54 LAKEWOOD NJ 08701
C	2	01	-	05	23	M	-	-	-	11	00	-	-	NECHEMIA D HOFMANN - 20 RIESLING AVE LAKEWOOD NJ 08701
D														

New Jersey Police Crash Investigation Report

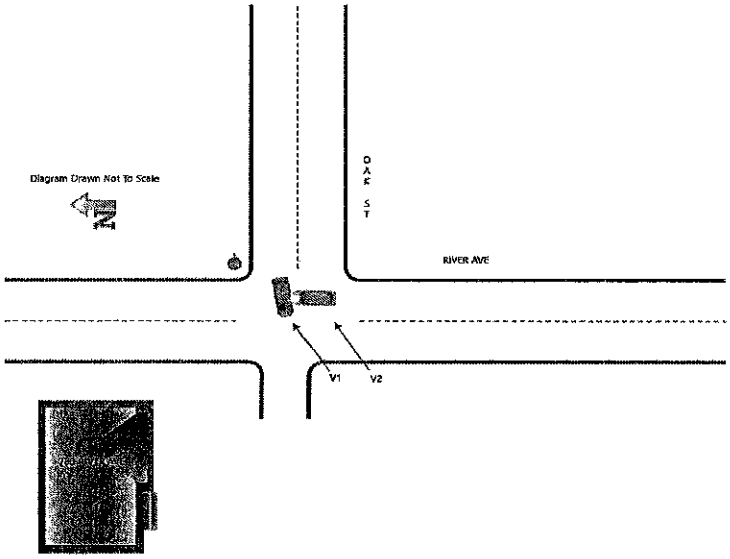
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072297

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said he was at the stop sign on Oak St (facing West), waiting to cross River Ave, to go into 780 River Ave. He looked for vehicles before starting to go across. He did not see any so he started to go and was struck by V2 in the driver side of his vehicle (V2 was traveling North on River Ave.).

Driver of V2 said he was traveling North on River Ave, when V1 pulled out in front of him. He tried the stop but could not in time an collided with V1.

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

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072302
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	945 RIVER AVE
At Intersection With / Road Name	
Feet / Miles	-
N E S W of:	-
Dir	-
11 Speed Limit	10
12 Route No. / Suffix / 13 Milepost	- - -
16 Speed Limit	-
17 Cross Road Name	-
19 Ramp To / From	-
20 Route/Name	-
NB EB SB WB	00
4 Date of Crash (mm dd yy)	09/14/22
5 Day Of Week	WEDNESDAY
6 Time (use 2400 hrs)	1234
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.063288
22 Longitude	-74.219122

Vehicle 1

23 Veh #	1
24 Policy No.	1133251-C09-30B
25 NJ Ins. Code	962
☒ 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 SHAUL M SUGAR -
36 Number & Street	1315 48TH ST. APT. F1
37 City / State / Zip	BROOKLYN NY 11219
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU RX3 BLK 2019 X63LDA NJ
44 VIN / 45 Expires	2T2BZMCA4KC192179 04 23
46 Vehicle Removed To	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.:
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	
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.	Charge	Summons No.	Oper.	Charge	Summons No.
-	136	-	-	138	-
-	140	-	-	142	-

	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

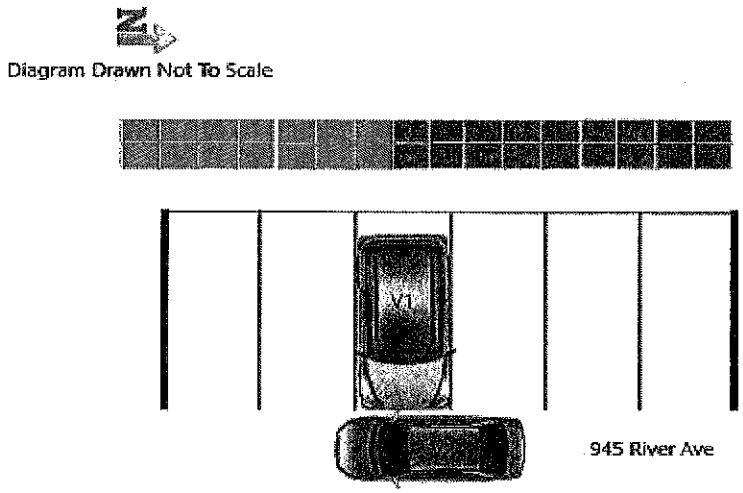
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072302

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated he was parked in a legal parking spot in front of 945 River Ave (The French Press Coffee). When he witnessed a blue Kia side swipe the front of his vehicle and left the scene of the accident. Vehicle 1 had very minor damage and was driven from the scene.

I, Ptl. Laird #433 observed cameras on location and attempted to view the footage but the property owner was not on location to provide the camera footage. I was not able to retrieve the property owners information at this time.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072520
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	RIVER AVE
☒ At Intersection With	Road Name
☐ Feet ☐ Miles	☐ N ☐ E ☐ S ☐ W of:
	BROADWAY AVE
11 Speed Limit	40
Dir	-
12 Route No.	0009
Suffix	-
13 Milepost	-
18 Speed Limit	25
14	-
15	-
16	-
19 Ramp ☐ To ☐ From:	-
17 Cross Road Name	-
☐ NB ☐ EB ☐ SB ☐ WB	-
4 Date of Crash mm dd yy	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0830
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	1
20 Route/Name	-
21 Latitude	40.062545
22 Longitude	-74.219288

Vehicle 1

23 Veh #	1
24 Policy No.	4614-09-82-85
25 NJ Ins. Code	148
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	JOSEPH I RUBINSTEIN -
29 Sex	M
27 Number & Street	46 STAMFORD HILL RD
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	02 / D / - / -
31 State	NJ
32 Driver's License Number	R90274106907912
33 DOB mm dd yyyy	07/23/1991
34 Expires mm yy	07 23
35 Owner's ☐ Same As Driver / First Name / Initial / Last Name	JOSEPH I RUBINSTEIN -
36 Number & Street	46 STAMFORD HILL RD
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU / 300 / BLK / 2017 / M35RFX / NJ
44 VIN	JTHBW1GG1H2152948
45 Expires	08 23
46 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	4433-62-82-05
55 NJ Ins. Code	639
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	ZELIG - BREBAN -
59 Sex	M
57 Number & Street	477 E 9TH ST
58 City / State / Zip	BROOKLYN NY 11218
60 Eyes / DL Class / Restrictions / Endorsements	04 / D / - / -
61 State	NY
62 Driver's License Number	884953835
63 DOB mm dd yyyy	07/25/1992
64 Expires mm yy	07 29
65 Owner's ☐ Same As Driver / First Name / Initial / Last Name	MARIN - BREBAN -
66 Number & Street	PO BOX 89 SOUTH
67 City / State / Zip	FALLSBUR NY 12779
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / CAM / SIL / 2018 / KLA7630 / NY
74 VIN	JTNB11HK0J3050247
75 Expires	05 23
76 Vehicle Removed To	PRIVATE TOW
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

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

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	-	31	M	-	-	-	11	04	-	-	JOSEPH I RUBINSTEIN - 46 STAMFORD HILL RD LAKEWOOD NJ 08701
B	1	06	01	-	17	F	-	-	-	11	04	-	-	TZIVYA - LEIMAN - 890 MORRIS AVE LAKEWOOD NJ 08701
C	2	01	01	03	30	M	06	08	02	11	11	02	6502	ZELIG - BREBAN - 477 E 9TH ST BROOKLYN NY 11218
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

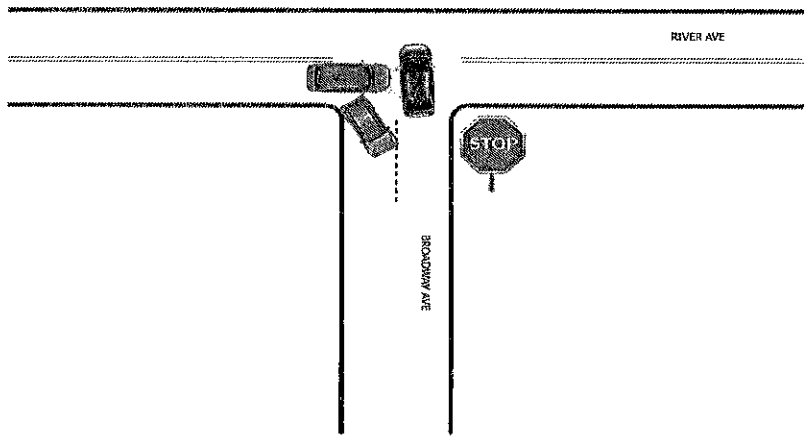
Station: - Case No: 22-072520

(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)

Diagram Drawn Not To Scale



145 Crash Description/Narrative

Driver 1 stated he was traveling North on River Ave, when vehicle 2 pulled out in front of him causing driver 1 to strike vehicle 2 on the driver side.

Driver 2 stated he was making a left turn onto River Ave from Broadway Ave, when vehicle 1 struck his vehicle. Driver 2 also stated he did not see vehicle 1 coming because a box truck was making a right turn onto Broadway Ave, which blocked his view.

Driver 2 stated he had back pain and was transported to Monmouth Medical Center Southern Campus by Hatzolah for further evaluation. Both vehicles had disabling damage and were towed by a private towing company.

I believe driver 2 is at fault for the accident because he failed to yield to vehicle 1, who had the right of way.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
LAIRD R	433	EV	311	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072524
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	FLANNERY AVE (Road Name) - (Dir)
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	- - -
☐ At Intersection With	
☒ Feet / ☐ Miles	10
☒ N ☐ E ☐ S ☐ W of:	CEDARBRIDGE AVE
18 Speed Limit	50
19 ☐ To / ☐ From Ramp	-
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash (mm dd yy)	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	0843
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.074603
22 Longitude	-74.181448

Vehicle 1

23 Veh #	1
24 Policy No.	6072028202061
25 NJ Ins. Code	884
☒ 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 AGNESSA - MILLER -
36 Number & Street	242 CHERRY LN
37 City / State / Zip	TEANECK NJ 07666
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	LEXU RX SIL 2021 T17NUY NJ
44 VIN / 45 Expires	2T2HZMDA6MC293820 05 24
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☒ Owner ☐ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
50 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

Vehicle 2

53 Veh #	2
54 Policy No.	SEE NARRATIVE
55 NJ Ins. Code	
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name / 59 Sex	GEORGETTE F LOTITO - F
57 Number & Street	48 ENCINITAS DR
58 City / State / Zip	TOMS RIVER NJ 08757
60 Eyes / DL Class / Restrictions / Endorsements / 61 State	2 B - - NJ
62 Driver's License Number / 63 DOB (mm dd yyyy) / 64 Expires (mm yy)	L67712786659602 09/05/1960 09 24
65 Owner's First Name / Initial / Last Name	☐ Same As Driver - - JAYS BUS SERVICE -
66 Number & Street	672 CROSS ST
67 City / State / Zip	LAKEWOOD NJ 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	IC CE YEL 2017 J585S1 NJ
74 VIN / 75 Expires	4DRBUC8P0HB637031 08 23
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. - % ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill - (Hazard Class) - (Placard No.)
80 Carrier No.	☐ USDOT - ☒ None ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☒ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- - -

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	05	62	F	-	-	-	11	04	-	-	GEORGETTE F LOTITO - 48 ENCINITAS DR TOMS RIVER NJ 08757
B														
C														
D														

New Jersey Police Crash Investigation Report

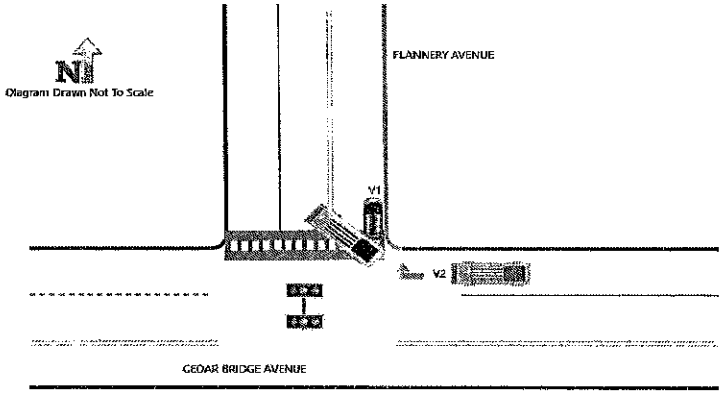
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072524

(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, a 2021 Lexus RX, NJ T17-NUY was illegally parked facing north on the east side of Flannery Avenue within 10 feet of Cedar Bridge Avenue , unoccupied.

Driver 2, Georgette Lotito was operating a 2017 IC School Bus, NJ J58-5S1. Ms. Lotito stated she was making a right turn from Cedar Bridge Avenue onto Flannery Avenue when she observed vehicle 1 to be parked on Flannery Avenue too close to Cedar Bridge Avenue. She was unable to complete her turn due to the parking of vehicle 1 and vehicles traveling south on Flannery Avenue. The passenger side of the bus struck then rear driver side of vehicle 2.

Vehicle 1 was determined to be at fault for improper parking.

Vehicle 2 insurance: Nationwide Insurance Group. Policy # BA2997BD. End of report.

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

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 22-072563	10 Crash Occurred On: CEDARBRIDGE AVE	11 Speed Limit: 45	
2 Police Dept of: LAKEWOOD TOWNSHIP P / Code: 01	☒ At Intersection With / Road Name / Dir: SOUTH CLOVER ST	12 Route No. / Suffix / 13 Milepost / 18 Speed Limit: 40	
3 Station/Precinct: -	☐ Feet ☐ Miles ☐ 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): 09/15/22	5 Day Of Week: THURSDAY	6 Time (use 2400 hrs): 1252	7 Municipality Code: 1514
8 Total Killed: --	9 Total Injured: --	21 Latitude: 40.082695	22 Longitude: -74.201449

Vehicle 1

23 Veh #: 1	24 Policy No.: NJSS203800163	25 NJ Ins. Code: 217	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
26 Driver's First Name: MALKY	Initial: -	Last Name: KOHN	-	29 Sex: F	
27 Number & Street: 157 FOREST PARK CIR					
28 City: LAKEWOOD	State: NJ	Zip: 08701			
30 Eyes: 4	DL Class: D	Restrictions: -	Endorsements: -	31 State: NJ	
32 Driver's License Number: K61685130053044	33 DOB (mm dd yyyy): 03/24/2004	34 Expires (mm yy): 03 26			
35 Owner's First Name: ☐ Same As Driver MORDECHAI	Initial: L	Last Name: KOHN	-		
36 Number & Street: 157 FOREST PARK CIRCLE					
37 City: LAKEWOOD	State: NJ	Zip: 08701			
38 Make: FORD	39 Model: 350	40 Color: WHI	41 Year: 2010	42 Plate No.: X53ESZ	43 State: NJ
44 VIN: 1FBNE3BL2ADA49988	45 Expires: 10 22				
46 Vehicle Removed To: YITZ TOWING					
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
47 Authority: ☐ Owner ☒ Driver ☐ Police					
48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
49 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.					
50 Carrier No.: ☐ USDOT ☒ None ☐ MC/MX					
51 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					
52 Motor Carrier or Government Entity					
Number & Street					
City	State	Zip			

Vehicle 2

53 Veh #: 2	54 Policy No.: 17197313	55 NJ Ins. Code: 134	☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run		
56 Driver's First Name: MARTIN	Initial: -	Last Name: MAYORAL LOPEZ	-	59 Sex: M	
57 Number & Street: 23 CLOVER ST					
58 City: LAKEWOOD	State: NJ	Zip: 08701			
60 Eyes: -	DL Class: -	Restrictions: -	Endorsements: -	61 State: -	
62 Driver's License Number: -	63 DOB (mm dd yyyy): 11/11/1968	64 Expires (mm yy): - -			
65 Owner's First Name: ☐ Same As Driver HECTOR	Initial: A	Last Name: CARMONA-RAMIRE	-		
66 Number & Street: 1453 PINE AVE					
67 City: BRICK	State: NJ	Zip: 08724			
68 Make: HOND	69 Model: CIV	70 Color: GRY	71 Year: 2009	72 Plate No.: ZCV97X	73 State: NJ
74 VIN: 2HGFA16579H367553	75 Expires: 09 23				
76 Vehicle Removed To: BARINA'S AUTOMOTIVE					
☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded					
77 Authority: ☒ Owner ☐ Driver ☐ Police					
78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending					
79 Hazardous Material: ☒ None ☐ On Board ☐ Spill; Hazard Class; Placard No.					
80 Carrier No.: ☐ USDOT ☐ None ☐ MC/MX					
81 GVWR/GCWR: ☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs					
82 Motor Carrier or Government Entity					
Number & Street					
City	State	Zip			

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

Oper.	Charge	Summons No.	Oper.	Charge	Summons No.
	136 Charge	137 Summons. No.	2	138 Charge: 39:3-10	139 Summons. No.: 1514A294465
	140 Charge	141 Summons. No.		142 Charge	143 Summons. No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	18	F	-	-	-	11	11	04	-	MALKY - KOHN - 157 FOREST PARK CIR LAKEWOOD NJ 08701
B	2	01	01	05	53	M	-	-	01	11	11	04	-	MARTIN - MAYORAL LOPEZ - 23 CLOVER ST LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

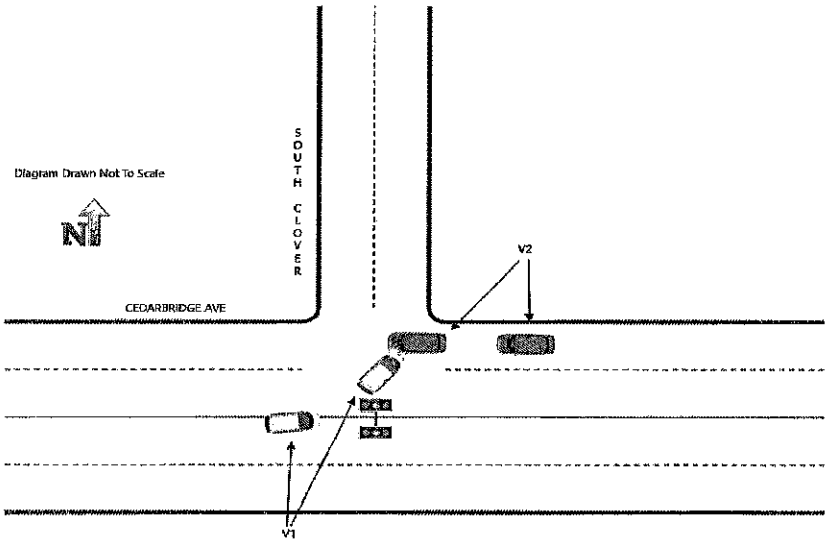
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072563

(Refer to vehicle by number)

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

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver of V1 said she was making a left turn onto Clover St From Cedarbridge Ave (East). She said the light was yellow as she made the left. She also said that she thought she had enough time go. Her vehicle then collided with, V2 which was traveling West on Cedarbridge Ave.

Driver of V2 said he was traveling West on Cedarbridge Ave, when V1 tried to turn left onto South Clover and collided with his vehicle.

After speaking with both drivers it was determined that V1 was at fault for the crash. Driver of V2 received a summons for driving without a Drivers License.

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

1 Case Number	22-072577
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On	264 CEDARBRIDGE AVE
At Intersection With / Road Name	-
Feet / Miles	- / -
N E S W of:	-
Dir	-
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	13
4 Date of Crash mm dd yy	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1451
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.085597
22 Longitude	-74.208744

Vehicle 1

23 Veh #	1
24 Policy No.	939 334 953
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	CHANA / C / GOLDWASSER
29 Sex	F
27 Number & Street	1446 E SPRUCE ST
28 City / State / Zip	LAKEWOOD / NJ / 08701
30 Eyes / DL Class / Restrictions / Endorsements / 31 State	02 / D / - / - / NJ
32 Driver's License Number	G62341206356852
33 DOB mm dd yyyy	06/13/1985
34 Expires mm yy	06 / 23
35 Owner's First Name / Initial / Last Name	☐ Same As Driver / CHAIM / - / NEHMAD
36 Number & Street	18 OLYMPIC CIR
37 City / State / Zip	LAKEWOOD / NJ / 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / GRY / 2018 / L30PFL / NJ
44 VIN	5FNRL6H53JB110688
45 Expires	10 / 22
46 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
47 Authority	☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0.- %; ☐ Pending
49 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: - ; Placard No.: -
50 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
51 GVWR/GCWR	☒ Weight <= 10,000 lbs; ☐ Weight 10,001-26,000 lbs; ☐ Weight >= 26,001 lbs
52 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	- / - / -

Vehicle 2

53 Veh #	2
54 Policy No.	268221291
55 NJ Ins. Code	890
☒ 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 / YISROEL / E / HERZKA
66 Number & Street	1168 EVERGREEN AVE
67 City / State / Zip	LAKEWOOD / NJ / 08701
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	CADI / ESC / BLK / 2021 / M59PHY / NJ
74 VIN	1GYS4RKL6MR478458
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	- / - / -

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	-	-	CHANA C GOLDWASSER - / 1446 E SPRUCE ST LAKEWOOD NJ 08701 - -
B	2	01	01	05	50	M	-	-	-	11	04	-	-	MIGUEL - BARRETO - / 136 CORBIN CT LAKEWOOD NJ 08701 - -
C														
D														

New Jersey Police Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072577

(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)

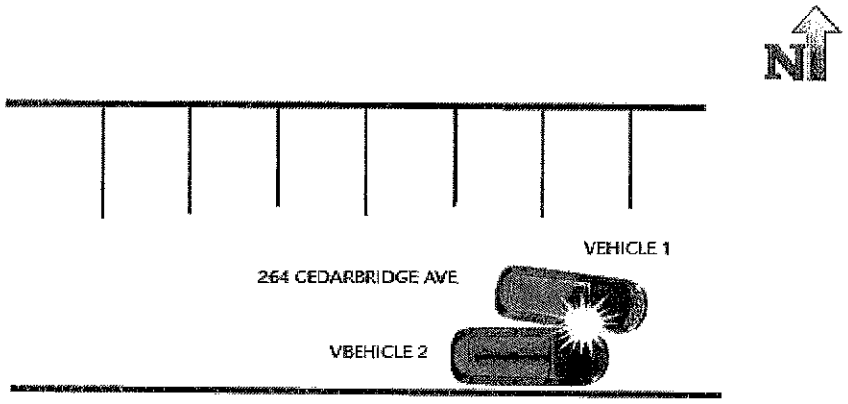


Diagram Drawn Not To Scale

145 Crash Description/Narrative

Driver of Vehicle 1 stated she was traveling east in the parking lot of 264 Cedarbridge Ave about to turn the corner in the lot when she struck Vehicle 2, which was parked adjacent to the curb in the lot. Driver of Vehicle 1 stated she never saw Vehicle 2 parked. Occupant in the driver seat of Vehicle 2 stated he was parked alongside the curb at 264 Cedarbridge Ave when Vehicle 1 struck his vehicle as Vehicle 1 passed.

Vehicle 1 sustained damages consisting of scratching and denting to the front and rear passenger door as well as the rear passenger side bumper panel. Vehicle 2 sustained damages consisting of scratching and denting to the front driver side bumper panel and a cracked driver side headlight.

It should be noted Vehicle 2 was parked in the designated fire lane for 264 Cedarbridge Ave, however there was ample room for vehicles to pass.

From my investigation, I concluded that driver of Vehicle 1 was at fault for driver inattention.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SEEHAUSEN, K	416	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-072580
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	-
10 Crash Occurred On:	150 JAMES ST
☐ At Intersection With	
Road Name	
Dir	
11 Speed Limit	25
12 Route No.	-
Suffix	-
13 Milepost	
18 Speed Limit	-
☐ Feet	
☐ Miles	
☐ N ☐ E ☐ S ☐ W	
of:	-
14	-
15	
16	
17 Cross Road Name	
19 Ramp ☐ To ☐ From:	-
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	09/15/22
5 Day Of Week	THURSDAY
6 Time (use 2400 hrs)	1456
7 Municipality Code	1514
8 Total Killed	--
9 Total Injured	--
21 Latitude	40.078840
22 Longitude	-74.225741

Vehicle 1

23 Veh #	1
24 Policy No.	939251999
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	YOCHEVED Y SENDER
29 Sex	F
27 Number & Street	104 VAN BUREN AVE
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
31 State	NJ
32 Driver's License Number	S25127908855922
33 DOB mm dd yyyy	05/03/1992
34 Expires mm yy	05 25
35 Owner's First Name / Initial / Last Name	☐ Same As Driver CHAIM - SENDER
36 Number & Street	104 VAN BUREN AVE
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HOND / ODY / 2 / 2012 / D41PFL / NJ
44 VIN	5FNRL5H69CB144575
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 - ☒ 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.	939458068
55 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	BLEEMA - COMPTON
59 Sex	F
57 Number & Street	1011 HEARTHSTONE DR
58 City / State / Zip	LAKEWOOD NJ 08701
60 Eyes / DL Class / Restrictions / Endorsements	2 / D / - / -
61 State	NJ
62 Driver's License Number	C63620940060782
63 DOB mm dd yyyy	10/27/1978
64 Expires mm yy	10 26
65 Owner's First Name / Initial / Last Name	☐ Same As Driver FUSION AUTO - FINANCE LLC
66 Number & Street	1320 TENNIS DR
67 City / State / Zip	BEDFORD TX 76022
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	HOND / ODY / SIL / 2022 / N64PBS / NJ
74 VIN	5FNRL6H57NB031157
75 Expires	08 25
76 Vehicle Removed To	-
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☒ None ☐ On Board ☐ Spill; Hazard Class: -; Placard No.: -
80 Carrier No.	☐ USDOT - ☒ None; ☐ MC/MX -
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	-
Number & Street	-
City / State / Zip	-

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

-

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

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	05	30	F	-	-	-	11	04	-	-	YOCHEVED Y SENDER - 104 VAN BUREN AVE LAKEWOOD NJ 08701
B	2	01	01	05	43	F		-	-	11	04	-	-	BLEEMA - COMPTON - 1011 HEARTHSTONE DR LAKEWOOD NJ 08701
C														
D														

New Jersey Police Crash Investigation Report

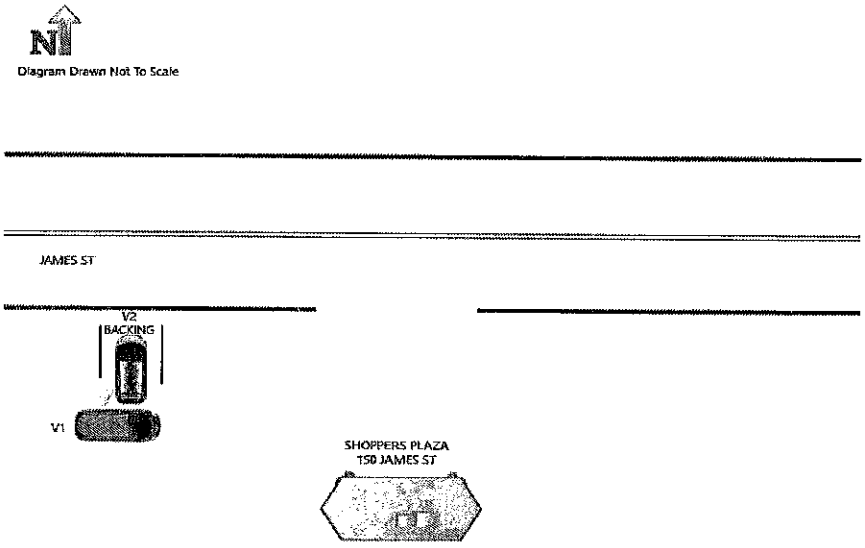
Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: - Case No: 22-072580

(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 Deployed 94	Hosp Code 95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
E														
F														
G														
H														
I														
J														

144 Crash Diagram (NOT TO SCALE)



145 Crash Description/Narrative

Driver 1 stated she was traveling Eastbound through the parking lot of 150 James St. She stated while traveling Vehicle 2 was backing out of a parking spot and collided into her Vehicle.

Driver 2 stated she was parked facing Northbound in a parking spot at the address of 150 James St. She stated she felt it was safe to back out of a parking spot. Driver 2 stated she did not see Vehicle 1 and collided into Vehicle 1 while backing out of a parking spot.

I determined Crash was caused by Vehicle 2 for Backing Unsafely.

Vehicle 1 was left in the parking lot of 150 James St.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
MCAVOY D	372	E. MIICK	307	☐ Pending ☒ Complete

PAGE 1 OF 3 ☒ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number	22-057998
2 Police Dept of	LAKEWOOD TOWNSHIP P
Code	01
3 Station/Precinct	
10 Crash Occurred On:	S LAKE DR
At Intersection With	☐
Road Name	
Dir	
11 Speed Limit	35
12 Route No.	
Suffix	
13 Milepost	
18 Speed Limit	25
☒ Feet ☐ Miles	175
☐ N ☒ E ☐ S ☐ W of:	LAKE PARK BLVD
19 Ramp ☐ To ☐ From:	
17 Cross Road Name	
☐ NB ☐ EB ☐ SB ☐ WB	
20 Route/Name	
4 Date of Crash mm dd yy	07/22/22
5 Day Of Week	FRIDAY
6 Time (use 2400 hrs)	2022
7 Municipality Code	1514
8 Total Killed	1
9 Total Injured	2
21 Latitude	40.102477
22 Longitude	-74.243918

Vehicle 1

23 Veh #	1
24 Policy No.	939962134
25 NJ Ins. Code	054
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	MORDECHAI - BERKOWITZ -
29 Sex	M
27 Number & Street	89 ADAMS ST
28 City / State / Zip	LAKEWOOD NJ 08701
30 Eyes / DL Class / Restrictions / Endorsements	4 / D / - / -
31 State	NJ
32 Driver's License Number	B27045630009014
33 DOB mm dd yyyy	09/08/2001
34 Expires mm yy	09 22
35 Owner's First Name / Initial / Last Name	☐ Same As Driver MOSHE K BERKOWITZ -
36 Number & Street	89 ADAMS ST
37 City / State / Zip	LAKEWOOD NJ 08701
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	CHEV / IMP - IM / GRY / 2018 / V42PUA / NJ
44 VIN	2G1105S37J9171403
45 Expires	04 23
46 Vehicle Removed To	1 AMERICA WAY
☐ 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. 21 %; ☒ 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.	4572-00-43-66
55 NJ Ins. Code	100
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp To Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	MARIA M FLORESMORENO -
59 Sex	F
57 Number & Street	537 BREWERS BRIDGE RD
58 City / State / Zip	JACKSON NJ 08527
60 Eyes / DL Class / Restrictions / Endorsements	1 / D / - / -
61 State	NJ
62 Driver's License Number	F55435197457871
63 DOB mm dd yyyy	07/22/1987
64 Expires mm yy	07 25
65 Owner's First Name / Initial / Last Name	☐ Same As Driver IGNACIO - SILVA-SOSA -
66 Number & Street	537 BREWERS BRIDGE RD
67 City / State / Zip	JACKSON NJ 08527
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	TOYT / RAV / WHI / 2017 / A96MSA / NJ
74 VIN	JTMWFREV7HD097459
75 Expires	07 23
76 Vehicle Removed To	BARINA'S AUTOMOTIVE
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left At Scene ☐ Towed Impounded	
77 Authority	☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test	Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. - %; ☐ Pending
79 Hazardous Material	☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No.
80 Carrier No.	☐ USDOT ☐ None ☐ MC/MX
81 GVWR/GCWR	☐ Weight <= 10,000 lbs ☐ Weight 10,001-26,000 lbs ☐ Weight >= 26,001 lbs
82 Motor Carrier or Government Entity	
Number & Street	
City / State / Zip	

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

Oper.	136 Charge	137 Summons. No.	Oper.	138 Charge	139 Summons. No.
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	03	20	M	10	07	02	11	11	01	5603	MORDECHAI - BERKOWITZ - 89 ADAMS ST LAKEWOOD NJ 08701
B	2	01	01	02	35	F	11	07	02	03	10	04	5603	MARIA M FLORESMORENO - 537 BREWERS BRIDGE RJACKSON NJ 08527
C	2	03	01	01	46	F	00	03	02	11	10	04	6502	JUANA - LOPEZ HERNANDEZ - 5 KIMBALL RD LAKEWOOD NJ 08701 07/22/2022 2058
D														

New Jersey Police
Crash Investigation Report

Police Dept: LAKEWOOD TOWNSHIP Code: 01

Station: _____ Case No: 22-057998

(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 Deployed 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 operated by Mordechai Berkowitz was traveling east on South Lake Drive. Vehicle 2 operated by Maria Flores Moreno was traveling west on South Lake Drive after picking up her front seat passenger identified as Juana Lopez Hernandez from Kimball Road in Lakewood.

As vehicle 1 passed Lake Park Boulevard the driver failed to negotiate a curve to the right in the road and crossed the double yellow center line. After crossing into the opposite lane vehicle 1 struck vehicle 2 head on in the west bound lane.

After the collision vehicle 1 struck the west bound curb and partially over turned coming to rest on the driver's side of the vehicle. Vehicle 2 was pushed backwards and came to final rest facing north east of the initial point of the crash.

After the driver of vehicle one had been removed from his vehicle it subsequently caught fire and was extinguished by the Lakewood Fire Department.

Driver 1 sustained a possible concussion and a laceration to his knee. Driver 2 sustained a fractured femur, fractured ankle, and rib fractures. Mrs. Lopez Hernandez was unresponsive and not breathing. CPR was started on scene. Mrs. Lopez Hernandez was transported to Monmouth Medical Center Southern Campus where she was pronounced deceased at 2058 hours.

Both Driver 1 Mr. Berkowitz and Driver 2 Mrs. Flores Moreno were transported to Jersey Shore University Medical Center for treatment. When Lakewood Police Traffic Safety Officer's Ptl. Alex Guzman #301 and Ptl. David Mercado #370 arrived at Jersey Shore University Medical Center to speak to both drivers they were advised that Mr. Berkowitz was intubated and could not speak. At that time they were not able to ascertain the reason he had been intubated.

146 Officer's Signature	147 Badge #	148 Reviewer	Badge #	149 Case Status
SILBERSTEIN D	312	LT. MARSHALL	276	☐ Pending ☒ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: LAKEWOOD TOWNSHIP Code: 01 Station: Case No: 22-057998

145 Crash Description

Ptl. Mercado did speak to Mrs. Flores Moreno who stated she had just picked up her friend on Kimball Drive and was on the way to her house in Jackson Township when the crash occurred. Mrs. Flores Moreno stated that the other vehicle came into her lane and she was not able to avoid the crash.

After leaving the hospital, both Ptl. Guzman and Ptl. Mercado went to make next of kin notification for Mrs. Lopez Hernandez. They became aware that the next of kin for Mrs. Lopez Hernandez was Mrs. Flores Moreno. They then went back to Jersey Shore University Medical Center to make the notification. While at the hospital they were made aware of the reason Mr. Berkowitz had been intubated. Nursing staff advised the officers that Mr. Berkowitz was intoxicated and had become combative making it necessary to render care for his injuries.

As of this now I have not received the insurance information for either vehicle and I have not been furnished with the blood analysis results for driver 1.

Vehicle 1 which was towed by Lakewood Police to a secure lot was subsequently picked up by The Ocean County Sheriff's Department CSI unit and transported to CSI headquarters on 7/23/2022.

For additional information see Ocean County Prosecutor's Office's reports and the crash diagram from Brick Township Police Department.

SILBERSTEIN D — Officer's Signature

312 — Badge Number